A student’s guide to Health insurance and healthcare at MIT Medical
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Welcome to MIT Medical

For many of you, this is the first time you are in charge of your own healthcare. We’re here to help. As an MIT student, you can use most of the services at MIT Medical with no out-of-pocket cost — it’s included with tuition. This guide covers what you need to know to get started. Even more information is available on our website at medical.mit.edu.
Urgent Care

It’s an emergency! I need to see a doctor!

Is this a life-threatening emergency? Are you on campus? If you answer “yes” to both questions, dial 617-253-1212. This connects you to the MIT Police, who will get you help immediately. Program that number into your cell phone now! Seriously. Stop reading for a second, grab your phone, and add 617-253-1212 to your contacts. Calling 911 also works — and that’s what you should do if you’re off campus — but you should do that only when you’re off campus. Since emergency services are always on campus, dialing 617-253-1212 will likely get you the help you need faster if you’re on campus.

Did you know?
MIT has a student-run ambulance service that is staffed by fully trained emergency medical technicians. To reach them, just dial 617-253-1212.

I feel pretty sick. I need to see someone today.

Call us at 617-253-4481, and tell us exactly what’s going on, with as much detail as you possible, so we can make sure you get the care you need. We’ll let you know what to do next. We have same-day appointments available for people who are sick, or we might advise you to visit our walk-in Urgent Care Service on the first floor of MIT Medical. You don’t need an appointment, but you can go to medical.mit.edu to reserve a place in line at Urgent Care.

How does Urgent Care work?

Urgent Care is a walk-in service, but you can go online to reserve a spot in line. Urgent Care is located on the first floor of E23. Just be aware that when you walk in to be seen, you may wait a while during busy times, and people who are injured or very ill may get priority — even if you’ve reserved a spot at a particular time. In other words, it sometimes happens that people who arrive after you might need to be seen before you.

Did you know?
When necessary, nurse care managers from MIT Medical can make “house calls” to sick students in their dorm rooms.

Did you know?
The shortest Urgent Care wait times tend to be before 10 a.m.

What if I’m sick and Urgent Care isn’t open?

Help is available 24 hours a day, even when Urgent Care isn’t open. Just dial 617-253-4481; a nurse is available by phone, at all times, 24 hours a day. Tell us what’s wrong, and we’ll tell you what to do next.

Another option for undergraduate students is to speak with a MedLink, one of the roughly 150 specially trained peer health advocates in MIT dorms, fraternities, sororities, and independent living groups. A MedLink in your residence can help you determine if you need to seek medical attention. They can also provide disposable thermometers, first-aid supplies, and single doses of common over-the-counter medications when appropriate. Find your nearest MedLink at medlinks.mit.edu.
Routine care

Getting healthcare is easier when you have a campus care provider.

If you choose a campus care provider at MIT Medical, you’ll have a clinician who will get to know you and will work with you to keep you healthy while you are here at school. A campus care provider will provide continuity of care while you are at MIT. Our campus care providers will work directly with your primary care provider (PCP) back at home, if you have one, whenever necessary.

You can choose either a physician or a nurse practitioner as your campus care provider. A nurse practitioner is a registered nurse who has advanced training to diagnose illnesses and prescribe medications. Visit medical.mit.edu/choose to see a list of campus care providers who are accepting new patients.

Did you know?

If the campus care provider you’ve chosen turns out not to be a good fit for you, you can make a quick phone call to switch to another. Learn more at medical.mit.edu/choose.

How do I make an appointment at MIT Medical?

Maybe you need a routine checkup or a shot? Perhaps you need to get a prescription, or you have a health concern you want to discuss? It’s pretty easy to make an appointment. If you’ve already chosen a campus care provider at MIT Medical, call their office directly; if not, dial 617-258-9355. Tell us as much as you can about why you are making the appointment. That helps us to schedule enough time for you with the right clinician.

Getting the most out of your appointment

Here are a few tips to make your appointment go smoothly:

• Arrive 10 minutes early, especially if it’s your first appointment. This will give you time to fill out any health history forms and make sure your contact information is up to date.

• If your appointment has to do with a specific health concern, it may help to keep a record of your symptoms and bring it with you to the appointment.

• Prepare a list of questions ahead of time, so you can remember everything you want to ask.

• Talk about your most important concerns first.

• Make sure you understand any plans for treatment or follow-up.

• Be honest. In order to give you the care you need, clinicians sometimes need to ask some pretty personal questions. We need to know all the details to provide you with the best care possible. And remember, no matter what your question, your clinician has heard it before.

• Sometimes one visit won’t be sufficient, so be prepared to make a follow-up appointment if necessary.

• Foreign language interpreter services and sign language interpreters are available. Just let us know what services you need when you make your appointment, so everything is ready when you arrive. Or, if you need an interpreter when you walk in to Urgent Care or at any time during any visit, just let us know. We can accommodate those requests as well.

What if I want my parents involved? What if I don’t?

Your visits to MIT Medical and the information you share with our providers are confidential. That means that every part of every visit is kept private. Unless you give us permission, we won’t share any of your health information with your parents, professors, or friends. The only exceptions would happen in rare life-threating situations.

But if you do want your parents involved in your care at some point, just tell us. Speak with your provider directly, and give them permission to speak with your parents about that specific episode of care. You can only give permission for a specific episode of care — it’s not blanket permission to discuss any of your other visits or medical issues. This permission expires when the specific episode of care is resolved, or in six months if the episode of care is ongoing. If you want your parents involved in another, future medical issue, you’ll need to provide permission again.

Did you know?

If you need to be excused from a class or exam because of illness, the process starts with Student Support Services (S³; 617-253-4861). You can give S³ permission to speak with MIT Medical about your illness, and an S³ dean will contact professors on your behalf.
I'm on my parent's insurance plan. Does this affect the confidentiality of my care?

Maybe. We don't send information to your parents about most office visits at MIT Medical or prescriptions filled at the MIT Pharmacy. But if you use your parent's insurance plan for services outside MIT Medical, like filling prescriptions or seeing outside specialists, your parents might get a bill. And even if an outside visit is fully covered by your parents' insurance, and there is no bill, your parents might still be notified, because the insurance plan might send notices or claim summaries to your home address.

Sometimes MIT Medical needs to send private information to you. This will be addressed to you and will go to the address you have on file with us. Unless you have given MIT Medical your campus mailing address, it will go to your home address. Be sure to update your address with MIT Medical when you get to campus. Just call us at 617-253-4481.

Do I have access to my health records?

Yes. If you ever need a copy of your medical record, let us know. You can make an appointment to view your health records by calling 617-253-4906.

We can also provide copies of certain parts of your record — just your immunization record, for example, if you need it for international travel. To get a copy of your whole medical record or just specific information from your record, you'll need to fill out and sign an authorization form. You'll need to fill out a different form to have your medical record sent from another provider to MIT. All of these forms are available for download at medical.mit.edu/medicalrecord.

Using the MIT Pharmacy

All MIT students can buy over-the-counter medications at the MIT Pharmacy, located on the first floor of E23. These drugs usually cost less at the MIT Pharmacy than at a retail drug store such as Walgreens or CVS. Our pharmacists are also happy to answer questions about prescription or over-the-counter medications.

The MIT Pharmacy can also fill any prescription you get from an MIT Medical clinician. They can fill prescriptions from outside clinicians if you saw that clinician because of an MIT Medical referral. You can request prescription refills and renewals by calling our 24-hour prescription refill line at 617-253-0202, using HealthELife, MIT Medical's online personal health-management tool, or filling out a form at the pharmacy. Please allow a few business days to process refill requests placed online and by phone. If your prescription requires authorization from a clinician, the pharmacy will contact the clinician for you.

Student Mental Health & Counseling at MIT

I just need to talk to someone...

Life at MIT can be fast paced and demanding, and many students find that it helps to talk with someone about relationship problems, feeling overwhelmed by school, issues at home, loneliness, anxiety, depression, or other concerns. MIT Medical’s Student Mental Health & Counseling Services can help. You can meet with a counselor privately or, if appropriate, join one of our support or therapy groups. Counseling services are confidential and available to all enrolled students at no charge.

On weekdays (Monday–Thursday, 8:30 a.m.–7 p.m., Friday, 8:30 a.m.–5 p.m., summer hours may vary), call us at 617-253-2916. When you call us during weekday hours, we’ll discuss your concerns with you and set up a consultation with a counselor who is a good match for your needs. Walk-in consultations are available for urgent concerns on the third floor of E23 on weekday afternoons, 2–4 p.m.

Did you know?

We can help if you’re concerned about a friend. Just call Student Mental Health and Counseling Services at 617-253-2916, and we will problem-solve with you about how to help.

In addition, we provide brief, informal consultations on a drop-in basis certain weekday afternoons and evenings through our Let’s Chat program. Times and locations for Let’s Chat are posted at medical.mit.edu/lets-chat.

Our clinicians are on call and available 24 hours a day, seven days a week for urgent consultations. Just call 617-253-2916.

Did you know?

You can manage your healthcare online! Visit medical.mit.edu/healthlife to learn more about signing up for HealthELife. You can use HealthELife to request appointments, order prescription refills, see some of your health results, and communicate securely with your care providers.
Did you know?
Approximately 20 percent of MIT students use Student Mental Health and Counseling Services each year.

What if I need to see a dentist?
MIT Medical’s Dental Service can do everything from cleanings to crowns, but dental care isn’t covered by the MIT student health plans. However, if you have outside dental insurance (through your parents, for example), or if you have purchased the MIT Graduate Student Dental Plan, you may be able to use that insurance at MIT Medical. To find out, or to schedule a dental appointment, call 617-253-1501.

How about seeing an optometrist?
All students can be seen for eye injuries and urgent eye issues. If you are on the Student Extended Insurance Plan, you’re also covered for one annual eye exam at MIT Medical’s Eye Service. Call the Eye Service at 617-253-9768 to make an appointment. Please note: Students who have waived the Extended Plan are not covered for annual routine eye exams or the contact lens service, but are covered for treatment of eye diseases.

Did you know?
You can get your new glasses right here on campus — at a discount! Students and other members of the MIT community enjoy heavily discounted prices at MIT Optical. Visit medical.mit.edu/services/optical to learn more.

Violence Prevention and Response
Do you need support or assistance for yourself or a friend in dealing with sexual violence, including sexual assault, rape, dating or domestic violence, stalking, or sexual harassment, or are you worried about an unhealthy relationship? Call MIT’s confidential, 24-hour hotline at 617-253-2300.

Sexual health — it’s more than free condoms (but we have those, too).
MIT Medical provides a full range of health services, information, supplies, diagnostic tests, and counseling to address your concerns about sex and sexuality. Medical services include:

- **Check-ups and other medical services**, including the HPV vaccine and prescriptions for contraceptives.
- **Free confidential testing for sexually transmitted infections**, including HIV.

- **Contraceptives** (birth control pills, IUD, diaphragm, Depo-Provera injection, contraceptive implants, contraceptive patch, contraceptive vaginal ring), provided by Women’s Health (617-258-9355) or your campus care provider or available at the MIT Pharmacy.
- **Emergency contraception**, available at MIT Pharmacy and other local pharmacies.
- **Pregnancy tests**. Home pregnancy tests are available without a prescription at the MIT Pharmacy. You can also call us at 617-258-9355 or dial your campus care provider for an in-office test.
- **Hormonal therapy** for transgender students.
- **LGBTQ health services**.
- **Counseling and consultations** with providers in Student Mental Health and Counseling.
- **Free safer sex supplies** (external and internal condoms, dental dams, and lubricant). Stop by Community Wellness or ask a MedLink or Graduate Resident Tutor.

Did you know?
Some emergency contraception is available without a prescription. Ask at the MIT Pharmacy (or call them at 617-253-1324) to learn more.

Staying Healthy at MIT
Community Wellness at MIT Medical provides resources, classes, and programs to help you make healthy choices and get the most out of your time at MIT:

- **Classes**: Yoga, Pilates, CPR, mindfulness, and more
- **Group health and wellness coaching**
- **getfit**: Join a team, exercise, and win prizes in MIT’s annual fitness challenge
- **Free safer sex and contraception supplies (condoms, dental dams, lubricants)**
- **Free earplugs**
- **MedLinks**: peer health volunteers in undergraduate residences
- **Relaxation hotline**: 617-253-CALM (2256)
- **Downloadable audio files for sleep and relaxation**: medical.mit.edu/sleep
- **Classes for new parents**

And much, much more! We can help you eat healthfully, stay fit, improve your sleep, reduce stress, and improve your overall wellness. For more information, visit us on the third floor of MIT Medical (E23), call 617-253-1316, send us an email at wellness@med.mit.edu, or visit us online at medical.mit.edu/community.
Insurance plans and rates

What do I need to know about my insurance coverage?

The MIT Student Medical Plan is included with tuition. That means you can use most services at MIT Medical with no additional charge and no copayment. All students can be seen at MIT Medical for services such as routine and urgent care, mental health and counseling services, most X-ray and laboratory tests, and more.

The MIT Student Extended Insurance Plan provides additional coverage and is available for an additional charge. As a registered student, unless you opt out by submitting a waiver, you are automatically enrolled and billed for the MIT Student Extended Insurance Plan. The Student Extended Insurance Plan also covers you outside of MIT, so you can use it when you go home. To learn more about everything that is — and isn’t — covered by your MIT insurance plan(s), visit medical.mit.edu/student, or call the Health Plans Office at 617-253-4371.

What if I need to see a specialist outside of MIT Medical?

We can care for many of your medical needs on campus. Visits to most specialists at MIT Medical are also covered by the MIT Student Medical Plan that is included with tuition. And MIT Medical’s Referral Office can help you locate an in-network provider if your MIT Medical clinician recommends that you see a specialist or undergo testing outside of MIT Medical. They can also put a “referral” on file if you want to fill prescriptions from an outside provider at the MIT Pharmacy.

However, if you’ve waived the MIT Student Extended Insurance Plan, you’ll need to use your other insurance plan for care outside MIT Medical, and the process will work a little differently. Your MIT Medical clinician may recommend an outside specialist or facility, but it will be up to you to find out if that provider is part of your insurance company’s network. And you’ll need to make sure your insurance will cover the visit. Check to see if you need a referral from your doctor at home or are required to get authorization from the insurance company before your visit. Be sure to keep your insurance ID card handy.

MIT Student Medical Plan

All full-time students are enrolled in this plan, which is included in tuition. It covers most services provided at MIT Medical, our multi-specialty, on-campus health center. This plan does not provide comprehensive coverage as required by state law. Students must have additional insurance to meet state and federal requirements.

You can enroll family members in the Student Medical Plan for an additional charge, as long as they have other, comprehensive coverage. Contact the MIT Health Plans Office (E23-308) for more information. Walk-in hours are from 8:30 a.m.–4:30 p.m., M–F, or contact the office by phone (617-253-4371) or email (stuplan@med.mit.edu).

MIT Student Extended Insurance Plan

Most students will be automatically enrolled in, and billed for, the MIT Student Extended Insurance Plan. This plan (also called the Extended Plan) complements the coverage provided by the Student Medical Plan and meets state requirements for comprehensive coverage. It adds coverage for prescription drugs and off-campus services such as emergency room visits, surgical procedures, and inpatient hospital stays (including maternity care and inpatient mental health/substance abuse treatment).

If you want the Extended Plan, you don’t need to do anything. But if you already have comparable insurance from a U.S.-based insurer that will provide coverage while you are at MIT, you may be eligible to waive this coverage.

If you’re a student who is not automatically enrolled in the Extended Plan, you may be eligible for this coverage if you want it. Call the MIT Health Plans Office at 617-253-4371 for more information.

If you have Student Extended Insurance Plan coverage, you may also enroll your family members in the Extended Plan (see “Family Members,” opposite).
How do I enroll or waive coverage?

Students

Most students are automatically enrolled in both the Student Medical Plan (included with tuition) and the Student Extended Insurance Plan. The charge to purchase the Extended Plan is billed to your student account. If you have other insurance coverage (like a parent’s insurance plan) that meets state requirements, you can waive your Extended Plan coverage. If you want to waive and you have other coverage that meets Massachusetts requirements, you must complete the online waiver form at medical.mit.edu/waive before the waiver deadline. To waive Extended Plan coverage, you must provide proof of comparable insurance coverage that meets state requirements. All waiver applications are audited and processed through a third-party vendor, and not all waiver requests are approved.

You will be responsible for paying for the Extended Plan if you do not waive by the deadline.

Waiver deadlines

To waive coverage for… The waiver is due:
…the entire academic year* August 15, 2019
…only the spring term January 15, 2020
…only the summer term May 15, 2020

*During the waiver period for the fall term, you waive for the entire academic year. Before waiving, read the insurance FAQs at medical.mit.edu/faqs and be prepared to provide proof of comparable insurance coverage.

Visiting students may be eligible to enroll in the Extended Plan, but enrollment is not automatic. To enroll, or for more information, contact the MIT Health Plans Office at insurancehelp@med.mit.edu.

Family members

Students may enroll spouses, partners (“spousal equivalents”), and dependents in the Student Extended Insurance Plan. Enrollment in the Extended Plan automatically includes Student Medical Plan enrollment. You will need to enroll your family members online and provide proof of their eligibility for coverage. To sign up, visit gallagherstudent.com/mit.

Proof of eligibility includes documents such as:

• A marriage certificate for you and your spouse.
• A signed Affidavit of Spousal Equivalent Partnership form for you and your spousal equivalent and proof that you are living together. You can get the form and examples of acceptable documentation at the Health Plans Office, or download them at medical.mit.edu/pdf/spousal.pdf.
• A birth certificate for your dependent child that shows the name of the child and the name of the parent, or a passport that shows the parent/child relationship.

You can enroll family members for health insurance coverage during one of the open enrollment periods listed below, or within 30 days of a qualifying life event. For example, if your family members arrive in the United States for the first time from another country, you have 30 days to add them to your insurance, but you will need to provide proof of the date they arrived. This could be a stamped passport, visa, or airline ticket or boarding pass.

Open enrollment periods for family members

• Fall: July 15–August 15 — Buy family coverage for the full academic year (September 1–August 31)
• Spring: December 15–January 15 — Buy family coverage for the spring term (February 1–August 31)

Once your family members are enrolled in the Student Medical Plan or in both plans, you will need to re-enroll them annually. However, you will only need to provide your documents once.

How do I enroll or waive coverage?

Students

Most students are automatically enrolled in both the Student Medical Plan (included with tuition) and the Student Extended Insurance Plan. The charge to purchase the Extended Plan is billed to your student account. If you have other insurance coverage (like a parent’s insurance plan) that meets state requirements, you can waive your Extended Plan coverage. If you want to waive and you have other coverage that meets Massachusetts requirements, you must complete the online waiver form at medical.mit.edu/waive before the waiver deadline. To waive Extended Plan coverage, you must provide proof of comparable insurance coverage that meets state requirements. All waiver applications are audited and processed through a third-party vendor, and not all waiver requests are approved.

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### Cost of coverage for...

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<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td><strong>Just the Student Medical Plan</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Just you</td>
<td>(included in tuition)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>You and your spouse/partner</td>
<td>$660</td>
<td>$924</td>
<td>$1,584</td>
</tr>
<tr>
<td>You and your dependents</td>
<td>$330</td>
<td>$462</td>
<td>$792</td>
</tr>
<tr>
<td>You, your spouse/partner, &amp; your dependents</td>
<td>$990</td>
<td>$1,386</td>
<td>$2,376</td>
</tr>
<tr>
<td><strong>Both the Student Medical Plan and the Extended Plan</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Just you</td>
<td>$1,362</td>
<td>$1,907</td>
<td>$3,269</td>
</tr>
<tr>
<td>You and your spouse/partner</td>
<td>$2,886</td>
<td>$4,041</td>
<td>$6,927</td>
</tr>
<tr>
<td>You and your dependents</td>
<td>$1,829</td>
<td>$2,561</td>
<td>$4,389</td>
</tr>
<tr>
<td>You, your spouse/partner, &amp; your dependents</td>
<td>$3,353</td>
<td>$4,694</td>
<td>$8,047</td>
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What is a qualifying life event?
A “qualifying life event” is a change in your circumstances that makes you eligible to change your health insurance enrollments outside of the normal schedule. Examples of qualifying life events include:
- Turning 26 and becoming ineligible for your parent’s plan.
- The involuntary loss of other health insurance coverage.
- Marriage or qualified same-sex partnership.
- The birth of a child, legal adoption, or legal guardianship.
For more information, see medical.mit.edu/qualifying-events.

I’ve already waived. Can I re-enroll later?
If you change your mind before the waiver deadline, just visit gallagherstudent.com/mit and send our enrollment partners a note saying that you want to withdraw your already-submitted waiver.
After the waiver deadline passes, you can only enroll in the Student Extended Insurance Plan if you have a qualifying life event. You will have to enroll online and provide documentation of the event. For example, if your coverage from another insurance company has been terminated, you’ll need to provide a letter from that company which gives the date their coverage ended. You have a 30-day window to enroll due to a life event. Otherwise, you are not eligible to re-enroll until the next enrollment period.

Your medical benefits (Summary of Benefits and Coverage)
The Patient Protection and Affordable Care Act (ACA) requires all insurance plans to provide you with a Summary of Benefits and Coverage (SBC) document. This document lists many, but not all, of the benefits that come with your health insurance plan. For example, some services at MIT Medical — like routine eye exams, prescriptions, allergy serum, Gardasil, Meningococcal serogroup B vaccines, and obstetrics — are not covered under the Student Medical Plan but are covered under the Student Extended Insurance Plan. These services may also be covered under other plans, so even if you waive the Extended Plan, your other insurance may pay for you to receive some of these services at MIT Medical. You will be responsible for any charges that your other insurance does not pay.

Selected information from the Student Extended Insurance Plan SBC is on the following pages. To view the entire SBC, and to download the Benefit Description, the comprehensive list of all your benefits, visit medical.mit.edu/forms-documents/students.
The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately.

This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, see medical.mit.edu/student. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at bluecrossma.com/sbcglossary or call 1-800-814-4371 to request a copy.

<table>
<thead>
<tr>
<th>Important Questions</th>
<th>Answers</th>
<th>Why This Matters:</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is the overall deductible?</td>
<td>$100 member / $100 family in-network; $500 member out-of-network.</td>
<td>Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.</td>
</tr>
<tr>
<td>Are there services covered before you meet your deductible?</td>
<td>Yes. In-network preventive and prenatal care, prescription drugs, diagnostic tests and imaging; inpatient admissions, mental health services, home health care, hospice services, durable medical equipment; emergency room, emergency transportation.</td>
<td>This plan covers some items and services even if you haven’t yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible. See a list of covered preventive services at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a>.</td>
</tr>
<tr>
<td>Are there other deductibles for specific services?</td>
<td>No.</td>
<td>You don’t have to meet deductibles for specific services.</td>
</tr>
<tr>
<td>What is the out-of-pocket limit for this plan?</td>
<td>For medical benefits, $4,000 member / $8,000 family in-network; $4,000 member / $8,000 family out-of-network; and for prescription drug benefits, $2,000 member / $4,000 family.</td>
<td>The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.</td>
</tr>
<tr>
<td>What is not included in the out-of-pocket limit?</td>
<td>Premiums, balance-billing charges, and health care this plan doesn’t cover.</td>
<td>Even though you pay these expenses, they don’t count toward the out-of-pocket limit.</td>
</tr>
<tr>
<td>Will you pay less if you use a network provider?</td>
<td>Yes. See bluecrossma.com/findadoctor or call the Member Service number on your ID card for a list of network providers.</td>
<td>This plan uses a provider network. You will pay less if you use a provider in the plan’s network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider’s charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.</td>
</tr>
<tr>
<td>Do you need a referral to see a specialist?</td>
<td>No.</td>
<td>You can see the specialist you choose without a referral.</td>
</tr>
</tbody>
</table>

**Deductible**

A **deductible** is the total amount of your own money that you must pay for certain covered services each plan year (September 1–August 31) before your health plan begins paying for these services. The Student Extended Insurance Plan has **two distinct deductibles**:  

1. For **in-network services**: $100 per individual per calendar year for outpatient services received outside of MIT Medical (other than mental health care).  
2. For **out-of-network services**: $500 per individual per calendar year for all services except emergency care.

**Out-of-pocket limit**

The **out-of-pocket limit** is the maximum amount of money you will have to pay for your covered healthcare costs during the year of insurance coverage, not counting your plan’s premiums. When you have spent that amount of your own money, the insurance plan will cover additional healthcare services in full for the rest of that year of coverage. But remember that if you use out-of-network services, you may still need to pay the difference between the amount of money your insurance company agreed to pay for a service and the actual charge.

The Student Extended Insurance Plan has **two different out-of-pocket limits**:  

1. For **medical services**: $4,000 per individual per calendar year.  
2. For **prescriptions**: $2,000 per individual per calendar year.
### In-network provider

An in-network provider is any healthcare provider (physician, hospital, urgent care, or other facility) that belongs to your Blue Cross Blue Shield (BCBS) of Massachusetts PPO (preferred provider organization) network. Your network is called the “Blue Cross PPO/EPO” network. You will almost always be able to pay less if you use an in-network provider. You can find in-network providers on the Blue Cross Blue Shield of Massachusetts website at bluecrossma.com or by calling 1-800-810-BLUE (2583).

### Out-of-network provider

An out-of-network provider is any healthcare provider that does not belong to your Blue Cross Blue Shield (BCBS) of Massachusetts PPO (preferred provider organization) network. You can use out-of-network providers, but if you do, you will almost always have to pay more. If an out-of-network provider charges more for a service than BCBS agrees to pay, you will need to pay the difference, and that payment will not count toward your out-of-pocket limit.

### Table: Common Medical Event Services You May Need

<table>
<thead>
<tr>
<th>Common Medical Event</th>
<th>Services You May Need</th>
<th>In-Network (You will pay the least)</th>
<th>Out-of-Network (You will pay the most)</th>
<th>Limitations, Exceptions, &amp; Other Important Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary care visit to treat an injury or illness</td>
<td></td>
<td>$25 / visit</td>
<td>20% coinsurance</td>
<td>Deductible applies first except for services at MIT Medical; limited to 12 visits per calendar year (combined with certain outpatient medical care services); visit limit does not apply to medication management services or services at MIT Medical. Services received at MIT Medical may be subject to different copayments. For more information visit: <a href="https://medical.mit.edu/forms-documents/students">https://medical.mit.edu/forms-documents/students</a></td>
</tr>
<tr>
<td>Specialist visit</td>
<td>$25 / visit; $25 / chiropractor visit; $10 / acupuncture visit</td>
<td></td>
<td>20% coinsurance</td>
<td>There is a 12-visit-per-calendar-year limit on specialist visits (combined with certain outpatient medical care services). This 12-visit limit does not apply to medication-management services; chiropractor visits; or specialty services at MIT Medical, except for acupuncture services, which are limited to 20 visits per calendar year. In-network deductible does not apply to acupuncture services or specialty services at MIT Medical. Copayment costs for services at MIT Medical may be different from amounts noted here. For more information visit: <a href="https://medical.mit.edu/forms-documents/students">https://medical.mit.edu/forms-documents/students</a></td>
</tr>
<tr>
<td>Preventive care/screening/immunization</td>
<td>No charge</td>
<td>Not covered</td>
<td>Limited to age-based schedule and/or frequency; in-network cost share waived for flu shots at a limited services clinic; routine physical exams for members age 6 or older covered at MIT Medical only; no coverage for most out-of-network services. You may have to pay for services that aren’t preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.</td>
<td></td>
</tr>
</tbody>
</table>

### Primary care visit

Primary care is what most people think of when they talk about “going to the doctor.” Primary care includes routine checkups or seeing a doctor when you feel sick. You’d also visit a primary care provider for routine, ongoing care for a chronic condition like asthma or high blood pressure or if you need routine health screens, like lab tests, or preventive care, like vaccines.

### Specialist visit

Specialists are not primary care providers. They are clinicians who deal with a specific type of medical care. There are many different kinds of specialists. For example, a dermatologist is a specialist who treats skin problems. An orthopedist is a specialist who treats patients with bone injuries or diseases. If you see a specialist at MIT Medical, you will most likely not have a copay or other out-of-pocket cost. You will likely have to pay part of the cost for visits to specialists outside of MIT Medical, and your insurance may only cover a certain number of visits per year for some specialists, like chiropractors.

### Preventive services

The Affordable Care Act requires that some services be available at no cost to patients. These services are commonly referred to as preventive services. Some contraceptives are also required to be available at no cost to patients.
**Common Medical Event Services You May Need**

<table>
<thead>
<tr>
<th>Common Medical Event</th>
<th>Services You May Need</th>
<th>What You Will Pay</th>
<th>Limitations, Exceptions, &amp; Other Important Information</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>In-Network (You will pay the least)</td>
<td>Out-of-Network (You will pay the most)</td>
</tr>
<tr>
<td>If you have a test</td>
<td>Diagnostic test (x-ray, blood work)</td>
<td>No charge</td>
<td>20% coinsurance</td>
</tr>
<tr>
<td></td>
<td>Imaging (CT/PET scans, MRIs)</td>
<td>$50</td>
<td>20% coinsurance</td>
</tr>
<tr>
<td>If you need drugs to treat your illness or condition</td>
<td>Generic drugs</td>
<td>$20, except $10 at MIT Medical pharmacy (30-day supply); $30 at MIT Medical pharmacy (90-day supply)</td>
<td>Not covered</td>
</tr>
<tr>
<td></td>
<td>Preferred brand drugs</td>
<td>$30, except $20 at MIT Medical pharmacy (30-day supply); $60 at MIT Medical pharmacy (90-day supply)</td>
<td>Not covered</td>
</tr>
<tr>
<td></td>
<td>Non-preferred brand drugs</td>
<td>$40, except $30 at MIT Medical pharmacy (30-day supply); $90 at MIT Medical pharmacy (90-day supply)</td>
<td>Not covered</td>
</tr>
<tr>
<td></td>
<td>Specialty drugs</td>
<td>Applicable cost share (generic, preferred, non-preferred)</td>
<td>Not covered</td>
</tr>
<tr>
<td>If you have outpatient surgery</td>
<td>Facility fee (e.g., ambulatory surgery center)</td>
<td>No charge; 10% coinsurance for infertility technologies</td>
<td>20% coinsurance</td>
</tr>
<tr>
<td></td>
<td>Physician/surgeon fees</td>
<td>No charge; 10% coinsurance for infertility technologies</td>
<td>20% coinsurance</td>
</tr>
</tbody>
</table>

**Copay or Copayment**

A **copay** or **copayment** is a fixed dollar amount you must pay for a covered healthcare service, usually when you receive the service. Copayments do not count toward your annual deductible.

**Coinsurance**

**Coinsurance** is a percentage of the bill for a specific service that you must pay with your own money. The insurance company sets the price they will pay for any service, and your coinsurance percentage is based on this price. If you go to an out-of-network provider who charges more than the price your insurance company previously set, you may have to pay the coinsurance PLUS the price difference.

**Drugs**

Different kinds of drugs cost different amounts. Generic drugs (tier 1) tend to cost much less than preferred name-brand drugs (tier 2). However, regardless of the kind of drug, you will pay a lower copay for prescriptions at MIT Medical as long as it is a medicine that the MIT Pharmacy usually has in stock. If the MIT Pharmacy needs to order your prescription, your copay will be higher.
Common Medical Event | Services You May Need | In-Network (What You Will Pay) | Out-of-Network (What You Will Pay) | Limitations, Exceptions, & Other Important Information
--- | --- | --- | --- | ---
**If you need immediate medical attention**
Emergency room care | $100 / visit | $100 / visit | Copayment waived if admitted or for observation stay
Emergency medical transportation | No charge | No charge | None
Urgent care | $0 / MIT Medical Urgent Care Service visit; $50 / visit other urgent care centers | 20% coinsurance | Deductible applies first except for services at MIT Medical; limited to 12 visits per calendar year (combined with certain outpatient medical care services) except for services at MIT Medical. Services received at MIT Medical may be subject to different copayments. For more information visit: [https://medical.mit.edu/forms-documents/students](https://medical.mit.edu/forms-documents/students)

**If you have a hospital stay**
Facility fee (e.g., hospital room) | $100 / admission; 10% coinsurance for infertility technologies | 20% coinsurance | Deductible applies first for out-of-network; pre-authorization required
Physician/surgeon fees | No charge; 10% coinsurance for infertility technologies | 20% coinsurance | Deductible applies first for out-of-network; pre-authorization required

**If you need mental health, behavioral health, or substance abuse services**
Outpatient services | $0 / no visit limits at MIT Student Mental Health & Counseling Service Outside of MIT Medical: $0 / visits 1–12, then $25 / visit | No charge / visits 1–12, then 20% coinsurance | Pre-authorization required for certain services
Inpatient services | $100 / admission | 20% coinsurance | Deductible applies first for out-of-network; pre-authorization required for certain services

**If you are pregnant**
Office visits | No charge | 20% coinsurance | Deductible applies first or out-of-network; cost sharing does not apply for in-network preventive services; maternity care may include tests and services described elsewhere in the SBC (e.g. ultrasound)
Childbirth/delivery professional services | No charge | 20% coinsurance |
Childbirth/delivery facility services | $100 / admission | 20% coinsurance |

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**Hospital stays**
You will have to pay $100 of your own money as a copay any time you need to stay in the hospital.

**Urgent care**
You will have no copays or other out-of-pocket costs for visits to MIT Medical’s Urgent Care Service.

**Emergency room/Ambulance**
Emergency room (ER) visits cost $100 per visit. But you don’t need to pay that fee if you are admitted to the hospital after being seen in the ER. Emergency medical transportation (ambulance, emergency air transport, etc.) is fully covered.

**Mental health**
You will have no copays or other out-of-pocket costs for visits to MIT Medical’s Student Mental Health & Counseling Services. You may have out-of-pocket costs for mental health services that you receive outside of MIT Medical.

**Pregnancy**
If you get your care at MIT Medical during your pregnancy and have your baby at an in-network hospital, your entire cost may be as low as $100 (for the hospitalization) — plus any medications.
Things to remember about your insurance coverage

Services outside of the U.S.

If you need medical treatment while traveling outside the United States, the Student Extended Insurance Plan provides the same coverage internationally as it does when you are in the U.S. but outside of Massachusetts. In other words, emergency and urgent care is covered, but routine care, like check-ups, are not. When you get necessary healthcare services in another country, it will be considered to be out-of-network. You might also have to pay the whole bill when you receive care, and then file a claim to have Blue Cross Blue Shield of Massachusetts pay you back.

If you need to locate a doctor or hospital when you are outside the U.S., or if you need medical-assistance services, call Blue Cross Blue Shield Global Core at +1-800-810-2583 (or call collect at +1-800-673-1177), 24 hours a day, seven days a week. An assistance coordinator, along with a medical professional, will arrange a medical appointment or hospitalization, if necessary. See bcbsglobalcore.com for more information.

If traveling on an MIT-sponsored trip, you should register with International SOS prior to your departure. See links on insurance.mit.edu/services/international-travel for more information.

Always carry your insurance card

ID cards are available online through the MyBlue app in the App Store or Google Play. You’ll need your Blue Cross Blue Shield ID number (not your MIT ID or your social security number) to create an account. You can call MIT Medical Member Services at 617-253-5979 to get your BCBS ID number. Much like other ID such as a driver’s license, you should always carry your insurance card.

Limitations and exclusions

All benefits are effective September 1 through August 31. This is a quick overview. If there is a conflict between this overview and the Blue Cross Preferred Provider Benefit Description, including the addendum (both available at medical.mit.edu/forms-documents/students), the Benefit Description and/or addendum govern.

The MIT Student Medical Plan and the MIT Student Extended Insurance Plan cover only medically necessary services, as defined in the Blue Cross Preferred Provider Benefit Description.

If you have questions, contact Member Services at 617-253-5979 or mservices@med.mit.edu.

Commonly used terms

Health insurance is filled with jargon. You can find definitions for lots of healthcare-related words on the government’s Affordable Healthcare Act website: healthcare.gov/glossary.

rev. 2019-08-27
Useful resources

24-hour numbers
(including weekends and holidays)

<table>
<thead>
<tr>
<th>Service</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Campus Police</td>
<td>617-253-1212</td>
</tr>
<tr>
<td>(Or dial 100 from campus phones)</td>
<td></td>
</tr>
<tr>
<td>Ambulance</td>
<td>617-253-1212</td>
</tr>
<tr>
<td>(Or dial 100 from campus phones)</td>
<td></td>
</tr>
<tr>
<td>Medical advice at any time</td>
<td>617-253-4481</td>
</tr>
<tr>
<td>(24 hours a day)</td>
<td></td>
</tr>
<tr>
<td>Student Mental Health and Counseling Services</td>
<td>617-253-2916</td>
</tr>
<tr>
<td>Violence Prevention &amp; Response hotline</td>
<td>617-253-2300</td>
</tr>
</tbody>
</table>

MIT Medical services

Monday–Friday, 8:30 a.m.–5 p.m.

<table>
<thead>
<tr>
<th>Service</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appointments</td>
<td>617-258-9355</td>
</tr>
<tr>
<td>Health Plans</td>
<td>617-253-4371</td>
</tr>
<tr>
<td>Member Services</td>
<td>617-253-5979</td>
</tr>
<tr>
<td>Billing Office</td>
<td>617-258-5336</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>617-253-1324</td>
</tr>
<tr>
<td>Community Wellness</td>
<td>617-253-1316</td>
</tr>
<tr>
<td>Dental Service</td>
<td>617-253-1501</td>
</tr>
<tr>
<td>Eye Service (optometry/ophthalmology)</td>
<td>617-253-9768</td>
</tr>
<tr>
<td>Patient Relations Coordinator</td>
<td>617-253-4976</td>
</tr>
</tbody>
</table>

Walk-in Urgent Care

8 a.m.–8 p.m., 365 days a year
(Holiday hours may vary; see medical.mit.edu for more information.)

<table>
<thead>
<tr>
<th>Service</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urgent Care Service</td>
<td>617-253-1311</td>
</tr>
</tbody>
</table>