



A student's guide to **MIT Health**

2023-2024

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Information in this guide is correct as of the "last updated" date on the cover, but policies and procedures may change throughout the year. For the latest information, consult our website at health.mit.edu.

WELCOME TO MIT HEALTH

MIT Health is here to help you stay healthy, safe, and well during your time at MIT. As an MIT student, you can use most of the services at MIT Health with no out-of-pocket cost — services like Urgent Care, Primary Care, Mental Health & Counseling, and many more are included with tuition. This guide provides the basic information you need to know to start getting your healthcare at MIT Health. You can find more detailed information on our website at health.mit.edu.

QUICKSTART GUIDE: THE BASICS OF GETTING YOUR CARE AT MIT HEALTH

1. Remember: Healthcare at MIT Health is included with tuition. It doesn't matter if you waived MIT's Student Health Insurance Plan (MIT SHIP) or have MIT SHIP coverage. Either way, you can get your care at MIT Health with no copays or unexpected bills. You don't have to pay for the care you receive from most services including Urgent Care, Primary Care, Sports Medicine, or other specialty services. You will have no fee for laboratory tests analyzed in our lab or for X-rays. In other cases, such as acupuncture, you will only need to pay \$10 per visit.

2. You can get same-day care if you are sick or hurt. MIT Health's Urgent Care Service is on the first floor of MIT Health and does not require an appointment. You can walk in, check in at the front desk, and wait for an available clinician. Or you can use the [online form](https://medical.mit.edu/reserve) (medical.mit.edu/reserve) to reserve a time to come in and be seen.

Urgent Care is open from 8 a.m.–8 p.m. Monday–Friday and 8 a.m.–4 p.m. on weekends and most holidays. All of MIT Health — including Urgent Care — will be closed on January 1, July 4, Thanksgiving Day, and December 25.

Instead of Urgent Care, you might also be able to have a same-day appointment in Primary Care or a telehealth appointment. If you prefer one of those options, call 617-253-4481 to speak with a nurse. The nurse will give you advice about what to do next.

3. Make an appointment to get other kinds of care. Except for Urgent Care, you will need an appointment to see a clinician at MIT Health. For example, if you

need a check-up, a vaccine, or a prescription, or if you have a medical concern that is not urgent, you should make an appointment to see a provider in Primary Care. We will always make sure you can see a clinician quickly if you have an urgent need, but you may need to wait some weeks to see a clinician for routine, non-urgent care — so plan ahead.

Visit health.mit.edu/services/primary-care and click the “schedule an appointment” button. You can also call 617-253-9335 and tell us what you need. We will help you make the right kind of appointment with the right clinician.

You can also make appointments directly with other services at MIT Health — like Sports Medicine & Orthopedics, OB/Gyn, or Student Mental Health & Counseling.

4. Sign up for HealthELife. HealthELife is MIT Health's online patient portal. You can use HealthELife to request appointments, send messages to your healthcare providers, have a video visit with a clinician, or view your test results and medical records. Sign up with the [online form](https://mithealth.iqhealth.com/self-enroll) (mithealth.iqhealth.com/self-enroll) or ask one of our staff members to send you an invitation by email.

5. Stop by MedStop to get over-the-counter medications at lower prices. Over-the-counter (OTC) drugs are medications you can purchase without a prescription, like ibuprofen or acetaminophen, allergy medications, and more. The least expensive option for OTC medications is at the MedStop kiosk on the first floor of MIT Health, next to the Urgent Care check-in

desk. You can buy lots of different medications at MedStop, and the prices are lower than in a pharmacy or supermarket.

7. We will provide an interpreter when you need one.

We provide interpreter services for more than 150 spoken languages and American Sign Language (ASL). When you visit MIT Health, you can use a remote interpreter through an iPad or the telephone.

- **For a regular, weekday appointment:** Use our [online form](https://health.mit.edu/interpreter) (health.mit.edu/interpreter) to request an interpreter in advance. The interpreter will be

ready to begin when you arrive. You can also ask for an interpreter when you check in or at any time during your appointment.

- **For an Urgent Care visit:** Ask for an interpreter at the desk when you check in.
- **For a phone call:** When you call, just say, “I need an interpreter,” and tell us the language you need. We will put you on hold while we add an interpreter to the call.

MIT HEALTH SERVICES AND OTHER RESOURCES

Urgent Care

MIT Health’s Urgent Care Service, on the first floor of MIT Health, provides same-day care when you are sick or hurt but it is not a life-threatening emergency. Urgent Care is the place to go for things like minor burns or small cuts, rashes, headaches, fever, nausea and vomiting, urinary tract infections, sprains or possible minor fractures, and other medical concerns that need quick attention.

You do not need an appointment to be seen in Urgent Care. You can walk in, check in at the front desk, and wait for an available clinician. Or you can use the online form (health.mit.edu/reserve) to reserve a time to come in and be seen.

Urgent Care is open from 8 a.m.–8 p.m. Monday–Friday and 8 a.m.–4 p.m. on weekends and most holidays. All of MIT Health — including Urgent Care — will be closed on January 1, July 4, Thanksgiving Day, and December 25.

WHAT IF IT’S AN EMERGENCY?

If you have a life-threatening medical emergency — like a very bad injury, a serious allergic reaction, or trouble breathing — do not call MIT Health or come to Urgent Care. If you are on campus, call the **MIT Police at 617-253-1212**. They can send an ambulance or other help faster than if you call **911**. If you are not on campus, dial **911**.



Primary Care

MIT Health's primary care providers (PCPs) offer routine healthcare to patients of all ages. The Primary Care Service is where you'll go if you want to schedule a physical exam, need a vaccine, or have a non-urgent health problem or concern. Our PCPs can order lab tests, write prescriptions, and help you manage chronic conditions, like seasonal allergies or diabetes.

You can choose a nurse practitioner or physician in our Primary Care Service to be your campus care provider, or personal clinician, while you are here at MIT. But you can use Primary Care even if you haven't chosen a PCP. You can make an appointment with any PCP who is available.

Sometimes, you might be able to have your appointment, or part of your appointment, via telehealth. During a telehealth visit, the clinician can discuss your symptoms with you and evaluate visible conditions like rashes or minor injuries. They can also prescribe medications or order bloodwork or other tests. In some cases, you may follow up with a clinician in person for a physical examination.

You can schedule an appointment online or call the Primary Care Service at 617-258-9355. Tell us as much as you can about why you are making the appointment, so we can make sure to schedule an appointment of the right length and determine if a telehealth appointment is a possibility.

GETTING THE MOST OUT OF YOUR APPOINTMENT

Here are a few tips to make your in-person or telehealth appointment go smoothly:

- If you have a specific health concern, it might 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.
- Ask questions if you don't understand something. It's important that you understand any plans for treatment or follow-up. If you think of a question after your appointment, you can call, or send your clinician a message through HealthELife.
- Be honest. Clinicians won't be shocked or surprised by anything you say or ask. And remember, they may have to ask personal questions to give you the right kind of care.
- Be prepared to make a follow-up appointment if necessary.
- Remember that you can ask for an interpreter at any time during an appointment.



Student Mental Health & Counseling Services

Life at MIT can be fast paced and demanding. Many students find that it helps to talk with someone about relationship challenges, feeling overwhelmed by school, issues at home, loneliness, anxiety, depression, or other concerns. MIT Health's Student Mental Health & Counseling Services can help. You can choose to talk privately with a clinician in person or via telehealth, or, if appropriate, join one of our support or therapy groups.

To get started, use our [online form](https://health.mit.edu/SMHCSappt) (health.mit.edu/SMHCSappt) to schedule an initial call with a clinician. During that call, the provider will ask you about your concerns, so we can schedule you for an appointment with a clinician that will meet your needs.

If you have an urgent concern, call us at 617-253-2916. When you call, you can speak with a clinician who will help you to figure out what to do next. Clinicians are on call and available 24 hours a day, seven days a week for urgent consultations.

Eye Service

The Eye Service is available for eye exams and can also diagnose and treat eye injuries or other urgent eye issues. If you have MIT SHIP coverage, you can use our comprehensive contact-lens services, including consultation, fitting, and dispensing. We can even order your lenses for you. To make an appointment, call 617-253-9768.

DID YOU KNOW?

You can get discounts on new glasses — even prescription safety glasses — at MIT Optical, located on the first floor of MIT Health! You can browse thousands of frame styles online and try them on virtually before you come in. Learn more at health.mit.edu/services/optical



Obstetrics and Gynecology

MIT Health's OB/Gyn Service provides prenatal and gynecological care. We can help you explore your contraceptive options, including birth control pills, IUD, diaphragm, Depo-Provera injection, contraceptive implants, contraceptive patch, or contraceptive vaginal ring. To make an appointment, call 617-253-1315.

Sports Medicine & Orthopedics

MIT Health's Sports Medicine and Orthopedics Service provides care for musculoskeletal and orthopedic issues that may affect your ability to participate in sports and all other aspects of your life. It's the place to go for stress or strain injuries, tendonitis, running injuries, and help recovering from fractures or other injuries. To make an appointment, call 617-253-2974.

Community Wellness

Community Wellness provides resources, classes, and programs to help you make healthy choices and get the most out of your time at MIT. We offer exercise and fitness classes, resources to help you manage stress and improve sleep, an annual fitness challenge, and much more. Drop us a line at wellness@med.mit.edu and check out all our offerings at health.mit.edu/community.

Sexual Health

Many services at MIT Health can provide information, supplies, diagnostic tests, and counseling to address your concerns about sex and sexuality:

- Well visits and other medical services, including the HPV vaccine and prescriptions for contraceptives, are available in Primary Care.
- Safer sex supplies are available on the third floor of E23 outside the Community Wellness offices.
- Free, confidential testing for sexually transmitted infections, including HIV.
- Complete contraceptive care, including birth control pills, IUD, diaphragm, Depo-Provera injection, contraceptive implants, contraceptive patch, or contraceptive vaginal ring, is provided by our Obstetrics and Gynecology Service, or your campus primary care provider.
- Pregnancy tests. Home pregnancy tests are available at MedStop. You can also schedule an in-office test.

- LGBTQ+ health services include hormonal therapy for transgender students, HIV pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP), and comprehensive primary care from knowledgeable and caring providers.
- Counseling and consultations with providers in Student Mental Health and Counseling Services.

Dental Service

MIT Health's Dental Service can handle everything from cleanings to crowns. Dental care isn't included in MIT SHIP coverage, but if you have outside dental insurance (through your parents, for example), you might be able to use that insurance here. To find out if you can use your insurance at the Dental Service or to schedule an appointment, call 617-253-1501. Graduate students who have purchased MIT Graduate Student Dental Plan coverage can use that coverage at the Dental Service.

Discover more MIT Health services at health.mit.edu

Violence Prevention and Response (VPR)

It's not part of MIT Health, but VPR is an important resource for individuals dealing with sexual violence, relationship abuse, unhealthy relationships, stalking, or sexual or gender-based harassment. VPR offers confidential advocacy services for support, identifying options and resources, navigating campus systems, and more. To make an appointment, email vpradvocate@mit.edu or call 617-253-2300. If you can't speak safely in your current situation, you can arrange to communicate with a VPR counselor by text or chat. For more information about VPR, visit studentlife.mit.edu/vpr.

PRIVACY AT MIT HEALTH

What if I want my parents involved in my healthcare? What if I don't?

Your visits to MIT Health 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. Exceptions to this policy would be life-threatening situations, or if you are under the age of 18.

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 again, you'll need to provide permission again.

DID YOU KNOW?

If you're a student living on campus, you can get healthcare advice, single doses of common over-the-counter medications, first-aid materials, and safer-sex supplies from a MedLink, one of our specially trained peer health advocates living in MIT dorms, fraternities, sororities, and independent living groups. To find your resident MedLink, visit medlinks.mit.edu.



I'm on my parent's insurance plan. Does this affect the confidentiality of my care?

Not at MIT Health, but maybe elsewhere. We don't send information to your parents about your visits at MIT Health. But if you use your parent's insurance plan for services outside MIT Health, like filling prescriptions or seeing outside specialists, your parents might get a bill. Even if an outside visit is fully covered by your parents' insurance, and there is no bill, your parents may see any notices or claim summaries the insurance company sends to your home address.

Sometimes MIT Health 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 Health your campus mailing address, we will send this information to your home address. If you want to change your mailing address, call us at 617-253-4481.

Can I access my health records from MIT Health?

Yes. We can provide a copy of your medical record if you need it. We can also provide copies of certain parts of your record — for example, just your immunization record 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 can find this form and others at health.mit.edu/medicalrecord

How will MIT Health communicate with me?

- **Through HealthELife:** Your providers will communicate with you through our online patient portal, HealthELife.
- **By text:** Before an appointment, you may get texts on your phone. The texts will remind you about the appointment and allow you to cancel and reschedule the appointment if you need to. You can use your phone to complete registration information and health forms. That way, you do not need to fill out forms on paper when you arrive for your appointment. You might also get a text asking you to fill out a survey following a visit to MIT Health's Mental Health & Counseling Services.
- **By email:** After an appointment, you might get an email asking you to fill out a survey. The survey is anonymous. It will ask questions about your experience at your appointment. In addition, you will sometimes get a patient newsletter by email.

DID YOU KNOW?

If you have questions or concerns about your care at MIT Health, you can contact MIT Health's patient relations coordinator. Just send an email to patientrelations@med.mit.edu. The patient relations coordinator will help you explore possible ways to resolve the issue.



USING YOUR INSURANCE

We can care for many of your medical needs on campus, and visits to most specialists at MIT Health are also covered as part of your tuition. This coverage is not the same thing as an insurance policy. If you need to go to the emergency room or visit an outside specialist or facility, that visit will be billed to your comprehensive insurance plan.

Keep your insurance ID card with you at all times. If you have MIT SHIP, you can download your insurance card to your smartphone.

If you waived the MIT Student Health Insurance Plan (SHIP)

If you have comprehensive insurance through another insurance company, you will need to find out if the specialist you want to see is part of your insurance company's network and make sure your insurance will cover the visit. Sometimes you may need a referral from your doctor at home or authorization from the insurance company before your visit.

You can enroll in MIT SHIP if you experience a "qualifying event." For example, if you turn 26 and become ineligible for your parent's plan, you can enroll in MIT SHIP immediately. You can also enroll in MIT SHIP if you lose your other health insurance coverage involuntarily — for example, if your parent loses their job and health insurance.

About the MIT Student Health Insurance Plan (MIT SHIP)

MIT SHIP covers the off-campus healthcare services you need but you may still have some out-of-pocket costs.

When we say that insurance “covers” a particular healthcare service, that means it will pay for at least part of the cost. MIT SHIP may cover some healthcare services “in full.” That means that once you have purchased MIT SHIP, you will pay nothing extra for that service. But you will have to pay part of the cost for other healthcare services. For example, if you get sick or injured and go to a hospital emergency room, you will pay \$100, and MIT SHIP will pay for the rest. One hundred dollars may seem like a lot of money, but without insurance, an emergency room visit could cost \$3,000 or more.

Health insurance only covers the healthcare services you need. MIT SHIP pays for the usual tests you have every year as part of your annual physical exam, but if you are healthy and don't have symptoms of any illness or medical condition, MIT SHIP will not pay for extra tests or screening procedures.

MIT SHIP will pay for diagnostic testing if you have symptoms of a specific illness or medical condition or if your healthcare provider agrees that you may be at risk for a certain condition and recommends those tests.

MIT SHIP is a “preferred provider organization,” often called a “PPO” for short. A PPO is an insurance plan that lets you choose from a network of doctors and hospitals that have agreed to work with the insurance company. For MIT SHIP, this network is the Blue Cross Blue Shield of Massachusetts (BCBSMA) PPO.

With MIT SHIP, you can get your healthcare:

- At MIT Health — You pay nothing extra for most services.
- At an off-campus, in-network provider — You will pay some of the cost for most services.
- At an off-campus, out-of-network provider — You will pay more of the cost for all services.

Getting your care off campus with MIT SHIP

When you go to an off-campus, in-network provider, your insurance will pay for all or most of the cost. If you go to a doctor or hospital that is not in the BCBSMA PPO network, your insurance will pay less of the cost, and you will pay more — sometimes a lot more.

For example, you will not have to pay any of the cost for your annual physical exam and lab tests if you go to an off-campus, in-network provider. But if you get your annual physical exam and lab tests from an out-of-network provider, you may have to pay between \$100 and \$500, depending on how much you have already spent for other healthcare services that year.

[Blue Cross Blue Shield of Massachusetts \(BCBSMA\)](#) can help you find an in-network provider:

- You can call BCBSMA at 1-800-810-BLUE (2583), or
- You can go to the [Blue Cross Blue Shield website \(https://www.bluecrossma.org/\)](https://www.bluecrossma.org/) and use the “Find a doctor” option. From the “Select a Network” drop-down menu, choose “PPO or EPO.”

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 and can help you understand when you will have out-of-pocket costs and how much you might have to pay.

On the following pages, we will show you some information from the SBC for MIT SHIP, along with some definitions. You can view the SBC for MIT SHIP by visiting health.mit.edu/forms-documents/students.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	\$100 member / \$100 family in-network; \$500 member out-of-network.	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay.
Are there services covered before you meet your deductible?	Yes. In-network preventive and prenatal care, most office visits, <u>prescription drugs</u> , <u>diagnostic tests</u> and imaging, inpatient admissions, mental health services, <u>home health care</u> , <u>hospice services</u> , <u>durable medical equipment</u> ; emergency room, emergency transportation.	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	Yes. For pediatric essential dental, \$50 member (no more than \$150 for three or more eligible members per family). There are no other specific <u>deductibles</u> .	You must pay all of the costs for these services up to the specific <u>deductible</u> amount before this <u>plan</u> begins to pay for these services.
What is the out-of-pocket limit for this plan?	For medical benefits, \$4,000 member / \$8,000 family in-network; \$4,000 member / \$8,000 family out-of-network; for <u>prescription drug</u> benefits, \$2,000 member / \$4,000 family; and for pediatric essential dental, \$350 member (no more than \$700 for two or more eligible members per family).	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.

Deductible

A **deductible** is the total amount of your own money that you must pay for certain covered services during each year that you are covered (for MIT SHIP, from September 1–August 31). After you have paid that deductible, your insurance will begin paying for these services.

MIT SHIP has **two different deductibles**:

1. For **in-network services**: \$100 per individual per calendar year for outpatient services received outside of MIT Health (except for mental health care, which has no deductible).
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 services during each year that you are covered (for MIT SHIP, from September 1–August 31). This does not include the plan's premium (the money you pay to buy the insurance plan in the first place). When you have spent enough of your own money to reach the out-of-pocket limit for the year, any other healthcare services you receive for that year will be covered in full. "Covered in full" means that the insurance company will pay the entire cost of those services. But if you use out-of-network services after reaching your out-of-pocket maximum, you may still need to pay the difference between the amount of money the insurance company agreed to pay for a service and the actual charge.

MIT SHIP 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** for MIT SHIP 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. The network for MIT SHIP is called the “Blue Cross PPO/EPO” network. You will almost always pay less if you use an in-network provider. You can find in-network providers for MIT SHIP on the Blue Cross Blue Shield of Massachusetts website 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 insurance company’s preferred provider network (the “Blue Cross PPO/EPO” network for MIT SHIP). 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 your insurance company agrees to pay, you will need to pay the difference, and that payment will not count toward your out-of-pocket limit.

All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network (You will pay the least)	Out-of-Network (You will pay the most)	
If you visit a health care provider’s office or clinic	Primary care visit to treat an injury or illness	\$25 / visit	20% <u>coinsurance</u>	<u>Deductible</u> applies first for out-of-network; a telehealth <u>cost share</u> may be applicable
	<u>Specialist visit</u>	\$25 / visit; \$25 / chiropractor visit; \$10 / acupuncture visit	20% <u>coinsurance</u> ; 20% <u>coinsurance</u> / chiropractor visit; 20% <u>coinsurance</u> / acupuncture visit	<u>Deductible</u> applies first for chiropractor visits and out-of-network; limited to 20 visits per calendar year for acupuncture services; a telehealth <u>cost share</u> may be applicable
	Preventive care/screening/immunization	No charge	20% <u>coinsurance</u>	<u>Deductible</u> applies first for out-of-network; limited to age-based schedule and / or frequency; a telehealth <u>cost share</u> may be applicable. You may have to pay for services that aren’t preventive. Ask your <u>provider</u> if the services needed are preventive. Then check what your <u>plan</u> will pay for.

Primary care visit

Primary care is what most people think of when they talk about “going to the doctor.” Primary care includes routine check-ups or seeing a doctor when you feel sick. You’d also visit a primary care provider if you need regular, ongoing care for a chronic condition like asthma or diabetes or if you need lab tests or vaccines.

Specialist visit

Specialists are clinicians who treat specific medical conditions. 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 Health, you will not have a copay or other out-of-pocket cost. If you visit a specialist outside of MIT Health, you will probably have to pay part of the cost of the visit. Your insurance may only cover a certain number of visits each year for some kinds of specialists, like chiropractors.

Preventive services

The Affordable Care Act, a US law that went into effect in 2010, requires healthcare providers and facilities to offer **preventive services** at no cost to patients. Preventive services are meant to prevent illness or disease and include services like check-ups, some lab tests, vaccinations, and some special healthcare services for women, like certain kinds of birth control and pregnancy care.

Copay or Copayment

A **copay** or **copayment** is a fixed dollar amount you must pay for a covered healthcare service. If a service has a copay, you will usually pay it when you go to that appointment. 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 decides how much they will pay for any particular 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 has agreed to pay for that service, you may have to pay the coinsurance amount PLUS the price difference.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network (You will pay the least)	Out-of-Network (You will pay the most)	
If you have a test	Diagnostic test (x-ray, blood work)	No charge	20% coinsurance	Deductible applies first for out-of-network; pre-authorization may be required
	Imaging (CT/PET scans, MRIs)	\$50	20% coinsurance	Deductible applies first for out-of-network; copayment applies per category of test / day; pre-authorization may be required
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at bluecrossma.org/medication	Generic drugs	\$20 / retail supply or \$40 / designated retail or mail order supply	Not covered	Up to 30-day retail (90-day designated retail or mail order) supply; cost share may be waived for certain covered drugs and supplies; pre-authorization required for certain drugs
	Preferred brand drugs	\$30 / retail supply or \$60 / designated retail or mail order supply	Not covered	
	Non-preferred brand drugs	\$40 / retail supply or \$80 / designated retail or mail order supply	Not covered	
	Specialty drugs	Applicable cost share (generic, preferred, non-preferred)	Not covered	When obtained from a designated specialty pharmacy; pre-authorization required for certain drugs
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	No charge; 10% coinsurance for infertility technologies	20% coinsurance	Deductible applies first; pre-authorization required for certain services
	Physician/surgeon fees	No charge; 10% coinsurance for infertility technologies	20% coinsurance	Deductible applies first; pre-authorization required for certain services

Drugs

Different types of prescription drugs cost different amounts. When a generic drug is available, it will usually be the least expensive. Generic drugs are drugs that are created to be the same as a brand-name drug. They work the same way and are an equal substitute for a more expensive brand-name drug.

Hospital stays

With MIT SHIP, you will have a \$100 copay if you need to stay overnight in the hospital.

Urgent care

Urgent care is medical care you get for an illness or injury that needs prompt attention but is not a life-threatening emergency. If you come to MIT Health's Urgent Care Service for your care, you will have no out-of-pocket cost. If you visit an off-campus urgent care center, you will have a copay.

Emergency room/ Ambulance

With MIT SHIP, you will have a \$100 copay for an emergency room (ER) visit. You will not have to pay that fee if the emergency room doctor admits you to the hospital. MIT SHIP covers emergency medical transportation.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network (You will pay the least)	Out-of-Network (You will pay the most)	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	No charge; 10% coinsurance for infertility technologies	20% coinsurance	<u>Deductible</u> applies first; <u>pre-authorization</u> required for certain services
	Physician/surgeon fees	No charge; 10% coinsurance for infertility technologies	20% coinsurance	<u>Deductible</u> applies first; <u>pre-authorization</u> required for certain services
If you need immediate medical attention	<u>Emergency room care</u>	\$100 / visit; <u>deductible</u> does not apply	\$100 / visit; <u>deductible</u> does not apply	<u>Copayment</u> waived if admitted or for observation stay
	Emergency medical transportation	No charge	No charge	None
	<u>Urgent care</u>	\$25 / visit	20% coinsurance	<u>Deductible</u> applies first for out-of-network; a telehealth <u>cost share</u> may be applicable
If you have a hospital stay	Facility fee (e.g., hospital room)	\$100 / admission; \$100 / admission then 10% coinsurance for infertility technologies	20% coinsurance	<u>Deductible</u> applies first for out-of-network; <u>pre-authorization</u> required
	Physician/surgeon fees	No charge; 10% coinsurance for infertility technologies	20% coinsurance	<u>Deductible</u> applies first for out-of-network; <u>pre-authorization</u> required
If you need mental health, behavioral health, or substance abuse services	Outpatient services	No charge / visits 1-52, then \$5 / visit	No charge / visits 1-52, then 20% coinsurance	A telehealth <u>cost share</u> may be applicable; <u>pre-authorization</u> required for certain services
	Inpatient services	\$100 / admission	20% coinsurance	<u>Deductible</u> applies first for out-of-network; <u>pre-authorization</u> required for certain services
If you are pregnant	Office visits	No charge	20% coinsurance	<u>Deductible</u> applies first for out-of-network; <u>cost sharing</u> does not apply for in-network <u>preventive services</u> ; maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound); a telehealth <u>cost share</u> may be applicable
	Childbirth/delivery professional services	No charge	20% coinsurance	
	Childbirth/delivery facility services	\$100 / admission	20% coinsurance	

Mental health

You will have no copay or other out-of-pocket costs for visits to MIT Health's Student Mental Health & Counseling Services. And MIT SHIP covers up to 52 mental health visits per year outside of MIT Health — in network or out of network — without a copay. After 52 visits in one year, you will have a copay for in-network providers and co-insurance for out-of-network providers.

Pregnancy

If you get your care at MIT Health 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 what you need to pay for any medication.

USEFUL FAQs

Medical Report Form FAQs

Everything you need to know about completing the required Student Medical Report Form.

Mental Health FAQs

Learn about topics such as antidepressants, coping with traumatic events.

USEFUL PHONE NUMBERS

24-hour numbers

(including weekends and holidays)

Campus Police [617-253-1212](tel:617-253-1212) (or dial 100 from campus phones)

Ambulance [617-253-1212](tel:617-253-1212) (or dial 100 from campus phones)

Medical advice at any time (24 hours a day) [617-253-4481](tel:617-253-4481)

Student Mental Health & Counseling Services [617-253-2916](tel:617-253-2916)

Urgent Care

Weekdays, 8 a.m.–8 p.m.,

Weekends and some holidays, 10 a.m.–4 p.m.

(Urgent Care is closed on January 1, July 4, Thanksgiving Day, and December 25)

Urgent Care Service

[617-253-1311](tel:617-253-1311)

MIT Health services

Appointments

[617-258-9355](tel:617-258-9355)

MIT Student Insurance Office

[617-253-1322](tel:617-253-1322)

Member Services

[617-253-5979](tel:617-253-5979)

[Billing Office](tel:617-258-5336)

[617-258-5336](tel:617-258-5336)

MedStop

[617-253-1324](tel:617-253-1324)

[Community Wellness](tel:617-253-1316)

[617-253-1316](tel:617-253-1316)

[Dental Service](tel:617-253-1501)

[617-253-1501](tel:617-253-1501)

[Eye Service \(optometry/ophthalmology\)](tel:617-253-9768)

[617-253-9768](tel:617-253-9768)

[Patient Relations Coordinator](tel:617-253-4976)

[617-253-4976](tel:617-253-4976)

