

MIT affiliate health plan

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Dear MIT Affiliate,



MIT has a policy of mandatory health insurance coverage for MIT affiliates. To help affiliates meet this requirement, MIT Medical offers The MIT Affiliate Health Plan. The MIT Affiliate Health Plan has two components: the MIT Affiliate Medical Plan, which covers the cost of most services provided at MIT Medical, and the MIT Affiliate Extended Insurance Plan, which covers more extensive care, such as hospitalization and a number of other off-campus medical services. Health coverage for your family is also available on an optional basis. The enclosed brochure provides information about the coverage and the cost of these plans.

You may waive coverage from the MIT Affiliate Health Plan if you have equivalent or better coverage elsewhere. More information about mandatory participation and waiver eligibility

is detailed in the brochure. It is important that you understand these requirements and that you contact the Affiliate Health Plan office to either enroll or waive coverage within 30 days of receiving this information.

If you wish to enroll in the MIT Affiliate Health Plan, please see the instructions in the brochure. If you wish to waive coverage from the MIT Affiliate Health Plan, you must submit a waiver form. You can pick up the form at the MIT Health Plans Office, E23-308, or it can be downloaded from <http://web.mit.edu/medical>. You may also request a form by calling 617-253-4371.

Sincerely,

William M. Kettyle, M.D.
Medical Director



MIT Health Plan

* Health Insurance Requirements

Are you eligible to purchase the MIT Affiliate Health Plan?

To be eligible to purchase the MIT Affiliate Health Plan, affiliates must have appointments at MIT for three months or longer and for more than 50 percent of their time and must not be paid by MIT funds. These affiliates must not be eligible for MIT employee health insurance, and must either be part of the Lab for Nuclear Science sponsored research staff or have one of the following 11 job titles: Visiting Scientist, Visiting Engineer, Visiting Scholar, Visiting Economist, Visiting Research Associate, Visiting Professor (including Assistant and Associate), Fellow, Bantrell Fellow, Research Fellow, Postdoctoral Fellow, or Research Affiliate.

Am I required to have health insurance?

Affiliates with appointments of five months or longer, who do not have the title of Visiting Professor (including Assistant or Associate) and are not Bantrell Fellows, are required to have comprehensive health insurance. If you have other insurance, you may waive coverage from the MIT Affiliate Health Plan by completing the Affiliate Waiver Form (see Page 4 for details). If you do not have insurance and are required to purchase insurance, you must purchase both the MIT Affiliate Medical Plan and the MIT Affiliate Extended Insurance Plan. Check with the administrative officer in your department to see if you must enroll in both programs.

Requirements for J-1 scholars

The United States Information Agency (USIA), which administers the Exchange Visitor Program, requires that all J-1 visa status scholars and their J-2

dependents have health insurance that meets certain requirements and continues for the entire period of stay in the United States. The USIA health insurance requirements are described on the second page of the waiver form found at <http://web.mit.edu/medical/pdf/affwaiv.pdf>.

Additional information for Postdoctoral Fellows

Postdoctoral Fellows who have a fellowship appointment of nine or more consecutive months are eligible to enroll in MIT's group plan for dental insurance. In addition, eligible fellows who were actively employed and covered by an MIT Group Health Plan prior to the day their fellowship commenced are eligible to continue coverage through the MIT Group Health Plans. For more information, contact the MIT Benefits Office at 617-253-6151 or the MIT Affiliate Health Plans Office at 617-253-4371.

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the MIT affiliate health plan

The MIT Affiliate Health Plan consists of two complementary parts, the MIT Affiliate Medical Plan and the MIT Affiliate Extended Insurance Plan.

The **MIT Affiliate Medical Plan** covers a wide range of services provided at MIT Medical, including office visits for primary care, many medical specialties, 24-hour urgent care, mental health care, and other services. Most services provided at MIT Medical are free.

You must purchase the Affiliate Medical Plan in order to be eligible to enroll in the MIT Affiliate Extended Insurance Plan.

The **MIT Affiliate Extended Insurance Plan** is designed to complement the MIT Affiliate Medical Plan. It covers inpatient hospitalization, including the birth of a child, inpatient mental health and substance abuse treatment, surgical procedures, and prescription drugs. The Affiliate Extended Insurance Plan is a preferred provider organization (PPO) plan that uses the Blue Cross Blue Shield Preferred Provider network. You will receive, and must use, a Blue Cross Blue Shield member card. As with any PPO, your benefits will usually be better when you use an “in-network” facility or provider. Deductibles, coinsurance, and copayments may apply when using both in- and out-of-network providers. If you choose an “out-of-network” facility or provider, you will pay a higher percentage of the cost.

> rates 07 - 08

AFFILIATE MEDICAL PLAN RATES	For full year September 1, 2007 – August 31, 2008
affiliate	\$940
affiliate and partner	\$1,880
family	\$2,355
affiliate and dependent(s)	\$1,415

AFFILIATE EXTENDED INSURANCE PLAN RATES	For full year September 1, 2007 – August 31, 2008
affiliate	\$1,440
affiliate and partner	\$2,250
family	\$2,360
affiliate and dependent(s)	\$1,550

To purchase both plans for an Affiliate and his or her dependent or dependents, the cost would be \$2,965 (\$1,415 + \$1,550)

how to enroll or waive MIT affiliate health plan coverage

When should I enroll?

You should purchase affiliate insurance coverage before or during the first month of your MIT appointment. Affiliates with J-1 visa status should purchase insurance immediately upon arrival at MIT. Coverage is purchased for your entire appointment period, or for an academic term (the minimum coverage period is three months). If your MIT affiliate appointment is extended beyond the date your coverage ends, you will need to contact the MIT Affiliate Health Plan Office to renew or extend your insurance coverage. Further information and applications are available at the MIT Affiliate Health Plans Office, E23-308.

When should I enroll my family?

In general, you should enroll family members at the same time you enroll, or at the beginning of an academic semester (February 1 and September 1). However, if you arrive at MIT from another country before your family members arrive, you must enroll these family members within 30 days of their arrival in this country. You will need to provide proof of their arrival (e.g., stamped visa, airline ticket).

Which of my family members can enroll?

Your spouse or partner and your children may be enrolled as family members, as may any of their unmarried children. Your unmarried children are eligible as long as they are under age 25, or have a physical or mental handicap that began before age 25. If you are expecting a newborn child, please contact us and complete an enrollment form before the month the baby is expected. When the baby is born, contact us within 30 days to tell us the baby's name and date of birth. Coverage will begin on the first day of the month in which the baby is born.

How to enroll, step by step

1. Obtain a letter from your department administrator stating your status as an affiliate.
2. Schedule an affiliate orientation session by calling the MIT Affiliate Health Plan Office at 617-253-4371. Orientations take place on Tuesdays and Thursdays at 10 a.m. at MIT Medical. Bring the personnel action form from your department or a copy of your DS-2019 form to the orientation. If you waive both the MIT Affiliate Medical Plan and the MIT Affiliate Extended Insurance Plan (see below), you do not need to attend an orientation session.
3. At the orientation, complete and sign an enrollment form. You will also choose a payment schedule for your insurance. We can bill you every three months, every six months, or every 12 months.
4. About three weeks after you enroll and make payment, you will receive a Blue Cross Blue Shield card in the mail. Be sure to carry this with you.
5. Choose a Primary Care Provider at MIT Medical. Visit <http://web.mit.edu/medical/g-choosing.html> to make your selection.

How to waive coverage

If you already have equivalent insurance coverage, you may submit a request to waive the requirement to purchase affiliate insurance. In order to be acceptable, your insurance must be comparable to MIT's insurance coverage. You can find the waiver form at <http://web.mit.edu/medical/pdf/affwaiv.pdf>. Complete insurance information is required on all waiver forms.

When your coverage ends

When your coverage in the MIT Affiliate Health Plan ends, you may be eligible to enroll in other insurance coverage. If you reside and actually live in Massachusetts and you are not eligible for Medicare or Medicaid coverage, you may be able to purchase nongroup insurance. For information about nongroup coverage, contact the Massachusetts Division of Insurance at 617-521-7794, or visit their web site at <http://www.mass.gov/doi/> to view a consumer guide and a list of companies and sample premium rates.

> c o s t s h a r i n g

	MIT AFFILIATE MEDICAL PLAN at MIT Medical only	MIT AFFILIATE EXTENDED INSURANCE PLAN	
		in-network (See page 6 for definition)	out-of-network (See page 6 for definition)
COINSURANCE (% you pay)	None	10% for diagnostic tests and 20% for other selected outpatient services	40% for selected outpatient services
ANNUAL DEDUCTIBLE for covered services Note: for specific medical service deductibles, see individual benefits on following pages	None	No annual deductible	You pay first \$250 per member per calendar year before Plan payments begin, for all covered services except: ambulance, chemotherapy, chiropractic care, diabetic testing materi- als, emergency room care, hospice care, inpatient mental health and substance abuse, outpatient psychopharmacol- ogy, outpatient mental health, physical therapy, prescription drugs, radiation therapy
ANNUAL OUT- OF-POCKET MAXIMUM	None	In any calendar year when your annual deductible and coinsur- ance total \$1,000 for a subscriber or \$500 for a covered family member, the Plan pays 100% for that person for all future covered services in that calendar year, except services requiring copayments	
COPAYMENTS (\$ amount you pay)	None except for certain immuniza- tions listed on page 10	See prescription drugs, prescription birth control devices, diabetic testing materials, admissions, emergency room visits, urgent care/ office visits , chiropractic care, and copay immunizations. Copay- ments do not count towards an out-of-pocket maximum	

> commonly used terms

Annual out-of-pocket maximum

The maximum you pay in a calendar year for certain covered services. When the deductible and coinsurance amounts you have paid in a calendar year add up to the out-of-pocket maximum amount, full benefits will be provided based on the allowed charge if the member continues to receive those covered services during the rest of the calendar year. You will continue to be responsible for applicable copayments.

Coinsurance

The percentage of covered charges for which you are liable.

Copayment

The specified dollar amount you pay when receiving certain treatments, services, or supplies.

Deductible

An amount you pay for covered services each plan year before the MIT Affiliate Extended Insurance Plan begins to pay benefits.

Dependent

Unmarried children up to 25 years of age, and children of covered, unmarried dependents.

Enrollment Form

Form that officially enrolls the subscriber or dependents in one or both of the insurance plans.

In-network

A group of doctors, hospital and other health care providers contracting with a health plan, usually to provide care at special rates and to handle paperwork with the health plan. For the MIT Affiliate Extended Insurance Plan, in-network providers in the United States are part of the Blue Cross Blue Shield PPO network. To find PPO-participating hospitals or providers, see <http://www.bluecares.com/healthtravel/finder.html> and choose the PPO network.

Out-of-network

Health care services received outside the PPO network. For the MIT Affiliate Extended Insurance Plan, an out-of-network provider is any provider not participating with the local Blue Cross Blue Shield PPO network. You will have a greater financial liability when you receive services from an out-of-network provider because providers may balance-bill you above the BCBS allowed amount in addition to your deductible and coinsurance. To find BCBS-participating hospitals or providers, see <http://www.bluecares.com/healthtravel/finder.html> and choose the PPO network. Outside the United States, all services provided by licensed medical facilities/providers are considered out-of-network.

Partner

An affiliate's spouse or spousal equivalent.

Preferred Provider Organization (PPO)

An arrangement between a group of doctors or providers and an entity, such as an employer or other group. This arrangement makes it possible for price discounts on services in exchange for a higher volume of patients.

Waiver

Form that officially documents an affiliate's relinquishment of membership in the MIT Affiliate Insurance Plan. Waivers are accepted only for insurance that is comparable to MIT's insurance coverage.

> inpatient in hospital

	MIT AFFILIATE MEDICAL PLAN at MIT Medical only	MIT AFFILIATE EXTENDED INSURANCE PLAN	
		in-network (See page 6 for definition)	out-of-network (See page 6 for definition)
Room and board when admitted as medical, surgical, or maternity inpatient, includes semiprivate accommodations, general nursing care, operating room, anesthesia, recovery, diagnostic tests, medication, physician services. Note: "Observation" admissions are not considered to be Inpatient Admissions and are not a covered service unless an emergency	No charge at MIT Medical's Inpatient Service only	Covered in full up to 120 days per calendar year (combined in-network and out-of-network medical/surgical and maternity annual limit) after: you pay \$100 copayment for hospital charges	you pay annual deductible, you then pay 40% coinsurance for covered services
Maternity: physician or other covered obstetrical clinician services billed under global physician maternity charge for prenatal services and delivery	Not covered	Global physician maternity charge covered in full	After annual deductible, you pay 40% coinsurance for covered services
Maternity: newborn care including circumcision during maternity admission	Not covered	Covered in full	After annual deductible, you pay 40% coinsurance for covered services

> limitations and exclusions

Both plans cover medically necessary services only.

Certain services are not covered under either plan, including allergy serum, custodial care, most educational testing and evaluation, most neuropsychological and psychological testing, most experimental treatment, hearing aids and hearing aid evaluations, eyeglasses, contact lenses, over-the-counter medicines and products, diet drugs, cosmetic surgery, orthotics, podiatry, psychoanalysis, and over-the-counter and prescription vitamins.

All benefits effective September 1, 2007. This is a quick overview. If there's a conflict between this overview and the summary plan description, the summary plan description governs. The summary plan description is available online at <http://web.mit.edu/medical>

If you have questions, call Claims and Member Services at 617-253-5979, or e-mail msservices@med.mit.edu.

> mental health

	MIT AFFILIATE MEDICAL PLAN at MIT Medical only	MIT AFFILIATE EXTENDED INSURANCE PLAN in-network (See page 6 for definition) out-of-network (See page 6 for definition)
Inpatient mental health includes room, board, medication, doctor and nursing care, therapeutic techniques, in a cooperating mental hospital, a participating general hospital, or a participating alcohol or drug treatment facility for the treatment of mental conditions, alcoholism, or drug rehabilitation	No charge at MIT Medical only, but limited services available	When referred by MIT Medical, you pay \$100 copayment per admission for hospital charges, and then Plan pays in full up to 60 days per calendar year (combined in-network and out-of-network inpatient mental health annual limit). Residential treatment programs are not covered
Outpatient psychotherapy, except psychoanalysis	No charge at MIT Medical only	When referred by MIT Medical, in each calendar year, covered in full for visits 1-12; you pay 20% for visits 13-24. Limited to 1 visit per week (combined in-network and out-of-network outpatient psychotherapy visit limits)
Outpatient psychopharmacology	No charge at MIT Medical only	Covered in full for up to 4 visits per calendar year (combined in-network and out-of-network annual outpatient psychopharmacology visit limits)

> urgent and emergency care

	MIT AFFILIATE MEDICAL PLAN at MIT Medical only	MIT AFFILIATE EXTENDED INSURANCE PLAN in-network (See page 6 for definition) out-of-network (See page 6 for definition)
Emergency care for emergency illness conditions that require immediate treatment at the nearest hospital emergency room (ER), such as suspected heart attack, stroke, or poisoning	No charge at MIT Medical only. However, MIT Medical's Urgent Care Service is not a hospital emergency room	For each covered ER visit, you pay a \$100 copayment for hospital charges. The copayment is waived if you are admitted to the hospital as an inpatient
Urgent outpatient care for conditions that need prompt, but not immediate, attention, such as sprains, earaches, or high fever	No charge at MIT Medical only	Up to 4 covered urgent care/office medically necessary visits per year, combined in-network and out-of-network maximum In-network services are covered at 80%, after \$25 copayment. You are responsible for the \$25 copayment and 20% coinsurance After annual deductible, out-of-network services are covered at 60% of the allowed charge. You are responsible for the 40% coinsurance, and any amount above the allowed charge
Ambulance services	Not covered	When medically necessary, Plan pays: -up to \$350 per day -up to \$10,000 per illness for air ambulance when arranged in advance by MIT Medical

> outpatient

	MIT AFFILIATE MEDICAL PLAN at MIT Medical only	MIT AFFILIATE EXTENDED INSURANCE PLAN	
		in-network (See page 6 for definition)	out-of-network (See page 6 for definition)
Acupuncture for pain management	Not covered	Fully covered for up to 12 visits per calendar year at Mass. General Hospital or New England School of Acupuncture	Not covered
Alcohol and substance abuse treatment	No charge at MIT Medical only	Covered under outpatient psychotherapy benefit: see page 8	
Appliances and medical devices	Not covered	\$1,500 reimbursement per member per calendar year (combined in-network and out-of-network annual appliances and medical devices limit), when prescribed by MIT Medical clinician for covered services: you pay 20% coinsurance	After annual deductible, you pay 40% coinsurance
Birth control devices that require a prescription	Not covered	Covered: See Prescription drugs on page 11 at MIT Medical you pay \$45 per device. Covered services applied to prescription drug limit	Not covered
Birth control prescription drugs	Not covered	Covered: see Prescription drugs on page 11	
Chemotherapy or radiation therapy	Not covered	No charge for therapy treatment (Note: office visits subject to annual visit limit)	
Chiropractic care	Not covered	You pay \$25 copayment plus 20% coinsurance per visit. Combined in-network and out-of-network benefit limit of \$1,500 per illness	
Dental care at MIT Dental or Surgical Daycare Center only (not covered elsewhere): extraction of impacted wisdom teeth when partially or fully embedded in bone, or for 7 or more teeth at one time; certain osseous (gum) surgery; excision of malignant oral lesions; reduction of a jaw fracture	Not covered	Covered in full After annual deductible, you pay 40% coinsurance for covered services	
Dental care: Oral surgery consultations for evaluation of wisdom teeth removal or diagnosis of TMJ (temporomandibular joint disorder)	Not covered	-at MIT Dental, no charge. Required x-rays not covered -elsewhere, not covered	Not covered

> outpatient continued

	MIT AFFILIATE MEDICAL PLAN at MIT Medical only	MIT AFFILIATE EXTENDED INSURANCE PLAN in-network (See page 6 for definition)	out-of-network (See page 6 for definition)
Diabetic testing material	Not covered	Covered: see Prescription drugs, page 11	
Diagnostic lab & x-ray services	Covered in full at MIT Medical only	You pay 10% coinsurance	After annual deductible, you pay 40% coinsurance
Eye exams, routine	Not covered but discount on eyeglasses at MIT Optical	Covered in full for one routine eye exam in a 12-month period at MIT Medical only. For all contact lens care, full charges apply	Not covered
Flu shots	No charge at MIT Medical only	Not covered in-network or out-of-network	
Gynecology exams, routine	No charge at MIT Medical only	Not covered in-network or out-of-network	
Gynecology: Pap smear, routine	No charge at MIT Medical only	Non-routine office visit covered subject to annual visit limit. In addition: -at MIT Gyn Service, no charge for test -elsewhere, you pay 10% coinsurance for one test per calendar year	After annual deductible, you pay 40% coinsurance for one test per calendar year
Home health care	Not covered	You pay 20% coinsurance for specified services	After annual deductible, you pay 40% coinsurance for specified services
Hospice care	Not covered	No charge for specified services	
Copay immunizations: cholera, hepatitis A, hepatitis B, ISG, Japanese encephalitis, meningococcal, rabies, typhoid, yellow fever	You pay \$20 copay per dose at MIT Medical only	Not covered, with the exception of the Gardasil vaccine when administered at MIT Medical only You pay \$20 for each Gardasil injection	Not covered
Immunizations such as MMR, DPT, polio, rubella, etc.	At MIT Medical only, no charge except for pre-entry (pre-matriculation) shots	Not covered in-network or out-of-network	
Mammography, routine	At MIT Medical only, no charge	Not covered in-network or out-of-network	
Office visits with physician, nurse practitioner, or physician assistant	At MIT Medical only, no charge except for outpatient obstetrical visits charged under the global physician maternity charge. See page 7	Up to 4 covered Urgent care/Office medically necessary visits per year, combined in-network and out-of-network maximum In-network services are covered at 80%, after \$25 copayment. You are responsible for the \$25 copayment and 20% coinsurance.	After annual deductible, out-of-network services are covered at 60% of the allowed charge. You are responsible for the 40% coinsurance, and any amount above the allowed charge

> outpatient continued

	MIT AFFILIATE MEDICAL PLAN at MIT Medical only	MIT AFFILIATE EXTENDED INSURANCE PLAN in-network (See page 6 for definition) out-of-network (See page 6 for definition)	
Physical exams, routine	At MIT Medical only, no charge except for “form” or pre-entry physicals	Not covered in-network or out-of-network	
Short term rehabilitation therapy Outpatient physical, speech, and/or occupational therapy visits	Not covered	You pay 20% coinsurance for visits 1-16 and you pay 50% for visits 17-24. Benefit limited to 24 visits per calendar year (combined in-network and out-of-network short term rehab visit limits)	
Pregnancy, voluntary termination of	Not covered	Covered in full at Planned Parenthood of Boston only	Not covered
Prescription drugs	Not covered	For up to a 30-day supply, for up to \$3,500 in combined actual charges for prescription drugs, prescription birth control devices, diabetic testing materials, and copay immunizations per member per calendar year (combined in-network and out-of-network annual limit): at MIT Medical, you pay \$15 copayment per prescription Copayment applies per prescription, up to a maximum of a 30-day supply. If additional supply is required, you will be charged the appropriate additional copayments	you are reimbursed minus \$15 copayment per prescription
Surgery, ambulatory	At MIT Medical only, no charge, but limited services available	No charge for covered services. Office visits that are billed separately from surgery are covered, subject to annual visit limit	After annual deductible, you pay 40% coinsurance for covered services. Office visits that are billed separately from surgery are covered, subject to annual visit limit

> out of country care

If you plan to be out of the country, contact Claims and Member Services at 617-253-5979 or mservices@med.mit.edu before you go to find out how the MIT Affiliate Extended Insurance Plan works outside of the United States.

	MIT AFFILIATE MEDICAL PLAN	MIT AFFILIATE EXTENDED INSURANCE PLAN OUT-OF-NETWORK: –outside United States, at any licensed medical facility/provider
Services outside the United States	Not covered	<ol style="list-style-type: none"> 1) Outside the United States all covered services are considered to be out-of-network. 2) Same coverage as within United States. Many facilities require that you pay at time of care and file claim with Massachusetts Blue Cross Blue Shield. 3) Members must contact BCBS worldwide network (1-800-810-2583) for inpatient admissions. You may also find more information at http://www.bcbs.com/coverage/bluecard/bluecard-worldwide.html

> using MIT Medical

Choosing a Primary Care Provider (PCP)

The key to getting good medical care is having an ongoing relationship with a clinician with whom you can discuss your health concerns. Your Primary Care Provider, or PCP—a physician or nurse practitioner specializing in internal medicine—will provide and coordinate all of your medical care, including making arrangements for specialty consultations when needed, laboratory tests, and hospitalizations. Visit <http://web.mit.edu/medical> to find up-to-date information on available clinicians. To make your choice, submit the online clinician-choice form available at <http://web.mit.edu/medical/g-choosingform.html>.

If, for any reason, you find that you are unable to establish a comfortable relationship with your clinician, you may choose any other available clinician by submitting the online clinician-choice form as described above.

Making an Appointment at MIT Medical

Call your PCP's office directly. You can find clinician phone numbers on the MIT Medical website at <http://web.mit.edu/medical>. If you have not chosen a PCP and are not sure who to call, you can contact the triage nurse at 617-253-4481. He or she can help you decide what to do next.

When making an appointment, it's helpful to briefly describe the reason for the visit, so the staff can schedule an appointment of the correct length and make sure the appropriate resources are available. If you are sick and need to be seen that day, let the staff know. At times, it may be appropriate to communicate with your clinician by phone or email prior to the appointment. This can help answer questions about urgency or whether it would be useful to generate some additional information, such as lab tests, before the visit.

Urgent Care

MIT Medical is always open for urgent care, 24 hours a day, every day of the year. Examples of conditions requiring urgent care include high fever, earaches, sprains, and lacerations that require stitches. If the situation is urgent but not life threatening, call MIT Medical's Urgent Care Line, 617-253-1311, to find out what to do first. Based on your symptoms, we'll answer your questions and give you advice. You may call collect if you are outside the service area. Even if you don't call ahead, you can always be seen at MIT Medical, but you may have to wait. Like an emergency room, the most urgent medical cases are seen first.

Mental Health

MIT Medical's Mental Health Service provides consultation, crisis intervention, and short-term treatment, including individual and group psychotherapy and psychopharmacology. The staff has expertise helping people deal with stress, relationship difficulties, academic pressure, depression and anxiety, learning problems and ADHD, eating concerns, insomnia, fatigue, alcohol and substance abuse, family issues, and general problems of daily living.

Call 617-253-2916 to make an appointment. Appointments are available Monday through Thursday, 8:30 a.m. to 7 p.m., and Friday, 8:30 a.m. to 5 p.m. Walk-in hours (for urgent needs) are Monday through Friday, 2 p.m. to 4 p.m. A clinician is available after hours and on weekends for emergencies by calling 617-253-2916.

All calls and visits are strictly confidential.

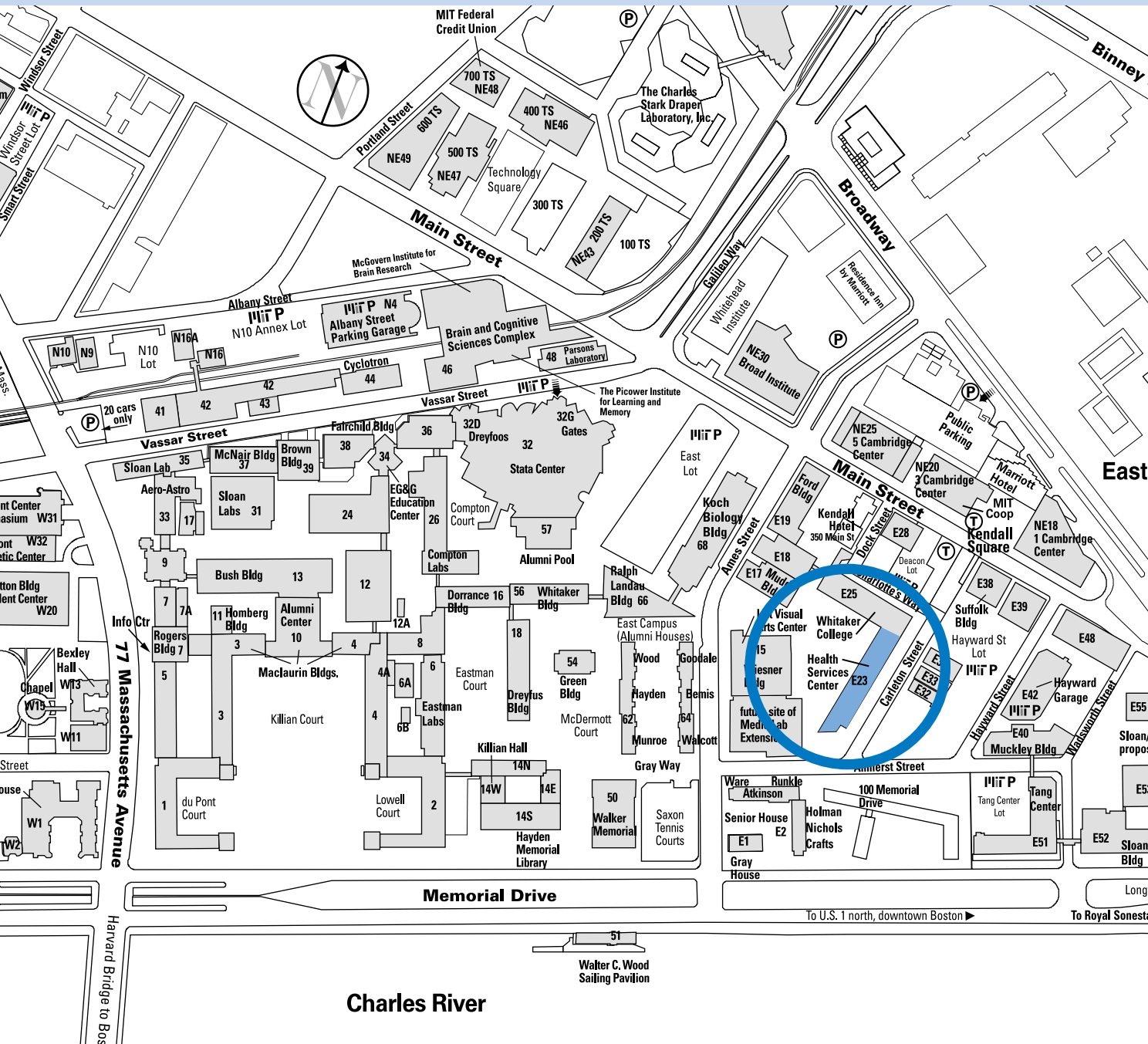
Online Access

Patient Online provides MIT Medical patients with a private and secure way to request appointments, refill prescriptions, review certain parts of their health history, and ask questions of participating clinicians anytime online. All you need to do is register for an account. To learn more, visit <http://web.mit.edu/medical/login.html>

> tips for affiliates

- * **Know your insurance.** Some services at MIT Medical—like eye exams, physical therapy, prescriptions, and obstetrics—are not covered under the MIT Affiliate Medical Plan. Those services are covered under the MIT Affiliate Extended Insurance Plan. If you waive the Affiliate Extended Plan coverage and purchase only the Affiliate Medical Plan, your other insurance may pay for some of these services at MIT Medical. Contact your insurance company before you make an appointment to find out what your benefits are, and be sure to bring your insurance card to your appointment.
- * **Always carry your insurance card.** Whether you have the MIT Affiliate Extended Insurance Plan or other insurance, always have your insurance card when you see a provider, particularly if the provider is not at MIT Medical. If you have the MIT Affiliate Extended Insurance Plan and you have not received your card, contact the Affiliate Health Plan at 617-253-4371. If you are using insurance other than the MIT Affiliate Extended Insurance Plan, know where to call for information about your benefits.
- * **If you have a question about your MIT Affiliate Medical or Extended Insurance Plan coverage, ask!** Contact Claims and Member Services at msservices@med.mit.edu or 617-253-5979.
- * **Feel confident that your privacy is protected.** Unless you give your permission, nothing that is said or done at a visit with a provider at MIT Medical will be shared with your coworkers, your professors, or your friends. The only exception would be a life-threatening situation. For more information about MIT Medical's privacy practices, visit <http://web.mit.edu/medical/g-privacy.html>.

MIT's Hayward parking lot, located across the street from MIT Medical, is available as space permits for free patient parking when you have a medical appointment, for up to two hours. The entrance is on Hayward Street. Just let the parking attendant know you have a medical appointment, and have your parking slip stamped by your doctor's secretary after your appointment. Be sure to allow enough time to find alternate parking if the patient parking area is full.



> <http://web.mit.edu/medical>

Building E23 | 25 Carleton Street
Cambridge, MA | 02142

> telephone numbers

24-hour Urgent Medical and Mental Health Care (voice)	617-253-1311
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TTY	617-258-0656
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General information 8:30 a.m. - 5 p.m.

Cambridge (voice)	617-253-4481
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TTY	617-258-0656
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Lexington (voice)	781-981-7080
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TTY	781-981-6600
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Affiliate Health Plan	617-253-4371
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Center for Health Promotion & Wellness	617-253-1316
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Claims and Member Services	617-253-5979
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Dental appointments, information	617-253-1501
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Gynecology & Obstetrics	617-253-1315
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Internal Medicine	617-253-4481
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Mental Health	617-253-2916
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Patient Advocate	617-253-4976
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Patient Billing (affiliates) for services received at MIT Medical	617-253-1328
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Pediatrics	617-253-1505
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Pharmacy	617-253-1324
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For additional telephone numbers and information,
visit our website at <http://web.mit.edu/medical>
or call the general information number listed above

MIT Affiliate Health Plan

Mailing Address

E23-308

77 Massachusetts Avenue

Cambridge, MA 02139-4307

617-253-4371

> <http://web.mit.edu/medical>