

Flexible MIT Health Plan

Summary of Benefits • 2010



Your care

MIT Medical in Cambridge and Lexington

MIT Medical has been serving members of the MIT community and their families for more than 100 years. We offer a single centralized source for all your health care needs, including comprehensive health insurance, care and treatment at our own medical centers, and an extensive roster of health promotion programs. The MIT Flexible Health Plan provides convenient, personalized care at our on-campus and Lexington locations. At MIT Medical, you can see clinicians in more than 25 specialties, most without a referral. Our clinicians have admitting privileges at several of the best hospitals in the area. When necessary, our clinicians will coordinate your care with specialists and hospitals in the local community.

When you join the MIT Flexible Health Plan, you'll begin by choosing a primary care physician (PCP) at MIT Medical. Each member of the family may choose a different PCP. To select a PCP, look through our online directory at <http://medweb.mit.edu/directory> for internal medicine or pediatrics providers, or contact Claims and Member Services at 617-253-5979 or mservices@med.mit.edu.

Referrals

Your PCP is the first person to call when you need routine care or when you are ill. If your PCP determines that you need medical services that are not available at MIT Medical, he or she will refer you to an HMO Blue network provider who is appropriate for treating your specific condition. HMO Blue is part of Blue Cross Blue Shield of Massachusetts (BCBSMA). MIT Medical providers may also work with BCBSMA to help you take advantage of BCBSMA's case management and disease management programs.

In most cases, your health plan also allows you to seek care without a referral from MIT Medical. However, when you choose to seek care on your own, your out-of-pocket costs will be greater. If you require hospitalization, you need to call us or have someone call for you before you're admitted (or within 48 hours of an emergency or maternity admission) to make sure you're covered.

Emergency care

Call or visit the Urgent Care Service at MIT Medical for illnesses or injuries that need prompt attention but aren't life-threatening. The service is staffed seven days a week, 24 hours a day by physicians, nurse practitioners, and physician assistants trained to evaluate and treat most acute medical problems. If you're uncertain about the severity of a problem, whether physical or emotional, call Urgent Care at 617-253-1311. A staff member will listen and give you advice about what you should do immediately at home, or if appropriate, ask you to come in right away, or direct you to the nearest emergency room or one of our affiliated hospitals.

In an emergency (for example, a suspected heart attack, stroke, poisoning, or serious injury), you should go directly to the nearest medical facility or call 911. Emergency room services incur a \$100 copayment per visit, which is waived if you're admitted to the hospital or kept for an observation stay. You are covered for urgent and emergency care plus one follow-up visit while outside the HMO Blue service area, which includes all of Massachusetts. Your PCP must arrange any additional follow-up care, which must occur at MIT Medical unless approved in advance to be covered at the in-network benefit level.

If you need health care outside the U.S. or information about international providers, visit the BlueCard provider web site at <http://www.bcbs.com/healthtravel/finder.html> or call the BlueCard Worldwide Service Center at 800-810-BLUE (2583). From outside the U.S., call 804-673-1177 collect, or call International SOS collect at 215-954-8226.

Benefits for family and domestic partners

The subscriber may enroll an eligible spouse or spousal-equivalent and/or dependents for coverage under his or her health plan membership. The MIT Flexible Health Plan covers your unmarried dependent children until the end of the calendar month in which they turn 25, or the date of their marriage, whichever comes first. Domestic-partner benefits may also be available. Contact your benefits office for more information regarding eligibility requirements and enrollment dates.

Contact information

Questions about what's covered by the MIT Flexible Health Plan	617-253-5979 (Claims and Member Services) Phone hours: 8:30 a.m.–5 p.m. Walk-in hours: 9 a.m.–5 p.m. http://medweb.mit.edu/healthplans/employee/flexible.html
Appointments at MIT Medical	Call your PCP directly. If you don't have a PCP yet, call 617-253-4481 (Monday to Friday, 8:30 a.m.–5 p.m.).
Urgent and after-hours care	617-253-1311
In life-threatening situations, call:	<ul style="list-style-type: none">● 100 from any phone on the MIT Cambridge campus● 3333 from the Lincoln Laboratory campus in Lexington● 911 from off-campus
MIT Pharmacy	617-253-1324
MIT Medical web site	http://medweb.mit.edu
Blue Cross Blue Shield of Massachusetts customer service	800-882-1093 or http://www.bluecrossma.com

Your medical benefits

The MIT Flexible Health Plan provides coverage for a full range of services. Some services, such as routine preventive care, are only covered when provided by an MIT Medical clinician. These services are noted below. Other services are covered at MIT Medical or at an appropriate HMO Blue facility or office, with the appropriate referral from your MIT Medical clinician.

When you self-refer, you must pay a deductible before benefits are provided. The deductible is \$1,000 per member (or \$2,000 per family) per calendar year. After you have met your deductible, you pay 20 percent coinsurance for covered services unless otherwise noted until you reach your annual out-of-pocket maximum (\$3,000 per member or \$6,000 per family).

Outpatient care	Your cost for PCP/ plan-approved benefits	Your cost for self-referred benefits (after your deductible)
Emergency room visits	\$100 per visit (waived if admitted or for observation)	\$100 per visit (waived if admitted or for observation)
Well-child care visits (MIT Medical only)	No charge	20% coinsurance ¹ (through age 5) ²
Routine adult physical exams, including related tests (MIT Medical only)	No charge	Not covered; you pay full cost
Routine vaccines and immunizations (MIT Medical only)	No charge	Not covered; you pay full cost
Travel and special vaccines, including Gardasil (MIT Medical only)	\$25 per injection	Not covered; you pay full cost
Routine hearing exams (MIT Medical only)	No charge	Not covered; you pay full cost
Routine vision exams (MIT Medical only)	\$10 per visit	Not covered; you pay full cost
Family planning office visits (MIT Medical only)	No charge	Not covered; you pay full cost
Mammography (diagnostic and screening)	No charge	20% coinsurance ¹
Ambulance services (up to 1,000 miles per trip)	No charge	20% coinsurance ¹
Office visits at MIT Medical or with referral to HMO Blue network provider	\$10 per visit	20% coinsurance ¹
Short-term physical and occupational rehabilitation therapy (up to a combined total of 48 visits per calendar year)	No charge	20% coinsurance ¹
Short-term speech rehabilitation therapy (up to 24 visits per calendar year) ³	No charge	20% coinsurance ¹
Allergy serums and injections	No charge	20% coinsurance ¹
Diagnostic X-rays, lab tests and other tests (excluding CAT scans, MRIs and PET scans)	No charge	20% coinsurance ¹
CAT scans, MRIs and PET scans	\$50 per category per date of service ⁴	20% coinsurance ⁵
Home health care, including hospice services	No charge	20% coinsurance ¹
Oxygen and respiratory therapy	No charge	20% coinsurance ¹
Durable medical equipment and repairs (wheelchairs, hospital beds, crutches, etc.)	No charge (up to annual benefit limit of \$5,000)	20% coinsurance ¹
Prosthetic devices and repairs	No charge	20% coinsurance ¹
Surgery and related anesthesia (inpatient and outpatient) <ul style="list-style-type: none"> • Office setting: • Ambulatory surgical facility, hospital, or surgical day care unit: 	<ul style="list-style-type: none"> • \$10 per visit • None 	20% coinsurance ¹
Chiropractic care (up to 12 visits per calendar year)	\$10 per visit	20% coinsurance ¹
Inpatient care (including maternity care)	Your cost for PCP/ plan-approved benefits	Your cost for self-referred benefits (after your deductible)
General or rehabilitation hospital care (as many days as medically necessary)	No charge	20% coinsurance ¹
Chronic disease hospital and skilled nursing facility (up to a combined maximum of 100 days per calendar year)	No charge	20% coinsurance ¹

¹ In addition to your 20% coinsurance, you may be responsible for any balance of charges above the allowed charge for providers who do not have payment agreements with Blue Cross and/or Blue Shield.

² This service is provided according to an age-based schedule.

³ No visit limit applies when short-term rehabilitation therapy is furnished as part of covered home health care.

⁴ Your copayment total is capped at \$200 per member per year.

⁵ Your copayment total is capped at \$375 per member per year.

Prescription drugs	Your cost for PCP/ plan-approved benefits	Your cost for self-referred benefits (after your deductible)
At MIT Pharmacy (up to a 30-day formulary supply for each prescription or refill)	\$8 for Tier 1 medications \$25 for Tier 2 medications \$40 for Tier 3 medications	N/A
At a designated Express Scripts pharmacy other than the MIT Pharmacy (up to a 30-day formulary supply for each prescription or refill)	\$15 for Tier 1 medications \$40 for Tier 2 medications \$50 for Tier 3 medications	\$15 for Tier 1 medications \$40 for Tier 2 medications \$50 for Tier 3 medications
Mental health and substance abuse treatment		
Inpatient admissions in a general hospital or mental hospital (prior authorization required)	No charge	20% coinsurance ¹
Inpatient admissions in substance abuse treatment facility (up to 30 days per calendar year; prior authorization required)	No charge	20% coinsurance
Outpatient visits <ul style="list-style-type: none"> To a network mental health provider: To a non-network mental health provider (maximum benefit \$60 per visit): 	<ul style="list-style-type: none"> \$10 per visit with a network provider All charges beyond the \$60 benefit maximum per visit (no deductible) 	
Other program benefits and discounts		

Blue Cross Blue Shield of Massachusetts offers a group of programs, discounts, and other resources to help you get the most out of your health care plan. Please go to <http://www.bluecrossma.com> for details on these and other programs:

Living Healthy Babies program	No charge
Fitness benefit toward membership at a qualifying health club ²	\$150 per year per membership
Weight loss benefit (Weight Watchers traditional or at-work program)	\$150 per year per membership
Living Healthy Vision program (discounts on eyeglass frames, lenses, and supplies, plus laser vision correction surgery)	Discount varies
Discount on eyeglass frames and lenses at MIT Optical	25%
Discounts on classes offered by MIT Medical's Center for Health Promotion & Wellness	Discount varies
Discounts on safety helmets and home safety items	Discount varies
Blue Care Line to answer your health care questions 24 hours a day at 888-247-BLUE (2583)	No charge
Living Healthy Naturally program (discounts on various complementary and alternative medicine services such as acupuncture, massage therapy, nutritional counseling, personal training, Pilates, tai chi, and yoga)	Up to a 30% discount
Web site with information on family health and fitness	http://www.ahealthyme.com

¹ In addition to your 20% coinsurance, you may be responsible for any balance of charges above the allowed charge for providers who do not have payment agreements with Blue Cross and/or Blue Shield.

² See details at <http://medweb.mit.edu/healthplans/employee/fitness.html>.

Questions?

- Call MIT Health Plan Claims and Member Services at 617-253-5979.
- For details and links to documents, including a summary plan description, go to <http://medweb.mit.edu/healthplans/employee/flexible.html>.
- For questions about claims or for information about BCBSMA, call 800-882-1093 or go to <http://www.bluecrossma.com>.

Limitations and Exclusions. These pages summarize the benefits of your health care plan. This plan covers medically necessary services only. Certain services are not covered under the plan, including 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, psychoanalysis, and over-the-counter and prescription vitamins. For a complete list of covered services, and limitations and exclusions, refer to the *Flexible Health Plan Summary Plan Description*.