

BENEFIT DESCRIPTION

MIT Affiliate Medical Plan

For Services Provided within
The MIT Medical Department

MIT Affiliate
Health Plan
Academic Year
2009-2010

Welcome to the MIT Affiliate Health Plan

Massachusetts requires Affiliates to have health insurance coverage that includes a variety of health care benefits. The MIT Affiliate Health Plan is designed to fulfill the state mandated health insurance requirements.

There are two parts to the MIT Affiliate Health Plan:

The first part is the **MIT Affiliate Medical Plan**. It provides you with primary care, outpatient mental health care, and a wide range of other services, all of which are provided on campus at the MIT Medical building, or the MIT Medical building on the grounds of Lincoln Laboratory.

The second part is insurance that satisfies the coverage Affiliates are required to have by Massachusetts law. This includes coverage for inpatient hospitalization, inpatient mental health and substance abuse treatment, and surgical procedures. This coverage is referred to as **the MIT Affiliate Extended Insurance Plan**.

You may waive enrollment in the MIT Affiliate Medical Plan if you submitted waiver information on line or signed a waiver form on which you certify that you have comparable health insurance coverage from another source. **It is your responsibility to determine whether you already have health insurance that meets the needs of Massachusetts requirements. It is also your responsibility to determine whether the health insurance you already have is sufficient to meet your insurance needs.**

All benefits, coverages, exclusions and limitations described in this document are effective September 1, 2009.

This document addresses coverage and eligibility under the Affiliate Medical Plan only. Please refer to the Summary Plan Description for the MIT Affiliate Extended Insurance Plan for information regarding that Plan.

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Introduction

You are covered under this MIT Affiliate Medical Plan. This medical plan covers services provided by **The MIT Medical Department**. Affiliates are required to purchase this plan with the payment of premiums. For an additional premium, Affiliates may purchase this coverage for certain eligible family members.

This section provides you with a description of your benefits as administered by The MIT Medical Department while you are enrolled in this medical plan. You should read this section to familiarize yourself with the main provisions and keep it handy for reference. The Medical Department may change the terms of this medical plan. Questions regarding benefits under the Affiliate Medical Plan may be directed to The MIT Medical Billing Office at (617) 258-5336. Before using your benefits, you should remember there are limitations or exclusions. Be sure to read the limitations and exclusions on your benefits that are described.

Note: This Benefit Description describes only those benefits that are rendered within The MIT Medical Department as provided by the *Affiliate Medical Plan* *and* administered by The MIT Medical Department.

Part I

Covered Services

The following services are covered under the MIT Affiliate Medical Plan **when rendered within The MIT Medical Department** in Cambridge or Lexington.

Note: Services outside of MIT Medical are not covered under the Affiliate Medical Plan. Please see the Summary Plan Description for the Affiliate Extended Insurance Plan for information regarding covered services under that Plan.

Allergy

Visits to an allergist, including the administration of allergy injections.

Note: Allergy serum is not covered.

Audiology

Visits to an audiologist. PCP referral required.

Note: Hearing aid evaluations not covered.

Cardiology

Visits to a cardiologist. Coverage includes the provision of any medically necessary stress tests. PCP referral required.

Co-pay Immunizations

This health plan provides coverage for a number of immunizations with a \$20 co-payment per immunization. Those immunizations identified as co-pay immunizations include:

- Cholera
- Hepatitis A
- Hepatitis B
- ISG
- Japanese Encephalitis
- Meningococcal
- Rabies (prophylactic)
- Typhoid (oral and injectible)
- Yellow Fever

Dermatology

Visits to a dermatologist for covered conditions.

Note: Cosmetic dermatology services are not covered.

Endocrinology

Visits to an endocrinologist. PCP referral required.

Ear, Nose & Throat

Visits to an otolaryngologist. PCP referral required.

Flu Shots & Public Health Immunizations

This health plan provides coverage for immunizations such as flu shots and other public health immunizations.

Gastroenterology

Visits to a gastroenterologist. PCP referral required.

Gynecology

Visits to a gynecologist. Coverage includes routine pap smears, pregnancy testing and birth control counseling.

Note: Prescription and non-prescription birth control devices are not covered. Obstetrical visits are not covered.

Infertility Consultations

Visit for infertility consultations.

Note: There is a limit of 1 infertility consultation under this Plan.

Inpatient Hospitalization

Inpatient hospitalization when hospitalized in the MIT Medical Department Inpatient Unit. This coverage includes general nursing care and medically necessary ancillaries.

Note: Non-medically necessary items and items supplied for patient convenience are not covered.

Internal Medicine

Visits to an internist for routine care and most routine physicals.

Note: Form physicals are not covered. A form physical is generally defined as a physical necessary for pre-employment, pre-matriculation and certification or re-certification of a license.

Laboratory and Other Diagnostic Testing

Lab tests and diagnostic testing. PCP referral required.

Mental Health

Visits to a mental health practitioner for the treatment of mental conditions, stress management or for alcohol and substance abuse.

Neurology

Visits to a neurologist. PCP referral required.

Nutrition

Visits to a nutritionist. PCP referral required.

Orthopedics

Visits to an orthopedist. PCP referral required.

Pediatrics

Visits to a pediatrician including well baby visits.

Pulmonary Medicine

Visits to a pulmonologist. PCP referral required.

Urgent Care

This health plan provides coverage for urgent medical care to the MIT Medical Department. Care must be classified as urgent in nature. Urgent care is defined as treatment required for such conditions as flu, bronchitis, abdominal pain, earaches, or medical care that is needed for a serious chronic medical condition.

Note: if your medical condition warrants a referral to an emergency room the services provided by the emergency room are not covered under this MIT Affiliate Medical Plan.

Urology

Visits to a urologist. PCP referral required.

X-Ray and Mammography

X-rays and mammograms when referred by your primary care provider. PCP referral required.

Part 2

Limitations and Exclusions

The MIT Affiliate Medical Plan covers most services provided at MIT Medical. It is not intended to provide comprehensive coverage for all medical services. Affiliates must obtain additional coverage for services not covered under this Plan.

The benefits described in this Benefit Description, MIT Affiliate Medical Plan are limited or excluded as follows:

Acupuncture

No benefits are provided for the coverage of acupuncture.

Ambulance

No benefits are provided for the coverage of ground or air ambulance services.

Appliances and Medical Devices

No benefits are provided for the coverage of appliances or medical devices (including durable medical equipment).

Birth Control Devices

No benefits are provided for the coverage of prescription or non-prescription birth control devices. **Note:** Office visits related to the provision of a birth control device or prescription are covered. See covered services, gynecology page 10.

Cancer Therapy

No benefits are provided for the coverage of cancer therapies such as chemotherapy and/or radiation therapy.

Chiropractic Care

No benefits are provided for the coverage of chiropractic care.

Contact Lenses

No coverage for contact lens fitting or for the contact lenses. No coverage for eyeglasses. Affiliates are eligible for a discount of eyeglasses purchased at MIT Optical.

Dental Care

No benefits are provided for the coverage of dental care.

Diabetic Testing Materials

No benefits are provided for the coverage of diabetic testing materials.

Emergency Room

No benefits are provided for the coverage of emergency room services or related professional fees.

Eye Exams

No benefits are provided for the coverage of routine eye exams.

Home Health Care and Hospice Care

No benefits are provided for the coverage of home health care and/or hospice care.

Inpatient Hospitalization

No benefits are provided for the coverage of inpatient hospitalizations at facilities other than the MIT Medical Inpatient Unit. For coverage of hospitalization when admitted to the MIT Medical Inpatient Unit, see covered services, Inpatient Hospitalizations page 9.

Maternity Care

No benefits are provided for the coverage of maternity care.

Orthotics

No benefits are provided for the coverage of orthotics.

Physical Therapy

No benefits are provided for the coverage of physical therapy.

Prescription Drugs

No benefits are provided for the coverage of prescription drugs.

Services Rendered Outside the MIT Medical Department

No benefits are provided for the coverage of services rendered outside the MIT Medical Department. When referred for services outside the MIT Medical Department, verify coverage of the service with your insurance carrier. If covered by the MIT Affiliate Extended Insurance Plan, please refer to the Summary Plan Description for the MIT Affiliate Extended Insurance Plan.

Part 3

Other Party Liability

Other Insurance

If the *member* has another insurance plan that provides coverage for hospital or medical expenses, the benefits described in this Benefit Description, Affiliate Medical Plan, will be reduced by the benefits provided by those plans. The benefits under the Plan are secondary to or in excess of those benefits provided by any private insurance plan or other governmental plan. Other insurance plans include: personal injury insurance; automobile insurance; or homeowner's insurance.

Medicare Program

When you are eligible for the Medicare program and Medicare is allowed by federal law to be the primary payer, the benefits provided by this health plan will be reduced by the amount of benefits allowed under Medicare for the same *covered services*. This reduction will be made whether or not you actually receive the benefits from Medicare. It is your responsibility to notify the Health Plan of your Medicare eligibility and effective dates of Medicare A and B.

Subrogation

If you are injured by any act or omission of another person, the benefits under this medical plan will be subrogated. This means that this medical plan and The MIT Medical Department, as this medical plan's representative, may use your right to recover money from the person(s) who caused the injury or from any insurance company or other party. If you recover money, you must reimburse this medical plan up to the charged amount for any services rendered. This is true even if you do not recover the total amount of your claim against the other person(s). This is also true if the payment you receive is described as payment for other than health care expenses. The amount you must reimburse this medical plan will not be reduced by any attorney's fees or expenses you incur.

You must give The MIT Medical Department, as this medical plan's representative, information and help. This means you must complete and sign all necessary documents to help The MIT Medical Department get this money back on behalf of this medical plan. This also means that you must give The MIT Medical Department notice before settling any claim arising out of injuries you sustained by an act or omission of another person(s) for which this medical plan paid benefits. You must not do anything that might limit this medical plan's right to full reimbursement.

Workers' Compensation

No benefits are provided for health care services and supplies to treat an illness or injury for which you have the right to benefits under any workers' compensation act or equivalent employer liability or indemnification law.

All employers provide their employees with workers' compensation insurance. This is done to protect employees in case of work related illness or injury. All medical claims related to the illness or injury must be billed to the employer's workers' compensation carrier. It is up to you to use workers' compensation insurance. If this medical plan provides or pays for *covered services* that are covered by workers' compensation, The MIT Medical Department on behalf of this medical plan has the right to get paid back from the party that legally must pay for the health care services.

If you have recovered the value of services from workers' compensation or another employer liability program, you will have to pay the amount recovered for medical services that were paid by this medical plan. If The MIT Health Plans is billed in error for directly paid services, you must promptly call or write The MIT Health Plans Claims and Member Services Office at:

(617) 253-5979 or

MIT Health Plans
Claims & Member Services
E23-191
77 Massachusetts Avenue
Cambridge, MA 02139
mservices@med.mit.edu

If the MIT Medical Department is billed in error for these services, you must promptly call or write the MIT Medical Department Billing office at:

(617) 258-5336 or

MIT Medical Department Billing Office
E23-398
77 Massachusetts Avenue
Cambridge, MA 02139

Part 4

Grievance Review

You have the right to a review when you disagree with a decision by The MIT Medical Department to deny payment for services, or if you have a complaint about the care or service you have received from The MIT Medical Department.

Patient Advocate

Our goal is to provide excellent, easily accessible medical care to the entire MIT community. If you are dissatisfied with your care or with any aspect of our service, we encourage you to discuss the problem with the physician or other provider of service. If the problem involves a bill for services provided by MIT Medical, we ask you to talk directly to our billing area, (617) 258-5336. For questions about claims or what is covered under the MIT Affiliate Extended Insurance Plan, call Member Services at (617) 253-5979.

If the outcome of this discussion is not satisfactory, or if you prefer to talk the problem over with someone else, we have a Patient Advocate on our staff who will try to resolve your concerns. You need not identify yourself when you contact the Patient Advocate. Any information you provide is confidential, and your privacy will be protected. You can reach the Patient Advocate at (617) 253-4976 or by mail to E23-287. You may contact the Patient Advocate by phone, by mail, by e-mail, or in person by making an appointment.

The Patient Advocate will listen to your concerns and explore possible courses of action. She or he will work toward resolving the issue and try to achieve a common understanding. Identification of problems through the Patient Advocate is one way we continue to improve our service to patients.

If you still have concerns after the resolution offered by the patient advocate, you may request a final grievance review by the MIT Medical Department. See page 17 for Final Grievance Review instructions.

Making an Inquiry and/or Resolving Billing Problems or Concerns

Most problems or concerns can be handled with just one phone call. For help resolving a problem or concern with benefits administered by The MIT Medical Department or general benefits problems or questions regarding the MIT Affiliate Medical Plan, you should call The MIT Medical Billing office at (617) 258-5336. A customer service representative will work with you to help you understand your benefits or resolve your problem or concern as quickly as possible.

When resolving a problem or concern, The MIT Medical Department will consider all aspects of the particular case, including the terms of your benefits as described in this Benefit Description, Part I, MIT Affiliate Medical Plan policies and procedures that support the administration of these benefits, the provider's input, as well as your understanding and expectation of benefits. The MIT Medical Department will use every opportunity to be reasonable in finding a solution that makes

sense for all parties and may use an individual case management approach when it is judged to be appropriate. MIT Medical will follow its standard business practices guidelines when resolving your problem or concern.

If you disagree with the decision given to you by The MIT Medical Department, you may request a review through the formal internal grievance program as described below.

Internal Formal Grievance Review

How to Request a Grievance Review – To request a formal review from the internal grievance program, send your grievance in writing to:

Supervisor, MIT Clinical Services Business Office
77 Massachusetts Avenue
E23-398
Cambridge, Massachusetts 02139
(617) 258-5336

Once your request is received, The MIT Medical Department will research the case in detail and ask for more information as needed. When the review is completed, The MIT Medical Department will let you know in writing of the decision or the outcome of the review.

All grievances must be received by The MIT Medical Department within one year of the date of treatment, event or circumstance, such as the date you were told of the service denial or claim denial.

What to Include in a Grievance Review Request – Your request for a formal grievance review should include: the name and MIT Medical medical record number of the *member* asking for the review; a description of the problem; all relevant dates; names of health care providers or administrative staff involved; and details of the attempt that has been made to resolve the problem.

Response Time – Every reasonable effort will be made to speed up the review of grievances that involve health care services that are soon to be obtained by the *member*. The MIT Medical Department may extend the time frame to complete a grievance review, with your permission, in cases when The MIT Medical Department and the *member* agree that additional time is required to fully investigate and respond to the grievance.

Final Grievance Review by the MIT Medical Department

If you disagree with the decision of The MIT Medical Department's grievance review, you have the right to request a final grievance review by The MIT Medical Department. Then, The MIT Medical Department will notify you in writing of the panel's decision.

Send written request for final grievance review to:

Executive Director
MIT Medical Department
E23-276
77 Massachusetts Avenue
Cambridge, MA 02139

Part 5

Other Plan Provisions

Confidentiality

The MIT Medical Department keeps a complete medical record for each patient so that all information relevant to your medical care is readily available to your health care providers. Keeping this information confidential is one of our primary concerns. The medical record is the property of The MIT Medical Department, and information in it can be released only with your signed consent. Your written authorization is valid for 30 days and must specify the information to be released and the recipient.

In addition, without specific instructions from you, information regarding sensitive issues such as sexually transmitted diseases, psychiatric problems or drug or alcohol abuse will not be released. The only exception to this policy is the release of information in response to a court order or to an outside physician in a medical emergency.

Within The MIT Medical Department, your record is available only to attending medical providers and persons authorized by the Medical Director to review the record for administrative purposes, such as utilization review or claims payment. All The MIT Medical Department personnel must agree in writing to uphold the confidentiality policy. Violation may be grounds for disciplinary action, up to and including dismissal.

Although e-mail seems convenient, The MIT Medical Department policy is not to use commercial e-mail for clinical patient-specific information outside of The MIT Medical Department, because privacy cannot be assured. Patients are encouraged to register on MIT Medical's PatientOnline which provides patients with a secure portal to communicate with MIT clinicians. PatientOnline is located on the MIT Medical website at <http://web.mit.edu/medical>.

A May 1998 hospital accreditation newsletter spotlighted The MIT Medical Department's Policy on Confidentiality of Patient Information as a model policy for other healthcare organizations. If you'd like a copy of the policy, call the MIT Affiliate Health Plan at (617) 253-4371 or send e-mail to affplan@med.mit.edu. Or, you can download the policy from the MIT Medical website at: <http://web.mit.edu/medical/g-privacy.html>. In addition, The MIT Medical Department will comply with all Health Insurance Portability and Accountability Act (HIPAA) requirements. Every subscriber will receive a notice of our privacy policy, which will also be posted in our clinical areas and on our website. This notice will detail your specific privacy rights under HIPAA. MIT Medical received its most recent accreditation—the Joint Commission on Accreditation of Healthcare Organization's Gold Seal of Approval—in October 2005. This accreditation is for a three-year period ending in October 2008.

If you have any questions or concerns about your medical record or The MIT Medical Department's confidentiality policy, contact the Manager of Medical Records, telephone (617) 253-4906, room E23-023 or the Privacy Officer at: privacy@med.mit.edu.

Changes you need to report to us

To keep your coverage current and valid, there are certain things we need to keep track of. These include your **name**, your **mailing address**, your **e-mail address**, your **phone number**, your **MIT ID number**, and the **personal physician** you selected.

All of this information is considered confidential. It is needed to provide you with prompt and efficient service and care. If any of this information changes (other than a temporary absence from your address of three months or less), you need to inform us at The MIT Medical Department. You can easily report these changes by calling or visiting the Registration Desk at The MIT Medical Department, on the first floor of building E23, (617) 253-6286. In addition, if you would like to change your personal physician, you may call MIT Medical Registration at (617) 253-6286 or change it online at <http://web.mit.edu/medical/g-choosingform.htm>.

Part 6

Eligibility for Coverage

Who Is Eligible to Enroll

Affiliate Enrollment

MIT affiliates are eligible to enroll in the MIT Affiliate Medical Plan provided they: 1) have an appointment at MIT for 3 months or longer, 2) have an appointment at MIT for more than 50% of their time, 3) are not be paid by MIT funds, 4) are not eligible for MIT employee health insurance, and 5) are either on 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.

Eligible Dependents

An affiliate may enroll eligible dependents under his or her membership in this health plan.

“Eligible dependents” include the *subscriber’s*:

- Legal spouse.
- Domestic partner. A domestic partner is defined as a person of the same sex with whom the affiliate has entered into an exclusive relationship. Both the affiliate and the domestic partner must be at least 18 years of age and not married to anyone, share a mutually-exclusive enduring relationship, have shared a common residence and intend to do so indefinitely, consider themselves life partners, share joint responsibility for their common welfare and be financially interdependent, and otherwise meet all the eligibility requirements of the MIT Affiliate Extended Insurance Plan.
- Unmarried dependent children under age 25. These include the *subscriber’s* or legal spouse’s dependent children who: live with the *subscriber* or the spouse on a regular basis; or qualify as dependents for federal tax purposes; or are the subjects of a court order that requires the *subscriber* to provide health insurance for the children.

Note: Eligibility for membership under this health plan also includes the *subscriber’s* children who are recognized under a Qualified Medical Child Support Order as having the right to enroll for *group* coverage.

- Newborn dependent children. The *effective date* of coverage for a newborn child will be the date of birth provided that the child is enrolled under the *subscriber’s* membership within the time period required to make family status changes.
- Unmarried adoptive dependent children under age 25. The *effective date* of coverage for an adoptive child will be the date of placement with the *subscriber* for the purpose of adoption. The *effective date* of coverage for an adoptive child who has been living with the

subscriber and for whom the *subscriber* has been getting foster care payments will be the date the petition to adopt is filed.

Note: If the adoptive parent is enrolled under a family membership as of the date he or she assumes custody of a child for the purpose of adoption, the child's health care services will be covered from the date of custody (without a waiting period or pre-existing condition restriction). But, benefits for these services are subject to all the provisions described in this Summary Plan Description.

- Unmarried disabled dependent children age 25 or older. An unmarried disabled dependent child may continue coverage under the *subscriber's* membership. But, the child must be either mentally or physically handicapped so as not to be able to earn his or her own living on the date he or she would normally lose eligibility under the *subscriber's* membership. In this case, the *subscriber* must make arrangements with The MIT Health Plans within the time period required to make family status changes. Also, The MIT Health Plans must be given any medical or other information that it may need to determine if the child can maintain coverage under the *subscriber's* membership. From time to time, The MIT Health Plans may conduct reviews that will require a statement from the attending physician. This is to confirm that the child is still an eligible disabled dependent.
- Unmarried children of enrolled dependent children.

Former Spouse

In the event of divorce or legal separation, the person who was the spouse of the *subscriber* prior to the divorce or legal separation will remain eligible for coverage under the *subscriber's* membership, whether or not the judgment was entered prior to the *effective date* of this health plan. This coverage is provided with no additional cost. The former spouse will remain eligible for this coverage only until the *subscriber* is no longer required by the judgment to provide health insurance for the former spouse or the *subscriber* or former spouse remarries, whichever comes first. (In these situations, The MIT Health Plans must be notified within 30 days of a change to the former spouse's address. Otherwise, The MIT Health Plans will not be liable for any acts or omissions due to having the former spouse's incorrect address on file.)

In the event the *subscriber* remarries, the former spouse may continue coverage under a separate membership with the *subscriber's* group, provided the divorce judgment requires that the *subscriber* provide health insurance for the former spouse. This is true even if the *subscriber's* new spouse is not enrolled under the *subscriber's* membership.

Enrollment in MIT Affiliate Medical Plan

To enroll in the MIT Affiliate Medical Plan:

1. Obtain the DS-2019 form or a letter from your department administrator stating your status as an affiliate.
2. Schedule and attend an affiliate orientation session at MIT Medical Health Plans Office (building E23-308). Orientations are scheduled on Tuesday and Thursday mornings at 10AM. Bring the MIT appointment letter from your department with you, or a copy of your DS-2019 form. 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. To schedule an orientation, call 617/ 253-4371.

3. At the orientation, you will complete and sign an enrollment form. You will also need to choose whether you are billed quarterly, semi-annually, or annually for your insurance. If you need to later enroll any family members, you will need to complete another enrollment form at that time.

4. Choose a Primary Care Physician at MIT Medical. Visit web.mit.edu/medical/service/g-choosing.html to make your selection.

Eligible affiliates who have an appointment for 5 months or longer and are neither a Visiting Professor (including Assistant or Associate) nor a Bantrell Fellow are required by MIT to purchase health insurance. If you are required to purchase health insurance, you must either purchase both the MIT Affiliate Medical Plan and the MIT Affiliate Extended Insurance Plan, or you must file a waiver with the MIT Affiliate Health Plan Office (E23-308, 617-253-4371).

To waive, your insurance must be comparable to the MIT Affiliate Medical Plan and the MIT Affiliate Extended Insurance Plan (combined). You can find the waiver form at web.mit.edu/medical/p-affiliate.html. Complete insurance information is required on all waiver forms. For enrollment information or details about waiving coverage, contact the MIT Health Plans Office at 617-253-4371 or affplan@med.mit.edu. Affiliates can purchase the MIT Affiliate Medical Plan alone but must provide evidence of adequate insurance coverage for outside services.

Enrollment Periods

You may enroll in this health plan as of your initial eligibility date (the beginning of your appointment), or at the beginning of an academic semester (February 1 and September 1), or at the beginning of a reappointment. You must complete enrollment during the first month of your MIT appointment or reappointment, or the first month of the academic semester.

Note: Affiliates who are required to enroll in health insurance must complete this enrollment during the initial eligibility month. 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. Additional information is available at the MIT Affiliate Health Plans Office, E23-308.

Enrolling Dependents

To enroll your dependents, you must complete an enrollment form and submit it at the same time you enroll, or at the beginning of an academic semester. If you arrive at MIT from another country before your family members arrive, you may wait to enroll your family members when they arrive, however, you must enroll these family members within 30 days of their arrival in this country. In addition to a completed enrollment form, you will need to provide proof of their arrival (e.g., stamped visa or airline ticket).

You, and your dependents, must enroll in the Affiliate Medical Plan in order to enroll in the Affiliate Extended Insurance Plan.

You must provide, for each dependent you enroll who is not also enrolled in the MIT Affiliate Extended Insurance Plan, evidence that they are enrolled in a comparable insurance plan in order to enroll them in the MIT Affiliate Medical Plan.

Affiliates and dependents of Affiliates who are not enrolled in the MIT Affiliate Medical Plan may use the MIT Medical Department **by paying for each visit**. For patients with outside health insurance, the MIT Medical Department Billing office will assist them with filing claims; however, we can not guarantee coverage. You will be responsible for any charges not covered by your insurance.

Note: MIT Medical does not participate with other insurance plans. Many insurance plans which require members to use participating providers will not cover services rendered at MIT Medical.

Making Membership Changes

Generally, you may make membership changes (for example, change from an individual membership to a family membership) only if you have a change in family status such as:

- Marriage or divorce.
- Birth, adoption or change in custody of a child.
- Death of an enrolled spouse or dependent child.
- The loss of an enrolled dependent's eligibility under the *subscriber's* membership. For example, when an unmarried dependent child or a full-time student dependent reaches the maximum dependent age to be covered under this health plan, his or her coverage ends under the *subscriber's* membership.

If you want to ask for a membership change or you need to change your name or mailing address, you should call or visit the MIT Affiliate Health Plans Office (E23-308, 617-253-4371) or write affplan@med.mit.edu. You must request the membership change within the time period required by MIT. If you do not make the change within the required time period, you will have to wait until the *group's* next enrollment period to make the change. All membership changes or any additions are allowed only when they comply with the eligibility and enrollment rules set by MIT for your *group* health care benefits and the conditions outlined in this Summary Plan Description.