

2008 BENEFITS AT-A-GLANCE



Traditional MIT Health Plan

Flexible MIT Health Plan

THE RIGHT CARE. THE RIGHT COVERAGE. RIGHT HERE.

For more than 30 years, the MIT Health Plan has been the MIT community's top choice for comprehensive health care at a reasonable cost. More people at MIT choose the MIT Health Plan than any other. We look forward to serving you and your family in 2008.

The MIT 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. MIT Medical clinicians have admitting privileges at nearby hospitals. When necessary, our clinicians will coordinate your care with specialists and hospitals in the local community.

As in years past, the MIT Health Plan continues to be unique in requiring no co-pays for most services provided at MIT Medical or by outside providers with referral. This includes medical appointments, consultation and treatment with specialists, eye exams, lab tests, diagnostic procedures, and urgent care.

We continue to offer two options for health insurance to the MIT community: the Traditional MIT Health Plan and the Flexible MIT Health Plan. Members of the Traditional MIT Health Plan must receive all of their medical care at MIT Medical or be referred to an HMO Blue of MA participating provider by an MIT physician and must reside in the enrollment area—Massachusetts, Maine, New Hampshire, and Rhode Island. For members needing more flexibility, MIT offers the MIT Flexible Health Plan. To make the best decision for yourself and your family, carefully review the benefits summary for each plan.

Visit us online at
<http://web.mit.edu/medical>



MIT Health Plan



Massachusetts Institute of Technology

Traditional MIT Health Plan

Flexible MIT Health Plan

Effective January 1, 2008

These benefit extras are available to all members of the Traditional and Flexible MIT Health Plans

EXTRAS TO HELP YOU STAY HEALTHY

FITNESS BENEFIT

Exercise is your key to better health. Our fitness benefit program gives you another reason to start exercising, or to keep exercising if you've already started. With the fitness benefit program, Blue Cross Blue Shield will reimburse you up to **\$150 per family per calendar year** for membership or exercise class fees at a health club like MIT's Zesiger Sports and Fitness Center or Lincoln Laboratory Fitness Center. Most traditional full-service health clubs, including Ys and JCCs, qualify. When you've been an MIT Health Plan member and a member of a qualified health club for at least four months in a calendar year, file for reimbursement from Blue Cross Blue Shield, and you can receive up to \$150, just for keeping your family fit. *

SAVE 20 PERCENT ON HEALTH PROMOTION WORKSHOPS

MIT Medical offers dozens of health-promotion workshops on topics such as parenting, fitness, women's health, men's health, stress relief, and nutrition, with special discounts of **20 percent off** for MIT Health Plan members. If you want to learn more about a particular topic, our professional health educators are ready to talk with you and show you their extensive free lending library of health books, pamphlets, and videos.

SAVE 20 PERCENT ON SAFE BEGINNINGS

Save 20 percent on a wide selection of child safety products and infant and toddler accessories from *The Catalog for Safe Beginnings*. *

SAVE 25 PERCENT AT MIT OPTICAL

As an MIT Health Plan member, you receive a **25 percent discount** on all frames and/or prescription eyeglass lenses at our full-service MIT Optical shop in the MIT Stratton Student Center. What's more, all scratch-resistant coated lenses have an unconditional no-scratch guarantee for one full year. MIT Optical also offers free eyeglass adjustments, free minor repairs, and free ultrasonic lens cleaning.

SUBSTANTIAL DISCOUNTS ON SAFETY HELMETS

Through a special arrangement with Blue Cross Blue Shield, MIT Health Plan members can buy safety helmets that meet national impact safety standards at substantial discounts, most with prices around \$15. Various sizes, models, and colors are available for toddlers, children, adolescents, and adults. All helmets include adjustable sizing-pad systems to customize fit. *

*Additional information is available at bluecrossma.com. Click on "My Wellbeing"

Traditional MIT Health Plan

TRADITIONAL PLAN BENEFITS AT-A-GLANCE

Effective January 1, 2008.

This is a quick overview. If there's a conflict between this overview and the summary plan description, the summary plan description governs.

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

*At MIT Medical or elsewhere when authorized **in advance**
by MIT Health Plan clinician*

IN THE HOSPITAL

■ **Room and board**

Includes semiprivate accommodations, general nursing care, operating room, anesthesia, recovery, diagnostic tests, medication, physician services

No charge

■ **Extended care**

Semiprivate room and board for noncustodial care for up to 100 days per calendar year for each member in an extended care facility

No charge

■ **Mental health**

Includes room, board, medication, doctor and nursing care, therapeutic techniques for up to 60 full days or 120 day- or night-treatment days per calendar year for each member, in a Blue Cross Blue Shield of MA Managed Care Behavioral Health Network mental hospital or alcohol or drug treatment facility for the treatment of mental conditions. Also up to 30 days per calendar year for each member in the same types of facilities for alcoholism or drug rehabilitation

No charge

■ **Maternity coverage**

Includes one free home health visit or home lactation visit with CareGroup Home Care if delivery occurs at Mt. Auburn Hospital

No charge

Traditional MIT Health Plan

AT MIT MEDICAL OR ELSEWHERE WHEN AUTHORIZED
IN ADVANCE BY MIT HEALTH PLAN CLINICIAN

- | | |
|--|------------------|
| ■ Office visits
No referral needed for visits at MIT Medical to adolescent medicine, allergy, breastfeeding support, dermatology, geriatrics, gynecology, infectious disease, internal medicine, mental health, obstetrics, occupational medicine, ophthalmology, optometry, pediatrics, rheumatology, and surgery | No charge |
| ■ Routine physical exams | No charge |
| ■ Vision, hearing, cholesterol and other screening tests | No charge |
| ■ Routine eye exams
Plus discount on eyeglasses. Charges apply for contact lens care | No charge |
| ■ Immunizations
Certain immunizations are \$25 per dose | No charge |
| ■ Routine gyn exams | No charge |
| ■ Diagnostic lab & x-ray services | No charge |
| ■ Mammography | No charge |
| ■ Consultation & treatment by specialist | No charge |
| ■ Short term rehabilitation therapy
For up to 48 PT and/or OT visits and 24 speech therapy visits per calendar year | No charge |
| ■ Cancer treatment
Such as chemotherapy or radiation therapy | No charge |
| ■ Acupuncture
For up to 18 visits per calendar year for pain management of serious medical conditions at MGH or N.E. School of Acupuncture | No charge |

Traditional MIT Health Plan

AT MIT MEDICAL OR ELSEWHERE WHEN AUTHORIZED
IN ADVANCE BY MIT HEALTH PLAN CLINICIAN

■ Outpatient psychotherapy

Up to 50 visits per calendar year for individual, family, couple, or group therapy

BCBS MA Managed Care Behavioral Health Network:

You pay \$20 copay per visit

Any other provider:

You are reimbursed 50 percent of the reasonable and customary fee, up to \$60 per session

■ Prescription drugs

When filled at MIT Medical Pharmacy, for up to a 30-day supply. For certain medicines, up to 90-day refills are double the cost of the 30-day copay. Prescriptions filled outside of MIT Pharmacy must be filled at a participating Express Scripts pharmacy and are limited to a 30-day supply with a higher copay than at MIT Pharmacy

At MIT Pharmacy

Tier 1: \$8
Tier 2: \$25
Tier 3: \$40

At Express Scripts Pharmacy

Tier 1: \$15
Tier 2: \$40
Tier 3: \$50

■ Emergency care

Emergency physician and hospital services in case of accidental injury or emergency illness when treated in emergency room of hospital or when admitted as registered patient

\$50 copayment

When authorized in advance, or at nearest hospital in life-threatening emergency. The copayment is waived if you are admitted as an inpatient.

■ Ambulance services

In a medical emergency or when authorized in advance for reasonable charges up to a limit of 1,000 miles

No charge

■ Allergy serum

No charge

■ Dental care

Removal of impacted/unerupted wisdom teeth, extraction of seven or more teeth; reduction of fracture; osseous surgery involving two or more quadrants; excision of benign or malignant neoplasm; correction of damage to sound natural teeth caused by accidental injury when covered under this contract

No charge

■ Interrupted pregnancies

Through Planned Parenthood of Boston only

No charge

■ Home health care

For covered noncustodial services

No charge

Flexible MIT Health Plan

IN THE FLEXIBLE PLAN, YOU MAKE THE CHOICE

When you receive care at MIT Medical—or care coordinated by your MIT physician—nearly all services are free.

When you arrange care on your own, you're still covered with no referral needed. You can use almost any doctor or hospital, and you pay a deductible and coinsurance.

In the Flexible Plan, it's up to you.

When you arrange care yourself, you're still covered

For care you arrange yourself, deductibles and coinsurance apply until you reach your annual limit. After that, the Flexible Plan pays 100 percent for covered services for the rest of that calendar year.

■ DEDUCTIBLE AND COINSURANCE

For care you arrange yourself, for most covered services, you pay the first \$1,000 per member (but no more than \$2,000 per family) per calendar year (your **deductible**). After that, you pay 20 percent of covered expenses (your **coinsurance**), up to an annual limit.

■ ANNUAL LIMIT FOR MEMBER

For care you arrange yourself, when your \$1,000 member deductible plus the 20 percent coinsurance in any calendar year reach \$3,000 for **one** member, you've reached your **annual limit for that member**. Then, for the rest of that calendar year, the plan pays 100 percent for that member, for covered services that normally require a deductible and coinsurance, as determined by Blue Cross Blue Shield.

■ ANNUAL LIMIT FOR FAMILY

For care you arrange yourself, when your family deductible plus the 20 percent coinsurance in any calendar year reach \$6,000 for **two or more** covered family members, you've reached your **annual limit for your family**. Then, for the rest of that calendar year, the plan pays 100 percent for all covered family members, for covered services that normally require a deductible and coinsurance, as determined by Blue Cross Blue Shield.

Flex Plan note: For covered care that *you arrange yourself outside Massachusetts*, contracts with BC/BS vary. In addition to the coinsurance and deductible, for some providers you must also pay the difference between the BC/BS allowed amount and the full billed amount.

Flexible MIT Health Plan

FLEXIBLE PLAN BENEFITS AT-A-GLANCE

Effective January 1, 2008.

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MIT (campus and Lincoln Laboratory) and Whitehead Institute offer the Flexible MIT Health Plan

IN THE HOSPITAL

	If MIT arranges	If you arrange
	At MIT Medical or elsewhere when authorized in advance by MIT Health Plan	<ul style="list-style-type: none">• No authorization needed• In Mass., at any BC/BS participating provider or facility• Outside Mass., at any licensed general hospital/physician's office
■ Room and board	No charge	Deductible & coinsurance
Includes semiprivate accommodations, general nursing care, operating room, anesthesia, recovery, diagnostic tests, medication, physician services		
■ Extended care	No charge	Deductible & coinsurance
Semiprivate room and board for noncustodial care, up to 100 days per calendar year for each member in an extended care facility		
■ Mental health	No charge	Not Covered
Includes room, board, medication, doctor and nursing care, therapeutic techniques for up to 60 full days or 120 day or night treatment days per calendar year for each member, in a Blue Cross Blue Shield of MA Managed Care Behavioral Health Network mental hospital or alcohol or drug treatment facility for the treatment of mental conditions. Also up to 30 days per calendar year for each member in the same types of facilities for alcoholism or drug rehabilitation		
■ Maternity coverage	No charge	Deductible & coinsurance
Includes one free home health visit or home lactation visit with CareGroup Home Care if delivery occurs at Mt. Auburn Hospital		

Flexible MIT Health Plan

OUTPATIENT

	If MIT arranges At MIT Medical or elsewhere when authorized in advance by MIT Health Plan	If you arrange <ul style="list-style-type: none">• No authorization needed• In Mass., at any BC/BS participating provider or facility• Outside Mass., at any licensed general hospital/physician's office
■ Physician, nurse practitioner, or physician assistant office visits	No charge No referral needed for visits at MIT Medical to adolescent medicine, allergy, breastfeeding support, dermatology, geriatrics, gynecology, infectious disease, internal medicine, mental health, obstetrics, occupational medicine, ophthalmology, optometry, pediatrics, rheumatology, and surgery	Deductible & coinsurance For covered services
■ Routine physical exams	No charge	Not covered Except limited pediatric visits
■ Consultation & treatment by specialist	No charge	Deductible & coinsurance
■ Vision, hearing, cholesterol, and other screening tests	No charge	Not covered
■ Routine gyn exams	No charge	Not covered
■ Routine eye exams	No charge Plus discount on eyeglasses. Charges apply for contact lens care	Not covered
■ Immunizations	No charge Certain immunizations are \$25 per dose	Not covered
■ Acupuncture For up to 18 visits per calendar year for pain management for serious medical conditions at MGH or N.E. School of Acupuncture	No charge	Not covered

Flexible MIT Health Plan

OUTPATIENT

	If MIT arranges At MIT Medical or elsewhere when authorized in advance by MIT Health Plan	If you arrange <ul style="list-style-type: none">• No authorization needed• In Mass., at any BC/BS participating provider or facility• Outside Mass., at any licensed general hospital/physician's office
■ Diagnostic lab & x-ray services	No charge	Deductible & coinsurance
■ Routine mammography	No charge	Deductible & coinsurance One baseline mammogram for a member age 35-39, and one routine mammogram per calendar year for members age 40 or older
■ Short term rehabilitation therapy For up to 48 PT and/or OT visits and 24 speech therapy visits per calendar year	No charge	Deductible & coinsurance For covered services by participating therapists
■ Cancer treatment Such as chemotherapy or radiation therapy	No charge	Deductible & coinsurance For covered services
■ Outpatient psychotherapy Up to 50 visits per calendar year for individual, family, couple, or group therapy	Blue Cross Blue Shield of MA Managed Care Behavioral Health Network: You pay \$20 copay per visit Any other provider: You are reimbursed 50 percent of the reasonable and customary fee, up to \$60 per session	
■ Prescription drugs	Tier 1: \$8 Tier 2: \$25 Tier 3: \$40 When filled at MIT Medical pharmacy, for up to a 30-day supply. For certain medicines, up to 90-day refills are double the 30-day copay. Prescriptions filled outside of MIT Pharmacy must be filled at a participating Express Scripts pharmacy. Prescriptions are limited to a 30-day supply with a higher copay than at MIT Pharmacy	Must use participating Express Scripts Pharmacy Tier 1: \$15 Tier 2: \$40 Tier 3: \$50 Limited to a 30 day supply per fill

Flexible MIT Health Plan

OUTPATIENT

If MIT arranges

At MIT Medical or elsewhere when authorized **in advance** by MIT Health Plan

If you arrange

- No authorization needed
- In Mass., at any BC/BS participating provider or facility
- Outside Mass., at any licensed general hospital/physician's office

■ **Emergency care**

Emergency physician and hospital services in case of accidental injury or emergency illness, when treated in emergency room of hospital or when admitted as registered patient

\$50 copayment

When authorized in advance or at nearest hospital in life-threatening emergency. The copayment is waived if you are admitted as an inpatient

Deductible & coinsurance

For treatment of sudden and serious illness or injury, if treated within 72 hours of onset or accident

■ **Ambulance services**

No charge

In medical emergency or when authorized in advance for reasonable charges up to a limit of 1,000 miles

Deductible & coinsurance

For medical emergency for reasonable charges up to a limit of 100 miles

■ **Allergy serum**

No charge

Deductible & coinsurance

■ **Dental care**

Removal of impacted/unerupted wisdom teeth, extraction of seven or more teeth; reduction of a fracture; osseous surgery involving two or more quadrants; excision of benign or malignant neoplasm; correction of damage to sound natural teeth caused by accidental injury when covered under this contract

No charge

Deductible & coinsurance

For covered services

■ **Interrupted pregnancies**

No charge

At Planned Parenthood of Boston only

Deductible & coinsurance

■ **Home health care**

For organized noncustodial services, excluding meals, housekeeping & personal items

No charge

Deductible & coinsurance