



MIT Health Plan

2008 Open Enrollment News

Understanding your out-of-area benefits

Members of the Traditional and Flexible Health Plans typically receive all their primary care services at MIT Medical. MIT Medical also provides many specialty services, and when these services are not available onsite, we refer our members to a network of providers in Massachusetts through our Blue Cross Blue Shield of MA (BCBSMA) partnership arrangement. (For 2008, Flexible Plan members may continue to self-refer outside the network with the same deductibles and coinsurance payments.)

We realize, however, that emergency and urgent situations needing medical attention will occur when you are out of the area and cannot get to MIT Medical. In these situations, the priority is for you to receive the medical care wherever you are. But in order to ensure coverage, both Traditional and Flexible Plan members must notify their PCPs (for services received in MA) or BCBSMA (for services outside of MA) within 48 hours of receiving care. All follow-up care must be coordinated by your primary care clinician at MIT Medical.

Remember, services outside of Massachusetts are covered *only* for urgent and emergency care, subject to BCBSMA guidelines and definitions*. BCBSMA will *not* pay for services that do not satisfy their guidelines for urgent and emergency care.

Flexible Plan Members: Under the MIT Flexible Plan, benefits are available for out-of-network services, subject to a deductible and coinsurance. Flexible Plan members may continue to self-refer outside the network with the same deductibles and co-insurance. This applies for non-emergency and urgent healthcare situations. If you are out of the service area (the Commonwealth of Massachusetts) for more than 90 days, all services, including urgent and emergency care services, are treated as out-of-network and are applied to your deductible and subject to coinsurance.

If you have any additional questions about your out-of-area benefits, please contact MIT Health Plans Claims & Member Services at (617) 253-5979. Claims & Member Services is located on the first floor of MIT Medical, next to Pediatrics. They can also be reached by e-mail: msservices@med.mit.edu

* BCBSMA defines "emergency medical care" as "medical, surgical or psychiatric care that you need immediately due to the sudden onset of a condition manifesting itself by acute symptoms, including severe pain, which are severe enough that the lack of prompt medical attention could reasonably be expected by a prudent layperson who possesses an average knowledge of health and medicine to result in placing your health or the health of another (including an unborn child) in serious jeopardy, serious impairment of bodily functions or serious dysfunction of any bodily organ or part. Some examples of conditions that require emergency medical care are suspected heart attacks, strokes, poisoning, loss of consciousness, convulsions and suicide attempts. This also includes treatment of mental conditions when: you are admitted as an inpatient as required under Massachusetts General Laws, Chapter 123, Section 12; you seem very likely to endanger yourself as shown by a serious suicide attempt, a plan to commit suicide or behavior that shows that you are not able to care for yourself; or you seem very likely to endanger others as shown by an action against another person that could cause serious physical injury or death or by a plan to harm another person."

BCBSMA defines "urgent care" as "medical, surgical or psychiatric care, other than emergency medical care, that you need to prevent serious deterioration of your health when an unforeseen illness or injury occurs while you are temporarily outside the service area."

MIT Health Plan, E23-308
77 Massachusetts Ave
Cambridge, MA 02139-4307
Phone: 617/ 253-1322
Fax: 617/ 253-6558
Email: msservices@med.mit.edu
web.mit.edu/medical