



MIT SHIP Insurance and Healthcare Guide for Affiliates

2023-2024

Last updated: January 4, 2024



Massachusetts
Institute of
Technology



MIT Student Insurance Office

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Information in this guide is correct as of the “last updated” date on the cover, but policies and procedures may change throughout the year. For the latest information, consult our website at health.mit.edu.

Welcome to MIT SHIP

MIT SHIP stands for “MIT Student Health Insurance Plan.” But MIT SHIP is not only for MIT students. The plan also covers many post-doctoral fellows, research fellows, visiting professors and lecturers, visiting scientists and scholars, and their families.

MIT SHIP covers the healthcare services you need. It covers check-ups, mental health services, necessary lab tests, prescription drugs, and visits to the doctor or emergency room if you get sick or hurt. If you need surgery or need to stay in the hospital overnight, that is also covered.

There may still be some costs that you will have to pay.

When we say that MIT SHIP “covers” a particular healthcare service, that means that your insurance will pay for at least part of the cost. Some healthcare services may be “covered in full.” That means that once you have purchased MIT SHIP, you will pay nothing extra for that service. But you will have to pay part of the cost for other healthcare services. For example, if you get sick or injured and go to a hospital emergency room, you will pay \$100, and MIT SHIP will pay for the rest. One hundred dollars may seem like a lot of money, but without insurance, an emergency room visit could cost \$3,000 or more.

Health insurance only covers the healthcare services you need.

MIT SHIP pays for the usual tests you have every year as part of your annual physical exam, but if you are healthy and don't have symptoms of any illness or medical condition, MIT SHIP will not pay for extra tests or screening procedures that are not medically necessary. MIT SHIP will pay for necessary diagnostic testing if you have symptoms of a specific illness or medical condition.

There are different kinds of health insurance plans. MIT SHIP is a “preferred provider organization,” often called a “PPO” for short.

A PPO is an insurance plan that lets you choose from a network of doctors and hospitals that have agreed to work with the insurance company. For MIT SHIP, this network is the Blue Cross Blue Shield of Massachusetts (BCBSMA) PPO. With a PPO, you are not required to have a Primary Care Provider at MIT Health or somewhere else, but having a PCP is strongly recommended to help coordinate your health care needs.

With MIT SHIP, you can get your healthcare:

- **At MIT Health** — You will pay nothing extra for most services.
- **At an off-campus, in-network provider** — You will pay some of the cost for most services.
- **At an off-campus, out-of-network provider** — You will pay more of the cost for all services.

Did you know

Getting married? Having a baby? You can add eligible family members to MIT SHIP. There are situations when you might need to add a family member to your coverage. These situations are called “Qualifying events.” Some examples of qualifying events are:

- Having or adopting a child
- Getting married
- Your family member enters the country for the first time
- Your family member loses coverage from a different insurance plan

If you experience a qualifying event, you will need to give us documentation to prove your family member is eligible for coverage. Visit health.mit.edu/learn-about-health-plans-ship/enrollment to learn more about qualifying events.



Getting your care at MIT Health with MIT SHIP

At MIT Health, you will almost never have any out-of-pocket costs.

You will not have to pay for visits to primary care, specialists, urgent care, sports medicine, or women's health services (OB/Gyn) at MIT Health. You will have no fee for X-rays or most laboratory tests. The only MIT Health service you will have to pay for is acupuncture, which costs \$10 per visit.

You can choose a “primary care provider” (PCP) at MIT Health.

Your MIT Health PCP will be your personal clinician. You'll make an appointment to see your PCP if you need a physical exam or if you have a health problem that is not an emergency, like a bad cough or a minor injury. PCPs can also help you manage chronic conditions, like seasonal allergies or diabetes. Your PCP can discuss your health concerns, answer your questions, arrange the lab tests or screening procedures you need, and write prescriptions for medications. If you have a more complicated health problem, your PCP can recommend that you visit a specialist.

Even if you don't have a PCP, you can still get care at MIT Health.

If you don't have a PCP, you can call MIT Health to make an appointment with any clinician who is available. You can come to MIT Health's Urgent Care Service if you are sick or hurt. You can make appointments to get other healthcare services at MIT Health as well.

Getting your care off campus with MIT SHIP

When you go to an off-campus, in-network provider, your insurance will pay for all or most of the cost.

If you go to a doctor or hospital that is not in the BCBSMA PPO network, your insurance will pay less of the cost, and you will pay more — sometimes a lot more.

For example, you will not have to pay any of the cost for your annual physical exam and lab tests if you go to an off-campus, in-network provider. But if you get your annual physical exam and lab tests from an out-of-network provider, you may have to pay between \$100 and \$500, depending on how much you have already spent for other healthcare services that year.

Blue Cross Blue Shield of Massachusetts (BCBSMA) can help you find an in-network provider:

- You can call BCBSMA at 1-800-810-BLUE (2583), or
- You can go to the [Blue Cross Blue Shield website](#) and use the “Find a doctor” option. From the “Select a Network” drop-down menu, choose “PPO or EPO.”

Your medical benefits (Summary of Benefits and Coverage)

A US law, the Patient Protection and Affordable Care Act (ACA), requires all insurance plans to provide you with document called “Summary of Benefits and Coverage” (SBC). This document lists many, but not all, of the benefits that come with your health insurance plan and can help you understand when you will have out-of-pocket costs and how much you might have to pay.

On the following pages, we will show you some information from the SBC for MIT SHIP, along with some definitions. You can view the SBC for MIT SHIP by visiting health.mit.edu/forms-documents/students.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	\$100 member / \$100 family in-network; \$500 member out-of-network.	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay.
Are there services covered before you meet your deductible?	Yes. In-network preventive and prenatal care, most office visits, <u>prescription drugs</u> , <u>diagnostic tests</u> and imaging, inpatient admissions, mental health services, <u>home health care</u> , <u>hospice services</u> , <u>durable medical equipment</u> ; emergency room, emergency transportation.	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	Yes. For pediatric essential dental, \$50 member (no more than \$150 for three or more eligible members per family). There are no other specific <u>deductibles</u> .	You must pay all of the costs for these services up to the specific <u>deductible</u> amount before this <u>plan</u> begins to pay for these services.
What is the out-of-pocket limit for this plan?	For medical benefits, \$4,000 member / \$8,000 family in-network; \$4,000 member / \$8,000 family out-of-network; for <u>prescription drug</u> benefits, \$2,000 member / \$4,000 family; and for pediatric essential dental, \$350 member (no more than \$700 for two or more eligible members per family).	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.

Deductible

A **deductible** is the total amount of your own money that you must pay for certain covered services during each year that you are covered (for MIT SHIP, from September 1–August 31). After you have paid that deductible, your insurance will begin paying for these services.

MIT SHIP has **two different deductibles**:

1. For **in-network services**: \$100 per individual per calendar year for outpatient services received outside of MIT Health (except for mental health care, which has no deductible).
2. For **out-of-network services**: \$500 per individual per calendar year for all services except emergency care.

Out-of-pocket limit

The **out-of-pocket limit** is the maximum amount of money you will have to pay for your covered healthcare services during each year that you are covered (for MIT SHIP, from September 1–August 31). This does not include the plan's premium (the money you pay to buy the insurance plan in the first place). When you have spent enough of your own money to reach the out-of-pocket limit for the year, any other healthcare services you receive for that year will be covered in full. "Covered in full" means that the insurance company will pay the entire cost of those services. But if you use out-of-network services after reaching your out-of-pocket maximum, you may still need to pay the difference between the amount of money the insurance company agreed to pay for a service and the actual charge.

MIT SHIP has **two different out-of-pocket limits**:

1. For **medical services**: \$4,000 per individual per calendar year.
2. For **prescriptions**: \$2,000 per individual per calendar year.

In-network provider

An **in-network provider** for MIT SHIP is any healthcare provider (physician, hospital, urgent care, or other facility) that belongs to your Blue Cross Blue Shield (BCBS) of Massachusetts PPO (preferred provider organization) network. The network for MIT SHIP is called the “Blue Cross PPO/EPO” network. You will almost always pay less if you use an in-network provider. You can find in-network providers for MIT SHIP on the Blue Cross Blue Shield of Massachusetts website on the Blue Cross Blue Shield of Massachusetts website at bluecrossma.com or by calling 1-800-810-BLUE (2583).

Out-of-network provider

An **out-of-network provider** is any healthcare provider that does not belong to your insurance company’s preferred provider network (the “Blue Cross PPO/EPO” network for MIT SHIP). You can use out-of-network providers, but if you do, you will almost always have to pay more. If an out-of-network provider charges more for a service than your insurance company agrees to pay, you will need to pay the difference, and that payment will not count toward your out-of-pocket limit.

All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network (You will pay the least)	Out-of-Network (You will pay the most)	
If you visit a health care provider’s office or clinic	Primary care visit to treat an injury or illness	\$25 / visit	20% <u>coinsurance</u>	<u>Deductible</u> applies first for out-of-network; a telehealth <u>cost share</u> may be applicable
	<u>Specialist visit</u>	\$25 / visit; \$25 / chiropractor visit; \$10 / acupuncture visit	20% <u>coinsurance</u> ; 20% <u>coinsurance</u> / chiropractor visit; 20% <u>coinsurance</u> / acupuncture visit	<u>Deductible</u> applies first for chiropractor visits and out-of-network; limited to 20 visits per calendar year for acupuncture services; a telehealth <u>cost share</u> may be applicable
	Preventive care/screening/immunization	No charge	20% <u>coinsurance</u>	<u>Deductible</u> applies first for out-of-network; limited to age-based schedule and / or frequency; a telehealth <u>cost share</u> may be applicable. You may have to pay for services that aren’t preventive. Ask your <u>provider</u> if the services needed are preventive. Then check what your <u>plan</u> will pay for.

Primary care visit

Primary care is what most people think of when they talk about “going to the doctor.” Primary care includes routine check-ups or seeing a doctor when you feel sick. You’d also visit a primary care provider if you need regular, ongoing care for a chronic condition like asthma or diabetes or if you need lab tests or vaccines.

Specialist visit

Specialists are clinicians who treat specific medical conditions. For example, a dermatologist is a specialist who treats skin problems. An orthopedist is a specialist who treats patients with bone injuries or diseases. If you see a specialist at MIT Health, you will not have a copay or other out-of-pocket cost. If you visit a specialist outside of MIT Health, you will probably have to pay part of the cost of the visit. Your insurance may only cover a certain number of visits each year for some kinds of specialists, like chiropractors.

Preventive services

The Affordable Care Act, a US law that went into effect in 2010, requires healthcare providers and facilities to offer **preventive services** at no cost to patients. Preventive services are meant to prevent illness or disease and include services like check-ups, some lab tests, vaccinations, and some special healthcare services for women, like certain kinds of birth control and pregnancy care.

Copay or Copayment

A **copay** or **copayment** is a fixed dollar amount you must pay for a covered healthcare service. If a service has a copay, you will usually pay it when you go to that appointment. Copayments do not count toward your annual deductible.

Coinsurance

Coinsurance is a percentage of the bill for a specific service that you must pay with your own money. The insurance company decides how much they will pay for any particular service, and your coinsurance percentage is based on this price. If you go to an out-of-network provider who charges more than the price your insurance company has agreed to pay for that service, you may have to pay the coinsurance amount PLUS the price difference.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network (You will pay the least)	Out-of-Network (You will pay the most)	
If you have a test	Diagnostic test (x-ray, blood work)	No charge	20% coinsurance	Deductible applies first for out-of-network; pre-authorization may be required
	Imaging (CT/PET scans, MRIs)	\$50	20% coinsurance	Deductible applies first for out-of-network; copayment applies per category of test / day; pre-authorization may be required
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at bluecrossma.org/medication	Generic drugs	\$20 / retail supply or \$40 / designated retail or mail order supply	Not covered	Up to 30-day retail (90-day designated retail or mail order) supply; cost share may be waived for certain covered drugs and supplies; pre-authorization required for certain drugs
	Preferred brand drugs	\$30 / retail supply or \$60 / designated retail or mail order supply	Not covered	
	Non-preferred brand drugs	\$40 / retail supply or \$80 / designated retail or mail order supply	Not covered	
	Specialty drugs	Applicable cost share (generic, preferred, non-preferred)	Not covered	When obtained from a designated specialty pharmacy; pre-authorization required for certain drugs
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	No charge; 10% coinsurance for infertility technologies	20% coinsurance	Deductible applies first; pre-authorization required for certain services
	Physician/surgeon fees	No charge; 10% coinsurance for infertility technologies	20% coinsurance	Deductible applies first; pre-authorization required for certain services

Drugs

Different types of prescription drugs cost different amounts. When a generic drug is available, it will usually be the least expensive. Generic drugs are drugs that are created to be the same as a brand-name drug. They work the same way and are an equal substitute for a more expensive brand-name drug.

Hospital stays

With MIT SHIP, you will have a \$100 copay if you need to stay overnight in the hospital.

Urgent care

Urgent care is medical care you get for an illness or injury that needs prompt attention but is not a life-threatening emergency. If you come to MIT Health's Urgent Care Service for your care, you will have no out-of-pocket cost. If you visit an off-campus urgent care center, you will have a copay.

Emergency room/ Ambulance

With MIT SHIP, you will have a \$100 copay for an emergency room (ER) visit. You will not have to pay that fee if the emergency room doctor admits you to the hospital. MIT SHIP covers emergency medical transportation.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network (You will pay the least)	Out-of-Network (You will pay the most)	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	No charge; 10% coinsurance for infertility technologies	20% coinsurance	<u>Deductible</u> applies first; <u>pre-authorization</u> required for certain services
	Physician/surgeon fees	No charge; 10% coinsurance for infertility technologies	20% coinsurance	<u>Deductible</u> applies first; <u>pre-authorization</u> required for certain services
If you need immediate medical attention	<u>Emergency room care</u>	\$100 / visit; <u>deductible</u> does not apply	\$100 / visit; <u>deductible</u> does not apply	<u>Copayment</u> waived if admitted or for observation stay
	<u>Emergency medical transportation</u>	No charge	No charge	None
	<u>Urgent care</u>	\$25 / visit	20% coinsurance	<u>Deductible</u> applies first for out-of-network; a telehealth <u>cost share</u> may be applicable
If you have a hospital stay	Facility fee (e.g., hospital room)	\$100 / admission; \$100 / admission then 10% coinsurance for infertility technologies	20% coinsurance	<u>Deductible</u> applies first for out-of-network; <u>pre-authorization</u> required
	Physician/surgeon fees	No charge; 10% coinsurance for infertility technologies	20% coinsurance	<u>Deductible</u> applies first for out-of-network; <u>pre-authorization</u> required
If you need mental health, behavioral health, or substance abuse services	Outpatient services	No charge / visits 1-52, then \$5 / visit	No charge / visits 1-52, then 20% coinsurance	A telehealth <u>cost share</u> may be applicable; <u>pre-authorization</u> required for certain services
	Inpatient services	\$100 / admission	20% coinsurance	<u>Deductible</u> applies first for out-of-network; <u>pre-authorization</u> required for certain services
If you are pregnant	Office visits	No charge	20% coinsurance	<u>Deductible</u> applies first for out-of-network; <u>cost sharing</u> does not apply for in-network <u>preventive services</u> ; maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound); a telehealth <u>cost share</u> may be applicable
	Childbirth/delivery professional services	No charge	20% coinsurance	
	Childbirth/delivery facility services	\$100 / admission	20% coinsurance	

Mental health

You will have no copay or other out-of-pocket costs for up to 52 mental health visits per year outside of MIT Health — in network or out of network. After 52 visits in one year, you will have a copay for in-network providers and co-insurance for out-of-network providers.

Pregnancy

If you get your care at MIT Health during your pregnancy and have your baby at an in-network hospital, your entire cost may be as low as \$100 (for the hospitalization) — plus what you need to pay for any medication.

Using MIT Health

MIT Health can help you stay healthy during your time at MIT. If you are covered by MIT SHIP, you can use most of the services at MIT Health with no extra cost. This guide provides the basic information you need to know to start getting your healthcare at MIT Health. You can find more detailed information on our website at health.mit.edu.

Getting started: Five things to know

1. Make an appointment to get your care.

Except for Urgent Care, you will need an appointment to see a clinician at MIT Health. For example, if you need a check-up, a vaccine, or a prescription, or if you have a medical concern that is not urgent, you should make an appointment to see a provider in Primary Care. You may need to wait some days or even weeks to see a clinician for routine, non-urgent care, so plan ahead. You can make a Primary Care appointment online, or call 617-253-9335 and tell us what you need. We will help you make the right kind of appointment with the right clinician.

2. Go to Urgent Care if you need to be seen today.

If you are sick or hurt and need to see a clinician the same day, you can go to the Urgent Care Service on the first floor of MIT Health. You do not need to call and make an appointment for Urgent Care. You can walk in, check in at the front desk, and wait for an available clinician. Or you can use our [online form](#) to reserve a time to come in and be seen.

Did you know

There are some situations when you should visit the emergency room instead of urgent care.

Visit the [Urgent Care](#) page on the MIT Health website to learn more.



Urgent Care is open from 8 a.m.–8 p.m. Monday–Friday and 8 a.m.–4 p.m. on weekends and most holidays. All of MIT Health — including Urgent Care — will be closed on January 1, July 4, Thanksgiving Day, and December 25.

3. We will provide an interpreter when you need one.

We provide interpreter services for more than 150 spoken languages and American Sign Language (ASL). When you visit MIT Health, you can use a remote interpreter through an iPad or the telephone.

- **For a regular, weekday appointment:** To request an interpreter in advance, use our [online form](#). The interpreter will be ready to begin when you arrive. You can also ask for an interpreter when you check in or at any time during your appointment.
- **For an Urgent Care visit:** Ask for an interpreter at the desk when you check in.
- **For a phone call:** When you call, just say, “I need an interpreter,” and tell us the language you need. We will put you on hold while we add an interpreter to the call.

You can ask for an interpreter at any time during your appointment, even if you start the appointment without one.

4. MIT Health always has primary care providers (PCPs) who are accepting new patients.

You don't need a primary care provider to get care at MIT Health, but it is a good idea to get one. Your MIT Health PCP will be your personal clinician. Your PCP will get to know you and your health history and will make sure you get the care you need.

Your MIT Health PCP could be a doctor or a nurse practitioner. A nurse practitioner is a nurse who has had advanced training and has passed a special licensing exam to become a PCP. Nurse practitioners can diagnose and treat illnesses, order tests, and write prescriptions, just like doctors.

To view PCPs who are accepting patients, visit health.mit.edu/choose.

5. Sign up for HealthELife.

HealthELife is MIT Health's online patient portal. You can use HealthELife to request appointments, send messages to your healthcare providers, have a video visit with a clinician, or view your test results and medical records. Sign up with the [online form](#), or ask one of our staff members to send you an invitation by email.

Frequently asked questions

What if I need medical advice when MIT Health is closed?

You can call and talk with a nurse 24 hours a day, even if MIT Health is closed. Call 617-253-4481 and explain your problem. The nurse will tell you what to do next. You can also call the BCBSMA nurse line at 1-888-247-2583. It works the same way.

What if it's an emergency?

If you have a life-threatening medical emergency — like a very bad injury, a serious allergic reaction, or trouble breathing — do not call MIT Health or come to Urgent Care. If you are on campus, call the MIT Police at 617-253-1212 or 100 from a campus phone. They can send an ambulance or other help faster than if you call 911. If you are not on campus, dial 911.

Besides Primary Care and Urgent Care, what other healthcare services can I get at MIT Health with MIT SHIP?

MIT Health offers many healthcare services at no additional cost if you have purchased MIT SHIP.

This includes:

- **Obstetrics and Gynecology (OB/Gyn):** This service provides special care for women's health, including pregnancy and birth control.
- **Sports Medicine and Orthopedics:** This service can diagnose and treat bone and muscle injuries or medical conditions that make it hard for you to function normally, exercise, or participate in athletics.
- **Eye Service:** This is where you can get an eye exam and a prescription for glasses or contact lenses. They can also diagnose and treat any other eye problem.
- **Travel Health Clinic:** This service provides health advice, vaccines, and specialized medications for travelers to other countries.
- **Laboratory and radiology:** If your clinician orders a blood test or X-ray, we can do much of the testing right at MIT Health.

And more! See information about all of MIT Health's healthcare services on our website at health.mit.edu/patient-services.

What about dental care?

MIT Health has a Dental Service, but with the very limited exception of care for children, dental care is not covered by MIT SHIP. Dental insurance is a separate kind of insurance, and if you have dental insurance, you may be able to use that insurance at MIT Health. If you do not have dental insurance, you will have to pay the full price for dental care at MIT Health or elsewhere.

What about eyeglasses and contact lenses?

With MIT SHIP you can get an eye exam at MIT Health's Eye Service, but you will have to pay for eyeglasses or contact lenses yourself. The Eye Service can order contact lenses for you. And, if you need glasses, MIT Optical, on the first floor of MIT Health, has hundreds of frames at discounted prices.

What about medications?

There are two kinds of medications you might need — prescription medications and over-the-counter (OTC) medications.

- If your provider gives you a prescription for a medication, you can get that drug at a drugstore, like CVS or Walgreens, or delivered to your home via mail or a delivery service.
- Over-the-counter drugs are medications you can purchase without a prescription. OTC medications include pain relievers, like ibuprofen or acetaminophen, allergy medications, and more. The least expensive place to buy OTC medications is at the MedStop kiosk on the first floor of MIT Health, next to the Urgent Care check-in desk. You can buy many different OTC medications at MedStop, and the prices are lower than in a pharmacy or supermarket.

Who will find out about my visits to MIT Health or my health?

Everything about your visits to MIT Health is confidential and private. We won't share any of your health information with anyone, unless you give us permission. The only time we would share information about your health would be in a life-threatening situation.

Frequently asked questions (Cont.)

How will MIT Health communicate with me?

- **Through HealthELife:** Your providers will communicate with you through our online patient portal, HealthELife.
- **By text:** Before an appointment, you may get texts on your phone. The texts will remind you about the appointment and allow you to cancel the appointment if you need to. You can use your phone to complete registration information and health forms. That way, you do not need to fill out forms on paper when you arrive for your appointment.
- **By email:** After an appointment, you might get an email asking you to fill out a survey. The survey is anonymous. It will ask questions about your experience at your appointment. In addition, you will sometimes get a patient newsletter by email.

Can I access my health records from MIT Health?

Yes. We can provide a copy of your medical record if you need it. We can also provide copies of certain parts of your record — for example, just your immunization record if you need it for international travel. To get a copy of your whole medical record or just specific information from your record, you'll need to fill out and sign an authorization form. You can find this form and others at health.mit.edu/medicalrecord.

Other health and wellness resources at MIT Health

Sexual health services

MIT Health offers:

- The HPV vaccine.
- Free, confidential testing for sexually transmitted infections, including HIV. To schedule a test, call 617-253-4481.
- Information and care related to birth control — including birth control pills, IUD, diaphragm, Depo-Provera injection, contraceptive implants, contraceptive patch, or contraceptive vaginal ring.
- Safer sex supplies: Free condoms and other safer sex supplies are available on the third floor outside the Community Wellness offices.
- Pregnancy tests. You can buy a home pregnancy test at MedStop. Or you can also call us at 617-258-9355 to come to MIT Health for the test.
- LGBTQ+ health services: Hormonal therapy for transgender students, HIV pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP), and more.

Community Wellness at MIT Health provides resources, classes, and programs to help you get fit and stay healthy.

We have classes for new parents, exercise classes, and resources to help you eat better, sleep better, and feel less stressed.

Learn more at health.mit.edu/community.

Spouses & Partners connect is a network for the spouses and partners of MIT students, postdocs, staff and faculty who are new to the Boston area. This group can help you meet people, discover work and career opportunities, improve your English, share experiences and passions, and get information about living and parenting in Boston. Learn more and sign up at spouses.mit.edu.

USEFUL FAQs

Using MIT SHIP FAQs

Answers to the most commonly asked questions about using MIT Health services.

Mental Health FAQs

Learn about topics such as antidepressants, coping with traumatic events.

USEFUL PHONE NUMBERS

24-hour numbers

(including weekends and holidays)

Campus Police [617-253-1212](tel:617-253-1212) (or dial 100 from campus phones)

Ambulance [617-253-1212](tel:617-253-1212) (or dial 100 from campus phones)

Medical advice at any time (24 hours a day) [617-253-4481](tel:617-253-4481)

Student Mental Health & Counseling Services [617-253-2916](tel:617-253-2916)

Urgent Care

Weekdays, 8 a.m.–8 p.m.,

Weekends and some holidays, 10 a.m.–4 p.m.

(Urgent Care is closed on January 1, July 4, Thanksgiving Day, and December 25)

Urgent Care Service

[617-253-1311](tel:617-253-1311)

MIT Health services

Appointments

[617-258-9355](tel:617-258-9355)

[MIT Student Insurance Office](#)

[617-253-1322](tel:617-253-1322)

Member Services

[617-253-5979](tel:617-253-5979)

[Billing Office](#)

[617-258-5336](tel:617-258-5336)

MedStop

[617-253-1324](tel:617-253-1324)

[Community Wellness](#)

[617-253-1316](tel:617-253-1316)

[Dental Service](#)

[617-253-1501](tel:617-253-1501)

[Eye Service \(optometry/ophthalmology\)](#)

[617-253-9768](tel:617-253-9768)

[Patient Relations Coordinator](#)

[617-253-4976](tel:617-253-4976)

