

Massachusetts Institute of Technology

Students

Student Coverage With Care



Eligibility

MIT SHIP is not only for MIT students. The plan also covers many post-doctoral fellows, research fellows, and their families, including:

- MIT students (including most visiting students), and their family members.
- Other MIT-affiliated individuals and their family members, may be eligible for MIT SHIP dependent on their specific appointment details. For more details, please visit mit.myahpcare.com/affiliates.

For more information, visit mit.myahpcare.com.

Coverage Periods & Rates

ANNUAL 09/01/2025 - 08/31/2026	
Enrollment Period	07/15/2025 - 08/15/2025
Student	\$4,572.00
Student + Spouse/Domestic Partner	\$9,996.00
Student + Child(ren)	\$6,228.00
Family	\$7,080.00

To view all enrollment and coverage periods available, please visit mit.myahpcare.com.

WHAT'S INCLUDED?

Blue Care Elect is the Preferred Provider and will provide maximum benefits at lowest cost

Mental Health Coverage

Prescription Coverage

Virtual Visits with WellConnection



Questions

To view Frequently Asked Questions or submit a request, please visit help.ahpcare.com



ID Cards

To access your ID Card, please visit mit.myahpcare.com

Benefits

(Deductible applies unless otherwise stated below)

MIT Health: No Copayment applies for services at MIT Health.

	IN-NETWORK PROVIDER Member Cost Payments are based on the Allowed Amount	OUT-OF-NETWORK PROVIDER Member Cost Payments are based on the Allowed Amount
Benefit Maximum Per Person, Per Policy Year	Unlimited	
Individual Deductible Per Person, Per Policy Year	\$100	\$500
Family Deductible Per Family, Per Policy Year	\$100	N/A
Individual Out-of-Pocket Maximum Per Person, Per Policy Year	\$4,000	4,000
Family Out-of-Pocket Maximum Per Family, Per Policy Year	\$8,000	\$8,000
Individual Prescription Out-of-Pocket Maximum Per Person, Per Policy Year	\$2,000	
Office or Health Center Visits	\$25 Copayment per visit (Deductible waived)	20%
Urgent Care	\$50 Copayment per visit	20%
Emergency Room Visits Copayment waived if admitted or for observation stay (Deductible waived)	\$100 Copayment per visit	\$100 Copayment per visit
Prescription Drugs Up to a 30-day supply	Tier 1: \$20 Copayment Tier 2: \$30 Copayment Tier 3: \$40 Copayment (Deductible waived)	Not Covered
Preventive Care For more information, please visit: healthcare.gov/coverage/preventive-care-benefits/	No Charge (Deductible waived)	20%

This document is for informational purposes only and does not constitute an offer of coverage, a contract, nor medical advice. It provides a general overview of plan benefits, programs, and limitations, which are subject to plan maximums, exclusions, and regulatory approval. The benefits described herein may differ from the final policy of insurance, which will be available at mit.myahpcare.com upon approval by federal and state authorities.