

# 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](https://mit.myahpcare.com/affiliates).

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### 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

\*Please note the student rate is not included in the family rate

To view all enrollment and coverage periods available, please visit [mit.myahpcare.com](https://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](https://help.ahpcare.com)



### ID Cards

To access your ID Card, please visit [mit.myahpcare.com](https://mit.myahpcare.com)

## Benefits

(Deductible applies unless otherwise stated below)

**MIT Health:** No Copayment applies for most 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
<b>Benefit Maximum</b> Per Person, Per Policy Year		Unlimited
<b>Individual Deductible</b> Per Person, Per Policy Year	\$100	\$500
<b>Family Deductible</b> Per Family, Per Policy Year	\$100	N/A
<b>Individual Out-of-Pocket Maximum</b> Per Person, Per Policy Year	\$4,000	4,000
<b>Family Out-of-Pocket Maximum</b> Per Family, Per Policy Year	\$8,000	\$8,000
<b>Individual Prescription Out-of-Pocket Maximum</b> Per Person, Per Policy Year		\$2,000
<b>Office or Health Center Visits</b>	\$25 Copayment per visit (Deductible waived)	20%
<b>Urgent Care</b>	\$50 Copayment per visit	20%
<b>Emergency Room Visits</b> Copayment waived if admitted or for observation stay (Deductible waived)	\$100 Copayment per visit	\$100 Copayment per visit
<b>Prescription Drugs</b> Up to a 30-day supply	Tier 1: \$20 Copayment Tier 2: \$30 Copayment Tier 3: \$40 Copayment (Deductible waived)	Not Covered
<b>Preventive Care</b> For more information, please visit: <a href="https://healthcare.gov/coverage/preventive-care-benefits/">healthcare.gov/coverage/preventive-care-benefits/</a>	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](https://mit.myahpcare.com) upon approval by federal and state authorities.