



Eligibility

MIT SHIP is not only for MIT students. The plan also covers many postdoctoral 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.

Titles that may be eligible include:

- Postdoctoral Fellows
- Senior Postdoctoral Fellows
- Research Fellows
- Senior Research Fellows

*You must have an MIT appointment (at least 50% time) for a minimum of three months. Contact your DLCL administrator to verify your eligibility.

What's Included?

- Mental Health Coverage
- Prescription coverage
- Coverage when traveling

More Information

For full details of participation in the plan, please view the complete brochure online at: mit.myahpcare.com

Insurance ID Card

To access your ID card, please visit mit.myahpcare.com/additionalresources

This is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial, general description of plan benefits and programs and does not constitute a contract. Covered Expenses are subject to plan maximums, limitations, and exclusions as described in the Policy. The PPO network is **Blue Care Elect.**

MIT - Affiliates 2024-2025

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
Family Prescription Out-of-Pocket Maximum Per Family, Per Policy Year		\$4,000
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 (Deductible waived)	\$100 Copayment per visit	\$100 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%

Coverage Periods & Rates

	ANNUAL 09/01/2024 - 08/31/2025
Enrollment Period	07/15/2024 - 08/15/2024
Affiliate	\$5,450
Affiliate + Spouse/Domestic Partner	\$9,715
Affiliate + Child(ren)	\$6,757
Family	\$11,023

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