MIT Employee Benefits



2024

Human Resources

People who work at MIT are committed to MIT's vision to build a better world.

MIT, in turn, is committed to ensuring that all employees are healthy and secure, and enjoy a fulfilling work/life balance.

MIT's exceptional roster of benefits makes this possible. But these benefits are only exceptional if you enroll and take advantage of them.

Staff and faculty have multiple options for best-in-class health and welfare plans, as well as pension and 401(k) plans. Employees also have access to MBTA discounts, tuition and career development assistance, and a wide range of parenting and wellbeing benefits—as well as access to world-class athletic facilities, the MIT Museum, and more.

The information in this brochure is for benefits-eligible MIT staff and faculty. For details regarding eligibility, visit: **hr.mit.edu/eligibility**.

Making Changes to Your Benefits

All benefits-eligible employees can enroll or change health, dental, vision, and FSA benefits during the annual Benefits Open Enrollment period. If you are a new employee, visit Atlas to enroll within 31 days of your date of hire/appointment, or within 31 days of the date you receive your official Welcome Letter—whichever is later. Employees may also make changes within 31 days of the date of a qualifying life event. Learn more: **hr.mit.edu/life-events**.

MIT is committed to providing an environment that is accessible to individuals with disabilities. If you cannot access content in this document due to a disability, please contact **benefits@mit.edu**.

Health and Welfare Benefits: What's New for 2024

Health Plan Premiums and Plan Enhancements

MIT is replacing the current Traditional and Choice Health Plans with a new plan, the **Blue Cross Blue Shield (BCBS) PPO+ Plan**. This plan allows members more options for where to seek care—at MIT Medical, across New England, and nationwide—**all without provider referrals**. The current BCBS High Deductible Health Plan (HDHP) will continue to be offered by MIT.

These changes enhance and expand MIT's healthcare options, and will have both short- and long-term positive impacts on health insurance costs for the MIT community. Premiums for current Traditional and Choice plan members will either stay the same or decrease with the new BCBS PPO+ Plan; premiums for the BCBS High Deductible Health Plan will decrease.



As you may know, MIT shares the cost of health insurance premiums with you. Each year prior to Open Enrollment, MIT identifies the projected rate increases and changes for our health plans. Without intervention, plan costs would have grown by approximately 8% in calendar year 2024 due to medical cost inflation, specialty drugs, high-dollar claims, and utilization. To reduce the impact on employees, the Institute will contribute more towards the cost of healthcare plan premiums—from 69% to 73%.

OPEN ENROLLMENT PERIOD

October 30 through **November 17, 2023**

With the new BCBS PPO+ Plan, members will have **$0 copays for MIT Medical office visits**, with specialist office visits at MIT Medical remaining $10. In-network deductibles will be introduced ($150 individual, $300 individual + spouse/domestic partner, individual + child(ren), and family), and there will be copay increases for services such as in-patient hospitalization, outpatient surgery, ER, imaging, and prescription drugs. More details about deductibles and how they apply are available on page 9.

For those in the BCBS High Deductible Health Plan, deductibles will increase from $1,500 individual / $3,000 family to $1,600 individual / $3,200 family, as mandated by the IRS.

What's New for 2024, continued

Enhancements to both the BCBS PPO+ Plan and the BCBS High Deductible Health Plan include:

NEW! **BCBS TrueCare 360 Advocacy and Care Management** – Dedicated Blue Care Managers and Service Advocates will help you and your family navigate the complex healthcare system, find resources in your community, coordinate care and access to services for complex cases, and understand claims and billing. They will also provide education about conditions and support for caregivers.

NEW! **BCBS Virtual Primary Care** – $0 cost for virtual primary care and mental health visits offered via chat, text, phone, and video with select providers.

Expanded and updated fertility benefits (new egg cryopreservation benefit and updates to frozen embryo requirements) and **enhanced gender-affirming care benefits**.

More detailed information about all of the above is available on the Human Resources website: **hr.mit.edu/oe**.

Flexible Spending Accounts

The Flexible Spending Account (FSA) maximums will remain the same – $3,050 for the Health Care FSA, and $5,000 for the Dependent Care FSA – unless otherwise noted by the IRS. If you wish to remain in the Health Care or Dependent Care Flexible Spending Account(s) for calendar year 2024, **you MUST re-enroll in coverage**.

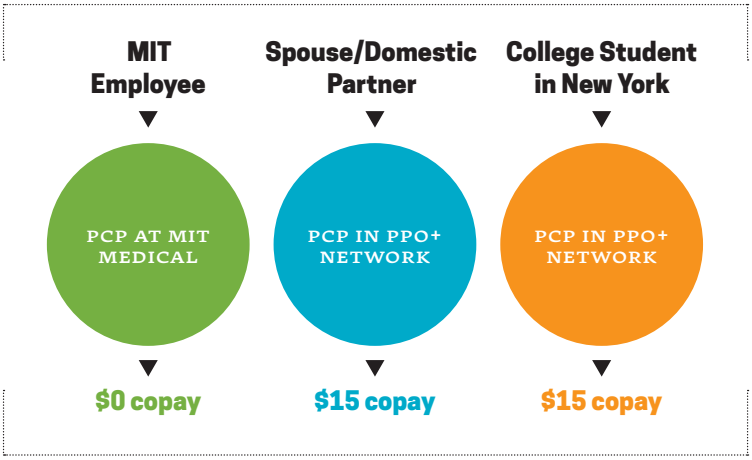
MIT expects to continue offering the employee benefits plans noted in this document, but it reserves the right to amend, cancel, or terminate the plans at any time. If there is a discrepancy between this document and the official Plan Document(s), the official Plan Document(s) will govern.

Note: If your employment with MIT is governed by a collective bargaining agreement, then the availability of these benefits and the extent of your participation in these plans will be governed by the terms of your collective bargaining agreement.

A The Blue Cross Blue Shield PPO+ Plan

The PPO+ Plan is a Blue Cross Blue Shield plan that offers providers and services at MIT Medical, across New England, and nationally. You will receive the most cost-effective level of benefits if you choose MIT Medical or BCBS in-network providers. With the PPO+ Plan, you do not need to designate a Primary Care Provider (PCP), although it is always encouraged; additionally, **provider referrals are no longer required**. The PPO+ Plan also offers out-of-network benefits for those who choose to seek care outside of the BCBS PPO network. For more information on the PPO+ Plan, visit hr.mit.edu/oe/health.

THIS IS AN EXAMPLE OF A FAMILY ENROLLED IN THE BCBS PPO+ PLAN.



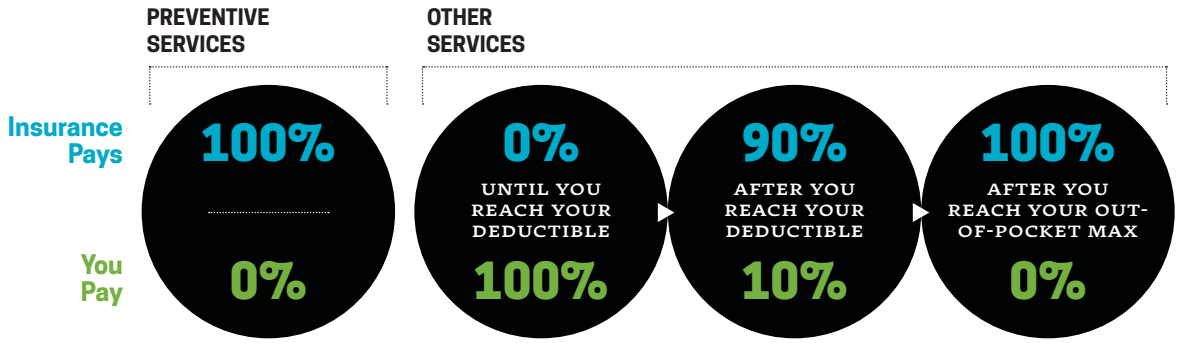
WHAT TO KNOW:

- You may enroll a spouse, domestic partner, and/or dependents in coverage. Dependent children are covered up to age 26; no age limit applies for dependents with disabilities that have been approved by BCBS and enrolled before age 26.
- You (and those you cover) may have a copay for office visits based on the location of your provider. There is a:
  - $0 copay for office visits at MIT Medical;
  - $10 copay for MIT Medical specialist office visits;
  - $15 copay for office visits and a $30 copay for specialist office visits with providers in the BCBS PPO network; and
  - In-network deductibles will apply ($150 individual, $300 individual + spouse/domestic partner, individual + child(ren), and family) to higher-cost services such as inpatient hospitalization, outpatient surgery, ER, and imaging.

B The BCBS High Deductible Health Plan

The BCBS High Deductible Health Plan (HDHP) offers qualified medical services, including covering preventive services in full—and you don't need to select a PCP.

For complete details, including eligibility for this plan and a list of covered services, visit the MIT Benefits website: hr.mit.edu/benefits/health/hdhp.



DEDUCTIBLES AND CO-INSURANCE

While your HDHP premium will be lower than the PPO+ Plan premium, you are responsible for paying for non-preventive services and non-preventive prescriptions until you reach a deductible.

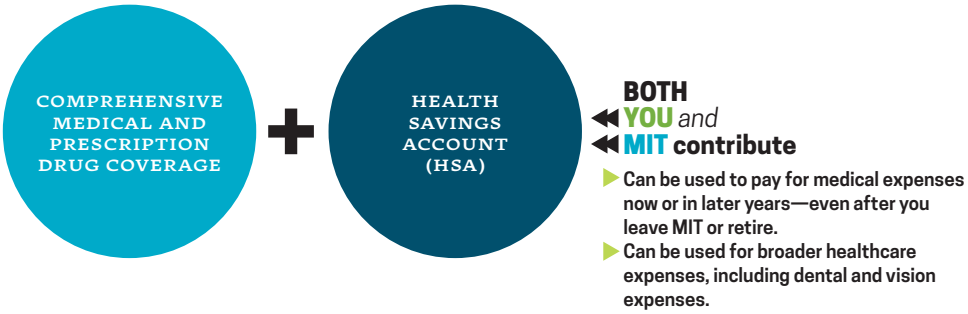
- For an individual, the deductible is $1,600.
- For an employee plus spouse/domestic partner, employee and child(ren), or family, the deductible is $3,200.

Once you reach your deductible, you then pay 10% of the cost of the non-preventive service (in-network); this percentage is called "co-insurance." You will pay that percentage for each non-preventive service until you reach an out-of-pocket maximum: $3,000 for an employee; $6,000 for an employee plus spouse/domestic partner, employee and child(ren), or family. These amounts include your deductible and co-insurance. **Please note that if you choose to have your services at MIT Medical, you will not have to pay any co-insurance.**



HDHP AND A HEALTH SAVINGS ACCOUNT (HSA)

When you enroll in the HDHP, you are eligible for a Health Savings Account (HSA)—this account holds the money that you can use to pay for your medical services. The HSA offers tax advantages both while you're enrolled in the HDHP as well as in your future.



Both you and MIT contribute to the HSA.* **MIT will contribute to your HSA account in one lump sum, annually: $500 for an employee and $1,000 for an employee plus spouse or domestic partner (if a tax dependent), employee and child(ren), or family.**** You may elect to contribute to your HSA account to cover your deductible plus the funds needed to cover your out-of-pocket maximum; your contribution will be deducted from your paycheck, each pay period, pre-tax.

If you enroll in the HDHP and an HSA, you cannot enroll in a Health Care Flexible Spending Account (though you can still have a Dependent Care Flexible Spending Account). **The HDHP is the only MIT health plan that includes an HSA.**

* 2024 maximum contributions: **$4,150** for employee coverage; **$8,300** for employee + spouse or domestic partner (if a tax dependent), employee + child(ren), or family coverage. Additional **$1,000** if you are age 55 or older.

** Pro-rated if you are not enrolled during the Open Enrollment period.

MIT Medical becomes MIT Health in 2024

MIT Health



MIT Medical is changing its name to MIT Health to reflect its broader role in safeguarding the health and wellness of the entire MIT community.

Getting your care at MIT Health means **quality**, with an expert staff of clinicians who share strong relationships with hospitals and specialists throughout the greater Boston area. You'll get the excellent care you need, where you need it.

Getting your care at MIT Health means **access**. MIT Health *primary care patients* are seen almost four times faster than at similar locations in the greater Boston healthcare market as measured by a 2023 study. On average, wait times for specialty care appointments are approximately 1.5 times faster than other places in the Boston area.

Getting your care at MIT Health is **convenient**. Two locations (on campus and at Lincoln Laboratory in Lexington) provide best-in-class care for MIT employees and their families—from newborns to retirees.

Getting your care at MIT Health is **easy**. Patients can schedule appointments online, have video visits with clinicians, and communicate with clinicians through the online patient portal.

Getting your care at MIT Health **saves you money**. Employees who select the new BCBS PPO+ Plan have a $0 copay at MIT Health for primary care visits (vs. $15 with all other network providers), and just a $10 copay for urgent care and specialty visits (vs. $30 with all other network providers).

CAMPUS CARE CLINIC SERVICES:

- Urgent Care
- Primary Care (All Ages)
- Primary Care Behavioral Health
- OB/GYN
- Dental
- Radiology and Laboratory
- Eye Service
- Sports Medicine and Orthopedics
- Allergy
- Travel Medicine
- Community Wellness
- Occupational Medicine

LEXINGTON CARE CLINIC SERVICES:

- Primary Care (All Ages)
- Routine Gynecological Exams
- Sports Medicine and Orthopedics
- Travel Medicine
- Community Wellness
- Occupational Medicine

To designate your PCP at MIT Health, visit **medical.mit.edu/choose**.

NEW!

Comparing health plans:
BCBS PPO+ Plan

A

Provider Network	PPO (No PCP designation or referrals required)		
	MIT Medical	**BCBS In-Network**	**Out-of-Network**
Deductible (Individual / Family)	$150 / $300* Embedded		$1,000 / $1,500 Embedded
Co-Insurance	0%		25%
Out-of-Pocket Maximum (Individual / Family)	$2,500 / $5,000**		$2,500 / $5,000**
Office Visits			
Preventive	$0 copay	$0 copay	$0 copay
Non-Preventive	$0 copay	$15 copay	Deductible and 25% co-insurance
Specialist	$10 copay	$30 copay	Deductible and 25% co-insurance
Urgent Care Visits	$10 copay	$30 copay	Deductible and 25% co-insurance
Diagnostic Testing (x-ray, lab work)	No charge after deductible	No charge after deductible	Deductible and 25% co-insurance
Imaging (CT, MRI)	Not applicable	$50 copay after deductible	Deductible and 25% co-insurance
Emergency Room	Not applicable	$150 copay after deductible	$150 copay after deductible
Inpatient Hospital	Not applicable	$50 after deductible	Deductible and 25% co-insurance
Outpatient Surgery			
With PCP / OBGYN	$0 copay	$15 copay	Deductible and 25% co-insurance
With Specialist	$10 copay	$30 copay	
In Hospital	Not applicable	$30 copay after deductible	

* Deductible only applies to certain services such as inpatient hospital, outpatient surgery, imaging, and emergency room.

** For medical benefits only. There is a separate out-of-pocket maximum for prescription drug benefits.

Prescription Drug Copays

DRUG TIER	RETAIL PARTICIPATING PHARMACY	90-DAY SUPPLY MAIL ORDER OR RETAIL
Generic	$10	$20
Preferred Brand	$35	$70
Non-Preferred Brand	$50	$100

Comparing health plans:
BCBS High Deductible Health Plan

B

Provider Network	PPO (No PCP designation or referrals required)		
	MIT Medical	**BCBS In-Network**	**Out-of-Network**
Deductible (Individual / Family)	$1,600 / $3,200 Aggregate	$1,600 / $3,200 Aggregate	$1,600 / $3,200 Aggregate
Co-Insurance	0%	10%	25%
Out-of-Pocket Maximum (Individual / Family)	$3,000 / $6,000		$3,000 / $6,000
Office Visits			
Preventive	$0	$0	$0
Non-Preventive	Deductible	Deductible and co-insurance	Deductible and co-insurance
Specialist	Deductible	Deductible and co-insurance	Deductible and co-insurance
Urgent Care Visits	Deductible	Deductible and co-insurance	Deductible and co-insurance
Diagnostic Testing (x-ray, lab work)	Deductible	Deductible and co-insurance	Deductible and co-insurance
Imaging (CT, MRI)	Not applicable	Deductible and co-insurance	Deductible and co-insurance
Emergency Room	Not applicable	Deductible and co-insurance	Deductible and 10% co-insurance
Inpatient Hospital	Not applicable	Deductible and co-insurance	Deductible and co-insurance
Outpatient Surgery	Deductible	Deductible and co-insurance	Deductible and co-insurance
Health Savings Account (HSA)	MIT funds HSA ($500 / $1,000)*		

* $500 for an employee / $1,000 for an employee plus spouse or domestic partner (if a tax dependent), employee and child(ren), or family.

Prescription Drug Copays

DRUG TIER	RETAIL PARTICIPATING PHARMACY	90-DAY SUPPLY MAIL ORDER OR RETAIL
Generic	$10	$20
Preferred Brand	$35	$70
Non-Preferred Brand	$50	$100

Well Connection telehealth benefits

Getting sick isn't convenient. But Well Connection is.

You can see licensed doctors and providers for minor medical and behavioral health care services with **$0 copays**,* using live video visits on your favorite device.



Blue Cross Blue Shield (BCBS) telehealth video visits are secure. Board-certified physicians and licensed clinicians are required to provide patients with private, secure, HIPAA-compliant, and confidential online visits.

You and your family members can visit doctors and providers anytime, anywhere in the United States, at home, at work, or on vacation—weekends and holidays included. All you need is an internet connection and a smartphone, tablet, or computer with a webcam.

Benefits of Well Connection

- **Medical**
- **Behavioral Health**
- **Secure and Confidential**
- **$0 Copays***

Types of Covered Services

Urgent Care	▪ Bronchitis ▪ Cold & flu ▪ Diarrhea ▪ Gout ▪ Hypertension	▪ Migraines ▪ Pinkeye ▪ Pneumonia ▪ Sinus & respiratory infections	▪ Sore throat ▪ Strep throat ▪ Urinary tract infections
Behavioral Health	▪ Bereavement ▪ Child behavior ▪ Couples therapy	▪ Depression & anxiety ▪ Divorce ▪ Sleep disorders	▪ Stress ▪ Substance use disorder ▪ Trauma

* HDHP: Must meet your deductible first.



How It Works

1. Download the BCBSMA MyBlue app or visit bcbsma.com.
2. Create an account or sign in.
3. Once you are signed in, choose the "My Care" option.
4. Select "Well Connection Video Visits" under "Remote Care."

Dental plans



MIT offers two dental plan options that pay all or a portion of the expenses for necessary dental services.

You may select either the **MIT Basic Dental Plan** or the **MIT Comprehensive Dental Plan**. **Basic** costs less but covers only preventive and basic restorative care. **Comprehensive** costs more but covers preventive, basic restorative, and major restorative care, and orthodontia for children up to age 19; it also includes Rollover Max (see details on page 13).

You will enjoy greater benefits when you receive your dental care from a participating dentist in the Delta Dental PPO or Delta Dental Premier networks.

Dental Plan Comparison Chart

This chart is a summary of the Delta Dental Plan coverage MIT offers to employees. Compare options to determine which plan works best for you and your family.

COVERAGE	MIT BASIC DENTAL PLAN	MIT COMPREHENSIVE DENTAL PLAN
Deductible	None	$50 per covered member for Type 2 and Type 3 services
Type 1 – Diagnostic & Preventive Oral Exams, Cleanings	100% of usual, customary, and reasonable charges	100% of usual, customary, and reasonable charges
Type 2 – Basic Restorative Oral Surgery, Periodontics, Endodontics, Prosthetic Maintenance	80% of usual, customary, and reasonable charges	80% of usual, customary, and reasonable charges after annual deductible
	Silver fillings, white fillings and inlays (once every 24 months), extractions, repairs to bridges or dentures (once within a 12-month period), root canals, rebase or reline of dentures, and recement of crowns and inlays	Silver fillings, white fillings and inlays (once every 24 months), extractions, repairs to bridges or dentures (once within a 12-month period), root canals, rebase or reline of dentures, and recement of crowns and inlays
Type 3 – Major Restorative Prosthodontics: Dentures, Fixed Bridges, Crowns, Implants	No coverage	50% of usual, customary, and reasonable charges after annual deductible. Fixed bridges and crowns (once within 60 months, per tooth). Implants (once per 60 months, per implant). Crowns when teeth cannot be restored with regular fillings (once within 60 months, per tooth)
Annual Maximum	$1,750 per covered member	$1,750 per covered member
Orthodontia (Up to age 19)	No coverage	50% of maximum plan allowance ($1,750). Separate lifetime maximum benefit—not subject to deductible

Before accepting services from a dental practice, confirm that the practice participates in your dental plan, and ask for an estimate of your out-of-pocket expenses for every procedure.

Rollover Max Program
(Comprehensive Dental Plan Only)

Thanks to Rollover Max from Delta Dental, there's good news if you don't hit your maximum dental benefit limit during the year—you won't lose what you don't use.

ROLLOVER MAX IS EASY AND AUTOMATIC.

To qualify for Rollover Max, you must be enrolled in the Comprehensive Dental Plan and receive at least one cleaning or one oral exam in the plan year. If you don't receive a cleaning or exam, you won't be eligible to roll over any of your benefit dollars to the following year.

- In addition, your paid claims must not exceed the maximum "threshold" amount of your current annual plan maximum (see chart below).
- Once you qualify, a portion of your unused annual maximum benefit dollars will roll over for use in your next plan year and beyond. This amount varies based on your annual maximum benefit payment (see chart below).
- Annual maximum dollars are used first. Rollover Max dollars are used after the annual maximum is met.

The following chart shows how Rollover Max is calculated based on the Comprehensive Dental Plan's annual maximum benefit of $1,750.

Your Comprehensive Dental Plan's annual maximum benefit amount is...	If your total yearly claims don't exceed this threshold amount...	Then you can roll over this amount to use next year and beyond.	Your accumulated rollover total is capped at this amount.
$1,750	$700	$500	$1,250

Here is a 4-year example of how Rollover Max works (assuming you have at least one cleaning or one oral exam each year).

	First Year *	Second Year	Third Year ***	Fourth Year
Your annual maximum amount	$1,750	$1,750	$1,750	$1,750
Rollover amount from previous year	N/A (this is the first qualifying year for Rollover Max)	$500	$500	$250
Your total claims paid ** (Threshold $700)	$600	$800	$2,000	$600
Adjusted Annual Maximum	$1,750	$2,250	$2,250	$2,000
Eligible for Rollover Max	Yes	No	No	Yes
Accumulated Rollover Max total	$500	$500 (the amount you accumulated in your first year)	$250	$750

* The first year assumes you have enrolled in the Comprehensive Dental Plan prior to October 1.

** To be eligible for Rollover Max, your total claims cannot exceed the annual threshold amount of $700, and you must have a cleaning or oral exam in the plan year.

*** In this example, while the total claims paid exceeded the annual maximum benefit amount of $1,750, the plan paid an additional $250 in benefits, thanks to Rollover Max.

Vision plan

MIT offers an optional vision plan through EyeMed Vision Care that covers the cost of eyeglasses or contact lenses. This coverage is separate from the annual eye exam provided by MIT's health plans.

When you enroll in the vision plan, you can obtain services through an independent service provider or the Eye360 program. In addition to the current provider network, members also have access to PLUS providers, which offer $50 on top of the $150 frame allowance. You will generally receive a higher level of reimbursement if you obtain services within the EyeMed network.

Vision Plan Chart

This chart is a summary of the vision plan's in-network and out-of-network reimbursements. Review this information along with the rate chart to decide if this plan makes sense for you and your family.

	IN-NETWORK MEMBER COSTS	OUT-OF-NETWORK REIMBURSEMENT
Frames	$0 copay; $150 allowance plus 20% discount on balance over $150	Up to $150
Standard Plastic Lenses		
Single Vision	$10 copay	Up to $70
Bifocal	$10 copay	Up to $100
Trifocal	$10 copay	Up to $130
Standard Progressive Lens (Add-on to Bifocal)	$75 copay	Up to $140
Premium Progressive Lens	$75, 80% of charge less $120	Up to $196
Lens Options		
UV Treatment	$15 copay	Not applicable
Tint (Solid and Gradient)	$15 copay	Not applicable
Standard Plastic Scratch Coating	$15 copay	Not applicable
Standard Polycarbonate – Adults	$0 copay	Up to $32
Standard Polycarbonate – Children under 26	$0 copay	Up to $32
Standard Anti-Reflective Coating	$45 copay	Not applicable
Polarized	$80 copay	Not applicable
Other Add-Ons and Services	20% off retail price	Not applicable
Contact Lenses (Materials Only)		
Conventional	$0 copay, $150 allowance, 15% off balance over $150	Up to $150
Disposable	$0 copay, $150 allowance, plus balance over $150	Up to $150
Medically Necessary	$0 copay, paid-in-full	Up to $500
Laser Vision Correction Surgery		
Lasik or PRK from U.S. Laser Network	15% off retail price or 5% off promotional price	Not applicable
Frequency		
Lenses or Contact Lenses	Once every calendar year	Once every calendar year
Frames	Once every calendar year	Once every calendar year

Visit **hr.mit.edu/benefits/vision** for more information.

Flexible Spending Accounts

Health Care Flexible Spending Account

A Health Care Flexible Spending Account (FSA) is a pre-tax account used to pay for eligible medical, dental, and vision care expenses that aren't covered by your insurance plan or elsewhere. It's a smart, simple way to save money while keeping you and your family healthy. **You must re-enroll in the Health Care FSA each year during Open Enrollment if you want to participate the next calendar year**. You are not eligible for this plan if you are enrolled in the BCBS High Deductible Health Plan (HDHP) with a Health Savings Account (HSA).

USE IT OR LOSE IT

Be as accurate as you can when estimating your annual eligible expenses so that you do not contribute more to your FSAs than you expect to claim for reimbursement.

HOW THE HEALTH CARE FSA WORKS

Your MIT medical, dental, and vision plans will cover much of your costs every year, but you will probably need to pay some portion of your expenses out of pocket. A Health Care FSA is a voluntary account that makes it possible for you to set aside money from your pay to cover some of the expenses not covered by your plans, like copays and deductibles. The money you contribute, up to the annual limits set by federal law, is not taxed as income. You can submit claims for reimbursement until April 30 each year for eligible services received through December 31 of the previous calendar year. Expenses of domestic partners cannot be reimbursed. *The Health Care FSA is administered by HealthEquity.*

FSA CARRYOVER FEATURE

Active employees with a Health Care FSA who have unused funds in their account as of December 31 will be able to carry over up to $610 into the next calendar year automatically. However, if you do not re-enroll in a Health Care FSA the following calendar year, your carryover dollars must be used by December 31 following the year in which the Health Care FSA was elected.

Flexible Spending Accounts

Dependent Care Flexible Spending Account

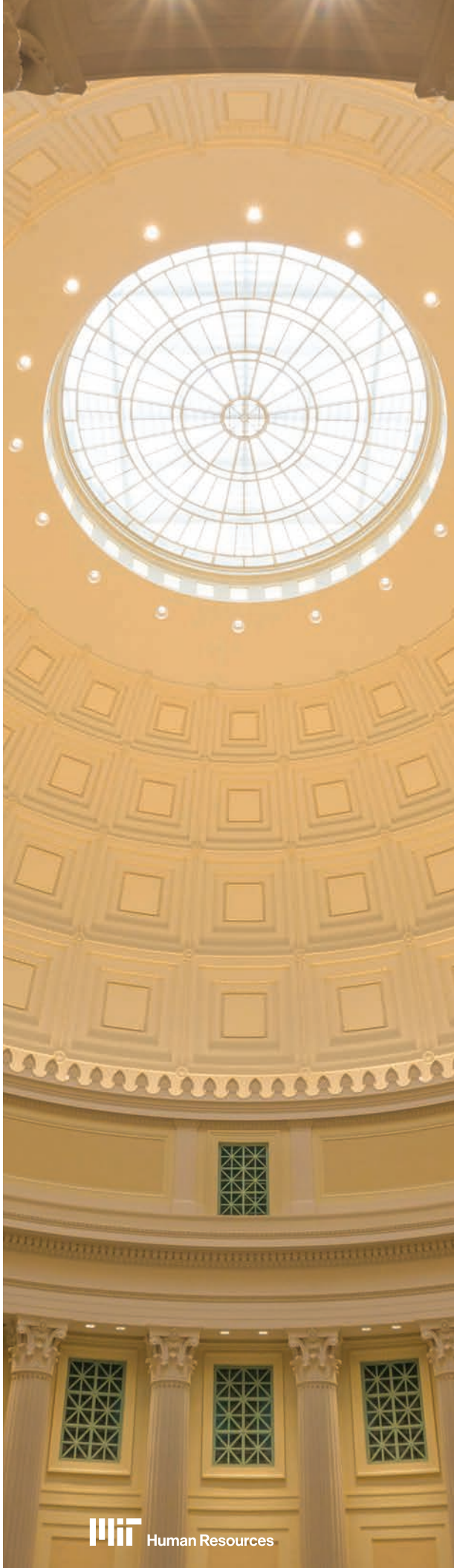
The Dependent Care Flexible Spending Account (FSA) allows you to set aside pre-tax funds for planned dependent care services received for dependent children under the age of 13, while you work or search for work. **You must re-enroll in the Dependent Care FSA each year during Open Enrollment if you want to participate during the next calendar year**.

HOW THE DEPENDENT CARE FSA WORKS

You make contributions to your Dependent Care FSA between January 1 and December 31 and submit bills for services you receive within that same period. You can continue to submit bills for services you received during that calendar year through April 30 of the next year. Each family may contribute up to $5,000 per year. If each spouse contributes to a different FSA, the combined total of their Dependent Care FSA contributions for a calendar year must not exceed $5,000 for a couple filing taxes jointly. You may want to compare possible tax savings with this account to the possible savings under the Federal Child and Dependent Care Tax Credit. Consult your tax advisor if you have questions about your situation. *The Dependent Care FSA is administered by HealthEquity.*

Portable Child Care Subsidy

To address the high costs of child care, MIT is pleased to offer a Portable Child Care Subsidy (PCCS) program, based on household income, for eligible employees with children under 13 years of age. More details are available at: **hr.mit.edu/benefits/child-care-subsidy**.



Life insurance benefits



Basic Life Insurance

MIT provides a Basic Life Insurance Plan to all benefits-eligible employees with coverage up to $50,000 (age reductions apply). Enrollment is automatic, and MIT pays the full cost of coverage. In the event of your death, the MIT Basic Life Insurance Plan pays the full amount of your coverage to your designated beneficiary in a single payment.

Accidental Death and Dismemberment Insurance

MIT provides an Accidental Death and Dismemberment Insurance Plan, with coverage up to $100,000 (age reductions apply) in the event of your dismemberment or death in a covered accident (work-related or not). Coverage depends on your age and other limitations. Enrollment is automatic, and MIT pays the full cost of coverage.

Optional Life Insurance

The Optional Life Insurance Plan is separate from your MIT Basic Life Insurance Plan. You can choose a coverage level equal to 1–7x your base annual salary (regular pay, not including overtime or other premium pay). The cost of your Optional Life Insurance coverage depends on your age, and the coverage amount is based on the level you choose (age reductions may apply). The maximum Optional Life Insurance coverage amount is $2 million.

You pay the full cost of Optional Life Insurance through deductions each pay period. In the event of your death, the MIT Optional Life Insurance Plan pays the full amount of your coverage to your designated beneficiary in a single payment.

Designate Your Beneficiary

Is your beneficiary designation up to date? It is important to officially designate—and update, as needed—the person you want to receive the benefits from your life insurance plan(s) in the event of your death. Be sure your beneficiary knows about your MIT Life Insurance coverage.

Reductions in Coverage as You Age

Details are available for each insurance plan: **hr.mit.edu/benefits/life**.

Dependent Life Insurance

You have the option to enroll your eligible dependents in MIT's Dependent Life Insurance Plan.

WHO IS COVERED?	COVERAGE AMOUNT
Spouse or domestic partner (even if your spouse or domestic partner purchases dependent coverage for you under this same plan)	$50,000 or $100,000
Unmarried biological or adopted child or stepchild from age 15 days to age 26 (whether or not the child is a student)	$10,000 ($100 from age 15 days to age six months)

You cannot enroll a child who is already enrolled in MIT Dependent Life Insurance coverage through your spouse or domestic partner.

In the event of the death of a dependent covered under this plan, the policy pays the full amount of the coverage in a single payment.

The initial cost of your Dependent Spouse or Domestic Partner Life Insurance depends on your age when you enroll and the coverage option you choose. The cost of your Dependent Child Life Insurance is the same cost per child for all eligible employees. You pay the full cost of Dependent Life Insurance through deductions each pay period.

Retirement benefits

MIT Pension Plan

MIT is one of a handful of employers that still offers a pension plan. MIT's Basic Pension Plan is designed to provide a lifetime monthly income during retirement.

WHAT TO KNOW:

- The plan is fully paid by MIT. Staff and faculty who work 50% or more of a regular full-time work schedule will be enrolled automatically **after one year of service**.
- You are fully vested (i.e., own the benefit) once you have completed three years of service at MIT.

Supplemental 401(k) Plan

TRADITIONAL PRE-TAX CONTRIBUTIONS AND ROTH POST-TAX CONTRIBUTIONS

MIT's Supplemental 401(k) Plan helps eligible employees save and invest for retirement while receiving certain tax advantages. MIT will match up to 5% of your pay in contributions to the Supplemental 401(k) Plan. You choose how your contributions—and MIT's matching contributions—are invested. Administrative and recordkeeping services are provided by Fidelity Investments.

WHAT TO KNOW:

- Most employees working at least 50% of a normal full-time position are eligible to participate.
- You need to enroll in your 401(k) account—this does not happen automatically.
- Each pay period, you may contribute 1% to 95% of your pay on a pre- or post-tax basis. Your contributions can be all pre-tax, all post-tax, or any combination of pre- and post-tax amounts.
- MIT matches your combined pre- and post-tax contributions dollar-for-dollar up to 5% of your pay (subject to IRS limits).
- You are vested immediately—that is, you fully own your contributions, MIT's matching contributions, and all your investment earnings.



Work, life, and wellbeing benefits

Voluntary benefits

- Identity theft protection services
- Legal insurance
- Pet health insurance

hr.mit.edu/benefits/additional

Discounts and perks

- MIT commuter program (free, unlimited subway and local bus use, and subsidies for MBTA station parking and the commuter rail)
- Arts at MIT (free admission to select Boston-area museums, and concerts and lectures on campus)
- Cell phone discount
- Home and auto insurance discount
- Long-Term Care Insurance
- MITAC (discounted tickets for movies, arts, sports, and more)
- MIT Federal Credit Union
- MIT Museum
- Special rates for travel and hotels

Special programs and services

- Business Travel Accident Insurance
- Emergency Ride Home Program
- MIT Medical with Urgent, Primary, and Specialty Care
- MIT Optical
- MIT Staff Emergency Hardship Fund



Career and professional development

- Career development coaching and consultations
- Individual contributor, manager, and leadership development programs
- Online and in-person training opportunities
- Tuition assistance of up to $5,250 per calendar year for eligible employees

Wellbeing

- Athletic facilities
- Employee Assistance Program: MIT MyLife Services (individual and family counseling, legal and financial consultations, and work-life resources and referrals)
- Fitness and weight loss reimbursements (through enrollment in an MIT health plan)
- Health and wellness classes offered through Community Wellness at MIT Medical
- MIT HR Center for WorkLife and WellBeing
- Senior care advising, backup adult care, and personalized resources
- Student loan repayment guidance

Parenting

- Adoption assistance
- Backup child care (in-home and in-center)
- Children's College Scholarship Plan (grants for eligible dependents to attend MIT)
- College-planning advising
- Educational Loan Plan (low-interest loans for undergraduate or graduate college education for eligible dependents)
- On-site child care centers and scholarship program
- On-site private lactation rooms
- Paid maternity and parental leave
- Parenting coaching, webinars, and personalized resources and referrals
- School and educational guidance (K–12)

Paid time off

- 13 holidays, plus special holiday closings and winter break
- 4 weeks of vacation (3 weeks in your first year of employment); with 10 years of eligible service, an additional 5 days of vacation become available every fifth year
- Sick leaves and long-term disability coverage

Health Plan Premiums

A

B

Staff and Faculty—Semimonthly
as of January 1, 2024

COVERAGE TIER	BCBS PPO+ PLAN	BCBS HIGH DEDUCTIBLE HEALTH PLAN (HDHP)
Employee	$119.50	$82.50
Employee + Spouse / Domestic Partner	$288.50	$212.50
Employee + Child(ren)	$246.50	$181.00
Family	$379.50	$274.00

Support and Service Staff—Weekly
as of January 1, 2024

COVERAGE TIER	BCBS PPO+ PLAN	BCBS HIGH DEDUCTIBLE HEALTH PLAN (HDHP)
Employee	$52.85	$35.77
Employee + Spouse / Domestic Partner	$127.38	$92.31
Employee + Child(ren)	$111.46	$81.23
Family	$169.38	$120.69



Dental Plan Premiums
as of January 1, 2024

COVERAGE TIER	MIT BASIC DENTAL PLAN		MIT COMPREHENSIVE DENTAL PLAN	
	Staff and Faculty Semimonthly	Support and Service Staff Weekly	Staff and Faculty Semimonthly	Support and Service Staff Weekly
Employee	$3.00	$1.38	$10.50	$4.85
Employee + Spouse / Domestic Partner	$10.00	$4.62	$29.50	$13.62
Employee + Child(ren)	$10.00	$4.62	$29.50	$13.62
Family	$15.50	$7.15	$45.00	$20.77

Vision Plan Premiums
as of January 1, 2024

COVERAGE TIER	MIT VISION PLAN	
	Staff and Faculty Semimonthly	Support and Service Staff Weekly
Employee	$2.83	$1.31
Employee + Spouse / Domestic Partner	$5.38	$2.48
Employee + Child(ren)	$5.66	$2.61
Family	$8.32	$3.84





Vendor and MIT contact information

VENDOR	PHONE NUMBER	WEBSITE
ARAG	800-247-4184	araglegal.com/plans
ASPCA (Pet Health Insurance)	877-343-5314	aspcapetinsurance.com/MIT
Blue Cross Blue Shield of MA	800-882-1093	bcbsma.com
Delta Dental	800-872-0500	deltadentalma.com
Express Scripts	866-454-7118	express-scripts.com
EyeMed	866-939-3633	eyemed.com
Fidelity – Health Savings Account (HSA)	800-544-3716	netbenefits.com
Fidelity – Supplemental 401(k) Plan	877-MIT-SAVE or 877-648-7283	netbenefits.com
HealthEquity	877-924-3967	healthequity.com
ID Watchdog	866-513-1518	idwatchdog.com
MIT Medical	617-253-4481	medical.mit.edu
Pension Service Center	855-4MITPEN or 855-464-8736	mitpension.ehr.com
Pets Best	888-984-8700	petsbest.com/MITPETS

MIT CONTACTS

CALL

617-253-6151
(CAMPUS)

781-981-7055
(LINCOLN LABORATORY)

FAX

617-253-2694

VISIT

hr.mit.edu/benefits

EMAIL

benefits@mit.edu
(CAMPUS)

benefits@ll.mit.edu
(LINCOLN LABORATORY)

Principal photography:
Gretchen Ertl, Christopher Harting, Andy Ryan, Marcio Silva.
Produced in collaboration with Sametz Blackstone Associates.