

# Berklee College of Music Member Cost Summary – Deductible EPO

Effective: January 1, 2024

Description	Harvard Pilgrim Health Care Access America Value
<b>Deductible</b>	
<b>Deductible</b> Deductible is \$500 per person up to family max of \$1,000	\$500 Individual; \$1,000 Family
<b>Out-of-Pocket Maximum – \$2,500 per person</b> (Includes all medical, pharmacy and mental health copayments, deductibles and coinsurance.)	\$2,500 Individual; \$5,000 Family
<b>Preventive Care</b>	
<b>Routine Physical</b>	Covered in full
<b>Well Child Visits</b>	Covered in full
<b>Routine Colonoscopy</b>	Covered in full
<b>Outpatient Medical Care</b>	
<b>Office Visit</b>	\$25 Copay (copay does not apply toward deductible)
<b>Routine Maternity Care</b>	Covered in full
<b>Routine Eye Exam</b>	\$25 Copay; 1 visit every 12 months (copay does not apply toward deductible)
<b>Hearing Exam</b>	Covered in full
<b>Hearing Aids</b>	20% coinsurance; \$2000 maximum every 36 months
<b>Allergy Injections</b>	Deductible
<b>Speech Therapy</b>	Deductible
<b>Physical and Occupational Therapy</b>	Deductible, up to 60 visits each per year
<b>Spinal Manipulation</b>	\$25 Copay; no visit limit (copay does not apply toward deductible)
<b>Acupuncture</b>	\$25 Copay; no visit limit (copay does not apply toward deductible)
<b>Non-Routine Colonoscopy- Generally Associated with Symptoms</b>	Deductible
<b>Diagnostic Procedures</b>	Deductible
<b>Diagnostic Imaging—General Imaging (xrays and ultrasounds)</b>	Deductible
<b>Diagnostic Imaging—High Tech Imaging (MRI, CAT Scan, PET Scan)</b>	\$75 Copay per visit; 2x per year maximum (copay does not apply toward deductible)
<b>Diagnostic Lab Test</b>	Deductible
<b>Day Surgery</b>	Deductible then \$250 Copay
<b>Inpatient Medical Care</b>	
<b>All Hospital Care—Acute and Maternity</b>	Deductible then \$500 Copay
<b>Skilled Nursing in a Skilled Nursing Facility (up to 100 days per year)</b>	Deductible then \$500 Copay
<b>Emergency Care</b>	
<b>In Emergency Room</b>	\$150 Copay (copay does not apply toward deductible)

<b>Mental Health/Substance Abuse</b>	
<b>Inpatient</b>	Deductible then \$500 Copay
<b>Outpatient</b>	\$25 Copay (copay does not apply toward deductible)
<b>Other Healthcare Services</b>	
<b>Durable Medical Equipment</b>	20% coinsurance, no benefit maximum (Charges do not apply toward deductible)
<b>Ambulance Service</b>	Deductible
<b>Prosthetics</b>	20% coinsurance (Charges do not apply toward deductible)
<b>Pharmacy Benefit (Administered by OptumRx 855-546-3439)</b>	
<i>30 Day Supply</i>	
<b>Low Cost Generic</b>	Tier 1 - \$5
<b>High Cost Generic</b>	Tier 2 - \$20
<b>Preferred Brand</b>	Tier 3 - \$30
<b>Non-Preferred Brand</b>	Tier 4 - \$50 (copays do not apply toward deductible)
<i>90 Day Supply</i>	
<b>Low Cost Generic</b>	Tier 1 - \$10
<b>High Cost Generic</b>	Tier 2 - \$40
<b>Preferred Brand</b>	Tier 3 - \$60
<b>Non-Preferred Brand</b>	Tier 4 - \$150 For prescriptions filled through our mail order service (copays do not apply toward deductible)

### Group Numbers

**Berklee:** 175995

**Conservatory:** 175996