Berklee College of Music Member Cost Summary – Deductible EPO

Effective: January 1, 2024

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

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

Group Numbers

Berklee: 900004

Conservatory: 900005