

Berklee College of Music Member Cost Summary – High Deductible PPO

Effective: January 1, 2024

Description	Harvard Pilgrim Health Care Access America PPO	
	In Network	Out of Network (after deductible)
Deductible		
Deductible	\$1,600 Individual; \$3,200 Family	
Out-of-Pocket Maximum (Includes all medical, pharmacy and mental health copayments, deductibles and coinsurance.)	\$5,000 Individual; \$10,000 Family	
Preventive Care		
Routine Physical	Covered in full	20% coinsurance
Well Child Visits	Covered in full	20% coinsurance
Routine Colonoscopy	Covered in full	20% coinsurance
Outpatient Medical Care		
Office Visit	Deductible	20% coinsurance
Routine Maternity Care	Covered in Full	20% coinsurance
Routine Eye Exam	\$25 per visit; 1 exam covered every 12 months	20% coinsurance
Hearing Exam	Covered in Full	20% coinsurance
Hearing Aids	20% coinsurance; \$2,000 maximum every 36 months	20% coinsurance
Allergy Injections	Deductible	20% coinsurance
Speech Therapy	Deductible	20% coinsurance
Physical and Occupational Therapy	Deductible, up to 60 visits each per year	20% coinsurance
Spinal Manipulation	Deductible; no visit limit	20% coinsurance
Acupuncture	Deductible; no visit limit	20% coinsurance
Non-Routine Colonoscopy- Generally Associated with Symptoms	Deductible	20% coinsurance
Diagnostic Procedures	Deductible	20% coinsurance
Diagnostic Imaging—General Imaging (xrays and ultrasounds)	Deductible	20% coinsurance
Diagnostic Imaging—High Tech Imaging (MRI, CAT Scan, PET Scan)	Deductible	20% coinsurance
Diagnostic Lab Test	Deductible	20% coinsurance
Day Surgery	Deductible	20% coinsurance
Inpatient Medical Care		
All Hospital Care—Acute and Maternity	Deductible	20% coinsurance
Skilled Nursing in a Skilled Nursing Facility (up to 100 days per year)	Deductible	20% coinsurance

Description	Harvard Pilgrim Health Care Access America PPO	
	In Network	Out of Network (after deductible)
Emergency Care		
In Emergency Room	Deductible	Deductible
Mental Health/Substance Abuse		
Inpatient	Deductible	20% coinsurance
Outpatient	Deductible	20% coinsurance
Pharmacy Benefit		
Durable Medical Equipment	20% coinsurance after deductible, no benefit maximum	20% coinsurance, no benefit maximum
Ambulance Service	Deductible	Deductible
Home Health Care	Deductible	20% coinsurance
Hospice Care	Deductible	20% coinsurance
Prosthetics	20% coinsurance after deductible	20% coinsurance
Pharmacy Benefit (Administered by OptumRx 855-546-3439)		
<i>30 Day Supply</i> Low Cost Generic High Cost Generic Preferred Brand Non-Preferred Brand	Deductible, then copay applies: Tier 1 - \$5 Tier 2 - \$20 Tier 3 - \$30 Tier 4 - \$50	Reimbursable at the in-network level
<i>90 Day Supply</i> Low Cost Generic High Cost Generic Preferred Brand Non-Preferred Brand	Deductible, then copay applies: Tier 1 - \$10 Tier 2 - \$40 Tier 3 - \$60 Tier 4 - \$150 For prescriptions filled through our mail order service	Not Covered

Group Numbers

Berklee: 176052

Conservatory: 176058