

# Berklee College of Music Member Cost Summary – PPO

Effective: January 1, 2024

Description	Harvard Pilgrim Health Care Access America PPO	
	In Network	Out of Network (after deductible)
<b>Deductible and Out-of-Pocket Maximums</b>		
<b>Deductible</b>	None	\$250 Individual; \$500 Family
<b>Out-of-Pocket Maximum</b> (Includes all medical, pharmacy and mental health copayments, deductibles and coinsurance.)	\$2,500 Individual; \$5,000 Family	\$2,500 Individual; \$5,000 Family
<b>Preventive Care</b>		
<b>Routine Physical</b>	Covered in full	20% coinsurance
<b>Well Child Visits</b>	Covered in full	20% coinsurance
<b>Routine Colonoscopy</b>	Covered in full	20% coinsurance
<b>Outpatient Medical Care</b>		
<b>Office Visit</b>	\$25 per visit	20% coinsurance
<b>Routine Maternity Care</b>	Covered in Full	20% coinsurance
<b>Routine Eye Exam</b>	\$25 per visit; 1 exam covered every 12 months	20% coinsurance
<b>Hearing Exam</b>	Covered in full	20% coinsurance
<b>Hearing Aids</b>	20% coinsurance; \$2000 maximum every 36 months	20% coinsurance
<b>Allergy Injections</b>	\$5 per visit	20% coinsurance
<b>Speech Therapy</b>	\$25 per visit	20% coinsurance
<b>Physical and Occupational Therapy</b>	\$25 per visit, up to 60 visits each per year	20% coinsurance
<b>Spinal Manipulation</b>	\$25 per visit; no visit limit	20% coinsurance
<b>Acupuncture</b>	\$25 per visit; no visit limit	20% coinsurance
<b>Non-Routine Colonoscopy- Generally Associated with Symptoms</b>	Covered in full	20% coinsurance
<b>Diagnostic Procedures</b>	Covered in full	20% coinsurance
<b>Diagnostic Imaging—General Imaging (xrays and ultrasounds)</b>	Covered in full	20% coinsurance
<b>Diagnostic Imaging—High Tech Imaging (MRI, CAT Scan, PET Scan)</b>	\$75 per visit, 2x per year maximum	20% coinsurance
<b>Diagnostic Lab Test</b>	Covered in full	20% coinsurance
<b>Day Surgery</b>	Covered in full	20% coinsurance
<b>Inpatient Medical Care</b>		
<b>All Hospital Care—Acute and Maternity</b>	Covered in full	20% coinsurance
<b>Skilled Nursing in a Skilled Nursing Facility (up to 100 days per year)</b>	Covered in full	20% coinsurance

Description	Harvard Pilgrim Health Care Access America PPO	
	In Network	Out of Network (after deductible)
<b>Emergency Care</b>		
<b>In Emergency Room</b>	\$150 per visit	\$150 per visit
<b>Mental Health/Substance Abuse</b>		
<b>Inpatient</b>	Covered in full	20% coinsurance
<b>Outpatient</b>	\$25 per visit	20% coinsurance
<b>Other Healthcare Services</b>		
<b>Durable Medical Equipment</b>	20% coinsurance, no benefit maximum	20% coinsurance, no benefit maximum
<b>Ambulance Service</b>	Covered in full	Covered in full
<b>Home Health Care</b>	Covered in full	20% coinsurance
<b>Hospice Care</b>	Covered in full	20% coinsurance
<b>Prosthetics</b>	20% coinsurance	20% coinsurance
<b>Pharmacy Benefit (Administered by OptumRx 855-546-3439)</b>		
<i>30 Day Supply</i> <b>Low Cost Generic</b> <b>High Cost Generic</b> <b>Preferred Brand</b> <b>Non-Preferred Brand</b>	Tier 1 - \$5 Tier 2 - \$20 Tier 3 - \$30 Tier 4 - \$50	Not Covered
<i>90 Day Supply</i> <b>Low Cost Generic</b> <b>High Cost Generic</b> <b>Preferred Brand</b> <b>Non-Preferred Brand</b>	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: 176044**

**Conservatory: 176059**