

Berklee College of Music Member Cost Summary – Deductible EPO

Effective: January 1, 2025

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 ((Deductible does not apply))
Routine Maternity Care	Covered in full
Routine Eye Exam	\$25 Copay; 1 visit every 12 months (Deductible does not apply)
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 (Deductible does not apply)
Acupuncture	\$25 Copay; no visit limit (Deductible does not apply)
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 (Deductible does not apply)
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 Nursing Facility (up to 100 days per year)	Deductible then \$500 Copay
Emergency Care	
In Emergency Room	\$150 Copay (Deductible does not apply)

Mental Health/Substance Abuse	
Inpatient	Deductible then \$500 Copay
Outpatient	\$25 Copay (Deductible does not apply)
Other Healthcare Services	
Durable Medical Equipment	20% coinsurance, no benefit maximum (Deductible does not apply)
Ambulance Service	Deductible
Prosthetics	20% coinsurance (Deductible does not apply)
Pharmacy Benefit (Administered by OptumRx 855-546-3439)	
<i>30 Day Supply</i>	
Generic	Tier 1 - \$15
Preferred Brand	Tier 2 - \$30
Non-Preferred Brand	Tier 3 - \$50
Specialty*	Tier 4 - \$75
	(Deductible does not apply)
<i>90 Day Supply</i>	
Generic	Tier 1 - \$30
Preferred Brand	Tier 2 - \$60
Non-Preferred Brand	Tier 3 - \$100
	(Deductible does not apply)
<i>*Only 30 day supply available on Specialty Rx</i>	For prescriptions filled through our mail order service

Group Numbers

Berklee: 900004

Conservatory: 900005