

Berklee College of Music Member Cost Summary - HMO

Effective: January 1, 2019

| Description | Tufts Health Plan HMO |
|--|---|
| Out-of-Pocket Maximum | |
| Out-of-Pocket Maximum (Includes all medical, pharmacy, and mental health copayments and coinsurance).) | Individual - \$2,500 Family - \$5,000 |
| Preventive Care | |
| Routine Physical | Covered in full |
| Well Child Visits | Covered in full |
| Routine Colonoscopy | Covered in full |
| Outpatient Medical Care | |
| Office Visit | \$25 per visit |
| Routine Maternity Care | Covered in full |
| Routine Eye Exam | \$25 per visit; 1 visit every 12 months |
| Hearing Exam | \$25 per visit |
| Allergy Injections | \$5 per visit |
| Speech Therapy | \$25 per visit |
| Physical and Occupational Therapy | \$25 per visit, up to 30 visits each per year |
| Spinal Manipulation | \$25 per visit; up to 20 visits per year |
| Non-Routine Colonoscopy- Generally Associated with Symptoms | \$250 per admission |
| Diagnostic Procedures | Covered in full |
| Diagnostic Imaging—General Imaging (xrays and ultrasounds) | Covered in full |
| Diagnostic Imaging—High Tech Imaging (MRI, CAT Scan, PET Scan) | \$75 per visit |
| Diagnostic Lab Test | Covered in full |
| Day Surgery | \$250 per admission |
| Inpatient Medical Care | |
| All Hospital Care—Acute and Maternity | \$500 per admission |
| Skilled Nursing in a Skilled Nursing Facility | Covered in full |
| (up to 100 days per year) | |
| Emergency Care | |
| In Emergency Room | \$100 per visit |
| Mental Health/Substance Abuse | |
| Inpatient | \$500 per admission |
| Outpatient | \$25 per visit |



| Other Healthcare Services | |
|---|--|
| Durable Medical Equipment | 20% coinsurance, no benefit maximum |
| Ambulance Service | Covered in full |
| Prosthetics | 20% coinsurance |
| Pediatric Dental | |
| Dental check-up (Covered through Delta Dental) | Coverage includes X-Rays (full mouth) once every 5 years. Bitewings, once every 6 months and periapicals, as needed. Periodic oral exam, oral prophylaxis, and fluoride treatment once every 6 months. Covered for children under age 12. |
| Pharmacy Benefit (Administered by OptumRx 855-546-3439) | |
| 30 Day Supply | Tier 1 - \$15 Tier 2 - \$30 Tier 3 - \$50 |
| 90 Day Supply | Tier 1 - \$30 Tier 2 - \$60 Tier 3 - \$150 For prescriptions filled through our mail order service. |

Group Numbers

Berklee: 17012-000

Conservatory: 17367-000