

# Berklee College of Music Member Cost Summary - HMO

Effective: January 1, 2021

Description	Tufts Health Plan HMO
<b>Out-of-Pocket Maximum</b>	
<b>Out-of-Pocket Maximum</b> (Includes all medical, pharmacy, and mental health copayments and coinsurance.)	Individual - \$2,500 Family - \$5,000
<b>Preventive Care</b>	
Routine Physical	Covered in full
Well Child Visits	Covered in full
Routine Colonoscopy	Covered in full
<b>Outpatient Medical Care</b>	
Office Visit	\$25 per visit
Routine Maternity Care	Covered in full
Routine Eye Exam	\$25 per visit; 1 visit every 12 months
Hearing Exam	Covered in full
Hearing Aids	20% coinsurance; \$2,000 maximum every 36 months
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
Acupuncture	\$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
<b>Inpatient Medical Care</b>	
All Hospital Care—Acute and Maternity	\$500 per admission
Skilled Nursing in a Skilled Nursing Facility (up to 100 days per year)	Covered in full
<b>Emergency Care</b>	
In Emergency Room	\$100 per visit
<b>Mental Health/Substance Abuse</b>	
Inpatient	\$500 per admission
Outpatient	\$25 per visit

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Other Healthcare Services	
<b>Durable Medical Equipment</b>	20% coinsurance, no benefit maximum
<b>Ambulance Service</b>	Covered in full
<b>Prosthetics</b>	20% coinsurance
Pediatric Dental	
<b>Dental check-up (Covered through Delta Dental)</b>	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)	
<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
<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.

## Group Numbers

**Berklee: 17012-000**

**Conservatory: 17367-000**