

Berklee College of Music Member Cost Summary - HMO

Effective: January 1, 2022

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	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 30 visits per year
Acupuncture	\$25 per visit; up to 30 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 (up to 100 days per year)	Covered in full
Emergency Care	
In Emergency Room	\$150 per visit
Mental Health/Substance Abuse	
Inpatient	\$500 per admission
Outpatient	\$25 per visit

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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)	
<i>30 Day Supply</i> Low Cost Generic High Cost Generic Preferred Brand Non-Preferred Brand	Tier 1 - \$5 Tier 2 - \$20 Tier 3 - \$30 Tier 4 - \$50
<i>90 Day Supply</i> Low Cost Generic High Cost Generic Preferred Brand Non-Preferred Brand	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