

**Manhattan Beach Unified School District
Line Item PPO Benefit**

Explanation of Benefits	Anthem Blue Cross Custom Classic PPO 250/20/20		Anthem Blue Cross Custom Premier PPO 0/10/0 Option 1	
	<i>In Network</i>	<i>Out Of Network</i>	<i>In Network</i>	<i>Out Of Network</i>
	General Benefits			
Calendar Year Deductible	\$250 Individual/ \$500 Family	\$250 Individual / \$500 Family	None	\$300 Individual / \$600 Family
Calendar Year Out-Of-Pocket Maximum	\$3,250 Individual/ \$6,500 Family	\$9,250 Individual / \$18,500 Family	\$500 Individual / \$1,000 Family	\$2,000 Individual / \$4,000 Family
Benefit Plan Coinsurance	80% Deductible does not apply.	60% after Deductible has been met.	100% Deductible does not apply.	80% after Deductible has been met.
Most Commonly Used Benefits				
Physician Office Visits	\$20 Copayment	60%	\$10 Copayment	80%
Specialist Office Visits	\$20 Copayment	60%	\$10 Copayment	80%
Preventative Care Services	Paid In Full	60%	Paid In Full	80%
Urgent Care Center Services	\$20 Copayment	60%	\$10 Copayment	80%
Emergency Room Services	\$50 Copayment <i>(Waived if admitted)</i>	\$50 Copayment <i>(Waived if admitted)</i>	\$75 Copayment <i>(Waived if admitted)</i>	\$75 Copayment <i>(Waived if admitted)</i>
Hospital Benefits - Inpatient	80%	60% <i>(Max. \$1,000 per day)</i>	100%	80% <i>(Max. \$1,000 per day)</i>
Additional Core Benefits				
Ambulance Service	80%	60%	100%	100%
Diabetes Services	80%	60%	100%	80%
Durable Medical Equipment -	80%	60%	100%	80%
Hearing Aids -	20% Covered under Hearing Aid Rider	20% Covered under Hearing Aid Rider	20% Covered under Hearing Aid Rider	20% Covered under Hearing Aid Rider
Home Health Care - Limited to 100 visits per year.	80%	60%	100%	80%
Hospice Care	100%	60%	100%	80%
Lab, X-Ray and Diagnostics - Outpatient	Lab 100%, X-ray 80%	60%	100%	80%
Lab, X-Ray and Major Diagnostics - CT, PET, MRI, MRA and Nuclear Medicine	80%	60%	100%	80%
Physician Fees for Surgical and Medical Services	80%	60%	100%	80%
Pregnancy - Maternity Services	80%	60%	100%	80%
Prosthetic Devices	80%	60%	100%	80%
Reconstructive Procedures	80%	60%	100%	80%
Rehabilitation Services - Outpatient Therapy and Manipulative Treatment (Limitations Applied.)	\$20 Copayment	60%	\$10 Copayment	80%
Skilled Nursing Facility - Limited to 100 days per year.	80%	60%	100%	80%
Surgery - Outpatient	80%	60%	100%	80%

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	Transplant Services	80%	60%	100%
Vision Examinations -	Not Covered (A Vision screening to check the overall health of the eye is covered at no charge when done as part of the preventive care visit.)	Not Covered (A Vision screening to check the overall health of the eye is covered at no charge when done as part of the preventive care visit.)	Not Covered (A Vision screening to check the overall health of the eye is covered at no charge when done as part of the preventive care visit.)	Not Covered (A Vision screening to check the overall health of the eye is covered at no charge when done as part of the preventive care visit.)
State Mandated Benefits				
Breast Cancer Services	Same as any other illness.		Same as any other illness.	
Clinical Trials	Same as any other illness.		Same as any other illness.	
Dental Anesthesia Services	80%	60%	100%	80%
Diabetes Treatment	Same as any other illness.		Same as any other illness.	
Mastectomy Services	Same as any other illness.		Same as any other illness.	
Mental Health Services	\$20 Copayment	60%	\$10 Copayment	80%
Osteoporosis Services	Same as any other illness.		Same as any other illness.	
Phenylketonuria (PKU) Treatment	80%	60%	100%	80%
Prosthetic Devices - laryngectomy	Same as any other illness.		Same as any other illness.	
Substance Use Disorder Services	\$20 Copayment	60%	\$10 Copayment	80%
Telehealth Services	\$20 Copayment	60%	\$10 Copayment	80%
Temporomandibular Joint (TMJ) Services	Same as any other illness.		Same as any other illness.	
Prescription Drug Benefits - Provided through United Health of California (UHC 0H9)				
Generic (Tier 1)	\$10	\$10	\$10	50%
Brand Formulary (Tier 2)	\$20	\$20	\$20	50%
Non-Formulary (Tier 3)	\$35	\$35	\$35	50%
Specialty Drugs (Tier 4)	\$35		\$35	50%
Brand Name Deductible	None	None	\$0	\$0
Prescription Calendar Year				
Out-Of-Pocket Maximum	None	None	Applied to Medical OOP	