



**City of Riverside
Renewal Medical Illustration**

	CURRENT / RENEWAL	CURRENT / RENEWAL
	KAISER HMO \$15, 100% HMO Network	KAISER HMO \$30, 250 Adm HMO Network
BENEFITS DESCRIPTION		
ANNUAL LIMITS		
- Deductible: Individual *	None	None
- Deductible: Family *	None	None
- Maximum Out of Pocket: Individual	\$1,500	\$1,500
- Maximum Out of Pocket: Family	\$3,000	\$3,000
PHYSICIAN SERVICES		
- Primary Care Physician Office Visits	\$15	\$30
- Specialist Office Visits	\$15	\$30
- Preventative Services (schedule applies)	No Charge	No Charge
- Chiropractic	\$5 / Visit (30 Visits Per Year)	Not Covered
OUTPATIENT SERVICES		
- Basic Lab	No Charge	No Charge
- Basic X-Ray	No Charge	No Charge
- Complex Radiology & Imaging	No Charge	No Charge
EMERGENCY SERVICES		
- Urgent Care	\$15	\$30
- Emergency Room (True Emergency)	\$50 (Wvd if admitted)	\$100 (Wvd if admitted)
- Ambulance (True Emergency)	\$50	\$50
HOSPITAL SERVICES (Prior Authorization)		
- Inpatient	No Charge	\$250 Per Admission
- Outpatient Surgery	\$15 per procedure	\$30 per procedure
PRESCRIPTION DRUGS		
- Rx Deductible	None	None
- Generic	\$10	\$10
- Brand	\$20	\$20
- Non-Formulary	\$20	\$20
- Specialty Rx	20% Specialty Rx up to \$150/Rx	20% Specialty Rx up to \$150/Rx
MISCELLANEOUS		
- Hearing Aid Allowance	\$1,000 Allowance, 1 Device/Ear, 2 Devices per 36 Months	\$1,000 Allowance, 1 Device/Ear, 2 Devices per 36 Months
- Durable Medical Equipment	No Charge (formulary guidelines apply)	20% (formulary guidelines apply)

The above information is intended as a benefit summary only. It does not include all of the benefit provisions, limitations and qualifications. If this information conflicts in any way with the contract, the contract will govern rates and benefits.