



City of Riverside 2024 Benefits

	BLUE SHIELD <i>Custom Access + HMO 15 (High)</i> <i>Zero Admit</i>	BLUE SHIELD <i>Custom Access + HMO 20 (Mid)</i> <i>Per Day</i>	BLUE SHIELD <i>Custom Access + HMO 20 (Low)</i> <i>Per Day</i>
BENEFITS DESCRIPTION	HMO PROVIDER	HMO PROVIDER	HMO PROVIDER
Network	HMO Network (Full)	HMO Network (Full)	Trio Network
ANNUAL LIMITS			
- Deductible: Individual *	None	None	None
- Deductible: Family *	None	None	None
- Maximum Out of Pocket: Individual	\$1,500	\$2,500	\$2,500
- Maximum Out of Pocket: Family	\$3,000	\$5,000	\$5,000
PHYSICIAN SERVICES			
- Primary Care Physician Office Visits	\$15	\$20	\$20 PCP
- Specialist Office Visits	\$35 (Self-Referred)	\$40 (Self-Referred)	\$40 (self-referred)
- Preventative Services (schedule applies)	No Charge	No Charge	No Charge
- Chiropractic	Chiro: \$10 / Acupuncture: \$10 (60 Combined visits per member per CY)	Chiro: \$10 / Acupuncture: \$10 (60 Combined visits per member per CY)	Chiro: \$10 / Acupuncture: \$10 (60 Combined visits per member per CY)
OUTPATIENT SERVICES			
- Basic Lab	No Charge	No Charge	No Charge
- Basic X-Ray	No Charge	No Charge	No Charge
- Complex Radiology & Imaging	No Charge	No Charge	No Charge
EMERGENCY SERVICES			
- Urgent Care	Inside your PCP service area: \$15	Inside your PCP service area: \$20	Inside your PCP service area: \$20
- Emergency Room (True Emergency)	\$100 (waived if admitted)	\$150 (waived if admitted)	\$150 (waived if admitted)
- Ambulance (True Emergency)	No Charge	\$100/Trip	\$100/Trip
HOSPITAL SERVICES (Prior Authorization)			
- Inpatient	No Charge	\$250/Day - 3 Day Copay Max/Adm	\$250/Day - 3 Day Copay Max/Adm
- Outpatient Surgery	No Charge	\$125 per surgery	\$125 per surgery
PRESCRIPTION DRUGS			
	Participating Pharmacies	Participating Pharmacies	Participating Pharmacies
- Rx Deductible	\$150 Per Member / \$450 Per Family (Excluding Generic)	\$150 Per Member / \$450 Per Family (Excluding Generic)	\$150 Per Member / \$450 Per Family (Excluding Generic)
- Generic / Tier 1	\$15	\$15	\$15
- Brand / Tier 2	\$30	\$30	\$30
- Non-Formulary / Tier 3	\$50	\$50	\$50
- Specialty Rx / Tier 4	30% up to \$250 Max/Rx after Rx ded.	30% up to \$250 Max/Rx after Rx ded.	30% up to \$250 Max/Rx after Rx ded.
MISCELLANEOUS			
- Hearing Aid Allowance	\$4,000 allowance every 36 months	\$4,000 allowance every 36 months	\$4,000 allowance every 36 months
- Durable Medical Equipment	No Charge	50%	50%