



## City of Riverside 2024 Benefits

BENEFITS DESCRIPTION	BLUE SHIELD <i>Custom Full PPO Split Deductible</i> 20 - 500 - 80/60	
	Network Provider	Out of Network Provider
<b>ANNUAL LIMITS</b>		
- Deductible: Individual *	\$500	\$500
- Deductible: Family *	\$1,500	\$1,500
- Maximum Out of Pocket: Individual	\$3,500	\$7,000
- Maximum Out of Pocket: Family	\$7,000	\$14,000
<b>PHYSICIAN SERVICES</b>		
- Primary Care Physician Office Visits	\$20	40% *
- Specialist Office Visits	\$20	40% *
- Preventative Services (schedule applies)	No Charge	40% *
- Chiropractic	Chiro: \$20 *, 30 Cmb visits/CY Acupuncture: \$20 *, 30 Cmb visits/CY	Chiro: 40% *, 30 Cmb visits/CY Acupuncture: 40% *, 30 Cmb visits/CY
<b>OUTPATIENT SERVICES</b>		
- Basic Lab	\$20 *	40% * (Ltd to \$350 max/visit)
- Basic X-Ray	\$20 *	40% * (Ltd to \$350 max/visit)
- Complex Radiology & Imaging	\$20 *	40% * (Ltd to \$350 max/visit)
<b>EMERGENCY SERVICES</b>		
- Urgent Care	\$20	40% *
- Emergency Room (True Emergency)	\$150 + 20%	\$150 + 20%
- Ambulance (True Emergency)	20% *	20% *
<b>HOSPITAL SERVICES (Prior Authorization)</b>	<i>Requires prior authorization for all inpatient stays, both in-network and out-of-network.</i>	
- Inpatient, Semi-Private Room	20% *	40% * up to \$600 max/day
- Outpatient Surgery	20% *	40% * (limited to \$350 max/visit)
<b>PRESCRIPTION DRUGS</b>	Participating Pharmacies	
- Rx Deductible	\$150 Per Member / \$450 Per Family (Excluding Generic)	
- Generic / Tier 1	\$15	
- Brand / Tier 2	\$40	
- Non-Formulary / Tier 3	\$60	
- Specialty Rx / Tier 4	30% up to \$250 Max/Rx after Rx ded.	
<b>MISCELLANEOUS</b>		
- Hearing Aid Allowance	20%, \$5,000 allowance every 24 months	
- Durable Medical Equipment	20% *	40% *