



City of Riverside 2024 Benefits

BENEFITS DESCRIPTION	KAISER HMO \$15, 100% HMO Network	KAISER HMO \$30, 250 Adm HMO Network
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)