



**City of Riverside
2025 Blue Shield HMO
Limits and Co-Pays**

BENEFITS DESCRIPTION	BLUE SHIELD Custom Access + HMO 15 (High) Zero Admit	BLUE SHIELD Custom Access + HMO 20 (Mid) Per Day	BLUE SHIELD Custom Access + HMO 20 (Low) Per Day
	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	\$25	\$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 visitors per member per CY)	Chiro: \$10 / Acupuncture: \$10 (60 Combined visitors per member per CY)	Chiro: \$10 / Acupuncture: \$10 (60 Combined visitors 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
Speciality 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%

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.