



**City of Riverside  
2025 Kaiser HMO  
Limits and Co-Pays**

<b>BENEFITS DESCRIPTION</b>	<b>KAISER HMO \$15, 100% HMO NETWORK</b>	<b>KAISER HMO \$30, 250 Adm HMO NETWORK</b>
<b>ANNUAL LIMITS</b>		
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
<b>PHYSICIAN SERVICES</b>		
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)	<b>Not Covered</b>
<b>OUTPATIENT SERVICES</b>		
Basic Lab	No Charge	No Charge
Basic X-Ray	No Charge	No Charge
Complex Radiology & Imaging	No Charge	No Charge
<b>EMERGENCY SERVICES</b>		
Urgent Care	\$15	\$30
Emergency Room (True Emergency)	\$50 (Waived if admitted)	\$100 (Waived if admitted)
Ambulance (True Emergency)	\$50	\$50
<b>HOSPITAL SERVICES (Prior Authorization)</b>		
Inpatient	No Charge	\$250 Per Admission
Outpatient Surgery	\$15 per procedure	\$30 per procedure
<b>PRESCRIPTION DRUGS</b>		
Rx Deductible	None	None
Generic	\$10	\$10
Brand	\$20	\$20
Non-Formulary	\$20	\$20
Specialty Rx	20% Speciality Rx up to \$150/Rx	20% Speciality Rx up to \$150/Rx
<b>MISCELLANEOUS</b>		
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.