

**City of Riverside
2012 Kaiser Comparison Chart**

Benefits	KAISER	KAISER	KAISER
	<i>Alternate - Preferred (High)</i> HMO PROVIDER	<i>Standard (Midway) HMO 15</i> HMO PROVIDER	<i>Value (Low)</i> HMO PROVIDER
Annual Deductible (Individual / Family)	None	None	None
Out-of-Pocket Maximum			
Individual / Family	\$1,500 / \$3,000	\$1,500 / \$3,000	\$1,500 / \$3,000
Lifetime Maximum	Unlimited	Unlimited	Unlimited
Physician Services			
Office Visits	\$10	\$15	\$20
Adult Preventative Services	\$10	\$15	\$20
Well Child Preventative Services	\$10	\$15	No Charge
Outpatient Services			
General Lab, X-Ray	No Charge	No Charge	No Charge
Complex Radiology & Imaging	No Charge	No Charge	No Charge
Emergency Services			
Urgent Care	\$10	\$15	\$20
Emergency Room (True Emergency)	\$35 (Wvd if admitted)	\$50	\$100
Ambulance	No Charge	\$50	\$50
Hospital Services (Prior Authorization)			
Inpatient, Semi-Private Room	No Charge	No Charge	\$250 Per Admission
Outpatient Surgery	\$10	\$15	\$20
Prescription Drugs			
Generic / Brand / Non-Formulary	\$10 (100 Days)	\$10 / \$20 (30 Days)	\$10 / \$20 (30 Days)
Miscellaneous			
Chiropractic	\$5 / Visit (30 Visits Per Year)	\$5 / Visit (30 Visits Per Year)	Not Covered
Hearing Allowance	\$1,000 Allowance, 1 Device/Yr, 2 Devices per 36 Months	1 Device/Yr, 2 Devices per 36 Months	\$1,000 Allowance, 1 Device/Yr, 2 Devices per 36 Months
Durable Medical Equipment (Formulary Applies)	No Charge	No Charge	20%

Plan Changes are noted in Red