

2024 Riverside Medical Center Plans at a Glance



Benefit Plan	Enhanced H.S.A.			Comprehensive H.S.A.			Traditional PPO		
Annual Deductible	Tier 1 Provider	Tier 2 Provider		Tier 1 Provider	Tier 2 Provider		Tier 1 Provider	Tier 2 Provider	
Per person	\$2,500	\$3,750		\$3,250	\$5,000		\$2,000	\$3,750	
Per family	\$7 <i>,</i> 500	\$11,250		\$9,750	\$15,000		\$6,000	\$11,250	
Riverside H.S.A. Contribution	\$850			\$1,100			Not Available		
Net Deductible per person	\$1,650	\$2,900		\$2,150	\$3,900		\$2,000	\$3,750	
Net Deductible per family	\$6,650	\$10,400		\$8,650	\$13,900		\$6,000	\$11,250	
Coinsurance	90%	70%		80%	60%		90%	70%	
Annual Out of Pocket									
Per person	\$3 <i>,</i> 800	\$6,750		\$5,000	\$6,750		\$4,500	\$7,150	
Per family	\$9,000	\$13,500		\$10,500	\$13,500		\$13,200	\$14,300	
Office Visits									
Preventive	Covered at 100%			Covered at 100%			Covered at 100%		
Primary Care / Specialist	Deductible/Coinsurance			Deductible/Coinsurance			\$10 / \$50 copay		
Common Services									
Urgent Care	Deductible/Coinsurance			Deductible/Coinsurance			\$20 copay	Ded/coins	
Emergency Room	Deductible/Coinsurance			Deductible/Coinsurance			Deductible/Coinsurance		
Pharmacy									
HDHP Preventive Drug List	Covered at 100%			Covered at 100%			N/A		
Generic	Tier 1 Deductible/coinsurance			Tier 1 Deductible/coinsurance			\$15		
Formulary Brand and Specialty	Tier 1 Deductible/coinsurance			Tier 1 Deductible/coinsurance			20% coinsurance		
Non-Formulary Brand Name	Tier 1 Deductible/coinsurance			Tier 1 Deductible/coinsurance			30% coinsurance		
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Employee Contribution Per Pay	0.5 to 0.74 FTE	0.75 to 1.0 FTE		0.5 to 0.74 FTE	0.75 to 1.0 FTE		0.5 to 0.74 FTE	0.75 to 1.0 FTE	
Period (assumes Level 1 of REACH)		T			1			T	
Single	\$164.00	\$50.00		\$136.00	\$37.00		\$223.00	\$102.00	
Employee + Spouse	\$313.00	\$105.00		\$256.00	\$73.00		\$411.00	\$189.00	
Employee + Child(ren)	\$257.00	\$74.00		\$218.00	\$63.00		\$361.00	\$166.00	
Family	\$387.00	\$131.00		\$345.00	\$107.00		\$629.00	\$268.00	

Illustrative in-network benefits only. Out of network benefits are available on all three plans. For details, please refer to the plans Summary of Benefits and Coverage.