



Riverside Community College District

Effective Date: 03/01/2026

Claims Submission:  
send to: Local Blue Shield / BlueCard office  
Refer to ID card for more information

**Blue Shield  
In Network Provider**

**Out of Network Provider**

Precertification is required for the following procedures: All inpatient admissions, bariatric surgery, Skilled Nursing Facilities/Residential Care, Long term acute care hospitals (LTAC) and Acute rehabilitation hospitals (ARU), except for behavioral health. Unapproved days and/or services are not covered. Contact Blue Shield for utilization management information.

**Calendar Year Deductible**

Individual	\$100	\$100
Family	\$300	\$300

**Calendar Year Out of Pocket Maximum**

Individual	\$100	\$100
Family	\$400	\$400

**Inpatient Hospital Services**

**The Plan Pays**

Inpatient Facility	100% after deductible	100% after deductible
--------------------	-----------------------	-----------------------

**Emergency Care**

Emergency Room Services	100% after deductible	100% after deductible
Urgent Care Facility	100% after deductible	80% after deductible
Ambulance	90% after deductible	90% after deductible

**Outpatient Hospital Services**

Outpatient Hospital Surgery	100% after deductible	100% after deductible
Ambulatory Surgical Center	100% after deductible	100% after deductible
Other Outpatient Facilities Services (i.e., diagnostic)	100% after deductible	80% after deductible

**Preventive Care**

Well Baby & Well Child Care	100% deductible waived	Not Covered
Adult Routine Physical Exams	100% deductible waived	Not Covered
Immunizations	100% deductible waived	Not Covered
Well Woman Care / Women's Preventive Services	100% deductible waived	Not Covered
Routine Mammogram	100% deductible waived	Not Covered
Colon Cancer Screenings	100% deductible waived	Not Covered

**Professional Services**

Physician Office Visits	100% after deductible	80% after deductible
-------------------------	-----------------------	----------------------

Note: The office visit charge applies to all services performed in office as part of the visit, i.e., office surgery, lab/x-ray, office supplies (except allergy care which is listed separately)

Allergy Testing	100% after deductible	80% after deductible
Allergy Injections, Treatment and Serum	80% after deductible	80% after deductible
Surgery / Anesthesia – in an inpatient or outpatient hospital setting	100% after deductible	100% after deductible
Physician Hospital Visits	100% after deductible	100% after deductible
Chiropractic / Acupuncture Services	100% after deductible	80% after deductible
Outpatient Physical, Occupational, Speech Therapies	100% after deductible	80% after deductible
Radiation Therapy/Chemotherapy	100% after deductible	80% after deductible
Outpatient Lab / Xray / Advanced Imaging	100% after deductible	80% after deductible

**Other Services**

Durable Medical Equipment / Prosthetics	80% after deductible	80% after deductible
Hearing Aids- limited to \$2,500 per device, per ear, every 3 years.	100% after deductible	100% after deductible



Riverside Community College District

Effective Date: 03/01/2026

Claims Submission:

send to: Local Blue Shield / BlueCard office  
Refer to ID card for more information

**Blue Shield  
In Network Provider**

**Out of Network Provider**

Home Health Care- limited to 1 visit/day/specialty	80% after deductible	80% after deductible
Skilled Nursing Facility / Rehabilitation Facility	100% after deductible	80% after deductible
Hospice Care	80% after deductible	80% after deductible
Bariatric Surgery for Morbid Obesity – Designated County / Blue Distinction Center	100% after deductible	Not Covered
<b>Family Planning Services</b>		
Birth Control Devices, IUD, Implants, or Injections performed in the physician’s office	100% deductible waived	Not Covered
Amniocentesis or other medically necessary genetic testing during pregnancy	100% after deductible	80% after deductible
Infertility Services	100% after deductible	80% after deductible
Sterilization - Tubal Ligation	100% deductible waived	Not Covered
Sterilization - Vasectomy	100% after deductible	80% after deductible
<b>Mental Health Services &amp; Substance Abuse</b>		
Inpatient Facility / Outpatient Facility	100% after deductible	80% after deductible
Inpatient Physician Visits	100% after deductible	80% after deductible
Outpatient Office Visits	100% after deductible	80% after deductible

**The benefits outlined above are NOT a guarantee of coverage, and all claims are subject to the benefits of the Plan and eligibility of the Plan Participant at the time of the service. This information is a summary of the benefits and is NOT an authorization for treatment.**