

# Clark County

## Exclusive Provider Only (EPO)

### Participant Co-payment

| Health Benefit               | Preferred Network<br>(University Medical Center)             | In-Network<br>(SHO/HSC)                           | Out-of-Network |
|------------------------------|--|---|----------------|
| Primary Care Physician       | \$10.00  | \$20.00   | No Benefit     |
| Physician                    | No Benefit   | \$20.00   |                |
| Specialist                   | No Benefit   | \$40.00   |                |
| Chiropractor                 | No Benefit   | \$20.00 (Max 20 Visits)                           |                |
| Mental Health OP (Therapist) | No Benefit   | \$20.00   |                |
| Lab Tests Outpatient         | Not Applicable   | \$5.00 Each                                       |                |
| X-Ray Imaging Outpatient     | Not Applicable   | \$5.00 Each                                       |                |
| Hospital Inpatient           | \$0  | \$350 Per Day<br>(Max 5 Days =\$1,750.00)         |                |
| Mental Health Inpatient      | \$0  | \$350 Per Day<br>(Max 5 Days =\$1,750.00)         |                |
| Emergency Room               | \$500.00 - Waived If Admitted as Inpatient within 24 Hour(s) |   |                |
| Hospital Outpatient          | \$0  | \$250.00  | No Benefit     |
| Urgent Care                  | \$20.00  | \$20.00   | In-Network     |
| Teladoc                      | No Benefit   | \$10.00   | In-Network     |
| Prescription Coverage        | Not Applicable   | \$25 Generic \$50 Specialty<br>\$75 Non-Formulary | No Benefit     |

| Health Benefit          | Preferred Network<br>(University Medical Center) | In-Network<br>(SHO/HSC)  | Out-of-Network  |
|-------------------------|--|--|-----------------|
| Vision                  | Not Applicable                                   | Exam \$10.00 Co-Pay (1X Every 12 Mo.)<br>Lenses \$0 (1X Every 24 Mo.)<br>Frame \$60.00 Allowance (1X Every 24 Mo.) | Limited Benefit |
| Dental                  | Not Applicable                                   | Preventative 100%<br>Crowns, Inlays, Prosthodontics \$25 per<br>tooth or unit<br>\$2K annually including Ortho     | No Benefit      |
| Orthodontia (Ages 8-18) | Not Applicable                                   | 20% of Charges Max Benefit \$2K annually<br>including Dental   | No Benefit      |

# EPO

## Clark County Exclusive Provider Organization

