

# Clark County

## Exclusive Provider Only (EPO)

### Participant Co-payment

Health Benefit	Preferred Network (University Medical Center)	In-Network (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	\$10.00 Each	
Hospital Inpatient	\$0	\$350 Per Day (Max 5 Days =\$1,750.00)	
Mental Health Inpatient	\$0	\$350 Per Day (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	
Teladoc	No Benefit	\$10.00	
Prescription Coverage	Not Applicable	\$25 Generic \$50 Specialty \$75 Non-Formulary	

Health Benefit	Preferred Network (University Medical Center)	In-Network (SHO/HSC)	Out-of-Network
Vision	Not Applicable	Exam \$10.00 Co-Pay (1X Every 12 Mo.) Lenses \$0 (1X Every 24 Mo.) Frame \$60.00 Allowance (1X Every 24 Mo.)	No Benefit
Dental	Not Applicable	Preventative 100% Crowns, Inlays, Prosthodontics \$25 per tooth or unit	
Orthodontia (Ages 8-18)	Not Applicable	20% of Charges Max Benefit \$3K	

# EPO

## Clark County Exclusive Provider Organization

