

Copays and Deductibles

EPO Tier (Preferred Tier) - Copays

- Primary Care Physician Visit \$10 copay
- Specialty Care Visit \$20 copay
- Urgent Care \$15 copay
- Emergency Room \$150 copay (waived if admitted)
- Mental Health Outpatient \$10 copay
- Substance Abuse Outpatient \$10 copay

Outpatient surgery

- Kern Medical / Adventist Health Hospital \$0 copay
- Surgery Center \$50 copay
- Outlying hospitals \$150

Inpatient Hospitalization

- Kern Medical / Adventist Health Hospital \$0
- Other network hospitals \$100 copay per day up to \$500 max per Admission

Plus Tier (Non-preferred Tier)

- Deductible: \$250 individual / \$500 family
- 20% co-insurance after deductible has been met
- Specialty Care Visits 20% coinsurance after deductible has been met

The deductible includes medical and pharmacy expenses combined