

Retiree Health Plan Summaries

PARTICIPANTS UNDER AGE 65

PLAN YEAR 2026

NOTE:

- **FOR CURRENT PARTICIPATING PHYSICIAN INFORMATION, PLEASE CONTACT EACH PLAN DIRECTLY.**

This summary is for informational purposes only. Members should review complete plan document prior to enrolling in a health plan. If any item differs between these summaries and any plan documents, the plan document will govern.

This page intentionally left blank



Kern Legacy Share Select uses Kern Health Care Network centered around Kern Medical as the premier hospital, along with a solid selection of other community providers. This plan is a high-deductible plan designed to generate even *more* savings. For many services (except preventive care and certain medications), the member pays the entire contracted rate until the deductible is met. However, these higher out of pocket costs allow premiums at *low* cost. If you are in good health and make good healthcare choices, you can save significantly.

Annual Deductible: \$2,000 Member / \$4,000 Family

Medical/Pharmacy Out of Pocket Maximum: \$6,000 Individual / \$12,000 Family

- \$10 copay for Primary Care Physician (PCP) office visit after deductible
- \$20 copay for Specialist office visit after deductible
- \$10 copay for Behavioral Health visit after deductible
- \$0 copay for PCP or Specialist for Preventative Care Visit (deductible does not apply).
- \$15 copay for Urgent Care after deductible.
- \$100 day/maximum \$500 per Inpatient Hospitalization at Kern Medical/Adventist Health (within Kern County) after deductible.
- \$150 copay for emergency room (waived, if admitted) after deductible.
- Outpatient Surgery: \$0 copay at Kern Medical/Adventist Health (with in Kern County) after deductible; \$50 copay after deductible at contracted Surgery Centers.
- \$25 copay for CT/PET/MRI at Kern Medical after deductible.
- \$10 copay for Chiropractic Services after deductible (maximum 20 visits per calendar year)
- Hearing Aids: \$500 copay per ear (up to \$3500 per aid, every 5 years) for severe and profound hearing loss after deductible.

Prescription Benefit

- **HDHP Preventive Generic Drugs**
Copay: \$0, deductible does not apply.
- **CVS, Kroger and Costco Pharmacies, or CVS Mail Order (Non-Specialty Drugs, up to 90-day supply)**
Copays after deductible: Tier 1: \$0; Tier 2: \$2; Tier \$50
- **Retail Pharmacies (up to 30-day supply)**
Copays after deductible: Tier 1: \$5; Tier 2: \$50; Tier 3: \$90
- **Specialty Drugs (up to 30-day supply)**
Copays after deductible: Tier 1: \$50; Tier 2: \$90; Tier 3: \$120

If a retiree participant or dependent is eligible for MEDICARE, then MEDICARE is primary and Kern Legacy Share Select is secondary.



Kern Legacy Network Plus features the Kern Health Care Network that gives members access to a greater number of contracted providers with many services at low or no cost to the member. Kern Legacy Network Plus has an additional “Plus” benefit tier, featuring even more providers. Under the Plus Benefit Tier members pay a 20% coinsurance (after deductible) per Plus service used, with no change in monthly premiums. Kern Legacy Network Plus is perfect for anyone that is looking for a quality, affordable health plan with *plenty* of options.

EPO Benefit Tier

- \$ 0 Deductible
- \$10 copay for Primary Care Physician office visit
- \$10 copay for Behavioral Health office visit
- \$20 copay for Specialist office visit
- \$15 copay for Urgent Care
- \$10 copay for Chiropractic visit (20 visits/year)
- \$0/day Inpatient Hospitalization at Kern Medical & Adventist Health (within Kern County)
- Outpatient Surgery: \$0 copay at Kern Medical & Adventist Health (within Kern County); \$50 copay at other contracted Surgery Center
- \$25 copay for CT/PET/MRI
- Hearing Aids: \$500 copay per ear (up to \$3500 per aid, every 5 years) for severe and profound hearing loss (Prior Plan approval required).
- \$150 emergency room copay (waived if admitted). Out of Area Emergency Services must be approved by plan administrator (must call plan administrator within 48 hours or the next business day). \$100/day (maximum \$500 per admission/member) per Inpatient Hospitalization applies to any approved non-network admission.

Plus Benefit Tier

- Deductible of \$250 member / \$500 family
- Medical Out of Pocket: \$4,000 member/ \$8,000 family
- **No PCPs** at Plus Tier
- **No wellness visits** at Plus Tier
- **20% Coinsurance** for Plus Tier Specialist
- **20% Coinsurance** for Chiropractic visit (20 visits/year)
- **20% Coinsurance** for deliveries at Mercy Southwest (prior plan approval required)
- **20% Coinsurance** for Plus Tier contracted outpatient hospital or surgery center
- **20% Coinsurance** for Plus Tier contracted lab or radiology services

Prescription Benefit

- **CVS, Kroger and Costco Pharmacies, or CVS Mail Order (Non-Specialty Drugs, up to 90-day supply)**
Copays: Tier 1: \$0; Tier 2: \$20; Tier 3: \$40
- **Retail Pharmacies (up to 30-day supply)**
Copays: Tier 1: \$5; Tier 2: \$45; Tier 3: \$65

If a retiree participant or dependent is eligible for MEDICARE, then MEDICARE is primary, and Kern Legacy Network Plus is secondary.



Kern Legacy Max Choice features an affordable 20% coinsurance and low deductible, with the same Anthem Blue Cross network of providers as the County's original benefit plan, Kern Legacy Classic Choice. Max Choice covers the majority of local physicians, facilities, and hospitals, giving you plenty of flexibility for your care. Anthem Blue Cross offers one of the largest provider networks in the nation, and it covers almost the entire nation. Up to 90% of providers within California are participating providers with Anthem.

Medical Benefits

Medical Annual Deductible: \$250 Member / \$500 Family

Medical Out of Pocket Maximum: \$5,000 Member / \$10,000 Family

- \$10 copay for contracted Primary Care Physician (PCP) office visits after deductible
- \$20 copay at Kern Medical or 20% coinsurance or for contracted Specialist visits after deductible
- \$0 copay for PCP or Specialist for Preventative Care Visit (deductible does not apply).
- \$0 copay for Laboratory Services after deductible
- Hearing Aids: \$500 copay per ear (up to \$3500 per aid, every 5 years) for severe and profound hearing loss after deductible.
- \$100/day copay Hospitalization at Kern Medical (maximum \$2,500 per admission)/ 20% coinsurance at other locations after deductible
- \$15 copay for Urgent Care after deductible
- \$150 copay for Emergency Room Visits after deductible (waived if admitted).

Prescription Benefit

Prescription Deductible: \$100/member

Prescription Out of Pocket Maximum: \$1,000 per member/ \$3,000 per family

CVS, Kroger and Costco Pharmacies, or CVS Mail Order (up to 90-day supply)

Copays after deductible: Tier: \$0; Tier 2: \$25; Tier 3: \$50

Retail Pharmacies (Up to 30-day supply)

Copays after deductible: Tier 1: \$5; Tier 2: \$50; Tier 3: \$90

Specialty Medications (Up to 30-day supply)

Copays after deductible: Tier 1: \$50; Tier 2: \$90; Tier 3: \$120

If a retiree participant or dependent is eligible for MEDICARE, then MEDICARE is primary, and Kern Legacy Max Choice is secondary.

Kern Legacy Classic Choice offers you the same medical and prescription coverage that is available to active County employees, which includes In-Network and Out-Of-Network benefits and utilizes the Anthem Blue Cross Network of providers.

Annual Deductible: \$0 In-Network Benefits

Medical Out of Pocket Maximum: \$1,000 Member / \$3,000 Family for In-Network Benefits

Pharmacy Out of Pocket Maximum: \$5,600 Member / \$10,200 Family

- \$15 copay for contracted Primary Care Physician office visits
- \$25 copay for contracted Specialist visits
- \$0 copay for Laboratory Services
- \$150/day Hospitalization (maximum \$750/year per member)
- \$15 copay for Urgent Care
- \$75 copay For Emergency Room Visits (waived if admitted). World-wide emergency care as approved by plan administrator (must call plan administrator within 48 hours or the next business day)
- \$20 copay Chiropractic Services (30 annual visits maximum per calendar year)
- Hearing Aids: \$500 copay per ear (up to \$3500 per aid, every 5 years) for severe and profound hearing loss.
- Option to choose Out-Of-Network provider services with reduced benefits to 70% coverage of Usual & Customary charges after deductible of \$200 per person/ \$400 per family for covered services. Maximum Out of Pocket: \$2,000 per person / \$4,000 per Family (2 members at \$2,000)

Prescription Benefit

- **CVS, Kroger and Costco Pharmacies, or CVS Mail Order (Non-Specialty Drugs, up to 90-day supply)**
Copays: Tier 1: \$0; Tier 2: \$25; Tier 3: \$40+
- **Retail Pharmacies (up to 30-day supply)**
Copays: Tier 1: \$5; Tier 2: \$25; Tier 3: \$40+

If a retiree participant or dependent is eligible for MEDICARE, then MEDICARE is primary, and Kern Legacy Classic Choice is secondary.

For additional plan information, please visit our website at www.kerncountyhealthbenefits.com
For Enrollment forms, please contact **KERN COUNTY HEALTH & WELLNESS** at (661) 868-3182



Group # 114416

Medical Annual Deductible: \$0

Plan Out-Of-Pocket Maximum: \$1,500 Member / \$3,000 Family

- Chiropractic Visit: \$10 copay, up to 30 visits per calendar year
- Hearing Aid Allowance: \$3,500 per aid, every 36 months
- \$15 per visit for most Primary Care Physician Visits
- \$15 per visit for most Physician Specialist Visits
- \$15 per visit for Urgent Care consultations, evaluations, and treatments
- \$15 per procedure for Outpatient Surgery and Procedures
- \$50 per visit for Emergency Service, waived if admitted.
- \$50 per trip for Ambulances Services
- No charge for Hospitalizations Services: Room and board, surgery, anesthesia, X-Rays, laboratory tests and drugs.
- No charge for most X-Rays and laboratory tests.
- 20% coinsurance per item for Durable Medical Equipment
- No charge for Skilled nursing facility care, up to 100 days per calendar year
- No charge for Home Health Care, up to 100 visits per calendar year,
- \$125 Frame allowance on eyewear purchased at a Kaiser contracted facility every 24 months.

Prescription Benefit

Kaiser Pharmacies:

- \$10 co-pay for most Generic Drugs (Up to 100-day supply)
- \$20 co-pay for most Brand Name Drugs (Up to 100-day supply)
- \$20 co-pay for most Specialty Drugs (Up to 30-day supply)

For additional plan information, please contact Kaiser Permanente Member Services at (800) 464-4000
For Enrollment forms, please contact **KERN COUNTY HEALTH & WELLNESS** at (661) 868-3182