

RETIRING EMPLOYEE

HEALTH BENEFITS

Planning Guide

PLAN YEAR 2026

KERN
COUNTY
HEALTH & WELLNESS



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Table of Contents

Retiring Employee Health Benefits Checklist.....1

Plan Contact Information.....3

OTHER AVAILABLE RESOURCES

Retired Employees of Kern County (REOKC) 4

Medicare 4

Post-Employment Health Plan (PEHP).....4

County–Paid Life Insurance 4

COUNTY CONTRIBUTIONS

Stipend Program 5

Retiree Health Premium Supplement Program (RHPSP).....6

 Bargaining Units: O, 1–6, J, S, M, D, X, & P.....7

 Bargaining Units: 8, L, N, R, W, & Z 8

 Bargaining Units: 7 & F 8

 Bargaining Units: O, Q, T, V & Y.....8

IMPORTANT THINGS TO KNOW

When Do My Active Employee Benefits End 9

Deadline for New Retiree Enrollment.....9

Adult Dependent Child 9

Retiree or Dependent Eligible for Medicare.....9

Service Area Requirements.....10

Retiree Premium Deductions 10

COBRA 11

Open Enrollment 11

Retiree Policies and Notices 11

Retiree Health Benefits Cost Estimate Worksheet 13

Retiree Health Benefits Cost Estimate Examples 15

RETIREE HEALTH PLAN RATES AND SUMMARY COMPARISON

Retiree Health Plans for Participants Under Age 65.....17

Retiree Health Plans for Participants Over 65 or Medicare Eligible 18

This guide is designed to help retiring employees understand the retiree health benefit options offered by Kern County and provide information about the enrollment process.

For questions about your options or to request enrollment forms, please contact or visit our office:



1115 Truxtun Ave, 1st Floor, Bakersfield CA 93301
Phone: (661) 868-3182 | Email: healthbenefits@kerncounty.com
Website: www.kerncountyhealthbenefits.com

Future Retiree:

Congratulations on your upcoming retirement!

Retirement is an exciting milestone, but it also requires careful planning, especially when it comes to your health benefits. Understanding your options, important deadlines, eligibility requirements, and anticipated costs before you retire can help you make informed decisions.

Our office administers the retiree health benefit programs offered by Kern County to eligible retired employees and their qualified dependents. As you begin to plan for your retirement, we are here to help you understand your options and assist you with enrollment in Kern County retiree health benefits.

Here are some important things to know about retiree health benefits:

- **Enrollment Requirement:** Your active employee health benefits **do not automatically continue** upon retirement. You **must** request enrollment into retiree health benefits.
- **Deadline to Enroll:** Retirement from active duty is a qualifying permitting event to enroll in Kern County retiree medical, dental, and/or vision coverage. Qualifying employees have up to a **30-day grace period from the date of retirement** to request enrollment.
- **Eligibility:** To participate, you need a minimum of **five (5) years of qualified Service Credit** in the Kern County Employees' Retirement Association (KCERA) and must receive a monthly pension check from KCERA.
- **Enrollment Process:** Submit your enrollment forms with original signatures **approximately one (1) month prior to your retirement date**. Electronic or copied signatures are not accepted.
- **Consequences of Delay:** Failure to enroll within the 30-day grace period will result in loss of eligibility until the next open enrollment period, potentially forfeiting County contributions that may have been applicable.

This **Retiring Employee Health Benefits Planning Guide** is a helpful resource that provides important details about the benefits available to you. As a Kern County retiree, you may also be eligible for other programs not administered directly by Kern County. Contact information for these programs can be found in the **Other Available Resources** section of this guide.

If you have any questions or need help with your enrollment, please call our office at (661) 868-3182 or visit us in person at 1115 Truxtun Avenue, 1st Floor, Bakersfield, CA 93301.

Thank you for your service and dedication to Kern County!

Kern County Health & Wellness

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Retiring Employee Health Benefits Checklist

IMPORTANT: To avoid delays or missing your enrollment window, we strongly recommend taking these steps at least one month prior to your retirement date. Please note, the retiree health benefits enrollment grace period expires 30 days from the date of retirement.

PREPARE BEFORE RETIREMENT

☐ Review the Retiree benefit options that you may be eligible for:

- **County Contributions:**

You may be eligible for monthly contributions which will be applied toward your County retiree medical plan premiums.

- ☐ Retiree Health Premium Supplement Program (RHPSP) ☐ Eligible ☐ Not Eligible
- ☐ Stipend ☐ Eligible ☐ Not Eligible
- ☐ I opted out of the RHPSP and Stipend programs
 - ☒ Health Reimbursement Account (HRA) – RHPSP Opt Out (*not RHPSP or Stipend eligible*)
 - ☐ HRA Eligible ☐ Not HRA Eligible

- **Retiree Health Benefits offered by Kern County**

Some plan options are limited to specific service areas. Confirm that the plans of your choice are available where you live.

- ☐ Under 65 Medical Plan ☐ Self ☐ Spouse ☐ Other qualified dependent
- ☐ Over 65 Medical Plan/Medicare Eligible ☐ Self ☐ Spouse ☐ Other qualified dependent
 - ☒ CMS L564 Medicare Request for Employment Information (if required for your Medicare Enrollment, contact Kern County Health & Wellness to request completion)
- ☐ I will not be enrolling in a County offered Medical plan but will still require a CMS L564 to enroll in Medicare
- ☐ Medicare (if applicable). **Note:** Apply for Medicare no more than three (3) months before your retirement date. You are required to provide proof of eligibility for Medicare Part A and B if you will be enrolling in a County offered plan that requires Medicare eligibility.
- ☐ Liberty Dental HMO (DHMO)
- ☐ Vision Service Plan (VSP)

- **Estimate the Cost of your Retiree Health Benefits**

The monthly premium deduction for retiree health benefits will begin on your first full pension check (typically the monthly following your retirement). This deduction will include your regular premium amount and any retro premiums due. The following may apply:

- ☐ My first premium payment may exceed my pension check and I will need to make a one-time payment directly to Kern County Health & Wellness.
- ☐ My monthly premium may exceed my monthly pension check and I will need to pay my premiums on a quarterly basis directly to Kern County Health & Wellness.

Retiring Employee Health Benefits Checklist

- Other Benefits for Retired Employees

- ☐ Guardian Life Insurance

The County pays for life insurance for employees in certain bargaining units. If you are eligible, you can choose to continue coverage as a retired employee at the Employer Group rate once you retire:

☒ I am eligible for: ☐ \$20K ☐ \$100K ☐ \$400K

- ☐ Post Employment Health Plan (PEHP)

This is a mandatory program for employees in certain bargaining units. If you are eligible, a percentage of your accrued sick leave balance will be transferred to Nationwide to open a PEHP.

☒ I am eligible.

- COBRA – Temporary Continuation of employee health benefits

☐ Upon retirement, I will be electing COBRA for: ☐ Medical ☐ Dental ☐ Vision

Note: COBRA is not a retiree health benefit.

WITHIN 30 DAYS OF RETIREMENT

☐ **Complete and submit your Retiree Health Benefits enrollment forms and supporting documentation.**

☐ Medical

☒ Enrolling in an Over 65/Medicare plan: Include enrollment for an Under 65 retiree medical plan to bridge the gap between your active employee benefits end date and your Medicare plan begin date.

☐ Dental

☐ Vision

Deadline: 30 days from the date of retirement

POST RETIREMENT

☐ **COBRA Notification.** This notification/election form will be mailed to you following the termination of your active employee health benefits coverage.

☐ Complete and submit the COBRA Election form, along with the required payment before the deadline.

☐ **Guardian Life Insurance [Deadline to enroll is 31 days from date of retirement]**

☐ Request enrollment form from Kern County Health & Wellness.

☐ Submit completed and signed enrollment form to Guardian Life.

☐ When you receive a billing statement, pay the amount due to open coverage.

☐ **HRA – RHPSP Opt Out.** Kern County Health & Wellness will verify your eligibility. Once confirmed, your information will be sent to P&A Group to open your HRA and your funds will be transferred. You should receive information in the mail from P&A Group regarding your new HRA.

☐ **PEHP** Your final warrant from the County will reflect the amount to be transferred to Nationwide. You will receive information from Nationwide in the mail once your PEHP has been established.

☐ **First Full Pension Check.** ☐ Confirm your KCHealth deduction **or** ☐ Pay the amount by the due date

Plan Contact Information

For detailed coverage information, you will need to call the plans directly at the phone numbers listed below:

PLANS	CONTACT	PHONE
All Plans: - General Information - Enrollment Forms	Kern County Health & Wellness	(661) 868-3182

For Detailed Coverage Information		
Anthem Blue Cross Gold - Prescription Coverage - Medical Coverage	First Impressions Welcome Team Customer Service	(866) 646-2436 (800) 288-2539
Anthem Blue Cross Silver	Customer Service	(800) 288-2539
Anthem Blue Cross Medicare Preferred PPO	Customer Service	(833) 848-8729
Blue Shield 65 Plus	Customer Service	(800) 776-4466
Health Net POS/COB	Customer Service	(800) 676-6976
Health Net Seniority Plus	Customer Service	(800) 275-4737
Kaiser Permanente – Under 65 HMO	Customer Service	(800) 464-4000
Kaiser Permanente Senior Advantage	Customer Service	(877) 547-4909
Kern Legacy Health Plans: - Share Select & Network Plus - Max Choice & Classic Choice	Customer Service Customer Service	(855) 308-5547 (855) 537-6767
Liberty Dental CA-40R Plus (DHMO)	Customer Service	(888) 273-3179
Vision Service Plan (VSP)	Customer Service	(800) 877-7195

You can also visit www.kerncountyhealthbenefits.com for more information about retiree health benefits.

Other Available Resources

The programs listed in this section are available to Kern County retirees; however, they are not sponsored or administered by Kern County. For questions or assistance regarding any of these programs, contact the listed administrators.

RETIRED EMPLOYEES OF KERN COUNTY

The Retired Employees of Kern County (REOKC) is a local association authorized under IRS section 501(c)(4), whose income is devoted exclusively to charitable, educational, or recreational purposes. Membership is limited to former employees of Kern County. To join REOKC, retirees may contact the association by mail at P.O. Box 2592, Bakersfield, CA 93303, or by email at info@reokc.org.

REOKC offers members access to certain supplemental insurance programs through Pacific Group Agencies, Inc. (PGA). For information, call PGA at 1 (800) 511-9065 or visit www.pgagencies.com/reokc/.

MEDICARE

Medicare is administered by the Centers for Medicare & Medicaid Services (CMS). The County cannot provide guidance or counseling on Medicare-related matters. For questions or assistance, please contact Medicare directly at 1-800-MEDICARE (1-800-633-4227).

POST-EMPLOYMENT HEALTH PLAN

Post-Employment Health Plan (PEHP) – *Applies only to bargaining units 7, D, F, M, N, O, R, W, and Z*

The PEHP is a **tax-free** account funded through a fixed percentage of a retiring employee's accrued sick leave balance value at the time of retirement. The account can be used to provide reimbursement for IRS-qualified post-employment health care insurance premiums. Enrollment is automatic and the mandatory contribution will be deducted from the employee's final check from the County upon retirement.

This benefit is administered by Nationwide Retirement Services Funds. If you are in an eligible bargaining unit and have questions about your PEHP account, call Nationwide's Solutions Team at 1 (877) 677-3678.

COUNTY-PAID LIFE INSURANCE

Kern County provides employer-paid life insurance to employees in certain categories, which may be continued upon retirement at the employer group rate:

Management Employees:	\$400,000
Confidential Employees:	\$100,000
Employees Represented by KCDOA, KCP, KCPOA, SEIU, SEIU-CJU	\$ 20,000

To continue your policy, you must submit a completed enrollment form within 31 days of your retirement date. The enrollment form will be available from Kern County Health & Wellness when you retire (we cannot provide the form before your retirement date). You will submit your completed enrollment form to Guardian Life Insurance Company. Once your enrollment form has been submitted, you can contact Guardian Life's National Conversions Unit at 1 (800) 433-5982, option 1 and ext. 5696, for questions about your enrollment.

STIPEND PROGRAM

The County provides a monthly Stipend to County retirees to help defray the premium cost of medical insurance under a County plan.

Eligibility

In order to be eligible to receive the Stipend, you must be a Kern County (not special district) retiree and:

- Choose continuous retiree medical coverage with the County, OR
- Have purchased medical coverage through the County for the last three (3) consecutive years without benefit of the Stipend.

If you discontinue coverage through the County at any time, you will not be immediately eligible to receive the Stipend should you re-enroll during an open enrollment period. The three-year waiting period may be waived if the retiree provides proof of continuous *group* coverage through another group program.

Current Benefit

The monthly amount of the Stipend is based on how many persons are covered. If the retiree alone is covered (single), the County Stipend amount is \$39.75. If the retiree plus one dependent is covered (two-party), the County Stipend amount is \$53.69. If the retiree plus two or more dependents are covered (family), the County Stipend amount is \$61.50.

RETIREE STIPEND	
Coverage Selected	Stipend Amount
Single	\$ 39.75
Two-Party	\$ 53.69
Family	\$ 61.50

NOTE: Employees who are ineligible to participate or opt-out of participating in the Retiree Health Premium Supplement Program (RHPSP) will also be ineligible for the retiree Stipend Program. See page 6 of this guide for more information about RHPSP eligibility.

You can continue to receive the Stipend after age 65.

RETIREE HEALTH PREMIUM SUPPLEMENT PROGRAM

The Retiree Health Premium Supplement Program (RHPSP) applies to represented employees who **did not opt out** of the program, were hired prior to the date the program was discontinued for their bargaining unit, and meet program eligibility requirements at the time of retirement from the County.

Bargaining Unit:	Hired Prior to:
O, 1, 2, 3, 4, 5, 6, J, S, M, D, X	March 21, 2016
P	April 25, 2017
8, L, N, R, W, Z	November 9, 2021
7, F	December 16, 2025
Q, Y	August 10, 2021
T, V	November 9, 2021

Eligibility Rules-General

To be eligible to receive the RHPSP ("Supplement"), you must:

- Choose retiree medical coverage with the County upon retirement, in most instances.
 - Have worked for the County (not a special district) for a minimum of 20 **continuous "years of service"**.
 - ▶ **Continuous** service means consecutive years worked for the County during which the employee was earning retirement credit. Years worked prior to a break in service will NOT be counted for this program unless the break in service either:
 - Is less than one year in length
 - Occurred after July 1, 1994

In other words, a break in service over one year in length prior to July 1, 1994, will cause all time worked prior to the break to be ineligible time.

 - ▶ **"Years of service"** is calculated in accordance with the policies of the Kern County Employees' Retirement Association, except that the only years counted for this program are years of actual County benefited service (i.e., certain types of retirement service credit, such as prior public service, military time, Golden Handshake credit, County extra-help time, are NOT counted). Service begins at the date of entry into the retirement system, so "years of service" for this program will not exceed years of service for retirement credit.
- Take active retirement from service (since separating from service and deferring your retirement to a later date will make you ineligible for the program).
 - Be at least 50 years of age, but no greater than 64 years of age at retirement, and
 - Have contributed to the program by payroll deduction during the qualified years of employment.

If you began work for the County at age 45 or older, you will never be eligible for the Supplement because you will not accumulate 20 qualified years of service before reaching age 65.

If you terminate employment, retire before age 50, retire after age 64, or otherwise do not qualify for Supplement benefits, you will not be reimbursed for any amount you may have paid into this program through payroll deduction.

The Supplement benefit ends on the 1st of the month during which a retiree turns age 65.

Rules-Retirement for Work-Related Disability

If you are granted a service-connected disability retirement by the Kern County Employees' Retirement Association, you will qualify for the full benefit under this program if you:

- Have five or more years of qualified County service.
- Have applied for the disability retirement prior to separating from County service.
- Have contributed to the program by payroll deduction during the qualified years of employment, and
- Enroll in retiree medical coverage with the County upon retirement.

Benefit Amount

The Supplement benefit amount is calculated at the time of retirement and does not change after that. The benefit is fixed for that retiree, even though premiums may increase. That amount will be available to the retiree monthly until age 65 or until medical plan coverage with the County ends.

If the monthly Supplement benefit plus the monthly Stipend benefit is greater than 100% of the monthly medical premium, in no event will the “excess” be refunded to the member.

The **base amount** of the Supplement is the full value at 25 years of service. The base amounts for the bargaining units listed in the charts below are fixed and do not adjust annually.

The following charts show the current amount of the Supplement based on the bargaining unit and the number of years of service at retirement:

Bargaining Units: 0, 1-6, J & S, M, D & X, P

<u>0, 1-6, J & S, M, D & X, P</u> FOR EMPLOYEES RETIRING JANUARY 1, 2026 – DECEMBER 31, 2026	
Full Years of Service	Supplement Amount
20	\$ 441.04
21	\$ 529.24
22	\$ 617.45
23	\$ 705.66
24	\$ 793.86
25+	\$ 882.07

Bargaining Units: 8, L, N, R, W & Z

<u>8, L, N, R, W & Z</u> FOR EMPLOYEES RETIRING JANUARY 1, 2026 – DECEMBER 31, 2026	
Full Years of Service	Supplement Amount
20	\$ 526.10
21	\$ 631.31
22	\$ 736.53
23	\$ 841.75
24	\$ 946.97
25+	\$ 1,052.19

Bargaining Units: 7 & F

<u>7 & F</u> FOR EMPLOYEES RETIRING JANUARY 1, 2026 – DECEMBER 31, 2026	
Full Years of Service	Supplement Amount
20	\$ 639.07
21	\$ 766.88
22	\$ 894.70
23	\$ 1,022.51
24	\$ 1,150.33
25+	\$ 1,278.14

Bargaining Units: O, Q, T, V & Y

Applies to these bargaining units only: The base amount of the Supplement for these bargaining units only is equal to the current medical premium for single coverage for active employees on the Kern Legacy Classic Choice.

<u>O, Q, T, V & Y</u> FOR EMPLOYEES RETIRING JANUARY 1, 2026 – DECEMBER 31, 2026	
Full Years of Service	Supplement Amount
20	\$ 639.07
21	\$ 766.88
22	\$ 894.70
23	\$ 1,022.51
24	\$ 1,150.33
25+	\$ 1,278.14

WHEN DO MY ACTIVE EMPLOYEE BENEFITS END

Your active employee health benefits will terminate at the end of the pay period in which you retire. This means your last day of coverage under your active employee health benefits will be at 11:59 p.m. on Friday (the last day of the pay period in which you retire). Upon confirmation of your retirement by KCERA, Kern County Health & Wellness will open your elected retiree health benefits coverage effective the day after your active benefits end so there will be no gap in coverage.

NOTE: There will be a short delay in the processing time between these updates (approximately 10-14 business days) during which the systems will not reflect your open coverage.

DEADLINE FOR NEW RETIREE ENROLLMENT

Review the information in this planning guide **as soon as possible**, as timely action is critical. Retiree plan selection and enrollment forms should be completed **approximately one month prior to your retirement date**. However, there is a **30-day grace period** to enroll, which begins on the date of your retirement. If enrollment forms are not received by Kern County Health & Wellness by the end of the grace period, you will lose eligibility to enroll into retiree health benefits and must wait until the next open enrollment and may forfeit eligibility for County contributions. **Late enrollments will not be accepted.**

ADULT DEPENDENT CHILD

Health care reforms are not applicable to the retiree health benefits; therefore, the “old” eligibility rules still apply to dependents of retirees. To be eligible to enroll under your retiree health benefits, children 19, 20, 21, or 22 must have already been continuously covered on a County plan and must be certified as a full-time student or permanently disabled. Permanently disabled children must meet the required qualifications to remain enrolled in the County’s health plans as described in the Health Benefits Eligibility Policy.

NOTE: If, before reaching the age of 19, a child was never enrolled in the health plan either during the employee’s initial opportunity to enroll or enrolled during an eligible open enrollment period, they are considered a **dependent not eligible** for health benefits coverage. An employee’s initial hire date is the employee’s initial opportunity to enroll in the health plan.

RETIREE OR DEPENDENT ELIGIBLE FOR MEDICARE

If you or your dependent(s) are eligible for Medicare, Medicare will be your primary coverage unless indicated by Medicare. Medicare-eligible retirees or dependents must ensure that Medicare Part A and Part B are in effect by the time they transition from County active employee coverage to County Retiree coverage and must maintain Medicare Part A and B coverage.

Medicare eligible retirees or dependent(s):

- **age 65 or older** are only allowed to enroll in an “**Over 65**” retiree medical plan.
- **under the age of 65 (due to disability)** also have some “**Under 65**” choices; however, Kern County self-insured plans will **ONLY** pay benefits after Medicare has paid as primary.

If you will be selecting an Over 65 retiree medical plan at the time of retirement due to Medicare eligibility, please

Important Things to Know

note that these plans can only begin on the 1st day of a month. To avoid a gap in coverage from the date your active benefits end to the 1st of the month that follows your retirement, you will be required to enroll in an Under 65 retiree medical plan to cover the partial month until your Over 65 retiree medical plan begins. This means you will have to complete separate enrollment forms for each medical plan.

Split enrollment is when the Retiree is enrolled in a different medical plan than another covered member. Split enrollment is only allowed if one or more members are Medicare eligible and one or more members are not Medicare eligible.

SERVICE AREA REQUIREMENTS

Most Kern County retiree health plans have designated service areas. If you do not reside in a plan's service area as required by the Plan, you will not be able to enroll in that plan. The reason for this rule is that the plan cannot provide coverage to you outside of the designated service areas for non-emergency services. For example, if you are selecting a medical plan for retirees under the age of 65 and live in California, but outside of Kern County, you cannot enroll in the Kern Legacy Share Select or Kern Legacy Network Plus plans. These two plans require you to reside within Kern County. If you move outside of Kern County while a member of one of these plans, you will be required to change medical plans, or your coverage will be cancelled.

RETIREE PREMIUM DEDUCTIONS

When you participate in Kern County retiree health benefits, your premium is automatically deducted monthly from your KCERA pension check. Deductions are made in advance, meaning the premium is deducted from the pension check issued before the month of coverage. For example, the deduction labeled "KCHEALTH" on your March 31st pension check pays for your April retiree health insurance premium.

First Premium Deduction: The deduction for your retiree health benefits premiums will not begin until you receive your first full pension check from KCERA. This means that the first deduction will include more than one month of premiums. For example, if your retirement date is March 21, 2026, and the last day of coverage under your active employee health benefits is March 20, 2026, your retiree health benefits coverage will begin on March 21, 2026. However, if your first full pension check won't be issued until April 30, 2026, your initial deduction will include a prorated premium for March coverage (March 21-31), the full premium for April coverage, and the full premium for May coverage (as premiums are paid in advance).

If your first full pension check is not large enough to deduct retro premiums owed, you will be required to pay your premiums directly to Kern County Health & Wellness by the same pay date as your pension check. If that date lands on a weekend or holiday, your premiums must be paid on the last business day before you receive your pension check. Late payments will not be accepted and will result in the cancellation of coverage.

Regular Premium Deductions: Deductions after the first full pension check will be for your regular "monthly premium amount".

NOTE: If your pension check is not large enough to deduct your monthly insurance premium, you will be required to pay premiums directly to Kern County Health & Wellness on a quarterly basis. Failure to pay these premium payments timely will result in the termination of benefits. If benefits are cancelled for non-payment, you will not be eligible to enroll until the open enrollment period. You will also forfeit the Supplement and Stipend benefits you are receiving

Important Things to Know

toward your medical coverage. You will only become eligible to receive your Stipend again after three (3) years of continuous coverage on a Kern County retiree medical plan.

COBRA

“COBRA” is short for the Consolidated Omnibus Budget Reconciliation Act of 1986. It is a federal law that provides that certain employees, retirees, spouses, former spouses and dependent children have the right to temporary continuation of health coverage at the group rate if coverage is lost due to a specified reason, like retirement.

You will automatically be mailed a COBRA notice a short time after you retire. It will list the medical, dental and vision plan you were enrolled in as an active employee and offer you the right to purchase that coverage through COBRA for you and your eligible dependents. This notice will be sent to you by Kern County Health & Wellness. The County does not pay any part of coverage purchased through COBRA.

If you meet all other criteria for Stipend and Supplement eligibility but do not choose continuous **retiree medical coverage with the County** upon retirement, you may forfeit your eligibility for the contributions. For the purpose of RHPSP eligibility, COBRA coverage is not retiree health coverage or coverage provided through the retiree’s or spouse’s current active employment relationship.

OPEN ENROLLMENT

Open Enrollment is a period of time designated by Kern County during which dependents may be added to or deleted from a retiree’s health benefits without a permitting event or changes may be made in the plans selected. Open Enrollment is not a guaranteed annual event but is held from time to time. Open Enrollment is not the employee’s initial opportunity to enroll in the health plan.

Outside of open enrollment, changes are only allowed for qualifying permitting events. However, you may request cancellation of retiree coverage at any time by completing and submitting a Disenrollment Form to Kern County Health & Wellness.

RETIREE POLICIES AND NOTICES

Retiree Policies and Notices address issues that apply to retirees, including eligibility for Retired Employees enrolled in any Kern County Group health plan.

The following documents can be viewed online at www.kerncountyhealthbenefits.com or you can request a copy from Kern County Health & Wellness.

- Retiree Health Benefits Policy
- Retiree Health Benefits Eligibility Policy
- Health Benefits Plan HIPAA Privacy Policy
- Women’s Health and Cancer Rights Act
- Medicare Notices

If you would like to request a copy of a retiree policy or notice, request enrollment forms, or have questions, contact Kern County Health & Wellness at (661) 868-3182.

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Retiree Health Benefits Cost Estimate Worksheet

Premium for Retiree Medical plan selected: \$ _____
A

+

If split enrollment ¹:

Premium for 2nd Retiree Medical plan selected: \$ _____
B

Total Monthly Premium: \$ _____
A + B

Less County contribution(s):

Subtract Stipend ² (if eligible) (-) \$ _____

Subtract Supplement ³ (if eligible) (-) \$ _____

YOUR MONTHLY MEDICAL PLAN PREMIUM \$ _____

1. Split enrollment is only allowed if one or more members are Medicare eligible and one or more members are not Medicare eligible.
2. Stipend:
 - \$39.75 for Retiree only coverage
 - \$53.69 for Retiree + 1 coverage
 - \$61.50 for Retiree + family coverage
3. Refer to the Retiree Health Premium Supplement information. Please check with Kern County Health & Wellness before relying on your determination of this benefit.

Retiree dental and vision premiums: The County does not contribute toward retiree dental or vision premiums. If you enroll in retiree dental or vision, you should add the premium to “Your Monthly Medical Plan Premium” amount calculated above to determine your total monthly cost.

NOTE: This worksheet is provided for you to estimate retiree health costs. Do not rely on this estimate. The Kern County Health & Wellness can review your estimate but cannot guarantee your Supplement amount until your years of service are certified by KCERA (Retirement Association) when you retire.

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Retiree Health Benefits Cost Estimate Examples

(Based on 2026 Retiree Premium Rates)

Retiree John Smith has more than 25 years of qualified service when he retires from active County service and is in one of these Bargaining Units: O, 1-6, J, S, M, D, X, or P. He will receive the maximum 2026 Supplement benefit, which is \$882.07.

Example 1:

Retiree selects the Kern Legacy Classic Choice plan for himself only:

Premium for medical plan selected (single)	\$ 2,822.00
If split enrollment, premium for the 2 nd plan	\$ 0.00
Total Monthly Premium	\$ 2,822.00

Less County contribution(s):

Subtract Stipend (<i>single</i>)	(-)	\$ 39.75
Subtract Supplement (if eligible)	(-)	\$ 882.07

RETIREE MONTHLY MEDICAL PLAN PREMIUM ▶ ▶ **\$ 1,900.18**

Example 2:

Same information except Retiree Smith includes a dependent on his coverage:

Premium for KL Classic Choice plan (Retiree + 1):	
Total Monthly Premium would change to:	\$ 5,238.00
Subtract Stipend (Retiree +1)	(-) \$ 53.69
Subtract Supplement (if eligible)	(-) \$ 882.07

Retiree Smith would pay monthly for 2-party KL Classic Choice: **\$ 4,302.24**

Example 3:

Retiree Smith selects the **Kern Legacy Max Choice plan** instead of the Kern Legacy Classic Choice. If he covers just himself, the cost would be \$625.18. If he also covers his spouse, the calculation of cost is:

Premium for KL Max Choice plan (Retiree + 1):	
Total Monthly Premium would change to	\$ 2,855.00
Subtract Stipend (Retiree + 1)	(-) \$ 53.69
Subtract Supplement (if eligible)	(-) \$ 882.07

Retiree Smith would pay monthly for 2-party KL Max Choice: **\$ 1,919.24**

At any time, if the premium cost is more than Retiree Smith's Supplement (\$882.07) and the Stipend (\$39.75 single or \$53.69 two-party), Retiree Smith will pay the difference. **The Supplement will cease when Retiree Smith turns 65.** If Retiree Smith enrolls in the retiree dental and/or vision plan, he will also pay the full cost of the dental and vision plans.

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RETIREE HEALTH PLANS FOR PARTICIPANTS UNDER AGE 65

(THESE PLANS ARE NOT MEDICARE PRODUCTS. MEDICARE IS PRIMARY IF ENROLLEE IS ELIGIBLE)

PLAN YEAR 2026	KERN LEGACY SHARE SELECT	KERN LEGACY NETWORK PLUS		KERN LEGACY MAX CHOICE	KERN LEGACY CLASSIC CHOICE	KAISER PERMANENTE	
Monthly Premium:							
■ Single	\$ 911.00	\$ 1,285.00		\$ 1,547.00	\$ 2,822.00	\$ 1,317.92	
■ ■ Two-party	\$ 1,777.00	\$ 2,511.00		\$ 2,855.00	\$ 5,238.00	\$ 2,635.63	
■ ■ ■ Family	\$ 2,750.00	\$ 3,887.00		\$ 4,163.00	\$ 7,650.00	\$ 3,729.93	
Call for Info:	(855) 308-5547	(855) 308-5547		(855) 537-6767	(855) 537-6767	(800) 464-4000	
Group No:				280696 (M007/M008)	280696 (M003/M004)	114416 SCR/605629 NCR	
Annual Deductible:	\$ 2,000 Individual \$ 4,000 Family	EPO TIER	PLUS TIER	\$250/Member \$500/Family	IN-NETWORK	OUT-OF-NETWORK	\$ 0
		\$ 0	\$ 250/Member \$ 500/Family		\$0	\$200/Member \$400/Family	
Office Visits:	AFTER DEDUCTIBLE PCP: \$ 10 Specialist: \$ 20	PCP: \$ 10 Specialist: \$ 20	AFTER DEDUCTIBLE 20% Coinsurance	AFTER DEDUCTIBLE PCP: \$ 10 copay Specialist: 20% coinsurance	PCP: \$ 15 Specialist: \$ 25	AFTER DEDUCTIBLE 70% of R&C	\$ 15 office visit
Inpatient Hospitalization:	AFTER DEDUCTIBLE \$ 100 copay/day up to \$ 500/admission at Kern Medical & Adventist Health within Kern County	\$ 0 copay at Kern Medical & Adventist Health within Kern County \$ 100 copay/day up to \$ 500/admission 20% coinsurance Mercy SW for deliveries after deductible		AFTER DEDUCTIBLE \$ 100 copay/day at Kern Medical up to \$ 2500/admission 20% coinsurance at other hospitals	\$ 0 copay at Kern Medical \$ 150 copay/day - up to \$ 750	AFTER DEDUCTIBLE 70% of R&C	\$ 0
Emergency Room:	AFTER DEDUCTIBLE \$ 150 copay (waived if admitted)	\$ 150 copay (waived if admitted)		AFTER DEDUCTIBLE \$ 150 copay (waived if admitted)	\$ 75 copay (waived if admitted)		\$ 50 copay
Prescription Coverage:	ACA Preventive Drugs: \$0 (deductible waived) AFTER DEDUCTIBLE CVS, Kroger & Costco Pharmacies or CVS Mail Order (up to 90-day): Tier 1: \$0 Tier 2: \$25 Tier 3: \$50 Specialty Medications (up to 30-day): Tier 1: \$50 Tier 2: \$90 Tier 3: \$120 Other Retail Pharmacy (up to 30-day): Tier 1: \$5 Tier 2: \$50 Tier 3: \$90	CVS, Kroger & Costco Pharmacies or CVS Mail Order (up to 90-day): Tier 1: \$0 Tier 2: \$20 Tier 3: \$40 Other Retail Pharmacy (up to 30-day): Tier 1: \$5 Tier 2: \$45 Tier 3: \$65		AFTER \$100 PRESCRIPTION DEDUCTIBLE CVS, Kroger & Costco Pharmacies or CVS Mail Order (up to 90-day): Tier 1: \$0 / Tier 2: \$25 / Tier 3: \$50 Specialty Medications (up to 30-day): Tier 1: \$50 Tier 2: \$90 Tier 3: \$120 Other Retail Pharmacy (up to 30-day): Tier 1: \$5 Tier 2: \$50 Tier 3: \$90	CVS, Kroger & Costco Pharmacies or CVS Mail Order (up to 90-day): Tier 1: \$0 Tier 2: \$25 Tier 3: \$40+ Other Retail Pharmacy (up to 30-day): Tier 1: \$5 Tier 2: \$25 Tier 3: \$40+		\$ 10 Generic * \$ 20 Brand * * Up to 100-day supply

This is a summary of the most frequently asked-about benefits. For additional information visit our website at www.kerncountyhealthbenefits.com. Your premium cost could be less if you are eligible for the County Stipend contribution of \$39.75 (single), \$53.69 (two-party), or \$61.50 (family), or the Retiree Health Premium Supplement.

RETIREE DENTAL & VISION COVERAGE

LIBERTY DENTAL - CA40R PLUS			VISION SERVICE PLAN (VSP)		
Monthly Premium			DHMO Dental Plan		
■ Retiree only:	\$ 24.00	Annual Deductible: None Annual Maximum: None Copays: Refer to Schedule of benefits Call for info: 1-888-273-3179 www.libertydentalplan.com/countyofkern	■ Retiree only:	\$ 11.28	Vision Plan – Group No. 00101371-0013 Vision exam every 12 months: \$ 20 copay Lenses/Frame every 24 months: \$ 20 copay Call for info: 1-800-877-7195 www.vsp.com
■ Two-party:	\$ 40.00		■ Two-party:	\$ 22.57	
■ Family:	\$ 58.00		■ Family:	\$ 28.46	



RETIREE HEALTH PLANS FOR PARTICIPANTS OVER 65 OR MEDICARE ELIGIBLE

Participants under age 65 with Medicare Part A and B are also eligible.

Enrollment requires Medicare eligibility (both A & B are required)

PLAN YEAR 2026	KAISER SR. ADVANTAGE (HMO)	BLUE SHIELD 65 PLUS (HMO)	HEALTH NET SENIORITY PLUS (HMO)	HEALTH NET COB POINT OF SERVICE (POS)	NEW ANTHEM BC MEDICARE PREFERRED (PPO)	ANTHEM BLUE CROSS GOLD	ANTHEM BLUE CROSS SILVER
Monthly Premium * (Single coverage)	\$ 274.32	\$ 263.10	\$ 345.28	\$1,037.76	\$ 682.38	\$ 1,166.11	\$ 273.10
Call for Info	(800) 464-4000	(800) 776-4466	(800) 275-4737	(800) 676-6976	(833) 848-8729	(800) 288-2539	(800)288-2539
Medical Group No.	114416/605629	W0054321	50874S	44293A	CAEGR017	26520W/CA012GRX	26520G
Local Network	Kaiser Permanente	BFMC, Delano Medical Group	BFMC, Dignity Health & Independence	BFMC, Dignity Health, & Independence	Anthem Medicare Preferred (Nationwide)	Anthem Blue Cross	Anthem Blue Cross
Medicare Assignment Required	Yes - Medical Yes - Prescription	Yes - Medical Yes - Prescription	Yes - Medical Yes - Prescription	No - Medical Yes - Prescription	Yes - Medical Yes - Prescription	No - Medical Yes - Prescription	No - Medical
Office visits	\$ 10	\$ 0 PCP \$ 10 Specialists \$ 0 Teledoc Health	\$ 10	\$ 10 HMO \$ 20 PPO 30% OON (Out of Network)	\$ 0	Covers up to 20% of Allowable Charges (Medicare pays 80%)	Covers up to 20% of Allowable Charges (Medicare pays 80%)
ER visits	\$ 50 waived if admitted	\$ 50 waived if admitted	\$ 50 waived if admitted	\$ 35 HMO \$ 50 PPO 30% OON	\$ 50 waived if admitted	Covers up to 20% Allowable Charges (Medicare pays 80%)	Covers up to 20% Allowable Charges (Medicare pays 80%)
Hospital Admission	No Charge	\$150 per admission	\$200 per admission	\$ 0 HMO 10% PPO 30% OON	No charge	Covers Medicare Part A Deductible	Covers Medicare Part A Deductible
RX Retail	Up to 100-day supply: \$ 10 Generic \$ 20 Name Brand	\$ 10 Generic \$ 20 Brand \$ 20 Non-Preferred Brand 25% Injectables & Specialty Drugs (30 day)	\$ 5 / \$ 10 Generic \$ 20 Name Brand \$ 40 Non-Formulary \$ 0-25% Self Injectables & 25% Specialty Drugs (30 day)	\$ 10 Generic \$ 15 Name Brand \$ 35 Non-Formulary 25% Self Injectables & Specialty Drugs (30 day)	30-day supply: \$ 5 Generic \$ 10 Preferred	\$ 8 Generic \$ 12 Name Brand	NO PRESCRIPTION BENEFIT
RX Mail Order	up to 100-day supply: \$ 10 Generic \$ 20 Name Brand	\$ 20 Generic \$ 40 Brand \$ 40 Non-Preferred Brand 25% Injectables (100 day) & Specialty Drugs (30 day)	\$ 0 Generic \$ 40 Name Brand \$ 80 Non-Formulary \$ 0-25% Self Injectables & 25% Specialty Drugs (30 day)	\$ 20 Generic \$ 30 Name Brand \$ 70 Non-Formulary 25% Self Injectables & Specialty Drugs (30 day)	90-day supply: \$ 5 Generic \$ 10 Preferred	90-day supply \$ 0 Generic \$ 6 Name Brand	
Deductibles	None	None	Paid by plan	HMO: None PPO: None OON: \$200/Ind \$600/Fam	None	Member pays Medicare Part B Deductible	Member pays Medicare Part B Deductible
Lifetime Max	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	\$ 1 Million	\$ 1 Million
Vision	\$150 allowance every 24 months	Std Lenses: No charge Frames: \$100 / 2 yrs	Lenses: 12 months Frames: \$100 / 12 months	HMO: Eye exam \$ 10 Lenses / Frames: No benefit	Lenses: \$0 per year Frames: \$100 / 2 yrs	No Benefit	No Benefit
Self-Refer	Optometry, OB/GYN, Behavioral Health	OB/GYN	OB/GYN: 1 visit / yr	HMO/PPO: OB/GYN OON: Preventative covered with 30%	Yes – No limit	Yes - No Limit	Yes - No Limit
Dental	No Benefit	No Benefit	Limited Dental services / supplies	Limited Dental services / supplies	No Benefit	No Benefit	No Benefit

This is a summary of the most frequently asked-about benefits. * Rates are all subject to final approval by CMS and the California Dept. of Managed Care. Your actual premium cost could be less if you are eligible for the County Stipend contribution of \$39.75 (single); \$53.69 (two); or \$61.50 (family).

REVISED SEPT. 2025