



PLAN YEAR 2027	KERN LEGACY SHARE SELECT 1-855-308-5547	KERN LEGACY NETWORK PLUS 1-855-308-5547	
	Select Benefit with Deductible	EPO Benefit Tier	Plus Benefit Tier
Type of Plan/Benefit Level			
Who Directs Your Care	Kern Health Care Network Provider	Kern Health Care Network Provider	
Annual Deductible	\$2,000 member \$4,000 family (non-embedded)	\$0	\$250 member \$500 family
Calendar Year Out-of-Pocket Max (Once the maximum is paid by the member, the plan pays a higher amount - up to 100% coverage)	Combined Medical/Pharmacy: \$6,000/member \$12,000/family	Medical: \$1,000/member; \$2,000/family Pharmacy: \$1,600/member; \$3,200/family	Medical \$4,000/member 8,000/family
Primary Physician Visit	\$10 copay ¹	\$10 copay	n/a
Specialist Physician Visits	\$20 copay ¹	\$20 copay	20% coinsurance ¹
Behavioral Health Visits	\$10 copay ¹	\$10 copay	n/a
Well Baby Care (up to age 2)	\$0 copay (deductible waived)	\$0 copay	n/a
Adult Periodic Health Evals ²	\$0 copay (deductible waived)	\$0 copay	n/a
Outpatient Surgery/ Procedure	\$0 copay Kern Medical/Adventist Health ¹ ; \$50 copay surgery center ¹ ; \$150 copay outlying hospitals ¹	\$0 copay Kern Medical/Adventist Health; \$50 copay surgery center; \$150 copay outlying hospital	20% coinsurance ¹
Inpatient Hospitalization	\$100 copay/day, up to \$500 per admission ⁴ ¹	\$0 copay at Kern Medical/ Adventist Health ⁴ \$100 copay/day, up to \$500 per admission at outlying Hospitals ³ 20% coinsurance at Mercy SW for deliveries only ^{1 3}	
Emergency Room	\$150 copay (waived if admitted) ¹	\$150 copay (waived if admitted)	
Urgent Care	\$15 copay ¹	\$15 copay	Not a Plus Benefit
Mammogram & Pap Smear	\$0 copay (deductible waived)	\$0 copay	20% coinsurance ¹
Immunizations (Office visit copay applies)	\$0 copay (deductible waived)	\$0 copay	20% coinsurance ¹
Diagnostic Lab/X-Ray	\$0 copay ¹	\$0 copay	20% coinsurance ¹
Imaging (CAT/PET scans/MRI)	\$25 copay at Kern Medical ¹ \$50 copay at other contracted facilities ¹	\$25 copay	20% coinsurance ¹
Physical, Speech and Occupational Therapy	\$0 copay ¹	\$0 copay (max 60 visits/yr combined)	20% coinsurance ¹ (max 60 visits/yr combined)
Prescription Coverage	HDHP* Preventive Drugs: \$0 (deductible waived) CVS, Kroger & Costco Pharmacies or CVS Mail Order (up to 90-day) ¹ : Tier 1: \$0 Tier 2: \$25 Tier 3: \$50 Retail Pharmacy (Up to 30-day) ¹ : Tier 1: \$5 Tier 2: \$50 Tier 3: \$90 Specialty Medications ¹ : Tier 1: \$50 Tier 2: \$90 Tier 3: \$120	CVS, Kroger & Costco Pharmacies or CVS Mail Order (up to 90-day): Tier 1: \$0 Tier 2: \$15 Tier 3: \$35 Retail Pharmacy (Up to 30-day): Tier 1: \$5 Tier 2: \$30 Tier 3: \$60	

¹ After deductible has been met. ² Over 2 years old ³ Requires prior Plan approval from Plan
⁴ Kern Medical & Adventist Health are the **ONLY** in-network EPO hospitals within Kern County, except for certain outlying hospitals with prior Plan approval. ⁵ If no generic available. Higher cost if generic is available. * HDHP: High-Deductible Health Plan

SUMMARY OF BENEFITS – COMPARISON CHART

KERN LEGACY MAX CHOICE 1-855-537-6767	KERN LEGACY CLASSIC CHOICE 1-855-537-6767		KAISER PERMANENTE 1-800-464-4000
Exclusive Provider Organization	In-Network	Out-of-Network	HMO Plan
Anthem Blue Cross Provider	Anthem Blue Cross Provider	Member (some services require prior authorization)	Kaiser Permanente Providers
\$250 member \$500 family	\$0	\$200 member \$400 family (2 mbrs)	\$0
Medical: \$5,000/member; \$10,000/ family Pharmacy: \$1,000/member; \$3,000/ family	Medical: \$1,000/member; \$3,000/family Pharmacy: \$5,600/member; \$10,200/family	Medical: \$2,000/ member; \$4,000/ family Pharmacy: \$5,600/member; \$10,200/family	<u>Combined Medical/Pharmacy:</u> \$1,500/member; \$3,000/ family
\$10 copay ¹	\$15 copay	70% coverage R&C ¹	\$10 copay
20% coinsurance ¹ \$20 copay Kern Medical ¹	\$25 copay	70% coverage R&C ¹	\$10 copay
\$10 copay ¹	\$15 copay	70% coverage R&C ¹	\$10 copay
\$0 copay (deductible waived)	\$0 copay	70% coverage R&C ¹	\$0 copay
\$0 copay (deductible waived)	\$0 copay	Not Covered	\$0 copay
20% coinsurance ¹ \$50 copay Kern Medical ¹	\$0 copay Kern Medical \$100 copay	70% coverage R&C ¹	\$10 copay per procedure
20% coinsurance ¹ \$100 copay/day at Kern Medical (up to \$2500 per admission) ¹	\$0 copay Kern Medical \$150 copay/day, up to \$750	70% coverage R&C ¹	\$250 copay per admission
\$150 copay ¹ (waived if admitted)	\$75 copay (waived if admitted)		\$75 copay (waived if admitted)
\$15 copay ¹	\$15 copay	70% coverage R&C ¹	\$10 copay
\$0 copay (deductible waived)	\$0 copay	Not Covered	\$0 copay
\$0 copay (deductible waived)	\$0 copay	70% coverage R&C ¹	\$0 copay
\$0 copay ¹	\$0 copay	70% coverage R&C ¹	\$0 copay
20% coinsurance ¹	\$0 copay	70% coverage R&C ¹	\$0 copay
20% coinsurance ¹ (max 60 visits/year combined)	\$0 copay (max. 60 visits/year combined)	70% coverage R&C ¹ (max. 60 visits/year combined)	\$10 copay
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 ⁵ Retail Pharmacy (Up to 30-day): Tier 1: \$5 Tier 2: \$50 Tier 3: \$90 ⁵ Specialty Medications: Tier 1: \$50 Tier 2: \$90 Tier 3: \$120	CVS, Kroger & Costco Pharmacies or CVS Mail Order (up to 90-day): Tier 1: \$0 Tier 2: \$15 Tier 3: \$30 ⁵ Retail Pharmacy (Up to 30-day): Tier 1: \$5 Tier 2: \$15 Tier 3: \$30 ⁵		Up to 100-day: Generic: \$5 Brand: \$15
			Up to 100-day: Generic: \$5 Brand: \$15

This is a summary of the most frequently asked-about benefits. This chart does not explain benefits, out of pocket maximums, exclusion or limitations, nor does it list all benefits. For a complete explanation, please refer to the County of Kern Plan Document describing the Kern Legacy Health Plans.