

Extra Help / Temporary Employees

MEDICAL SUMMARY OF BENEFITS – COMPARISON CHART

PLAN YEAR
2027

KERN LEGACY SHARE SELECT

1 (855) 308-5547

KERN LEGACY NETWORK PLUS

1 (855) 308-5547

Who Directs Your Care	Kern Health Care Network Provider		Kern Health Care Network Provider	
Type of Plan/Benefit Level	High Deductible Health Plan		EPO Benefit Tier	Plus Benefit Tier
Annual Deductible* (Deductible must be met first)	\$2,000 member /\$4,000 family		\$0	\$250 member /\$500 family
Annual Out-Of-Pocket Max (Once this 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
SUMMARY OF BENEFITS				
Primary Physician Visit	\$10 copay ¹		\$10 copay	n/a
Specialist Physician Visit	\$20 copay ¹		\$20 copay	20% coinsurance ¹
Behavioral Health Visit	\$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 Evaluation ¹ **	\$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 Medical (after deductible) 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	n/a
Mammogram & Pap Smear **	\$0 copay (deductible waived)		\$0 copay	20% coinsurance ¹
Routine Immunizations ** (Office visit copay may apply)	\$0 copay (deductible waived)		\$0 copay	20% coinsurance ¹
Diagnostic Test (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 & occupational therapy	\$0 copay ¹		\$0 copay	20% coinsurance ¹
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 * HDHP: High-Deductible Health Plan

⁴ Kern Medical & Adventist Health are the ONLY in-network EPO hospital within Kern County, except for certain outlying hospitals with prior Plan approval.

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.