

RETIREE HEALTH PLANS FOR PARTICIPANTS UNDER AGE 65

(These plans are not Medicare products. Medicare is primary if enrollee is eligible.)

PLAN YEAR 2027	KERN LEGACY SHARE SELECT (High-Deductible EPO)	KERN LEGACY NETWORK PLUS (2-Tiered EPO)		KERN LEGACY MAX CHOICE (EPO)	KERN LEGACY CLASSIC CHOICE (Point of Service)	KAISER PERMANENTE (HMO)
Monthly Premium:						
■ Single	\$ 1,207.00	\$ 1411.00		\$ 1,557.00	\$ 2,822.00	\$ 1,351.34
■ ■ Two-Party	\$ 2,334.00	\$ 2,739.00		\$ 2,865.00	\$ 5,238.00	\$ 2,702.48
■ ■ ■ Family	\$ 3,591.00	\$ 4,224.00		\$ 4,173.00	\$ 7,650.00	\$ 3,824.53
Call for more 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
Network:	Kern Health Care Network (EPO) No Out-of-Network Benefit Service Area: Kern County	Kern Health Care Network (EPO & Plus) No Out-of-Network Benefit Service Area: Kern County		Anthem Network No Out-of-Network Benefit Service Area: Nationwide	Anthem Network Out-of-Network Benefit Service Area: Nationwide	Kaiser Network No Out-of-Network Benefit Service Area: designated areas within California
Annual Deductible:	\$2,000 IND \$4,000 FAM (combined medical & prescription)	EPO TIER No Deductible	PLUS TIER \$250/Member \$500/Family	\$250/Member \$500/Family (medical)	In-Network No Deductible	Out-of-Network \$200/Member \$400/Family
Office Visits:	PCP: *\$10 Specialist: *\$20	PCP: \$10 Specialist: \$20	*20% coinsurance	PCP: *\$10 Specialist: *20% coinsurance	PCP: \$15 Specialist: \$25	*70% of R&C
Emergency Room:	*\$150 copay (waived if admitted)	\$150 copay (waived if admitted)		*\$150 copay (waived if admitted)	\$150 copay (waived if admitted)	
Hospital Admission:	Kern Medical & Adventist Health in Kern County: *\$100 copay/day up to \$500/admission	- Kern Medical & Adventist Health in Kern County: \$0 \$100 copay/day up to \$500/admission - Mercy SW for Deliveries only: *20% coinsurance after deductible		- Kern Medical: *\$100 copay/day up to \$500/admission - Other Hospitals: *20% coinsurance	\$150 copay/day up to \$750 or Kern Medical \$0	\$0
Prescription Coverage:	- ACA Preventive Drugs (deductible waived): \$0 - CVS, Kroger & Costco Pharmacies or CVS Mail Order (up to 90-day): *\$0 \$25 \$50 - Specialty Drugs (up to 30-day): *\$50 \$90 \$120 - Other Retail Pharmacies (up to 30-day): *\$5 \$50 \$90	- CVS, Kroger & Costco Pharmacies or CVS Mail Order (up to 90-day): \$0 \$20 \$40 - Other Retail Pharmacies (up to 30-day): \$5 \$45 \$65		PRESCRIPTION DEDUCTIBLE: \$100/Member - CVS, Kroger & Costco Pharmacies or CVS Mail Order (up to 90-day): *\$0 \$25 \$50 - Specialty Drugs (up to 30-day): *\$50 \$90 \$120 - Other Retail Pharmacies (up to 30-day): *\$5 \$50 \$90	- CVS, Kroger & Costco Pharmacies or CVS Mail Order (up to 90-day): \$0 \$25 \$40+ - Other Retail Pharmacies (up to 30-day): \$5 \$25 \$40+	(up to 100-day) \$10 Generic \$20 Brand-Name

This is a summary of the most frequently asked about benefits. *Copays, coinsurance, and R&C apply after the deductible is met (if applicable).

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 HMO PLAN – CA40R PLUS	
Monthly Premium:	California Coverage – No Out-of-Network Benefits
■ Single \$ 24.00	Annual Deductible: None Annual Maximum: None
■ ■ Two-Party \$ 40.00	Copays: Refer to Schedule of Benefits
■ ■ ■ Family \$ 58.00	Call for info: 1-888-273-3179
	www.libertydentalplan.com/countyofkern

VISION SERVICE PLAN (VSP)	
Monthly Premium:	Nationwide Coverage
■ Single \$ 12.02	Group No. 00101371-0013
■ ■ Two-Party \$ 24.06	Vision exam every 12 months: \$20 copay
■ ■ ■ Family \$ 30.22	Lenses/Frame every 24 months: \$20 copay
	Call for info: 1-800-877-7195 www.vsp.com

For questions or to request enrollment forms, call Kern County Health & Wellness at (661) 868-3182 or visit www.kerncountyhealthbenefits.com. Enrollment forms require original signatures.