

PARTICIPANTS AGE 65 AND OVER OR MEDICARE ELIGIBLE

Retiree Health Plan Summaries

PLAN YEAR 2027



KERN
COUNTY
HEALTH & WELLNESS



NOTE

To be eligible to enroll in the County retiree medical plans summarized in this guide, participants must have both Medicare Part A and Part B.

The summaries are provided for informational purposes only.

Participants should review the complete plan documents before enrolling in a health plan. If there are any differences between these summaries and any plan documents, the applicable plan document will govern.

Only for participants age 65 and over or Medicare eligible

KAISER PERMANENTE SENIOR ADVANTAGE

HMO GROUP HEALTH PLAN WITH PRESCRIPTION DRUG COVERAGE

Group ID: SCR-114416 | NCR-605629

Service Area: California



Primary Care/Specialist Office Visit	\$10 copay/visit
Routine Physical Exams	No charge
Routine Eye Exam	No charge
Most X-Ray and Lab Tests	No charge
Outpatient Surgery	\$10 copay/procedure
Emergency Services	\$50 copay (waived if admitted)
Inpatient Hospital Admission	No charge
Ambulance	\$50 copay/trip
Chiropractic Visit	\$10 copay/visit up to 30 visits/calendar year
Hearing Aid Allowance	\$500/aid every 36 months
Durable Medical Equipment or Prosthesis	20% coinsurance limited to items covered by Medicare
Home Health Care (Part-Time, Intermittent)	No charge
Skilled Nursing Facility Care	No charge (up to 100 days/benefit period)

- **\$150 Allowance:** toward eyeglasses or contact lenses, fitting and dispensing every 24 months at Kaiser optical departments.
- **One Pass Fitness Benefit:** is available to Senior Advantage members. One Pass can help you stay active and thrive with competitive pricing starting at \$10 a month. Register at youronepass.com.
- **Healthy Meals Delivered to Your Home:** immediately following an inpatient stay at a hospital or skilled nursing facility. Up to 84 meals covered at no cost.
- **Get a Ride to and from Your Appointments at No Cost.** Your plan covers up to 24 one-way trips (50 miles per trip) per calendar year. To schedule a ride, call (877) 930-1477 or (833) 226-6760 for wheel or gurney services.

Prescription Drug Benefit

	Generic	Brand
Up to 100-day supply at a Plan Pharmacy	\$10 copay	\$20 copay

For additional plan information, contact Kaiser Permanente at (800) 443-0815.

FOR ENROLLMENT FORMS, CONTACT:

Kern County Health & Wellness

(661) 868-3182

Only for participants age 65 and over or Medicare eligible

BLUE SHIELD 65 PLUS

HMO GROUP HEALTH PLAN WITH PRESCRIPTION DRUG COVERAGE

Group ID: W0054321

Service Area: California



Large 18 County Service Area

Alameda, Contra Costa*, Kern, Los Angeles, Merced, Nevada*, Orange, Riverside, San Bernardino, San Diego, San Francisco, San Joaquin, San Luis Obispo, San Mateo, Santa Barbara, Santa Clara, Santa Cruz, and Stanislaus.

(*partial county)

Local Medical Network

Bakersfield Family Medical Center (BFMC)

Primary Care Office Visit	No charge
Teladoc Health Visit	No charge
Specialist Office Visit	\$10 copay/visit
Annual Physical Exam	No charge—1 every 12 months
Routine Vision & Hearing Exams	\$10 copay—1 per year vision and 1 per year hearing
Most X-Ray and Lab Tests	No charge
Outpatient Surgery	No charge
Urgent Care Services	\$30 copay
Emergency Services	\$50 copay (waived if admitted)
Inpatient Hospital Admission	\$150 copay/admission
Ambulance	No charge
Eyewear Allowance	\$100 frames and lenses or contact lenses every 2 years
Silver Sneakers Fitness Program	No charge

Preferred Cost Sharing Prescription Drug Benefit

30-Day Supply – Retail Pharmacy/100-Day Supply – Home Delivery Service

Tier 1: Generic.....	\$10/\$20	Tier 4: Injectables.....	25% coinsurance
Tier 2: Preferred Brand.....	\$20/\$40	Tier 5: Specialty (30-day only).....	25% coinsurance
Tier 3: Non-Preferred.....	\$20/\$40		

For additional plan information, contact Blue Shield at (800) 776-4466.

FOR ENROLLMENT FORMS, CONTACT:

Kern County Health & Wellness

(661) 868-3182

Only for participants age 65 and over or Medicare eligible

HEALTH NET SENIORITY PLUS

HMO GROUP HEALTH PLAN WITH PRESCRIPTION DRUG COVERAGE

Group ID: 50874S

Service Area: California



Large County Service Area

Alameda, Amador, Contra Costa, Fresno, Imperial, Kern, Los Angeles, Madera, Marin, Orange, Placer, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, San Mateo, Santa Barbara*, Santa Clara, Santa Cruz, Solano, Sonoma, Stanislaus, Tulare, and Yolo.

(*partial county)

Local Medical Networks

Dignity Health, Bakersfield Family Medical Center (BFMC), Independence Medical Group

Primary Care/Specialist Office Visit	\$10 copay/visit
Most X-Ray and Lab Tests	No charge
Urgent Care Services	\$50 copay
Emergency Services	\$50 copay (waived if admitted)
Inpatient Hospital Admission	\$200 copay/admission
Ambulance	No charge
Durable Medical Equipment	No charge
Routine Chiropractic Care	\$10 copay/visit up to 20 visits/calendar year
Routine Eye Exam and Hearing Exam	\$10 copay—1 per year vision and 1 per year hearing

- **\$100 Allowance:** toward eyeglasses (lenses and/or frames) and contact lenses every 12 months.
- **Silver&Fit Healthy Aging and Exercise Program:** gives members access to thousands of participating fitness centers and select YMCAs.
- **Transportation Benefit:** 24 one-way trips per year to medical appointments at no cost.

Prescription Drug Benefit

Pharmacy	Generic	Preferred Brand	Non-Preferred	Specialty
Retail Pharmacy Up to a 30-day supply	\$5	\$20	\$40	25% coinsurance
Mail Order Up to a 90-day supply	\$0	\$40	\$80	—

For additional plan information, contact Health Net at (800) 275-4737.

FOR ENROLLMENT FORMS, CONTACT:

Kern County Health & Wellness

(661) 868-3182

Only for participants age 65 and over or Medicare eligible

HEALTH NET MEDICARE COB POS

POS GROUP HEALTH PLAN WITH PRESCRIPTION DRUG COVERAGE

Group ID: 44293A

Service Area: California



Three Levels to Choose From

This plan allows members the flexibility to decide which benefit to use each time services are needed.

Level 1: HMO

This HMO tier uses the local network which includes Dignity Health Medical Group, Bakersfield Family Medical Center (BFMC) and Independence Medical Group doctors.

Level 2: PPO

This PPO tier uses other doctors contracted with Health Net. Not all services are covered when using this tier.

Level 3: Out-of-Network

When using out-of-network providers, the plan will pay up to 70%, after the deductible, for covered services.

Service	Level 1: HMO	Level 2: PPO	Level 3: Out-of-Network**
Deductible*:	No deductible	No deductible	\$200 Individual \$600 Family
Office Visit	\$10 copay	\$20 copay	30% coinsurance
Routine Vision or Hearing Exam	\$10 copay	Not covered	Not covered
X-Rays/Labs	No charge	10% coinsurance	30% coinsurance
Emergency Room or Urgent Care	\$35 copay	\$50 copay + 10% professional services	30% coinsurance
Hospitalization	No charge	10% coinsurance	30% coinsurance
Durable Medical Equipment	No charge	50% coinsurance	Not covered

*Deductible must be met before the amounts listed will be covered by the plan.

**Members are responsible for any amount exceeding Maximum Amount Allowed (MMA)

Prescription Drug Benefit

Pharmacy	Day Supply	Generic	Preferred Brand	Non-Preferred	Specialty
Network Retail	up to 30-day	\$10	\$15	\$35	25% coinsurance
Network Retail	up to 90-day	\$30	\$45	\$105	—
Mail Order	up to 30-day	\$10	\$15	\$35	25% coinsurance
Mail Order	up to 90-day	\$20	\$30	\$70	—

For additional plan information, contact Health Net at (800) 676-6976.

FOR ENROLLMENT FORMS, CONTACT:

Kern County Health & Wellness

(661) 868-3182

Only for participants age 65 and over or Medicare eligible

ANTHEM BLUE CROSS MEDICARE PPO

PREFERRED PPO GROUP HEALTH PLAN WITH PRESCRIPTION DRUG COVERAGE

Group ID: CAEGE017

Service Area: Nationwide



Annual Medical Deductible

No deductible for in and out-of-network services. However, there will be no coverage for services rendered by providers who do not accept Medicare.

Service	In-Network or Out-of-Network
Primary Care/Specialist Visits	No charge
Preventive Care Screenings	No charge
X-Ray and Lab	No charge
Outpatient Hospital Facility	No charge
Emergency Care	\$50 copay (waived if the member is admitted to the hospital within 72 hours for the same condition)
Urgently Needed Services	No charge
Inpatient Hospital Admission	No charge
Skilled Nursing Facility	\$0 copay (100-day limit per benefit period)

- **Hearing Aids:** at no copay with a \$500 benefit per ear with a \$1,000 maximum benefit every 3 calendar years with a TruHearing participating provider.
- **Eyewear:** at no copay with \$100 maximum benefit every 2 calendar years with a Blue View Vision provider.

Prescription Drug Benefit

Type of Drug	Standard Network Pharmacy		Mail Order Pharmacy
	<u>30-day supply</u>	<u>90-day supply</u>	<u>90-day supply</u>
Tier 1: Generic	\$5	\$15	\$5
Tier 2: Preferred	\$10	\$30	\$10
Tier 3: Non-Preferred	\$10	\$30	\$10
Select Generics	\$0	\$0	\$0

For additional plan information, contact Anthem Blue Cross at (833) 848-8729.

FOR ENROLLMENT FORMS, CONTACT:

Kern County Health & Wellness
(661) 868-3182

Only for participants age 65 and over or Medicare eligible

ANTHEM BLUE CROSS GOLD

ASSURANCE 90 SUPPLEMENTAL WITH PRESCRIPTION DRUG COVERAGE

Group ID: Medical-26520W | Prescription-CA012GRX

Service Area: Nationwide



Your Medicare supplement benefits at a glance

The plan helps pay these costs when the service meets Medicare and plan requirements:

- Pays the Medicare Part A hospital deductible and copays for covered inpatient care.
- Pays the Medicare copayment for Medicare-approved skilled nursing facility care from day 21 through day 100 of each benefit period.
- Provides certain inpatient benefits for mental or nervous disorders, subject to a 90-day limit per benefit period and a 190-day lifetime limit.
- Pays up to a combined \$100 per calendar year for physical and occupational therapy.
- Pays 20% of Medicare allowable charges for covered Part B services **after the member meets the Part B deductible. The member pays charges above Medicare allowable amounts.**
- Covers certain hospital and medical services while traveling outside the United States for less than 6 consecutive months. Hospital benefits are limited to 90 days per stay.
- Lifetime maximum of \$1,000,000 for covered services.

Prescription Drug Benefit

Drug	Participating Retail Pharmacy	Mail Order
	<u>up to a 30-day supply</u>	<u>up to a 90-day supply</u>
Tier 1: Generics	\$8	\$0
Tier 2: Preferred Drugs	\$12	\$6
Tier 3: Non-Preferred Drugs (including Specialty Drugs)	\$12	\$6
Select Generics	\$0	\$0

For additional plan information, contact Anthem Blue Cross at (800) 288-2539.

FOR ENROLLMENT FORMS, CONTACT:

Kern County Health & Wellness

(661) 868-3182

Only for participants age 65 and over or Medicare eligible

ANTHEM BLUE CROSS SILVER

ASSURANCE 90 SUPPLEMENTAL WITHOUT PRESCRIPTION DRUG COVERAGE

Group ID: Medical-26520G

Service Area: Nationwide



Your Medicare supplement benefits at a glance

The plan helps pay these costs when the service meets Medicare and plan requirements:

- Pays the Medicare Part A hospital deductible and copays for covered inpatient care.
- Pays the Medicare copayment for Medicare-approved skilled nursing facility care from day 21 through day 100 of each benefit period.
- Provides certain inpatient benefits for mental or nervous disorders, subject to a 90-day limit per benefit period and a 190-day lifetime limit.
- Pays up to a combined \$100 per calendar year for physical and occupational therapy.
- Pays 20% of Medicare allowable charges for covered Part B services **after the member meets the Part B deductible. The member pays charges above Medicare allowable amounts.**
- Covers certain hospital and medical services while traveling outside the United States for less than 6 consecutive months. Hospital benefits are limited to 90 days per stay.
- Lifetime maximum of \$1,000,000 for covered services.

NO PRESCRIPTION DRUG COVERAGE

This plan does not include outpatient prescription drug coverage. If you do not have other creditable prescription drug coverage, consider enrolling in a separate Medicare Part D plan to avoid a Medicare penalty for no prescription drug coverage. The County does not offer a separate Medicare Part D plan.

For additional plan information, contact Anthem Blue Cross at (800) 288-2539.

FOR ENROLLMENT FORMS, CONTACT:

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