

PARTICIPANTS UNDER AGE 65

Retiree Health Plan Summaries

PLAN YEAR 2027



KERN
COUNTY
HEALTH & WELLNESS



NOTE

These 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 plan document will govern.

Only for participants under age 65

SELF-INSURED

HIGH-DEDUCTIBLE EPO HEALTH PLAN

Using the Kern Health Care Network (KHCN)

Service Area: Kern County



KERN LEGACY
Share Select
HIGH-DEDUCTIBLE EPO HEALTH PLAN

Kern Legacy Share Select members pay the full contracted rate for most services and medications until they meet the deductible. This plan design helps keep premiums low and may help members who use fewer services to save overall. Kern Medical and Adventist Health as the preferred health care providers.

Combined Medical & Pharmacy:

Annual Deductible: \$2,000 Individual | \$4,000 Family

Out-of-Pocket Maximum: \$6,000 Individual | \$12,000 Family

All Copays Are After Deductible (unless otherwise stated)

Primary Care Office Visit	\$10 copay/visit
Specialist Office Visit	\$20 copay/visit
Preventive Care	No charge (deductible does not apply)
Most X-Ray and Lab Tests	No charge
Urgent Care	\$15 copay/visit
Emergency Services	\$150 copay (waived if admitted)
Inpatient Hospital Admission	\$100 copay/day up to \$500/admission
Outpatient Surgery	No charge at Kern Medical or Adventist Health in Kern County
CET, PET, MRI at Kern Medical	\$25 copay
Chiropractic Visit	\$10 copay/visit up to 20 visits/calendar year
Hearing Aid	\$500 copay/ear up to \$3,500/aid every 5 years

Medicare and Retiree Self-Insured Coverage

If a participant is eligible for Medicare, Medicare is primary and Kern Legacy is secondary. The Medicare-eligible participant must remain enrolled in Medicare Part A and B while covered under this plan.

Prescription Drug Benefit (deductible applies unless otherwise stated)

Pharmacy / Drug Type	Tier 1	Tier 2	Tier 3
HDHP ACA Preventive Generic Drugs Deductible does not apply	No charge	—	—
CVS, Kroger, Costco, CVS Mail Order Up to a 90-day supply	\$0	\$25	\$50
Specialty Drugs Up to a 30-day supply	\$50	\$90	\$120
Other Retail Pharmacies Up to a 30-day supply	\$5	\$50	\$90

For additional plan information, visit www.kerncountyhealthbenefits.com.

QUESTIONS ABOUT HEALTH BENEFITS, CONTACT:

Kern County Health & Wellness

(661) 868-3182

Only for participants under age 65

SELF-INSURED

TWO-TIERED EPO HEALTH PLAN

Using the Kern Health Care Network (KHCN)

Service Area: Kern County



KERN LEGACY
Network Plus
EXCLUSIVE NETWORK HEALTH PLAN

Kern Legacy Network Plus members pay low to no out-of-pocket costs when using Kern Medical, Adventist Health, and other EPO tier providers. Members can also choose to use additional local contracted providers on the Plus tier at a higher cost, giving members more options.

	EPO Benefit Tier	Plus Benefit Tier
Deductible	No Deductible	\$250 member / \$500 family
Primary Care Office Visit	\$10 copay	Not a Plus benefit
Specialist Office Visit	\$20 copay	20% coinsurance
Behavioral Health Office Visit	\$10 copay	Not a Plus Benefit
Urgent Care	\$15 copay	Not a Plus benefit
Emergency Room	\$150 (waived if admitted)	Not a Plus benefit
Inpatient Hospitalization	No charge at Kern Medical & Adventist Health Hospitals in Kern County	20% coinsurance for deliveries at Mercy Southwest (prior plan approval required)
Outpatient Surgery	No charge at Kern Medical & Adventist Health in Kern County	20% coinsurance
CT/PET/MRI	\$25 copay	20% coinsurance
Chiropractic Visit	\$10 copay-20 visits/year	20% coinsurance (20 visits/year)

- **Hearing Aids:** \$500 copay per ear (up to \$3,500 per aid, every 5 years) for severe and profound hearing loss. Prior plan approval required.
- **No Out-of-Network Benefit:** for non-emergency services.
- **Medicare and Retiree Self-Insured Coverage:** If a participant is eligible for Medicare, Medicare is primary and Kern Legacy is secondary. The Medicare-eligible participant must remain enrolled in Medicare Part A and B while covered under this plan.

Prescription Drug Benefit (deductible applies unless otherwise stated)

Pharmacy / Drug Type	Tier 1	Tier 2	Tier 3
CVS, Kroger, Costco, CVS Mail Order Up to a 90-day supply on non-specialty drugs only	\$0	\$20	\$40
Other Retail Pharmacies Up to a 30-day supply	\$5	\$45	\$65

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Only for participants under age 65

SELF-INSURED

EPO HEALTH PLAN

Using the Anthem Blue Cross Network

Service Area: Nationwide



KERN LEGACY
Max Choice
ANTHEM NETWORK HEALTH PLAN

Kern Legacy Max Choice gives you access to a nationwide network that includes most local providers and hospitals. The plan offers lower premiums with a low deductible. Once you meet the deductible, copays apply to routine services and coinsurance applies to specialty and hospital care.

Medical Benefit

Annual Deductible: \$250/member | \$500/family

Out-of-Pocket Maximum: \$5,000/member | \$12,000/family

All Copays Are After Deductible (unless otherwise stated)

Primary Care	\$10 copay/visit
Specialist	20% coinsurance
Preventive Care	No charge (deductible does not apply)
Most X-Ray and Lab Tests	No charge
Urgent Care	\$15 copay/visit
Emergency Services	\$150 copay (waived if admitted)
Inpatient Hospital Admission	\$100 copay/day up to \$2,500 maximum/admission or 20% coinsurance at other hospitals

- **Hearing Aids:** \$500 copay per ear (up to \$3,500 per aid, every 5 years) for severe and profound hearing loss. Prior plan approval required.
- **No Out-of-Network Benefit:** for non-emergency services.
- **Medicare and Retiree Self-Insured Coverage:** If a participant is eligible for Medicare, Medicare is primary and Kern Legacy is secondary. The Medicare-eligible participant must remain enrolled in Medicare Part A and B while covered under this plan.

Prescription Drug Benefit

Annual Deductible: \$100/member (copays are after deductible)

Pharmacy / Drug Type	Tier 1	Tier 2	Tier 3
CVS, Kroger, Costco, CVS Mail Order Up to a 90-day supply	\$0	\$25	\$50
Specialty Drugs Up to a 30-day supply	\$50	\$90	\$120
Other Retail Pharmacies Up to a 30-day supply	\$5	\$50	\$90

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Only for participants under age 65

SELF-INSURED

POS HEALTH PLAN

Using the Anthem Blue Cross Network

Service Area: Nationwide



KERN LEGACY
Classic Choice
POINT-OF-SERVICE HEALTH PLAN

Kern Legacy Classic Choice is the only medical plan for members under age 65 that offers both an in-network and out-of-network benefit. Members will generally save the most money using Anthem's nationwide network.

Medical Benefit

	In-Network	Out-of-Network
Deductible	No Deductible	\$200 member / \$400 family
Primary Care Office Visit	\$15 copay	Plan pays 70% of R&C
Specialist Office Visit	\$25 copay	Plan pays 70% of R&C
Most X-Ray and Lab Tests	No charge	Plan pays 70% of R&C
Urgent Care	\$15 copay	Plan pays 70% of R&C
Emergency Room	\$75 (waived if admitted)	Same as In-Network
Inpatient Hospitalization	\$150/day maximum \$750/year per member	Plan pays 70% of R&C
Chiropractic Visit	\$12 copay-30 visits/year	Plan pays 70% of R&C

- **Hearing Aids:** \$500 copay per ear (up to \$3500 per aid, every 5 years) for severe and profound hearing loss. Prior plan approval required.
- **Out-of-Network Benefit:** members will pay 30% of reasonable and customary charges and can be balance billed for any amounts over the amount allowed. An out-of-pocket maximum of \$2,000 per person and \$4,000 per family applies when using this benefit.
- **Medicare and Retiree Self-Insured Coverage:** If a participant is eligible for Medicare, Medicare is primary and Kern Legacy is secondary. The Medicare-eligible participant must remain enrolled in Medicare Part A and B while covered under this plan.

Prescription Drug Benefit

Pharmacy / Drug Type	Tier 1	Tier 2	Tier 3
CVS, Kroger, Costco, CVS Mail Order Up to a 90-day supply on non-specialty drugs only	\$0	\$25	\$40+
Other Retail Pharmacies Up to a 30-day supply	\$5	\$25	\$45+

- **Tier 3 DAW (dispensed as written) penalty:** members choosing Tier 3 non-preferred brand-name drugs when a generic equivalent is available may pay an additional charge on top of the copay listed.

For additional plan information, visit www.kerncountyhealthbenefits.com.

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Kern County Health & Wellness

(661) 868-3182

Only for participants under age 65

KAISER PERMANENTE

HMO HEALTH PLAN

Group ID: SCR-114416 | NCR-605629

Service Area: California



This Kaiser under 65 retiree health plan option offers low to no copays for most services and prescription drugs. Services on this plan are provided by Kaiser doctors and facilities. Enrollment is limited to designated service areas within the Southern and Northern California regions.

Primary Care Office Visit	\$15 copay/visit
Specialist Office Visit	\$15 copay/visit
Most X-Rays and Lab Tests	No charge
Urgent Care	\$15 copay/visit
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
Home Health Care	No charge up to 100 visits/calendar year
Durable Medical Equipment or Prosthesis	20% coinsurance

- **\$120 Eyewear Allowance:** every 24 months at Kaiser optical departments.
- **Hearing Aid Allowance:** \$3,500 allowance per aid every 36 months.
- **Care While Traveling:** Kaiser can help with vaccinations, prescriptions, and more. Members will also have access to urgent and emergency care worldwide.

Prescription Drug Benefit

	Generic	Brand	Specialty
Up to 100-day supply at a Plan Pharmacy	\$10 copay	\$20 copay	—
Specialty Drugs up to a 30-day supply			\$20 copay

For additional plan information, contact Kaiser Permanente at (800) 464-4000.

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