

KERN LEGACY Network Plus

SAMPLE Member Identification Card

Active Employees and dependent(s)

 	
Member: MEMBER NAME PCP: PCP NAME ID No. 99999999900	
EPO Benefit Tier Copays:	RxBIN 004336
PCP/Specialist \$10 / \$20	RxPCN ADV
Urgent Care/ER \$15 / \$150	RxGRP RX24QW
Plus Benefit Tier Coinsurance:	Pharmacy Retail Copays:
Deductible \$250 / individual \$500 / family	Retail Pharmacies (30 days): \$5 / \$30 / \$60*
Coinsurance 20% after deductible	In Network Pharmacies (up to 90 days): \$0 / \$15 / \$35*
	Mail Delivery (up to 90 days): \$0 / \$15 / \$35*
	(* higher if generic is available)
Exclusive Network Health Plan	

Kern County Health & Wellness www.kerncountyhealthbenefits.com Member Services may require prior authorization from the Plan. Possession or use of this card does not guarantee payment. In case of emergency, urgent care and emergency care is available without prior authorization. Hospitals Providers All inpatient admissions require notification to the Plan. Failure to do so could result in the claim not being paid. Pharmacist Help Desk: 1-800-364-6331	Health Plan Services: Bakersfield: (661) 868-3280 Toll-Free: (855) 308-5547 Fax authorization requests to: (661) 868-3291 Submit claims to: HealthEdge Administrators P.O. Box 11210 Bakersfield CA 93389-1210 Electronic submission use: Payer ID #89890 CVS Customer Care: 1-833-842-9152
  	
No Out-Of-Network Benefit for Non-Emergency Services	
24QW-KCH&W_KH_FHN_KLHP_SS_NP-0625	

Providers: Contact the Plan at **1-855-308-5547** to verify eligibility

Please use this temporary identification card for the Kern Legacy Network Plus, a Kern County Self-Insured Health Plan, until you receive a permanent ID card. More Plan information is available at www.kerncountyhealthbenefits.com.

KERN LEGACY Network Plus

Medical Claims:

HealthEdge Administrators
PO Box 11210
Bakersfield, CA 93389-1210
Payer ID 89890

Claims Inquiries: (661) 868-3280 or (855) 308-5547

Pharmacy Benefits:

RxGroup#: RX24QW
BIN# 004336
RxPCN: ADV

CVS Customer Care: (833) 842-9152

Member Medical Copayments:

EPO Benefit Tier

Annual Deductible: \$0
PCP Copay: \$10
Specialist Copay: \$20
Urgent Care Copay: \$15
ER Copay: \$150
Outpatient Surgery: \$0
Inpatient Hospital: \$0

Plus Benefit Tier

Annual Deductible:
\$250/Individual \$500/Family
After Deductible is met:
PCP Copay: 20% coinsurance
Specialist Copay: 20% coinsurance
Urgent Care Copay: 20% coinsurance
ER Copay: 20% coinsurance
Outpatient Surgery: 20% coinsurance
Inpatient Hospital: 20% coinsurance

Member Pharmacy Copayments:

Retail Pharmacies (30 days):
\$5 / \$30 / \$60 *
In Network Pharmacies (up to 90 days):
\$0 / \$15 / \$35 *
Mail Delivery (up to 90 days):
\$0 / \$15 / \$35 *

*higher if generic is available

Issued by



(661) 868-3182