

KERN LEGACY Max Choice

SAMPLE Member Identification Card

Retired Employees and dependent(s) within the State of California

			
KEKCK##### Identification Number			
MEMBER NAME			
Medical Plan: Group #: 280696M007 Subscriber: SUBSCRIBER NAME Plan Code: 040		Medical Coverage After Deductible: Annual Deductible: \$250 IND / \$500 FAM PCP / Urgent Care / ER: \$10 / \$15 / \$150 Specialty / Hospital: 20% coinsurance Outpatient Surgery: 20% coinsurance Pharmacy Retail Copay After Deductible: Annual Deductible: \$100 IND Retail Pharmacies (30 days): \$5 / \$50 / \$90* Mail Order Pharmacies (up to 90 days): \$0 / \$25 / \$50* Specialty Drugs: \$50 / \$90 / \$120* (* higher if generic is available)	
Pharmacy Plan: RxBIN: 004336 RxPCN: ADV RxGRP #: RX24QW		Prudent Buyer Plan 	
Pharmacy Help Desk: 1-800-364-6331			

			
MEMBERS: When submitting inquiries, always include your identification number from the face of this card. Possession or use of this card does not guarantee payment. Members may send reimbursement claims directly to Kern Legacy Classic Choice*, c/o HealthEdge Administrators, PO Box 11210, Bakersfield CA 93389-1210.		www.anthem.com/ca Member Services: (855) 537-6767 www.kerncountyhealthbenefits.com Travel Coverage: (800) 810-2583 Pre-Authorization: (855) 537-6767 Provider Only Claim Inquiries: (800) 688-3828 CVS Customer Care:* (833) 842-9152	
PROVIDERS: Please submit claims to your local Blue Cross and/or Blue Shield Plan. To ensure prompt claims processing, include the 3-digit alpha prefix that precedes the patient identification number.		*Contracts directly with the group	
CALIFORNIA PROVIDERS: Send ALL medical claims to: Anthem Blue Cross, PO Box 60007, Los Angeles CA 90060 Payor ID 47198. Claims Inquiries: (800) 688-3828		Anthem Blue Cross Life and Health Insurance Company provides administrative services only and does not assume any financial risk or obligation with respect to claims. Blue Cross of California, using the trade name Anthem Blue Cross, administers claims on behalf of Anthem Blue Cross Life and Health Insurance Company and is not liable for benefits payable. Independent licensees of the Blue Cross Association.	
*Out of Network PPO benefits administered by HealthEdge Administrators.			

Providers: Contact the Plan at **1-855-537-6767** to verify eligibility

Please use this temporary identification card for the Kern Legacy Max Choice, 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 Max Choice

Medical Group # 280696M007

Medical Claims in California:

Anthem Blue Cross
PO Box 60007
Los Angeles, CA 90060-0007
Payor ID 47198

Claims Inquiries: (800) 688-3828

Authorization for Medical / Mental Health Services:

Clinix Healthcare: (855) 537-6767

Member Medical Copayments:

Medical Annual Deductible: \$250 IND/ \$500 FAM

After Deductible:

PCP Copay: \$10
Specialist Copay: 20% coinsurance
Urgent Care Copay: \$15
ER Copay: \$150
Outpatient Surgery: 20% coinsurance
Inpatient Hospital: 20% coinsurance

Pharmacy Benefits:

RxGroup#: RX24QW
BIN# 004336
RxPCN: ADV

CVS Customer Care: (833) 842-9152

Member Pharmacy Copayments:

Prescription Annual Deductible: \$100 Individual

After Deductible:

Retail Pharmacy (30 days): \$5 / \$50 / \$90 *
Mail Order Pharmacies (up to 90 days): \$0 / \$25 / \$50 *
Specialty Drugs: \$50 / \$90 / \$120 *

*higher if generic is available

Issued by

KERN HEALTH & WELLNESS
COUNTY

(661) 868-3182