

KERN LEGACY Classic Choice

SAMPLE Member Identification Card

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

			
KEKCK##### Identification Number			
MEMBER NAME			
Medical Plan: Group #: 280696M001 Subscriber: SUBSCRIBER NAME Plan Code: 040		In Network Copays: PCP / Spec / ER Visit: \$15 / \$25 / \$75 Urgent Care Copay: \$15 Hospital Inpatient: \$150 / Day Outpatient Surgery: \$100	
Pharmacy Plan: RxBIN: 004336 RxPCN: ADV RxGRP #: RX24QW		Pharmacy Retail Copays: Retail Pharmacies (30 days): \$5 / \$15 / \$30* In Network Pharmacies (up to 90 days): \$0 / \$15 / \$30* Mail Delivery (up to 90 days): \$0 / \$15 / \$30* (* higher if generic is available)	
Pharmacy Help Desk: 1-800-364-6331		Prudent Buyer Plan 	

			
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 Classic 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 Classic Choice

Medical Group # 280696M001

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:

PCP Copay: \$15
Specialist Copay: \$25
Urgent Care Copay: \$15
ER Copay: \$75
Outpatient Surgery: \$100
Inpatient Hospital: \$150

Pharmacy Benefits:

Rx Group#: RX24QW
BIN# 004336
RxPCN: ADV

CVS Customer Service: (833) 842-9152

Member Pharmacy Copayments:

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

*higher if generic is available

Issued by

KERN COUNTY HEALTH & WELLNESS

(661) 868-3182