

KERN LEGACY Share Select

SAMPLE Member Identification Card

			
Member: MEMBER NAME PCP: PCP NAME		ID No. S9999999900	
Deductible*: \$2000 Individual or \$4000 Family			
Copays (after deductible):		RxBIN 004336	
PCP/Specialist	\$10 / \$20	RxPCN	ADV
Urgent Care/ER	\$15 / \$150	RxGRP	RX24QW
Inpatient Admission	\$100 - \$500		
Pharmacy Retail Copays(after deductible):		*Combined for pharmacy and medical services and must be met to begin coverage. Some preventive medications and services are deductible waived.	
Retail Pharmacies (30 days):	\$5 / \$50 / \$90**		
In Network Pharmacies (up to 90 days):	\$0 / \$25 / \$50**		
Mail Order Pharmacies (up to 90 days):	\$0 / \$25 / \$50**		
Specialty Drugs:	\$50 / \$90 / \$120**	** Higher if generic is available	
EPO High-Deductible 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 Share Select, 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 Share Select

Medical Claims:

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

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

Pharmacy Benefits:

RxGroup#: RX24QW
 BIN# 004336
 RxPCN: ADV

CVS Customer Care: (833) 842-9152

Member Medical Copayments:

Annual Deductible: \$2000/Employee - \$4000/Family

After Deductible is met:

PCP Copay: \$10
 Specialist Copay: \$20
 Urgent Care Copay: \$15
 ER Copay: \$150
 Kern Medical Outpatient Surgery: \$0
 Kern Medical Inpatient Hospital Stay: \$150 per day

Member Pharmacy Copayments:

After Deductible is met:

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

**higher if generic is available

Issued by



(661) 868-3182