

Deductibles and Copays

Deductible:

The deductible includes medical and pharmacy expenses combined.

- \$2000 Member
- \$4000 Family

Deductible-Waived Medical Services and Medications:

To ensure that members of **KERN LEGACY Share Select** have access to affordable preventive care and medications, the deductible is waived for the following services:

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| • Well Baby Care (up to age 2) | \$ 0 Copay |
| • Adult Periodic Health Evaluation | \$ 0 Copay |
| • Routine Mammogram and Pap Smear | \$ 0 Copay |
| • Routine Immunizations | \$ 0 Copay |
| • Medications-Generic Preventive Listing Only | \$10 Copay |

Acute care (illness & injury) is not be considered preventive care, even if during the same visit, and regular charges will apply.

Co-Pays after Deductible has been met:

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| • Primary Care Physician Visit | \$ 10 Copay |
| • Specialty Care Visit | \$ 20 Copay |
| • Urgent Care | \$ 15 Copay |
| • Emergency Room | \$150 Copay (waived if admitted) |
| • Mental Health Outpatient | \$ 10 Copay |
| • Substance Abuse Outpatient | \$ 10 Copay |

Kern Medical / Adventist Health

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| • Outpatient Surgery | \$0 Copay |
| • Inpatient Hospitalization | \$100 Copay per day, \$500 per Admission |