



County of Kern Health Plan Summary of Benefits – Comparison Chart

2018 Plan Year

Type of Plan/Benefit Level	Kern Legacy Select 1-855-308-5547	Kern Legacy Health Plan Network Plus 1-855-308-5547		County of Kern EPO Plan 1-888-587-8810	Kaiser Permanente HMO Plan 1-800-464-4000	County of Kern POS Plan 1-855-KERNPOS (537-6767)	
	Select Benefit with Deductible	EPO Benefit Tier	Plus Benefit Tier	Exclusive Provider Organization	HMO Plan	POS In-Network	POS Out-of-Network
Who Directs Your Care	Kern Health Care Network Primary Care Physician (PCP)	Kern Health Care Network Primary Care Physician (PCP)	Member (some services require member to obtain prior authorization)	Managed Care Systems contracted Primary Care Physician (PCP)	Kaiser Permanente Providers	Anthem Blue Cross contracted Primary Care Physician (PCP)	Member (some services require member to obtain prior authorization)
Annual Deductible	\$2,000 employee \$4,000 per family	\$0	\$250 individual \$500 per family	\$0	\$0	\$0	\$200 individual \$400 per family (2 mbrs)
Calendar Year Out-of-Pocket Max (Once this maximum is paid by the member, the plan pays a higher amount - up to 100% coverage)	<u>Combined Medical/Pharmacy:</u> \$6,000 employee \$12,000 family	<u>Medical:</u> \$1,000 per person \$2,000 per family <u>Pharmacy:</u> \$1,600 per person \$3,200 per family	<u>Medical:</u> \$4,000 per person \$8,000 per family (No Plus pharmacy benefits)	<u>Medical:</u> \$1,000 per person \$3,000 per family <u>Pharmacy:</u> \$5,600 per person \$10,200 per family	<u>Combined Medical/Pharmacy:</u> \$1,500 employee \$3,000 family	<u>Medical:</u> \$1,000 per person \$3,000 per family <u>Pharmacy:</u> \$5,600 per person \$10,200 per family	<u>Medical:</u> \$2,000 per person \$4,000 per family (2 mbrs @ \$2,000)
Primary Physician Visit	\$10 copay ¹	\$10 copay	n/a	\$10 copay	\$10 copay	\$15 copay	70% coverage R&C ¹
Specialist Physician Visits	\$20 copay ¹	\$20 copay	20% coinsurance ¹	\$15 copay	\$10 copay	\$25 copay	70% coverage R&C ¹
Well Baby Care (up to age 2)	\$0 copay (deductible waived)	\$0 copay	n/a	\$0 copay	\$0 copay	\$0 copay	70% coverage R&C ¹
Adult Periodic Health Evaluations ²	\$0 copay (deductible waived)	\$0 copay	n/a	\$0 copay	\$0 copay	\$0 copay	Not covered
Outpatient Surgery / Procedure	\$0 copay at Kern Medical ¹ \$50 copay at surgery center ¹ \$150 copay at outlying hospital ¹	\$0 copay Kern Medical \$50 copay surgery center \$150 copay outlying hospital	20% coinsurance ¹	Copays: \$150 (hospital setting) \$50 (surgery center)	\$10 copay per procedure	\$0 copay Kern Medical \$100 copay	70% coverage R&C ¹
Inpatient Hospitalization	\$150 copay per day, \$500 per admission at Kern Medical ^{4 1}	\$0 copay at Kern Medical ⁴	20% coinsurance ¹	\$100/day, up to max copay of \$500 per calendar year	\$250 copay per admission	\$0 copay Kern Medical \$150 copay per day, up to \$750	70% coverage R&C ¹
Emergency Room	\$150 copay (waived if admitted) ¹	\$150 copay (waived if admitted)		\$75 copay (waived if admitted)		\$75 copay (waived if admitted)	
Urgent Care	\$15 copay ¹	\$15 copay	Not a Plus Benefit	\$15 copay	\$10 copay	\$15 copay	70% coverage R&C ¹
Mammogram & Pap Smear	\$0 copay (deductible waived)	\$0 copay	20% coinsurance ¹	\$0 copay	\$0 copay	\$0 copay	Not Covered
Immunizations (Office visit copay applies)	\$0 copay (deductible waived)	\$0 copay	20% coinsurance ¹	\$0 copay	\$0 copay	\$0 copay	70% coverage R&C ¹
Diagnostic Lab/X-Ray	\$0 copay ¹	\$0 copay	20% coinsurance ¹	\$0 copay	\$0 copay	\$0 copay	70% coverage R&C ¹
Physical, Speech and Occupational Therapy	\$0 copay ¹	\$0 copay	20% coinsurance ¹	\$0 copay (max 60 visits/year combined)	\$10 copay	\$0 copay (max 60 visits/year combined)	70% coverage R&C ¹ (max. 60 visits/yr combined)
Prescription - Retail	\$10 per Preventative Generic medication (deductible waived) Kern Medical Pharmacy (up to 90 day): \$0 Generic \$25 Preferred Brand \$50 Non-Preferred Brand Specialty Meds: \$50/\$90/\$120	Kern Medical Pharmacy (up to 90 day): \$0 Generic \$15 Preferred Brand \$35 Non-Preferred Brand		30 day at NPS pharmacy: \$5 Generic \$10 Preferred Brand \$25 Non-Preferred Brand	Up to a 100 day supply at Kaiser pharmacy: \$5 Generic \$15 Brand	30 day at a contracted pharmacy: \$5 Generic (\$0 at Kern Medical Pharmacies) \$15 Preferred Brand ³ \$30 Non-Preferred Brand ³	
Prescription – Mail Order	Retail Pharmacy (Up to 30 day) \$5 Generic \$50 Preferred Brand \$90 Non-Preferred Brand	Retail Pharmacy (Up to 30 day) \$5 Generic \$30 Preferred Brand \$60 Non-Preferred Brand		90 day at Int HMO pharmacy: \$10 Generic \$20 Preferred Brand \$50 Non-Preferred Brand	Up to a 100 day: \$5 Generic \$15 Brand	90 day at Mail Delivery: \$10 Generic \$30 Preferred Name brand ³ \$60 Non-Preferred Name brand ³	

¹ After deductible has been met. ² Over 2 years old ³ If no generic available. Higher cost if generic is available. ⁴ Kern Medical is the ONLY in-network EPO hospital in metropolitan Bakersfield, except for certain specialties with prior Plan approval.

**This is a summary of the most frequently asked-about benefits. This chart does not explain benefits, out of pocket maximums, exclusion or limitations, nor does it list all benefits.
For a complete explanation, please refer to the Summary Plan Description for each plan.**