



2019 Plan Year

County of Kern Health Plan Summary of Benefits – Comparison Chart

	Kern Legacy SHARE SELECT 1-855-308-5547	Kern Legacy NETWORK PLUS 1-855-308-5547		Kern Legacy MAX CHOICE 1-855-537-6767	Kern Legacy CLASSIC CHOICE 1-855-537-6767		KAISER Permanente 1-800-464-4000
Type of Plan/Benefit Level	Select Benefit with Deductible	EPO Benefit Tier	Plus Benefit Tier	Exclusive Provider Organization	POS In-Network	POS Out-of-Network	HMO Plan
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)	Anthem Blue Cross contracted providers and facilities	Anthem Blue Cross contracted providers and facilities	Member (some services require member to obtain prior authorization)	Kaiser Permanente Providers
Annual Deductible	\$2,000 employee \$4,000 per family	\$0	\$250 individual \$500 per family	\$250 per individual \$500 per family	\$0	\$200 individual \$400 per family (2 mbrs)	\$0
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> \$5,000 per person \$10,000 per family <u>Pharmacy:</u> \$1,000 per person \$3,000 per 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)	<u>Combined Medical/Pharmacy:</u> \$1,500 employee \$3,000 family
Primary Physician Visit	\$10 copay ¹	\$10 copay	n/a	\$10 copay after deductible ¹	\$15 copay	70% coverage R&C ¹	\$10 copay
Specialist Physician Visits	\$20 copay ¹	\$20 copay	20% coinsurance ¹	20% coinsurance after deductible ¹ \$20 copay Kern Medical ¹	\$25 copay	70% coverage R&C ¹	\$10 copay
Well Baby Care (up to age 2)	\$0 copay (deductible waived)	\$0 copay	n/a	\$0 copay (deductible waived)	\$0 copay	70% coverage R&C ¹	\$0 copay
Adult Periodic Health Evaluations ²	\$0 copay (deductible waived)	\$0 copay	n/a	\$0 copay (deductible waived)	\$0 copay	Not covered	\$0 copay
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	After deductible: \$50 copay Kern Medical ¹ 20% coinsurance at other locations ¹	\$0 copay Kern Medical \$100 copay	70% coverage R&C ¹	\$10 copay per procedure
Inpatient Hospitalization	\$150 copay per day, \$500 per admission at Kern Medical ^{4 1}	\$0 copay at Kern Medical ⁴	20% coinsurance ¹	After deductible: \$100/day copay Kern Medical ¹ 20% coinsurance at other locations ¹ (\$2500 max per admit)	\$0 copay Kern Medical \$150 copay per day, up to \$750	70% coverage R&C ¹	\$250 copay per admission
Emergency Room	\$150 copay (waived if admitted) ¹	\$150 copay (waived if admitted)		\$150 copay after deductible (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 after deductible ¹	\$15 copay	70% coverage R&C ¹	\$10 copay
Mammogram & Pap Smear	\$0 copay (deductible waived)	\$0 copay	20% coinsurance ¹	\$0 copay (deductible waived)	\$0 copay	Not Covered	\$0 copay
Immunizations (Office visit copay applies)	\$0 copay (deductible waived)	\$0 copay	20% coinsurance ¹	\$0 copay (deductible waived)	\$0 copay	70% coverage R&C ¹	\$0 copay
Diagnostic Lab/X-Ray	\$0 copay ¹	\$0 copay	20% coinsurance ¹	\$0 copay after deductible ¹	\$0 copay	70% coverage R&C ¹	\$0 copay
Physical, Speech and Occupational Therapy	\$0 copay ¹	\$0 copay (max 60 visits/year combined)	20% coinsurance ¹ (max 60 visits/year combined)	20% coinsurance after deductible ¹ (max 60 visits/year combined)	\$0 copay (max 60 visits/year combined)	70% coverage R&C ¹ (max. 60 visits/yr combined)	\$10 copay
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 Retail Pharmacy (Up to 30 day) \$5 Generic \$30 Preferred Brand \$60 Non-Preferred Brand		After \$100 prescription deductible. • Kern Medical Pharmacy (up to 90 day). \$0 Generic; \$25 Preferred Brand; \$50 Non-Preferred Brand • Retail Pharmacy (Up to 30 day) \$5 Generic; \$50 Preferred Brand; \$90 Non-Preferred Brand Specialty Medications: \$50/\$90/\$120	30 day at a contracted pharmacy: \$5 Generic (\$0 at Kern Medical Pharmacies) \$15 Preferred Brand ³ \$30 Non-Preferred Brand ³		Up to a 100 day supply Kaiser pharmacy: \$5 Generic \$15 Brand
Prescription – Mail Order	Retail Pharmacy (Up to 30 day) \$5 Generic; \$50 Preferred Brand \$90 Non-Preferred Brand				90 day at Mail Delivery: \$10 Generic \$30 Preferred Name brand ³ \$60 Non-Preferred Name brand ³		Up to a 100 day: \$5 Generic \$15 Brand

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.