

PLAN YEAR <b>2026</b>	KERN LEGACY <b>SHARE SELECT</b> 1-855-308-5547	KERN LEGACY <b>NETWORK PLUS</b> 1-855-308-5547	
	Select Benefit with Deductible	EPO Benefit Tier	Plus Benefit Tier
<b>Type of Plan/Benefit Level</b>	Select Benefit with Deductible	EPO Benefit Tier	Plus Benefit Tier
<b>Who Directs Your Care</b>	Kern Health Care Network Provider	Kern Health Care Network Provider	
<b>Annual Deductible</b>	\$2,000 member \$4,000 family (non-embedded)	\$0	\$250 member \$500 family
<b>Calendar Year Out-of-Pocket Max</b> (Once the maximum is paid by the member, the plan pays a higher amount - up to 100% coverage)	Combined Medical/Pharmacy: \$6,000/member \$12,000/family	Medical: \$1,000/member; \$2,000/family Pharmacy: \$1,600/member; \$3,200/family	Medical \$4,000/member 8,000/family
<b>Primary Physician Visit</b>	\$10 copay <sup>1</sup>	\$10 copay	n/a
<b>Specialist Physician Visits</b>	\$20 copay <sup>1</sup>	\$20 copay	20% coinsurance <sup>1</sup>
<b>Behavioral Health Visits</b>	\$10 copay <sup>1</sup>	\$10 copay	n/a
<b>Well Baby Care (up to age 2)</b>	\$0 copay (deductible waived)	\$0 copay	n/a
<b>Adult Periodic Health Evals<sup>2</sup></b>	\$0 copay (deductible waived)	\$0 copay	n/a
<b>Outpatient Surgery/ Procedure</b>	\$0 copay Kern Medical/Adventist Health <sup>1</sup> ; \$50 copay surgery center <sup>1</sup> ; \$150 copay outlying hospitals <sup>1</sup>	\$0 copay Kern Medical/Adventist Health; \$50 copay surgery center; \$150 copay outlying hospital	20% coinsurance <sup>1</sup>
<b>Inpatient Hospitalization</b>	\$100 copay/day, up to \$500 per admission <sup>4 1</sup>	\$0 copay at Kern Medical/ Adventist Health <sup>4</sup> \$100 copay/day, up to \$500 per admission at outlying Hospitals <sup>3</sup> 20% coinsurance at Mercy SW for deliveries only <sup>1 3</sup>	
<b>Emergency Room</b>	\$150 copay (waived if admitted) <sup>1</sup>	\$150 copay (waived if admitted)	
<b>Urgent Care</b>	\$15 copay <sup>1</sup>	\$15 copay	Not a Plus Benefit
<b>Mammogram &amp; Pap Smear</b>	\$0 copay (deductible waived)	\$0 copay	20% coinsurance <sup>1</sup>
<b>Immunizations (Office visit copay applies)</b>	\$0 copay (deductible waived)	\$0 copay	20% coinsurance <sup>1</sup>
<b>Diagnostic Lab/X-Ray</b>	\$0 copay <sup>1</sup>	\$0 copay	20% coinsurance <sup>1</sup>
<b>Imaging (CAT/PET scans/MRI)</b>	\$25 copay at Kern Medical <sup>1</sup> \$50 copay at other contracted facilities <sup>1</sup>	\$25 copay	20% coinsurance <sup>1</sup>
<b>Physical, Speech and Occupational Therapy</b>	\$0 copay <sup>1</sup>	\$0 copay (max 60 visits/yr combined)	20% coinsurance <sup>1</sup> (max 60 visits/yr combined)
<b>Prescription Coverage</b>	HDHP* Preventive Drugs: \$0 (deductible waived)  CVS, Kroger & Costco Pharmacies or CVS Mail Order (up to 90-day) <sup>1</sup> : Tier 1: \$0   Tier 2: \$25   Tier 3: \$50  Retail Pharmacy (Up to 30-day) <sup>1</sup> : Tier 1: \$5   Tier 2: \$50   Tier 3: \$90  Specialty Medications <sup>1</sup> : Tier 1: \$50   Tier 2: \$90   Tier 3: \$120	CVS, Kroger & Costco Pharmacies or CVS Mail Order (up to 90-day): Tier 1: \$0   Tier 2: \$15   Tier 3: \$35  Retail Pharmacy (Up to 30-day): Tier 1: \$5   Tier 2: \$30   Tier 3: \$60	

<sup>1</sup> After deductible has been met. <sup>2</sup> Over 2 years old <sup>3</sup> Requires prior Plan approval from Plan  
<sup>4</sup> Kern Medical & Adventist Health are the **ONLY** in-network EPO hospitals within Kern County, except for certain outlying hospitals with prior Plan approval. <sup>5</sup> If no generic available. Higher cost if generic is available. \* HDHP: High-Deductible Health Plan

KERN LEGACY <b>MAX CHOICE</b> 1-855-537-6767	KERN LEGACY <b>CLASSIC CHOICE</b> 1-855-537-6767		<b>KAISER PERMANENTE</b> 1-800-464-4000
Exclusive Provider Organization	In-Network	Out-of-Network	HMO Plan
Anthem Blue Cross Provider	Anthem Blue Cross Provider	Member (some services require prior authorization)	Kaiser Permanente Providers
\$250 member \$500 family	\$0	\$200 member \$400 family (2 mbrs)	\$0
Medical: \$5,000/member; \$10,000/ family Pharmacy: \$1,000/member; \$3,000/ family	Medical: \$1,000/member; \$3,000/family Pharmacy: \$5,600/member; \$10,200/family	Medical: \$2,000/ member; \$4,000/ family Pharmacy: \$5,600/member; \$10,200/family	<u>Combined Medical/Pharmacy:</u> \$1,500/member; \$3,000/ family
\$10 copay <sup>1</sup>	\$15 copay	70% coverage R&C <sup>1</sup>	\$10 copay
20% coinsurance <sup>1</sup> \$20 copay Kern Medical <sup>1</sup>	\$25 copay	70% coverage R&C <sup>1</sup>	\$10 copay
\$10 copay <sup>1</sup>	\$15 copay	70% coverage R&C <sup>1</sup>	\$10 copay
\$0 copay (deductible waived)	\$0 copay	70% coverage R&C <sup>1</sup>	\$0 copay
\$0 copay (deductible waived)	\$0 copay	Not Covered	\$0 copay
20% coinsurance <sup>1</sup> \$50 copay Kern Medical <sup>1</sup>	\$0 copay Kern Medical \$100 copay	70% coverage R&C <sup>1</sup>	\$10 copay per procedure
20% coinsurance <sup>1</sup> \$100 copay/day at Kern Medical (up to \$2500 per admission) <sup>1</sup>	\$0 copay Kern Medical \$150 copay/day, up to \$750	70% coverage R&C <sup>1</sup>	\$250 copay per admission
\$150 copay <sup>1</sup> (waived if admitted)	\$75 copay (waived if admitted)		\$75 copay (waived if admitted)
\$15 copay <sup>1</sup>	\$15 copay	70% coverage R&C <sup>1</sup>	\$10 copay
\$0 copay (deductible waived)	\$0 copay	Not Covered	\$0 copay
\$0 copay (deductible waived)	\$0 copay	70% coverage R&C <sup>1</sup>	\$0 copay
\$0 copay <sup>1</sup>	\$0 copay	70% coverage R&C <sup>1</sup>	\$0 copay
20% coinsurance <sup>1</sup>	\$0 copay	70% coverage R&C <sup>1</sup>	\$0 copay
20% coinsurance <sup>1</sup> (max 60 visits/year combined)	\$0 copay (max. 60 visits/year combined)	70% coverage R&C <sup>1</sup> (max. 60 visits/year combined)	\$10 copay
After \$100 prescription deductible: CVS, Kroger & Costco Pharmacies or CVS Mail Order (up to 90-day): Tier 1: \$0   Tier 2: \$25   Tier 3: \$50 <sup>5</sup>  Retail Pharmacy (Up to 30-day): Tier 1: \$5   Tier 2: \$50   Tier 3: \$90 <sup>5</sup>  Specialty Medications: Tier 1: \$50   Tier 2: \$90   Tier 3: \$120	CVS, Kroger & Costco Pharmacies or CVS Mail Order (up to 90-day): Tier 1: \$0   Tier 2: \$15   Tier 3: \$30 <sup>5</sup>  Retail Pharmacy (Up to 30-day): Tier 1: \$5   Tier 2: \$15   Tier 3: \$30 <sup>5</sup>		Up to 100-day: Generic: \$5 Brand: \$15  Up to 100-day: Generic: \$5 Brand: \$15

**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 County of Kern Plan Document describing the Kern Legacy Health Plans.**