## County of Kern Health Plan
### Summary of Benefits – Comparison Chart

<table>
<thead>
<tr>
<th>2020 Plan Year</th>
<th>Kern Legacy</th>
<th>Kern Legacy</th>
<th>Kern Legacy</th>
<th>Kern Legacy</th>
<th>KAISER Permanente</th>
</tr>
</thead>
<tbody>
<tr>
<td>SHARE SELECT</td>
<td>1-855-308-5547</td>
<td>NETWORK PLUS</td>
<td>1-855-308-5547</td>
<td>CLASSIC CHOICE</td>
<td>1-855-537-6767</td>
</tr>
<tr>
<td><strong>Type of Plan/Benefit Level</strong></td>
<td><strong>Select Benefit with Deductible</strong></td>
<td><strong>EPO Benefit Tier</strong></td>
<td><strong>Plus Benefit Tier</strong></td>
<td><strong>Exclusive Provider Organization</strong></td>
<td><strong>POS In-Network</strong></td>
</tr>
<tr>
<td><strong>Who Directs Your Care</strong></td>
<td>Kern Health Care Network Primary Care Physician (PCP)</td>
<td>Kern Health Care Network Primary Care Physician (PCP)</td>
<td>Member (some services require member to obtain prior authorization)</td>
<td>Anthem Blue Cross contracted providers and facilities</td>
<td>Member (some services require member to obtain prior authorization)</td>
</tr>
<tr>
<td><strong>Annual Deductible</strong></td>
<td>$2,000 employee, $4,000 per family</td>
<td>$0</td>
<td>$250 individual, $500 per family</td>
<td>$250 per individual, $500 per family</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Calendar Year</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Out-of-Pocket Max (Once this maximum is paid by the member, the plan pays a higher amount - up to 100% coverage)</strong></td>
<td>Combined Medical/Pharmacy: $6,000 employee, $12,000 family</td>
<td>Medical: $1,000 per person, $2,000 per family</td>
<td>Medical: $4,000 per person, $8,000 per family</td>
<td>Medical: $5,000 per person, $10,000 per family</td>
<td>Medical: $1,000 per person, $3,000 per family</td>
</tr>
<tr>
<td><strong>Primary Physician Visit</strong></td>
<td>$10 copay ¹</td>
<td>$10 copay</td>
<td>n/a</td>
<td>$10 copay after deductible ¹</td>
<td>$15 copay</td>
</tr>
<tr>
<td><strong>Specialist Physician Visits</strong></td>
<td>$20 copay ¹</td>
<td>$20 copay</td>
<td>20% coinsurance ¹</td>
<td>20% coinsurance after deductible ²</td>
<td>$20 copay Kern Medical ¹</td>
</tr>
<tr>
<td><strong>Well Baby Care (up to age 2)</strong></td>
<td>$0 copay (deductible waived)</td>
<td>$0 copay</td>
<td>n/a</td>
<td>$0 copay (deductible waived)</td>
<td>$0 copay (deductible waived)</td>
</tr>
<tr>
<td><strong>Adult Periodic Health Evaluations</strong></td>
<td>$0 copay (deductible waived)</td>
<td>$0 copay</td>
<td>n/a</td>
<td>$0 copay (deductible waived)</td>
<td>$0 copay (deductible waived)</td>
</tr>
<tr>
<td><strong>Outpatient Surgery / Procedure</strong></td>
<td>$0 copay at Kern Medical ¹</td>
<td>$0 copay, $50 copay surgery center ², $150 copay at outlying hospital ³</td>
<td>20% coinsurance ¹</td>
<td>After deductible: $100 copay Kern Medical ¹</td>
<td>20% coinsurance at other locations ¹</td>
</tr>
<tr>
<td><strong>Inpatient Hospitalization</strong></td>
<td>$150 copay per day, $500 per admission at Kern Medical ⁴ ¹</td>
<td>$0 copay at Kern Medical ⁴</td>
<td>20% coinsurance ¹</td>
<td>After deductible: $100/day copay Kern Medical ¹</td>
<td>20% coinsurance at other locations ¹</td>
</tr>
<tr>
<td><strong>Emergency Room</strong></td>
<td>$150 copay (waived if admitted) ¹</td>
<td>$150 copay (waived if admitted)</td>
<td>$150 copay after deductible (waived if admitted)</td>
<td>$150 copay after deductible (waived if admitted)</td>
<td>$75 copay (waived if admitted)</td>
</tr>
<tr>
<td><strong>Urgent Care</strong></td>
<td>$15 copay ¹</td>
<td>$15 copay</td>
<td>Not a Plus Benefit</td>
<td>$15 copay after deductible ¹</td>
<td>$15 copay</td>
</tr>
<tr>
<td><strong>Mammogram &amp; Pap Smear</strong></td>
<td>$0 copay (deductible waived)</td>
<td>$0 copay</td>
<td>20% coinsurance ¹</td>
<td>$0 copay (deductible waived)</td>
<td>Not Covered</td>
</tr>
<tr>
<td><strong>Immunizations (Office visit copay applies)</strong></td>
<td>$0 copay (deductible waived)</td>
<td>$0 copay</td>
<td>20% coinsurance ¹</td>
<td>$0 copay (deductible waived)</td>
<td>$0 copay</td>
</tr>
<tr>
<td><strong>Diagnostic Lab/X-Ray</strong></td>
<td>$0 copay ¹</td>
<td>$0 copay</td>
<td>20% coinsurance ¹</td>
<td>$0 copay after deductible ¹</td>
<td>$0 copay</td>
</tr>
<tr>
<td><strong>Physical, Speech and Occupational Therapy</strong></td>
<td>$0 copay ¹</td>
<td>$0 copay (max 60 visits/year combined)</td>
<td>20% coinsurance ¹ (max 60 visits/year combined)</td>
<td>$0 copay (max 60 visits/year combined)</td>
<td>$0 copay (max 60 visits/year combined)</td>
</tr>
<tr>
<td><strong>Prescription - Retail</strong></td>
<td>$10 per Preventative Generic medication (deductible waived)</td>
<td>Kern Medical Pharmacy: (up to 90 day): $0 Generic, $15 Preferred Brand, $35 Non-Preferred Brand</td>
<td>Specialty Meds: $50/$90/$120</td>
<td>After $100 prescription deductible. - Kern Medical Pharmacy: (up to 90 day): $0 Generic, $15 Preferred Brand, $35 Non-Preferred Brand</td>
<td>Retail Pharmacy: (Up to 30 day): $5 Generic, $30 Preferred Brand, $60 Non-Preferred Brand</td>
</tr>
<tr>
<td><strong>Prescription – Mail Order</strong></td>
<td>$10 per Preventative Generic medication (deductible waived)</td>
<td>Kern Medical Pharmacy: (up to 90 day): $0 Generic, $15 Preferred Brand, $35 Non-Preferred Brand</td>
<td>Specialty Meds: $50/$90/$120</td>
<td>Retail Pharmacy: (Up to 30 day): $5 Generic, $30 Preferred Brand, $60 Non-Preferred Brand</td>
<td>Specialty Medications: $50/$90/$120</td>
</tr>
</tbody>
</table>

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. ⁵ 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. ⁶ For a complete explanation, please refer to the Summary Plan Description for each plan.