



KERN LEGACY

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HIGH-DEDUCTIBLE EPO HEALTH PLAN

Sample ID Card for Active Employee and Retiree

EPO High-Deductible Health Plan | Deductible \$2000 Individual or \$4000 Family

Medical & RX Copays After Deductible:

PCP/Specialist -

\$10/\$20

Urgent Care/ER -

\$15/\$150

Inpatient - \$100 - \$500

Kern Medical Pharmacy

Non-Specialty RX -

\$0/\$25/\$50

Specialty RX -

\$50/\$90/\$120

Retail Pharmacy RX -

\$5/\$50/\$90



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NAME:

ID:

PCP:

MEDICAL SERVICES: USE SELECT NETWORK PROVIDERS ONLY

RX Group:

BIN: 008878

PCN: NETCARD



Kern Medical is the only Select Network Hospital in Bakersfield Area.

Plan Website & Provider Portal: www.KernLegacyHP.com

Deductible: Is combined for pharmacy and medical services and must be met before most medications and services will be covered. The deductible is waived for some preventive medications and services. Call Health Plan Services for details.

Member: You may self-refer for a consultation with a **Select Network** specialist. Most specialty follow up visits, procedures, and all inpatient admissions require prior authorization by the Plan. Possession or use of this card does not guarantee payment. In case of emergency, both urgent care and emergency care are available without prior authorization. Call Health Plan Services for details.

Hospital | Providers: Submit claims to: **HealthEdge Administrators, P.O. Box 11210, Bakersfield, CA. 93389-1210** or electronic submissions use **Payer ID #89890**. For authorization or eligibility, contact Health Plan Services or visit the Provider Portal. All inpatient admissions require notification to the Plan. Failure to do so could result in the claim not being paid. To obtain authorization for inpatient admission, FAX request to (661) 868-3291.



Kern Health Care Network

HEALTH PLAN SERVICES

Bakersfield area call: (661) 868-3280

Outside Bakersfield call: 1 (855) 308-5547



**First Health
Network**

No Out-Of-Network Benefit for Non-Emergency Services