






Kern Legacy Classic Choice Plan

SAMPLE Member Identification Card

Retirees and Dependents within the State of California

 KEKCK##### Identification Number MEMBER NAME	 Prudent Buyer Plan 	 MEMBERS: When submitting inquiries, always include your identification number from the face of this card. Possession or use of this card does not guarantee payment. Members may send reimbursement claims directly to: Kern Legacy Classic Choice*, c/o HealthEdge Administrators, PO Box 11210, Bakersfield CA 93389-1210. PROVIDERS: Please submit claims to your local Blue Cross and/or Blue Shield Plan. To ensure prompt claims processing, include the 3-digit alpha prefix that precedes the patient's identification number. CALIFORNIA PROVIDERS: Send ALL Medical claims to: Anthem Blue Cross PO Box 60007 Los Angeles CA 90060 Payor ID 47198 Claims Inquiries: (800) 688-3828 *Out of Network PPO benefits administered by HealthEdge Administrators.	 www.anthem.com/ca Member Services: (855) 537-6767 www.kerncountyhealthbenefits.com Travel Coverage: (800) 810-2583 Pre-Authorization: (855) 537-6767 Provider Only Claim Inquiries: (800) 688-3828 WellDyneRx Pharmacy Customer Service:* (888) 479-2000 *Contracts directly with the group Anthem Blue Cross Life & Health Insurance Company provides administrative services only and does not assume any financial risk or obligation with respect to claims. Blue Cross of California, using the trade name Anthem Blue Cross, administers claims on behalf of Anthem Blue Cross Life and Health Insurance Company and is not liable for benefits payable. Independent licensees of the Blue Cross Association. Pharmacy benefits administrator*
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Providers: Contact the Plan at [1-855-537-6767](tel:1-855-537-6767) to verify eligibility

This is a sample of a temporary identification card for the Kern Legacy Classic Choice, a Kern County Self-Insured Health Plan. K L Classic Choice members can use this card for updated billing and contact information if they have not yet received their cards. KL Classic Choice formerly known as County of Kern POS Plan, same benefits with a new name.

Kern Legacy Classic Choice Plan Medical Group # 280696M003

Medical Claims in California:

Anthem Blue Cross
PO Box 60007
Los Angeles, CA 90060-0007
Payor ID 47198
Claims Inquiries: (800) 688-3828

Pharmacy Benefits:

Rx Group#: 2991
BIN# 008878
Processor: Netcard
WellDyne Rx Customer Service: (888) 479-2000

Authorization for Medical / Mental Health Services:

Clinix Healthcare: (855) 537-6767

Member Pharmacy Copayments:

Retail Pharmacy (30 days): \$5 / \$25 / \$40 *
Kern Medical Pharmacies (up to 90 days): \$0 / \$50 / \$80 *
Mail Delivery (90 days): \$10 / \$50 / \$80 *

Member Medical Copayments:

PCP Copay: \$15
Specialist Copay: \$25
Urgent Care Copay: \$15
ER Copay: \$75
Outpatient Surgery: \$100
Inpatient Hospital: \$150

*higher if generic is available

Additional Plan information is available at www.kerncountyhealthbenefits.com