






Kern Legacy Max Choice Plan

SAMPLE Member Identification Card

Active Employees and Dependents within the State of California

 KEKCK##### Identification Number MEMBER NAME	 Medical Coverage After Deductible: Annual Deductible \$ 250 IND/500 FAM PCP/Urgent Care/ER \$ 10/15/150 Specialty/Hospital 20% coinsurance Pharmacy Retail Copay After Deductible: Annual Deductible \$ 100 IND Gen/Pref/Non-Pref \$ 5/50/90 * Specialty Meds \$ 50/90/120 * (* higher if generic available) 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 Max 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 	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 Max Choice, a Kern County Self-Insured Health Plan. K L Max Choice members can use this card for updated billing and contact information if they have not yet received their cards.

Kern Legacy Max Choice Plan

Medical Group # 280696M005

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:

Authorization for Medical / Mental Health Services:

Clinix Healthcare: (855) 537-6767

Member Medical Copayments:

Medical Annual Deductible: \$250 IND/ \$500 FAM

After Deductible:

PCP Copay: \$10
Specialist Copay: 20% coinsurance
Urgent Care Copay: \$15
ER Copay: \$150
Outpatient Surgery: 20% coinsurance
Inpatient Hospital: 20% coinsurance

RxGroup#: 3200
BIN# 008878
Processor: Netcard

WellDyne Rx Customer Service: (888) 479-2000

Member Pharmacy Copayments:

Prescription Annual Deductible: \$100 Individual

After Deductible:

Retail Pharmacy (30 days): \$5 / \$50 / \$90 *
Kern Medical Pharmacies (up to 90 days): \$0 / \$25 / \$50 *
Specialty Drugs: \$50 / \$90 / \$120 *

*higher if generic is available

Additional Plan information is available at www.kerncountyhealthbenefits.com