






# Kern Legacy Max Choice Plan

## SAMPLE Member Identification Card

Retiree and Dependents within the State of California

 <b>KEKCK#####</b> Identification Number <b>MEMBER NAME</b>	 <b>Medical Coverage After Deductible:</b> Annual Deductible \$ 250 IND/500 FAM PCP/Urgent Care/ER \$ 10/15/150 Specialty/Hospital 20% coinsurance <b>Pharmacy Retail Copay After Deductible:</b> Annual Deductible \$ 100 IND Gen/Pref/Non-Pref \$ 5/50/90 * Specialty Meds \$ 50/90/120 * (* higher if generic available) <b>Prudent Buyer Plan</b> 	 <b>MEMBERS:</b> 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. <b>PROVIDERS:</b> 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. <b>CALIFORNIA PROVIDERS:</b> Send ALL Medical claims to: Anthem Blue Cross, PO Box 60007, Los Angeles CA 90060 Payor ID 47198. Claims Inquiries: (800) 688-3828. 	<p><a href="http://www.anthem.com/ca">www.anthem.com/ca</a> Member Services: (855) 537-6767 <a href="http://www.kerncountyhealthbenefits.com">www.kerncountyhealthbenefits.com</a> Travel Coverage: (800) 810-2583 Pre-Authorization: (855) 537-6767 Provider Only Claim Inquiries: (800) 688-3828 WellDyneRx Pharmacy Customer Service:* (888) 479-2000 <b>*Contracts directly with the group</b></p> <p>Anthem Blue Cross Life &amp; 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.</p> <p>Pharmacy benefits administrator*</p>
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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 # 280696M007

### 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:

RxGroup#: 3300  
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:

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 \*

### 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

\*higher if generic is available

Additional Plan information is available at [www.kerncountyhealthbenefits.com](http://www.kerncountyhealthbenefits.com)