



**KERN LEGACY**

**Share Select**

HIGH-DEDUCTIBLE EPO HEALTH PLAN

## Deductibles and Copays

### Deductible:

- \$2000 for Individual Plan (1)
- \$4000 for Family Plan (2+)

**The deductible includes medical and pharmacy expenses combined.**

### Deductible-Waived Medical Services and Medications:

To ensure that members of Kern Legacy Share Select have access to affordable preventive care and medications, the following are waived from the deductible requirement:

Well Baby Care (up to age 2)	→	\$0
Adult Periodic Health Evaluation	→	\$0
Routine Mammogram and Pap Smear	→	\$0
Routine Immunizations	→	\$0
Medications-Generic Preventive Listing Only	→	\$0

**Acute care (illness & injury) will not be considered preventive care, even if during the same visit, and regular charges will apply.**

### Co-Pays after Deductible is Met:

PCP/Specialty Visit	→	\$10/\$20
Urgent Care/ER Visit	→	\$15/\$150
Mental Health Outpatient	→	\$10
Substance Abuse Outpatient	→	\$10

#### **Kern Medical**

Outpatient Surgery	→	\$0
Inpatient Hospitalization	→	\$100/day