



# KERN LEGACY HEALTH PLAN

- Primary care physicians will be community physicians similar to other County plan options, including outlying areas
- Lower biweekly employee contributions – more than 50% lower than any other plan
- On-site lab services located on the first floor of the County Administrative Building
- Prescription drop-off and pick-up available on the first floor of the County Administrative Building, and the pharmacies at Sagebrush Center and Kern Medical Center, including mailed prescriptions
- \$30 co-pay for all prescriptions not filled through KMC
- \$0 for inpatient hospitalization and outpatient surgery/procedures at KMC
- \$100 per day (\$500 max) co-pay for inpatient hospitalization in Ridgecrest, Delano and Tehachapi
- Self-referral for OB/GYN and chiropractic care
- KMC Specialty services provided at a KMC satellite office located at 6401 Truxtun Avenue Suite A1, west of Mohawk
- 24-7 nurse line
- Patient education newsletter

## Websites and Phone Number

1-855-308-5547 or 1-855-308-KLHP

KLHP Office Locations – 1115 Truxtun Ave. Bakersfield, CA 93301 – First Floor

Kern Legacy Health Plan Website: <http://www.kernlegacyhp.com> (available May 1st)

Email [KHLP@kernmedctr.com](mailto:KHLP@kernmedctr.com) or in the groupwise address book by typing in "Kern Legacy Health Plan"

| <b>2013 Annual Rates, as of May 1, 2013</b> | <b>Employee</b> | <b>E+1</b>   | <b>Family</b>  |
|---|-----------------|--------------|----------------|
| County of Kern POS                          | \$1,513         | \$2,922      | \$4,304        |
| Managed Care Systems EPO                    | \$913           | \$1,826      | \$2,583        |
| <b>Kern Legacy Health Plan EPO</b>          | <b>\$443</b>    | <b>\$887</b> | <b>\$1,278</b> |
| Kaiser Permanente                           | \$1,069         | \$2,061      | \$2,921        |

| <b>Annual Savings for Employees if they select Legacy Plan</b> | <b>Employee</b> | <b>E+1</b> | <b>Family</b> |
|--|-----------------|------------|---------------|
| County of Kern POS   | (\$1,070)       | (\$2,035)  | (\$3,026)     |
| County of Kern EPO   | (\$470)         | (\$939)    | (\$1,305)     |
| Kaiser Permanente  | (\$626)         | (\$1,174)  | (\$1,643)     |

# Kern County Health Benefits

## Bi-Weekly Employee Contributions for 2013

Employee health benefits package includes medical/prescription, vision, and dental plan

| Coverage for:      | County of Kern POS <sup>(1)</sup><br>Includes VSP and<br>DHMO or PPO/Dental |    | Managed Care Systems EPO <sup>(2)</sup><br>Includes VSP and<br>DHMO or PPO/Dental |      | Kaiser Permanente<br>Includes VSP and<br>DHMO or PPO/Dental |      | Kern Legacy Health Plan <sup>(2)</sup><br>Includes VSP and<br>DHMO or PPO/Dental |    |       |      |    |      |
|--------------------|---|----|---|------|---|------|--|----|-------|------|----|------|
|                    |   |    |   |      |   |      |  |    |       |      |    |      |
| Employee only      | \$57  | or | \$58  | \$34 | or  | \$35 | \$40   | or | \$41  | \$16 | or | \$17 |
| Employee + 1       | \$110   | or | \$112   | \$68 | or  | \$70 | \$77   | or | \$79  | \$33 | or | \$34 |
| Family (3 or more) | \$162   | or | \$165   | \$97 | or  | \$99 | \$109  | or | \$112 | \$48 | or | \$49 |

(1) The County of Kern Point-of-Service (POS) medical plan, contracted through Managed Care Systems

(2) The Kern Legacy Health Plan Exclusive Provider Organization (EPO) medical plan, contracted through Kern Medical Center

The amounts above reflect the current employee contribution rates of 20% of the total health premium. All employees hired on or after 04/15/97 contribute at this 20% rate. Some bargaining units may also currently contribute a half-rate of 10% of the total health premium for employees hired prior to 04/15/97, which are listed below.

Groups that currently contribute 10% of total health premium for employees hired before 04/15/97:

- Bargaining units 1,2,3,4,5,6 (SEIU) will contribute the full 20% premium beginning with the pay received on 05/28/13.
- Bargaining units M,D,X (Management & Confidential) will contribute the full 20% premium beginning with the pay received on 07/23/13.
- Bargaining unit P (Prosecutors) will contribute the full 20% premium beginning with the pay received on 09/03/13.

For these bargaining units, deductions for employees hired before 04/15/97 will automatically increase to the full 20% contribution for all pay periods after the date listed above.

Employees hired before 04/15/97 in other bargaining units (including O, K, U, and Z) do not contribute toward the cost of benefits.

# County of Kern Medical Plans - Benefits Comparison Chart

| Type of Plan/Benefit Level  | County of Kern Employee Medical POS Plan<br>1-877-268-1162  |  | Kaiser Permanente<br>1-800-533-1833  |  | Managed Care Systems EPO<br>1-888-587-8810   |  | NEW! Kern Legacy Health Plan<br>Toll-Free 1-855-308-KLHP (5347)  |  |
|---|---|--|--|--|--|--|--|--|
|   | POS In-Network  | Point of Service Plan **<br>POS Out-of-Network   | Kaiser Permanente  | EPO<br>(Exclusive Provider Organization)   | EPO<br>(Exclusive Provider Organization)   | EPO<br>(Exclusive Provider Organization)   | EPO<br>(Exclusive Provider Organization)   |  |
| <b>Who Directs Your Care</b>  | Contracted Primary Care Physician (PCP)   | Member<br>(some services require member to obtain prior authorization)   | Kaiser Permanente  | EPO<br>(Exclusive Provider Organization)   | EPO<br>(Exclusive Provider Organization)   | EPO<br>(Exclusive Provider Organization)   | EPO<br>(Exclusive Provider Organization)   |  |
| <b>Who Provides Your Care</b>   | Providers contracted with this plan. Specialist visits require a referral or a Prior Authorization. Prior authorization must be obtained for services not available in the network.   | Any licensed provider rendering covered services when referral/authorization was not obtained for In-Network benefits. When providers who are contracted on the national network are used as out-of-network providers, their fee discount reduces your out-of-pocket expenses.<br>\$200 per individual<br>\$400 per family (2 mbrs @ \$200)<br>\$2,000 per person<br>\$4,000 per family (2 mbrs @ \$2,000) | Services must be provided, prescribed, authorized, or directed by a Plan Physician and you must receive services from Plan Providers inside California Region Area, except where specifically noted. | PCPs contracted with this plan plus specialists in the PCP's medical group. Specialist visits require a referral or a Prior Authorization. Prior authorization must be obtained for services not available in the network. | PCPs contracted with this plan plus specialists in the PCP's medical group. Specialist visits require a referral or a Prior Authorization. Prior authorization must be obtained for services not available in the network. | PCPs contracted with this plan plus specialists in the PCP's medical group. Specialist visits require a referral or a Prior Authorization. Prior authorization must be obtained for services not available in the network. | PCPs contracted with this plan plus specialists in the PCP's medical group. Specialist visits require a referral or a Prior Authorization. Prior authorization must be obtained for services not available in the network. |  |
| <b>Annual Deductible</b>  | \$0   |  | \$0  | \$0  | \$0  | \$0  | \$0  |  |
| <b>Calendar Year Out-of-Pocket Max</b><br><small>(Once this maximum is paid for the member, the plan pays higher amount - up to 100% co-payments)</small> | n/a: copay always applies   |  | \$1,500 for employee only<br>\$3,000 per family  | \$1,000 per person<br>\$3,000 per family   | \$1,000 per person<br>\$3,000 per family   | \$1,000 per person<br>\$3,000 per family   | \$1,000 per person<br>\$3,000 per family   |  |
| <b>Primary Physician Visit</b>  | \$15 copay  | 70% coverage R&C <sup>1</sup>  | \$10 copay   | \$10 copay   | \$10 copay   | \$10 copay   | \$10 copay   |  |
| <b>Specialist Physician Visits</b>  | \$25 copay  | 70% coverage R&C <sup>1</sup>  | \$10 copay   | \$15 copay   | \$15 copay   | \$15 copay   | \$15 copay   |  |
| <b>Well Baby Care (up to age 2)</b>   | \$15 copay  | 70% coverage R&C <sup>1</sup>  | \$5 copay  | \$10 copay   | \$10 copay   | \$10 copay   | \$10 copay   |  |
| <b>Adult Periodic Health Evaluations<sup>2</sup></b>  | \$15 copay  | Not covered  | \$10 copay   | \$0 copay  | \$0 copay  | \$0 copay  | \$0 copay  |  |
| <b>Outpatient Surgery / Procedure</b>   | \$0 copay at KMC or \$100 copay   | 70% coverage R&C <sup>1</sup>  | \$10 per procedure copay   | \$150 (hospital setting) copay<br>\$50 (surgery center) copay  | \$150 (hospital setting) copay<br>\$50 (surgery center) copay  | \$0 copay at KMC or \$150 (hospital setting) copay<br>\$50 (surgery center) copay  | \$0 copay at KMC or \$150 (hospital setting) copay<br>\$50 (surgery center) copay  |  |
| <b>Inpatient Hospitalization</b>  | \$0 copay at KMC or \$150 copay per day, up to \$750 yr max   | 70% coverage R&C <sup>1</sup>  | \$250 per admission copay  | \$100/day, up to max copay of \$500 per calendar year  | \$100/day, up to max copay of \$500 per calendar year  | \$0 copay at KMC or \$100/day, up to max copay of \$500 per calendar year  | \$0 copay at KMC or \$100/day, up to max copay of \$500 per calendar year  |  |
| <b>Emergency Room</b>   | \$75 copay (waived if admitted)   |  | \$75 copay (waived if admitted)  | \$75 copay (waived if admitted)  | \$75 copay (waived if admitted)  | \$75 copay (waived if admitted)  | \$75 copay (waived if admitted)  |  |
| <b>Urgent Care</b>  | \$15 copay  | 70% coverage R&C <sup>1</sup>  | \$10 copay   | \$15 copay   | \$15 copay   | \$15 copay   | \$15 copay   |  |
| <b>Mammogram &amp; Pap Smear</b>  | \$0 copay   | Not Covered  | \$0 copay  | \$0 copay  | \$0 copay  | \$0 copay  | \$0 copay  |  |
| <b>Inmunizations</b>  | \$0 copay   | 70% coverage R&C <sup>1</sup>  | \$0 copay  | \$0 copay  | \$0 copay  | \$0 copay  | \$0 copay  |  |
| <b>(Office visit copay applies)</b>   | \$0 copay   | 70% coverage R&C <sup>1</sup>  | \$0 copay  | \$0 copay  | \$0 copay  | \$0 copay  | \$0 copay  |  |
| <b>Diagnostic Lab/X-Ray</b>   | \$0 copay (max 60 visits/year combined)   | 70% coverage R&C <sup>1</sup>  | \$10 copay   | \$0 copay  | \$0 copay  | \$0 copay  | \$0 copay  |  |
| <b>Physical, speech and occupational</b>  | \$0 copay   | 70% coverage R&C <sup>1</sup> (max. 60 visits/yr)  | No charge  | \$0 copay  | \$0 copay  | \$0 copay  | \$0 copay  |  |
| <b>Durable Medical Equipment</b>  | \$0 copay   | 70% coverage R&C <sup>1</sup>  | \$10 copay   | \$0 copay  | \$0 copay  | \$0 copay  | \$0 copay  |  |
| <b>Allergy Testing &amp; Diagnosis</b>  | \$20 maximum benefit/visit - max. 30 visits per yr  | 70% coverage R&C <sup>1</sup>  | \$10 copay - max 30 visits per year (ASHP Networks)  | \$10 per visit - maximum 20 visits per calendar year   | \$10 per visit - maximum 20 visits per calendar year   | \$10 per visit - maximum 20 visits per calendar year   | \$10 per visit - maximum 20 visits per calendar year   |  |
| <b>Chiropractic</b>   | 30 day at CatalystRx pharmacy:<br>\$5 Generic (\$0 at KMC Pharmacies)<br>\$15 Preferred Name brand (\$0 at KMC Pharmacies) <sup>3</sup><br>\$30 Non-Preferred Name brand <sup>3</sup> |  | Up to a 100 day supply at Kaiser Permanente pharmacy<br>\$5 Generic<br>\$25 Preferred Name Brand<br>\$15 Brand Name  | \$5 Generic<br>\$10 Preferred Name Brand<br>\$25 Non-Preferred Name Brand  | \$5 Generic<br>\$10 Preferred Name Brand<br>\$25 Non-Preferred Name Brand  | \$5 Generic<br>\$10 Preferred Name Brand<br>\$25 Non-Preferred Name Brand  | \$5 Generic<br>\$10 Preferred Name Brand<br>\$25 Non-Preferred Name Brand  |  |
| <b>Prescription - Retail</b>  | 90 day at Walgreen's Mail Service:<br>\$10 Generic<br>\$30 Preferred Name brand <sup>3</sup><br>\$60 Non-Preferred Name brand <sup>3</sup>  |  | \$90 day at Walgreen's Mail Service:<br>\$10 Generic<br>\$20 Preferred Name Brand<br>\$50 Non-Preferred NB   | \$90 day at Walgreen's Mail Service:<br>\$10 Generic<br>\$20 Preferred Name Brand<br>\$50 Non-Preferred NB   | \$90 day at Walgreen's Mail Service:<br>\$10 Generic<br>\$20 Preferred Name Brand<br>\$50 Non-Preferred NB   | \$90 day at Walgreen's Mail Service:<br>\$10 Generic<br>\$20 Preferred Name Brand<br>\$50 Non-Preferred NB   | \$90 day at Walgreen's Mail Service:<br>\$10 Generic<br>\$20 Preferred Name Brand<br>\$50 Non-Preferred NB   |  |
| <b>Prescription - Mail order</b>  |   |  |  |  |  |  |  |  |

<sup>1</sup> After deductible has been met  
<sup>2</sup> Over 2 years old  
<sup>3</sup> If no generic available. Higher cost if generic is available.

This is a summary of the most frequently asked-about benefits. This chart does not explain benefits, out-of-pocket maximums, exclusions or limitations, nor does it list all benefits. For a complete explanation, please refer to the Summary Plan Description for each plan.

\*\*Out of Area Plan enrollment is available to POS plan members who reside outside of Kern County or in Frazier Park, Pine Mountain, Lebec, Lake of the Woods, Pinon Pines, Tejon, Mojave, Rosamond, Boroni, Edwards, Willow Springs, Desert Lake or California City. With Out-of-Area enrollment, the member directs care instead of care being directed by a Kern County PCP. In network benefits are obtained by using contracted providers on the national network or as directed by the plan administrator.



County of Kern Employees

# Kern Legacy Health Plan

Effective July 1, 2013

## Frequently Asked Questions

**Q 1:** Effective July 1, 2013, what are all of the available health plan options for County employees?

**A:** Options will include the County Point-of-Service (POS) plan, currently administered by Managed Care Systems (MCS); the MCS Exclusive Provider Organization (EPO) plan; the Kaiser Permanente (Kaiser) Health Maintenance Organization (HMO) plan; and the **NEW** Kern Legacy Health Plan EPO that will offer hospital, prescription, and specialist physician care through the County's publicly-owned hospital, Kern Medical Center (KMC). In-network benefits include:

| Service                          | County POS   | MCS EPO                              | Kaiser HMO                           | Kern Legacy Health Plan EPO   |
|----------------------------------|--|--------------------------------------|--------------------------------------|---|
| Primary Care Office Visit Co-pay | \$15   | \$10                                 | \$10                                 | \$10  |
| Specialist Office Visit Co-pay   | \$25   | \$15                                 | \$10                                 | \$15  |
| Prescription Drug Co-pay         | \$5 / \$15 / \$30<br>\$0 / \$0 / \$30 KMC<br>(30-day supply) | \$5 / \$10 / \$25<br>(30-day supply) | \$5 / \$15<br>(up to 100-day supply) | \$0 KMC<br>(up to 90-day supply)<br>\$30 non-KMC<br>(30-day supply) |
| Emergency Room Co-pay            | \$75   | \$75                                 | \$75                                 | \$75  |
| Inpatient Hospital Co-pay        | \$150/day,<br>\$750 max/yr                                   | \$100/day,<br>\$500 max/yr           | \$250/admission                      | \$0 KMC<br>\$100/day non-KMC*<br>(\$600 max/yr)                     |
| After Co-pay, plan Covers        | 100%   | 100%                                 | 100%                                 | 100%  |
| Annual Out-of-pocket max         | n/a  | \$1,000/member,<br>\$3,000/family    | \$1,500/member,<br>\$3,000/family    | \$1,000/member,<br>\$3,000/family                                   |

\*If a service is not provided at KMC and the Kern Legacy Health Plan directs prior authorization for a non-KMC facility, co-pay is \$0

**Q 2:** Is my current health plan going away?

**A:** No. The County is only adding the Kern Legacy Health Plan EPO as an option. Your current plan will still be available.

**Q 3:** I pay the full contribution of 20% employee premiums. What will be the employee bi-weekly contribution for health benefits (medical, dental, and vision package)?

**A:** The full employee contribution (20% of premium) in 2013 for all health plan options are:

| Coverage for:      | County of Kern POS |               | Managed Care Systems EPO |               | Kaiser Permanente HMO |               | Kern Legacy Health Plan EPO |               |
|--------------------|--------------------|---------------|--------------------------|---------------|-----------------------|---------------|-----------------------------|---------------|
|                    | DHMO               | or PPO Dental | DHMO                     | or PPO Dental | DHMO                  | or PPO Dental | DHMO                        | or PPO Dental |
| Employee only      | \$57               | or \$58       | \$34                     | or \$35       | \$40                  | or \$41       | \$16                        | or \$17       |
| Employee + 1       | \$110              | or \$112      | \$68                     | or \$70       | \$77                  | or \$79       | \$33                        | or \$34       |
| Family (3 or more) | \$162              | or \$165      | \$97                     | or \$99       | \$109                 | or \$112      | \$48                        | or \$49       |

**Q 4:** *I was hired before April 15, 1997 and only contribute the half-rate of 10% premium for health benefits. Will there be any more changes to my required employee contribution?*

**A:** Yes. Bargaining units 1, 2, 3, 4, 5, and 6 (SEIU) will begin contributing the full 20% rate beginning with the pay received on 05/28/13; bargaining units M, D, and X (Management, Mid-Management, and Confidential) will begin contributing the full 20% rate beginning with the pay received on 07/23/13; and bargaining unit P (Prosecutors) will begin contributing the full 20% rate beginning with the pay received on 09/03/13.

**Q 5:** *I'm signed up for the MCS EPO; will I have to switch to the Kern Legacy Health Plan EPO?*

**A:** No, the Kern Legacy Health Plan EPO is offered in addition to the MCS EPO and switching is optional.

**Q 6:** *Besides costs, what's different between the MCS EPO and the Kern Legacy Health Plan EPO?*

**A:** The benefit structure is the same for both plans, the primary difference is the provider network. While both plans use a network of locally contracted physicians for primary care, the Kern Legacy Health Plan will offer hospital, prescription, and specialist physician care through the County's publicly-owned hospital and medical facilities. The MCS EPO plan uses the Gemcare network of providers and different Bakersfield-area hospitals.

**Q 7:** *What is an EPO?*

**A:** EPO stands for Exclusive Provider Organization. Services must be provided by a limited group of local providers who are specifically contracted with the plan. There is no out-of-network benefit tier and all care is provided or directed by a contracted Primary Care Physician (PCP). The County has offered an employee EPO medical option since 2008.

**Q 8:** *If me or someone in my family travels out of state on vacation, will the Kern Legacy Health Plan EPO provide emergency coverage?*

**A:** Emergency care will be covered for members of the Kern Legacy Health Plan EPO, regardless of location.

**Q 9:** *If one of my covered dependent children moves out of the area (school, etc.), will the Kern Legacy Health Plan EPO provide coverage?*

**A:** The Kern Legacy Health Plan EPO uses a network of local providers and only emergency care will be covered out of the area. The only health plan option that provides full coverage out of the area is the County POS plan (Kaiser also provides full coverage in select areas within the State of California).

**Q 10:** *What if I move to an area where the Kern Legacy Health Plan EPO doesn't provide services?*

**A:** If you move and your employee payroll address changes to a non-network area, that is considered a qualifying event and you will be allowed to change to a plan that provides services in that area (either the County POS plan or Kaiser, as applicable).

**Q 11:** *Who is eligible to switch to the Kern Legacy Health Plan EPO?*

**A:** All active County employees and their dependents who are currently enrolled in County health benefits are eligible to enroll in the Kern Legacy Health Plan EPO option during the limited enrollment period.

**Q 12:** *When can I enroll in the Kern Legacy Health Plan EPO?*

**A:** There will be a limited enrollment period to allow active County employees who are currently enrolled in County health benefits to change to the Kern Legacy Health Plan beginning Wednesday, May 1, 2013 and ending Friday, May 24, 2013.

**Q 13:** *Can retired employees enroll in the Kern Legacy Health Plan EPO?*

**A:** Not during the limited enrollment period. However, eligible County retirees are expected to be able to enroll in the Kern Legacy Health Plan during the next regular open enrollment period, held in the fall.

**Q 14:** *Will my dental or vision benefits change if I move to the Kern Legacy Health Plan EPO?*

A: No. Additionally, you may not make changes to your dental or vision benefits at this time.

**Q 15:** *I take a certain brand of medication—will it be covered under the Kern Legacy Health Plan EPO?*

A: The Kern Legacy Health Plan EPO will use Catamaran (formerly Catalyst Rx) to administer prescription services, the same as the County POS. Most medications will be covered under the plan but any questions regarding your specific medications should be directed to Catamaran at 1-888-869-4600.

**Q 16:** *What will be my co-pay for my prescription under the Kern Legacy Health Plan EPO?*

A: All prescriptions filled through a KMC pharmacy or pick-up/drop-off station will have no co-pay (\$0) up to a 90 day supply, including most brand-name medications. All prescriptions filled through pharmacies other than KMC will have a \$30 co-pay.

**Q 17:** *Can I add or remove dependents during the limited enrollment period?*

A: No. You will only be able to change to the Kern Legacy Health Plan EPO medical plan. Unless there is a permitting event, all other changes must wait until the next regular open enrollment period, held in the fall.

**Q 18:** *I don't see my Primary Care Provider or OB/GYN listed for the Kern Legacy Health Plan EPO. Can he/she be added?*

A: Possibly. The Kern Legacy Health Plan EPO uses an inclusive network—providers can be nominated for inclusion and will have the option of being added to the network, subject to meeting credentialing criteria. To nominate your provider, call the plan toll-free at 1-855-308-KLHP (5547) to speak to a representative.

**Q 19:** *Will I be able to change back to my old plan after I'm enrolled in the Kern Legacy Health Plan EPO?*

A: Yes, during the next regular open enrollment period, held in the fall for changes effective January 1, 2014.

**Q 20:** *May I enroll in the Kern Legacy Health Plan EPO if I've currently declined County health benefits?*

A: No, not during the limited enrollment period. However, you may enroll during the next regular open enrollment period, held in the fall for changes effective January 1, 2014.

**Q 21:** *What if I enroll in the Kern Legacy Health Plan EPO and the care I need isn't available at KMC?*

A: The Kern Legacy Health Plan EPO is also contracted with other local providers and facilities in order to cover all specialties and services not offered by KMC. The plan will make arrangements to ensure you are able to receive all care that it determines to be medically necessary.

**Q 22:** *I am being treated for an ongoing medical condition. Will I have to change providers if he/she is not in the Kern Legacy Health Plan EPO network?*

A: Perhaps. Some things can continue to be treated by your provider under "continuity of care" provisions. You will need to call the plan toll-free at 1-855-308-KLHP (5547) to find out for sure.

**Q 23:** *What if I enroll in the Kern Legacy Health Plan EPO, and don't like the provider I selected from the network? May I change to another network provider?*

A: Yes. As long as you've requested the change with Kern Legacy Health Plan by the 24th day of that month, your request to change your Primary Care Provider would become effective the first day of the following month.

**Q 24:** *Can I submit my enrollment change form via fax or email?*

A: No, enrollment forms must have an original, "wet" signature. Forms can be submitted in person or through U.S. Postal Service or inter-office mail to the Health Benefits Division of the County Administrative Office at 1115 Truxtun Ave, 5th Floor, Bakersfield CA 93301. Forms must be **received** by 5:00 PM on May 24, 2013. Postmarks are not considered, requests received after the deadline will not be accepted.