



November 17, 2020

Board of Supervisors  
Kern County Administrative Center  
1115 Truxtun Avenue  
Bakersfield, CA 93301

**PROPOSED UPDATE TO HEALTH BENEFITS PLAN DOCUMENTS**  
**Fiscal Impact: None**

On July 10, 2018, your Board approved Amendment No. 1, of the Kern Legacy Health Plan Document. This amendment combined all four Kern Legacy Health Plans into one Specific Plan Document for ease of plan comparison. However, language regarding the eligibility for the Kern Legacy Share Select Medical Plan and the Kern Legacy Network Plus Medical Plan was omitted in error.

Both of the plans are unique as Human Resources, via the Kern Health Care Network, administers the network of providers and facilities. The intent of the network is to contract with providers within Kern County to assist with cost management and keep services local with contracted providers. Members who live outside the service area of Kern County only have access to emergency services unless otherwise preapproved based upon medical necessity. As such, the Specific Plan Document has been amended to include eligibility language that the member must reside in Kern County to enroll in the Kern Legacy Network Plus and Share Select health plans.

County Counsel has approved the proposed amendment as to form.

Therefore, IT IS RECOMMENDED that your Board approve the proposed the Amendment No 2, to the Specific Plan Document for the Kern Legacy Select Medical Plan, Kern Legacy Network Plus Medical Plan, Max Choice Medical Plan, and the Classic Choice Medical Plan.

Sincerely,

Devin W. Brown  
Chief Human Resources Officer

Attachment

AMENDMENT NO. 2

to the County of Kern Plan Document describing these Medical Plan Options for Active Employees:  
Kern Legacy Share Select Medical Plan, Kern Legacy Network Plus Medical Plan, Kern Legacy Max  
Choice Medical Plan, Kern Legacy Classic Choice Medical Plan  
that was effective January 1, 2019

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Effective \_\_\_\_\_ the County of Kern Active Plan Document is hereby amended as follows:

In the Eligibility Chapter, the section entitled “Obtain a copy of the Eligibility Policy booklet from the County website:” located on page 10, is amended by adding the text highlighted and underlined, and deleting the text in strikethrough, as follows:

**Obtain a copy of the Eligibility Policy booklet from the County website:**

<https://www.kerncountyhealthbenefits.com/active-employees/policies-and-notice> Or: request a copy from the County Health Benefits staff. The Eligibility policy booklet explains who is eligible for benefits, how to enroll and the various enrollment times permitted under this Plan. The member must be able to be serviced within the network area for the Medical plan they select.

The County of Kern determines full-time employee status in compliance with IRS regulations under the Affordable Care Act. Individuals are eligible for health plan benefits in accordance with the rules explained in the County’s Health Benefits Eligibility Policy located on the County website: or request a copy from the County Health Benefits staff.

**PLEASE NOTE: In addition to the requirements for eligibility outlined in the County’s Eligibility Policy booklet, you must be a resident of the network area, namely Kern County, to be eligible to elect the Kern Legacy Share Select Medical Plan option or the Kern Legacy Network Plus Medical Plan option.**

For information about how the County enforces the requirements of the federal law called Health Insurance Portability and Accountability Act (HIPAA), please refer to the County of Kern Employee Benefits Plan Notice of Privacy Practices at <https://www.kerncountyhealthbenefits.com/active-employees/policies-and-notice>.

In the Medical Expense Benefits chapter, the section entitled “Kern Legacy Share Select Medical Plan” beginning on page 15, is amended by adding the text highlighted and underlined, as follows:

- **KERN LEGACY SHARE SELECT MEDICAL PLAN**: a medical plan designed to be an IRS-qualified high deductible health plan (HDHP) intended to comply with Code §223(c)(2) to allow the County (when applicable) and eligible employees to make contributions to a Health Savings Account (HSA). If you are enrolled in the HDHP option, this Plan option is not permitted to pay ANY benefits (except certain preventive/wellness care outlined in the Wellness rows of the Schedule of Medical Benefits and certain prescriptions for preventive purposes such as for high blood pressure, high cholesterol, asthma) until your annual deductible has been met.

See the chapter on High Deductible Health Plan (HDHP) with Health Savings Account in this document.

- a) **Eligibility: You must reside in the network area, namely Kern County, to be eligible to elect the Kern Legacy Share Select Medical Plan option.**
- b) **Network:** This plan uses the “Select network.” The Select Network offers a listing of Kern Medical specialists providing services through the Kern Medical hospital and offsite medical facilities, as well as locally contracted physicians to provide primary care and specialty care services not provided by Kern Medical. Select Network also includes providers and facilities to service the outlying areas of Kern County. This Plan option is referred to as “Select” because Members must receive care from a selected group of contracted in-network providers, except in the case of emergency services obtained in an

emergency room. Covered services provided to eligible enrolled Members have low to no copayments after the deductible is met. There is no benefit outside of the Select Network for Members enrolled in Kern Legacy Share Select Medical Plan unless directed and prior authorized by the Plan or in the case of emergency services performed in an emergency room or the need for an urgent care facility.

The Select Network providers can be found in the Select Network Provider Directory (available from the County of Kern, County Administrative Office - Human Resources Division (listed on the Contract Information Chart at the front of this document).

- c) **Primary Care Physician (PCP):** To receive coverage, a Select Member **must choose a Primary Care Physician (PCP) within the Select Network.** Contact the Plan Administrator (listed on the Contact Information Chart in the front of this document) to select or change a PCP. Family practitioners, general practitioners, internists, OB/GYNs, and pediatricians are all considered to be PCPs.

The PCP will be responsible for providing or coordinating care within the Network. When specialty care is needed, the PCP will treat the patient or refer the patient to a Select Network Specialist, Hospital or other health care provider.

**If the PCP refers the Member to an out-of-network provider, it is the Member's responsibility to only obtain care in-network in order for services to be considered for Plan coverage.** Any requests received by the Plan for authorization of proposed services with an out-of-network provider, will be redirected to in-network providers.

**Exception to the Referral Requirement:** A Member is **not required** to obtain a PCP referral to visit a Select Network Specialist on the Kern Legacy Share Select Medical Plan.

- **However, if a Member seeks treatment from a non-network Specialist without prior authorization from the Plan, services will not be paid by the Plan.**
  - **OB/GYN Providers:** For any treatment other than preventive care and pregnancy related care, under the medical plan OB/GYN providers will be considered to be Specialists and will be subject to the Specialist copay.
  - If the Member's selected PCP is unavailable and the individual requires treatment, the Member may use another contracted network PCP and will receive the Network benefits.
- d) **Emergency Services in an Emergency Room:** Unless previously authorized by the Plan or in the case of emergency services in an emergency room or the need for an urgent care facility, out-of-network services and providers are not covered under the Kern Legacy Share Select Medical Plan. If the Member receives medical services with an unauthorized out-of-network provider, (except emergency services in an emergency room or an urgent care facility outside of Kern County) the member will be responsible for all charges incurred. There is no coverage for self-referrals to out-of-network providers.

If the Member receives emergency room or urgent care treatment from a non-network provider, the Member may submit a claim form to the Claims Administrator be considered for reimbursement. Submitting a claim is not a guarantee of payment and is subject to medical review and Plan guidelines.

**In the Medical Expense Benefits chapter, within the section entitled "Medical Plan Options," the subsection entitled "Kern Legacy Network Plus Medical Plan" beginning on page 16, as amended, is further amended by adding the text highlighted and underlined, as follows:**

- **KERN LEGACY NETWORK PLUS MEDICAL PLAN:** a medical plan **using an exclusive provider organization (EPO) network** for the majority of medical services covered, **along with the option to use providers in the Plus network (who are outside the EPO network) for certain covered services,** giving this two-tiered Plan option the name "Network Plus."
- a) **Eligibility: You must reside in the network area, namely Kern County, to be eligible to elect the**

### **Kern Legacy Network Plus Medical Plan option.**

- b) **Network:** The Network Plus plan includes access to County-owned Kern Health Care Network providers and contracted facilities, with Kern Medical at the core of the network. The Kern Legacy Network Plus plan has no deductible for the EPO benefit tier but a deductible does apply to the Plus benefit tier. This plan is not a High Deductible Health Plan (HDHP).

Providers for Kern Legacy Network Plus plan can be found in the Kern Legacy Network Plus Provider Directories consisting of the “**EPO**” Network and an additional “**Plus**” Network (previously known as the PPO Network).

- 1) **“EPO” benefit tier.** The primary benefit referred to as the “EPO” benefit tier, offers a preferred network listing of Kern Medical specialists providing services through the Kern Medical hospital and offsite medical facilities, as well as local physicians to provide primary care and specialty care services not provided by or limited at Kern Medical. This EPO Network also includes providers and facilities to service the outlying areas of Kern County.

For benefits to be payable in the EPO benefit tier, Members must receive care from an exclusive group of contracted in-network EPO providers which can be found in the EPO Network Provider Directory. Essentially all services needed under this medical plan can be obtained from this EPO benefit tier. Services provided on this EPO benefit tier have low to no copayments therefore, this is the most cost effective benefit of the Kern Legacy Network Plus plan.

- 2) **“Plus” benefit tier.** Kern Legacy Network Plus plan members can see providers outside the EPO benefit tier and therefore have more options for plan coverage of certain services from contracted providers in the Plus Network (for example these types of providers are in the Plus network: specialists, outpatient rehabilitation services, inpatient hospitals, outpatient surgicenters, laboratory, radiology, and home health care).

There is a higher out-of-pocket expense associated with services provided through this Plus benefit tier; however, the cost is based on very competitive rates with an out-of-pocket limit making the Plus benefit an affordable option. This Kern Legacy Network Plus plan option allows the flexibility of receiving care outside of the EPO Network at the Member’s discretion.

If a Member chooses to consult with a specialist from either the EPO Network or the Plus Network, the Member can do so on a self-referral basis.

- c) **Primary Care Physician (PCP):** To receive coverage, a Network Plus Member must choose a Primary Care Physician (PCP) within the EPO Network. Contact the Plan Administrator (listed on the Contact Information Chart in the front of this document) to select or change a PCP. Family practitioners, general practitioners, internists, OB/GYNs, and pediatricians are all considered to be PCPs.

The PCP will be responsible for providing or coordinating care within the EPO Network. When specialty care is needed, the PCP will treat the patient or the Member can self refer to an EPO Specialist, Hospital or other health care provider.

**If the PCP refers the Member to an out-of-network provider, it is the Member’s responsibility to only obtain care in-network in order for services to be considered for Plan coverage.** Any requests received by the Plan for authorization of proposed services with an out-of-network provider, will be redirected to in-network providers.

**Plus Benefit Tier:** The Member also has the choice of using the *Plus Benefit Tier* with the *Plus* Network providers. No PCP referral is required for the initial provider consultation.

- Effective 1-1-19, there is no requirement for a PCP referral authorization to specialty care for the Network Plus EPO Benefit Tier and Plus Benefit Tier. Most procedures will still require prior authorization. Specialty consultations will be on a self-referral basis to in-network providers.

- If this Plan is secondary due to Coordination of Benefits with another plan, PCP referrals are not required.
  - **OB/GYN Providers:** For any treatment other than preventive care and pregnancy related care, under the medical plan OB/GYN providers will be considered to be Specialists and will be subject to the Specialist copay.
  - If the Member's selected PCP is unavailable and the individual requires treatment, the Member may use another contracted EPO Network PCP and will receive the Network benefits.
- d) **Emergency Services in an Emergency Room:** Unless previously authorized by the Plan or in the case of emergency services in an emergency room or the need for an urgent care facility, **out-of-network services and providers are not covered** under the Kern Legacy Network Plus plan. If the Member receives medical services with an unauthorized out-of-network provider, (except emergency services in an emergency room or an urgent care facility outside of Kern County) the member will be responsible for all charges incurred. There is no coverage for self-referrals to out-of-network providers.

If the Member receives emergency room or urgent care treatment from a non-network provider, the Member may submit a claim form to the Claims Administrator be considered for reimbursement. Submitting a claim is not a guarantee of payment and is subject to medical review and Plan guidelines.

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**The undersigned certifies that the foregoing Amendment to the County of Kern Active Plan Document was duly adopted by the County Board of Supervisors.**

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

For the County Board of Supervisors,

\_\_\_\_\_  
Signature

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Title

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