

2023 Small business | California

A better way to take care of your employees and your business



Value-driven care for your business

To move your business forward, you need employees to be at their best. You can keep them healthy and engaged by partnering with a health provider dedicated to delivering efficient, high-quality care. Our integrated model of care offers innovative telehealth tools and a variety of flexible and competitive plans. All of this works together to provide better outcomes for your employees and better value for your business.

Coordinated, personalized care

With our coordinated health care team, comprehensive delivery model, and innovative electronic health record system, we can get employees back to living their best lives sooner. We believe in outcome and value-driven care as a way to reduce costs and help improve population health. It's an overall approach to care that's simple, immersive, personalized, and efficient.



Quality doctors who go through a rigorous selection process before they care for your employees.



Collaboration among providers to share best practices and prevent duplicate services.



Focus on wellness and prevention to prevent chronic conditions.



Chronic condition programs with personalized treatments to help improve outcomes for patients.



Expanded access includes telephone, email, and video (available in limited areas) for greater convenience.



Specialty care for complex conditions, such as cancer, neurology, and sports medicine.

Convenient care for your employees – wherever they are

When your employees have to drive around town to different locations to access care, they end up spending a lot less time in the office. At Kaiser Permanente facilities, they can often find all the care they need under one roof, including doctors, pharmacists, and lab technicians. And our online tools can be a productivity boost – securely emailing their doctor's office, viewing most of their lab results, and refilling most prescriptions on their computer or mobile phone can save travel and waiting room time.

Give your business a healthy boost

As a small business owner, you know how crucial your employees are to the success of your business. That's why their health is so important. When employees are feeling their best, they tend to take fewer sick days and be more focused at work.

Fortunately you have the unique opportunity to make a positive impact on the health of your employees. And it doesn't take a big investment to get started. You just need to find ways to make adopting a healthy lifestyle easier – and we can help you get there.



Support built into member coverage

No matter where they are, your employees who are Kaiser Permanente members have the support they need to stay on top of their health.

- **Online** – Using a smartphone, tablet, or computer, employees can schedule appointments, order most prescription refills, view most lab test results, download apps to engage in fitness activities, and more.
- **At home** – Employees can take advantage of Wellness Coaching by Phone, interactive healthy lifestyle programs, and special rates on fitness programs.
- **At our facilities** – Nearly all of our health services are located on the campuses of our medical facilities – enabling easy referrals to specialists, as well as on-site lab testing, pharmacy, and more. Plus, employees can choose from a variety of health promotion classes, including yoga, tobacco cessation, and emotional health.

For you

You can find tools and resources to develop and manage an effective wellness strategy with downloadable health tool kits at kp.org/workforcehealth.

You can also support healthy habits right in the workplace. Here are 3 simple ideas to get you started:

- Provide healthy snacks and meals at your events and meetings.
- Give your employees pedometers and encourage them to take walking breaks.
- Include a 5-minute stretch break for every hour-long meeting.

For your employees

Encourage your employees to visit kp.org and click the "Health & Wellness" tab. There they'll find tools and resources to help them thrive. Most are available at no cost, and some are available to both Kaiser Permanente members and nonmembers.

- **The Total Health Assessment** gives employees a personalized action plan that directs them to one or more healthy lifestyle programs to help them achieve their goals.
- **Educational tools**, including health and drug encyclopedias, calculators, and a symptom checker, give employees a clearer picture of their health.
- **Healthy lifestyle programs** coach employees on how to manage conditions such as back pain, depression, diabetes, and insomnia.
- **Online health videos** highlight a wealth of important health topics to keep employees informed and engaged on their wellness journey.
- **The Total Health Radio** online radio show and podcast offer employees health tips, advice, and guided-imagery audio programs.

Connect to care anytime, anywhere

As part of our mission to provide high-quality, affordable care, we offer many convenient ways to access care. With our suite of telehealth services, your employees can manage their health, save time, and avoid unnecessary trips to the doctor's office. They can get personalized service from caregivers who have access to their electronic medical record.

Your employees can get care:



By phone – Save a trip to the doctor's office with phone appointments^{1,2}, or use our call center for on-demand urgent care.



By email – Connect with their doctor's office anytime and get a response usually within 2 business days.



Online – When they register at **kp.org**, they can choose a doctor, schedule routine appointments, view most lab results, and more.



On the go – After registering, they can also download the Kaiser Permanente mobile app and start using our secure online features anytime, anywhere.



Video visit – Meet face-to-face with a doctor by video for the same high-quality care as an in-person visit.^{1,2} Appointments are often available same day or next day.



Prescription delivery – Get prescriptions sent straight to your door with our mail-order delivery service.³

Telehealth is covered at no additional cost with most plans⁴

Telehealth has been part of how we deliver care for years, making it easy for our members to connect virtually to care during the pandemic. Our members had 15 million more care encounters in 2020 than in 2019.⁵ Telehealth is yet another way that we continue to make your experience better with convenient options to access care. Telehealth can connect patients with providers in many clinical settings including primary care, specialty care, urgent care, and more.

Kaiser Permanente provides convenient, connected, and complete care – when and where you want it.

Usually telehealth is thought of as video visits, but at Kaiser Permanente telehealth is much more:

- Includes a wide range of options for how and where you get care, including phone, email, and video.
- Is connected to our electronic health record for coordinated and connected care.
- Is part of how we deliver care versus being an add-on service.

1. Where appropriate and available. 2. If you travel out of state, phone appointments and video visits may not be available due to state laws that may prevent doctors from providing care across state lines. Laws differ by state. 3. Some prescriptions are not available through the mail-order pharmacy. For certain drugs, you can get prescription refills mailed to you through our Kaiser Permanente mail-order pharmacy. You should receive them within 10 business days. 4. High deductible health plans may require a copay or coinsurance for phone appointments and video visits. 5. Source: Kaiser Permanente Telehealth Insights Dashboard.

Some of the services listed on this page are only available at or through Kaiser Permanente facilities. Availability varies by region.

It starts with a plan

From traditional HMOs to consumer-directed options, you can choose from a wide variety of Kaiser Permanente plans to find just the right coverage for your business. And all our plans give your employees what they need to be healthier and more productive every day – tools for prevention, health promotion and education, and care for ongoing conditions.

HMO PLANS	PLATINUM 90 PLANS		GOLD 80 PLANS				
	HMO 0/10* + Child Dental Alt	HMO 0/20* + Child Dental	HMO 0/30* + Child Dental Alt	HMO 250/35* + Child Dental	HMO 1000/40* + Child Dental Alt	HDHP HMO 1600/15%* + Child Dental	HRA HMO 2250/35 + Child Dental
FEATURES	Copay HMO Plan	Copay HMO Plan	Copay HMO Plan	Deductible HMO Plan	Deductible HMO Plan	HSA-qualified High Deductible Health Plan (HSA can be administered through Kaiser Permanente)	Deductible HMO with HRA Plan (HRA can be administered through Kaiser Permanente)
LOOKING FOR SOMETHING SPECIAL?							
TAX-ADVANTAGE HEALTH PLANS						✓	✓
LOWER MONTHLY RATES WITH HIGHER OUT-OF-POCKET COSTS AT TIME OF SERVICES						✓	✓
LOWER OUT-OF-POCKET COSTS AT TIME OF SERVICES WITH HIGHER MONTHLY RATES	✓	✓	✓	✓			
NO ANNUAL MEDICAL DEDUCTIBLE	✓	✓	✓				
NO DEDUCTIBLE FOR DOCTOR'S OFFICE VISITS	✓	✓	✓	✓	✓		✓
NO DEDUCTIBLE FOR SIMPLE LAB & X-RAY	✓	✓	✓	✓	✓		

KPIC PPO PLANS ¹	PLATINUM 90 PLANS		GOLD 80 PLANS	
	PPO 0/15 + Child Dental		PPO 350/25 + Child Dental	
FEATURES	Participating providers (in-network)	Non-participating providers (out-of-network)	Participating providers (in-network)	Non-participating providers (out-of-network)
LOOKING FOR SOMETHING SPECIAL?				
TAX-ADVANTAGE HEALTH PLANS				
LOWER MONTHLY RATES WITH HIGHER OUT-OF-POCKET COSTS AT TIME OF SERVICES				
LOWER OUT-OF-POCKET COSTS AT TIME OF SERVICES WITH HIGHER MONTHLY RATES	✓		✓	
NO ANNUAL MEDICAL DEDUCTIBLE	✓			
NO DEDUCTIBLE FOR DOCTOR'S OFFICE VISITS	✓		✓	
NO DEDUCTIBLE FOR SIMPLE LAB & X-RAY	✓		✓	

*Also available in Covered California for Small Business and CaliforniaChoice.®

¹The Kaiser Permanente PPO Plan is underwritten by Kaiser Permanente Insurance Company (KPIC), a subsidiary of Kaiser Foundation Health Plan, Inc.

Give your employees the freedom of choice with our multiple plan offering¹

Depending on the number of eligible subscribers, you can select up to 3 or more plans through our multiple plan offering, so your employees can choose the plan that's right for them. Just select the plans you want to offer and we'll do the rest.

- There's no extra surcharge for offering more than one plan.
- Your minimum contribution is based on the lowest-priced plan you offer.
- You receive just one monthly statement.

¹Multiple plan offering is only available if purchasing plans directly through Kaiser Permanente.

HMO PLANS	SILVER 70 PLANS					BRONZE 60 PLANS		
	HMO 1900/65* + Child Dental Alt	HMO 2300/65* + Child Dental Alt	HMO 2500/55* + Child Dental	HMO 2800/65* + Child Dental Alt	HDHP HMO 2700/25%* + Child Dental	HMO 5400/60* + Child Dental Alt	HMO 6300/65* + Child Dental	HDHP HMO 7000/0* + Child Dental
FEATURES	Deductible HMO Plan	Deductible HMO Plan	Deductible HMO Plan	Deductible HMO Plan	HSA-qualified High Deductible Health Plan (HSA can be administered through Kaiser Permanente)	Deductible HMO Plan	Deductible HMO Plan	HSA-qualified High Deductible Health Plan (HSA can be administered through Kaiser Permanente)
LOOKING FOR SOMETHING SPECIAL?								
TAX-ADVANTAGE HEALTH PLANS					✓			✓
LOWER MONTHLY RATES WITH HIGHER OUT-OF-POCKET COSTS AT TIME OF SERVICES	✓	✓	✓	✓	✓		✓	✓
LOWER OUT-OF-POCKET COSTS AT TIME OF SERVICES WITH HIGHER MONTHLY RATES								
NO ANNUAL MEDICAL DEDUCTIBLE								
NO DEDUCTIBLE FOR DOCTOR'S OFFICE VISITS	✓	✓	✓	✓		✓		
NO DEDUCTIBLE FOR SIMPLE LAB & X-RAY	✓	✓	✓				✓ (lab only)	

KPIC PPO PLANS ¹	SILVER 70 PLANS		BRONZE 60 PLANS	
	PPO 2500/55 + Child Dental		PPO 6300/65 + Child Dental	
FEATURES	Participating providers (in-network)	Non-participating providers (out-of-network)	Participating providers (in-network)	Non-participating providers (out-of-network)
LOOKING FOR SOMETHING SPECIAL?				
TAX-ADVANTAGE HEALTH PLANS				
LOWER MONTHLY RATES WITH HIGHER OUT-OF-POCKET COSTS AT TIME OF SERVICES				
LOWER OUT-OF-POCKET COSTS AT TIME OF SERVICES WITH HIGHER MONTHLY RATES				
NO ANNUAL MEDICAL DEDUCTIBLE				
NO DEDUCTIBLE FOR DOCTOR'S OFFICE VISITS	✓		✓ ²	
NO DEDUCTIBLE FOR SIMPLE LAB & X-RAY	✓		✓ (lab only)	

*Also available in Covered California for Small Business and CaliforniaChoice.®

¹The Kaiser Permanente PPO Plan is underwritten by Kaiser Permanente Insurance Company (KPIC), a subsidiary of Kaiser Foundation Health Plan, Inc.

²Deductible is waived for first 3 visits combined for non-preventive primary care, specialty care, other practitioner care, urgent care, and mental/behavioral health and substance use disorder outpatient services.

Embracing the power of choice

While the Affordable Care Act (ACA) changed the way you approach health care, it's also leveling the playing field to give you a wider array of purchasing options. You can offer your employees more choice, whether through private or public marketplaces or directly through a carrier.



Enjoy full network access

Unlike other carriers offering plans that cut costs through narrow networks, our ACA-qualified plans include access to our entire network. That means your employees won't be limited to certain doctors or hospitals – they can see any of our doctors at any of our state-of-the-art facilities.

Choose Kaiser Permanente

Save time and manage your small business account online

When you offer Kaiser Permanente health coverage you'll have access to the information and tools you need to complete most major administrative tasks quickly online membership administration and renewal decisions and changes on account.kp.org. By signing into **account.kp.org** you can:

- View and pay your group's monthly bills online
- Enroll or terminate members and their families
- Order member ID cards
- Download a member roster spreadsheet
- **Access an electronic version of your renewal packet**
- **Review your renewal.** Check out your plans and the rates you'll be paying at renewal if you don't make any changes.
- **Explore different renewal options.** Easily add or change plans, so you can compare different plan options and get rate quotes and benefit information online in real time.
- **Submit plan changes.** Add new enrollees and upload enrollment forms. Also, make changes for existing employees.
- View your transaction history. Quickly review and reference past transactions.

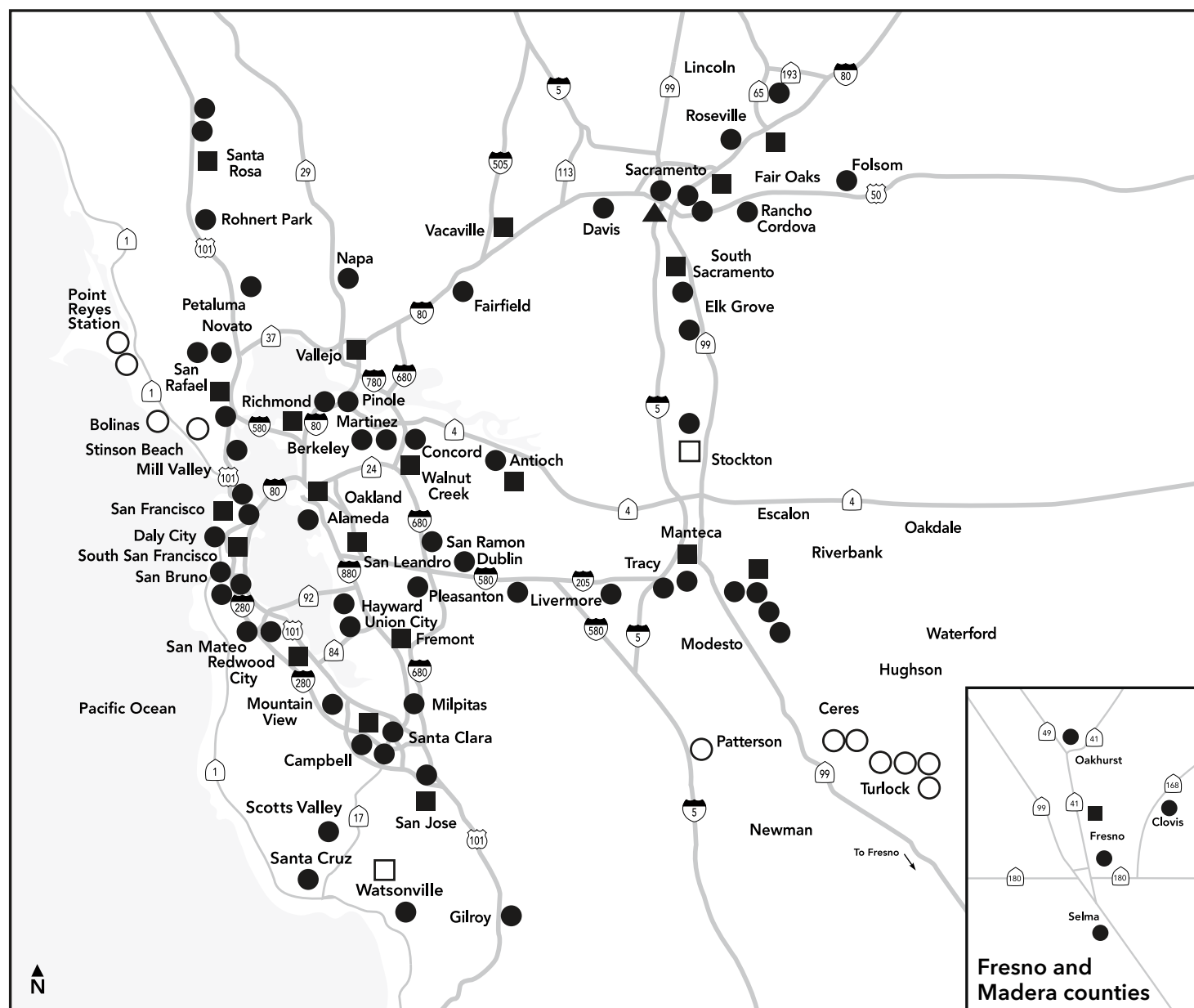
Your marketplace primer

You have many ways to buy your coverage, but keep in mind that both the public and private marketplaces offer distinct advantages, as does buying directly from a carrier. Here's an overview of your options:

- **Covered California for Small Business** – Through Covered California's public marketplace, you and your employees can compare plans from multiple carriers on a single website and make a single monthly payment. And some small businesses may qualify for a tax credit of up to 50%.
- **CaliforniaChoice®** – Like Covered California for Small Business, this private marketplace allows you to offer multiple carriers with no participation requirements and defined contributions. It allows you and your employees to compare ACA-qualified health plans on a single website and make a single monthly payment. You can also let your employees select plans from a single level, or you can offer them a choice between plans in neighboring levels (for example, bronze and silver or silver and gold).
- **Direct from Kaiser Permanente** – Purchasing directly from us gives you access to additional plans not available through Covered California or CaliforniaChoice. You can also register for online account services – a secure site designed to help you better manage your group's membership and billing information. You have no administration fees when you purchase direct from Kaiser Permanente and you're not restricted to neighboring levels.

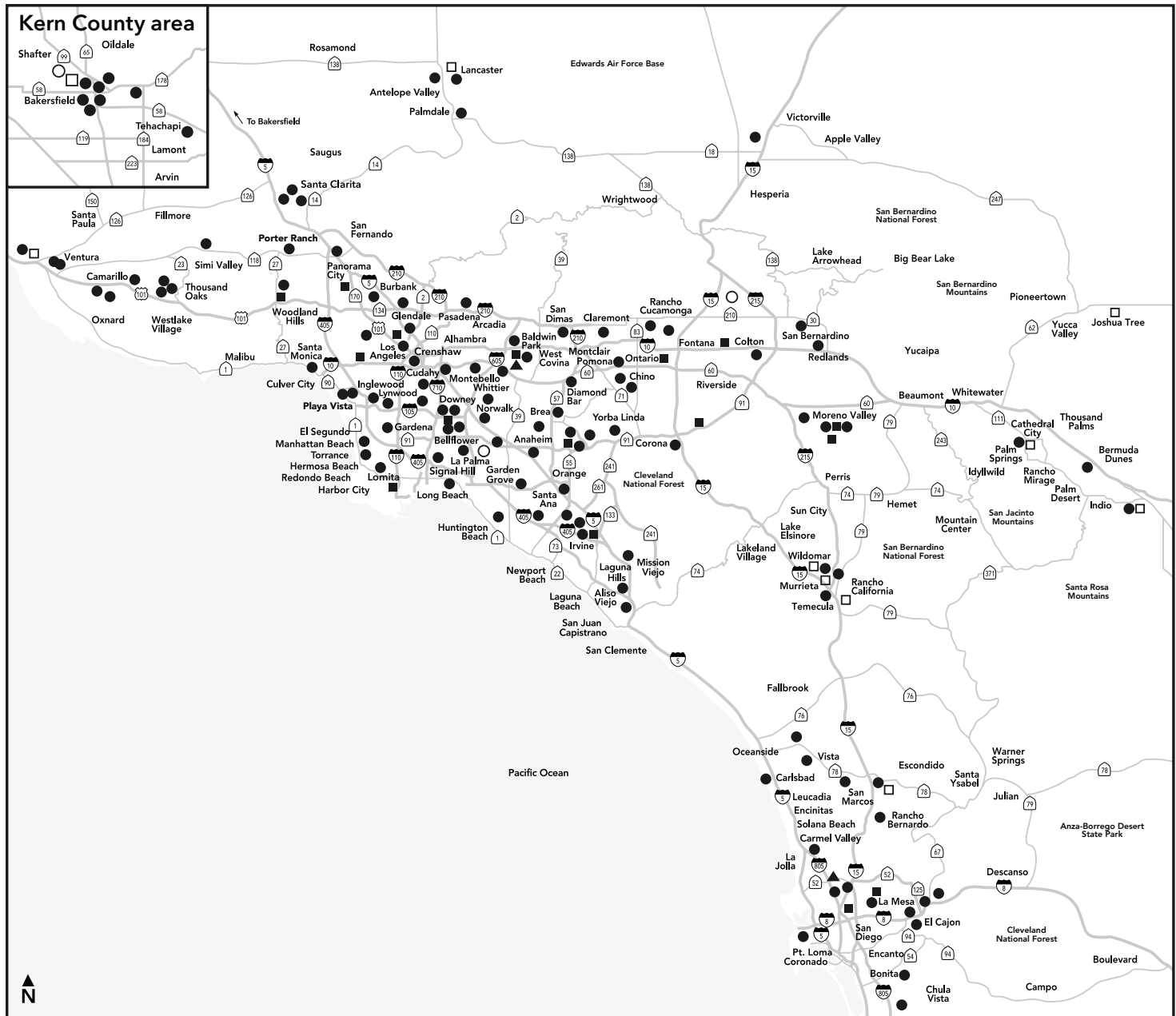
Facility locations

Northern California



- Kaiser Permanente medical centers (hospital and medical offices)
- Kaiser Permanente medical offices
- Affiliated plan hospitals
- Affiliated medical offices
- ▲ Specialty facilities

Southern California



Maps not to scale

- | | | |
|--|-------------------------------------|------------------------------|
| ■ Kaiser Permanente medical centers (hospital and medical offices) | ● Kaiser Permanente medical offices | □ Affiliated plan hospitals |
| | ▲ Specialty facilities | ○ Affiliated medical offices |

Notes

Notes



Plan Highlights

Metal Plans

For effective dates January 1 to December 1, 2023

Notes for all plans

- All plans have an unlimited lifetime maximum benefit while insured.
- Kaiser Permanente plans don't include a pre-existing condition clause.
- The copay HMO plans, HSA-qualified high deductible health plans, deductible HMO plans, and the deductible HMO plans with HRA are underwritten by Kaiser Foundation Health Plan, Inc. (KFHP). The Kaiser Permanente PPO insurance plans are underwritten by Kaiser Permanente Insurance Company (KPIC), a subsidiary of Kaiser Foundation Health Plan, Inc. The chiropractic/acupuncture benefit is administered by American Specialty Health Plans of California, Inc.
- All plans cover the essential health benefits, as defined by Affordable Care Act (ACA) regulations, which include child dental services. When employees and dependents enroll in the medical plan(s) you've chosen, we'll also enroll them in a separate child dental plan underwritten by Delta Dental of California. PPO insurance plan members receive child dental benefits as part of their coverage and not as a separate plan.
- This booklet is a summary only and is subject to change. The KFHP *Evidence of Coverage* and the KPIC *Certificate of Insurance* contain a complete explanation of benefits, exclusions, and limitations. The information provided in this brochure isn't intended to describe all of the benefits included in each plan, nor is it designed to serve as the *Evidence of Coverage* or *Certificate of Insurance*.
- Summary of Benefits and Coverage (SBC) documents for all of our plans are available at kp.org/smallbusiness-sbc/ca. These documents summarize important information about your health coverage options, so you can easily compare Kaiser Permanente benefits and coverage with those of other carriers and make an informed choice.

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Your plan options

When it comes to health care, you expect plans that are simple and easy to use – not just for you, but for your employees. You need options that give you flexibility and control over your health care dollars. And you want it all from a trusted partner who can guide you every step of the way. That's the solution you get with Kaiser Permanente.

Our plans give your employees what they need to be healthier and more productive every day – great doctors, a focus on prevention, innovative health promotion tools, and high-quality, personalized care.

Copay HMO plans – A copay is the fixed dollar amount you pay for certain covered services or prescriptions. Copay plans feature mostly set fees and no deductible, so you know in advance how much you'll pay for services like doctor office visits and prescriptions.

- Platinum 90 HMO 0/10 + Child Dental Alt¹
- Gold 80 HMO 0/30 + Child Dental Alt¹
- Platinum 90 HMO 0/20 + Child Dental

Deductible HMO plans – A deductible is the set amount you must pay for most covered services within a plan year before your health plan begins to pay. After you reach your deductible, you'll start paying a copay or coinsurance (a percentage of the full charges) for most covered services for the rest of the plan year until you reach your out-of-pocket maximum. Depending on your plan, you may pay copays or coinsurance for some services without having to reach your deductible.

- Gold 80 HMO 250/35 + Child Dental
- Gold 80 HMO 1000/40 + Child Dental Alt¹
- Silver 70 HMO 1900/65 + Child Dental Alt¹
- Silver 70 HMO 2300/65 + Child Dental Alt¹
- Silver 70 HMO 2500/55 + Child Dental
- Silver 70 HMO 2800/65 + Child Dental Alt¹
- Bronze 60 HMO 5400/60 + Child Dental Alt¹
- Bronze 60 HMO 6300/65 + Child Dental

HSA-Qualified High Deductible Health Plans (HDHP) – These deductible HMO plans can be paired with a health savings account (HSA) administered through Kaiser Permanente, giving your employees the option to open an HSA. They can contribute pretax or tax-deductible dollars² to the HSA and use that money to pay for qualified medical expenses. For a complete list of qualified medical expenses, see *IRS Publication 502, Medical and Dental Expenses*, at [irs.gov/publications](https://www.irs.gov/publications). (Refer to page 4 for more details.)

- Gold 80 HDHP HMO 1600/15% + Child Dental Alt¹
- Silver 70 HDHP HMO 2700/25% + Child Dental
- Bronze 60 HDHP HMO 7000/0 + Child Dental

Deductible HMO with HRA plan – This deductible plan is paired with a health reimbursement arrangement (HRA), which you'll set up for your employees. You contribute money into your employees' HRAs, which they can use to pay for the health care services they receive. Because this money isn't considered part of their wages, they won't pay federal income taxes on it.² (Refer to page 4 for more details.)

- Gold 80 HRA HMO 2250/35 + Child Dental

PPO insurance plans – These plans give you referral-free access to contracted PHCS physicians or any other licensed provider of choice. An online directory of participating providers can be found by visiting multiplan.com/kaiser.

- Platinum 90 PPO 0/15 + Child Dental
- Gold 80 PPO 350/25 + Child Dental
- Silver 70 PPO 2500/55 + Child Dental
- Bronze 60 PPO 6300/65 + Child Dental

¹The abbreviation "Alt," in certain plan names, designates Kaiser Permanente developed plans that are different from the standard plans and are available through Covered California for Small Business. These Alt plans also include chiro/acu benefits with the exception of the Gold 80 HDHP HMO 1600/15% plan.

²Tax references relate to federal income tax only. Consult with your financial or tax adviser for information about state income tax laws. Federal and state tax laws and regulations are subject to change.



Health payment accounts

HSA/HRA administration through Kaiser Permanente

Pair a health savings account (HSA) or a health reimbursement arrangement (HRA) administered through Kaiser Permanente with your health plan to get an integrated solution that lets you spend less time managing your employees' health care and more time focusing on your business.

HSAs

- An HSA is an employee-owned account that can be used to pay qualified medical expenses.
- Your employees get triple tax savings with pre-tax contributions through payroll, tax-free interest earnings, and tax-free withdrawals to pay for qualified expenses.¹
- A monthly administrative fee of \$3.25 per employee account can be paid by you or your employees.
- Available to eligible employees enrolled in the Gold 80 HDHP HMO 1600/15% + Child Dental Alt, Silver 70 HDHP HMO 2700/25% + Child Dental, or the Bronze 60 HDHP HMO 7000/0 + Child Dental benefit plans.²

HRAs³

- An HRA lets you contribute money for your employees to use to pay qualified medical expenses on a tax-free basis.¹
- There are multiple HRA types available, ranging from limited to more comprehensive coverage.
- A monthly administrative fee of \$3.75 per employee account is paid by you, the employer.
- Available to employees enrolled in the Gold 80 HRA HMO 2250/35 + Child Dental benefit plan.

- **Easy online access** – Your employees can take advantage of 24-hour access to their health plan and Health Payment Account through kp.org and through Kaiser Permanente's Balance Tracker app for smartphones and mobile devices.
- **A variety of payment options** – No matter which account type you choose to offer, your employees will get convenient payment options that make access to their Health Payment Account funds simple while reducing paperwork.
 - Our HSA and certain HRA types come with our health payment card, which works just like a debit card. This means employees don't have to submit claims or file for reimbursement when paying qualified medical expenses using their card.
 - Other HRA types offer employees the convenience of automatic reimbursement for eligible medical services received and paid for at Kaiser Permanente facilities.

To learn more about your account options, contact your Kaiser Permanente representative.

¹Tax references relate to federal income tax only. Consult with your financial or tax adviser for information about state income tax laws. Federal and state tax laws and regulations are subject to change.

²Refer to *IRS Publication 502* for a list of qualified medical and dental expenses.

³Groups selecting the Gold HRA HMO 2250/35 Deductible HMO with HRA plan must establish and fund an HRA for each enrolled employee. The allowable funding range is \$100 to \$400 per employee. If the group covers dependents, the allowable funding range per family is \$200 to \$800.



Understanding health plans

In the following plan highlights section, you'll get an overview of what your employees can expect to pay for certain services with our plans. There are 4 main categories of coverage, known as "metal plans" – Platinum, Gold, Silver, and Bronze. These 4 categories offer different levels of copays, coinsurance, and deductibles for essential health benefits.

Here's a quick look at how to use the chart.

FEATURES	Bronze 60 ^① HMO 6300/65* + Child Dental
	Deductible HMO Plan
② PLAN DEDUCTIBLE Embedded	Individual – \$6,300 ¹⁰ ③ Family – \$12,600 ¹⁰
④ OUT-OF-POCKET MAXIMUM Embedded	Individual – \$8,600 ^{1,10} ③ Family – \$17,200 ^{1,10}
IN THE MEDICAL OFFICE	
Primary care visits	\$65 (after plan deductible) ²
Urgent care visits	\$65 (after plan deductible) ²
Specialty office visits	\$95 (after plan deductible) ²
Preventive exams, vaccines (immunizations)	\$0 ¹² ⑤
Prenatal care	\$0 ³
Postpartum care	\$0 ³
Well-child preventive care visits	\$0 ²³
Allergy injections	\$5 per visit (after plan deductible)
Fertility services	Not covered ¹⁷
Physical, occupational, and speech therapy	\$65 ⑥
Most laboratory tests	\$40
Most X-rays and diagnostic testing	40% (after plan deductible)
Most MRI/CT/PET scans	40% (after plan deductible)
Outpatient surgery (per procedure)	40% (after plan deductible)
EMERGENCY SERVICES	
Emergency department visits (waived if admitted directly to hospital)	40% (after plan deductible)
Ambulance	40% (after plan deductible)
PRESCRIPTIONS	
Generic drugs (up to a 30-day supply)	\$18 (after \$500 drug deductible) ²⁴
Brand-name drugs (up to a 30-day supply)	40% per prescription up to \$500 maximum (after \$500 drug deductible) ²⁴
Specialty drugs (up to a 30-day supply)	40% per prescription up to \$500 maximum (after \$500 drug deductible) ²⁴
HOSPITAL INPATIENT CARE	
Physicians' services, room and board, tests, medications, supplies, therapies, birth services	40% (after plan deductible) ⑦
Skilled nursing facility care (up to 100 days per benefit period)	40% (after plan deductible)
MENTAL HEALTH SERVICES	
Outpatient (in the medical office)	\$0
Inpatient (in the hospital)	40% (after plan deductible)
SUBSTANCE USE DISORDER SERVICES	
Outpatient (in the medical office)	\$0
Inpatient (in the hospital) - detoxification only	40% (after plan deductible)
OTHER	
Televisits	\$0
Acupuncture	\$65 per visit (after plan deductible) for physician-referred acupuncture
Certain durable medical equipment (DME) (supplemental and base)	40% (after plan deductible) ^{5,6}
Certain prosthetic and orthotic devices	\$0
Pediatric optical (eyewear)	1 pair of eyeglasses or contact lenses per year ⁷
Pediatric vision exam	\$0
Adult optical (eyewear)	Not covered ⁸
Adult vision exam (for eye refraction)	\$0
Home health care (up to 100 visits per year)	40% (after plan deductible)
Hospice care	\$0

Refer to page 17 for the plan footnotes.

Refer to page 18 for the child dental benefits.

1. Actuarial value

The percentage of total average costs for covered benefits that a plan will cover. For example, if a plan has an actuarial value of 60%, on average, members would be responsible for 40% of the costs of all covered benefits. However, members could be responsible for a higher or lower percentage of the total costs of covered services for the year, depending on their actual health care needs and the terms of their policy.

2. Plan deductible

The set amount employees pay for most covered services within a plan year before the health plan begins paying. This is included in the out-of-pocket maximum.

3. Embedded accumulation

Each individual family member will begin paying copays or coinsurance after meeting his or her individual deductible, or when the family deductible is satisfied, whichever comes first. Also, individual family members are no longer subject to cost sharing when they reach their individual out-of-pocket maximum, or when the family out-of-pocket maximum is met, whichever comes first. Not all services are subject to the deductible and/or out-of-pocket maximum.

4. Out-of-pocket maximum

The maximum amount an individual or family will pay for all covered services in a year before the plan starts paying 100% for most or all covered services.

5. Preventive care at no charge

Most preventive services are covered at no charge and aren't subject to the deductible.

6. Copay

The set amount employees will pay for certain services.

7. Coinsurance

The percentage of the total cost for certain services that an employee will pay after meeting the deductible up to the out-of-pocket maximum.

Kaiser Permanente Platinum HMO plans

Plan Highlights

For effective dates 1/1/23–12/1/23
*Also available in Covered California for Small Business and CaliforniaChoice.

	Platinum 90 HMO 0/10* + Child Dental Alt	Platinum 90 HMO 0/20* + Child Dental
FEATURES	Copay HMO Plan	Copay HMO Plan
PLAN DEDUCTIBLE	\$0	\$0
OUT-OF-POCKET MAXIMUM Embedded	Individual – \$3,000 ^{1,28} Family – \$6,000 ^{1,28}	Individual – \$4,500 ^{1,28} Family – \$9,000 ^{1,28}
IN THE MEDICAL OFFICE		
Primary care visits	\$10	\$20
Urgent care visits	\$10	\$20
Specialty office visits	\$20	\$30
Preventive exams, vaccines (immunizations)	\$0 ¹²	\$0 ¹²
Prenatal care	\$0 ³	\$0 ³
Postpartum care	\$0 ³	\$0 ³
Well-child preventive care visits	\$0 ²³	\$0 ²³
Allergy injections	\$5 per visit	\$5 per visit
Fertility services	Not covered ¹⁷	Not covered ¹⁷
Physical, occupational, and speech therapy	\$10	\$20
Most laboratory tests	\$20	\$20
Most X-rays and diagnostic testing	\$40	\$30
Most MRI/CT/PET scans	\$150	\$100
Outpatient surgery (per procedure)	\$300	\$125
EMERGENCY SERVICES		
Emergency department visits (waived if admitted directly to hospital)	\$200	\$150
Ambulance	\$150	\$150
PRESCRIPTIONS		
Generic drugs (up to a 30-day supply)	\$5 ²⁴	\$5 ²⁴
Brand-name drugs (up to a 30-day supply)	\$15 ²⁴	\$20 ²⁴
Specialty drugs (up to a 30-day supply)	10% per prescription up to \$250 maximum ²⁴	10% per prescription up to \$250 maximum ²⁴
HOSPITAL INPATIENT CARE		
Physicians' services, room and board, tests, medications, supplies, therapies, birth services	\$500 per admission	\$250 per day up to 5 days per admission ²⁶
Skilled nursing facility care (up to 100 days per benefit period)	\$250 per admission	\$150 per day up to 5 days per admission ²⁶
MENTAL HEALTH SERVICES		
Outpatient (in the medical office)	\$10	\$20
Inpatient (in the hospital)	\$500 per admission	\$250 per day up to 5 days per admission ²⁶
SUBSTANCE USE DISORDER SERVICES		
Outpatient (in the medical office)	\$10	\$20
Inpatient (in the hospital) - detoxification only	\$500 per admission	\$250 per day up to 5 days per admission ²⁶
OTHER		
Televisits	\$0	\$0
Chiropractic and acupuncture	\$15 per visit (self-referral; 20 combined visits per year)	\$20 per visit for physician-referred acupuncture; chiropractic not covered
Certain durable medical equipment (DME) (supplemental and base)	10% ^{5,6}	10% ^{5,6}
Certain prosthetic and orthotic devices	\$0	\$0
Pediatric optical (eyewear)	1 pair of eyeglasses or contact lenses per year ⁷	1 pair of eyeglasses or contact lenses per year ⁷
Pediatric vision exam	\$0	\$0
Adult optical (eyewear)	\$175 allowance ³¹	Not covered ⁸
Adult vision exam (for eye refraction)	\$0	\$0
Home health care (up to 100 visits per year)	\$0	\$20 per visit
Hospice care	\$0	\$0

Refer to page 17 for the plan footnotes.

Refer to page 18 for the child dental benefits.

Kaiser Permanente Gold HMO plans

Plan Highlights

For effective dates 1/1/23-12/1/23

*Also available in Covered California for Small Business and CaliforniaChoice.

	Gold 80 HMO 0/30* + Child Dental Alt	Gold 80 HMO 250/35* + Child Dental
FEATURES	Copay HMO Plan	Deductible HMO Plan
PLAN DEDUCTIBLE Embedded	\$0	Individual – \$250 ¹⁰ Family – \$500 ¹⁰
OUT-OF-POCKET MAXIMUM Embedded	Individual – \$7,500 ^{1,28} Family – \$15,000 ^{1,28}	Individual – \$7,800 ^{1,10} Family – \$15,600 ^{1,10}
IN THE MEDICAL OFFICE		
Primary care visits	\$30	\$35
Urgent care visits	\$30	\$35
Specialty office visits	\$50	\$55
Preventive exams, vaccines (immunizations)	\$0 ¹²	\$0 ¹²
Prenatal care	\$0 ³	\$0 ³
Postpartum care	\$0 ³	\$0 ³
Well-child preventive care visits	\$0 ²³	\$0 ²³
Allergy injections	\$5 per visit	\$5 per visit
Fertility services	Not covered ¹⁷	Not covered ¹⁷
Physical, occupational, and speech therapy	\$30	\$35
Most laboratory tests	\$30	\$35
Most X-rays and diagnostic testing	\$40	\$55
Most MRI/CT/PET scans	\$250	\$250 (after plan deductible)
Outpatient surgery (per procedure)	\$320	\$335 (after plan deductible)
EMERGENCY SERVICES		
Emergency department visits (waived if admitted directly to hospital)	\$250	\$250 (after plan deductible)
Ambulance	\$250	\$250 (after plan deductible)
PRESCRIPTIONS		
Generic drugs (up to a 30-day supply)	\$15 ²⁴	\$15 ²⁴
Brand-name drugs (up to a 30-day supply)	\$50 ²⁴	\$40 ²⁴
Specialty drugs (up to a 30-day supply)	20% per prescription up to \$250 maximum ²⁴	20% per prescription up to \$250 maximum ²⁴
HOSPITAL INPATIENT CARE		
Physicians' services, room and board, tests, medications, supplies, therapies, birth services	\$600 per day up to 5 days per admission ²⁶	\$600 per day up to 5 days per admission (after plan deductible) ²⁶
Skilled nursing facility care (up to 100 days per benefit period)	\$300 per day up to 5 days per admission ²⁶	\$300 per day up to 5 days per admission (after plan deductible) ²⁶
MENTAL HEALTH SERVICES		
Outpatient (in the medical office)	\$30	\$35
Inpatient (in the hospital)	\$600 per day up to 5 days per admission ²⁶	\$600 per day up to 5 days per admission (after plan deductible) ²⁶
SUBSTANCE USE DISORDER SERVICES		
Outpatient (in the medical office)	\$30	\$35
Inpatient (in the hospital) - detoxification only	\$600 per day up to 5 days per admission ²⁶	\$600 per day up to 5 days per admission (after plan deductible) ²⁶
OTHER		
Televisits	\$0	\$0
Chiropractic and acupuncture	\$15 per visit (self-referral; 20 combined visits per year)	\$35 per visit for physician-referred acupuncture; chiropractic not covered
Certain durable medical equipment (DME) (supplemental and base)	20% ^{5,6}	20% ^{5,6,27}
Certain prosthetic and orthotic devices	\$0	\$0
Pediatric optical (eyewear)	1 pair of eyeglasses or contact lenses per year ⁷	1 pair of eyeglasses or contact lenses per year ⁷
Pediatric vision exam	\$0	\$0
Adult optical (eyewear)	Not covered ⁸	Not covered ⁸
Adult vision exam (for eye refraction)	\$0	\$0
Home health care (up to 100 visits per year)	\$0	\$30 per visit
Hospice care	\$0	\$0

Refer to page 17 for the plan footnotes.

Refer to page 18 for the child dental benefits.

Kaiser Permanente Gold HMO plans

Plan Highlights

For effective dates 1/1/23–12/1/23

*Also available in Covered California for Small Business and CaliforniaChoice.

	Gold 80 HMO 1000/40* + Child Dental Alt	Gold 80 HDHP HMO 1600/15%* + Child Dental Alt	Gold 80 HRA HMO 2250/35 + Child Dental
FEATURES	Deductible HMO Plan	HSA-Qualified High Deductible Health Plan (HSA can be administered through Kaiser Permanente)	Deductible HMO with HRA Plan ³⁰ (HRA can be administered through Kaiser Permanente)
PLAN DEDUCTIBLE Embedded	Individual – \$1,000 ¹⁰ Family – \$2,000 ¹⁰	Self-only – \$1,600 ^{10,32} Individual – \$3,000 ^{10,32} Family – \$3,200 ^{10,32}	Individual – \$2,250 ¹⁰ Family – \$4,500 ¹⁰
OUT-OF-POCKET MAXIMUM Embedded	Individual – \$7,800 ^{1,10} Family – \$15,600 ^{1,10}	Individual – \$3,550 ^{10,29} Family – \$7,100 ^{10,29}	Individual – \$8,500 ^{1,10} Family – \$17,000 ^{1,10}
IN THE MEDICAL OFFICE			
Primary care visits	\$40	15% (after plan deductible)	\$35
Urgent care visits	\$40	15% (after plan deductible)	\$35
Specialty office visits	\$60	15% (after plan deductible)	\$50
Preventive exams, vaccines (immunizations)	\$0 ¹²	\$0 ¹²	\$0 ¹²
Prenatal care	\$0 ³	\$0 ⁴	\$0 ³
Postpartum care	\$0 ³	\$0 (after plan deductible) ¹⁶	\$0 ³
Well-child preventive care visits	\$0 ²³	\$0 ²³	\$0 ²³
Allergy injections	\$5 per visit	15% per visit (after plan deductible)	\$5 per visit (after plan deductible)
Fertility services	Not covered ¹⁷	Not covered ¹⁷	Not covered ¹⁷
Physical, occupational, and speech therapy	\$40	15% (after plan deductible)	\$35 (after plan deductible)
Most laboratory tests	\$30	15% (after plan deductible)	25% (after plan deductible)
Most X-rays and diagnostic testing	\$60	15% (after plan deductible)	25% (after plan deductible)
Most MRI/CT/PET scans	\$350 (after plan deductible)	15% (after plan deductible)	25% (after plan deductible)
Outpatient surgery (per procedure)	\$350	15% (after plan deductible)	25% (after plan deductible)
EMERGENCY SERVICES			
Emergency department visits (waived if admitted directly to hospital)	\$350	15% (after plan deductible)	25% (after plan deductible)
Ambulance	\$350	15% (after plan deductible)	25% (after plan deductible)
PRESCRIPTIONS			
Generic drugs (up to a 30-day supply)	\$20 ²⁴	\$15 (after plan deductible) ²⁴	\$15 ²⁴
Brand-name drugs (up to a 30-day supply)	\$50 (after \$250 drug deductible) ²⁴	\$45 (after plan deductible) ²⁴	\$30 (after \$100 drug deductible) ²⁴
Specialty drugs (up to a 30-day supply)	20% per prescription up to \$250 maximum (after \$250 drug deductible) ²⁴	15% per prescription up to \$250 maximum (after plan deductible) ²⁴	20% per prescription up to \$250 maximum (after \$100 drug deductible) ²⁴
HOSPITAL INPATIENT CARE			
Physicians' services, room and board, tests, medications, supplies, therapies, birth services	\$600 per day up to 5 days per admission (after plan deductible) ²⁶	15% (after plan deductible)	25% (after plan deductible)
Skilled nursing facility care (up to 100 days per benefit period)	\$300 per day up to 5 days per admission (after plan deductible) ²⁶	15% (after plan deductible)	25% (after plan deductible)
MENTAL HEALTH SERVICES			
Outpatient (in the medical office)	\$40	15% (after plan deductible)	\$35
Inpatient (in the hospital)	\$600 per day up to 5 days per admission (after plan deductible) ²⁶	15% (after plan deductible)	25% (after plan deductible)
SUBSTANCE USE DISORDER SERVICES			
Outpatient (in the medical office)	\$40	15% (after plan deductible)	\$35
Inpatient (in the hospital) - detoxification only	\$600 per day up to 5 days per admission (after plan deductible) ²⁶	15% (after plan deductible)	25% (after plan deductible)
OTHER			
Televisits	\$0	\$0 (after plan deductible) ³³	\$0
Chiropractic and acupuncture	\$15 per visit (self-referral; 20 combined visits per year)	15% per visit (after plan deductible) for physician-referred acupuncture; chiropractic not covered	\$35 per visit for physician-referred acupuncture; chiropractic not covered
Certain durable medical equipment (DME) (supplemental and base)	20% ^{5,6,27}	15% (after plan deductible) ^{5,6}	50% ^{5,6,27}
Certain prosthetic and orthotic devices	\$0	\$0 (after plan deductible)	\$0
Pediatric optical (eyewear)	1 pair of eyeglasses or contact lenses per year ⁷	1 pair of eyeglasses or contact lenses per year ⁷	1 pair of eyeglasses or contact lenses per year ⁷
Pediatric vision exam	\$0	\$0	\$0
Adult optical (eyewear)	Not covered ⁸	Not covered ⁸	Not covered ⁸
Adult vision exam (for eye refraction)	\$0	\$0	\$0
Home health care (up to 100 visits per year)	\$0	15% (after plan deductible)	\$0
Hospice care	\$0	\$0 (after plan deductible)	\$0

Refer to page 17 for the plan footnotes.

Refer to page 18 for the child dental benefits.

Refer to page 4 for HRA details.

Kaiser Permanente Silver HMO plans

Plan Highlights

For effective dates 1/1/23-12/1/23

*Also available in Covered California for Small Business and CaliforniaChoice.

	Silver 70 HMO 1900/65* + Child Dental Alt	Silver 70 HMO 2300/65* + Child Dental Alt	Silver 70 HMO 2500/55* + Child Dental
FEATURES	Deductible HMO Plan	Deductible HMO Plan	Deductible HMO Plan
PLAN DEDUCTIBLE Embedded	Individual – \$1,900 ¹⁰ Family – \$3,800 ¹⁰	Individual – \$2,300 ¹⁰ Family – \$4,600 ¹⁰	Individual – \$2,500 ¹⁰ Family – \$5,000 ¹⁰
OUT-OF-POCKET MAXIMUM Embedded	Individual – \$8,750 ^{1,10} Family – \$17,500 ^{1,10}	Individual – \$8,750 ^{1,10} Family – \$17,500 ^{1,10}	Individual – \$8,750 ^{1,10} Family – \$17,500 ^{1,10}
IN THE MEDICAL OFFICE			
Primary care visits	\$65	\$65	\$55
Urgent care visits	\$65	\$65	\$55
Specialty office visits	\$100	\$100	\$90
Preventive exams, vaccines (immunizations)	\$0 ¹²	\$0 ¹²	\$0 ¹²
Prenatal care	\$0 ³	\$0 ³	\$0 ³
Postpartum care	\$0 ³	\$0 ³	\$0 ³
Well-child preventive care visits	\$0 ²³	\$0 ²³	\$0 ²³
Allergy injections	\$5 per visit	\$5 per visit	\$5 per visit
Fertility services	Not covered ¹⁷	Not covered ¹⁷	Not covered ¹⁷
Physical, occupational, and speech therapy	\$65	\$65	\$55
Most laboratory tests	\$30	\$30	\$55
Most X-rays and diagnostic testing	\$75	\$75	\$90
Most MRI/CT/PET scans	\$400 (after plan deductible)	\$400 (after plan deductible)	\$300 (after plan deductible)
Outpatient surgery (per procedure)	45% (after plan deductible)	45% (after plan deductible)	35% (after plan deductible)
EMERGENCY SERVICES			
Emergency department visits (waived if admitted directly to hospital)	45% (after plan deductible)	45% (after plan deductible)	30% (after plan deductible)
Ambulance	45% (after plan deductible)	45% (after plan deductible)	30% (after plan deductible)
PRESCRIPTIONS			
Generic drugs (up to a 30-day supply)	\$20 ²⁴	\$20 ²⁴	\$19 ²⁴
Brand-name drugs (up to a 30-day supply)	\$100 ²⁴	\$100 (after \$500 drug deductible) ²⁴	\$85 (after \$370 drug deductible) ²⁴
Specialty drugs (up to a 30-day supply)	20% per prescription up to \$250 maximum (after plan deductible) ²⁴	20% per prescription up to \$250 maximum (after \$500 drug deductible) ²⁴	30% per prescription up to \$250 maximum (after \$370 drug deductible) ²⁴
HOSPITAL INPATIENT CARE			
Physicians' services, room and board, tests, medications, supplies, therapies, birth services	45% (after plan deductible)	45% (after plan deductible)	40% (after plan deductible)
Skilled nursing facility care (up to 100 days per benefit period)	45% (after plan deductible)	45% (after plan deductible)	40% (after plan deductible)
MENTAL HEALTH SERVICES			
Outpatient (in the medical office)	\$0	\$0	\$0
Inpatient (in the hospital)	45% (after plan deductible)	45% (after plan deductible)	40% (after plan deductible)
SUBSTANCE USE DISORDER SERVICES			
Outpatient (in the medical office)	\$0	\$0	\$0
Inpatient (in the hospital) - detoxification only	45% (after plan deductible)	45% (after plan deductible)	40% (after plan deductible)
OTHER			
Televisits	\$0	\$0	\$0
Chiropractic and acupuncture	\$15 per visit (self-referral; 20 combined visits per year)	\$15 per visit (self-referral; 20 combined visits per year)	\$55 per visit for physician-referred acupuncture; chiropractic not covered
Certain durable medical equipment (DME) (supplemental and base)	45% ^{5,6,27}	45% ^{5,6,27}	40% ^{5,6,27}
Certain prosthetic and orthotic devices	\$0	\$0	\$0
Pediatric optical (eyewear)	1 pair of eyeglasses or contact lenses per year ⁷	1 pair of eyeglasses or contact lenses per year ⁷	1 pair of eyeglasses or contact lenses per year ⁷
Pediatric vision exam	\$0	\$0	\$0
Adult optical (eyewear)	Not covered ⁸	Not covered ⁸	Not covered ⁸
Adult vision exam (for eye refraction)	\$0	\$0	\$0
Home health care (up to 100 visits per year)	\$0	\$0	\$45 per visit
Hospice care	\$0	\$0	\$0

Refer to page 17 for the plan footnotes.

Refer to page 18 for the child dental benefits.

Kaiser Permanente Silver HMO plans

Plan Highlights

For effective dates 1/1/23-12/1/23

*Also available in Covered California for Small Business and CaliforniaChoice.

	Silver 70 HMO 2800/65* + Child Dental Alt	Silver 70 HDHP HMO 2700/25%* + Child Dental
FEATURES	Deductible HMO Plan	HSA-Qualified High Deductible Health Plan (HSA can be administered through Kaiser Permanente)
PLAN DEDUCTIBLE Embedded	Individual – \$2,800 ¹⁰ Family – \$5,600 ¹⁰	Self-only – \$2,700 ^{10,32} Individual – \$3,000 ^{10,32} Family – \$5,400 ^{10,32}
OUT-OF-POCKET MAXIMUM Embedded	Individual – \$8750 ^{1,10} Family – \$17,500 ^{1,10}	Individual – \$7,200 ^{10,29} Family – \$14,400 ^{10,29}
IN THE MEDICAL OFFICE		
Primary care visits	\$65	25% (after plan deductible)
Urgent care visits	\$65	25% (after plan deductible)
Specialty office visits	\$100	25% (after plan deductible)
Preventive exams, vaccines (immunizations)	\$0 ¹²	\$0 ¹²
Prenatal care	\$0 ³	\$0 ⁴
Postpartum care	\$0 ³	\$0 (after plan deductible) ¹⁶
Well-child preventive care visits	\$0 ²³	\$0 ²³
Allergy injections	\$5 per visit	25% per visit (after plan deductible)
Fertility services	Not covered ¹⁷	Not covered ¹⁷
Physical, occupational, and speech therapy	\$65	25% (after plan deductible)
Most laboratory tests	\$30 (after plan deductible)	25% (after plan deductible)
Most X-rays and diagnostic testing	\$75 (after plan deductible)	25% (after plan deductible)
Most MRI/CT/PET scans	\$400 (after plan deductible)	25% (after plan deductible)
Outpatient surgery (per procedure)	45% (after plan deductible)	25% (after plan deductible)
EMERGENCY SERVICES		
Emergency department visits (waived if admitted directly to hospital)	45% (after plan deductible)	25% (after plan deductible)
Ambulance	45% (after plan deductible)	25% (after plan deductible)
PRESCRIPTIONS		
Generic drugs (up to a 30-day supply)	\$20 ²⁴	25% per prescription up to \$250 maximum (after plan deductible) ²⁴
Brand-name drugs (up to a 30-day supply)	\$100 (after plan deductible) ²⁴	25% per prescription up to \$250 maximum (after plan deductible) ²⁴
Specialty drugs (up to a 30-day supply)	45% per prescription up to \$250 maximum (after plan deductible) ²⁴	25% per prescription up to \$250 maximum (after plan deductible) ²⁴
HOSPITAL INPATIENT CARE		
Physicians' services, room and board, tests, medications, supplies, therapies, birth services	45% (after plan deductible)	25% (after plan deductible)
Skilled nursing facility care (up to 100 days per benefit period)	45% (after plan deductible)	25% (after plan deductible)
MENTAL HEALTH SERVICES		
Outpatient (in the medical office)	\$0	\$0 (after plan deductible)
Inpatient (in the hospital)	45% (after plan deductible)	25% (after plan deductible)
SUBSTANCE USE DISORDER SERVICES		
Outpatient (in the medical office)	\$0	\$0 (after plan deductible)
Inpatient (in the hospital) - detoxification only	45% (after plan deductible)	25% (after plan deductible)
OTHER		
Televisits	\$0	\$0 (after plan deductible) ³³
Chiropractic and acupuncture	\$15 per visit (self-referral; 20 combined visits per year)	25% per visit (after plan deductible) for physician-referred acupuncture; chiropractic not covered
Certain durable medical equipment (DME) (supplemental and base)	45% ^{5,6,27}	25% (after plan deductible) ^{5,6}
Certain prosthetic and orthotic devices	\$0	\$0 (after plan deductible)
Pediatric optical (eyewear)	1 pair of eyeglasses or contact lenses per year ⁷	1 pair of eyeglasses or contact lenses per year ⁷
Pediatric vision exam	\$0	\$0
Adult optical (eyewear)	Not covered ⁸	Not covered ⁸
Adult vision exam (for eye refraction)	\$0	\$0
Home health care (up to 100 visits per year)	\$0	25% (after plan deductible)
Hospice care	\$0	\$0 (after plan deductible)

Refer to page 17 for the plan footnotes.

Refer to page 18 for the child dental benefits.

Refer to page 4 for HSA details.

Kaiser Permanente Bronze HMO plans

Plan Highlights

For effective dates 1/1/23-12/1/23
 *Also available in Covered California for Small Business
 and CaliforniaChoice.

	Bronze 60 HMO 5400/60* + Child Dental Alt	Bronze 60 HMO 6300/65* + Child Dental	Bronze 60 HDHP HMO 7000/0* + Child Dental
FEATURES	Deductible HMO Plan	Deductible HMO Plan	HSA-Qualified High Deductible Health Plan (HSA can be administered through Kaiser Permanente)
PLAN DEDUCTIBLE Embedded	Individual – \$5,400 ¹⁰ Family – \$10,800 ¹⁰	Individual – \$6,300 ¹⁰ Family – \$12,600 ¹⁰	Individual – \$7,000 ¹⁰ Family – \$14,000 ¹⁰
OUT-OF-POCKET MAXIMUM Embedded	Individual – \$8,300 ^{1,10} Family – \$16,600 ^{1,10}	Individual – \$8,600 ^{1,10} Family – \$17,200 ^{1,10}	Individual – \$7,000 ^{10,29} Family – \$14,000 ^{10,29}
IN THE MEDICAL OFFICE			
Primary care visits	\$60 (after plan deductible) ²	\$65 (after plan deductible) ²	\$0 (after plan deductible)
Urgent care visits	\$60 (after plan deductible) ²	\$65 (after plan deductible) ²	\$0 (after plan deductible)
Specialty office visits	\$80 (after plan deductible) ²	\$95 (after plan deductible) ²	\$0 (after plan deductible)
Preventive exams, vaccines (immunizations)	\$0 ¹²	\$0 ¹²	\$0 ¹²
Prenatal care	\$0 ³	\$0 ³	\$0 ⁴
Postpartum care	\$0 ³	\$0 ³	\$0 (after plan deductible) ¹⁶
Well-child preventive care visits	\$0 ²³	\$0 ²³	\$0 ²³
Allergy injections	\$5 per visit (after plan deductible)	\$5 per visit (after plan deductible)	\$0 per visit (after plan deductible)
Fertility services	Not covered ¹⁷	Not covered ¹⁷	Not covered ¹⁷
Physical, occupational, and speech therapy	\$65	\$65	\$0 (after plan deductible)
Most laboratory tests	\$30 (after plan deductible)	\$40	\$0 (after plan deductible)
Most X-rays and diagnostic testing	50% (after plan deductible)	40% (after plan deductible)	\$0 (after plan deductible)
Most MRI/CT/PET scans	50% (after plan deductible)	40% (after plan deductible)	\$0 (after plan deductible)
Outpatient surgery (per procedure)	50% (after plan deductible)	40% (after plan deductible)	\$0 (after plan deductible)
EMERGENCY SERVICES			
Emergency department visits (waived if admitted directly to hospital)	50% (after plan deductible)	40% (after plan deductible)	\$0 (after plan deductible)
Ambulance	50% (after plan deductible)	40% (after plan deductible)	\$0 (after plan deductible)
PRESCRIPTIONS			
Generic drugs (up to a 30-day supply)	\$20 ²⁴	\$18 (after \$500 drug deductible) ²⁴	\$0 (after plan deductible) ²⁴
Brand-name drugs (up to a 30-day supply)	50% per prescription up to \$500 maximum (after plan deductible) ²⁴	40% per prescription up to \$500 maximum (after \$500 drug deductible) ²⁴	\$0 (after plan deductible) ²⁴
Specialty drugs (up to a 30-day supply)	50% per prescription up to \$500 maximum (after plan deductible) ²⁴	40% per prescription up to \$500 maximum (after \$500 drug deductible) ²⁴	\$0 (after plan deductible) ²⁴
HOSPITAL INPATIENT CARE			
Physicians' services, room and board, tests, medications, supplies, therapies, birth services	50% (after plan deductible)	40% (after plan deductible)	\$0 (after plan deductible)
Skilled nursing facility care (up to 100 days per benefit period)	50% (after plan deductible)	40% (after plan deductible)	\$0 (after plan deductible)
MENTAL HEALTH SERVICES			
Outpatient (in the medical office)	\$0 (after plan deductible) ²	\$0	\$0 (after plan deductible)
Inpatient (in the hospital)	50% (after plan deductible)	40% (after plan deductible)	\$0 (after plan deductible)
SUBSTANCE USE DISORDER SERVICES			
Outpatient (in the medical office)	\$0 (after plan deductible) ²	\$0	\$0 (after plan deductible)
Inpatient (in the hospital) - detoxification only	50% (after plan deductible)	40% (after plan deductible)	\$0 (after plan deductible)
OTHER			
Televisits	\$0	\$0	\$0 (after plan deductible) ³³
Chiropractic and acupuncture	\$15 per visit (self-referral; 20 combined visits per year)	\$65 per visit (after plan deductible) for physician-referred acupuncture; chiropractic not covered	\$0 per visit (after plan deductible) for physician-referred acupuncture; chiropractic not covered
Certain durable medical equipment (DME) (supplemental and base)	50% (after plan deductible) ^{5,6}	40% (after plan deductible) ^{5,6}	\$0 (after plan deductible) ^{5,6}
Certain prosthetic and orthotic devices	\$0	\$0	\$0 (after plan deductible)
Pediatric optical (eyewear)	1 pair of eyeglasses or contact lenses per year ⁷	1 pair of eyeglasses or contact lenses per year ⁷	1 pair of eyeglasses or contact lenses per year ⁷
Pediatric vision exam	\$0	\$0	\$0
Adult optical (eyewear)	Not covered ⁸	Not covered ⁸	Not covered ⁸
Adult vision exam (for eye refraction)	\$0	\$0	\$0
Home health care (up to 100 visits per year)	50% (after plan deductible)	40% (after plan deductible)	\$0 (after plan deductible)
Hospice care	\$0	\$0	\$0 (after plan deductible)

Refer to page 17 for the plan footnotes.

Refer to page 18 for the child dental benefits.

Refer to page 4 for HSA details.

KPIC Platinum PPO insurance plans

For effective dates 1/1/23-12/1/23

Plan Highlights

FEATURES	Platinum 90 PPO 0/15 + Child Dental	
	Participating Provider Tier (in-network) ⁹	Non-Participating Provider Tier (out-of-network) ⁹
PLAN DEDUCTIBLE Embedded	\$0	Individual – \$500 ¹⁰ Family – \$1,000 ¹⁰
OUT-OF-POCKET MAXIMUM Embedded	Individual – \$4,500 ¹¹ Family – \$9,000 ¹¹	Individual – \$9,000 ^{10,11} Family – \$18,000 ^{10,11}
IN THE MEDICAL OFFICE		
Primary care visits	\$15	30% (after plan deductible)
Urgent care visits	\$15	30% (after plan deductible)
Specialty office visits	\$30	30% (after plan deductible)
Preventive exams, vaccines (immunizations)	\$0 ¹²	30% ¹²
Prenatal care	\$0 ^{3,13,14}	30% ^{3,13,14}
Postpartum care	\$0 ³	30% ³
Well-child preventive care visits	\$0	30%
Allergy injections	10% per visit	30% per visit (after plan deductible)
Fertility services	50% ¹⁵	Not covered
Physical, occupational, and speech therapy	\$15	30% (after plan deductible)
Most laboratory tests	\$15	30% (after plan deductible)
Most X-rays and diagnostic testing	\$30	30% (after plan deductible)
Most MRI/CT/PET scans	10%	30% (after plan deductible)
Outpatient surgery (per procedure)	10%	30% (after plan deductible)
EMERGENCY SERVICES		
Emergency department visits (waived if admitted directly to hospital)	\$200	\$200
Ambulance	\$150	\$150
PRESCRIPTIONS		
Generic drugs (up to a 30-day supply)	\$10 ^{18,19}	
Brand-name drugs (up to a 30-day supply)	\$25 ^{18,19}	
Specialty drugs (up to a 30-day supply)	10% per prescription up to \$250 maximum ¹⁹	
HOSPITAL INPATIENT CARE		
Physicians' services, room and board, tests, medications, supplies, therapies, birth services	10%	30% (after plan deductible)
Skilled nursing facility care (up to 100 days per benefit period)	10%	30% (after plan deductible)
MENTAL HEALTH SERVICES		
Outpatient (in the medical office)	\$15	30% (after plan deductible)
Inpatient (in the hospital)	10%	30% (after plan deductible)
SUBSTANCE USE DISORDER SERVICES		
Outpatient (in the medical office)	\$15	30% (after plan deductible)
Inpatient (in the hospital) - detoxification only	10%	30% (after plan deductible)
OTHER		
Televisits	\$0	\$0
Acupuncture	\$15 per visit	30% per visit (after plan deductible)
Certain durable medical equipment (DME) (supplemental and base)	10% ^{21,22}	30% (after plan deductible) ^{21,22}
Certain prosthetic and orthotic devices	10%	30% (after plan deductible)
Pediatric optical (eyewear)	1 pair of eyeglasses or contact lenses per year ⁷	10% (after plan deductible) ⁷
Pediatric vision exam	\$0	\$0 (after plan deductible)
Adult optical (eyewear)	Not covered	Not covered
Adult vision exam (for eye refraction)	\$0	Not covered
Home health care (up to 100 visits per year)	10% ²⁵	30% (after plan deductible) ²⁵
Hospice care	\$0	30% (after plan deductible)

Refer to page 17 for the plan footnotes.

Refer to page 18 for the child dental benefits.

KPIC Gold PPO insurance plans

For effective dates 1/1/23-12/1/23

Plan Highlights

	Gold 80 PPO 350/25 + Child Dental	
FEATURES	Participating Provider Tier (in-network) ⁹	Non-Participating Provider Tier (out-of-network) ⁹
PLAN DEDUCTIBLE Embedded	Individual – \$350 ¹⁰ Family – \$700 ¹⁰	Individual – \$1,000 ¹⁰ Family – \$2,000 ¹⁰
OUT-OF-POCKET MAXIMUM Embedded	Individual – \$7,800 ¹¹ Family – \$15,600 ¹¹	Individual – \$15,600 ^{10,11} Family – \$31,200 ^{10,11}
IN THE MEDICAL OFFICE		
Primary care visits	\$25	40% (after plan deductible)
Urgent care visits	\$25	40% (after plan deductible)
Specialty office visits	\$50	40% (after plan deductible)
Preventive exams, vaccines (immunizations)	\$0 ¹²	40% ¹²
Prenatal care	\$0 ^{3,13,14}	40% ^{3,13,14}
Postpartum care	\$0 ³	40% ³
Well-child preventive care visits	\$0	40%
Allergy injections	20% per visit	40% per visit (after plan deductible)
Fertility services	50% ¹⁵	Not covered
Physical, occupational, and speech therapy	\$25	40% (after plan deductible)
Most laboratory tests	\$25	40% (after plan deductible)
Most X-rays and diagnostic testing	\$65	40% (after plan deductible)
Most MRI/CT/PET scans	20%	40% (after plan deductible)
Outpatient surgery (per procedure)	20%	40% (after plan deductible)
EMERGENCY SERVICES		
Emergency department visits (waived if admitted directly to hospital)	20% (after plan deductible)	20% (after plan deductible)
Ambulance	20% (after plan deductible)	20% (after plan deductible)
PRESCRIPTIONS		
Generic drugs (up to a 30-day supply)	\$15 ^{18,19}	
Brand-name drugs (up to a 30-day supply)	\$50 ^{18,19}	
Specialty drugs (up to a 30-day supply)	20% per prescription up to \$250 maximum ¹⁹	
HOSPITAL INPATIENT CARE		
Physicians' services, room and board, tests, medications, supplies, therapies, birth services	20% (after plan deductible)	40% (after plan deductible)
Skilled nursing facility care (up to 100 days per benefit period)	20% (after plan deductible)	40% (after plan deductible)
MENTAL HEALTH SERVICES		
Outpatient (in the medical office)	\$25	40% (after plan deductible)
Inpatient (in the hospital)	20% (after plan deductible)	40% (after plan deductible)
SUBSTANCE USE DISORDER SERVICES		
In the medical office	\$25	40% (after plan deductible)
Inpatient (in the hospital) - detoxification only	20% (after plan deductible)	40% (after plan deductible)
OTHER		
Televisits	\$0	\$0
Acupuncture	\$25 per visit	40% per visit (after plan deductible)
Certain durable medical equipment (DME) (supplemental and base)	20% ^{21,22}	40% (after plan deductible) ^{21,22}
Certain prosthetic and orthotic devices	20%	40% (after plan deductible)
Pediatric optical (eyewear)	1 pair of eyeglasses or contact lenses per year ⁷	20% (after plan deductible) ⁷
Pediatric vision exam	\$0	\$0 (after plan deductible)
Adult optical (eyewear)	Not covered	Not covered
Adult vision exam (for eye refraction)	\$0	Not covered
Home health care (up to 100 visits per year)	20% ²⁵	40% (after plan deductible) ²⁵
Hospice care	\$0	40% (after plan deductible)

Refer to page 17 for the plan footnotes.

Refer to page 18 for the child dental benefits.

KPIC Silver PPO insurance plans

For effective dates 1/1/23-12/1/23

Plan Highlights

FEATURES	Silver 70 PPO 2500/55 + Child Dental	
	Participating Provider Tier (in-network) ⁹	Non-Participating Provider Tier (out-of-network) ⁹
PLAN DEDUCTIBLE Embedded	Individual – \$2,500 ¹⁰ Family – \$5,000 ¹⁰	Individual – \$5,000 ¹⁰ Family – \$10,000 ¹⁰
OUT-OF-POCKET MAXIMUM Embedded	Individual – \$8,750 ^{10,11} Family – \$17,500 ^{10,11}	Individual – \$17,500 ^{10,11} Family – \$35,000 ^{10,11}
IN THE MEDICAL OFFICE		
Primary care visits	\$55	40% (after plan deductible)
Urgent care visits	\$55	40% (after plan deductible)
Specialty office visits	\$90	40% (after plan deductible)
Preventive exams, vaccines (immunizations)	\$0 ¹²	40% ¹²
Prenatal care	\$0 ^{3,13,14}	40% ^{3,13,14}
Postpartum care	\$0 ³	40% ³
Well-child preventive care visits	\$0	40%
Allergy injections	20% per visit	40% per visit (after plan deductible)
Fertility services	50% (after plan deductible) ¹⁵	Not covered
Physical, occupational, and speech therapy	\$55	40% (after plan deductible)
Most laboratory tests	\$55	40% (after plan deductible)
Most X-rays and diagnostic testing	\$90	40% (after plan deductible)
Most MRI/CT/PET scans	\$300 (after plan deductible)	40% (after plan deductible)
Outpatient surgery (per procedure)	35% (after plan deductible)	50% (after plan deductible)
EMERGENCY SERVICES		
Emergency department visits (waived if admitted directly to hospital)	30% (after plan deductible)	30% (after plan deductible)
Ambulance	30% (after plan deductible)	30% (after plan deductible)
PRESCRIPTIONS		
Generic drugs (up to a 30-day supply)	\$19 ^{18,19}	
Brand-name drugs (up to a 30-day supply)	\$85 (after \$300 drug deductible) ^{18,19}	
Specialty drugs (up to a 30-day supply)	30% per prescription up to \$250 maximum (after \$300 drug deductible) ¹⁹	
HOSPITAL INPATIENT CARE		
Physicians' services, room and board, tests, medications, supplies, therapies, birth services	40% (after plan deductible)	50% (after plan deductible)
Skilled nursing facility care (up to 100 days per benefit period)	40% (after plan deductible)	50% (after plan deductible)
MENTAL HEALTH SERVICES		
Outpatient (in the medical office)	\$55	40% (after plan deductible)
Inpatient (in the hospital)	40% (after plan deductible)	50% (after plan deductible)
SUBSTANCE USE DISORDER SERVICES		
Outpatient (in the medical office)	\$55	40% (after plan deductible)
Inpatient (in the hospital) - detoxification only	40% (after plan deductible)	50% (after plan deductible)
OTHER		
Televisits	\$0	\$0
Acupuncture	\$55 per visit	40% per visit (after plan deductible)
Certain durable medical equipment (DME) (supplemental and base)	40% ^{21,22}	40% (after plan deductible) ^{21,22}
Certain prosthetic and orthotic devices	30%	40% (after plan deductible)
Pediatric optical (eyewear)	1 pair of eyeglasses or contact lenses per year ⁷	20% (after plan deductible) ⁷
Pediatric vision exam	\$0	\$0 (after plan deductible)
Adult optical (eyewear)	Not covered	Not covered
Adult vision exam (for eye refraction)	\$0	Not covered
Home health care (up to 100 visits per year)	\$45 ²⁵	40% (after plan deductible) ²⁵
Hospice care	\$0	40% (after plan deductible)

Refer to page 17 for the plan footnotes.

Refer to page 18 for the child dental benefits.

KPIC Bronze PPO insurance plans

For effective dates 1/1/23-12/1/23

Plan Highlights

	Bronze 60 PPO 6300/65 + Child Dental	
FEATURES	Participating Provider Tier (in-network) ⁹	Non-Participating Provider Tier (out-of-network) ⁹
PLAN DEDUCTIBLE Embedded	Individual – \$6,300 ¹⁰ Family – \$12,600 ¹⁰	Individual – \$12,600 ¹⁰ Family – \$25,200 ¹⁰
OUT-OF-POCKET MAXIMUM Embedded	Individual – \$8,200 ^{10,11} Family – \$16,400 ^{10,11}	Individual – \$16,400 ^{10,11} Family – \$32,800 ^{10,11}
IN THE MEDICAL OFFICE		
Primary care visits	\$65 (after plan deductible) ²	100% (up to out-of-pocket maximum) ²⁰
Urgent care visits	\$65 (after plan deductible) ²	100% (up to out-of-pocket maximum) ²⁰
Specialty office visits	\$95 (after plan deductible) ²	100% (up to out-of-pocket maximum) ²⁰
Preventive exams, vaccines (immunizations)	\$0 ¹²	40% ¹²
Prenatal care	\$0 ^{3,13,14}	40% ^{3,13,14}
Postpartum care	\$0 ³	40% ³
Well-child preventive care visits	\$0	40%
Allergy injections	40% per visit	100% per visit (up to out-of-pocket maximum) ²⁰
Fertility services	40% (after plan deductible) ¹⁵	Not covered
Physical, occupational, and speech therapy	\$65	100% (up to out-of-pocket maximum) ²⁰
Most laboratory tests	\$40	100% (up to out-of-pocket maximum) ²⁰
Most X-rays and diagnostic testing	40% (after plan deductible)	100% (up to out-of-pocket maximum) ²⁰
Most MRI/CT/PET scans	40% (after plan deductible)	100% (up to out-of-pocket maximum) ²⁰
Outpatient surgery (per procedure)	40% (after plan deductible)	100% (up to out-of-pocket maximum) ²⁰
EMERGENCY SERVICES		
Emergency department visits (waived if admitted directly to hospital)	40% (after plan deductible)	40% (up to out-of-pocket maximum) ²⁰
Ambulance	40% (after plan deductible)	40% (up to out-of-pocket maximum) ²⁰
PRESCRIPTIONS		
Generic drugs (up to a 30-day supply)	\$18 (after \$500 drug deductible) ^{18,19}	
Brand-name drugs (up to a 30-day supply)	40% per prescription up to \$500 maximum (after \$500 drug deductible) ^{18,19}	
Specialty drugs (up to a 30-day supply)	40% per prescription up to \$500 maximum (after \$500 drug deductible) ¹⁹	
HOSPITAL INPATIENT CARE		
Physicians' services, room and board, tests, medications, supplies, therapies, birth services	40% (after plan deductible)	100% (up to out-of-pocket maximum) ²⁰
Skilled nursing facility care (up to 100 days per benefit period)	40% (after plan deductible)	100% (up to out-of-pocket maximum) ²⁰
MENTAL HEALTH SERVICES		
Outpatient (in the medical office)	\$65 (after plan deductible) ²	100% (up to out-of-pocket maximum) ²⁰
Inpatient (in the hospital)	40% (after plan deductible)	100% (up to out-of-pocket maximum) ²⁰
SUBSTANCE USE DISORDER SERVICES		
Outpatient (in the medical office)	\$65 (after plan deductible) ²	100% (up to out-of-pocket maximum) ²⁰
Inpatient (in the hospital) - detoxification only	40% (after plan deductible)	100% (up to out-of-pocket maximum) ²⁰
OTHER		
Televisits	\$0	\$0
Acupuncture	\$65 per visit (after plan deductible)	100% per visit (up to out-of-pocket maximum) ²⁰
Certain durable medical equipment (DME) (supplemental and base)	40% (after plan deductible) ^{21,22}	100% (up to out-of-pocket maximum) ^{20,21,22}
Certain prosthetic and orthotic devices	40% (after plan deductible)	100% (up to out-of-pocket maximum) ²⁰
Pediatric optical (eyewear)	1 pair of eyeglasses or contact lenses per year ⁷	100% (up to out-of-pocket maximum) ^{7,20}
Pediatric vision exam	\$0	\$0 (after plan deductible)
Adult optical (eyewear)	Not covered	Not covered
Adult vision exam (for eye refraction)	\$0	Not covered
Home health care (up to 100 visits per year)	40% (after plan deductible)	100% (up to out-of-pocket maximum) ^{20,25}
Hospice care	\$0	100% (up to out-of-pocket maximum) ²⁰

Refer to page 17 for the plan footnotes.

Refer to page 18 for the child dental benefits.

Footnotes for plans

Cost-share amounts for all in-network services accumulate toward the out-of-pocket maximum.

Preventive services are available at no cost share except for services from the non-participating providers. For a complete list of preventive services, please refer to the *Evidence of Coverage, Certificate of Insurance, or account.kp.org*.

Kaiser Permanente plans don't include a pre-existing condition clause.

¹Out-of-pocket maximum is the maximum amount an individual or family will pay for certain services in a year.

²**Deductible is waived for first 3 visits combined** for non-preventive primary care, specialty care, other practitioner care, urgent care, and mental/behavioral health and substance use disorder outpatient services.

³Scheduled prenatal visits and postpartum visits.

⁴Scheduled prenatal visits.

⁵Both base and supplemental DME are covered. Supplemental DME is limited to a combined maximum benefit of \$2,000 per year for services.

⁶Refer to the *Evidence of Coverage* for information on what's included in your DME benefit.

⁷Under age 19. One pair of eyeglasses from a limited selection.

⁸Kaiser Permanente members are entitled to a discount on eyeglasses and contact lenses purchased at Kaiser Permanente optical centers. These discounts can't be combined with any other Health Plan vision benefit. The discounts won't apply to any sale, promotion, or packaged eyewear program; for any contact lens extended purchase agreement; or to low-vision aids or devices. Visit [kp2020.org](https://www.kp2020.org) for Kaiser Permanente optical locations.

⁹Payments are based upon the maximum allowable charge for covered services. Maximum allowable charge means the lesser of: the usual, customary, and reasonable charges; the negotiated rate; or the actual billed charges. The maximum allowable charge may be less than the amount actually billed by the provider. Covered persons may be responsible for payment of any amounts in excess of the maximum allowable charge for a covered service.

¹⁰This plan has an embedded deductible and out-of-pocket maximum. Each family member will begin paying copays or coinsurance after meeting his or her individual deductible or out-of-pocket maximum (depending on the benefit), or when the family deductible or out-of-pocket maximum is satisfied. Individual family members aren't subject to cost sharing when they reach their individual out-of-pocket maximum, or when the family out-of-pocket maximum is met.

¹¹Covered charges incurred toward satisfaction of the out-of-pocket maximum at the non-participating provider tier won't accumulate toward satisfaction of the out-of-pocket maximum on the participating provider tier. Likewise, covered charges incurred toward satisfaction of the out-of-pocket maximum on the participating provider tier won't accumulate toward satisfaction of the out-of-pocket maximum on the non-participating provider tier. For a complete understanding of the out-of-pocket maximum, please refer to your *Certificate of Insurance*.

¹²Preventive lab tests, X-rays, and immunizations are covered as part of the preventive exam.

¹³Routine prenatal care office visits are covered as required under the Affordable Care Act (ACA). This includes the initial and subsequent histories, physical examinations, recording of weight, blood pressures, fetal heart tones, and routine chemical urinalysis.

¹⁴Delivery and inpatient care for mother and baby are covered under your inpatient services benefit. For a complete understanding of birth services, please see your *KPIC Certificate of Insurance*.

¹⁵Benefits payable for treatment of infertility are limited to \$1,000 per year for services provided by participating providers. Infertility includes GIFT. In vitro fertilization isn't covered. Benefits payable for diagnosis of infertility will be covered on the same basis as any other illness.

¹⁶First postpartum visit only, covered at no charge.

¹⁷Fertility benefits can be added to this plan for an additional cost. For more information, contact your broker or Kaiser Permanente representative.

¹⁸Insured is responsible for paying the brand-name copay plus the difference in cost between the generic drug and the brand-name drug when the insured requests a brand-name drug and a generic version is available.

¹⁹Your plan has an open drug formulary; however, select prescription drugs may be excluded from coverage. Please refer to your *KPIC Certificate of Insurance* for a complete list of limitations and exclusions. Regardless of your provider, prescriptions must be filled at a MedImpact pharmacy. Please call MedImpact at **800-788-2949** for a participating pharmacy.

²⁰Even when the deductible is met, member will still pay 100% coinsurance for select

benefits until the out-of-pocket maximum has been met. Once the out-of-pocket maximum is met, there is no charge for covered services.

²¹Both base and supplemental DME are covered. Supplemental DME is limited to a combined maximum benefit of \$2,000 per year for services from the participating providers and non-participating providers, excluding diabetic-testing supplies and equipment.

²²Diabetic equipment and supplies are limited to infusion set and syringe with needle for external insulin pumps, testing strips, lancets, skin barrier, adhesive remover wipes, and transparent film. Coinsurance amounts are based on actual billed charges and aren't subject to the DME maximum limit of \$2,000 per year.

²³Well-child visits through age 23 months.

²⁴Prescription drugs are covered in accordance with our formulary when prescribed by a Plan physician and obtained at Plan pharmacies. A few drugs have different copays. For information on our formulary, including the drugs on the specialty tier, go to [kp.org/formulary](https://www.kp.org/formulary) or call our Member Service Contact Center.

²⁵Limit doesn't apply to physical, occupational, and speech therapist visits in the home.

²⁶After the 5 days, additional days for the same admission are covered at no charge.

²⁷Supplemental coverage: \$2,000 benefit limit per year (after plan deductible).

²⁸This plan has an embedded out-of-pocket maximum. Individual family members aren't subject to cost sharing when they reach their individual out-of-pocket maximum, or when the family out-of-pocket maximum is met.

²⁹Out-of-pocket maximum is the maximum amount an individual or family will pay for all covered services in a year.

³⁰Groups selecting the Gold HRA HMO 2250/35 Deductible HMO with HRA plan must establish and fund an HRA for each enrolled employee. The allowable funding range is \$100 to \$400 per employee. If the group covers dependents, the allowable funding range per family is \$200 to \$800.

³¹Allowance toward the cost of eyeglass lenses, frames, and contact lenses fitting and dispensing every 24 months.

³²Self-only: a family of 1 member.

Individual: each member in a family of 2 or more members.

Family: entire family of 2 or more members.

³³For HSA-qualified HDHP HMO members, all scheduled, non-preventive telehealth visits (phone and video).



Child dental benefits

Child dental services is one of the essential health benefits required to be provided in conjunction with your ACA metal medical plan(s). When employees and their dependents enroll in the HMO medical plan(s) you've chosen, we'll also enroll them in a separate child dental benefit underwritten by Delta Dental of California. Child dental benefits for HMO members are provided through the DeltaCare® USA network. Child dental benefits for PPO members are provided through the Delta Dental PPO network.

	Child dental benefits for HMO plans	Child dental benefits for PPO insurance plans ¹
SERVICES	Member pays	Member pays
DEDUCTIBLE	\$0	\$0
OUT-OF-POCKET (OOP) MAXIMUM	\$350/child \$700/multichild	\$0 ²
WAITING PERIOD	None	None
OFFICE VISIT	\$0	\$0
DIAGNOSTIC AND PREVENTIVE		
Periodic and comprehensive – oral evaluation	\$0	\$0
Bitewing X-rays	\$0	\$0
Prophylaxis cleaning	\$0	\$0
Fluoride treatments	\$0	\$0
Space maintainers	\$0	\$0
Sealant repair	\$0	\$0
PERIODONTICS		
Maintenance	\$30	50%
Scaling and root planing	\$30	50%
Surgery – osseous (includes flap entry and closure)	\$265	50%
RESTORATIVE		
Fillings – primary or permanent amalgam	\$25	20%
Composite crowns – resin-based one surface anterior	\$30	20%
Crown – porcelain	\$300	20%
ENDODONTICS		
Therapeutic pulpotomy	\$40	50%
Root canal – anterior	\$195	50%
Root canal – molar	\$300	50%
PROSTHODONTICS		
Complete denture	\$300	50%
Reline maxillary denture – chairside and limitations is "Partial"	\$60	50%
Reline maxillary denture – laboratory and limitations is "Partial"	\$90	50%
ORAL AND MAXILLOFACIAL SURGERY		
Extraction – erupted tooth or exposed root	\$65	50%
Surgical removal of erupted tooth	\$120	50%
ORTHODONTICS (MEDICALLY NECESSARY)	\$350 ³	50%

¹The child dental benefits are embedded into all metal PPO medical plans.

²No separate child dental OOP maximum – applied to medical OOP maximum

³Orthodontics includes medically necessary orthodontia only.

Supplemental family dental plans

These plans are administered by Delta Dental of California, one of the nation's largest and most experienced dental benefits providers. On the following pages, choose from a variety of dental plans, which you can pair with any of our medical plans for greater flexibility and access.



Kaiser Permanente Insurance Company (KPIC)

Fee-for-Service (Premier) dental plans

For effective dates 1/1/23–12/1/23

These dental insurance plans are underwritten by Kaiser Permanente Insurance Company, a subsidiary of Kaiser Foundation Health Plan, Inc., and administered by Delta Dental of California. The plans below aren't intended to satisfy the ACA child dental benefits.

	PLAN C	PLAN D	PLAN E	PLAN E WITH ORTHO
SERVICE	Plan Pays*	Plan Pays*	Plan Pays*	Plan Pays*
NO DEDUCTIBLE APPLIES TO THESE PROCEDURES.				
EXAM – Twice a year	100%	100%	100%	100%
BITEWING X-RAYS – Twice a year For children through age 18, or once a year for adults ages 19 and over	100%	100%	100%	100%
OTHER X-RAYS Full-mouth X-rays, single X-rays, and panoramic X-rays once in any 5-year period	80%	80%	80%	80%
PROPHYLAXIS (CLEANING) A cleaning twice a year to remove plaque, calculus (mineralized plaque), and stains to help prevent dental disease	100%	100%	100%	100%
FLUORIDE Only for children through age 18, twice a year	100%	100%	100%	100%
SPACE MAINTAINERS	100%	100%	100%	100%
DEDUCTIBLES APPLY TO PROCEDURES UNDER PLANS D, E, AND E WITH ORTHODONTICS.				
DEDUCTIBLE Per person, per year, up to a family maximum of \$75 per year	No deductible	\$25	\$25	\$25
BENEFIT MAXIMUM The benefit maximum represents the total amount paid by the plan per person, per year	\$500	\$1,000	\$1,000	\$1,000
DENTAL IMPLANTS	Not covered	Not covered	Not covered	Not covered
DENTURE RELINES – Twice a year	Not covered	80%	80%	80%
FILLINGS	80%	80%	80%	80%
STAINLESS STEEL CROWNS Primary teeth only	80%	80%	80%	80%
ENDODONTICS A dental specialty concerned with treatment of the root and nerve of the tooth	Not covered	80%	80%	80%
PERIODONTICS A dental specialty concerned with the treatment of gums, tissue, and bone that supports the teeth	Not covered	80%	80%	80%
ORAL SURGERY	Not covered	80%	80%	80%
CROWNS AND CAST RESTORATIONS Includes replacements after 5 years, but only if originally covered by KPIC dental plan	Not covered	Not covered	50%	50%
PROSTHODONTICS Standard removable prosthetic appliance (includes replacements after 5 years, but only if originally covered by KPIC dental plan)	Not covered	Not covered	50%	50%
ORTHODONTICS For eligible dependent children through age 18, \$1,500 lifetime maximum per insured (Replacement or repair of an orthodontic appliance paid for in part or in full by this plan isn't covered.)	Not covered	Not covered	Not covered	50%

*Benefits payable will be based on the lesser of the prevailing fee or the submitted amount fee.

Kaiser Permanente Insurance Company (KPIC)

PPO dental plans

For effective dates 1/1/23–12/1/23

These dental insurance plans are underwritten by Kaiser Permanente Insurance Company, a subsidiary of Kaiser Foundation Health Plan, Inc., and administered by Delta Dental of California. The plans below aren't intended to satisfy the ACA child dental benefits.

	PPO AG 1500		PPO AH 2000		PPO D 1500		PPO E 1000		PPO E 1500	
SERVICE	Plan Pays ¹ (PPO Network)	Plan Pays ^{1,2} (Out-of-Network)	Plan Pays ¹ (PPO Network)	Plan Pays ^{1,2} (Out-of-Network)	Plan Pays (PPO + Premier Network)	Plan Pays ² (Out-of-Network)	Plan Pays (PPO + Premier Network)	Plan Pays ² (Out-of-Network)	Plan Pays (PPO + Premier Network)	Plan Pays ² (Out-of-Network)
NO DEDUCTIBLE APPLIES TO THESE PROCEDURES.										
EXAM – Twice a year	100%	90%	100%	90%	100%	50%	100%	50%	100%	50%
BITEWING X-RAYS – Twice a year For children through age 18, or once a year for adults ages 19 and over	100%	90%	100%	90%	100%	50%	100%	50%	100%	50%
OTHER X-RAYS Full-mouth X-rays, single X-rays, and panoramic X-rays once in any 5-year period	80%	70%	80%	70%	80%	50%	80%	50%	80%	50%
PROPHYLAXIS (cleaning) A cleaning twice a year to remove plaque, calculus (mineralized plaque), and stains to help prevent dental disease	100%	90%	100%	90%	100%	50%	100%	50%	100%	50%
FLUORIDE Only for children through age 18, twice a year	100%	90%	100%	90%	100%	50%	100%	50%	100%	50%
SPACE MAINTAINERS	100%	90%	100%	90%	100%	50%	100%	50%	100%	50%
DEDUCTIBLES APPLY TO PROCEDURES BELOW.										
DEDUCTIBLE	\$50	\$50	\$50	\$50	\$25	\$50	\$25	\$50	\$25	\$50
BENEFIT MAXIMUM The benefit maximum represents the total amount paid by the plan per person, per year	\$1,500		\$2,000		\$1,500		\$1,000		\$1,500	
DENTAL IMPLANTS	Not covered	Not covered	50%	50%	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
DENTURE RELINES – Twice a year	80%	70%	80%	70%	80%	50%	80%	50%	80%	50%
FILLINGS	80%	70%	80%	70%	80%	50%	80%	50%	80%	50%
STAINLESS STEEL CROWNS – Primary teeth only	80%	70%	80%	70%	80%	50%	80%	50%	80%	50%
ENDODONTICS A dental specialty concerned with treatment of the root and nerve of the tooth	80%	70%	80%	70%	80%	50%	80%	50%	80%	50%
PERIODONTICS A dental specialty concerned with the treatment of gums, tissue, and bone that supports the teeth	80%	70%	80%	70%	80%	50%	80%	50%	80%	50%
ORAL SURGERY	80%	70%	80%	70%	80%	50%	80%	50%	80%	50%
CROWNS AND CAST RESTORATIONS Includes replacements after 5 years, but only if originally covered by KPIC dental plan	50%	50%	50%	50%	Not covered	Not covered	50%	50%	50%	50%
PROSTHODONTICS Standard removable prosthetic appliance (includes replacements after 5 years, but only if originally covered by KPIC dental plan)	50%	50%	50%	50%	Not covered	Not covered	50%	50%	50%	50%
ORTHODONTICS For eligible dependent children through age 18, \$1,500 lifetime maximum per insured (Replacement or repair of an orthodontic appliance paid for in part or in full by this plan isn't covered.)	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered

¹Reimbursement for all dentists will be based on the PPO provider contracted fee.

²Benefits payable will be based on the lesser of the prevailing fee or the submitted amount fee.

DeltaCare HMO dental plans

For effective dates 1/1/23–12/1/23

DeltaCare USA is underwritten and administered by Delta Dental of California. The plans below aren't intended to satisfy the ACA child dental benefits.

	DELTACARE 10A	DELTACARE 13B
SERVICES	Member Pays	Member Pays
PREVENTIVE CARE – Twice a year		
Periodic and comprehensive – oral evaluation	No cost	No cost
Bitewing X-rays – Twice a year		
For children through age 18, or once a year for adults ages 19 and over	No cost	No cost
Prophylaxis – Twice a year	No cost	No cost
Fluoride treatments		
Only for children up to age 19, twice a year	No cost	No cost
Space maintainers		
Removable – unilateral	\$10	\$50
PERIODONTICS – Twice a year		
Maintenance	No cost	\$35
Scaling and root planing		
Limited to 4 quadrants per year	No cost	\$50
Surgery – osseous (includes flap entry and closure)		
4 or more teeth per quadrant	\$175	\$300
RESTORATIVE – 4 or more surfaces		
Fillings – primary or permanent amalgam	No cost	No cost
Composite crowns – resin-based		
Anterior	No cost	\$55
Crown – porcelain	\$195	\$355
Inlay – metallic		
1 surface	No cost	\$145
ENDODONTICS		
Therapeutic pulpotomy	No cost	\$25
Excludes final restoration		
Root amputation – Per root	No cost	\$70
Root canal – anterior		
Excludes final restoration	\$45	\$95
Root canal – molar		
Excludes final restoration	\$205	\$335
PROSTHODONTICS – Complete denture		
The enrollee must continue to be eligible, and the service must be provided at the contract dentist facility where the denture was originally delivered.	\$100	\$285
Reline maxillary or mandibular denture – chairside		
Complete or partial	No cost	\$50
Reline maxillary or mandibular denture – laboratory		
Complete or partial	\$35	\$85
ORAL AND MAXILLOFACIAL SURGERY		
Extraction – erupted tooth or exposed root	No cost	\$5
Elevation and/or forceps removal		
Surgical removal of erupted tooth		
Complete or partial	\$15	\$45
ORTHODONTICS		
Comprehensive orthodontic		
Child or adolescent to age 19	\$1,700	\$1,900
Comprehensive orthodontic		
Adults, including covered dependent adult children	\$1,900	\$2,100

Benefits listed above are only a sample of provided services and associated costs. Costs will vary. Please see the *Evidence of Coverage* for a comprehensive list of all services and costs. DeltaCare benefits are only covered when performed by an in-network California DeltaCare HMO provider. In California, DeltaCare USA is underwritten and administered by Delta Dental of California.



A REGISTERED MARK OF DELTA DENTAL PLANS ASSOCIATION



Exclusions for the KPIC Fee-for-Service (Premier) and KPIC PPO dental plans

The KPIC Fee-for-Service (Premier) and PPO dental insurance plans aren't intended to satisfy the ACA child dental benefits.

The following services aren't covered under any Kaiser Permanente Insurance Company (KPIC) group dental insurance plans:

- Cosmetic surgery, dentistry, or services to correct hereditary, congenital, or developmental malformations
- Restoration of tooth structure crowns, and/or cast restorations, or chewing surfaces for damages due to wear
- Prosthodontic services or procedures started prior to a person's date of eligibility.
- Prescribed drugs medication, painkillers, antimicrobial agents, or experimental/investigational procedures
- Anesthesia (except general anesthesia for oral surgery).
- Services for implants (prosthetic appliances placed into or on the bone of the upper or lower jaw to retain or support dental prosthesis), their removal, or other associated procedures. Doesn't apply to the PPO AH 2000.
- Treatment related to the temporomandibular joint (TMJ).
- Orthodontic treatment, except for eligible dependent children under Plan E with Orthodontics.
- Treatment plans that are higher level of services than those customarily provided under accepted dental practice or specialized techniques used instead of standard procedures; for example, a precision denture where a standard denture would suffice.
- Replacement of existing restoration for any purpose other than active tooth decay.
- Intravenous sedation, occlusal guards, or complete occlusal adjustment.

Predetermination of benefits is recommended for services in excess of \$300. This document isn't intended as a summary plan description, nor is it designed to serve as the *Certificate of Insurance* or the *Schedule of Coverage*. It contains only a summary of benefits, exclusions, and limitations.

If you have specific questions regarding benefit structure, limitations, or exclusions, consult the *Certificate of Insurance* and the *Schedule of Coverage* or contact Delta Dental's Customer Service Department at **800-835-2244**, 8 a.m. to 5 p.m., Monday through Friday.

For a list of in-network providers, contact Delta Dental's Customer Service Department or visit **deltadentalins.com**.

This dental insurance plan is underwritten by Kaiser Permanente Insurance Company, a subsidiary of Kaiser Foundation Health Plan, Inc., and administered by Delta Dental of California.

Exclusions of benefits for the DeltaCare HMO dental plans

The DeltaCare HMO plans aren't intended to satisfy the ACA child dental benefits.

- The DeltaCare HMO dental plan isn't available for employees enrolled in a PPO medical plan and living outside of California.
- Any procedure that in the professional opinion of the contract dentist:
 - has poor prognosis for a successful result and reasonable longevity based on the condition of the tooth or teeth and/or surrounding structures, or
 - is inconsistent with generally accepted standards for dentistry.
- Services solely for cosmetic purposes, with the exception of procedure D9972 (external bleaching, per arch), or for conditions that are a result of hereditary or developmental defects, such as cleft palate, upper and lower jaw malformations, congenitally missing teeth, and teeth that are discolored or lacking enamel, except for the treatment of newborn children with congenital defects or birth abnormalities.
- Porcelain crowns, porcelain fused to metal, cast metal or resin with metal type crowns, and fixed partial dentures (bridges) for children under 16 years of age.
- Lost or stolen appliances including, but not limited to, full or partial dentures, space maintainers, crowns, and fixed partial dentures (bridges).
- Procedures, appliances, or restoration, if the purpose is to change vertical dimension, or to diagnose or treat abnormal conditions of the temporomandibular joint (TMJ).
- Precious metal for removable appliances, metallic or permanent soft bases for complete dentures, porcelain denture teeth, precision abutments for removable partials or fixed partial dentures (overlays, implants, and appliances associated therewith), and personalization and characterization of complete and partial dentures.
- Implant-supported dental appliances and attachments; implant placement, maintenance, or removal; and all other services associated with a dental implant.
- Consultations for noncovered benefits.
- Dental services received from any dental facility other than the assigned contract dentist, a preauthorized dental specialist, or a contract orthodontist except for Emergency Services as described in the contract and/or *Evidence of Coverage*.
- All related fees for admission, use, or stays in a hospital, outpatient surgery center, extended care facility, or other similar care facility.
- Prescription drugs.
- Dental expenses incurred in connection with any dental or orthodontic procedure started before the enrollee's eligibility with the DeltaCare USA program. Examples include: teeth prepared for crowns, root canals in progress, full or partial dentures for which an impression has been taken, and orthodontics unless qualified for the orthodontic treatment in progress provision.
- Lost, stolen, or broken orthodontic appliances.
- Changes in orthodontic treatment necessitated by accident of any kind.
- Myofunctional and parafunctional appliances and/or therapies.
- Composite or ceramic brackets, lingual adaptation of orthodontic bands, and other specialized or cosmetic alternatives to standard fixed and removable orthodontic appliances.
- Treatment or appliances that are provided by a dentist whose practice specializes in prosthodontic services.

For additional benefit information or a directory of Delta dentists, please call Delta Dental at 800-422-4234 or visit deltadentalins.com.



A REGISTERED MARK OF DELTA DENTAL PLANS ASSOCIATION





Chiropractic and acupuncture*

Services are administered by American Specialty Health Plans of California, Inc® (ASH Plans).

FEATURES	
Office visit copay	\$15 per visit
Office visit limit	20 combined visits per year
Chiropractic appliance benefit	Chiropractic appliances are provided up to a maximum of \$50 per year when prescribed and provided by an ASH Plans participating chiropractor as part of your chiropractic care.
X-rays and laboratory tests	\$0

Services

Medically necessary chiropractic services are covered when provided by a participating chiropractor to diagnose or treat musculoskeletal and related disorders. Medically necessary acupuncture services are covered when provided by a participating acupuncturist to diagnose or treat musculoskeletal and related disorders, nausea, or pain. **You can obtain services from any ASH Plans participating chiropractors and acupuncturists without a referral from a Kaiser Permanente Plan physician.**

Office visits: Covered services are limited to medically necessary chiropractic and acupuncture services authorized and provided by ASH participating providers except for the initial examination, emergency and urgent chiropractic and acupuncture services, and services that aren't available from ASH participating providers or other licensed providers with which ASH contracts to provide covered care. **You can obtain an initial examination from any ASH participating provider without a referral from a Kaiser Permanente plan physician.** Each office visit counts toward any visit limit, if applicable.

X-rays and laboratory tests: Medically necessary X-rays and laboratory tests are covered, at no charge, when prescribed as part of covered chiropractic care and an ASH participating provider provides the services or refers you to another licensed provider that ASH contracts for the services.

Emergency services: Covered chiropractic services provided for the treatment of a musculoskeletal and related disorder which results in acute symptoms of

sufficient severity (including severe pain) in which the absence of immediate chiropractic services would result in serious jeopardy to your health, body functions, or organs.

Covered acupuncture services provided for the treatment of a musculoskeletal and related disorder, nausea, or pain, which results in acute symptoms of sufficient severity (including severe pain) in which the absence of immediate acupuncture services results in serious jeopardy to your health, body functions, or organs.

Participating chiropractors and acupuncturists

ASH Plans contracts with ASH participating providers and other licensed providers that provide covered chiropractic services and covered acupuncture services. You must receive these services from an ASH participating provider or another licensed provider that ASH contracts; except for emergency chiropractic services, emergency acupuncture services, urgent chiropractic services, urgent acupuncture services, services that aren't available from contracted providers, and services that are authorized in advance by ASH Plans. The list of ASH participating providers is available on the ASH Plans website at ashlink.com/ash/kaisercamedicare for Kaiser Permanente Senior Advantage members, ashlink.com/ash/kp for all other members, or from the ASH Plans Customer Service Department at **800-678-9133 (TTY 711)**. The list of ASH participating providers is subject to change, at any time, without notice.

How to obtain covered services

To obtain covered services, call an ASH participating provider to schedule an initial examination. If services are required, verification that the services are medically necessary may be required. Your ASH participating provider will request any medical treatment necessary. An ASH Plans clinician, in the same or similar specialty as the provider of services under review, will decide whether the services are or were medically necessary. ASH Plans will disclose to you, upon request, the written criteria it uses to make the decision to authorize, modify, delay, or deny a request for authorization. If you have questions or concerns, contact the ASH Plans Customer Service Department.

This is a summary and is intended to highlight only the most frequently asked questions about the chiropractic and acupuncture benefit, including copays. Please refer to the *Combined Chiropractic and Acupuncture Services Amendment of the Kaiser Foundation Health Plan, Inc., Evidence of Coverage* for a detailed description of the chiropractic and acupuncture benefits, including exclusions and limitations, emergency chiropractic services, and emergency acupuncture services.

Kaiser Foundation Health Plan, Inc. (Health Plan), contracts with American Specialty Health Plans of California, Inc. (ASH Plans), to make the ASH Plans network of participating chiropractors and participating acupuncturists available to you. **You can obtain covered services from any participating chiropractor or participating acupuncturist without a referral from a Plan physician.** Cost sharing is due when you receive covered services. Please see the definitions section of your *Combined Chiropractic and Acupuncture Services Amendment of the Kaiser Foundation Health Plan, Inc., Evidence of Coverage* for terms you should know.

Getting assistance

If you have a question or concern regarding the services you received from a participating provider, you may call ASH Plans Member Services at **800-678-9133** (TTY users, call **711**), weekdays from 5 a.m. to 6 p.m., or write ASH Plans at:

ASH Plans Member Services
P.O. Box 509002
San Diego, CA 92150-9002

Dispute resolution

You can file a grievance with Kaiser Permanente regarding any issue. Your grievance must explain your issue, such as why you believe a decision was in error or why you're dissatisfied with services you received. You may submit your grievance orally or in writing to Kaiser Permanente as described in the "Dispute Resolution" section of your Health Plan *Evidence of Coverage*.

*Combined coverage for chiropractic and acupuncture care is included with the following plans:

- Platinum 90 HMO 0/10 + Child Dental Alt
- Gold 80 HMO 0/30 + Child Dental Alt
- Gold 80 HMO 1000/40 + Child Dental Alt
- Silver 70 HMO 1900/65 + Child Dental Alt
- Silver 70 HMO 2300/65 + Child Dental Alt
- Silver 70 HMO 2800/65 + Child Dental Alt
- Bronze 60 HMO 5400/60 + Child Dental Alt



Durable medical equipment (DME) benefits

Home therapeutic benefits which are provided to patients with certain medical conditions and/or illnesses.

All Kaiser Permanente small group metal plans cover both “base” DME items that are a part of the essential health benefits and “supplemental” DME items that aren’t a part of the essential health benefits.

Supplemental DME benefits are subject to a \$2,000 annual benefit maximum

Below is a sample list of DME covered items.*

BASE DME COVERAGE

- Blood glucose monitor and supplies
- Bone stimulator
- Canes and crutches
- Cervical traction (over door)
- Dry pressure pad
- Infusion pumps and supplies
- IV pole
- Nebulizer and supplies
- Peak flow meters
- Phototherapy blankets

SUPPLEMENTAL DME COVERAGE

- Oxygen tanks
- CPAP (continuous positive airway pressure)
- Wheelchairs
- Hospital beds

*If you’re located outside of a Kaiser Permanente area, some DME items may not be covered. For more detailed DME benefit information, including cost shares, benefit maximums, and limitations, please refer to your *Combined Disclosure Form and Evidence of Coverage* or *Certificate of Insurance*.



Pediatric vision care

(Services only rendered at Kaiser Permanente for Kaiser Permanente Vision Essentials)

Affordable Care Act (ACA)-qualified health plans include vision benefits and medical care from trusted Kaiser Permanente optometrists and ophthalmologists. You can connect vision care to overall health with Vision Essentials by Kaiser Permanente. Because our optometrists and ophthalmologists work with our integrated care system, they're connected to our larger team of medical professionals. Regular eye exams can detect not only vision problems but also symptoms of other important health issues.

Services must be performed and provided by a Kaiser Permanente provider for children who are under the age of 19 and are covered under an ACA metal plan. They'll have their choice of either regular clear eyeglasses or contact lenses from the Value Collection to serve their vision needs.

FEATURES	MEMBER PAYS
ROUTINE VISION EXAM¹	\$0
EYEGLASS OPTION² Yearly eye exam with refraction Regular clear eyeglasses (Value Collection frame and lenses only)	\$0 \$0
CONTACT LENS OPTION³ Yearly eye exam with refraction Contact lens fitting fees One pair of standard or disposable contact lenses	\$0 \$0 \$0

¹Schedule a routine eye exam with a plan optometrist to determine the need for vision correction and to provide a prescription for eyeglass lenses (**not subject to the plan deductible**).

²If you prefer to wear eyeglasses rather than contact lenses, we cover one complete pair of eyeglasses (frame and regular eyeglass lenses) from our designated value frame collection (**not subject to the plan deductible**) every 12 months when prescribed by a physician or optometrist and a plan provider puts the lenses into an eyeglass frame.

³If you prefer to wear contact lenses rather than eyeglasses, we cover one of the following, including fitting and dispensing, (**not subject to the plan deductible**) when prescribed by a physician or optometrist and obtained at a plan medical office or plan optical sales office:

- Standard contact lenses: one pair of lenses in any 12-month period
- Disposable contact lenses: one 6-month supply for each eye in any 12-month period

Important Information

To find locations, products, and services for metal plans, go to kp2020.org.

For further detailed information on pediatric vision, refer to your *Combined Disclosure Form and Evidence of Coverage*.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

account.kp.org

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Small Business
902760442 Jan-Dec 2023

 KAISER PERMANENTE®

New group enrollment checklist

Simplify your enrollment process

Providing Kaiser Permanente with the following documents ensures a complete and quick submission. See *Additional Enrollment Tips* for more information.

☐ Employer application

- The [Employer Application](#) form must be completed in its entirety and signed by the group's authorized signer. Be sure to include your Kaiser Permanente group ID#, if available. The most current application can be found at account.kp.org.
- Complete and return the employer Spreadsheet Disclosure letter found in the Employer Application, if using the Spreadsheet Enrollment Template for reporting new members.

☐ Initial payment

Complete the [Electronic transfer for payment](#) form for the first month's payment, with the option to set-up recurring future autopay (recommended). Ensure the form is completely filled in to avoid processing delays; don't include a blank or voided check. The initial payment is processed within 5 to 7 business days of contract activation. Please note we don't accept credit card payments.

☐ Employee application

Each eligible employee must provide an enrollment application or submit a Waiver of Coverage form to their employer. Forms can be found at account.kp.org.

☐ Payroll attestation

Only applicable for start-up groups with 1-5 eligible employees and groups with enrolling non-emancipated minors.

☐ Sole proprietorships/Partnerships

These groups don't qualify for enrollment without a W2 full-time employee on payroll. The W2 employee can enroll or waive group coverage.

Sole Proprietorships – An owner, spouse or domestic partner don't qualify as a W2 employee.

Partnerships – A partner, spouse or domestic partner don't qualify as a W2 employee.

Note: additional documents may be required to validate the employer/employee eligibility.

☐ Employee declinations

Employers are to complete the [Declination of Coverage](#) form to list all eligible declining employees and keep the form for their records. Please don't submit this form to Kaiser Permanente.

Kaiser Permanente staff will perform internal checks to confirm the business structure prior to processing the group.

Note: Kaiser Permanente reserves the right to request additional documentation.

Additional enrollment tips

Breakaways and re-enrollment

- Groups breaking away from an existing business may only do so when they're **not** eligible to file joint state taxes.
- Affiliates will be written under the parent group in the event that they **are** eligible to file joint state taxes.

Groups should update their current contract with the Account Management Support Team if they're:

- with similar owner/contacts, physical location, and/or members (regardless of new company name and/or tax ID).
- not breaking away from an existing group that remains active with enrolled membership.

For information on the PEO breakaway policy, please refer to page 21 of the Underwriting Guidelines.

Electronic signature

Electronic signature is the preferred method of collecting document signatures. Common platforms that are accepted include DocuSign, Adobe Sign, EaseCentral, Employee Navigator, ProApply, and Verisign. These platforms indicate a document control number for each signature. In the event a platform doesn't have a document control number listed on the form, the confirmation page must be provided.

Groups with employees in Northern and Southern California

A group with 6+ enrolling members outside of the group's home region will be set up with 2 contracts. Rates will be determined based on the headquarters of the group. Both contracts will be assigned unique group ID numbers. If an existing group grows to 13 or more subscribers in the non-home region, then separate north and south contracts are issued at renewal (rates are based on headquarter location for both Northern California and Southern California contracts).

PPO options

Kaiser Permanente allows one PPO plan option per contract and must be the sole carrier. If a company has out-of-state employees, the maximum PPO subscribership can't exceed 49% of the overall group enrollment.

Submission deadlines

- The Employer Application must be submitted by the first business day of the effective month; supporting documents must be submitted no later than the fifth business day of the effective-date month.
- Groups submitted after the fifth business day of the effective-date month (complete or incomplete) will be automatically moved to the following effective date.
- A Late Enrollment Letter, signed by the broker and the group's authorized signer, must accompany all groups submitted after the first business day of the effective-date month.

Online contracts & renewals

Contracts and annual renewals are available online. If you wish to still receive paper contracts and renewals via mail, you'll need to opt out at account.kp.org or call **800-790-4661**, option 3.

Contact us

For general underwriting and sales questions, contact us at **800-789-4661** or e-mail kpsubrokernewgroups@kp.org. You can find the latest Underwriting Guidelines here at account.kp.org.

The purpose of this tool is to help verify that your client's small business qualifies for small group coverage, as defined under California small group law.¹ In most cases you won't have to submit any documentation, as we'll validate your business on local websites, such as the Secretary of State or other business license databases. In the event there are questions (such as unable to locate your group or your business reflects an invalid status), we'll request documentation, based on the type of business.

Please note: Sole proprietors and partners are ineligible to enroll without a W-2 employee. It doesn't include a sole proprietor owner, partners, their spouse, or legal domestic partner.

A DE 9C and/or payroll aren't required for any group size, unless your company is subject to a front-end audit, in which case, you agree to provide all documents necessary to validate group and employee eligibility.

Note: Start-up groups with 1-5 eligibles and groups with enrolling non-emancipated minors are still required to submit a Kaiser Permanente Payroll Attestation form.²

Type of business	Required to validate business
Sole Proprietorship	<ul style="list-style-type: none"> • Business License OR <ul style="list-style-type: none"> • Fictitious business name filing
Qualified Joint Venture	<ul style="list-style-type: none"> • Business License OR <ul style="list-style-type: none"> • Fictitious business name filing
Corporation	<ul style="list-style-type: none"> • Web confirmation³ (If status is something other than active or suspended, submit proof that you have cleared the status.)
Corporation – (Foreign)	<ul style="list-style-type: none"> • Web confirmation^{3,4} (If status is something other than active or suspended, submit proof that you have cleared the status.)
Partnership	<ul style="list-style-type: none"> • Business License OR <ul style="list-style-type: none"> • Fictitious business name filing OR <ul style="list-style-type: none"> • Statement of Partnership Authority (filed)
Limited Partnership (LP)	<ul style="list-style-type: none"> • Web confirmation (If status is something other than active or suspended, submit proof that you have cleared the status.)
Limited Partnership (LP) – (Foreign)	<ul style="list-style-type: none"> • Web confirmation with jurisdiction⁵ (If status is something other than active or suspended, submit proof that you have cleared the status.)
Limited Liability Partnership (LLP)	<ul style="list-style-type: none"> • Business License OR <ul style="list-style-type: none"> • Fictitious business name filing OR <ul style="list-style-type: none"> • State-certified application to register an LLP

A DE 9C and/or payroll aren't required for any group size, unless your company is subject to a front-end audit, in which case, you agree to provide all documents necessary to validate group and employee eligibility.
Note: Start-up groups with 1-5 eligibles and groups with enrolling non-emancipated minors are still required to submit a Kaiser Permanente Payroll Attestation form.²

Type of business	Required to Validate Business
Limited Liability Partnership (LLP) – (Foreign)	<ul style="list-style-type: none"> • LLP-1 Registration Form & Certificate of Good Standing OR <ul style="list-style-type: none"> • Certificate of Qualification
Limited Liability Company (LLC)	<ul style="list-style-type: none"> • Web confirmation⁶ (If status is something other than active or suspended, submit proof that you have cleared the status.)
Church	<ul style="list-style-type: none"> • Web confirmation (nonprofit) (If status is something other than active or suspended, submit proof that you have cleared the status.) OR <ul style="list-style-type: none"> • IRS letter 501c3 OR <ul style="list-style-type: none"> • Application for Recognition of Exemption (Form 1023)
Nonprofit	<ul style="list-style-type: none"> • Web confirmation (nonprofit) (If status is something other than active or suspended, submit proof that you have cleared the status.) OR <ul style="list-style-type: none"> • IRS letter 501c3 OR <ul style="list-style-type: none"> • IRS application for exempt status
National Bank Charter and Federal Credit Union	Web Confirmation ⁷ (If status is something other than active or suspended, submit proof that you have cleared the status.)

¹California Small Group legal requirements include the California Small Group Reform Act of 1992 (AB 1672), as amended by AB 1083, set forth in the California Health and Safety Code starting with Section 1357.

²Payroll Attestation is required for start-up businesses (businesses in existence for less than 6 weeks). Please refer to our Underwriting Guidelines for additional details.

³From California Secretary of State Business website.

⁴If the CA SOS web confirmation is unavailable, provide web confirmation with jurisdiction from the home state, or Statement and Designation by Foreign Corporation (filed) and Certificate of Good Standing, or Certificate of Qualification.

⁵If the web confirmation hasn't been received, these documents may be submitted instead — Registration Form #LP-5 Application for Registration and Certificate of Good Standing.

⁶If Foreign LLC and the CA SOS web confirmation is unavailable, provide web confirmation with jurisdiction from the home state, or Registration Form #LLC-5 and Certificate of Good Standing.

⁷From the Federal Deposit Insurance Corporation website for National Bank Charters and the National Credit Union Administration website for Federal Credit Unions.

Small Business Guidelines

The following policy and qualification guidelines apply to all employers offering Kaiser Permanente small business coverage.

ELIGIBILITY

You may be eligible for Kaiser Permanente's guaranteed issue and guaranteed renewable small group health plans if you meet and continue to meet certain requirements. These requirements are defined in the Affordable Care Act (ACA) and the California small group law and as outlined in Kaiser Permanente's *Small Business Guidelines*. They include:

- You must offer health plan coverage to 100% of your eligible employees.
- You must have at least one but no more than 100 full-time and full-time-equivalent (FTE) employees for at least 50% of your business's working days for the previous calendar quarter or previous calendar year.
 - A full-time employee is a permanent employee actively engaged in the conduct of business on a full-time basis. It doesn't include a sole proprietor or their spouse, and a partner or their spouse. A full-time employee must have a normal workweek averaging 30 hours per week over the course of a month, work at your regular place of business, be subject to withholding on a W-2 form, and have met their group's waiting period, if applicable.
 - FTE employees are a combination of employees, each of whom individually isn't a full-time employee (because they're not employed on average at least 30 hours per week), but who, in combination are counted as the equivalent of a full-time employee.
 - A minimum of one W-2 employee (not including the sole proprietor owner, partners, their spouse or legal domestic partner) is required.
- You must ensure that at least 50% of eligible employees are enrolled in a valid health plan. For purposes of calculating participation, the following are considered valid health plan waivers:
 - Covered by another employer's health plan through a spouse, domestic partner, or parent
 - Covered by another health plan offered by this employer
 - Covered by another employer they work for
 - Group coverage through COBRA or Cal-COBRA
 - Covered by Medicare, Medi-Cal, or TRICARE (military or VA benefits)
 - Covered by an individual health plan

Other types of health plan coverage may qualify as a valid health plan. Kaiser Permanente reserves the right to determine what coverage is considered valid health plan coverage.

- Affiliated companies under common control are required to apply for coverage separately, unless they're eligible to file a combined tax return for the purposes of state taxation. In determining group size, affiliated companies eligible to file a combined tax return for purposes of state taxation are considered one employer, even if you're not presently filing together.
- You must have workers' compensation insurance when required by law.
- You must qualify under live/work rules to be eligible for coverage.
 - Either your physical business address must be located within the Kaiser Permanente HMO service area, or at least one enrolling eligible employee must live within the Kaiser Permanente HMO service area.
 - When a business is located outside the Kaiser Permanente service area in California or out of state, then only employees living in the service area are eligible to enroll.

INELIGIBILITY

Your business is ineligible for small group coverage if it's wholly owned by you or you and your spouse, and you don't have at least one eligible employee other than you or your spouse. **For Corporations and LLC's only:** a corporate officer is considered a W-2 or common-law employee when on payroll. The officers can be husband and wife, domestic partners, or unrelated. Contractors (1099), seasonal and temporary employees, private household help, and domestic help are ineligible for coverage.

RE-ENROLLMENT AND REINSTATEMENT

Re-Enrollment — If your coverage was terminated voluntarily or involuntarily, then you may request a new effective date for coverage to re-enroll as a new group provided you qualify for small group coverage. A new group number and contract will be issued.

Reinstatement — For groups where your Kaiser Permanente coverage was terminated for less than 60 days, you may request reinstatement of your prior contract to avoid a gap in coverage. Kaiser Permanente will consider this request provided unpaid premiums are paid and you qualify for small group coverage.

PLAN OPTIONS

You can choose from any of our ACA-compliant metal plans, subject to eligibility requirements. Current Kaiser Permanente groups may continue to offer their grandfathered (nonmetal) plans. A grandfathered (nonmetal) plan must have (among other requirements):

- Existed on March 23, 2010
- Covered at least one member on each day since March 23, 2010
- Not changed in a way that would cause the plan to lose its status

If a group currently offers a grandfathered (nonmetal) plan(s), and eliminates or replaces one of these plan(s), then the grandfathered (nonmetal) status is generally lost for that plan(s). There are some exceptions, such as when there's a bona fide employment-based reason for the change (other than changing the terms or cost of coverage) or multiple plans remain and currently cover a significant portion of employees.

We don't permit a grandfathered (nonmetal) plan to be replaced by another grandfathered (nonmetal) plan.

GENERAL RATING INFORMATION

Plan rates include many variables, such as benefit costs associated with the delivery of health care for all our small group customers as a whole. We then adjust the plan rates according to rating factors applicable to the plan type — grandfathered (nonmetal) or metal. Final rates are based on actual group enrollment. Rates are guaranteed for 12 months and are valid only from the effective date stated in the group contract.

The rate calculation for ACA-compliant metal plans is different from the rate calculation for grandfathered (nonmetal) plans.

Metal plan rating

Metal plan rates are calculated using 2 factors — rating area and member age. Claims or utilization experience isn't used to determine member premium rates.

Rating area

- If your business is located inside California, rates are based on the physical address (ZIP code and county) of your business.
- If your business is located outside of California, it's assigned to rating area 4.
- A post office box or other purchased address can't be used as your address. If we discover that you're using an address other than your business's physical location, we may rescind or terminate your coverage.

- **Member age**

- Each family member has a separate rate based on his or her age as of the effective date of the group contract. This rate will be used for the full contract year and updated yearly at renewal.
- If a family has more than 3 children under age 21, the premium for each additional child after the third will be \$0.
- Age bands are 0–14, 15, 16, 17, 18, 19, 20, every age from 21 to 63, and 64+.
- All plans include child dental for members under 19 years old as of the group contract effective date. HMO plans apply the cost of child dental only to the 0–14, 15, 16, 17, 18 age bands. PPO plans* include the cost of child dental coverage in the overall rate.

*Kaiser Permanente Insurance Company (KPIC), a subsidiary of KFHP, underwrites the PPO plan.

Grandfathered (nonmetal) plan rating

Grandfathered (nonmetal) plan rates are calculated using 3 factors — rating area, age band, and risk adjustment factor (RAF).

Rating area

- If your business is located in a California service area, rates are based on the physical address (ZIP code) of your business.
- If your business is located outside of California or outside a California service area, rates are based on the ZIP code where the highest number of covered employees reside.
- A post office box or other purchased address can't be used as your address. If we discover that you're using an address other than your business's physical location, we may rescind or terminate your coverage.

Age band

- The subscriber's age as of the effective date of the group contract, plus the family size, is used to determine the rate. This rate is used for the full contract year and updated at renewal. Age bands are <30, 30–39, 40–49, 50–54, 55–59, 60–64, and 65+. Family size categories are:
 - Employee only
 - Employee and spouse
 - Employee and child or children
 - Employee, spouse, and child or children: If a family has more than one child under 26, the premium for each additional child after the first will be \$0.

Risk adjustment factor (RAF)

We apply one RAF to all grandfathered (nonmetal) plans. RAFs are restricted to a 0.90 to 1.10 range. The RAF applied to your group at renewal won't increase by more than 10 percentage points from the RAF applied in the prior rating period.

RAFs are calculated using a model that assigns risk scores to each enrolled member based on the member's age, gender, and the types of prescription drugs the member is taking. Extensive studies have shown that the types of prescriptions for chronic illness used by a group's plan members are an accurate predictor of the group's future medical utilization.

GENERAL RULES AND REQUIREMENTS

- Your minimum contribution must be at least 50% of the employee premium for the lowest-priced Kaiser Permanente medical plan you offer.
- It's your responsibility to ensure that you don't apply a waiting period of more than 90 days (in accordance with the ACA). The effective date of coverage for new employees and their eligible family dependents is always on the first of the month and that date must not go beyond the maximum 90-day waiting period.
- Kaiser Permanente Small Group permits our coverage to be written alongside another carrier's coverage ("sliced") only if that other coverage is a fully insured, age-rated, ACA-compliant small group metal or grandfathered (nonmetal) health plan.
- Kaiser Permanente doesn't write in slice position along CaliforniaChoice® or Covered California (Kaiser Permanente is offered as an option within this exchange).

STATEWIDE EMPLOYERS

Kaiser Permanente has 2 regions in the state, Northern California and Southern California, which contract separately with employers. If you have employees enrolled in both regions, then we may issue a separate contract for each region. Assuming your business location is the home region:

- If you're a new group with 6 or more enrolled subscribers residing in the nonhome region, we'll issue your group separate contracts for Northern California and Southern California.
- If your group grows to 13 or more enrolled subscribers residing in the nonhome region after you enroll in Kaiser Permanente, we'll require you to contract with the nonhome region at renewal.

MULTIPLE PLAN OPTIONS

You're eligible to offer a choice of plans to your employees. The number of medical plans you can offer is based on the number of enrolled Kaiser Permanente subscribers:

- Groups with 1 to 5 enrolled subscribers can offer a choice of up to 4 HMO Kaiser Permanente plans, plus 1 PPO plan for a maximum of 5 plans.
- Groups with 6 or more enrolled subscribers can offer a choice of 1 or more HMO Kaiser Permanente plans, plus 2 PPO plans.

PPO

- Kaiser Permanente must be the sole carrier for all medical coverage.
- You must offer the PPO plan to all eligible employees.

If you have out-of-state employees, the maximum subscribership can't exceed 49% of the overall group enrollment. For example: A group of 10 subscribers can't have more than 4 out-of-state employees on a PPO plan.

CHILD DENTAL

- All metal HMO and PPO plans cover the ACA-defined essential health benefits, which include child dental services.
- HMO members are enrolled in a separate child dental benefit underwritten by Delta Dental of California.
- PPO medical plan members receive child dental PPO benefits as part of their medical coverage and not as a separate plan.
- Child dental services apply to all members under 19 years old. If a child turns 19 before the current contract renews, coverage is extended until the contract renewal date.

SUPPLEMENTAL FAMILY DENTAL PLANS (OPTIONAL)

- Family dental plans are available only to those enrolled in a Kaiser Permanente medical plan.
- If you choose a family dental plan, all subscribers and dependents must participate.
- The DeltaCare HMO family dental plan isn't offered with any PPO medical plans.
- Our family dental plans cover the entire family, including adults and dependent children up to age 26 (if you offer dependent coverage). However, they're not a substitute for the child dental coverage required by ACA regulations for members under 19 years old.

CHIROPRACTIC AND ACUPUNCTURE

Metal plans

Combined coverage for chiropractic/acupuncture care is included in the following ACA-compliant metal plans:

- Platinum 90 HMO 0/10 + Child Dental Alt
- Gold 80 HMO 0/30 + Child Dental Alt
- Gold 80 HMO 1000/40 + Child Dental Alt
- Silver 70 HMO 1900/65 + Child Dental Alt
- Silver 70 HMO 2300/65 + Child Dental Alt
- Silver 70 HMO 2800/65 + Child Dental Alt
- Bronze 60 HMO 5400/60 + Child Dental Alt

Grandfathered (nonmetal) plans

Optional chiropractic/acupuncture coverage is available for grandfathered (nonmetal) plans, except for HSA-qualified high deductible health plans (HDHP).

- If you offer chiropractic/acupuncture coverage, all subscribers and dependents must participate.
- You can add coverage only at renewal.
- You can discontinue coverage anytime up to 4 months before your renewal date or at renewal.

INFERTILITY BENEFIT (OPTIONAL)

The optional infertility benefit is available only to groups with 20 or more eligible employees where Kaiser Permanente is the sole carrier.

- You can only add or discontinue this benefit upon renewal, if it isn't selected as part of the original contract.
- This benefit will be added to all the HMO plans offered, when selected.
- All metal PPO plans include this infertility benefit.

DEDUCTIBLE CREDIT AND CARRYOVER

- We don't offer credit for expenses paid by members toward deductibles or out-of-pocket maximums in a medical or dental plan they had with another carrier prior to joining Kaiser Permanente.
- All deductible and out-of-pocket maximum accumulations for Kaiser Permanente reset to \$0 on the start of the calendar year. No accumulations are carried over from the previous calendar year to the new calendar year.
- Deductible and out-of-pocket maximum accumulations will reset if you move your coverage from Kaiser Permanente to Covered California for Small Business or a private exchange, or from Covered California for Small Business or a private exchange to Kaiser Permanente.

RECERTIFICATION

Employer groups will periodically be required to recertify that the group continues to meet eligibility requirements as a small business, that employees are eligible and have a bona fide employee relationship, and that all other applicable underwriting guidelines are satisfied.

CAUSES FOR TERMINATION

Kaiser Permanente can terminate coverage under any of the following conditions:

- The employer intentionally fails to enforce employee and dependent eligibility rules.
- The employer fails to pay required premiums after the grace period has lapsed.
- The employer fails to comply with underwriting requirements, including participation or contribution standards.
- The employer commits an act of fraud or intentional misrepresentation of material fact.
- The employer has no employees enrolled in a Kaiser Permanente small business plan.
- The employer moves outside Kaiser Permanente's approved California service areas and has no employees enrolled in a Kaiser Permanente small business plan who live in the service area.

Coverage of an employee or dependent can be terminated or rescinded if the individual directly or indirectly commits an act of fraud or intentional misrepresentation of material fact.

Email application to your Kaiser Permanente representative or your broker.

Requested effective date ____/____/____

1 ABOUT BUSINESS

Legal business name (as stated on your local business license, quarterly wage and tax report, corporate or partnership documents)		Doing business as (DBA)		
Physical street address (no P.O. boxes)	City	State	ZIP	County
Phone () -	Fax () -			
Type of business <input type="checkbox"/> Corporation <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company (LLC) <input type="checkbox"/> Other:				
In business since (mm/dd/yyyy) / /	Federal tax ID (EIN) number	NAICS code (6 digits) (visit naics.com/search)	Website	

All employees must be covered by workers' compensation, unless not required to be covered by law. You're not eligible to apply for coverage if you don't have workers' compensation, unless you're exempt. I attest that the following information is correct.

☐ Yes, my company has workers' compensation. ☐ Pending

If **Yes** or **Pending**, name of carrier: _____ Policy # _____
(indicate *unknown* or *pending* as applicable)

☐ Exempt from providing workers' compensation for the following reason: _____

2 OTHER MEDICAL COVERAGE

Does your company or affiliated company(ies) have or has it ever had group coverage directly through Kaiser Permanente? If **Yes**, please provide the group number and company name.

☐ Yes ☐ No Group #: _____ Company name: _____

Does your company currently have active group health coverage?

☐ Yes ☐ No Name of carrier: _____ Renewal date: ____/____/____

Will you be offering another carrier's small group health plan, alongside Kaiser Permanente, to your employees?

☐ Yes ☐ No Name of carrier: _____ Number of employees enrolled: _____

3A EMPLOYER ELIGIBILITY

In determining the number of employees or eligible employees, affiliated companies that are eligible to file a combined tax return for purposes of state taxation shall be considered 1 employer.

Is your company affiliated with another company and eligible to file a combined tax return? ☐ Yes ☐ No

If Yes, please provide below:

Company name _____ ☐ Affiliate ☐ Subsidiary

Physical Address	City	State	ZIP
Federal tax ID number	Phone () -		

Business name (please print): _____

3B EMPLOYEE COUNTPlease provide the total number of employees nationwide (**full-time and part-time**).

Total _____

Note: If the total number of employees noted above is 100 or fewer, skip the following and go to section 3C.

If your total number of employees noted above is more than 100, please provide the total number of **full-time and full-time-equivalent employees** on the line below. For information on calculating the number of full-time and full-time-equivalent employees (FTE), refer to your legal counsel. To qualify for small group coverage, your company must have at least 1 but no more than 100 full-time and full-time-equivalent employees on at least 50% of the previous calendar quarter or previous calendar year.

Total _____

3C ELIGIBLE AND ENROLLING EMPLOYEESPlease provide the total number of **eligible employees**. Total _____Please provide the total number of **enrolling employees**. Total _____Hours per week employees must work to be eligible for coverage: ☐ 20–29 hours ☐ 30+ hoursAre you offering employee only coverage?¹ ☐ Yes ☐ No

¹If you have 50 or more full-time or full-time-equivalent employees, you must offer dependent coverage. For more information about Employer Shared Responsibility, see section 4980H(C)(2) of the Internal Revenue Code.

3D DOMESTIC PARTNER COVERAGEDo you wish to offer non-state registered Domestic Partner Coverage? ☐ Yes ☐ No**4 CONTINUATION COVERAGE**Did your company employ 20 or more employees for at least 50% of the workdays of the preceding calendar year (January through December), making it subject to COBRA? ☐ Yes ☐ NoAre you submitting COBRA applications? ☐ Yes ☐ No**5A ERISA STATUS**Is your company subject to ERISA?² ☐ Yes ☐ No If you don't select an answer, we'll record your status as Yes.

²ERISA is a federal law that sets minimum standards for employee benefit plans established by private employers and employee organizations. Many group health plans are subject to ERISA, although government and church plans generally aren't. If you're unsure of your group health plan's ERISA status, we recommend that you consult with your financial or legal advisor before responding.

5B MEDICARE SECONDARY PAYOR STATUSAre you subject to TEFRA?³ ☐ Yes ☐ No

³If your company employed 20 or more full-time and/or part-time employees for each working date for 20 or more calendar weeks in the current calendar year or preceding calendar year, your group is subject to this federal law.

6 EMPLOYER PREMIUM CONTRIBUTION

Your contribution to coverage can be a percentage or a fixed dollar amount. **Your minimum contribution must be at least 50% of the "employee only" monthly premium for the lowest-priced Kaiser Permanente medical plan offered by you, the employer.**

Percentage of the premium is based on the following (**select 1 only**):☐ Lowest plan offered ☐ All plans offered ☐ Specific plan offered: _____Employer contribution (50%–100%): _____ % per employee _____ % per dependent (**optional**)Employer contribution (fixed \$): \$ _____ per employee \$ _____ per dependent (**optional**)

Business name (please print): _____

7 CONTRACT AND RENEWAL DELIVERY PREFERENCE

We'll deliver your Kaiser Foundation Health Plan, Inc. (KFHP)/Kaiser Permanente Insurance Company (KPIC) contract(s) and renewal(s) online in a PDF file at account.kp.org unless you indicate below that you'd like your contract(s) and renewal(s) mailed to you.

- ☐ I want to receive my contract(s) by mail.
☐ I want to receive my renewal(s) by mail.

8 CONTRACT SIGNER INFORMATION

There's only 1 contract signer. This principal person is responsible for signing the group agreement, receiving and providing renewal information, and authorized to make membership or contractual changes to your account. This address will become the group mailing address, if different from the business physical address.

First name	MI	Last name	Title	
Mailing address		City	State	ZIP
Office phone () -	Ext.	Fax () -	Cellphone () -	
Email		How should we correspond with this person? (select 1 only) <input type="checkbox"/> Email <input type="checkbox"/> Mail		

9 BILLING CONTACT INFORMATION

The **billing contact** is the person within your company to whom billing statements are addressed. This person will have access to group information. Only 1 billing contact is allowed. **If you're using a Third-Party Administrator (TPA), including a broker acting as a TPA for billing administration, please skip the following and proceed to section 10.**

☐ Check here if same as contract signer.

First name	MI	Last name		
Mailing address		City	State	ZIP
Office phone () -	Ext.	Fax () -	Cellphone () -	
Email		How should we correspond with this person? (select 1 only) <input type="checkbox"/> Email <input type="checkbox"/> Mail		

Business name (please print): _____

10 THIRD-PARTY ADMINISTRATOR (TPA) CONTACT INFORMATION

The **TPA** is an external person, company, or broker that's contracted for the purpose of administering the group's billing and enrollment or solely administering your **Federal COBRA** benefits. This person will have access to group information.

TPA company name _____

Will a TPA, including a broker, administer Federal COBRA? ☐ Yes ☐ No ☐ Check here if COBRA statement will be sent to group's billing address.

Note: A TPA can't administer state COBRA. TPA is for Federal COBRA administration only.

First name		MI	Last name	
Mailing address		City		State ZIP
Office phone () -	Ext.	Fax () -	Cellphone () -	
Email		How should we correspond with this person? (select 1 only) <input type="checkbox"/> Email <input type="checkbox"/> Mail		

11 INTERESTED PARTY CONTACT INFORMATION

An **interested party** is an individual, within your organization, authorized to discuss and receive group specific information and make contract changes. This individual would be someone other than a broker. An authorized agent/broker is to complete section 16.

First name		MI	Last name	
<input type="checkbox"/> Check here if using the same address as section 8.				
Mailing address		City		State ZIP
Office phone () -	Ext.	Fax () -	Cellphone () -	
Email		How should we correspond with this person? (select 1 only) <input type="checkbox"/> Email <input type="checkbox"/> Mail		

ADDITIONAL INTERESTED PARTY

First name		MI	Last name	
<input type="checkbox"/> Check here if using the same address as section 8.				
Mailing address		City		State ZIP
Office phone () -	Ext.	Fax () -	Cellphone () -	
Email		How should we correspond with this person? (select 1 only) <input type="checkbox"/> Email <input type="checkbox"/> Mail		

Business name (please print): _____

12 MEDICAL PLANS

Please select the plan(s) you'd like to offer. For more information on the plans listed below, contact your sales representative or agent/broker. You're eligible to offer a choice of plans to your employees.

- Groups with 1 to 5 enrolled subscribers can offer a choice of up to 4 HMO Kaiser Permanente plans, plus 1 PPO plan for a maximum of 5 plans.
- Groups with 6 or more enrolled subscribers can offer a choice of 1 or more HMO Kaiser Permanente plans, plus 2 PPO plans.
- PPOs can only be offered when Kaiser Permanente is the sole carrier.

Platinum	<input type="checkbox"/> Platinum 90 HMO 0/10 + Child Dental Alt [†]	<input type="checkbox"/> Platinum 90 PPO 0/15 + Child Dental
	<input type="checkbox"/> Platinum 90 HMO 0/20 + Child Dental	
Gold	<input type="checkbox"/> Gold 80 HMO 0/30 + Child Dental Alt [†]	<input type="checkbox"/> Gold 80 PPO 350/25 + Child Dental
	<input type="checkbox"/> Gold 80 HMO 250/35 + Child Dental	
	<input type="checkbox"/> Gold 80 HMO 1000/40 + Child Dental Alt [†]	
	<input type="checkbox"/> Gold 80 HDHP HMO 1600/15% + Child Dental Alt	
	<input type="checkbox"/> Gold 80 HRA HMO 2250/35 + Child Dental	
Silver	<input type="checkbox"/> Silver 70 HMO 1900/65 + Child Dental Alt [†]	<input type="checkbox"/> Silver 70 PPO 2500/55 + Child Dental
	<input type="checkbox"/> Silver 70 HMO 2300/65 + Child Dental Alt [†]	
	<input type="checkbox"/> Silver 70 HMO 2500/55 + Child Dental	
	<input type="checkbox"/> Silver 70 HMO 2800/65 + Child Dental Alt [†]	
	<input type="checkbox"/> Silver 70 HDHP HMO 2700/25% + Child Dental	
Bronze	<input type="checkbox"/> Bronze 60 HMO 5400/60 + Child Dental Alt [†]	<input type="checkbox"/> Bronze 60 PPO 6300/65 + Child Dental
	<input type="checkbox"/> Bronze 60 HMO 6300/65 + Child Dental	
	<input type="checkbox"/> Bronze 60 HDHP HMO 7000/0 + Child Dental	

Child Dental: We're required to include child dental benefits with your medical plan(s). When employees and their dependents enroll in the HMO medical plan(s) you've chosen, we'll also enroll them in a separate child dental plan underwritten by Delta Dental of California. PPO medical plan members receive child dental benefits as part of their medical coverage and not as a separate plan. Child dental services apply to all members under 19 years old.

[†]Chiropractic and acupuncture benefits are included with these plans.

Groups selecting the Gold 80 HRA HMO 2250/35 plan above must fund an HRA for each enrolled employee. The allowable funding range is \$100 to \$400 per employee. If the group covers dependents, the allowable funding range per family is \$200 to \$800.

HDHP plans are HSA-qualified. If you've selected an HDHP or HRA medical plan above, please indicate if you'd also like Kaiser Permanente to administer your HSA or HRA health payment account. **If you select Yes, a Kaiser Permanente representative will contact you to provide more information on your next steps, as additional documents and administrative fees apply.**

HSA administered through Kaiser Permanente? ☐ Yes ☐ No HRA administered through Kaiser Permanente? ☐ Yes ☐ No

13 INFERTILITY BENEFIT (OPTIONAL)

The optional infertility benefit is available only to groups with 20 or more eligible employees where Kaiser Permanente is the sole carrier. If you select this benefit, it will be added to all the HMO plans you offer and the cost will be included in the medical plan rate.

☐ Add infertility benefit

14 DENTAL PLANS

SUPPLEMENTAL FAMILY DENTAL PLANS⁴

Our supplemental family dental plans cover the entire family, including adults and dependent children up to age 26. However, a supplemental family dental plan isn't a substitute for the child dental coverage required by Affordable Care Act (ACA) regulations for members under 19 years old. **Please select only 1 plan.** If you select this benefit, all enrolled subscribers will be enrolled in dental.

KPIC Fee-for-Service (Premier)	<input type="checkbox"/> Plan C	<input type="checkbox"/> Plan D	<input type="checkbox"/> Plan E	<input type="checkbox"/> Plan E with Ortho (requires at least 10 subscribers)
KPIC PPO	<input type="checkbox"/> PPO AG 1500	<input type="checkbox"/> PPO AH 2000	<input type="checkbox"/> PPO D 1500	<input type="checkbox"/> PPO E 1000 <input type="checkbox"/> PPO E 1500
DeltaCare HMO	<input type="checkbox"/> 10A HMO	<input type="checkbox"/> 13B HMO		

⁴Dental plans are available only when purchased with a medical plan. If you choose a dental plan, all eligible subscribers and dependents must participate. A medical PPO plan member living outside California isn't eligible for the DeltaCare HMO family dental plan.

Business name (please print): _____

15 IMPORTANT INFORMATION – PLEASE READ CAREFULLY

This is an application for coverage only. No contract for coverage will exist until Kaiser Foundation Health Plan, Inc. (KFHP), or Kaiser Permanente Insurance Company (KPIC) has completed its review and communicated to the business applicant or the applicant's broker that the application has been accepted and a group health plan contract/group policy will be issued.

The copay HMO plans, HSA-qualified high deductible health plans, deductible HMO plans, and the deductible HMO plans with HRA are underwritten by Kaiser Foundation Health Plan, Inc. (KFHP). Kaiser Permanente Insurance Company (KPIC), a subsidiary of KFHP, underwrites the Preferred Provider Organization (PPO) plans as well as the Premier and PPO dental plans. The chiropractic/acupuncture benefit is administered by American Specialty Health Plans of California, Inc.

16 AUTHORIZED AGENT/BROKER OF RECORD FOR KAISER PERMANENTE

To be completed by your Kaiser Permanente–appointed agent/broker after completion of this application. Your broker will have the same access to your account as an interested party with the exception that a broker can't sign this Employer Application. If you're a broker who hasn't registered as a firm or agent with Kaiser Permanente, please call Broker Sales at **800-789-4661**. If any information has changed, please call Broker Compensation at **800-440-2323**.

Notice to agent or broker: If you've assisted the applicant in submitting this application, the law requires that you attest to this assistance. If, in making this attestation, you state as true any material fact you know to be false, you will be subject to a civil penalty of up to ten thousand dollars (\$10,000), as authorized under California Health and Safety Code section 1389.8(c) or Insurance Code section 10119.3, in addition to any other applicable penalties or remedies under current law.

You must select *Yes* or *No*.

I assisted the applicant in submitting this application. To the best of my knowledge, the information on this application is complete and accurate. I explained to the applicant, in easy-to-understand language, the risk to the applicant of providing inaccurate information, and the applicant understood the explanation.

☐ Yes ☐ No

Primary (authorized agent/broker)

Agent/broker name	% split
Firm name	Kaiser Permanente broker firm ID
Agent/broker signature X	Date

Secondary (only if adding another firm; doesn't apply to a second agent/broker at the same firm)

Agent/broker name	% split
Firm name	Kaiser Permanente broker firm ID

17 GENERAL AGENT ACCESS

Your agent/broker may work with a General Agent (GA) to service your organization, which is a different firm from your agent/broker. The same agent/broker access to your group specific information and change permission will be granted to a designated GA unless you choose not to authorize access.

Do not check the box below if you consent.

☐ Check this box **ONLY** if you **DO NOT** authorize a GA to access your group specific information, service your organization, change group information, or act on your behalf.

18 CALIFORNIA FRAUD NOTICE

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to a health plan or an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance benefits, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the state's regulatory agency.

Business name (please print): _____

19 AGREEMENT AND SIGNATURE

☐ By checking this box, I represent that this application is being submitted during the time period that begins on November 15th and extends through December 15th and as a result this application cannot be denied based on any failure to meet minimum participation and contribution requirements. I understand that failure to meet minimum participation and contribution requirements in the future may result in non-renewal of group coverage.

As a company principal/corporate officer, having authority to contract with KFHP and KPIC, I agree that:

- My group is automatically enrolled in on-line billing and prepaid monthly premiums will be posted to Kaiser Permanente's account by the due date on the Kaiser Permanente billing statement. For any questions, please call **800-731-4661**.
- My company will use employee enrollment application forms provided or approved by KFHP and KPIC for new employees.
- The eligibility data provided by my company to Kaiser Permanente will include coverage effective dates for my company's employees that correctly account for eligibility in compliance with the waiting period requirement in the Affordable Care Act and federal regulations, which require that waiting periods not exceed 90 days. My company acknowledges that the effective date of coverage for new employees and their eligible family dependents will be on the 1st of the month and won't exceed the waiting period established by my company.
- My company will abide by the contract provisions.
- All groups may be subject to a recertification process. Recertification is done to ensure that groups meet all Kaiser Permanente requirements and those set forth in the California Health and Safety Code and the Affordable Care Act.
- Upon request, my company will furnish to KFHP or KPIC all data necessary to verify group and employee eligibility including, but not limited to, data proving compliance with the underwriting requirements and terms of the group agreement.
- My company will maintain records of enrollment/waiver forms.

I have read, understood, and agreed to Kaiser Permanente's Small Business Guidelines, which may be included with my rate quote or, if not included, is available at kp.org/smallbusinessguidelines/ca.

I attest that my company meets the definition of "small employer" as defined by applicable federal and state law.

I attest that my company isn't participating in a large group trust and agree not to participate while enrolled under Kaiser Permanente small business coverage.

I understand that if I have an authorized agent/broker of record, then the agent/broker and their support staff currently on file with Kaiser Permanente will have access to my group-specific information. They're able to service my organization and to act or change group information on my behalf. Access to my account. kp.org group account will be granted to my agent/broker who may delegate authority to their support staff. This information may include, but isn't limited to, renewal notices, group agreements, rates, benefits, and protected health information (PHI).

I understand that a Summary of Benefits and Coverage (SBC) for each of my medical plans is available at kp.org/smallbusiness-sbc/ca. I agree to provide my eligible employees with SBCs for any plan(s) I have chosen or change to in the future.

I certify, to the best of my knowledge, that all of the responses given are true, correct, and complete. I understand that if I performed an act or practice constituting fraud or made an intentional misrepresentation of material fact, any coverage approved by KFHP or KPIC may be canceled or the applicable premiums/rates may be adjusted.

I understand that if KFHP or KPIC intends to rescind or terminate my coverage, I'll be sent a notice via regular certified mail at least 30 days prior to the effective date of the rescission or termination explaining the reasons for the intended rescission or termination and notifying me of my right to appeal that decision to the Department of Managed Health Care director or the Department of Insurance commissioner. I understand that after 24 months following the issuance of my KFHP health plan contract/KPIC health insurance policy, KFHP/KPIC shall not rescind my plan contract/policy for any reason, and shall not cancel my plan contract/policy, limit any of the provisions of my plan contract/policy, or raise premiums on my plan contract/policy due to any omissions, misrepresentations, or inaccuracies in the application form, whether willful or not.

Notice: California law prohibits an HIV test from being required or used by health care service plans/health insurance companies as a condition of obtaining coverage/health insurance coverage.

KAISER FOUNDATION HEALTH PLAN, INC., ARBITRATION AGREEMENT⁵

I understand that (except for Small Claims Court cases, claims subject to a Medicare appeals procedure or the ERISA claims procedure regulation, and any other claims that cannot be subject to binding arbitration under governing law) any dispute between myself, my heirs, relatives, or other associated parties on the one hand and Kaiser Foundation Health Plan, Inc. (KFHP), any contracted health care providers, administrators, or other associated parties on the other hand, for alleged violation of any duty arising out of or related to membership in KFHP, including any claim for medical or hospital malpractice (a claim that medical services were unnecessary or unauthorized or were improperly, negligently, or incompetently rendered), for premises liability, or relating to the coverage for, or delivery of, services or items, irrespective of legal theory, must be decided by binding arbitration under California law and not by lawsuit or resort to court process, except as applicable law provides for judicial review of arbitration proceedings. I agree to give up our right to a jury trial and accept the use of binding arbitration. I understand that the full arbitration provision is contained in the *Evidence of Coverage*.

Authorized company signer (please print name)	Company title (please print)
Signature required for all Kaiser Permanente plans X	Date

⁵Disputes arising from the following fully insured Kaiser Permanente Insurance Company coverages aren't subject to binding arbitration: 1) the Participating Provider tier and the Non-Participating Provider tier of the Point-of-Service (POS) plans; 2) Preferred Provider Organization (PPO) plans; 3) Out-of-Area Indemnity (OOA) plans; and 4) KPIC Dental plans.

IMPORTANT INFORMATION

Please complete this form to document eligible employees who are **NOT on the DE 9C** who:

- Were hired in the last 45 days.
- Can't show or provide 2 weeks of pay.

1 COMPANY INFORMATION

Company name	Group ID (if assigned)
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2 EMPLOYEE INFORMATION

First name	MI	Last name	Start date (mm/dd/yyyy)	Hourly wage/ Salary	Social Security number (last 4 digits)

3 READ AND SIGN

I affirm that I have authority to contract with Kaiser Foundation Health Plan, Inc., and Kaiser Permanente Insurance Company on behalf of the group. I attest that the employees listed above are permanent, eligible employees working at least 20 hours per week. I understand that this information may be subject to verification and agree to provide Kaiser Permanente with any information necessary to do so.

Authorized company signer (please print name)	Company title (please print)
Signature X	Date

IMPORTANT INFORMATION

Please complete this form if you're a new business (start-up, breakaway or initiating payroll from an established business) and don't have payroll, to document eligible employees.

1 COMPANY INFORMATION

Company name

Check one: ☐ Start-up
☐ Breakaway from an existing business
☐ Established business with newly created payroll

2 EMPLOYEE INFORMATION

First name	MI	Last name	Start date (mm/dd/yyyy)	Hourly wage/ Salary	Social Security number (last 4 digits)

3 READ AND SIGN

I affirm that I have authority to contract with Kaiser Foundation Health Plan, Inc., and Kaiser Permanente Insurance Company on behalf of the group. I attest that the employees listed above are permanent, eligible employees working at least 20 hours per week. I understand that this information may be subject to verification and agree to provide Kaiser Permanente with any information necessary to do so. I will provide the company's first 30 days complete payroll records for all employees within 45 days of the effective date. I understand that Kaiser Permanente reserves the right to not renew coverage for my group if it doesn't meet Kaiser Permanente criteria as outlined in the *Group Agreement* and/or *Group Contract*.

Authorized company signer (please print name)

Company title (please print)

Signature

X

Date

IMPORTANT INFORMATION

Please complete this form if you're a group with enrolling non-emancipated minors. Only list the non-emancipated minor(s) below.
Kaiser Permanente reserves the right to request additional documentation.

1 COMPANY INFORMATION

Company name

2 EMPLOYEE INFORMATION

First name	MI	Last name	Start date (mm/dd/yyyy)	Hourly wage/ Salary	Social Security number (last 4 digits)

3 READ AND SIGN

I affirm that I have authority to contract with Kaiser Foundation Health Plan, Inc., and Kaiser Permanente Insurance Company on behalf of the group. I attest that the employees listed above are permanent, eligible employees working at least 20 hours per week. I understand that this information may be subject to verification and agree to provide Kaiser Permanente with any information necessary to do so. I will provide the company's first 30 days complete payroll records for all employees within 45 days of the effective date. I understand that Kaiser Permanente reserves the right to not renew coverage for my group if it doesn't meet Kaiser Permanente criteria as outlined in the *Group Agreement* and/or *Group Contract*.

Authorized company signer (please print name)

Company title (please print)

Signature

X

Date

INSTRUCTIONS

New Group: Return this form, along with your Employer Application, to your Kaiser Permanente sales representative and/or broker.

Existing Group: For future payments, email this form to csc-sd-sba@kp.org or fax to **855-355-5334**. To make a phone payment, call us at **800-731-4661** and choose the Payment Line option.

Note: Kaiser Permanente doesn't accept credit card payments for small group coverage.

COMPANY INFORMATION

Company name		Group ID (if assigned)
Phone () -	Ext.	Email

AUTHORIZATION

I authorize Kaiser Permanente to withdraw the amount due, based on the final enrollment, from the account below:

Bank routing number (9 digits)	Bank account number
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INITIAL PAY

One-time withdrawal for first month's payment based on Your Total Premium

Select one:

- ☐ Save account information for future reference
☐ Do NOT save account information for future reference

RECURRING PAYMENT

Check box only if you would like recurring payments.

☐ Future autopay/recurring payment*

Withdraw statement balance 4 days prior to due date (other options are available at account.kp.org once your account is set-up).

*If selecting autopay, the first payment will be based on the first billing statement which can be as much as 2 months, due to billing cycles. If this payment is returned unpaid, I authorize Kaiser Permanente to resubmit the payment and charge this account an additional insufficient funds fee for the maximum amount allowed by the state as a result of a returned check.

READ AND SIGN

I affirm that I have authority to contract with Kaiser Foundation Health Plan, Inc. and Kaiser Permanente Insurance Company on behalf of the group.

Authorized company signer (please print name)	Company title (please print)
Signature X	Date

Confidentiality note: This information is intended only for the use of the individual or entity named above. If you're not the intended recipient, you're hereby notified that any disclosure, copying, distribution, or use of the information in the transmission is strictly prohibited. If you've received this transmission in error, please notify the sender immediately by telephone or by return fax and destroy this transmission, along with any attachments.

Use this form to enroll in Kaiser Permanente. (All fields with * are required.)

COMPANY & PLAN INFORMATION

Company name*		Group ID (if assigned)	Effective date* (can only start the first of the month) / 01 /	
Plan selection*	Subgroup ID (if assigned)		Employee classification (if applicable)	
Enrollment reason (Please check one) <input type="checkbox"/> New group account <input type="checkbox"/> Open enrollment <input type="checkbox"/> Other:				
If you have an existing account, please email completed form to csc-sd-sba@kp.org as a PDF attachment or fax to 855-355-5334 .				

EMPLOYEE INFORMATION

Have you ever been a member of, or received care from, Kaiser Permanente in California? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Social Security number*		Former/Maiden name		
Last name*		First name*	MI	Preferred language (optional)
Home address*				Apt. #
City*	State*	ZIP*	County	
Mailing address (if different from home)				Apt. #
City	State	ZIP	County	
Date of birth (mm/dd/yyyy)* / /	Gender* <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Undeclared	Day phone () -	Evening phone () -	

If you decline coverage for yourself or an eligible dependent, you can only enroll during an annual open enrollment period established by your employer, or during a special enrollment period if you've experienced a qualifying event. You must request coverage within 60 days of a qualifying event. Special enrollment qualifying events include:

- Loss of health care (minimal essential) coverage, resulting from any of the following: loss of employer-sponsored coverage because you and/or your dependent no longer meet the eligibility requirements, or your employer no longer offers coverage or stops contributing premium payments; loss of eligibility for COBRA coverage (for a reason other than termination for cause or nonpayment of premium); your and/or your dependent's individual, Medi-Cal, Medicare, or other governmental coverage ends; or for any reason other than failure to pay premiums on a timely basis or situations allowing for a rescission (fraud or intentional misrepresentation of material fact); or loss of health care coverage including, but not limited to, loss of that coverage due to the circumstances described in Section 54.9801-6(a)(3)(i) to (iii), inclusive, of Title 26 of the Code of Federal Regulations and the circumstances described in Section 1163 of Title 29 of the United States Code;
- Gaining or becoming a dependent due to marriage, domestic partnership, birth, adoption, placement for adoption, or assumption of a parent-child relationship;
- A valid state or federal court order that you or your dependent be covered;
- Permanent relocation, such as moving to a new location and having a different choice of health plans, or being released from incarceration;
- The prior health coverage issuer substantially violated a material provision of the health coverage contract;
- A network provider's participation in your and/or your dependent's health plan ended when you and/or your dependent(s) were under active care for one of the following conditions: an acute condition (an acute condition is a medical condition that involves a sudden onset of symptoms due to an illness, injury, or other medical problem that requires prompt medical attention and that has a limited duration); a serious chronic condition (a serious chronic condition is a medical condition due to a disease, illness, or other medical problem or medical disorder that's serious in nature and that persists without full cure or worsens over an extended period of time or requires ongoing treatment to maintain remission or prevent deterioration); pregnancy; terminal illness (a terminal illness is an incurable or irreversible condition that has a high probability of causing death within one year or less); care of a newborn child between birth and age 36 months; or performance of a surgery or other procedure that's been recommended and documented by the provider to occur within 180 days of the contract's termination date or within 180 days of the effective date of coverage for a newly covered insured;
- A member of the reserve forces of the United States military returning from active duty or a member of the California National Guard returning from active duty service under Title 32 of the United States Code;
- An individual demonstrates to the Department of Managed Health Care or Department of Insurance, as applicable, with respect to health benefit plans offered outside the Exchange that the individual didn't enroll in a health benefit plan during the immediately preceding enrollment period available because the individual was misinformed that he or she was covered under minimum essential coverage.

(All fields with * are required.)

FAMILY INFORMATION (Please list only those family members to be enrolled.)

Check one <input type="checkbox"/> Spouse <input type="checkbox"/> Domestic partner	Date of birth (mm/dd/yyyy)*	Gender* <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Undeclared	Social Security number
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Name (Last, First, MI)*

Former name (Last, First, MI)

<input type="checkbox"/> Dependent*	Date of birth (mm/dd/yyyy)*	Gender* <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Undeclared	Social Security number
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Name (Last, First, MI)

<input type="checkbox"/> Dependent*	Date of birth (mm/dd/yyyy)*	Gender* <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Undeclared	Social Security number
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Name (Last, First, MI)

<input type="checkbox"/> Dependent*	Date of birth (mm/dd/yyyy)*	Gender* <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Undeclared	Social Security number
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Name (Last, First, MI)

<input type="checkbox"/> Dependent*	Date of birth (mm/dd/yyyy)*	Gender* <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Undeclared	Social Security number
-------------------------------------	-----------------------------	---	------------------------

Name (Last, First, MI)

<input type="checkbox"/> Dependent*	Date of birth (mm/dd/yyyy)*	Gender* <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Undeclared	Social Security number
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Name (Last, First, MI)

If any dependent listed above lives at another address, complete the following:

Name (Last, First, MI)	Address
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Name (Last, First, MI)	Address
------------------------	---------

READ AND SIGN
KAISER FOUNDATION HEALTH PLAN, INC., ARBITRATION AGREEMENT*

I understand that (except for Small Claims Court cases, claims subject to a Medicare appeals procedure or the ERISA claims procedure regulation, and any other claims that can't be subject to binding arbitration under governing law) any dispute between myself, my heirs, relatives, or other associated parties on the one hand and Kaiser Foundation Health Plan, Inc. (KFHP), any contracted health care providers, administrators, or other associated parties on the other hand, for alleged violation of any duty arising out of or related to membership in KFHP, including any claim for medical or hospital malpractice (a claim that medical services were unnecessary or unauthorized or were improperly, negligently, or incompetently rendered), for premises liability, or relating to the coverage for, or delivery of, services or items, irrespective of legal theory, must be decided by binding arbitration under California law and not by lawsuit or resort to court process, except as applicable law provides for judicial review of arbitration proceedings. I agree to give up our right to a jury trial and accept the use of binding arbitration. I understand that the full arbitration provision is contained in the *Evidence of Coverage*.

Employee name (please print)*

Employee signature*	Date
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X
*(All fields with * are required.)*

*Disputes arising from fully insured Kaiser Permanente Insurance Company (KPIC) coverage aren't subject to binding arbitration: 1) Preferred Provider Organization (PPO) plans and 2) KPIC Dental plans.

Email completed form to **csc-sd-sba@kp.org** or fax to **855-355-5334**.

IMPORTANT INFORMATION**EMPLOYEE/EMPLOYER USE ONLY - DO NOT RETURN THIS FORM TO YOUR KAISER PERMANENTE REPRESENTATIVE.****Employees:** Please use this form only to decline group health coverage and return to your employer.**Employers:** Keep this form for your records. Transfer employee information to the Declination of Coverage form. **If you'd like to terminate a subscriber, please use the Subscriber Termination, Transfer, and Reinstatement Form.****1 COMPANY INFORMATION**

Company name	Group ID (if assigned)
<hr/>	<hr/>

2 REASON FOR DECLINING

I've been offered Kaiser Permanente group health coverage by my employer. I voluntarily choose not to enroll myself in a Kaiser Permanente plan at this time. I understand that the next opportunity to enroll will be during the annual open enrollment period or after a qualifying event.

Declination reason and carrier name impact the participation requirement.

Reason for declining (check one):

<input type="checkbox"/> I'm covered by another employer's health plan through my spouse/domestic partner/parent.
<input type="checkbox"/> I'm covered by another health plan offered by this employer.
<input type="checkbox"/> I'm covered by another employer I work for.
<input type="checkbox"/> I'm covered by group coverage through COBRA or Cal-COBRA.
<input type="checkbox"/> I'm covered by Medicare, Medi-Cal, or Tricare (military or VA benefits).
<input type="checkbox"/> I'm covered by an individual health plan.
<input type="checkbox"/> Not interested in enrolling at this time.

3 READ AND SIGN

If you decline coverage for yourself, you're also declining coverage for your eligible dependent(s). You can only enroll or change your coverage during annual open enrollment period established by your employer or during a special enrollment period if you've experienced a qualifying event. You must request coverage within 60 days of a qualifying event. Special enrollment qualifying events include:

- Increase in your hours so that you meet your employer's requirement for medical plan eligibility
- Return from a leave of absence
- Involuntary termination or loss of other group coverage
- A dependent loses coverage elsewhere
- Marriage or addition of a domestic partner
- Birth, adoption of a child, or placement for adoption
- Court order
- Death of a spouse, domestic partner, or dependent

Employee name (please print)

Signature

X

Date

PRIMARY ADMINISTRATOR ONLINE ACCESS REQUEST

For more information: California **800-893-2971, option 3**
Outside California **866-575-3562**

IMPORTANT INFORMATION

To ensure that you choose the correct option below, refer to the following descriptions. If you'd like to add a secondary administrator, **don't use this form** – reach out to the primary administrator to grant you access.

New Primary Administrator: A group requesting access for the first time. Email completed form to CSC-SD-CAS-Web-Support@kp.org.
Note: this form is for active accounts only; submit this form when a group number has been assigned.

Change Primary Administrator: A group that already has access to *Online Account Services* and would like to replace their current primary administrator.

Note: This form is for online access only. To avoid processing delays, this form must be completed in its entirety.

☐ New Primary Administrator ☐ Change Primary Administrator

1 COMPANY BUSINESS INFORMATION

Company name*		Group ID
Company name	State/Region	Group ID
Company name	State/Region	Group ID
Company name	State/Region	Group ID

*If you have multiple companies (in CA or out of state), or multiple group IDs, include all above.

2 COMPANY PRIMARY ADMINISTRATOR INFORMATION

The primary administrator ID is non-transferable. Kaiser Permanente must be notified of any changes to the primary administrator.

First name	MI	Last name	Company role		
Street address		City	State	ZIP	
Phone () –	Ext.	Email			

If you're an authorized third-party for the group, indicate company name.

3 READ AND SIGN

I affirm I have the authority to contract on behalf of the employer for health care coverage. Kaiser Foundation Health Plan, Inc (KFHP) may provide Personal Health Information (PHI) only to those third parties who are identified by a group as its business associates. KFHP must receive written assurance from the group that a business associate agreement exists between the group and the third party and that the business associate agreement permits the business associate to receive requested PHI information from KFHP. By signing below, the group agrees that a business associate agreement exists, KFHP may disclose to the third party PHI as necessary to provide services for or on behalf of the group and the group will immediately inform KFHP when the business associate has been terminated.

Signature (required)

X		
Printed name (required)	Phone () –	Date

Email: CSC-SD-CAS-Web-Support@kp.org
Fax: 855-355-5334