

## **Eligibility Requirements for Employer-sponsored Small Group Health Plans**

### **Requirements to Become a Health Plan Purchaser**

1. Kaiser Permanente defines a purchaser group as an employer who must provide medical coverage to their employees on payroll based on the Hawaii Prepaid Health Care Act (HPHCA). HPHCA's definition of an eligible employee is as follows: Employees who work 20 hours or more per week for four consecutive weeks and earn a monthly wage of at least 86.67 times the Hawaii minimum hourly wage.
  - For information on the HPHCA and other employer requirements, including workers' compensation (WC) and temporary disability insurance (TDI), please contact the State of Hawaii Department of Labor and Industrial Relations, Disability Compensation Division at **808-586-9161**.
2. The employer must obtain an active Unemployment Insurance (UI) Identification Number from the State of Hawaii Department of Labor's Unemployment Insurance Division. Your business must be actively contributing to unemployment insurance to open an employer-sponsored group health plan.
3. At least one (1) subscriber must enroll on the policy. We are unable to install a small group policy with zero (0) subscribers.

### **Requesting a Rate Proposal**

To obtain a rate proposal from Kaiser Permanente, please contact the Sales Department at [HI-Sales@kp.org](mailto:HI-Sales@kp.org) for a Quoting Intake Form. All fields are required. Please include any covered dependents on the census.

Quote requests are processed and returned within five (5) working days from receipt of the completed Quoting Intake Form. Coverage effective dates are available the first day of every month. We recommend that you submit your request within or earlier than the first two (2) weeks of the month preceding the desired effective date.

### **Kaiser Permanente for Individuals and Families Plans**

If you do not meet the qualifications as an employer, please call **1-800-488-3590** to inquire about the benefits of our Kaiser Permanente for Individuals and Family plans or visit us online at [www.buykp.org](http://www.buykp.org).

***Please do not cancel any existing coverage until you have accepted final rates and receipt of all required enrollment documents has been confirmed by Kaiser Permanente.***

### **After Accepting a Rate Quote**

Kaiser Permanente may require documentation to verify that your business is active with eligible employees on payroll.

The requested documentation may include, but is not limited to, submission of the following:

- UC-B6 Quarterly Wage Filing (identifies quarterly wages paid to each employee)
- HW-14 Withholding Tax Return (identifies the total monthly or quarter wages paid, and the total income taxes withheld)
- Federal Income Tax Forms

### **Cancellation Policy**

Kaiser Permanente Hawaii reserves the right to cancel a purchaser group's coverage if the following "Fair Conditions of Health Plan Offerings" are not met by the purchaser group:

1. Purchaser group does not meet eligibility requirements.
2. Kaiser Permanente commercial group health plans may be offered to eligible subscribers living or working in the Hawaii service area of the islands of Oahu, Maui, Kauai, Lanai, Molokai, and Hawaii.
3. Kaiser Permanente Group Senior Advantage plans are available to eligible members residing on the islands of Oahu, Maui, and Hawaii excluding zip codes 96772, 96777, and 96718.
4. Purchaser group must assure parity with other health plans offered within the same group, such as matching of:
  - Contract anniversary and open enrollment period
  - Benefits offered, rate tiers, and ratios
  - Employer contribution policy: Employer must contribute to all health plans offered on a basis that does not financially discriminate against Kaiser Permanente or against employees who choose to enroll.

*Failure to comply with the above requirements or falsification of documentation may result in a delay and/or denial of quote request and/or cancellation of contract.*