

Kaiser Permanente Health Plans Administration Overview



Thank you for choosing Kaiser Permanente as your health care partner. We appreciate the opportunity to provide affordable, quality care and coverage to you and your employees. Our goal is keep them – and your bottom line – healthy. To make administration of your health plan as easy as possible, below are some quick tips to help you get started. For greater details, you'll want to refer to your Group Agreement.

Enrollment for new employees and their dependents

New employees must enroll themselves and any eligible dependents within 31 days of becoming eligible. If eligible employees do not enroll themselves and their dependents during this time frame, they must wait to enroll until your Group's next open enrollment period. New employees and their dependents will be accepted for enrollment in your Kaiser Permanente plan(s) when:

- They meet the eligibility requirements we've approved for your Group;
- They meet subscriber or dependent eligibility requirements; and
- They reside within Kaiser Permanente's Service Areas at the time of enrollment.

Who is considered a dependent?

If you receive questions about dependents, you may want to provide the following information: Under Colorado law, dependents are defined as: *Your spouse, including a same-sex spouse, your partner in marriage, or a civil union, as determined by Colorado law. Your or your spouse's children (including adopted children, children placed with you for adoption and, in the case of small groups, foster children* under age 26.*

Other persons (not including foster children) are considered dependents if they meet all of the following requirements:

- They're under age 26;
- They or their spouse is the court-appointed, permanent legal guardian (or were before the person reached age 18);
- They or their spouse's unmarried children who are medically certified as disabled and dependent on either parent;
- Such persons are eligible to enroll or continue coverage as their dependents, if the following requirements are met:
 - a. They're dependent on employee or their spouse; and
 - b. They provide us proof, if we ask, of the dependent's disability/dependency annually.

Designated beneficiaries, as prescribed by Colorado law, are also eligible dependents, if employer elects to cover them as dependents.



Open Enrollment

During your annual open enrollment period, all employees who did not enroll in Kaiser Permanente when initially eligible, are given an opportunity to enroll themselves and their dependents. The open enrollment period and **the effective date of coverage** are shown on the cover page of your *Group Agreement*. Please contact your account executive to change your Group's open enrollment period or effective date.

90-Day Waiting Period: A *waiting period* is defined as the time between the date an employee becomes eligible for coverage and the date the employee's coverage becomes effective. A Group plan may not impose any waiting period exceeding 90 calendar days, and a *waiting period* doesn't begin until the employee has satisfied the plan's eligibility requirements.

Enrollment Forms

Depending on your group size, you may use the following enrollment forms:

- **Large groups:** Enrollment/Change Form (also available in Spanish).
- **Small Groups:** The state-mandated *Colorado Uniform Employee Application* (DORA App) which is available in both English and Spanish.
- **Any Group Size:**
 - A customized Group application form (pre-approved by Kaiser Permanente).
 - Other pre-arranged, electronic enrollment methods.

We prefer to receive enrollment forms directly from you; however, we'll accept them directly from your employees unless you require we only accept them from you. Please notify your account executive with any specific instructions and return original completed applications to:

Kaiser Permanente
P.O. Box 203009
Denver, CO 80220-9009

To ensure proper processing of enrollment information, the application must contain all data below:

- | | | | |
|----------------------|------------|----------------------|------------------|
| 1) Reason for change | 2) Name | 3) Relationship code | 4) Date of birth |
| 5) Gender | 6) Address | 7) Effective date | |

Please make sure each application is complete, legible and accurate and remember to send new enrollment applications as completed.

Payments

Because Kaiser Permanente is a prepaid health plan, payment is due each month on (or before) the first day of the coverage month. Payment should include amounts due for new employees added to coverage, as well as new dependents (if addition to the family account causes an increase in the family premium). Employee or dependent accounts that remain unpaid, for a 60-day period, will be subject to cancellation.

We offer a variety of payment options to fit your business needs, including automated payments via online services (CAS), wire transfer or check/money order. To sign up for EFT payments, please visit **account.kp.org** and choose the *employer* option, to register for an account. If you choose to pay via check or money order, please send your payment to the following address and include your statement remittance or Group number on your check.

Kaiser Permanente
PO Box 711697
Denver, CO 80271-1697

Terminations

Colorado law prohibits retroactive terminations of Group members. Accordingly, monthly payments are due for each member through the date we receive written notice from your Group – either that a member is no longer eligible or covered or that your Group is canceling its policy. It's important to notify us immediately when coverage is ending for a member of your Group. Retroactive terminations aren't guaranteed but may be reviewed/approved as an exception (under certain circumstances) that don't exceed 60 days.

Be sure to notify us when:

- A member of your Group divorces (for termination of former spouse);
- An employee and/or dependent passes away (even when dependents will be electing COBRA); or
- An employee ceases employment with your Group.

Billing Methods

- **Your group may choose to receive monthly bills from Kaiser Permanente.** This method, called *Pay as Billed*, is our preferred method of payment and is also the easiest option for plan administrators. If your group uses this method, be sure to review your Group's bill, upon receipt, report any changes and pay the total amount due. Please do not alter your premium payment to account for any changes. Adjustments you've made to your account will be reflected in the next billing cycle.
- **Your group may choose to calculate their own covered members and premiums.** This method, called *Self-Billing*, is a billing arrangement whereby the Group calculates covered members and premiums, then sends their billing report to Kaiser Permanente. If your Group chooses this method, you'll need to submit a monthly report, which includes all employees and their dependents who are covered for the current month. Kaiser Permanente will base all eligibility on your report. If an employee and/or their dependents are not listed on the report, they'll be cancelled for that reporting month. Your Group would then have 30 days to respond to any discrepancies we report to you/the Group. If your Group doesn't reply to the discrepancies within 30 days, the reconciliation will be considered complete. Your Group will need to resolve any credits or arrears due, at the next billing period.

Questions?

If you have questions or concerns about your monthly statement or an employee's eligibility, call the Membership Administration Department, toll free, at **1-866-868-7220**. Representatives are available weekdays, between 8 a.m. and 6 p.m., MT.