

IN ADDITION TO THE ITEMS INDICATED ON THE PREVIOUS PAGE, THE FOLLOWING ITEMS MAY BE REQUIRED:

- KPIC Colorado Purchaser Application** (applies to MultiChoiceSM and Out-of-Area plans).
- Common Law Affidavit**

IF YOU NEED ADDITIONAL FORMS, PLEASE CALL US AT 303-338-3700 IN DENVER, OR 1-719-867-2100 IN SOUTHERN COLORADO.

PLEASE MAIL ALL ENROLLMENT MATERIALS TO THE FOLLOWING ADDRESSES:

(For Denver Metro)
**Kaiser Permanente
Small Group Sales Department
PO Box 378022
Denver, CO 80237-8022**

(For Southern Colorado)
**Kaiser Permanente
Small Group Sales Department
1975 Research Parkway, Suite 250
Colorado Springs, CO 80920**

Colorado Insurance law requires all carriers in the small group market to issue any health benefit plan it markets in Colorado to small employers of 2-50 employees, including a basic or standard health benefit plan, upon the request of a small employer to the entire group, regardless of the health status of any of the individuals in the group. Business Groups of One cannot be rejected under a basic or standard health benefit plan during open enrollment periods as specified by law.

Rates for any and all small group products being marketed by Kaiser Permanente in the Colorado small group market will be given to a small employer, upon either oral or written request of such employer, within five (5) working days of the request.

Small employers purchasing any health benefit plan other than a basic plan must pay for all of the mandated benefits pursuant to section 10-16-104 and that these mandates include mandatory, nonwaivable coverages for newborn, maternity, pregnancy, childbirth, complications from pregnancy and childbirth, early intervention services, therapies for congenital defects and birth abnormalities, low-dose mammography, mental illness, biologically-based mental illness, the availability of alcoholism treatment, the availability of hospice care, prostate cancer screening, child health supervision, hospitalization and general anesthesia for dental procedures for dependent children, diabetes, and prosthetic devices.

Interested policyholders, certificate holders, and enrollees are hereby given notice that a small employer purchasing a basic health benefit plan is waiving coverage for low-dose mammography screening, mental illness, prostate screening, hospitalization and general anesthesia for dental procedures for children, and the availability of treatment for alcoholism.

MEMBER PRIVACY

Kaiser Permanente protects the privacy of its members' protected health information (PHI). We also require contracting providers to protect PHI. PHI is health information that includes a member's name, Social Security number, or other information that might identify the member.

Members may generally see and receive copies of their PHI, correct or update their PHI, and ask us for an accounting of certain disclosures of their PHI. When you apply for Kaiser Permanente membership, you agree that we may use or disclose your PHI for treatment, payment, and health care operations purposes, including health research and measuring the quality of care and services.

We are sometimes required by law to give PHI to government agencies or in judicial actions. In addition, we may share your PHI with employers only with your authorization or as otherwise permitted by law. We will not use or disclose your PHI for any other purpose without your (or your representative's) written authorization, except as described in our *Notice of Privacy Practices*. Giving us your authorization is at your discretion. Our *Notice of Privacy Practices* is available upon request.

SMALL BUSINESS GROUP 2-50 EMPLOYEES ENROLLMENT REQUIREMENTS*



The State of Colorado defines a small employer as an employer with less than 50 eligible employees.¹ You qualify for Kaiser Permanente's Small Group Plans if you meet the following requirements:

- Your company has 2-50 employees, and you were actively engaged in business on at least 50 percent of working days during the preceding calendar quarter.
- The majority of your employees work in Colorado. If no majority, the primary business must be located in Colorado.
- Your eligible employees work at least 24 hours a week receiving at least minimum wage per hour.
- Contribution options available include a fixed dollar contribution, which must be at least \$125 per month per subscriber; and a percent of contribution option, which must be at least 50 percent of the lowest plan offered per month per subscriber.
- You meet payment terms with a single payment covering total monthly dues paid to Kaiser Permanente before your coverage begins at the 1st of each month. Subsequent payments are due by the last working day of each month, prior to the month of coverage.
- Your business must be located in a Kaiser Permanente service area.
- Your employees must live or work in a service area at time of enrollment. Please see the list of qualifying zip codes on the Kaiser Permanente Web site at kp.org, or in the *Member Resource Guide* (Denver Metro) or the *Affiliated Practitioner's Directory* (Southern Colorado).
- 75 percent of your employer-determined eligible employees without any other health coverage must enroll with Kaiser Permanente when Kaiser Permanente is the sole carrier.
- Kaiser Permanente must be the sole carrier for all groups who purchase MultiChoiceSM POS or Out-of-Area PPO plans.
- Kaiser Permanente must be the sole carrier for all groups with 2-20 employer-determined eligible employees.
- Kaiser Permanente will coexist in groups with more than 21 employer-determined eligible employees when at least 40 percent of the employees select Kaiser Permanente, except when purchasing MultiChoice or Out-of-Area plans.
- If you wish to offer more than one health plan, refer to the current *Flexible Plan Pairing Guide*.
- In choosing multiple plans for medical benefits, the same supplemental benefits must be offered with all qualifying plans. Acupuncture and/or chiropractic benefits are not available with HSA (Health Savings Account) products.
- If your account is cancelled for nonpayment, you must wait six months to reapply and have paid all monies owed to Kaiser Permanente.

If you do not meet these requirements, please call **303-338-3800** in the Denver Metro area or **1-888-681-7878** in Southern Colorado, for details on other plans that may be available.

* Kaiser Permanente reserves the right to modify enrollment requirements at any time.

¹ Special provisions apply to a Business Group of One. Please contact your broker or sales representative for a copy of the Business Group of One Enrollment Requirements.

DEPENDENT COVERAGE

Family dependents—spouses and/or unmarried, financially dependent children, including natural children, stepchildren, legally adopted children and children under court-appointed legal guardianship. Coverage includes:

- Disabled dependent children are covered at any age
- Dependent children between the ages of 19-24 who are full-time students
- Dependent children between the ages 19-25 who are NOT full-time students but are financially dependent on the subscriber or have the same legal residence as the subscriber

MEDICARE

Effective January 1, 2006, new Medicare Part D prescription drug coverage is available to Medicare-eligible retirees/employees. Small Business Group employers have two options for Medicare Part D pharmacy benefits. Employers may elect to enroll Medicare-eligible retirees/employees in Medicare Part D pharmacy through Kaiser Permanente or apply for the Group Retiree Drug Subsidy from the Centers of Medicare and Medicaid Services (CMS). Contact your **Account Representative** for further details at **1-866-578-5527**, or **TTY 1-800-509-8779**.

ENROLLMENT DEADLINES

All materials must be completed and received in our office by the 10th of the month prior to the month of the requested effective date. For a list of required materials, please refer to the enrollment checklist on the next page.

Please note that we cannot process incomplete applications, and no exceptions will be made to the cutoff dates listed above. In order for a group application to be considered complete, all information must be received, in original format, and IN OUR OFFICE by the above cutoff dates.

OPEN ENROLLMENT

An annual open enrollment period is required for all groups, allowing members to add eligible members not previously covered. Newly eligible dependents—new spouses and newborns, for example—must enroll within 31 days of eligibility or wait until the next open enrollment period. Please call **303-338-3700** in Denver or **1-719-867-2100** in Southern Colorado for details.

RATES

In compliance with Colorado state insurance regulations, rates for all Small Group and Business Group of One plans may be based on the individual age of an employee, family status, and standard industrial classification.

A small employer may be subject to adjustments up to 35 percent, if the small employer has, at any time during the past 12 months, purchased health benefit coverage as a small employer that is either self-funded or insured through a health benefit plan that is not a small group plan; or has been discontinued because of nonpayment of premiums or fraud.

All small groups are offered age-banded rates. If your group has 10 or more eligible employees, we can provide you with a composite rate, or an average rate based on your employee census. This rate applies to each enrollee, regardless of age, for your contract year, and is recalculated at contract renewal.

The plans described here are available to any small employer meeting the enrollment requirements listed. Premiums and any annual rate increases are determined by the actual costs experienced by the health plan and are applied to all small employer groups. Case characteristics used to determine rates are age (5-year bands), family composition, and standard industrial classification. Any small employer group meeting all provisions of the signed agreement with Kaiser Permanente for the duration of the agreement will have the right to renew.

KAISER PERMANENTE SMALL BUSINESS GROUP WITH 2-50 EMPLOYEES CHECKLIST - THE FOLLOWING INFORMATION IS REQUIRED FOR ALL NEW GROUP ENROLLMENTS:

- Small Group Application** completed and signed.
 - Kaiser Permanente Employee Census**
 - Colorado Uniform Employee Application for Small Group Health Benefit Plans** completed and signed.
 - Proof of Business** documentation must be for the company applying for health insurance coverage. Please submit **ONE** of the following:
 - 1065 Annual Income Tax Return
 - 1120 or 1120S Annual Income Tax Return
 - 990 or 990EZ Annual Income Tax Return
 - 941 Quarterly Wage and Tax
 - 940 Annual Wage and Tax
 - Tax Exempt Form
 - 1040 Individual Income Tax Return with Schedule C and SE
 - Proof of Earnings** please submit your most recent copy of **ONE** of the following:
 - UTR Unemployment Insurance Tax Report (also serves as proof of business)
 - Quarterly payroll records
 - Schedule K-1 (for each shareholder)
 - Schedule C and 1040
- We may also require one or more of the following:**
- Articles of Incorporation
 - LLC Documents (Limited Liability Company)
 - Profit and Loss Statement
- First month's premium** - a pre-printed check, money order or cashier's check made payable to Kaiser Permanente for the calculated total premium amount. Monthly premium should include any supplemental benefits being added to the insurance policy.
 - Small Business Group Previous Health Coverage Affidavit** - if you have sponsored a health benefit plan at any time during the past 12 months, please attach a copy of your most recent bill.

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