

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

**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.

# BUSINESS GROUP OF ONE ENROLLMENT REQUIREMENTS\*



## **UNDER COLORADO LAW, YOU QUALIFY AS A BUSINESS GROUP OF ONE IF ALL OF THE FOLLOWING APPLY:**

- 1) You are sole proprietor or single full-time employee of a subchapter S corporation, non-profit corporation, C corporation, limited liability company, or partnership.
- 2) You work at least 24 hours or more a week on a permanent basis.
- 3) Your company must have had significant business activity for a period of at least one year out of the most recent 3-year period.
- 3) Your business must be located within the Kaiser Permanente service area. Please see the list of qualifying zip codes in the *Member Resource Guide*.
- 4) A substantial part of your income must be derived from business activities sufficient to pay for annual health insurance premiums.
- 5) If your account is cancelled for non-payment, you must wait 6 months to reapply and have paid all monies owed to Kaiser Permanente.

## **IF YOU PASS MEDICAL UNDERWRITING:**

- 1) You may enroll in any of our currently offered Small Group Plans.
- 2) You may enroll at any time during the year.
- 3) You **MUST** submit employment-related tax and withholding information from Federal and State tax returns (see Proof of Business on page 3).

## **IF YOU DO NOT PASS MEDICAL UNDERWRITING:**

- 1) You may enroll in either of the following plans: Basic HMO or Standard HMO.
- 2) You may **ONLY** enroll within the 31 days following any of these qualifying events:
  - You have exhausted state or federal continuation coverage.
  - You have involuntarily lost other creditable coverage.
  - You just qualified for Business Group of One coverage—one year anniversary of business activity.
  - Your birthday.
- 3) You must submit documentation to substantiate your qualifying event.

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

## DEPENDENT COVERAGE

Family dependents—spouses and/or unmarried children under the age of 19, 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 **1-866-576-5527**, 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. Final acceptance is determined by medical review. 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 Groups of One plans may be based on the individual age of an employee, family status, and standard industrial classification.

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 BUSINESS GROUP OF ONE NEW GROUP CHECKLIST - THE FOLLOWING INFORMATION IS REQUIRED FOR ALL NEW BUSINESS GROUP OF ONE ENROLLMENTS:**

- Small Group Application** completed and signed.
- Kaiser Permanente Employee Census** listing yourself as the only employee.
- 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 **TWO** of the following:
  - Most recent Federal Tax Return (1065, 1120, 1120S or 1040) and relevant Federal Tax Schedules (Schedule C, SE or Schedule K-1)
  - Payroll Summary for one year or Form 1099
  - UETR (Unemployment Insurance Tax Report) for a one-year period**We may also require one or more of the following:**
  - Articles of Incorporation
  - LLC Documents (Limited Liability Company)
  - Profit and Loss Statement
- Date of birth documentation** - please provide a legible copy of your drivers' license.
- 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. The Business Group of One must sign the check. 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.

**IN ADDITION TO THE ITEMS INDICATED ABOVE, THE FOLLOWING ITEMS MAY BE REQUIRED:**

- KPIC Colorado Purchaser Application** (applies to MultiChoice<sup>SM</sup> and Out-of-Area plans).
- Documentation of a Qualifying Event:**
  - Within 30 days of the anniversary of one year in business
  - Within 31 days of your birthday
  - Involuntary loss of health insurance coverage through no fault of your own
  - Loss of COBRA, Continuation of Coverage
- Common Law Affidavit**