Small Business Administrative Guide For Off-Exchange Plans | Maryland and Virginia

Resources and information to help manage your account

KAISER PERMANENTE®

The information in this handbook applies to small group off-exchange plans, purchased directly through Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. (KFHP-MAS; Kaiser Permanente). The information is specific to care and services received through KFHP-MAS. If you or your employees are enrolled in one of our Kaiser Permanente Flexible Choice or Added Choice plans and/or need additional information that is not included in this handbook, please refer to your *Evidence of Coverage* and/or *Certificate of Insurance* or contact your broker or group account manager.

Your *Group Agreement* and *Evidence of Coverage* contain the terms of your contract. Consult the *Group Agreement* and *Evidence of Coverage* to determine governing contractual provisions including detailed benefits, exclusions, and limitations related to the group benefit plan. The *Group Agreement* and *Evidence of Coverage* is the legally binding document between Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., and groups. In the event of ambiguity, or a conflict between this handbook and the *Group Agreement* and *Evidence of Coverage,* the *Group Agreement* and *Evidence of Coverage* shall control.

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I. WELCOME TO KAISER PERMANENTE

Dear Employer,

Thank you for choosing Kaiser Permanente to help you build a better future for your business. You've made an important investment by offering your employees the convenience and care of Kaiser Permanente's integrated model of health coverage. Now it's time to get an even better return on your investment by making sure you and your employees get the most out of everything we offer.

As your partner in health, we're committed to providing the quality care and support you and your employees need to stay healthy and productive. After all, healthy employees are essential to any company's success. With Kaiser Permanente, you have a health care partner that addresses the health of your employees early, consistently, and effectively – leading to lower overall costs, healthier and more productive employees, and improved performance for your company.

You're a valued partner and we're here to support you and provide the information you need to easily manage your Kaiser Permanente health plan. This administrative guide provides the resources and tools you need to simplify the administration of services for you and your employees – from enrollment, invoices, and claims to medical center locations, important contact information, and more.

We encourage you to read through this guide and keep it as a reference to help manage your health care account throughout the year. Of course, if you have any immediate concerns or needs, please contact your account management team. We're here to help.

Sincerely,

Gracelyn A. McDermott
Executive Director, Account Management
Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

The reference to "partner" in this brochure does not imply a legal partnership or affiliation with small group employers doing business with Kaiser Permanente.

II. GETTING STARTED

1. Encourage your employees to register on **kp.org** and take advantage of our unique online services[1] — like selecting or changing their doctor, emailing their doctor's office with questions, managing appointments, checking most lab results, ordering most prescription refills, getting advice from a registered nurse 24 hours a day, including setting up a Kaiser Permanente video visit,[2] and requesting ID cards. These tools enable your employees to manage their health care online and can help cut down on time away from work. That means higher productivity by keeping your employees, and your bottom line, healthy.
2. Streamline your health care administration with our easy and secure online enrollment (**kp.org/mas/onlineenrollment**) and online bill payment (**kp.org/mas/onlinebilling**) sites. You can enroll your employees, pay premiums, check the status of new changes to your account, and more.
3. Read through this *Administrative Guide* and keep it as a reference. It contains important information, including how to enroll employees and dependents, terminate employees and dependents, understand and pay your bills, and more.

[1]Certain services offered on **kp.org** are available only for care and services received at Kaiser Permanente facilities.
[2]Video appointments with primary care physicians (PCPs) available only with Permanente physicians. During a PCP visit, you must be present in Maryland, Virginia, or Washington, DC. For urgent medical advice video visits, you may also be located in Florida, North Carolina, West Virginia, or Pennsylvania. For members 18 and older. For certain medical conditions.

III. SUPPORT FOR MEMBERS

This information will help you direct your employees to the right resources. Employees can also refer to their physician directory or visit **kp.org/doctor** for provider contact information.

A. Locations and member contact information

Locations	Selecting or changing a PCP	Emergencies
To find the nearest Kaiser Permanente medical centers, visit **kp.org/facilities**. A map of Kaiser Permanente locations can be found on the next page.	Choose or change your physician at **kp.org/doctor**. **Call us** Call **800-777-7902 (TTY 711)**, 24/7.	Dial 911. Unsure if you're experiencing a medical emergency? Call **800-677-1112 (TTY 711)**. If you think you're experiencing a medical emergency, immediately call 911 or go to the nearest emergency facility anytime, day or night.
Medical Advice	**Appointments**	**Behavioral heath appointments**
Talk with one of our nurses or even video chat with a doctor using your computer or mobile device.[3] For more information on our video capabilities, turn to section III-C. **Call us** Call **800-777-7904 (TTY 711)**, 24/7. If the doctor does not practice in a Kaiser Permanente medical center, contact the physician's office directly.	Make, change, or cancel appointments with your primary care physician or for certain specialty care visits at **kp.org/appointments** through My Health Manager.[4] **Call us** Call **800-777-7904 (TTY 711)**, 24/7. If the doctor does not practice in a Kaiser Permanente medical center, contact the physician's office directly.	Appointment staff is available Monday–Friday, 8:30 a.m. to 5 p.m. at **(866) 530-8778 (TTY 711)**.
Prescription refills	**Member Services**	**Claims**
Prescription refills can be ordered online at **kp.org** or by calling **(800)-700-1479 (TTY 711)**, 24/7.[5]	For non-urgent questions or comments about your health plan, visit **kp.org**, available 24/7. **Contact Member Services** Call **800-777-7902 (TTY 711)**. Member Services staff is available Monday–Friday, 7:30 a.m. to 9 p.m., except holidays.	Turn to section III-E for more information on filing claims or refer to your *Evidence of Coverage*.

[3]Video appointments with primary care physicians (PCPs) available only with Permanente physicians. During a PCP visit, you must be present in Maryland, Virginia, or Washington, DC. For urgent medical advice video visits, you may also be located in Florida, North Carolina, West Virginia, or Pennsylvania. For members 18 and older. For certain medical conditions.
[4]These features are available only for care and services received at a Kaiser Permanente medical facility.
[5]Certain services offered on **kp.org** are available only for care and services received at Kaiser Permanente facilities.

B. Service area map and locations listing

To find a location near you, visit **kp.org/facilities** or download a complimentary app for your smartphone or mobile device from the App Store℠ or from Google Play℠.[6]

Maryland

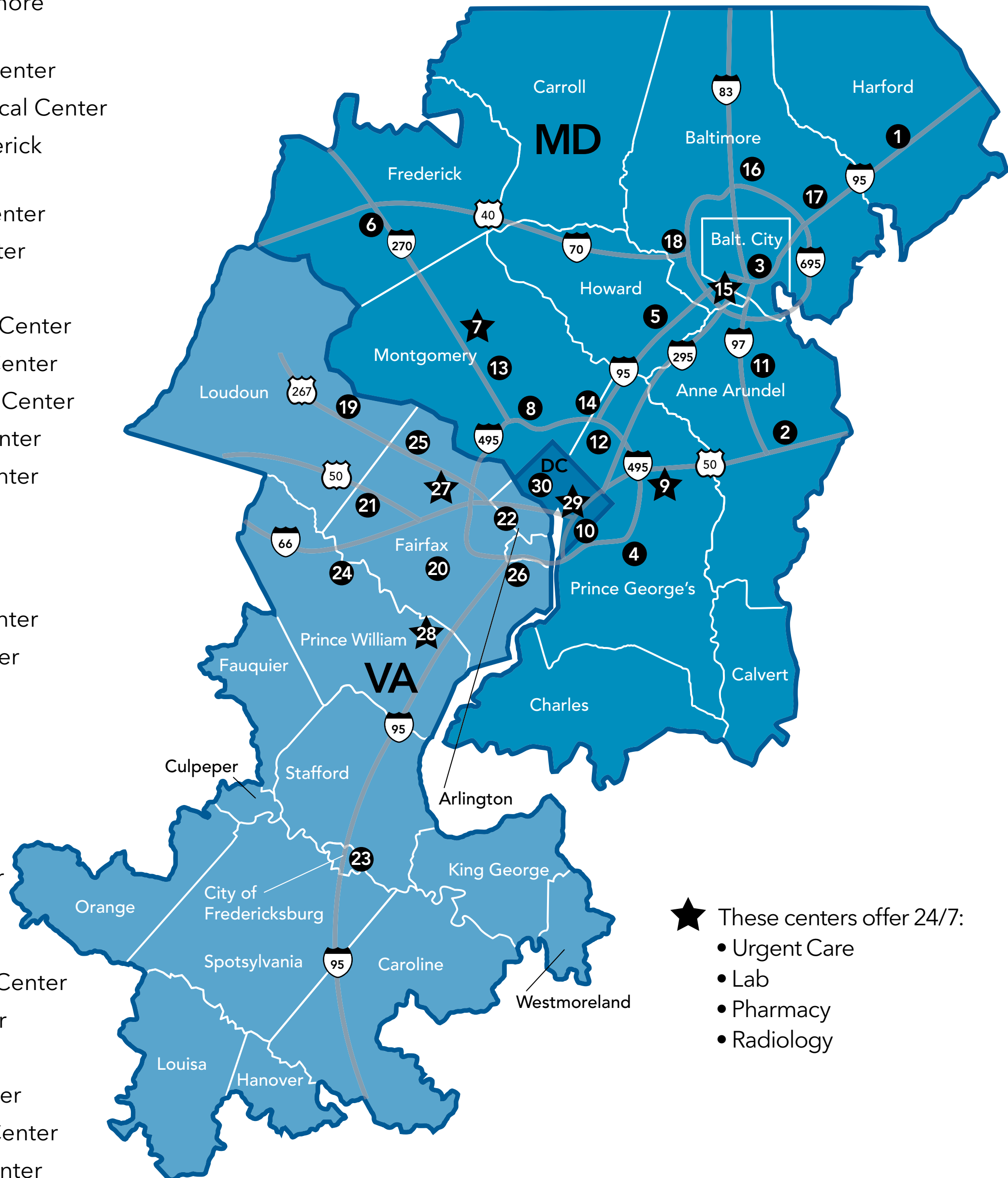
1 Abingdon Medical Center
2 Annapolis Medical Center
3 Kaiser Permanente Baltimore Harbor Medical Center
4 Camp Springs Medical Center
5 Columbia Gateway Medical Center
6 Kaiser Permanente Frederick Medical Center
7 Gaithersburg Medical Center
8 Kensington Medical Center
9 Largo Medical Center
10 Marlow Heights Medical Center
11 North Arundel Medical Center
12 Prince George's Medical Center
13 Shady Grove Medical Center
14 Silver Spring Medical Center
15 South Baltimore County Medical Center
16 Towson Medical Center
17 White Marsh Medical Center
18 Woodlawn Medical Center

Virginia

19 Ashburn Medical Center
20 Burke Medical Center
21 Fair Oaks Medical Center
22 Falls Church Medical Center
23 Fredericksburg Medical Center
24 Manassas Medical Center
25 Reston Medical Center
26 Springfield Medical Center
27 Tysons Corner Medical Center
28 Woodbridge Medical Center

Washington, DC

29 Kaiser Permanente Capitol Hill Medical Center
30 Northwest DC Medical Office Building



Please check **kp.org/facilities** for the most up-to-date listing of the services located at Kaiser Permanente medical centers.

[6]App Store is a service mark of Apple, Inc., and Google Play is a trademark of Google, Inc.

C. Materials and resources for your employees

One of our goals is to provide your employees with the information they need to more easily manage their health care. In this section, you'll find more details on the tools your employees receive and the services they can access as Kaiser Permanente members — starting with their member welcome kit.

1. New member welcome kit

Each new member will receive a package of important information that introduces them to Kaiser Permanente, teaches them how their plan works, and how to access care and services.

2. Member guide

In their new member kit, your employees will receive a member guide. This guide will help them understand and use the care and coverage they receive as a Kaiser Permanente member. It puts important information at their fingertips, including details about medical centers, important phone numbers, and how to begin using their plan. They will also find important information about referrals, pharmacies, and claims. Encourage your employees to take an active part in their health by completing these three easy steps to get started:

- Step 1: Choose your primary care doctor (and change anytime) at **kp.org/doctor**.
- Step 2: Register for secure access at **kp.org**, where you can make routine appointments, check most lab results, and order most prescription refills.[7]
- Step 3: Transfer your prescriptions from a non-Kaiser Permanente pharmacy. Simply choose a Kaiser Permanente pharmacy at **kp.org/facilities** and call us at **800-700-1479 (TTY 711)**.

3. Physician directory

Members can always find the most up-to-date information on Mid-Atlantic Permanente Medical Group, P.C. (Permanente) primary care physicians, specialists and obstetrician/gynecologists through our online physician directory at **kp.org/doctor**. While each doctor is unique, the following information for our physicians is in the online directory:

- Physician name
- Contact information
- Web address for their personal web page
- Provider number
- Non-English languages the doctor speaks
- Education and training
- Gender
- Medical centers/hospitals where the physician practices
- If the physician is board certified[8] or awaiting certification

[7]Certain services offered on **kp.org** are available only for care and services received at Kaiser Permanente facilities.
[8]Board-certified doctors meet additional standards beyond basic licensing requirements. They demonstrate their expertise by earning board certification through one of the 24 member boards that are part of the not-for-profit American Board of Medical Specialties (ABM). Permanente physicians are board certified or, for newly hired physicians, required to become board certified within five years of hire.

In their member kit, your employees will also receive a physician directory request card. If they want a printed copy of our physician directory, they can fill out the request card and mail it back to us.

Our printed physician directories[9] are updated each year, based on the plans and services we offer. The physician directory includes the following:

- Overview of Kaiser Permanente
- Physician listings, featuring information on our Permanente physicians
- Kaiser Permanente medical center locations
- Pharmacy locations
- Laboratory and radiology services
- Premier hospitals and urgent care centers
- Contact information

Your employees can easily find a physician, hospital, or Kaiser Permanente medical center by visiting **kp.org/facilities** or contacting Member Services for help.

4. Electronic health record[10]

Permanente physicians have immediate access to the members' medical information so that each member gets the right care at the right time. Our physicians are connected to the largest private-sector electronic health record system in the world which allows them to:

- Consult easily with other Permanente physicians, pharmacists, nurses, and other health professionals when the member receives care at a Kaiser Permanente facility,
- Link securely to every Kaiser Permanente facility in their region, so they get coordinated care wherever they go, and
- Send prescriptions to our medical center facility pharmacies so they can be filled quickly.

Whether a member speaks with an advice nurse, sees a Permanente physician in urgent care at 3 a.m., or visits a specialist, their medical record gives our physicians the latest information at their fingertips.

5. Video medical advice and appointments[11]

Video medical advice

Your employees can get medical advice 24/7 by phone from skilled nurses or get advice in a video chat with an emergency medicine physician, both at no cost share.[9] The physicians and nurses have access to your employees' medical information to help ensure accurate, safe, and personal advice.

[9] With an HSA-qualified deductible plan, you will need to pay the full charges for scheduled phone and video visits until you reach your deductible. Once you reach your deductible, your copay is $0 for scheduled phone and video visits. The continued availability and locations of physicians or services of any medical centers cannot be guaranteed. Addresses, telephone numbers, and hours of operation are subject to change. Not all services are available at each medical center or site. Kaiser Permanente reserves the right to relocate services.

[10] Available only for care and services received at Kaiser Permanente medical facilities.

[11] Video appointments with primary care physicians (PCPs) available only with Permanente physicians. During a PCP visit, you must be present in Maryland, Virginia, or Washington, DC. For urgent medical advice video visits, you may also be located in Florida, North Carolina, West Virginia, or Pennsylvania. For members 18 and older. For certain medical conditions.

Video appointments

Your employees can also have a video appointment with their personal physician when coming in for a visit may not be clinically needed, at no cost share.

6. Medical centers, urgent care and premier hospitals

Medical centers

As Kaiser Permanente members, your employees have access to our multispecialty medical centers located in Maryland, Virginia, and Washington, DC. All Kaiser Permanente medical centers offer primary care and feature on-site pharmacies. Most medical centers also offer:

- Pediatrics
- Obstetrics and gynecology
- Specialty care
- Radiology
- Laboratory

Some centers offer:

- Ambulatory surgery
- 24/7 urgent care
- Behavioral health services
- Vision care and optical services
- And other services

Urgent care[12]

All Kaiser Permanente Urgent Care centers offer more clinical capabilities than average urgent care centers, including:

- General radiology (X-ray)
- The ability to administer IV medications on site
- Pharmacy located on site
- Urgent lab services, also on site

Our Urgent Care PLUS locations offer additional services, such as:

- 24/7 hours of operation
- Advanced imaging (CT scans or MRIs)
- Extended treatment and observation capabilities, including cardiac monitoring, blood transfusions, and more
- Physicians board certified in emergency medicine on site

For more information, visit **kp.org/urgentcare/mas**.

[12]If a member believes he or she is experiencing a medical emergency, he or she should go to the nearest hospital or dial 911.

Premier hospitals[13]

When a member needs inpatient or outpatient hospital care, we've chosen award-winning hospitals to be our partners for coordinating member care. We call these hospitals, located throughout Maryland, Virginia, and Washington, DC, our "premier hospital partners."

When a patient at a premier hospital, a member's care will be guided around the clock by Permanente physicians who exclusively care for our members at that hospital. Permanente physicians and specialists work hand-in-hand with the hospital staff and doctors. Permanente physicians are available 24/7. They have members' medical records on hand, right in the hospital, and they keep the records up to date as a member's care progresses. With Kaiser Permanente staff on-site, members' care is coordinated within the hospital and with a member's primary care physician, ensuring the smooth transition of care before, during, and after hospitalization.

Not all hospitals can be a Kaiser Permanente premier partner. To qualify, each hospital has been carefully evaluated — and is regularly reassessed — for the quality of care, comfort, and services it provides. All premier hospital partners are evaluated by independent third-parties for safety and quality and offer top-rated, award-winning care.

7. My Health Manager[14]

As a Kaiser Permanente member, your employees have **kp.org** as their connection to great health and great care. Once registered, your employees can securely access many timesaving tools and resources to help manage their health and keep them feeling great.

Members can visit **kp.org** anytime, from anywhere to:

- View most lab results
- Refill most prescriptions
- Email their doctor's office with nonurgent questions
- Schedule and cancel routine in-person and video appointments[15]
- Print vaccination records for school, sports, and camp
- Manage a family member's health care
- Get a personalized cost estimate
- and much more.

Your employees can also download the Kaiser Permanente app to their smartphone from the App Store℠ or Google Play™.[16]

8. Estimates (treatment cost calculator)

Estimating out-of-pocket costs just got a lot easier thanks to Estimates, our treatment cost calculator.

Our online calculator helps our members estimate the cost of many commonly used treatments and services when getting care at Kaiser Permanente facilities. Estimates can be found at **kp.org/costestimates**.

[13]Kaiser Permanente premier hospitals are independently owned and operated hospitals and are not affiliated entities of Kaiser Permanente.
[14]These features are available only for care and services received at a Kaiser Permanente medical facility.
[15]Video appointments with primary care physicians (PCPs) available only with Permanente physicians. During a PCP visit, you must be present in Maryland, Virginia, or Washington, DC. For urgent medical advice video visits, you may also be located in Florida, North Carolina, West Virginia, or Pennsylvania. For members 18 and older. For certain medical conditions.
[16]App Store is a service mark of Apple, Inc., and Google Play is a trademark of Google, Inc.

A member's estimate takes into consideration the member's plan benefits and how much he or she has spent so far on care. The estimate gives a general idea of what the member will pay, including the low, likely, and high cost of the service. What the member actually pays may be higher or lower depending on the care he or she receives.

If the estimate is more than the member can afford to pay, we don't want this to keep the member from getting the care he or she needs. We offer several options to help members manage their medical expenses when they get care at Kaiser Permanente medical centers. The member should call the number on the back of his or her Kaiser Permanente ID card for assistance.

To watch a video about how Estimates works, visit **vimeo.com/130211872**.

9. Travel coverage

Members are covered for emergency and urgent care anywhere in the world. It's important to remember that how members get care varies depending on where they are traveling. So your employees should plan ahead and find out what emergency and other medical services are available where they'll be visiting.

For more information on travel coverage, your employees can visit **kp.org/travel** for helpful resources to plan for their trip, and for claim forms in case a claim for reimbursement needs to be filed after their trip.

Coverage options vary by plan, so benefits may be different that what's described here. Members should also refer to their *Evidence of Coverage* for more information about getting care away from home.

Outside Kaiser Permanente service areas

If your employee receives urgent or emergency care outside the service area (anywhere outside the District of Columbia, and parts of Maryland and Virginia), he or she will need to submit a claim for reimbursement.

Getting care in other Kaiser Permanente service areas as a visiting member

A wide range of care may be available to members at Kaiser Permanente facilities in other Kaiser Permanente service areas, which include all or parts of:

- California
- Colorado
- Georgia
- Hawaii
- Idaho
- Oregon
- Washington

Members can get certain covered services in these Kaiser Permanente facilities, including routine, urgent, or emergency care. Emergency care services are available at Kaiser Permanente facilities in service areas that have Kaiser Permanente hospitals. Find Kaiser Permanente locations at **kp.org/facilities**.

Covering students who will be living away from home
If a student is seen by a student health center or any other medical center for an issue that isn't urgent, the plan may not cover those services. For specific information about receiving health care when outside the Kaiser Permanente service area, members should refer to their *Evidence of Coverage*.

10. Healthy extras
Your employees can take advantage of our wide variety of resources to help keep them informed, inspired and feeling their best.

Health education classes at Kaiser Permanente facilities
Our Health Education Departments offer health classes and support groups at our facilities, some of which may require a fee. Course catalogs are available at our Health Education Departments. Registration is required. To register, members can call **800-444-6696** anytime, day or night. Members can also browse course listings online at **kp.org/classes**.

Monthly newsletter
When a member signs up on **kp.org**, he or she will automatically start getting our *Partners in Health* monthly newsletter by email. It has health tips, member stories, and updates on facilities and services.

Online wellness programs
Our online healthy lifestyle programs create customized action plans tailored to your employees' health needs and areas of interest. They can start with a Total Health Assessment and go from there. Visit **kp.org/healthylifestyles**.

D. Member identification (ID) cards

Subscribers and their dependents will receive member identification (ID) cards seven to ten business days after their enrollment information is processed.

To receive covered services, the cardholder must be a current plan member. The ID card is issued to members, and only they may use it.

Members should keep their ID card with them at all times. They will need it to make appointments and receive medical services. If they lose their ID card, they can call Member Services or go to My Health Manager on **kp.org** to request a replacement.

Members will be asked to show a valid, government-issued photo ID in addition to their member ID card when they check-in for an appointment at a Kaiser Permanente facility. If they have not received their member ID card, a valid, government-issued ID can serve as a temporary ID card.

1. Until the member ID card arrives
Your employees should keep numbers handy until their member ID card arrives.

- **Member Services:** available Monday through Friday, 7:30 a.m. to 9 p.m. (except holidays) at **800-777-7902 (TTY 711)**
- **Appointments and Medical Advice Line:** available 24/7 at **800-777-7904 (TTY 711)**

2. Using the ID card

Members must present their ID cards when they receive services. They will also be asked to provide a valid, government-issued ID.

The ID card number is also needed when contacting Kaiser Permanente by phone for advice or appointments, or through **kp.org**.

3. Lost cards

Encourage your employees to write down their medical record numbers (including those of their dependents) and keep them secure. If they lose their ID cards or the cards are stolen, the number will help when ordering a replacement.

For replacement cards, members can request a new card at **kp.org** or by calling Member Services.

4. Fraud

If a member lets someone else use his or her card, we have the right to keep the member's card and terminate his or her membership. Any services rendered to non-members will be billed to that person at non-member rates.[17]

Any group that performs an act or practice that constitutes fraud or intentional misrepresentation of fact in connection with the coverage (which depending on the circumstances might include providing false data or knowingly submitting an enrollment request for a non-qualified individual) will be subject to termination under the group contract.

E. Claims administration

Members will not file claims for services if:

- They get medical care and services from network providers.
- They get an authorized referral from their network provider to see an out-of-network provider.

If a member files a claim:

- They have up to 180 days from the date they received care to submit the claim.
- Kaiser Permanente will review the claim and decide what payment or reimbursement may be owed to the member.
- Care must be medically necessary. Members should read their *Evidence of Coverage* for more information.

To request payment or reimbursement, members should ask their service provider for a statement on its stationary or letterhead with the following information:

- Name of the patient
- Date of service
- Service provided (procedures performed with CPT code)
- Diagnosis with ICD code
- Amount charged for each service

[17]Letting another person use your ID card for care is considered fraud, and can result in coverage being terminated.

The member's Kaiser Permanente ID number should be written on each page of the statement. A specific claim form is not needed.

Claims can be mailed to the following address:

Mid-Atlantic Claims Administration
Kaiser Permanente
P.O. Box 371860
Denver, CO 80237-9998

Kaiser Permanente will provide a response within 30 days. An Explanation of Benefits will be provided that details what the employee needs to pay and what the health plan will pay.

If the claim is denied, it is the members right to file an appeal if they disagree with a decision not to pay for a claim. Members should read their *Evidence of Coverage* for more information.

F. Appeals process

A member or their authorized representative may request an informal or formal appeal by contacting the Member Services Department. Representatives are available Monday through Friday, 7:30 a.m. to 9 p.m. to describe to members how appeals are processed and resolved, and to help the member with filing an appeal.

Members may also sign on to their account and submit a complaint on **kp.org**.

For complete details on appeals and/or grievances, members should refer to their *Evidence of Coverage*.

G. Explanation of Benefits

The Explanation of Benefits (EOB) is a statement that is generated bi-weekly, when a member receives medical services. The EOB is not a bill, but summarizes the services a member recently received, and includes:[18]

- A snapshot of services, including the date and provider's name, with dollar amounts.
- Easy-to-read progress graphs that show how close a member is to reaching his or her out-of-pocket maximum and, if he or she has a deductible plan, the deductible amount. For family accounts, it will show personalized tracking for each family member.
- Frequently asked questions and definitions of common terms.
- Detailed list of claims during the month, labeled to better match a member's medical bills. If any claims were not paid in full, they will be highlighted in orange.
- Information about a member's rights, including appeals, how to get help in other languages, and other helpful resources.

When generated, EOBs will be available on each member's **kp.org** account and/or mailed to them, depending on their plan type and service received.

[18]A member's actual EOB may show different information and details, depending on the member's plan type.

IV. SUPPORT FOR EMPLOYERS

A. Your Kaiser Permanente team

Our dedicated Account Management, Small Group Onboarding, and Employer Services departments will work closely with you to ensure access to important representatives on your group account:

<table>
<tr><th>Account Management</th><th>Small Group Onboarding</th><th>Client Services</th></tr>
<tr>
<td>Account Management is responsible for managing and assisting you with the following:
• Renewal, contract changes, and rate sheets,
• Benefit inquiries,
• Plan changes, including mid-year benefit buy-down inquiries and strategy, and
• Employer collateral materials, including enrollment tools and plan highlights.
If you're considering a benefit or contract change for the next benefit year, contact your account management team approximately three to four months prior to the contract renewal date. They will send your renewal at least 60 days prior to the effective date of the contract. (When your contract is renewed, you will receive a new Group Agreement and Evidence of Coverage.)
Contact Account Management:
• Monday through Friday, 9 a.m. to 4:30 p.m.
• Phone: 866-812-5371
• Email: MAS-Small-Group-Account-Management@kp.org</td>
<td>The Small Group Onboarding department is responsible for the overall service for your group account, including
• Creating a seamless transition for new employer groups and members,
• Setting up new employer groups on case installation activities, including enrollment and fulfillment of ID cards,
• Supporting the enrollment and on–boarding of employers that enroll through the Small Business Health Options Program (SHOP),
• Assisting with issue resolution to a high level of quality and customer service (pre-effective date to 30-day post-effective date), and
• Responding to contract and eligibility inquiries, including Evidence of Coverage.
Contact Small Group Onboarding:
• Monday through Friday, 8:30 a.m. to 5 p.m.
• Phone: 301-816-6728</td>
<td>Client Services is responsible for enrollment, billing, and payment of your group account, including:
• Advising Human Resources departments and benefit managers,
• Membership status inquiries,
• Collections and non-payment reinstatements (if less than 30 days),
• Supporting clients with online enrollment and bill payment services and tools, and
• Advising and responding to clients on invoice statement inquiries.
If you have any questions after reading your billing invoice or enrollment information, contact your group account representative:
• Monday through Friday, 8:30 a.m. to 5 p.m.
• The telephone number and representative assigned to your account are listed on the summary page of your group invoice.</td>
</tr>
</table>

B. Online resources and activities

Manage your group coverage online with ease and convenience at **account.kp.org** or **kp.org/choosebetter** where you can:

- Read and download important announcements and publications featuring the latest health care information and news,
- Reference the wide-ranging suite of health plans available for small business employers,
- Find resources to assist employees, and
- Download forms, support materials, and more.

1. Online enrollment

Our online enrollment site can help you streamline the administration of your group account. Once you register, you can process basic eligibility transactions, such as:

- Enrolling new employees and dependents,
- Looking up existing employees and dependents,
- Adding and terminating employee and dependent coverage,
- Updating member demographic information, and
- Transferring coverage.

You can also access a full list of reporting capabilities to track your Kaiser Permanente membership.

To sign up, visit **kp.org/mas/onlineenrollment** and follow these simple steps:

1. Enter the requested information in the **New User ID and Password Request** section, click **Submit**, and wait for a confirmation email.
2. Open the confirmation email to retrieve your user ID and password.
3. Go back to **kp.org/mas/onlineenrollment**, enter the **User ID and Password** in the **Sign on Existing Customer** section, and click **Login**.
4. Once you log in, you will be redirected to your group's home page where you can view a video demonstration on how the site works or begin using online enrollment immediately.

If you have any issues or questions, please contact Kaiser Permanente online enrollment support, Monday through Friday, 9 a.m. to 5 p.m. at **855-462-3400**.

2. Online bill payment

Our online bill payment site is an easy and convenient way to manage your monthly bills. Once you register for an account, you can:

- View your latest bill and current balance,
- Pay your entire invoice,
- Receive email notifications of new invoices,
- Turn off your paper invoice,

- Make one-time or automatic monthly payments with a bank account, and
- View multiple Kaiser Permanente accounts with one username and password.

To sign up, visit **kp.org/mas/onlinebilling** and follow these steps:

1. Click the **Enroll for Online Bill Pay** button.
2. Click on the **Not on a family plan? Commercial customer click here to enroll** section.
3. Find your **Group Number** on the last invoice you received.
4. Enter the requested information, review the **Terms of Services**, and click **I Agree**.
5. Enter your **Email Address**.
6. Choose a **Username** and **Password** and wait for a **Verification Email** to be sent to your **Email** address.
7. When you receive the **Verification Email**, click on the **Activation Link**.
8. Log in to complete the registration and begin using online bill pay.

If you have any issues or questions regarding online bill payment, refer to the name and telephone number listed on the summary page of your group invoice for the Mid-Atlantic group representative assigned to your account.

Protecting your information is important to us. That's why we implement rigorous security measures to make sure that your online information remains private and secure.

Alternative enrollment process — electronic data transfer (EDT)

Through the use of electronic data transfer (EDT), you efficiently speed up the enrollment process by submitting information via the Internet. With EDT, the use of paperwork is eliminated and:

- Most eligibility transactions are processed within 24 hours,
- Member identification cards are generated faster,
- Eligibility discrepancies are resolved more quickly,
- Adjustments are processed rapidly, improving the accuracy of invoices, and
- Full- and partial-file submissions are accepted.

The process is simple. After approval, you post your enrollment and premium data to a Kaiser Permanente FTP site. Your information is downloaded into the membership system. For specifications, answers to your questions, and more information, email **membership-analytical-team@kp.org**.

C. *Group Agreement/Evidence of Coverage*

1. *Group Agreement*

Each year when you renew, your new contract (*Group Agreement*) will be available for download within 31 days of your contract date. You can also request a printed copy.

2. *Evidence of Coverage (EOC)*

An *Evidence of Coverage* for each plan you offer is provided within your *Group Agreement.* The *EOC* describes your health coverage, including benefits, cost sharing, limitations, exclusions, dispute resolution, and how to receive care.

Members of Maryland- and Virginia-based employer groups will receive postcard notifications that their *EOC* is available online at **kp.org/eoc**. Your employees will need to log in to their **kp.org** account and then select the most recent *EOC* document to view.

Adobe Acrobat Reader is needed to read the *EOC.* A free copy can be downloaded at adobe.com.

Members who do not have access to the Internet and/or would like a printed copy of their *EOC* may request a copy by returning the postage-paid postcard they receive after their enrollment.

3. Summary of Benefits and Coverage (SBC)

In accordance with the Affordable Care Act (ACA), we provide electronic, downloadable versions of the Summary of Benefits and Coverage (SBC) documents for each of our plans on **account.kp.org**. These documents, based on the Department of Health and Human Services' required format, summarize important information about each plan health plan option, so you and your employees can easily compare Kaiser Permanente benefits and coverage with those of other carriers.

ACA regulations require you to provide SBCs to participants and beneficiaries for the plans that you offer. (Generally, participants are employees, and beneficiaries are dependents.) You may provide SBCs to employees only, unless a dependent's last known address differs from the employee's. You can provide SBCs in either a paper or electronic format. If you provide the SBCs electronically, you must comply with the SBC regulations and guidance for providing SBCs electronically. For more information, you may visit dol.gov/ebsa/healthreform, which has a list of SBC requirements and answers to frequently asked questions about SBCs.

The scenarios and time frames for providing SBCs are listed below:

Event	Description	Time frame for providing SBC's
Renewal	During open enrollment (if employees and dependents must actively elect to maintain coverage or if they have the opportunity to change coverage). If the person is already enrolled in a plan, the law requires you to provide an SBC only for that plan.	• No later than the date open enrollment materials are distributed. • No later than 30 days before the first day of the new plan year, if renewal is automatic and we issue the *Group Agreement* (or otherwise renew) more than 30 days before the first day of the new plan year. • No later than seven business days after we issue the *Group Agreement* or receive written confirmation of the group's intent to renew (whichever is earlier), if renewal is automatic and we have not issued the *Group Agreement* (or otherwise renewed) more than 30 days before the first day of the new plan year.
Newly eligible employee	When an employee is first eligible to enroll.	• As part of any written application materials (or no later than the first day on which the employee is eligible, if there are no written application materials). • By the first day of coverage, but only if there is any change in the SBC that was provided in the application materials.
Special enrollments	When someone enrolls as a HIPPA special enrollee (due to a qualifying event).	Within 90 days after enrollment.
Request	If an eligible employee or dependent requests an SBC or summary information about the coverage.	No later than seven business days after you receive the request.
Material modification (off-cycle plan change)	If there is a material modification that would change the SBC you most recently provided and that is not in connection with a renewal or reissuance. A material modification is one that an average enrollee would consider to be an important change in coverage.	You must give notice to enrollees at least 60 days before the date the change becomes effective.

D. Plan information

Kaiser Permanente offers a variety of plans to meet the needs of both your company and your employees. Groups can offer a choice of medical plans to their employees. If your company is growing, you may want to consider offering more than one plan with our multiple-plan option. For more information, contact your broker or account representative.

1. Essential Health Benefits (EHBs)

Starting with plan years beginning on or after January 1, 2014, the Affordable Care Act (ACA) requires nongrandfathered small group commercial plans (with some exceptions, such as retiree and dental-only plans) to cover 10 categories of essential health benefits, as defined by ACA regulations:

1. Ambulatory patient services
2. Emergency services
3. Hospitalization
4. Maternity and newborn care
5. Mental health and substance use disorder services, including behavioral health treatment
6. Prescription drugs
7. Rehabilitative and habilitative services and devices
8. Laboratory services
9. Preventive and wellness services and chronic disease management
10. Pediatric services, including oral and vision care

2. 'Metal' tiers of coverage

Plans fit into four main categories of coverage, known as 'metal' tiers. Each tier has a different actuarial value—the percentage that the health plan will pay for covered essential health benefits based on the claims of a standard population:[19]

- Platinum: 90% actuarial value
- Gold: 80% actuarial value
- Silver: 70% actuarial value
- Bronze: 60% actuarial value

These four categories offer different levels of copayments, coinsurance, and deductibles. For example, bronze plans have lower premiums with higher out-of-pocket costs, while other metal tier plans have higher premiums and lower out-of-pocket costs.

E. Health Care Reform Preventive Services Package

Under the Affordable Care Act, most of our plans cover certain preventive services with no cost sharing. To view a list of the preventive services covered by Kaiser Permanente commercial health plans, visit **kp.org/prevention** or **kp.org/nwpreventivecare**.

The required preventive services are based on recommendations by the United States Preventive Services Task Force, the Health Resources and Services Administration, and the Centers for Disease Control and Prevention.

[19]The ACA allows a difference of +/- two points for actuarial value percentage.

V. GROUP ELIGIBILITY

A. Eligible employer groups

To be eligible to purchase small group health coverage from Kaiser Permanente, the employer must meet the definition of a small employer as defined under federal and state law.

During the preceding calendar year, the employer must have employed an average of at least one but not more than 50 full-time equivalent (FTE) employees and must employ at least one but not more than 50 FTEs on the first day of the plan year. A valid, common law employer/employee relationship must exist.

Additional employer eligibility requirements other than those listed in this guide may apply. For a full list of requirements, please refer to your *Group Agreement*.

Requirements for small group coverage

- The employer must have a federal employer identification number (EIN).
- The employer must have eligible employees who live or work within the service area of Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
- The employer must maintain a physical location, for business purposes, within the service area of Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
- An eligible employer group is required to extend coverage to all eligible employees. New-hire coverage waiting period may not exceed beyond 90 days for those working. Employers are allotted a one-month maximum for employment-based orientation for new hires.
- An employer/employee relationship must exist, and employees must be represented on the payroll as receiving a taxable wage or commission. A copy of the most recent quarterly wage and tax report is required for groups with fewer than six employees.
- Coverage for the group cannot exclude a class of employee. The only exception is groups with union employees covered by a union-negotiated Taft-Hartley contract.
- The company must provide, if requested, a valid/current license to do business in the state in which they are applying for coverage.
- Employer groups located in Maryland or Virginia may purchase coverage directly from Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., or through their state marketplace.

B. Ineligible employer groups

Groups not considered eligible for small group coverage, include, but are not limited to the following:

- A group that employs 51 or more full-time equivalent employees. Groups with 51 or more full-time equivalent employees can purchase health coverage in the large group market..
- A group not located or maintaining a physical presence in Kaiser Permanente's service area, including groups that only have a P.O. Box address.
- Dormant or inactive companies (i.e., a group that does not maintain an active business license to conduct business within Kaiser Permanente's service area).
- A group comprised of members as opposed to employees.
- A group engaged only in a seasonal business that does not span a minimum of three contiguous seasonal periods within an acceptable 12-month period.

- A group formed for the express purpose of purchasing health insurance coverage.
- A group that generates only rental income unless ancillary services are provided to multiple units and the group has at least one common-law employee eligible to enroll in small group coverage.

C. Employer contribution[20]

- **Maryland:** In accordance with Maryland law, carriers, including Kaiser Permanente, cannot impose a minimum contribution requirement on small groups.
- **Virginia:** A small group is required to contribute a minimum of 50% towards the total premium cost of the employee-only premium or 50% of the total cost of the employee-only premium for the lowest priced product option sponsored by the employer group.

D. Employer participation requirements[20]

- **Maryland:** 60% minimum participation requirement
- **Virginia:** 70% minimum participation requirement

[20]Minimum participation and employer contribution requirements are waived for small employers that apply during the annual open enrollment period from November 15th through December 15th each year. This annual open enrollment period applies to small employers that apply through the SHOP or directly through a carrier and are reserved exclusively for January 1st coverage effective dates.

VI. MEMBER ENROLLMENT AND ELIGIBILITY

A. Employee eligibility

Additional guidelines may apply. Please refer to your *Group Agreement/Evidence of Coverage* for more information.

- Eligible employees include full-time employees, and at the option of the employer, may include part-time employees.
- New employees hired after the effective date of the group must satisfy the group's defined waiting period (as long as it does not exceed 90 days) before becoming eligible to apply for coverage.
  - o Employers are allotted a one-month maximum for employment-based orientation period for new hires.
- Employees who become eligible for coverage outside of the initial or annual open enrollment period must apply for coverage within the specified timelines in the *Evidence of Coverage*. Employees may not enroll after that time except during the group's annual open enrollment period or a qualifying special enrollment period.
- All eligible employees must complete an enrollment form either electing coverage or waiving the benefits offered to them.
- Employees must live or work within Kaiser Permanente's defined service area or work for an employer whose situs is within Kaiser Permanente's defined service area.
- Board members are not considered eligible for coverage under an employer group plan unless these board members also act in a defined employment capacity for the account.

An employee may only select products offered by the group.

B. Minimum age

All subscribers, with the exception of an emancipated minor, must be 18 years old as of the group's contract effective date.

Active full-time employed emancipated minors are eligible to enroll as subscribers. If any dispute arises concerning the viability of emancipation, Kaiser Permanente reserves the right to request and secure a copy of an emancipation order for the purposes of proving eligibility for coverage subscription.

C. Dependent eligibility

This section applies only if you offer coverage to employees' dependents. Additional guidelines may apply. Please refer to your *Group Agreement/Evidence of Coverage* for more information.

The following persons are considered eligible dependents of the employee:

- Legal spouse.
- Domestic partner, if the employer elects to cover domestic partners.
- Dependent children, as defined in plan documents, in accordance with applicable state and federal laws up to age 26 (or higher, if permitted by you), regardless of financial dependency,

employment, eligibility, or other coverage, student status, marital status, tax dependency, or residency. This requirement applies to natural and adopted children, stepchildren, foster children and grandchildren subject to a court-ordered legal guardianship.

- Grandchildren are eligible if the grandparent(s) are the recognized legal guardians who have assumed financial responsibility, or if coverage eligibility is court ordered. A copy of guardianship or court papers must be submitted prior to enrollment in order to qualify eligibility.
- Over-age dependents with disabilities are considered eligible dependents if the dependent is considered totally disabled, is unmarried, and submits an attending physician statement attesting to the total disability at time of application.

An individual is not permitted to be covered as both an employee and dependent under the same employer-sponsored plan. Nor may a child, eligible for coverage through both parents, be covered as a dependent under both parents under the same plan.

Divorced/former spouses may not remain on a subscriber's contract. In addition, to be eligible as a subscriber, except as required by federal or state continuation of coverage laws, a divorced/former spouse must be employed by the same group and meet both employment and coverage election eligibility requirements.

Dependents may only enroll in products selected by the employee-subscriber.

D. Coverage for overage disabled dependent children

Dependent children can stay on a group plan until they reach age 26 (or higher if permitted by you). Once they turn 26 (or higher if permitted by you), the dependent child becomes "overage". If disabled, overage dependent children may remain on the plan if they meet the eligibility requirements for disabled dependents. Additional information and details on how to continue coverage for overage disabled dependents can be found in your *Evidence of Coverage*. You can also contact Member Services for assistance.

E. Open enrollment period

During open enrollment,

- You may:
  - o Offer health coverage to employees who did not elect coverage when they became eligible, and
  - o Change the plans available to your employees.
- Your employees may:
  - o Add or remove dependents,
  - o Change from one plan to another, if you offer multiple plan options, and/or
  - o Waive coverage

Your annual open enrollment period will occur each year at least 30 days prior to the first day of your contract year.

At least 60 days before your contract effective date, we'll mail you a renewal packet with information on new plan options and rate changes, what you need to do to renew coverage, and more.

For more information on open enrollment and options for you and your employees, contact Account Management.

F. Special enrollment periods

There are circumstances during the year in which employees, other than new hires, and/or new dependents become eligible for coverage through a special enrollment. If an employee or dependent becomes eligible for a special enrollment, they must be added to the plan within the specified timelines in the *Evidence of Coverage*. For more information on special enrollments, please refer to your *Evidence of Coverage*.

A special enrollment may occur for any of the following reasons, including, but not limited to:

- Increase in an employee's hours so that he or she newly meets eligibility requirements,
- Marriage, or addition of domestic partner, if applicable,
- New birth,
- Adoption, and
- Involuntary loss of other coverage.

Please refer to your *Evidence of Coverage* for more information on coverage effective dates for employees and/or dependents who enroll during a special enrollment period.

VII. GROUP CHANGES

A. Address change

To change your company mailing address, you can submit the change through our online enrollment site at **kp.org/mas/onlineenrollment**.

B. Contact information change

You can change billing information or interested party changes through our online bill pay site at **kp.org/mas/onlinebilling**.

C. Broker change

To designate or change a broker of record (BOR), the request must be submitted to Kaiser Permanente in writing on your company letterhead. The letter must be dated and signed by an authorized representative of the company and should include your group policy number, broker and agency names, and the broker's contact information (address, phone number, and email).

Please submit the BOR letter to your account manager or you may email the letter to the Kaiser Permanente Broker Shared Service Center at **BrokerSupport-MAS@kp.org**.

VIII. GROUP BILLING AND PAYMENTS

A. Invoicing

1. When to expect your invoice

Invoices are generated approximately three weeks in advance of the coverage effective date.

2. When your submitted changes are reflected

Your invoice will be most up-to-date and accurate when changes are submitted before the first of each month.

Normal changes received by Kaiser Permanente by the first of the month will be reflected on your current invoice. Changes received after the tenth of the month will be reflected on the following month's billing invoice.

Extensive changes received by Kaiser Permanente might not be processed all at once for that month. Transactions not processed by that time will be reflected on the following month's invoice.

3. Reviewing your invoice

Because you might have changes that affect your payment from month to month,[21] it's essential that employers review each invoice thoroughly to ensure:

- The level of coverage is accurate,
- Terminations and additions of subscribers are accurately reflected, and
- The monthly rate is accurate for each account listed.

If there are changes for the current month:

- Indicate the changes on a transmittal sheet,
- Calculate the new total amount due, and
- Pay the new total amount due.

If there are no changes for the current month, pay the total amount due on the invoice.

4. Questions?

If you have questions after reading your billing information, contact your group account representative. Refer to the name and telephone number listed on the summary page of your group invoice for the Mid-Atlantic representative assigned to your account.

[21] For groups that have elected to be billed based on the composite premium equivalent rating methodology, premiums will not change from month to month during the contract year, regardless of employee or dependent additions or terminations.

B. Payment

Your payment should be received by Kaiser Permanente no later than the first day of the month for which coverage is requested, unless you have made other arrangements for payment. If payment is not received by the first day of the month, your account is considered delinquent. If your payment is not received within the grace period of the due date, your coverage can be terminated. The grace period is 31 days, in both Maryland and Virginia. Please refer to your *Group Agreement/Evidence of Coverage* for complete details.

1. Online bill payment

For information on how to sign up and use our online bill payment site, see the online bill payment section (IV-B) of this brochure. You can visit the online bill payment site at **kp.org/mas/onlinebilling**.

2. By check

Return the remittance copy of your invoice with a check for the amount due. Be sure to make a copy of the invoice for your records. Send your payment to:

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
P.O. Box 64345
Baltimore, MD 21264

Note: Send only the invoice portion, your payment, and payment support documentation. No other information should be mailed with your payment.

3. By credit card

Kaiser Permanente will accept all major credit cards for payment through **kp.org/mas/onlinebilling**.

4. Allocating payments

Your invoice will include a remittance advice sheet that you can use to let us know how you would like to allocate payments.

5. Nonpayment

Kaiser Permanente is a prepaid health plan; premiums are due the first day of the month. In the event payment is not received within the grace period outlined above, and in your *Group Agreement/Evidence of Coverage,* coverage for all members under your group plan (including employees and dependents) may be terminated due to nonpayment of premium.

IX. EMPLOYEE AND DEPENDENT CHANGES AND TERMINATIONS

A. Adding employee and dependent information

Employees and/or dependents can be added for coverage through our online enrollment site at **kp.org/mas/onlineenrollment**.

Be sure to specify the exact date of eligibility, based on your group's eligibility guidelines, when submitting enrollment changes.

B. Updating employee and dependent information

To update employee or dependent information, such as name, address, or phone number, employers can submit changes through our online enrollment site at **kp.org/mas/onlineenrollment**.

C. Terminating employee coverage

Employers are required to report a termination for any employee who becomes ineligible for coverage. To terminate an employee's coverage, submit the changes through our online enrollment site at **kp.org/mas/onlineenrollment**.

Members will be terminated as of the date the termination request is received by Kaiser Permanente Employer Services. All rights to benefits end at 11:59 p.m. on the termination effective date, unless your *Group Agreement/Evidence of Coverage* specifies otherwise. When an employee's coverage is terminated, the entire family account is terminated, including coverage for any dependents. Depending on the reason for termination, the employee and dependent(s) may be eligible for other health coverage, such as:

- Kaiser Permanente for Individuals and Families plans
- COBRA continuation coverage
- State COBRA continuation coverage

1. Retroactive terminations

According to the Affordable Care Act (ACA), retroactive terminations can only occur under certain circumstances.

Employers cannot terminate an employee's coverage (and any covered dependents) with a date in the past if:

- The employee was covered as a result of the employer's error, and
- The employee paid their premium or contributed to the cost of the health plan.

In these cases, the employee's coverage (and any covered dependents) can only be terminated with a future effective termination date.

Employers may request to terminate coverage retroactively (with a date in the past):

- As part of a monthly eligibility reconciliation, only if the employee did not pay any premium or contribute to the cost of the health plan.
- If the employee or enrolled dependents committed fraud or intentional misrepresentation

For more information, please contact your broker or Kaiser Permanente account manager.

2. Certificates of creditable coverage

Certificates of creditable coverage are currently issued to terminated Kaiser Permanente members in the Mid-Atlantic States region. The certificate documents health coverage during Kaiser Permanente membership and is the primary means individuals use to prove prior creditable coverage when seeking new group coverage.

Certificates are mailed to the member's home address shortly after their termination date.

Members with an active membership status are also entitled to receive a certificate of credible coverage within a reasonable time following submission of their request to Member Services. For more information, contact Member Services.

X. GROUP TERMINATION

You can terminate your group coverage for any reason. In Maryland, you must provide 30 days advance notice and in Virginia, you must provide 31 days advance notice. Please refer to your *Group Agreement/Evidence of Coverage* for more information. A voluntary termination cannot override an administrative termination.

A. Requesting termination (voluntary)

You can request termination through our online enrollment site at **kp.org/mas/onlineenrollment**, or by emailing **MAS-Small-Group-Account-Management@kp.org**.

Upon receipt of a voluntary group termination, we will send you a voluntary group termination letter acknowledging the request and will notify you by mail when the termination of your group coverage is completed.

B. Administrative termination

We may terminate or non-renew your coverage as permitted by law for any of the following reasons, including but not limited to:

- Fraud or intentionally furnishing incorrect or incomplete information,
- Nonpayment of premium,
- There are no longer subscribers who live or work in the Kaiser Permanente service area, and/or
- Failure to meet minimum contribution, or participation requirements.

All rights to benefits/covered services under your *Group Agreement/Evidence of Coverage* end at 11:59 p.m. on the termination date.

C. Re-instatement and re-enrollment rules

If your contract has been terminated or non-renewed, you may request re-instatement or re-enrollment, depending on when your coverage ended.

If your coverage was terminated or non-renewed less than 60 days before a request, your group coverage may be re-instated.

When your contract is re-instated, the re-instatement is retroactive, going back to the termination date as though your group's contract had never terminated, and:

- You will keep your prior customer ID (CID) account number,
- Your group's effective date will be the same date as prior to termination, and
- You are responsible for all premiums retroactive to the termination date.

Re-instatement requests for terminations because of nonpayment must be submitted to the Billing Representative. All other re-instatement requests must be emailed to **MAS-Small-Group-Account-Management@kp.org**.

If your contract has been terminated or non-renewed for more than 60 days before a request for coverage, you may re-apply for coverage with Kaiser Permanente if your group satisfies the requirements for coverage. You will be treated as a new customer and all new customer policies will apply.

Groups that were previously terminated for non-payment and wish to return to Kaiser Permanente will still be responsible for paying any outstanding premiums. If prior balances are not paid, legal action, such as referral to collections, may be taken.

XI. COVERAGE OPTIONS FOLLOWING CONTRACT TERMINATION

If your group coverage is terminated, you and your employees have alternative coverage options, including but not limited to the options listed in this guide. For complete details on alternate coverage options, please refer to your *Evidence of Coverage*.

A. Extension of benefits

In those instances when a member's coverage with Kaiser Permanente has terminated, we will extend benefits for covered services in certain situations, including total disability, for a specified period of time. For more information and details on these situations, please have your employees refer to their *Evidence of Coverage*.

B. Continuation of group coverage

Under special circumstances, members may request to receive continued health care services from their provider for a specified period of time, as indicated in their *Evidence of Coverage*. For more information, please have your employees refer to their *Evidence of Coverage*.

C. Federal COBRA

The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) requires certain employers to provide continuation of group health coverage to employees and their covered dependents when their group health coverage with the employer would otherwise terminate.

Participation in the employee's health plan, as well as coverage under whatever medical programs are provided by the employer to employees and their dependents, may be continued under COBRA for groups that employed 20 or more employees for at least 50 percent of the previous year.

- The employer is responsible for administration (within the guidelines established by the federal government for compliance by employer groups).
- Kaiser Permanente does not offer federal COBRA administration support.

Under the Employee Retirement Income Security Act (ERISA), the employer's Employee Welfare Benefit Plan has the fiduciary responsibility for all aspects of COBRA administration.

The plan administrator (as defined by ERISA) is either the employer or a third-party administrator appointed by the employer. Kaiser Permanente does not accept fiduciary responsibility as a COBRA administrator for any employer group.

Kaiser Permanente is, however, a plan fiduciary (as defined by ERISA solely) for determining the scope and extent of health coverage for those ERISA Plan beneficiaries enrolled through the group as our members, including those participating through COBRA.

If your employees call Kaiser Permanente for federal COBRA enrollment information, they will be told to contact their employer for assistance.

Detailed information about COBRA is available on the U.S. Department of Labor website at dol.gov.

1. Monthly billing of your COBRA members

You (or your designee) can bill and collect the premiums for all your COBRA members. If so, you (or your third-party administrator) will pay Kaiser Permanente for all your COBRA members as a group, just as you do for your active employees. Do not send Kaiser Permanente individual payments for each COBRA member.

2. How to enroll COBRA members

When an employee or dependent chooses Kaiser Permanente COBRA coverage, he or she must complete a Kaiser Permanente enrollment and change form, which he or she must submit directly to the group. You will then submit the enrollment and change form and report any terminations the same way you would usually report membership changes. We will not accept any enrollment and change forms directly from your employees.

Kaiser Permanente will accept enrollment only for the minimum and maximum time frames considered permissible as specified under COBRA regulations. Members who intend to elect and pay for COBRA coverage may use Kaiser Permanente services during the interim between their termination from health coverage and their enrollment into COBRA. You should make them aware of the following:

- It is recommended, but not mandatory, that members retain a copy of their enrollment and change form to use as a temporary ID.
- If the individual uses services but does not elect to pay for Kaiser Permanente COBRA coverage, Kaiser Permanente will bill the individual as a nonmember for all services provided.

3. Employee notification

It is always the employer's responsibility to notify employees about federal COBRA, including any information regarding new rates or benefit changes. Members who call Kaiser Permanente for COBRA enrollment information will be referred back to their employers.

4. Termination of employer contract

A COBRA enrollment unit is attached to the active *Group Agreement*. If the *Group Agreement* for the active group is terminated, the COBRA enrollment unit will be considered terminated as well. Terminated COBRA participants may be offered the opportunity to convert to one of our Kaiser Permanente for Individuals and Families plan.

5. Open enrollment changes

If you have COBRA participants who elect to change from a different carrier to Kaiser Permanente during an open enrollment period, you must notify Kaiser Permanente, in writing, of the original COBRA start date(s) of the participant(s).

D. ERISA Status

On July 23, 2010, the Departments of Labor, Treasury, and Health and Human Services issued interim final regulations regarding claims and appeals procedures for group health plans to implement the requirements of the federal health care reform legislation. As part of Kaiser Permanente's efforts to answer federal and state regulatory inquiries regarding member's claims and appeals related to

the new requirements, a group's Employee Retirement Income Security Act (ERISA) status must be verified. To ensure compliance, employer groups are asked to initially indicate their ERISA status on the Small Group Application and then annually with the renewal notice to update Kaiser Permanente if the reported status is no longer valid.

The federal Employee Retirement Income Security Act sets minimum standards for employee retirement and benefit plans established by private employers and employee organizations. While ERISA doesn't require that employers or unions offer any retirement or benefit plan, it does require that those who do establish plans meet certain standards.

ERISA covers retirement as well as health and other welfare benefit plans, such as those providing life insurance, disability coverage, and flexible spending accounts for health care expenses. Among other things, ERISA requires that individuals who manage retirement and benefit plans meet certain standards of conduct as fiduciaries. ERISA also imposes detailed requirements for reporting to the federal government and disclosure to participants, as well as assuring that plan funds are protected and that only qualified plan participants receive their benefits.

The Employee Benefits Security Administration website (dol.gov/ebsa/) has information that will help employers and employee benefit plan representatives understand and comply with ERISA requirements for administration of their health and welfare plans. Although paying for employee health care coverage means an employer has established a group health plan, the following types of group health plans are generally not subject to ERISA:

- Government plans,
- Church plans,
- Plans maintained solely for complying with applicable workers' compensation laws or unemployment compensation or disability insurance laws,
- Plans maintained outside the U.S. primarily for the benefit of nonresident aliens, and
- Unfunded excess benefit plans.

If a client is unsure of their group health plan's ERISA status, it is recommended that he or she consult a financial or legal adviser.

E. Federal TEFRA and DEFRA

Legislation was enacted to regulate employee health coverage. Based on this legislation and the limitations of the Kaiser Permanente agreement, if a business employs on average fewer than 20 employees in a year, and any employee turns 65, then his or her primary health carrier must be Medicare. For these employees who are 65 years old and choose to retain their Kaiser Permanente small group coverage, Kaiser Permanente will apply contract benefits as a secondary carrier for Medicare benefits paid or payable. This applies whether or not the employee has applied for and has been made effective for Medicare Part A and B coverage.

- When a member is covered by both Medicare as primary and a Kaiser Permanente contract as secondary, total benefits provided by Medicare and Kaiser Permanente should equal but not exceed the benefits of group members who do not have Medicare coverage.

- Kaiser Foundation Health Plan is secondary to Medicare when any of the following is met:
  - The employer has fewer than 20 employees, and the subscriber is age 65.
  - Subscribers under 65 are eligible for Medicare due to a disability.
  - Subscribers are enrolled following the first 30 months of kidney dialysis treatments for end-stage renal disease (ESRD).

F. State COBRA

Under state COBRA law (also known as "mini-COBRA"), groups with less than 20 employees must provide continuation of group health coverage to employees and their covered dependents when their group health coverage with the employer would otherwise terminate. "Mini-COBRA" laws vary by jurisdiction.

Maryland: An employee and/or their dependents are eligible for up to 18 months of continuing coverage under Maryland state law. The employer must provide notice to the employee outlining the employee's options for continuing coverage. The employee must elect coverage within 45 days after the date that coverage would otherwise terminate and he or she is responsible for paying all health coverage premiums required to obtain and maintain coverage during the eligible coverage period.

Virginia: An employee and/or their dependents are eligible for up to 12 months of continuing coverage under Virginia state law. The employer must provide notice to the employee outlining the employee's options for continuing coverage within 14 days after the date that coverage would otherwise terminate. The employee has 31 days to elect coverage and he or she is responsible for paying all health coverage premiums required to obtain and maintain coverage during the eligible coverage period.

Any members who call Kaiser Permanente for mini-COBRA enrollment information will be referred back to their employers.

G. Kaiser Permanente for Individuals and Families plans

Upon termination of a member's Kaiser Permanente group coverage, he or she also has the option to switch to a non-group plan. For eligibility and other information on our Individuals and Families plans, members can:

- Call Kaiser Permanente Member Services,
- Call **800-494-5314** or visit **buykp.org/apply**, or
- Visit their appropriate Health Insurance Marketplace, also known as the health insurance "exchange."
  - **Maryland:** Maryland Health Connection (marylandhealthconnection.gov)
  - **Virginia:** healthcare.gov

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