

ENROLLMENT CHECKLIST

Five simple steps to enroll

1 NEW GROUP APPLICATION

Complete the application and fax it to start your group's application process right away. Membership is limited to those individuals who live or work within one of the ZIP code service areas.*

Once you have submitted your *New Group Application*, please consult your sales representative at 1-800-730-4661 for assistance in completing steps 2–5.

2 APPLICATIONS FOR ENROLLING EMPLOYEES/OWNERS

Your sales representative will provide you with these forms once you've submitted the *New Group Application*.

3 DOCUMENTATION FOR DECLINING EMPLOYEES/OWNERS

Your sales representative will provide you with this form once you've submitted the *New Group Application*.

4 DOCUMENTATION FOR EMPLOYEES/OWNERS

Payroll and/or ownership documentation is required to demonstrate the legal relationship between your business and all employees/owners. **Many documents can satisfy this requirement. Please consult your sales representative at 1-800-730-4661.**

5 FIRST MONTH'S PREMIUM CHECK

Call your sales representative for the total amount. Make check payable to Kaiser Permanente. There are no additional administrative fees.

We also offer Deductible HMO plans with HRA, POS plans, and PPO plans. Call your Kaiser Permanente representative for benefit and rate information.

* Different eligibility rules may apply for the \$40/\$1,000 PPO Plan and \$40/\$2,500 PPO Plan with HSA Option. Please see your *Certificate of Insurance* for full eligibility rules.

Questions? CALL US AT 1-800-730-4661.

KAISER PERMANENTE COPAYMENT PLANS PLAN HIGHLIGHTS

For effective dates 7/1/12–12/1/12

FEATURES	MOST POPULAR COPAYMENT PLAN				
	\$5 PLAN MEMBER PAYS	\$15 PLAN MEMBER PAYS	\$20 PLAN MEMBER PAYS	\$30 PLAN MEMBER PAYS	\$50 PLAN MEMBER PAYS
CALENDAR-YEAR DEDUCTIBLE	\$0	\$0	\$0	\$0	\$0
PHARMACY CALENDAR-YEAR DEDUCTIBLE	N/A	N/A	N/A	\$250 for brand prescription	\$250 for brand prescription
ANNUAL OUT-OF-POCKET MAXIMUM¹ Individual/Family	\$1,500/\$3,000	\$2,500/\$5,000	\$2,500/\$5,000	\$3,000/\$6,000	\$3,500/\$7,000
IN THE MEDICAL OFFICE					
Office visits	\$5	\$15	\$20	\$30	\$50
Preventive exams	\$0	\$0	\$0	\$0	\$0
Maternity/Prenatal care ²	\$0	\$0	\$0	\$0	\$0
Well-child preventive care visits ³	\$0	\$0	\$0	\$0	\$0
Vaccines (immunizations)	\$0	\$0	\$0	\$0	\$0
Allergy injections	\$0	\$5	\$5	\$5	\$5
Infertility services	50%	50%	Not covered	Not covered	Not covered
Occupational, physical, and speech therapy	\$5	\$15	\$20	\$30	\$50
Most labs and imaging	\$10	\$10	\$10	\$10	\$10
MRI/CT/PET	\$50	\$50	\$50	\$50	\$50
Outpatient surgery	\$5 per procedure	\$100 per procedure	\$150 per procedure	\$200 per procedure	\$250 per procedure
EMERGENCY SERVICES					
Emergency Department visits (waived if admitted directly to hospital)	\$100	\$100	\$100	\$100	\$150
Ambulance	\$75	\$75	\$75	\$75	\$300
PRESCRIPTIONS⁴	(up to a 100-day supply)	(up to a 30-day supply)	(up to a 30-day supply)	(up to a 100-day supply)	(up to a 100-day supply)
Generic ⁵	\$5	\$10	\$10	\$10	\$10
Brand-name	\$15 ⁵	\$25 ⁵	\$30 ⁵	\$35 (after pharmacy deductible)	\$35 (after pharmacy deductible)
HOSPITAL CARE					
Physicians' services, room and board, tests, medications, supplies, therapies	\$0	\$200 per day	\$300 per day	\$400 per day	\$500 per day
Skilled nursing facility care (up to 100 days per benefit period)	\$0	\$0	\$0	\$0	\$0
MENTAL HEALTH SERVICES					
In the medical office	\$5 individual \$2 group	\$15 individual \$7 group	\$20 individual \$10 group	\$30 individual \$15 group	\$50 individual \$25 group
In the hospital	\$0	\$200 per day	\$300 per day	\$400 per day	\$500 per day
CHEMICAL DEPENDENCY SERVICES					
In the medical office	\$5 individual	\$15 individual	\$20 individual	\$30 individual	\$50 individual
In the hospital (detoxification only)	\$0	\$200 per day	\$300 per day	\$400 per day	\$500 per day
OTHER					
Certain durable medical equipment (DME)	20% ⁶	20% ⁶	20% ⁶	Not covered ⁷	Not covered ⁷
Certain prosthetics, orthotics, and footwear	\$0 ⁸	\$0 ⁸	\$0 ⁸	Not covered ⁷	Not covered ⁷
Optical (eyewear)	\$150 allowance ⁹	\$150 allowance ⁹	Not covered ¹⁰	Not covered ¹⁰	Not covered ¹⁰
Vision exam	\$0	\$0	\$0	\$0	\$0
Home health care (up to 100 two-hour visits per calendar year)	\$0	\$0	\$0	\$0	\$0
Hospice care	\$0	\$0	\$0	\$0	\$0

Kaiser Permanente plans do not include a pre-existing condition clause.

Preventive services on this plan are available at no cost share. For a complete list of preventive services please refer to the *Evidence of Coverage* or businessnet.kp.org.

¹Out-of-pocket maximum is the maximum amount an individual or family will pay for certain services in a calendar year.

²Scheduled prenatal visits and the first postpartum visit

³Well-child visits through age 23 months

⁴Prescription drugs are covered in accordance with our formulary when prescribed by a Plan physician and obtained at Plan pharmacies. A few drugs have different copayments; please refer to the *Evidence of Coverage* for detailed information about prescription drug copayments.

⁵The deductible does not apply to this service.

⁶The maximum allowable amount for DME is \$2,000.

⁷Please refer to the *Evidence of Coverage* for more information on DME, prosthetics, orthotics, and devices. Most DME for home use, prosthetics, orthotics, and devices are not covered.

⁸There is no maximum amount for prosthetics, orthotics, and devices.

⁹Allowance toward the cost of eyeglass lenses, frames, and contact lenses fitting and dispensing every 24 months

¹⁰Kaiser Permanente members are entitled to a 20 percent discount on eyeglasses and contact lenses purchased at Kaiser Permanente optical centers. These discounts may not be coordinated with any other Health Plan vision benefit. The discounts will not apply to any sale, promotion, or packaged eyewear program, for any contact lens extended purchase agreement, or to low-vision aids or devices. Visit kp2020.org for Kaiser Permanente optical locations.

KAISER PERMANENTE Copayment Plans

For effective dates July 1–December 1, 2012

RATE AREA 1

Copayment plans feature predictable, lower out-of-pocket costs at the time of service and no deductible for medical expenses. Monthly premiums are higher than other plans.

Monthly rates for groups new to Kaiser Permanente

16 to 50 enrolling employees RAF ¹ .90					6 to 15 enrolling employees RAF ¹ 1.00					5 or fewer enrolling employees RAF ¹ 1.10				
\$5 PLAN					\$5 PLAN					\$5 PLAN				
Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C
<30	\$396	\$1,106	\$1,087	\$1,539	<30	\$440	\$1,229	\$1,208	\$1,710	<30	\$484	\$1,351	\$1,329	\$1,880
30–39	\$437	\$1,188	\$1,117	\$1,701	30–39	\$486	\$1,320	\$1,242	\$1,889	30–39	\$534	\$1,452	\$1,366	\$2,078
40–49	\$564	\$1,298	\$1,072	\$1,713	40–49	\$627	\$1,442	\$1,191	\$1,903	40–49	\$689	\$1,586	\$1,310	\$2,093
50–54	\$734	\$1,526	\$1,211	\$1,951	50–54	\$816	\$1,696	\$1,346	\$2,168	50–54	\$897	\$1,865	\$1,480	\$2,384
55–59	\$928	\$1,949	\$1,387	\$2,242	55–59	\$1,031	\$2,165	\$1,541	\$2,490	55–59	\$1,134	\$2,381	\$1,695	\$2,739
60–64	\$1,144	\$2,173	\$1,530	\$2,537	60–64	\$1,272	\$2,416	\$1,701	\$2,820	60–64	\$1,399	\$2,657	\$1,871	\$3,102
65+	\$1,298	\$2,805	\$1,951	\$3,084	65+	\$1,442	\$3,116	\$2,168	\$3,426	65+	\$1,586	\$3,428	\$2,385	\$3,768
\$15 PLAN					\$15 PLAN					\$15 PLAN				
Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C
<30	\$315	\$881	\$866	\$1,226	<30	\$350	\$978	\$962	\$1,361	<30	\$385	\$1,076	\$1,058	\$1,498
30–39	\$348	\$946	\$890	\$1,354	30–39	\$387	\$1,052	\$989	\$1,506	30–39	\$426	\$1,157	\$1,089	\$1,656
40–49	\$449	\$1,034	\$854	\$1,365	40–49	\$499	\$1,149	\$948	\$1,516	40–49	\$549	\$1,264	\$1,043	\$1,668
50–54	\$585	\$1,216	\$965	\$1,554	50–54	\$650	\$1,351	\$1,072	\$1,727	50–54	\$715	\$1,486	\$1,179	\$1,900
55–59	\$739	\$1,552	\$1,105	\$1,785	55–59	\$822	\$1,726	\$1,229	\$1,985	55–59	\$904	\$1,898	\$1,351	\$2,183
60–64	\$912	\$1,732	\$1,220	\$2,022	60–64	\$1,013	\$1,924	\$1,355	\$2,246	60–64	\$1,114	\$2,116	\$1,490	\$2,470
65+	\$1,034	\$2,235	\$1,555	\$2,457	65+	\$1,149	\$2,483	\$1,727	\$2,730	65+	\$1,264	\$2,732	\$1,900	\$3,003
\$20 PLAN					\$20 PLAN					\$20 PLAN				
Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C
<30	\$295	\$824	\$810	\$1,147	<30	\$328	\$915	\$900	\$1,273	<30	\$360	\$1,006	\$990	\$1,400
30–39	\$326	\$885	\$833	\$1,267	30–39	\$362	\$984	\$925	\$1,408	30–39	\$398	\$1,082	\$1,018	\$1,549
40–49	\$420	\$967	\$798	\$1,276	40–49	\$467	\$1,074	\$887	\$1,418	40–49	\$514	\$1,182	\$976	\$1,560
50–54	\$547	\$1,137	\$902	\$1,453	50–54	\$608	\$1,264	\$1,003	\$1,615	50–54	\$669	\$1,390	\$1,103	\$1,777
55–59	\$691	\$1,451	\$1,033	\$1,669	55–59	\$768	\$1,613	\$1,148	\$1,855	55–59	\$845	\$1,774	\$1,263	\$2,040
60–64	\$853	\$1,620	\$1,141	\$1,891	60–64	\$947	\$1,799	\$1,267	\$2,100	60–64	\$1,042	\$1,979	\$1,394	\$2,310
65+	\$967	\$2,090	\$1,454	\$2,298	65+	\$1,074	\$2,321	\$1,615	\$2,552	65+	\$1,182	\$2,554	\$1,777	\$2,808
\$30 PLAN					\$30 PLAN					\$30 PLAN				
Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C
<30	\$267	\$746	\$734	\$1,038	<30	\$297	\$830	\$816	\$1,155	<30	\$327	\$913	\$898	\$1,270
30–39	\$295	\$802	\$755	\$1,148	30–39	\$328	\$892	\$839	\$1,277	30–39	\$361	\$981	\$923	\$1,404
40–49	\$381	\$877	\$724	\$1,157	40–49	\$423	\$974	\$804	\$1,285	40–49	\$466	\$1,072	\$885	\$1,415
50–54	\$496	\$1,031	\$818	\$1,318	50–54	\$551	\$1,145	\$909	\$1,464	50–54	\$606	\$1,260	\$1,000	\$1,611
55–59	\$627	\$1,316	\$937	\$1,514	55–59	\$696	\$1,462	\$1,041	\$1,682	55–59	\$766	\$1,609	\$1,145	\$1,851
60–64	\$773	\$1,468	\$1,034	\$1,714	60–64	\$859	\$1,632	\$1,149	\$1,905	60–64	\$945	\$1,795	\$1,264	\$2,095
65+	\$877	\$1,895	\$1,318	\$2,083	65+	\$974	\$2,105	\$1,464	\$2,314	65+	\$1,072	\$2,316	\$1,611	\$2,546
\$50 PLAN					\$50 PLAN					\$50 PLAN				
Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C
<30	\$243	\$679	\$668	\$945	<30	\$270	\$755	\$742	\$1,051	<30	\$297	\$830	\$816	\$1,155
30–39	\$269	\$730	\$687	\$1,045	30–39	\$299	\$812	\$764	\$1,162	30–39	\$328	\$892	\$839	\$1,277
40–49	\$347	\$798	\$659	\$1,053	40–49	\$385	\$886	\$732	\$1,169	40–49	\$424	\$975	\$805	\$1,287
50–54	\$451	\$938	\$744	\$1,199	50–54	\$501	\$1,042	\$826	\$1,332	50–54	\$551	\$1,146	\$909	\$1,465
55–59	\$570	\$1,197	\$852	\$1,377	55–59	\$634	\$1,331	\$947	\$1,531	55–59	\$697	\$1,463	\$1,042	\$1,683
60–64	\$703	\$1,336	\$940	\$1,560	60–64	\$781	\$1,484	\$1,045	\$1,732	60–64	\$859	\$1,632	\$1,149	\$1,905
65+	\$797	\$1,723	\$1,198	\$1,894	65+	\$886	\$1,915	\$1,332	\$2,105	65+	\$975	\$2,107	\$1,466	\$2,316

Employee/Dependent Codes	EE only = eligible employee only	EE+C = eligible employee plus child or children
	EE+S = eligible employee plus spouse	EE+S+C = eligible employee plus spouse and child or children

Rates listed are for new Kaiser Permanente contracted employer groups with at least 2 but no more than 50 full-time employees worldwide (working at least 30 hours per week). Rates are not applicable to groups currently enrolled with Kaiser Permanente. Final rates are contingent upon actual enrollment and review of applications.

¹ Risk adjustment factor

KAISER PERMANENTE DEDUCTIBLE HMO PLANS

PLAN HIGHLIGHTS

For effective dates 7/1/12–12/1/12

FEATURES	MOST POPULAR DEDUCTIBLE PLAN			
	\$30/\$1,000 PLAN MEMBER PAYS	\$30/\$1,500 PLAN MEMBER PAYS	\$40/\$2,000 PLAN MEMBER PAYS	\$40/\$3,000 PLAN MEMBER PAYS
CALENDAR-YEAR DEDUCTIBLE¹ Individual/Family	\$1,000/\$2,000	\$1,500/\$3,000	\$2,000/\$4,000	\$3,000/\$6,000
PHARMACY CALENDAR-YEAR DEDUCTIBLE	N/A	N/A	N/A	N/A
ANNUAL OUT-OF-POCKET MAXIMUM^{1,2} Individual/Family	\$3,500/\$7,000	\$3,500/\$7,000	\$4,500/\$9,000	\$6,000/\$12,000
IN THE MEDICAL OFFICE				
Office visits ³	\$30	\$30	\$40	\$40
Preventive exams ³	\$0	\$0	\$0	\$0
Maternity/Prenatal care ^{3,4}	\$0	\$0	\$0	\$0
Well-child preventive care visits ^{3,5}	\$0	\$0	\$0	\$0
Vaccines (immunizations) ³	\$0	\$0	\$0	\$0
Allergy injections	\$5 (after deductible)	\$5 (after deductible)	\$5 (after deductible)	\$5 (after deductible)
Infertility services	Not covered	Not covered	Not covered	Not covered
Occupational, physical, and speech therapy	\$30 (after deductible)	\$30 (after deductible)	\$40 (after deductible)	\$40 (after deductible)
Most labs and imaging	\$10 (after deductible)	\$10 (after deductible)	\$10 (after deductible)	\$10 ³
MRI/CT/PET	\$50 (after deductible)	\$50 (after deductible)	\$50 (after deductible)	\$50 (after deductible)
Outpatient surgery	\$250 per procedure (after deductible)	\$250 per procedure (after deductible)	30% (after deductible)	30% (after deductible)
EMERGENCY SERVICES				
Emergency Department visits (waived if admitted directly to hospital)	\$100 (after deductible)	\$100 (after deductible)	30% (after deductible)	30% (after deductible)
Ambulance	\$75 (after deductible)	\$75 (after deductible)	\$100 (after deductible)	\$100 (after deductible)
PRESCRIPTIONS^{3,6}	(up to a 30-day supply)	(up to a 30-day supply)	(up to a 30-day supply)	(up to a 30-day supply)
Generic	\$10	\$10	\$10	\$10
Brand-name	\$30	\$30	\$35	\$35
HOSPITAL CARE				
Physicians' services, room and board, tests, medications, supplies, therapies	\$500 per day (after deductible)	\$500 per day (after deductible)	30% per admission (after deductible)	30% per admission (after deductible)
Skilled nursing facility care (up to 60 days per benefit period)	\$50 per day (after deductible)	\$50 per day (after deductible)	30% per admission (after deductible)	30% per admission (after deductible)
MENTAL HEALTH SERVICES				
In the medical office ³	\$30 (for individual therapy) \$15 (for group therapy)	\$30 (for individual therapy) \$15 (for group therapy)	\$40 (for individual therapy) \$20 (for group therapy)	\$40 (for individual therapy) \$20 (for group therapy)
In the hospital	\$500 per day (after deductible)	\$500 per day (after deductible)	30% per admission (after deductible)	30% per admission (after deductible)
CHEMICAL DEPENDENCY SERVICES				
In the medical office ³	\$30 (for individual therapy)	\$30 (for individual therapy)	\$40 (for individual therapy)	\$40 (for individual therapy)
In the hospital (detoxification only)	\$500 per day (after deductible)	\$500 per day (after deductible)	30% per admission (after deductible)	30% per admission (after deductible)
OTHER				
Certain durable medical equipment (DME) ⁷	Not covered	Not covered	Not covered	Not covered
Certain prosthetics, orthotics, and footwear ⁷	Not covered	Not covered	Not covered	Not covered
Optical (eyewear) ⁸	Not covered	Not covered	Not covered	Not covered
Vision exam ³	\$0	\$0	\$0	\$0
Home health care ³ (up to 100 two-hour visits per calendar year)	\$0	\$0	\$0	\$0
Hospice care ³	\$0	\$0	\$0	\$0

Kaiser Permanente plans do not include a pre-existing condition clause.

Preventive services on this plan are available at no cost share. For a complete list of preventive services please refer to the *Evidence of Coverage* or businessnet.kp.org.

¹This is an embedded plan. For a family of two or more, an individual deductible is part of the family deductible. Each family member becomes eligible for copayments or coinsurance either after meeting his or her individual deductible or after the family collectively meets the family deductible. The same methodology applies to the out-of-pocket maximum.

²Out-of-pocket maximum is the maximum amount an individual or family will pay for certain services in a calendar year.

³For this service the deductible doesn't apply.

⁴Scheduled prenatal visits and the first postpartum visit

⁵Well-child visits through age 23 months

⁶Prescription drugs are covered in accordance with our formulary when prescribed by a Plan physician and obtained at Plan pharmacies. A few drugs have different copayments; please refer to the *Evidence of Coverage* for detailed information about prescription drug copayments.

⁷Please refer to the *Evidence of Coverage* for more information on DME, prosthetics, orthotics, and devices. Most DME for home use, prosthetics, orthotics, and devices are not covered.

⁸Kaiser Permanente members are entitled to a 20 percent discount on eyeglasses and contact lenses purchased at Kaiser Permanente optical centers. These discounts may not be coordinated with any other Health Plan vision benefit. The discounts will not apply to any sale, promotion, or packaged eyewear program, for any contact lens extended purchase agreement, or to low-vision aids or devices. Visit kp2020.org for Kaiser Permanente optical locations.

KAISER PERMANENTE Deductible HMO Plans

For effective dates July 1–December 1, 2012

RATE AREA 1

Deductible plans feature affordable monthly rates and a fixed copayment for services such as office visits and preventive care. Deductibles must be met before members can receive certain services for a copayment or coinsurance.

Monthly rates for groups new to Kaiser Permanente

16 to 50 enrolling employees RAF ¹ .90					6 to 15 enrolling employees RAF ¹ 1.00					5 or fewer enrolling employees RAF ¹ 1.10				
\$30/\$1,000 PLAN					\$30/\$1,000 PLAN					\$30/\$1,000 PLAN				
Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C
<30	\$225	\$616	\$509	\$742	<30	\$250	\$684	\$566	\$824	<30	\$275	\$753	\$622	\$907
30–39	\$265	\$709	\$535	\$830	30–39	\$295	\$788	\$595	\$923	30–39	\$324	\$867	\$654	\$1,015
40–49	\$359	\$733	\$562	\$931	40–49	\$399	\$814	\$624	\$1,034	40–49	\$439	\$896	\$687	\$1,138
50–54	\$479	\$995	\$656	\$1,102	50–54	\$533	\$1,106	\$730	\$1,224	50–54	\$586	\$1,217	\$803	\$1,347
55–59	\$595	\$1,238	\$771	\$1,357	55–59	\$661	\$1,375	\$857	\$1,507	55–59	\$728	\$1,513	\$944	\$1,658
60–64	\$763	\$1,527	\$943	\$1,690	60–64	\$848	\$1,697	\$1,048	\$1,878	60–64	\$932	\$1,866	\$1,152	\$2,065
65+	\$925	\$2,109	\$1,098	\$2,212	65+	\$1,028	\$2,344	\$1,220	\$2,459	65+	\$1,131	\$2,579	\$1,342	\$2,705
\$30/\$1,500 PLAN					\$30/\$1,500 PLAN					\$30/\$1,500 PLAN				
Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C
<30	\$197	\$539	\$446	\$649	<30	\$219	\$599	\$495	\$722	<30	\$240	\$658	\$544	\$793
30–39	\$232	\$621	\$469	\$727	30–39	\$258	\$690	\$521	\$808	30–39	\$284	\$759	\$573	\$889
40–49	\$314	\$641	\$491	\$815	40–49	\$349	\$713	\$546	\$906	40–49	\$384	\$784	\$601	\$996
50–54	\$420	\$872	\$575	\$965	50–54	\$466	\$968	\$638	\$1,072	50–54	\$513	\$1,065	\$703	\$1,179
55–59	\$521	\$1,084	\$675	\$1,188	55–59	\$579	\$1,204	\$751	\$1,320	55–59	\$637	\$1,325	\$826	\$1,452
60–64	\$668	\$1,337	\$826	\$1,479	60–64	\$742	\$1,485	\$917	\$1,643	60–64	\$816	\$1,633	\$1,009	\$1,807
65+	\$810	\$1,847	\$961	\$1,938	65+	\$900	\$2,052	\$1,068	\$2,153	65+	\$990	\$2,258	\$1,175	\$2,369
\$40/\$2,000 PLAN					\$40/\$2,000 PLAN					\$40/\$2,000 PLAN				
Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C
<30	\$182	\$498	\$412	\$600	<30	\$202	\$553	\$457	\$666	<30	\$222	\$608	\$503	\$733
30–39	\$215	\$574	\$434	\$672	30–39	\$239	\$638	\$482	\$747	30–39	\$262	\$701	\$529	\$821
40–49	\$290	\$592	\$454	\$752	40–49	\$323	\$659	\$505	\$837	40–49	\$355	\$724	\$555	\$920
50–54	\$388	\$805	\$531	\$891	50–54	\$431	\$895	\$590	\$991	50–54	\$474	\$984	\$649	\$1,089
55–59	\$481	\$1,001	\$624	\$1,097	55–59	\$535	\$1,112	\$694	\$1,219	55–59	\$588	\$1,223	\$762	\$1,341
60–64	\$617	\$1,235	\$763	\$1,366	60–64	\$686	\$1,372	\$848	\$1,518	60–64	\$754	\$1,509	\$932	\$1,670
65+	\$748	\$1,706	\$888	\$1,790	65+	\$831	\$1,895	\$986	\$1,988	65+	\$915	\$2,086	\$1,086	\$2,188
\$40/\$3,000 PLAN					\$40/\$3,000 PLAN					\$40/\$3,000 PLAN				
Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C
<30	\$175	\$479	\$396	\$577	<30	\$194	\$532	\$440	\$641	<30	\$214	\$586	\$484	\$706
30–39	\$207	\$553	\$418	\$647	30–39	\$230	\$614	\$464	\$719	30–39	\$253	\$676	\$510	\$791
40–49	\$280	\$571	\$438	\$725	40–49	\$311	\$634	\$486	\$806	40–49	\$342	\$698	\$535	\$887
50–54	\$373	\$775	\$511	\$858	50–54	\$415	\$862	\$568	\$954	50–54	\$456	\$947	\$625	\$1,048
55–59	\$464	\$964	\$601	\$1,057	55–59	\$515	\$1,071	\$668	\$1,174	55–59	\$567	\$1,179	\$735	\$1,292
60–64	\$594	\$1,189	\$734	\$1,316	60–64	\$660	\$1,321	\$816	\$1,462	60–64	\$726	\$1,453	\$897	\$1,608
65+	\$721	\$1,644	\$856	\$1,725	65+	\$801	\$1,826	\$951	\$1,916	65+	\$881	\$2,009	\$1,046	\$2,107

Employee/Dependent Codes	EE only = eligible employee only	EE+C = eligible employee plus child or children
	EE+S = eligible employee plus spouse	EE+S+C = eligible employee plus spouse and child or children

Rates listed are for new Kaiser Permanente contracted employer groups with at least 2 but no more than 50 full-time employees worldwide (working at least 30 hours per week). Rates are not applicable to groups currently enrolled with Kaiser Permanente. Final rates are contingent upon actual enrollment and review of applications.

¹ Risk adjustment factor

KAISER PERMANENTE HSA-QUALIFIED DEDUCTIBLE HMO PLANS PLAN HIGHLIGHTS

For effective dates 7/1/12–12/1/12

FEATURES	MOST POPULAR DEDUCTIBLE PLAN W/HSA		
	\$0/\$2,000 PLAN W/HSA MEMBER PAYS	\$0/\$2,700 PLAN W/HSA MEMBER PAYS	\$30/\$3,000 PLAN W/HSA MEMBER PAYS
CALENDAR-YEAR DEDUCTIBLE Individual/Family	\$2,000/\$4,000 ¹	\$2,700/\$5,450 ²	\$3,000/\$6,000 ²
PHARMACY CALENDAR-YEAR DEDUCTIBLE	N/A	N/A	N/A
ANNUAL OUT-OF-POCKET MAXIMUM³ Individual/Family	\$3,500/\$7,000 ¹	\$4,500/\$9,000 ²	\$5,950/\$11,900 ²
IN THE MEDICAL OFFICE Office visits Preventive exams ⁴ Maternity/Prenatal care ^{4,5} Well-child preventive care visits ^{4,6} Vaccines (immunizations) ⁴ Allergy injections Infertility services Occupational, physical, and speech therapy Most labs and imaging MRI/CT/PET Outpatient surgery	\$0 (after deductible) \$0 \$0 \$0 \$0 \$0 (after deductible) Not covered \$0 (after deductible) \$0 (after deductible) \$50 (after deductible) \$150 per procedure (after deductible)	\$0 (after deductible) \$0 \$0 \$0 \$0 \$0 (after deductible) Not covered \$0 (after deductible) \$0 (after deductible) \$50 (after deductible) \$250 per procedure (after deductible)	\$30 (after deductible) \$0 \$0 \$0 \$0 \$5 (after deductible) Not covered \$30 (after deductible) \$10 (after deductible) \$50 (after deductible) 30% (after deductible)
EMERGENCY SERVICES Emergency Department visits (waived if admitted directly to hospital) Ambulance	\$100 (after deductible) \$100 (after deductible)	\$100 (after deductible) \$100 (after deductible)	30% (after deductible) \$100 (after deductible)
PRESCRIPTIONS⁷ Generic Brand-name	(up to a 30-day supply) \$10 (after deductible) \$30 (after deductible)	(up to a 30-day supply) \$10 (after deductible) \$30 (after deductible)	(up to a 30-day supply) \$10 (after deductible) \$30 (after deductible)
HOSPITAL CARE Physicians' services, room and board, tests, medications, supplies, therapies Skilled nursing facility care (up to 100 days per benefit period)	\$300 per day (after deductible) \$0 per admission (after deductible)	\$450 per day (after deductible) \$0 per admission (after deductible)	30% per admission (after deductible) 30% per admission (after deductible)
MENTAL HEALTH SERVICES In the medical office In the hospital	\$0 (after deductible for individual therapy) \$0 (after deductible for group therapy) \$300 per day (after deductible)	\$0 (after deductible for individual therapy) \$0 (after deductible for group therapy) \$450 per day (after deductible)	\$30 (after deductible for individual therapy) \$15 (after deductible for group therapy) 30% per admission (after deductible)
CHEMICAL DEPENDENCY SERVICES In the medical office In the hospital (detoxification only)	\$0 (after deductible for individual therapy) \$300 per day (after deductible)	\$0 (after deductible for individual therapy) \$450 per day (after deductible)	\$30 (after deductible for individual therapy) 30% per admission (after deductible)
OTHER Certain durable medical equipment (DME) ⁸ Certain prosthetics, orthotics, and footwear ⁸ Optical (eyewear) ⁹ Vision exam Home health care (up to 100 two-hour visits per calendar year) Hospice care	Not covered Not covered Not covered \$0 (after deductible) \$0 (after deductible) \$0 (after deductible)	Not covered Not covered Not covered \$0 (after deductible) \$0 (after deductible) \$0 (after deductible)	Not covered Not covered Not covered \$30 (after deductible) \$0 (after deductible) \$0 (after deductible)

Kaiser Permanente plans do not include a pre-existing condition clause.

Preventive services on this plan are available at no cost share. For a complete list of preventive services please refer to the *Evidence of Coverage* or businessnet.kp.org.

¹This is an aggregate plan. For a family of two or more, the family deductible applies to the whole family. Once the family deductible is met (by one family member or combination of family members), the family becomes eligible for copayments or coinsurance. The same methodology applies to the out-of-pocket maximum.

²This is an embedded plan. For a family of two or more, an individual deductible is part of the family deductible. Each family member becomes eligible for copayments or coinsurance either after meeting his or her individual deductible or after the family collectively meets the family deductible. The same methodology applies to the out-of-pocket maximum.

³Out-of-pocket maximum is the maximum amount an individual or family will pay for certain services in a calendar year

⁴The deductible does not apply to this service.

⁵Scheduled prenatal visits

⁶Well-child visits through age 23 months

⁷Prescription drugs are covered in accordance with our formulary when prescribed by a Plan physician and obtained at Plan pharmacies. A few drugs have different copayments; please refer to the *Evidence of Coverage* for detailed information about prescription drug copayments.

⁸Please refer to the *Evidence of Coverage* for more information on DME, prosthetics, orthotics, and devices. Most DME for home use, prosthetics, orthotics, and devices are not covered.

⁹Kaiser Permanente members are entitled to a 20 percent discount on eyeglasses and contact lenses purchased at Kaiser Permanente optical centers. These discounts may not be coordinated with any other Health Plan vision benefit. The discounts will not apply to any sale, promotion, or packaged eyewear program, for any contact lens extended purchase agreement, or to low-vision aids or devices. Visit kp2020.org for Kaiser Permanente optical locations.

KAISER PERMANENTE HSA-Qualified Deductible HMO Plans

For effective dates July 1–December 1, 2012

RATE AREA 1

These deductible plans feature lower monthly premiums and optional employee-owned savings accounts.

Monthly rates for groups new to Kaiser Permanente

16 to 50 enrolling employees RAF ¹ .90					6 to 15 enrolling employees RAF ¹ 1.00					5 or fewer enrolling employees RAF ¹ 1.10				
\$0/\$2,000 PLAN WITH HSA					\$0/\$2,000 PLAN WITH HSA					\$0/\$2,000 PLAN WITH HSA				
Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C
<30	\$196	\$537	\$444	\$647	<30	\$218	\$597	\$493	\$719	<30	\$240	\$657	\$543	\$791
30–39	\$232	\$619	\$468	\$725	30–39	\$257	\$687	\$519	\$804	30–39	\$283	\$757	\$571	\$886
40–49	\$313	\$639	\$490	\$812	40–49	\$348	\$710	\$544	\$902	40–49	\$383	\$781	\$599	\$992
50–54	\$418	\$868	\$573	\$961	50–54	\$465	\$965	\$637	\$1,068	50–54	\$511	\$1,061	\$700	\$1,175
55–59	\$519	\$1,080	\$673	\$1,184	55–59	\$577	\$1,200	\$748	\$1,315	55–59	\$635	\$1,320	\$823	\$1,447
60–64	\$666	\$1,332	\$823	\$1,474	60–64	\$740	\$1,481	\$915	\$1,639	60–64	\$813	\$1,628	\$1,005	\$1,801
65+	\$807	\$1,840	\$958	\$1,930	65+	\$897	\$2,045	\$1,065	\$2,145	65+	\$987	\$2,250	\$1,171	\$2,360
\$0/\$2,700 PLAN WITH HSA					\$0/\$2,700 PLAN WITH HSA					\$0/\$2,700 PLAN WITH HSA				
Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C
<30	\$159	\$436	\$360	\$525	<30	\$177	\$485	\$401	\$584	<30	\$195	\$534	\$441	\$643
30–39	\$188	\$503	\$380	\$589	30–39	\$209	\$559	\$422	\$654	30–39	\$230	\$615	\$464	\$720
40–49	\$255	\$520	\$399	\$661	40–49	\$283	\$577	\$443	\$733	40–49	\$311	\$635	\$487	\$807
50–54	\$340	\$706	\$466	\$782	50–54	\$378	\$785	\$518	\$869	50–54	\$416	\$863	\$570	\$955
55–59	\$422	\$878	\$547	\$962	55–59	\$469	\$975	\$608	\$1,069	55–59	\$516	\$1,073	\$669	\$1,176
60–64	\$541	\$1,083	\$669	\$1,198	60–64	\$601	\$1,203	\$743	\$1,331	60–64	\$661	\$1,323	\$817	\$1,464
65+	\$656	\$1,496	\$779	\$1,569	65+	\$729	\$1,662	\$865	\$1,744	65+	\$802	\$1,829	\$952	\$1,919
\$30/\$3,000 PLAN WITH HSA					\$30/\$3,000 PLAN WITH HSA					\$30/\$3,000 PLAN WITH HSA				
Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C
<30	\$141	\$386	\$319	\$465	<30	\$157	\$429	\$355	\$517	<30	\$172	\$472	\$390	\$569
30–39	\$167	\$446	\$337	\$522	30–39	\$185	\$495	\$374	\$579	30–39	\$204	\$545	\$411	\$638
40–49	\$225	\$459	\$352	\$583	40–49	\$250	\$511	\$391	\$649	40–49	\$275	\$562	\$430	\$714
50–54	\$301	\$625	\$412	\$692	50–54	\$334	\$694	\$458	\$768	50–54	\$368	\$764	\$504	\$846
55–59	\$374	\$777	\$485	\$852	55–59	\$415	\$863	\$538	\$946	55–59	\$457	\$950	\$592	\$1,041
60–64	\$479	\$958	\$592	\$1,060	60–64	\$532	\$1,065	\$658	\$1,178	60–64	\$585	\$1,171	\$723	\$1,296
65+	\$581	\$1,324	\$689	\$1,389	65+	\$645	\$1,471	\$765	\$1,543	65+	\$710	\$1,618	\$843	\$1,697

Employee/Dependent Codes	EE only = eligible employee only	EE+C = eligible employee plus child or children
	EE+S = eligible employee plus spouse	EE+S+C = eligible employee plus spouse and child or children

Rates listed are for new Kaiser Permanente contracted employer groups with at least 2 but no more than 50 full-time employees worldwide (working at least 30 hours per week). Rates are not applicable to groups currently enrolled with Kaiser Permanente. Final rates are contingent upon actual enrollment and review of applications.

¹ Risk adjustment factor

ENROLLMENT PROVISIONS

Enrollment eligibility and cost contributions

The following summary provides some important details about enrollment eligibility, employer contributions, and payroll deductions to cover the cost of coverage. The *Group Agreement* provides more information about eligibility, participation, and contribution requirements.

COMPANY ELIGIBILITY FOR COVERAGE

Your company must be located in a Kaiser Permanente California service area to be eligible for coverage, except for qualifying out-of-state businesses. Your company qualifies for our small group coverage if you have been in business for at least six weeks with at least 2 but no more than 50 employees working at least 30 hours per week. You may also choose to offer health coverage to your employees working between 20 and 29 hours per week.

ENROLLMENT GUIDELINES

Your group must enroll a minimum of one employee in our small group coverage, with at least 70 percent of eligible employees covered by a Kaiser Permanente Small Business Group plan or another group health plan, such as one available to an employee through his or her spouse's employer.

The number of medical plans you can offer is based on the number of enrolled Kaiser Permanente subscribers:

- Groups with one to two enrolled subscribers can offer one Kaiser Permanente plan.
- Groups with three to five enrolled subscribers can offer one or two Kaiser Permanente plans.
- Groups with six or more enrolled subscribers can offer one or more Kaiser Permanente plans.

For your group to be eligible for the Kaiser Permanente \$35 POS Plan or the PPO plans, you must have Kaiser Permanente as your sole carrier, and the PPO or POS plan must be offered with at least one copayment HMO, deductible HMO, deductible HMO with HRA, or HSA-qualified deductible HMO plan. Combined enrollment in the POS and PPO plans may not exceed 30 percent of all enrolled subscribers.

ANNUAL OPEN ENROLLMENT

Once a year, you must give employees the opportunity to change plans or add dependents not previously enrolled. Employees and/or dependents who do not enroll when first eligible must wait until the annual open enrollment period to enroll. However, employees may be eligible to enroll themselves and their dependents before the next open enrollment period if a qualifying event, such as losing other coverage, occurs.

EMPLOYER'S CONTRIBUTION AND PAYROLL DEDUCTION

Your minimum cost contribution must be the greater dollar amount of the following scenarios: (a) 50 percent of the premium for a single subscriber under age 30 for the lowest-priced plan you offer, or (b) the required equal-dollar-amount contribution to an alternate plan your company may offer.

Any part of the cost not paid by your company must be collected from employees through payroll deduction. In addition to contributing toward employees' health plan premiums, you may also contribute toward their health savings accounts.

COVERAGE EFFECTIVE DATES

Kaiser Permanente membership begins on the first day of the month following the waiting period that you specify for new hires, and continues until the end of the termination month.

WORKERS' COMPENSATION

You must have a workers' compensation policy for your employees, unless it is not required by law.

GROUPS THAT DO NOT QUALIFY AS NEW BUSINESS

Any group that is part of an existing Kaiser Permanente contract and wishes to apply for coverage as a new, separate group does not qualify as new business and will not be re-rated.

SERVICE AREA ZIP CODES

New membership in Kaiser Permanente copayment plans, deductible plans, and the in-network portion of the POS plans is limited to individuals who live or work within the ZIP codes listed below.

NORTHERN CALIFORNIA REGION

The service area is that portion of Alameda, Amador, Contra Costa, El Dorado, Fresno, Kings, Madera, Marin, Mariposa, Napa, Placer, Sacramento, San Francisco, San Joaquin, San Mateo, Santa Clara, Solano, Sonoma, Stanislaus, Sutter, Tulare, Yolo, and Yuba counties within these ZIP codes:

93230	93737	94083	94261-63	94561-65	94912-15	95103	95296-97	95409	95621	95741-42
93232	93740-41	94085-89	94267-69	94566	94920	95106	95304	95416	95623-24	95746-47
93242	93744-45	94102-05	94271	94567	94922-31	95108-13	95307	95419	95625	95757-59
93601-02	93747	94107-12	94273-74	94568	94933	95115-36	95313	95421	95626	95762-63
93604	93750	94114-34	94277-80	94569-76	94937-42	95138-41	95316	95425	95628	95765
93606-07	93755	94137	94282-91	94577-80	94945-57	95148	95319	95430-31	95630	95776
93609	93760-61	94139-47	94293-98	94581-83	94960	95150-61	95320	95433	95632-35	95798-99
93611-14	93764-65	94151	94301-06	94585	94963-66	95164	95323	95436	95638-41	95811-38
93616	93771-79	94156	94309	94586-88	94970-79	95170	95326	95439	95645	95840-43
93618-19	93786	94158-64	94401-04	94589-92	94999	95172-73	95328-29	95441-42	95648	95851-53
93623-27	93790-94	94172	94497	94595-99	95002	95190-94	95330	95444	95650-52	95860
93630-31	93844	94177	94501-02	94601-15	95008-09	95196	95336-37	95446	95655	95864-67
93636-39	93888	94188	94503	94617-24	95011	95201-13	95350-58	95448	95658-64	95887
93643-46	94002	94203-09	94505-31	94649	95013-15	95215	95360-61	95450	95667-74	95894
93648-54	94005	94211	94533-35	94659-62	95020-21	95219-20	95363	95452	95676-78	95899
93656-57	94010-11	94229-30	94536-46	94666	95026	95227	95366	95462	95680-83	95903
93660	94014-28	94232	94547-49	94701-10	95030-33	95230-31	95367-68	95465	95686	95961
93662	94030	94234-37	94550-52	94712	95035-38	95234	95376-78	95471-73	95687-88	
93666-69	94035	94239-40	94553	94720	95042	95236-37	95380-82	95476	95690-95	
93673	94037-44	94244	94555	94801-08	95044	95240-42	95385	95486-87	95696	
93675	94060-66	94246-50	94556	94820	95046	95253	95386-87	95492	95697-98	
93701-12	94070	94252	94557	94850	95050-56	95258	95391	95602-05	95703	
93714-18	94074	94254	94558-59	94901	95070-71	95267	95397	95607-19	95722	
93720-30	94080	94256-59	94560	94903-04	95101	95269	95401-07	95620	95736	

*The Knoxville community, which lies within Pope Valley ZIP code 94567, is not in the service area.

SOUTHERN CALIFORNIA REGION

The service area is that portion of Imperial, Kern, Los Angeles, Orange, Riverside, San Bernardino, San Diego, Tulare, and Ventura counties within these ZIP codes:

90001-84	90680	91077	91423	91775-76	92074-75	92270	92521-22	92814-17	93261
90086-91	90701-03	91101-10	91426	91778	92078-79	92274-78	92530-32	92821-23	93263
90093-96	90706-07	91114-18	91436	91780	92081-86	92282	92543-46	92825	93268
90099	90710-17	91121	91470	91784-86	92088	92284-86	92548	92831-38	93276
90101	90720-21	91123-26	91482	91788-93	92091-93	92305	92551-57	92840-46	93280
90103	90723	91129	91495-96	91795	92096	92307-08	92562-64	92850	93285
90189	90731-34	91182	91499	91801-04	92101-24	92313-18	92567	92856-57	93287
90201-02	90740	91184-85	91501-08	91896	92126-32	92320-22	92570-72	92859	93301-09
90209-13	90742-43	91188-89	91510	91899	92134-40	92324-26	92581-87	92860	93311-14
90220-24	90744-49	91199	91521-23	91901-03	92142-43	92329	92589-93	92861-71	93380
90230-33	90755	91201-10	91526	91908-17	92145	92331	92595-96	92877-83	93383-90
90239-42	90801-10	91214	91601-12	91921	92147	92333-37	92599	92885-87	93501-02
90245	90813-15	91221-22	91614-18	91931-33	92149-50	92339-41	92602-07	92899	93504-05
90247-51	90822	91224-26	91701	91935	92152-55	92344-46	92609-10	93001-07	93510
90254-55	90831-35	91301-11	91702	91941-47	92158-79	92350	92612	93009-12	93518-19
90260-67	90840	91313	91706	91950-51	92182	92352	92614-20	93015-16	93531
90270	90842	91316	91708-10	91962-63	92184	92354	92623-30	93020-22	93532
90272	90844	91319-22	91711	91976-80	92186-87	92357-59	92637	93030-36	93534-36
90274-75	90846-48	91324-31	91714-16	91987	92190-93	92369	92646-63	93040-44	93539
90277-78	90853	91333-35	91722-24	92003	92195-99	92371-78	92672-79	93060-66	93543-44
90280	90895	91337	91729-30	92007-11	92201-03	92382	92683-85	93094	93550-53
90290-96	90899	91340-46	91731-35	92013-14	92210-11	92385-86	92688	93099	93560-61
90301-12	91001	91350-62	91737	92018-30	92220	92391-95	92690-94	93203	93563
90401-11	91003	91364-65	91739	92033	92223	92397	92697-98	93205-06	93581
90501-10	91006-12	91367	91740-41	92037-40	92230	92399	92701-08	93215-16	93584
90601-10	91016-17	91371-72	91743	92046	92234-36	92401-08	92711-12	93220	93586
90620-24	91020-21	91376-77	91744-50	92049	92240-41	92410-15	92728	93222	93590-91
90630-33	91023-25	91380-87	91752	92051-52	92247-48	92418	92735	93224-26	93599
90637-40	91030-31	91390	91754-56	92054-61	92252-56	92423-24	92780-82	93238	
90650-52	91040-43	91392-96	91758-59	92064-65	92258	92427	92799	93240-41	
90660-62	91046	91401-13	91761-64	92067-69	92260-64	92501-09	92801-09	93243	
90670-71	91066	91416	91765-73	92071-72	92268	92513-19	92811-12	93249-52	

Service areas are current as of July 1, 2012. Please call your sales representative at 1-800-730-4661 if you have questions.



AUTHORIZATION FOR INITIAL PAYMENT BY ELECTRONIC TRANSFER

Use beginning May 2012

INSTRUCTIONS

This is for your first month's payment only.

If you would like to continue making payments by electronic transfer, please contact us at **1-800-731-4661**. Kaiser Permanente does not accept credit card payments for either initial or ongoing premium payments for small group coverage.

Return this form, along with your *New Group Application* to your Kaiser Permanente sales representative or your broker.

COMPANY INFORMATION

Company name		Customer ID (if assigned)	
Street address (no P.O. boxes)	City	State	ZIP

AUTHORIZATION

I authorize Kaiser Permanente and the designated financial institution to withdraw only the amount of the first month's premium from the company checking account identified below. If this item is returned unpaid, I authorize Kaiser Permanente to resubmit the item and charge this account an additional insufficient funds fee for the maximum amount allowed by the state as a result of a returned check.

Amount of first month's premium	Transit routing number	Bank account number
---------------------------------	------------------------	---------------------

SIGNATURE

Name (please print)	Title
Signature X	Date

Confidentiality note: This information is intended only for the use of the individual or entity named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or use of the information in the transmission is strictly prohibited. If you have received this transmission in error, please notify the sender immediately by telephone or by return fax and destroy this transmission, along with any attachments.

Fax to your Kaiser Permanente sales representative
 or your broker.

Effective date _____ / _____ / _____

1 COMPANY INFORMATION

Company name			
Doing business as (DBA)			Website
Type of company: <input type="checkbox"/> Corporation <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company (LLC) <input type="checkbox"/> Other:			
In business since: _____ / _____ / _____	Federal tax ID number		SIC code
Do you have workers' compensation coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending If Yes or Pending, name of carrier:			
Street address (no P.O. boxes)		City	State ZIP
Phone () - -		Fax () - -	

2 WAITING PERIOD

Benefits are effective the first of the month following (check one): Date of hire 30 days 60 days 90 days 180 days

3 ELIGIBLE EMPLOYEES

Total number of employees including owners, partners, and corporate officers. Include in your count any employees, owners, partners, and corporate officers of affiliated companies who are eligible to file a combined return:

Total number of employees eligible for health coverage:

Coverage will be offered to all eligible employees working (check one): 20 hours or more per week 30 hours or more per week

4 CONTINUATION COVERAGE¹

What type of continuation coverage is your company subject to? Federal COBRA (20+ employees) Cal-COBRA (2-19 employees)

How many COBRA or Cal-COBRA applications will you be submitting as of the group's effective date?

5 COMPANY PREMIUM CONTRIBUTION

The contribution can be a percentage or a fixed dollar amount. Minimum contribution must be at least 50 percent of the premium for a single subscriber under age 30 for the lowest-priced plan offered by the employer.

Company contribution for employees:		Company contribution for dependents:	
\$ _____ or _____ % of the premium		\$ _____ or _____ % of the premium	

Percentage of the premium is based on the following (check one):

- Medical plan the employee selects
- Rate for the employee's age band and family tier in the lowest-priced medical plan offered
- Rate for a single employee under age 30 in the lowest-priced medical plan offered

6 OTHER MEDICAL INSURANCE

Does your company have or has it ever had group insurance through Kaiser Permanente? If *Yes*, please provide the customer ID and group number.

Yes No Customer ID #/Group #:

Does your company currently have active group health insurance?

Yes No Name of carrier: _____ Number of employees enrolled: _____

Will you be offering another carrier's small group health plan, alongside Kaiser Permanente, to your employees?

Yes No Name of carrier: _____

7 ERISA STATUS

Is your company subject to ERISA?² Yes No If you do not select an answer, we will record your status as *Yes*.

8 CONTRACT SIGNER INFORMATION

Title: Mr. Mrs. Miss Ms. Dr.

First name		MI	Last name	
Street address			City	State
Office phone () -		Ext.	Fax () -	Cell phone () -
How should we correspond with you? <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Mail			Email (required)	

9 CONTRACT DELIVERY PREFERENCE

We will deliver your Kaiser Foundation Health Plan/Kaiser Permanente Insurance Company contracts online in a PDF file at businessnet.kp.org unless you indicate below that you would like a printed contract(s) mailed to you.

I want to receive my contract(s) by mail.

10 BILLING CONTACT INFORMATION

Title: Mr. Mrs. Miss Ms. Dr.

First name		MI	Last name	
<input type="checkbox"/> Check here if this person is also authorized to make changes to your contract.				
Street address			City	State
Office phone () -		Ext.	Fax () -	Cell phone () -
How should we correspond with you? <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Mail			Email (required)	

11 INTERESTED PARTY

An *interested party* is an individual authorized to access your group's information, such as enrollees, premium contributions, and plan selections. An interested party may also be authorized to make changes to your contract, such as adding/deleting plans, adding/deleting employees, changing waiting periods, or increasing/decreasing company premium contributions.

 Title: Mr. Mrs. Miss Ms. Dr.

First name	MI	Last name
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 Check here if this person is also authorized to make changes to your contract.

Street address	City	State	ZIP
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Office phone () -	Ext.	Fax () -	Cell phone () -
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How should we correspond with you? <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Mail	Email (required)
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ADDITIONAL INTERESTED PARTY

 Title: Mr. Mrs. Miss Ms. Dr.

First name	MI	Last name
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 Check here if this person is also authorized to make changes to your contract.

Street address	City	State	ZIP
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Office phone () -	Ext.	Fax () -	Cell phone () -
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How should we correspond with you? <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Mail	Email (required)
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12 AUTHORIZED AGENT/BROKER OF RECORD FOR KAISER PERMANENTE

Complete only if you have a broker.

Agent name	License number
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Office phone () -	Fax () -	Cell phone () -
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Email

Firm name	Kaiser Permanente broker firm ID
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Street address	City	State	ZIP
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If your broker has not registered as a firm or agent with Kaiser Permanente, please advise your broker to call Broker Sales at 1-800-789-4661, option 4.

13 MEDICAL PLANS³

Please select the plan(s) you would like to offer. For more information on the plans listed below, contact your sales representative or agent/broker.

Copayment HMO plans	<input type="checkbox"/> \$5	<input type="checkbox"/> \$15	<input type="checkbox"/> \$20	<input type="checkbox"/> \$30	<input type="checkbox"/> \$50
HSA-qualified deductible HMO plans	<input type="checkbox"/> \$0/\$2,000 with HSA	<input type="checkbox"/> \$0/\$2,700 with HSA	<input type="checkbox"/> \$30/\$3,000 with HSA		
Deductible HMO plans	<input type="checkbox"/> \$30/\$1,000	<input type="checkbox"/> \$30/\$1,500	<input type="checkbox"/> \$40/\$2,000	<input type="checkbox"/> \$40/\$3,000	
Deductible HMO plans with HRA	<input type="checkbox"/> \$30/\$1,500 with HRA	<input type="checkbox"/> \$30/\$2,500 with HRA			
Point-of-service (POS) plans	<input type="checkbox"/> POS + GIFT ⁴	<input type="checkbox"/> \$35 POS			
Preferred provider organization (PPO) plans	<input type="checkbox"/> \$40/\$1,000	<input type="checkbox"/> \$40/\$2,500 with HSA			

14 DENTAL PLANS⁵

Please select no more than one plan.

Delta Dental Premier	<input type="checkbox"/> Plan D	<input type="checkbox"/> Plan C	<input type="checkbox"/> Plan E	<input type="checkbox"/> Plan E with Ortho (requires at least 10 subscribers)
Delta Dental PPO	<input type="checkbox"/> PPO D 1500	<input type="checkbox"/> PPO E 1000	<input type="checkbox"/> PPO E 1500	
DeltaCare HMO	<input type="checkbox"/> 13B HMO	<input type="checkbox"/> 10A HMO		

15 CHIROPRACTIC/ACUPUNCTURE PLANS^{5,6}

Please select the plan you would like to offer:

Chiropractic/Acupuncture plan for copayment, deductible HMO, and deductible HMO with HRA plans

Chiropractic/Acupuncture for the \$40/\$1,000 PPO plan only

The copayment plans, HSA-qualified deductible HMO plans, deductible HMO plans, deductible HMO plans with HRA, the in-network-portion of the Point-of-Service (POS) plan, and the chiropractic/acupuncture plan are underwritten by Kaiser Foundation Health Plan, Inc. (KFHP). Kaiser Permanente Insurance Company (KPIC), a subsidiary of KFHP, underwrites the Preferred Provider Organization (PPO) plans and the out-of-network portion of the POS plan, as well as the Delta Dental of California dental plans and the PPO chiropractic/acupuncture plan. The chiropractic/acupuncture plan is administered by American Specialty Health Plans of California, Inc. The PPO chiropractic/acupuncture plan is administered by Private Healthcare Systems.

¹The employer retains all COBRA administrative responsibilities (such as notifying qualified beneficiaries of COBRA rights and processing COBRA elections) but delegates to Kaiser Foundation Health Plan, Inc. (Health Plan), the following clerical functions: billing Cal-COBRA members for applicable premiums (the employer authorizes Health Plan to add an administrative charge for this service), and terminating Cal-COBRA members for nonpayment of Cal-COBRA premiums or for expiration of the expected time limit that the employer specifies for Cal-COBRA coverage. If you use a third-party administrator (TPA), please contact your Kaiser Permanente representative.

²ERISA is a federal law that sets minimum standards for employee benefit plans established by private employers and employee organizations. Many group health plans are subject to ERISA, although government and church plans generally are not. If you're unsure of your group health plan's ERISA status, we recommend that you consult with your financial or legal adviser before responding.

³You're eligible to offer a choice of plans to your employees if you have three or more enrolled subscribers.

- Groups with three to five enrolled subscribers can offer a choice of one or two Kaiser Permanente plans.
- Groups with six or more enrolled subscribers can offer a choice of one or more Kaiser Permanente plans.

⁴GIFT (gamete intrafallopian transfer) is an infertility treatment that involves removal, preparation, and reimplantation of ovum.

⁵Dental and chiropractic/acupuncture plans are available only when purchased with a medical plan. If you choose a dental and/or chiropractic/acupuncture plan, all subscribers and dependents must participate, except for out-of-state employees, who are not eligible.

⁶Chiropractic/Acupuncture plans cannot be combined with any HSA-qualified deductible HMO plan or the PPO with HSA plan.

16 IMPORTANT INFORMATION – PLEASE READ CAREFULLY

This is an application for coverage only. No contract for coverage will exist until Kaiser Foundation Health Plan, Inc. (KFHP), or Kaiser Permanente Insurance Company (KPIC) has completed its review and communicated to the business applicant or the applicant's broker that the application has been accepted and a group health plan contract/group policy will be issued.

All groups may be subject to an annual recertification process. Recertification is done to ensure that groups meet all Kaiser Permanente requirements and those set forth in the California Health and Safety Code.

17 SIGNATURE

As a company principal/corporate officer, having authority to contract with KFHP and KPIC, I agree that:

- Prepaid monthly premiums will be posted to Kaiser Permanente's account by the due date on the Kaiser Permanente billing statement.
- My company will abide by the contract provisions.

I have read, understood, and agreed to Kaiser Permanente's *Small Business Guidelines*, which may be included with my rate quote or, if not included, is available at kp.org/smallbusinessguidelines/ca.

I certify, to the best of my knowledge, that all of the responses given are true, correct, and complete. I understand that if I have misrepresented or omitted any material fact, any coverage approved by KFHP or KPIC may be canceled or the applicable premiums/rates may be adjusted.

AGREEMENT TO THE USE OF BINDING ARBITRATION FOR MEMBER DISPUTES

I understand that (except for Small Claims Court cases, claims subject to a Medicare appeals procedure, and for coverage that is subject to the ERISA claims procedure regulation [29 CFR 2560.503-1], certain benefit-related disputes*) disputes between KFHP members or KPIC enrollees, their heirs, relatives, or associated parties (on the one hand) and KFHP, KPIC, Kaiser Permanente health care providers, or other associated parties (on the other hand), for alleged violation of any duty arising out of or related to KFHP membership or KPIC coverage, including any claim for medical or hospital malpractice (a claim that medical services or items were unnecessary or unauthorized or were improperly, negligently, or incompetently rendered), for premises liability, or relating to the coverage for, or delivery of, services or items, irrespective of legal theory, must be decided by binding arbitration under California law and not by lawsuit or resort to court process, except as applicable law provides for judicial review of arbitration proceedings. KFHP members and KPIC enrollees thus give up their right to a court or jury trial, and instead accept the use of binding arbitration as specified in the applicable *Evidence of Coverage* or *Certificate of Insurance*.

*Disputes arising from any of the following KPIC products are not subject to binding arbitration: 1) Tiers 2 and 3 of the Point of Service (POS) plans, 2) the Preferred Provider Organization (PPO) and Out of Area Indemnity (OOA) plans, and 3) the KPIC Dental plans.

Name (print name)	Title
Signature X	Date