

Fax to Kaiser Permanente Small Business at 800-369-8010 or to your broker.

You can use this form to:

- Discontinue one or more of your current medical plans.
- Add additional medical plan(s).
- Discontinue your current dental plan.
- Discontinue your current chiropractic/acupuncture plan.

IMPORTANT INFORMATION

Please read this information carefully before completing the form to help ensure that your request for plan changes is not delayed or declined.

Effective date of change

- Changes submitted between the 1st and 15th of the month will be effective the 1st of the same month.
- Changes submitted between the 16th and the last business day of the month will be effective the 1st of the following month.
- Changes submitted on the 15th and last business day of the month must be received at Kaiser Permanente Small Business Unit by fax (800-369-8010) before 5 p.m. Requests not received by 5 p.m. on the 15th will be considered to be received the following business day.
- If the 15th or last day of the month falls on a Saturday or Sunday, the fax is due the Friday before.

It may take up to two billing cycles for any plan changes to be reflected on your bill.

Medical plan changes

You'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.

To help you make an informed choice, we make available *Summary of Benefits and Coverage (SBC)* documents. SBCs summarize important information about our health coverage options in a standardized format so you can easily compare benefits and coverage offered by Kaiser Permanente with those of other carriers. SBCs for all our plans are available at kp.org/smallbusiness-sbc/ca. See the *Kaiser Permanente Small Business Guidelines* at kp.org/smallbusinessguidelines/ca for more information about eligibility and enrollment.

You can replace an existing plan with a less rich plan once a year outside your renewal.

- All employees on the richer plan are moved to the less rich plan by the customer.
- You can make a plan change only if your account is current.
- This change must occur at least 120 days prior to renewal.
- Subscribers can change plans only at open enrollment.
- Kaiser Permanente reserves the right to decline a plan change.

If you are adding a POS plan or PPO plan, you will need to complete a New Group Agreement form. Please contact your broker or the Kaiser Permanente Account Management Team for help.

Changing or enrolling employees in medical plans

- If you are discontinuing one of your current medical plans, please provide the requested information for each enrolled employee who will be transferred to another plan.
- If you are adding an additional medical plan(s), please provide the requested information for any new employee who is not currently enrolled in any plan but will be enrolling. Employees who are already enrolled in your current medical plan(s) can change to the new plan(s) only during open enrollment.

Dental plan change

You can add a new plan or change your current plan only at renewal.

Chiropractic/acupuncture plan change

You can add a new plan or change your current plan only at renewal.

Waiting period change

You can only extend your waiting period using this form. You can shorten your waiting period at renewal.

If you have questions, call the Customer Connection Team at **800-790-4661**.

1 COMPANY INFORMATION

Company name	Customer ID
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2 EFFECTIVE DATE OF CHANGE

Please make the indicated changes effective the first day of _____ / _____
(month) (year)

If you are making a midyear plan change (material modification), the Affordable Care Act (ACA) requires you to provide new *Summary of Benefits and Coverage (SBC)* documents to your employees and their dependents at least 60 days before the new plan's effective date. (This requirement does not apply for renewal cycle changes.) You can send a single *SBC* to an employee and his or her dependents if they live at the same address. If any dependents live at a different address, you must also send them an *SBC*.

3 MEDICAL PLAN CHANGES

Please select the plan(s) you would like to offer. For more information on the plans listed below, contact the Customer Connection Team or your broker.

Discontinue current plan(s)

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 ¹	<input type="checkbox"/> \$35 POS			
Preferred provider organization (PPO) plans	<input type="checkbox"/> \$40/\$1,000	<input type="checkbox"/> \$40/\$2,500 with HSA			

Add new plan(s)

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		
Administered by	<input type="checkbox"/> Kaiser Permanente HSA ²		<input type="checkbox"/> Other HSA administrator		
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			
Administered by	<input type="checkbox"/> Kaiser Permanente HRA ²		<input type="checkbox"/> Other HRA administrator		
Point-of-service (POS) plans	<input type="checkbox"/> POS + GIFT ¹	<input type="checkbox"/> \$35 POS			
Preferred provider organization (PPO) plans	<input type="checkbox"/> \$40/\$1,000	<input type="checkbox"/> \$40/\$2,500 with HSA			

¹ GIFT (gamete intrafallopian transfer) is an infertility treatment that involves removal, preparation, and reimplantation of ovum.

² If you are selecting a deductible HMO plan with HRA or HSA administered through Kaiser Permanente, please contact the Customer Connection Team at 800-790-4661 or your broker to set up your account.

Customer ID _____

Fax to **800-369-8010****4 CHANGING OR ENROLLING EMPLOYEES IN MEDICAL PLANS** (add additional sheets if needed)

If your company is changing from one plan to another, you do not need to provide this information; we will transfer all enrolled employees to your new plan automatically.

First name	Last name	Date of birth	ZIP code	Plan selection

Customer ID _____

Fax to **800-369-8010**

5 DENTAL PLAN DISCONTINUATION

Discontinue current plan

Please check your current dental plan:*

Delta Dental Premier Plan D Plan C Plan E Plan E with Ortho (requires at least 10 subscribers)

Delta Dental PPO PPO D 1500 PPO E 1000 PPO E 1500

DeltaCare HMO 13B HMO 10A HMO

*Important to note: Only one dental plan can be offered.

6 CHIROPRACTIC/ACUPUNCTURE DISCONTINUATION

Discontinue current chiropractic/acupuncture plan

Please check your current chiropractic/acupuncture plan:*

- Chiropractic/acupuncture plan for copayment, deductible HMO, and deductible HMO with HRA plans
- Chiropractic/acupuncture for the \$40/\$1,000 PPO plan only

*Important to note: Chiropractic/acupuncture plans cannot be offered alongside any HSA-compatible plans.

7 WAITING PERIOD CHANGE

Benefits are effective the first of the month following (check one):

- Date of hire 30 days 60 days 90 days 180 days

8 SIGNATURE (contract signer or authorized signer)

I acknowledge that adding or changing plans may increase my rates and that I am responsible for the additional premium.

I understand that a *Summary of Benefits and Coverage (SBC)* for each of my medical plans is available at kp.org/smallbusiness-sbc/ca. I agree to provide my eligible employees with *SBCs* for any plan(s) I have chosen or will change to in the future.

Name (please print)	Title
Signature	Date
X	

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 PHCS.

INSTRUCTIONS

If you are making a midyear plan change (material modification), the Affordable Care Act (ACA) requires you to provide new *Summary of Benefits and Coverage (SBC)* documents to your employees and their dependents at least 60 days before the new plan's effective date. (This requirement does not apply for renewal cycle changes.) You can send a single *SBC* to an employee and his or her dependents if they live at the same address. If any dependents live at a different address, you must also send them an *SBC*.

To attest that you have complied with these requirements, please complete this form and fax it to the number listed above. Include a *Plan Change Form* if you have not already sent one.

Midyear changes are subject to approval. Plan changes are not permitted within 120 days of your renewal date. Providing *SBCs* to your employees and their dependents does not bind Kaiser Permanente to approve your plan change request. If your plan change is approved, we will send you a confirmation with the effective date of your change. If the change is not approved, we will contact you with the reason why.

COMPANY INFORMATION

Company name		Customer ID	
Company contact			
Office phone () -	Ext	Fax () -	
Email			

SUMMARY OF BENEFITS AND COVERAGE NOTIFICATION DATES

Current renewal date / /	Request effective date / /	Date <i>SBCs</i> provided to employees / /
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You now have access to *Summary of Benefits and Coverage (SBC)* documents to help you make an informed choice about your health plan(s). These documents summarize important information about your health coverage options, so you can easily compare Kaiser Permanente benefits and coverage with those of other carriers. *SBCs* for all of our plans are available at kp.org/smallbusiness-sbc/ca. Please provide your eligible employees with *SBCs* for your renewal plan(s) or for any plan(s) you change to in the future.

SIGNATURE

By signing this form, I acknowledge that I have or will provide copies of the *SBC* to my employees and their dependents 60 days before the effective date listed above.

Authorized company signer (please print)	Title
Signature X	Date