

You can use this form to:

- Add additional medical plan(s).
- Cancel/add infertility benefit.*
- Cancel 1 or more of your medical plans.
- Cancel/add dental plan.†
- Cancel/add chiropractic/acupuncture coverage† (grandfathered [nonmetal] plans only).

*The infertility may only be added or canceled upon renewal.

†Dental and chiropractic/acupuncture coverage may only be added or changed upon renewal (excluding pediatric dental; this benefit cannot be canceled).

IMPORTANT INFORMATION

Please read this information carefully before completing the form to avoid delays.

Effective date of change

- Changes submitted between the 1st and 15th of the month by 5 p.m. (PT) will be effective the 1st of the same month.
- Changes submitted between the 16th and the last business day of the month by 5 p.m. (PT) will be effective the 1st of the following month or a future effective month, if desired.
- Requests submitted after 5 p.m. (PT) will be considered to be received the following business day.
- If the 15th or the last day of the month falls on a Saturday or Sunday, the fax is due the next business day.

It may take up to 2 billing cycles for any plan changes to be reflected on your bill.

Medical plan changes

- This form cannot be used to add a PPO plan. To add a PPO plan outside your anniversary date and if your group qualifies, complete and submit the New Group Application found on kp.org/smallbusinessforms/ca.
- Complete and submit the Summary of Benefits and Coverage (SBC) sheet on page 5 if you're making a midyear plan change (material modification), as it's a requirement of the Affordable Care Act (ACA). SBCs for all our plans are available at kp.org/smallbusiness-sbc/ca. Also, 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.
 - You can make a plan change only if your account is current.
 - This change must occur at least 120 days prior to the renewal.
 - Kaiser Permanente reserves the right to decline a plan change.

If you're offering a multiple plan option, contact your broker or our Small Business Services Customer Connection Team at **800-790-4661, option 3** for help.

Employee medical plan changes – Census

- If you're canceling one of your current medical plans, please complete Section 4, "Employee medical plan changes – Census," on page 3 of this form, and provide the requested information for each employee who will be transferred to another plan.
- For mergers/acquisitions: If you're adding an additional medical plan(s), please provide an enrollment application for anyone who's not currently enrolled and list all new and existing employees in Section 4, "Employee medical plan changes – Census," on page 3 of this form.

Dental plan change

You can add a new plan or change your current plan only at renewal, excluding pediatric dental.

Chiropractic/acupuncture coverage change (grandfathered [nonmetal] plans only)

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

Infertility change

You can add or cancel this benefit only at renewal. **This optional benefit is only available to groups with 20 or more eligible employees where Kaiser Permanente is the sole carrier.**

If you have questions, call our Small Business Services Customer Connection Team at **800-790-4661, option 3**.

Midyear changes are subject to approval.
Plan changes aren't permitted within 120 days of your renewal date.

1 COMPANY INFORMATION

Company name		Customer ID	
Physical street address (no P.O. boxes)			
City	State	ZIP	County
Phone () -	Ext.	Fax () -	
Email			

2 EFFECTIVE DATE OF CHANGE

Make changes effective the first day of _____ / _____.
(month) (year)

If you're 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. **The completed attestation on page 5 is required in order to complete midyear plan changes.**

3 CANCEL MEDICAL PLAN(S)

Please select the plan(s) you would like to cancel.

Metal plan(s)

Bronze	<input type="checkbox"/> Bronze 60 HMO 6300/75 + Child Dental	<input type="checkbox"/> Bronze 60 PPO 6300/75 + Child Dental
	<input type="checkbox"/> Bronze 60 HDHP HMO 4800/40% + Child Dental	
Silver	<input type="checkbox"/> Silver 70 HMO 1000/50 + Child Dental Alt*	<input type="checkbox"/> Silver 70 HDHP HMO 2000/20% + Child Dental
	<input type="checkbox"/> Silver 70 HMO 2000/45 + Child Dental	<input type="checkbox"/> Silver 70 PPO 2000/45 + Child Dental
Gold	<input type="checkbox"/> Gold 80 HMO 0/25 + Child Dental	<input type="checkbox"/> Gold 80 HRA HMO 2250/35 + Child Dental
	<input type="checkbox"/> Gold 80 HMO 500/30 + Child Dental Alt*	<input type="checkbox"/> Gold 80 PPO 0/25 + Child Dental
Platinum	<input type="checkbox"/> Platinum 90 HMO 0/10 + Child Dental Alt*	<input type="checkbox"/> Platinum 90 PPO 0/15 + Child Dental
	<input type="checkbox"/> Platinum 90 HMO 0/15 + Child Dental	

Child Dental: We're required to include child dental benefits with your medical plan(s). When employees and their dependents enroll in the HMO medical plan(s) you've chosen, we'll also enroll them in a separate child dental plan underwritten by Delta Dental of California. PPO medical plan members receive child dental benefits as part of their medical coverage and not as a separate plan. Child dental services apply to all members under 19 years old.

*Chiropractic and acupuncture benefits are included with these plans.

If you have a grandfathered (nonmetal) plan, you may cancel the plan. Grandfathered (nonmetal) plans cannot be added to a plan portfolio.

Grandfathered (nonmetal) 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 HDHP 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		
Deductible HMO plans with HRA	<input type="checkbox"/> \$30/\$1,500 with HRA	<input type="checkbox"/> \$30/\$2,500 with HRA			

(continues on next page)

2018 PLAN ADD/CHANGE REQUEST

Company name (please print): _____

Customer ID: _____

4 ADD MEDICAL PLAN(S)

Please select the plan(s) you would like to offer. For more information on the plans listed below, contact the Small Business Services Customer Connection Team at **800-790-4661, option 3**, your broker, or visit our website at kp.org/smallbusinessplans/ca.

You're eligible to offer a choice of plans to your employees:

- Groups with 1 to 5 enrolled subscribers can offer a choice of up to 3 Kaiser Permanente plans.
- Groups with 6 or more enrolled subscribers can offer a choice of 1 or more Kaiser Permanente plans.
- PPOs can only be offered when Kaiser Permanente is the sole carrier. Only 1 PPO plan is allowed per contract.

Bronze	<input type="checkbox"/> Bronze 60 HMO 6300/75 + Child Dental <input type="checkbox"/> Bronze 60 HDHP HMO 4800/40% + Child Dental	<input type="checkbox"/> Bronze 60 PPO 6300/75 + Child Dental
Silver	<input type="checkbox"/> Silver 70 HMO 1000/50 + Child Dental Alt* <input type="checkbox"/> Silver 70 HMO 2000/45 + Child Dental	<input type="checkbox"/> Silver 70 HDHP HMO 2000/20% + Child Dental <input type="checkbox"/> Silver 70 PPO 2000/45 + Child Dental
Gold	<input type="checkbox"/> Gold 80 HMO 0/25 + Child Dental <input type="checkbox"/> Gold 80 HMO 500/30 + Child Dental Alt*	<input type="checkbox"/> Gold 80 HRA 2250/35 + Child Dental <input type="checkbox"/> Gold 80 PPO 0/25 + Child Dental
Platinum	<input type="checkbox"/> Platinum 90 HMO 0/10 + Child Dental Alt* <input type="checkbox"/> Platinum 90 HMO 0/15 + Child Dental	<input type="checkbox"/> Platinum 90 PPO 0/15 + Child Dental

Child Dental: We're required to include child dental benefits with your medical plan(s). When employees and their dependents enroll in the HMO medical plan(s) you've chosen, we'll also enroll them in a separate child dental plan underwritten by Delta Dental of California. PPO medical plan members receive child dental benefits as part of their medical coverage and not as a separate plan. Child dental services apply to all members under 19 years old.

*Chiropractic and acupuncture benefits are included with these plans.

Groups selecting the Gold 80 HRA 2250/35 plan above must fund an HRA for each enrolled employee. The allowable funding range is \$200 to \$500 per employee. If the group covers dependents, the allowable funding range per family is \$400 to \$1,000.

HDHP plans are HSA-qualified. If you have selected an HDHP or HRA plan above, and you would like Kaiser Permanente to administer your health payment account, you **MUST** contact your Small Business Services Customer Connection Team at **800-790-4661, option 3**, as additional documents are required and administration fees will apply.

To help you make an informed choice, Summary of Benefits and Coverage (SBC) documents for all our plans are available at kp.org/smallbusiness-sbc/ca. SBCs summarize important information about our health coverage options in a standard format, so you can easily compare benefits and coverage offered by Kaiser Permanente and other carriers.

5 EMPLOYEE MEDICAL PLAN CHANGES – CENSUS (add additional sheets if needed)*

If your company is changing from one plan to another, you don't need to provide this information; we'll transfer all enrolled employees to your new plan automatically. Please provide enrollment applications for any new employees. If your company offers multiple plan options, **please list only employees changing plans and their new plan selection**. Be sure to include all COBRA and COBRA subsidiary members.

First name	MI	Last name	Date of birth (mm/dd/yyyy)	New plan selection
			/ /	
			/ /	
			/ /	
			/ /	
			/ /	
			/ /	
			/ /	

*All fields must be filled out completely to process this form.

2018 PLAN ADD/CHANGE REQUEST

Company name (please print): _____

Customer ID: _____

6 FAMILY DENTAL PLAN CHANGES

Our family dental plans cover the entire family, including adults and dependent children up to age 26. However, a family dental plan isn't a substitute for the child dental coverage required by ACA regulations for members under age 19.

Cancel dental plan. Dental plan name: _____

Add dental plan (Select 1 at renewal only)

Please check the dental plan you would like to add.

KPIC Fee-for-service (Premier) Plan C Plan D Plan E Plan E with Ortho (requires at least 10 subscribers)

KPIC PPO PPO D 1500 PPO E 1000 PPO E 1500

DeltaCare HMO 10A HMO 13B HMO

*Important to note: Only 1 dental plan can be offered. If you select this benefit, all enrolled subscribers will be enrolled in dental.

7 CHIROPRACTIC/ACUPUNCTURE CHANGES (grandfathered [nonmetal] plans only)

Important to note: Chiropractic/Acupuncture coverage cannot be offered alongside any HSA-qualified plans.

Cancel chiropractic/acupuncture coverage for grandfathered (nonmetal) copay, deductible HMO, and Deductible HMO with HRA plans.

Add chiropractic/acupuncture for grandfathered copay, deductible HMO, and deductible HMO with HRA plans.

8 INFERTILITY BENEFIT CHANGES

The optional infertility benefit is available only to groups with 20 or more eligible employees where Kaiser Permanente is the sole carrier. If you select this benefit, it'll be added to all the HMO plans you offer, and the cost will be included in the medical plan rate.

Add infertility benefit

Cancel infertility benefit

9 COMPANY PREMIUM CONTRIBUTION CHANGES

Company contribution for employee coverage

Your contribution to employee coverage can be a percentage or a fixed dollar amount. **Your minimum contribution must be at least 50% of the employee's premium for the lowest-priced Kaiser Permanente medical plan offered by you, the employer.**

Percentage of the premium is based on the following (select 1 only):

Lowest-priced Kaiser Permanente medical plan offered by the employer All Kaiser Permanente medical plans offered by the employer

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

Company contribution for dependent coverage

If you have 50 or more full-time or full-time-equivalent employees, you must offer dependent coverage.[†] Dependent coverage is optional for groups with 49 or fewer employees. **You don't have to contribute to dependent coverage.**

Are you offering dependent coverage? (Check yes if you are offering coverage even if you are not contributing.) Yes No

Company contribution for dependents: \$ _____ or _____% of premium (Enter "0" if you are offering but not contributing to dependent coverage.)

[†]For more information about Employer Shared Responsibility, see section 4980(H)(C)(2) of the Internal Revenue Code.

10 SIGNATURE

I affirm that I have authority to contract with Kaiser Foundation Health Plan, Inc. and Kaiser Permanente Insurance Company on behalf of the group. 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.

Authorized company signer (please print name)	Title (please print)
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Signature	Date
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X

The copay HMO plans, HSA-qualified high deductible health plans, deductible HMO plans, and the deductible HMO plans with HRA 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 as well as the Premier and PPO dental plans. The chiropractic/acupuncture benefit is administered by American Specialty Health Plans of California, Inc.

COMPANY INFORMATION

Company name	Customer ID
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REQUIRED FOR MIDYEAR PLAN CHANGES

If you're 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've complied with these requirements, please complete this form and fax it to the number listed below. Include a Plan Change Form if you haven't already sent one.

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

SUMMARY OF BENEFITS AND COVERAGE NOTIFICATION DATES

Current renewal date	Request effective date	Date SBCs 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

I affirm that I have authority to contract with Kaiser Foundation Health Plan, Inc. and Kaiser Permanente Insurance Company on behalf of the group. 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 name)	Title (please print)
Signature X	Date

CONTACT INFORMATION

Fax form to **800-369-8010** or email to amt@kp.org.
 If you have questions, call our Small Business Services Customer Connection Team at **800-790-4661, option 3**.