Employer Group Handbook

Mid-Atlantic States Region, September 2023

KAISER PERMANENTE®

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INTRODUCTION

Thank you for choosing Kaiser Permanente. We're glad to be your partner on your health care journey, and we're here for you and your employees every step of the way.

We designed this handbook to give you easy access to key information. You'll find a glossary of terms, details about the enrollment process for members and dependents, eligibility guidelines for prospective members, management tools for membership status, billing methods, and payment methods, and so much more. We also included contact information for our staff who are always ready to serve you.

Please read this handbook carefully and keep it for reference so we can make health care easy and accessible for you.

Welcome to Kaiser Permanente.

Michelle Anderson
Executive Director, Membership Administration, Commerical Group

Important contact information

Please keep the contact information below at your fingertips and refer to it when you have a question. There are a variety of resources that are just a call or click away.

Contact	Phone numbers and email addresses	For questions about	Hours of operation
Small Group Account Management After 30 days from effective date. Please email your Account Manager: Daliah Dixon Daliah.D.Dixon@kp.org Khrysontha Green Khrysontha.C.Jefferson@kp.org Kodi Howard Kodi.D.Howard@kp.org	New sales: **866-523-0924** Existing groups—please contact your account manager	• Renewals • Open enrollment planning • Product quoting and selections • Group contracting	Monday – Friday 8:30 a.m. – 5 p.m.
Employer Broker Services — formerly Client Services Unit The EBS team is a designated single point of contact to assist brokers and key personnel of contracted employer groups. EBS is dedicated to quickly resolving Small and Large Group service inquiries, such as complex billing and eligibility issues, claim disputes, and access to care concerns.	Email: mas-ebs@kp.org Number: **855-327-0507**	• Invoices and billing questions • Benefit clarifications • Eligibility discrepancy • Urgent enrollment • Claim disputes • Access to care issues	Monday – Friday 9 a.m. – 5 p.m.
Member Services If your employees need assistance with or have questions about their health plan or specific benefits, they can speak with one of our Member Services representatives.	Within the Washington, DC, metro area, call **301-468-6000** (TTY **711**) Outside the Washington, DC, metro area, call **800-777-7902** (TTY **711**)	• Benefit clarification • File appeal • Appeal status • File grievance • Obtaining forms • Member ID cards • Member-level demographic changes • Claim status	Monday – Friday 7:30 a.m. – 9 p.m.

Contact	Phone numbers and email addresses	For questions about	Hours of operation
Appointments and medical advice	Within the Washington, DC, metro area, call **703-359-7878** (TTY **711**) Outside the Washington, DC, metro area, call **800-777-7904** (TTY **711**)		24 hours a day
5500/Schedule A Team	Email: 5500-central-team@kp.org	ERISA	Monday – Friday 8:30 a.m. – 5 p.m.

Glossary of terms

5500 Form/Schedule A
The 5500, Annual Return/Report of Employee Benefit Plan, is the form used to file an employee's benefit plan annual information return with the Department of Labor.

Dependent
An individual other than the subscriber who is eligible to receive health care services under the subscriber's contract.

Electronic Data Interchange (EDI) 834 file
The standard format in which employers can communicate their employees' health insurance enrollment and maintenance data to insurance carriers.

Family
Unit consisting of a subscriber and any eligible dependents.

Group
Business or organization that has contracted with Kaiser Permanente to provide health care and coverage to its eligible employees and retirees.

Group enrollment/change form
The Kaiser Permanente form used for initial enrollment of subscribers/dependents and any enrollment changes made after the contract's effective date.

Health Insurance Portability and Accountability Act
Under the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA), you are guaranteed coverage without medical review if you meet certain specific eligibility requirements and provide proof of prior creditable coverage.

Invoice
The monthly bill or statement produced to detail health care premiums.

Kaiser Electronic Eligibility Layout (KEEL)
A modified Excel spreadsheet to be used primarily by small employer groups to send member eligibility information for processing into Kaiser Permanente's membership system.

Medical record number
Individual number assigned to every member and featured prominently on their Kaiser Permanente ID Card.

Manage members
A self-service online capability on account.kp.org that allows a group administrator or designee to view subgroups, perform enrollments, terminations, and demographic updates, request ID cards, and download membership rosters.

Member
An individual who has been enrolled in a health plan as a subscriber or an eligible dependent of a subscriber.

Mid-Atlantic Permanente Medical Group (MAPMG)
An independent, multispecialty group of physicians that provides covered medical/health care services to members in the Mid-Atlantic States service area.

OBRA
The **Omnibus Budget Reconciliation Act** (OBRA), also known as the Nursing Home Reform Act of 1987, has dramatically improved the quality of care in the nursing home over the last twenty years by setting forth federal standards of how care should be provided to residents.

PLF/820
Electronic payment files.

Primary Group Administrator
An individual, who can be a group health plan employee (Employer Group) or a business associate acting as an agent of the company (broker or third-party administrator).

Proration type
Billing option to determine how you will be charged for monthly premiums.

Service area
Kaiser Permanente's service areas include the District of Columbia; the Virginia counties of Arlington, Fairfax, King George, Prince William, Loudoun, Spotsylvania, and Stafford; the Virginia cities of Falls Church, Fairfax, Fredericksburg, Alexandria, Manassas, and Manassas Park; the City of Baltimore; the Maryland counties of Baltimore, Carroll, Harford, Anne Arundel, Howard, Montgomery, and Prince George's; and specific ZIP codes within Calvert, Charles, and Frederick County in Maryland.

Subgroup
An account created to track a group's contract. If there's more than one plan selection, the group is assigned multiple subgroups.

Subscriber
Policyholder of the family, usually an employee of a group.

About Kaiser Permanente

Our mission is to provide affordable, high-quality health care to our members and the communities we serve. In our integrated system, your health care, plan coverage, doctors, facilities, and more all work together, so health care works better for you and your employees.

Because we provide our members with both care and coverage, our focus is always on your total health and well-being: mind, body, and spirit. We prioritize preventive care to keep you at your healthiest, not just treat you when you're ill—and when you become ill, we utilize the most innovative treatment practices available. This leads to reduced costs, less time lost, and better health outcomes.

How we deliver care

Each member chooses their own personal doctor—and may choose a new one anytime—who works with their specialists, pharmacists, and other caregivers to provide coordinated care. Our staff are all connected in our integrated system, so you get personalized care no matter how or where you choose to access it. Visit us in person at our medical centers, get virtual care from the comfort of home, and more. You can even manage your care online at **kp.org:** schedule appointments, fill prescriptions, view your health information and test results, and more.

We have many state-of-the-art medical centers throughout the region, each with many services under one roof, saving you time and trips for care. Several of our facilities offer Urgent Care or 24/7 Advanced Urgent Care. They're all supported by the latest technology and medical techniques, so you and your employees are always in good hands.

ENROLLMENT & ELIGIBILITY

General information

To enroll in a Kaiser Permanente plan, your employees and their dependents must meet the eligibility requirements in Kaiser Permanente's *Group Agreement, Evidence of Coverage,* Face Sheet (group-specific eligibility requirements), and any applicable amendments. New employees must enroll themselves and any eligible dependents within 31 days after becoming eligible. Eligible employees who do not enroll themselves and their dependents during this time must wait until your group's next open enrollment period to enroll.

New employees and their dependents will be accepted for enrollment in your group's Kaiser Permanente plan(s) when:

- They meet your group's eligibility requirements that we have approved
- They meet subscriber or dependent eligibility requirements
- They reside or work within Kaiser Permanente's service areas at the time of enrollment

Open enrollment period

During your annual open enrollment period, all employees who did not enroll in Kaiser Permanente when initially eligible are given an opportunity to enroll themselves and their dependents. Contact your account manager to change your group's open enrollment period or effective date of coverage.

Special enrollment period (SEP)

An SEP is a time outside the yearly open enrollment period when an employee, such as a new employee, can sign up for health care coverage. An SEP can also occur for current employees due to certain qualifying life events, such as marriage, having a child, or adopting a child.

Employees who live outside the service area

Kaiser Foundation Health Plan of the Mid-Atlantic States operates in Maryland, Virginia, and the District of Columbia. All members must live or work within this service area to enroll in our health plans. For employees outside our service area, consult your sales representative or account manager.

Enrolled members who move away from our service area may retain their membership, but their coverage will be limited.

Kaiser Foundation Health Plan also operates in California, Colorado, Georgia, Hawaii, Oregon, and Washington. Members who move to these areas may be able to transfer their group membership, if your group has an arrangement with those plans.

Dependent age limit

The minimum dependent age limit is 26, unless otherwise stated by your group contract. Notice of dependent membership termination will be sent to the subscriber at least 90 days before the date coverage will end due to reaching the age limit. The dependent's membership will terminate as described in our notice unless documentation of his or her incapacity and dependency is received. If documentation has been received in the specified time and a decision has not been made before the termination date, coverage will continue until a decision is made.

Disabled dependent requirements

Your employee dependents who are unmarried and unable to sustain employment because of a developmental or physical disability may be eligible for enrollment in health coverage beyond the normal age limit (26) if all the following conditions establishing incapacitated status are met:

1. Dependent is incapable of self-sustaining employment because of a mentally or physically disabling injury, illness, or condition that occurred prior to reaching the age limit for dependents.

2. Dependent receives 50% or more of support and maintenance from the employee, or the employee's spouse, domestic partner, or legal partner.

3. Your employee submits a disabled dependent application along with documentation verifying incapacity.

Send completed application to: Kaiser Permanente
2101 E. Jefferson St.
Employer Services 5-West
Rockville, MD 20852

To send by fax: **855-414-2797**

To send by email: membership-enrollment-team@kp.org
Please allow 14 business days for review and processing.

Once the application is received, we will review and determine if the dependent is eligible as an incapacitated dependent. If your employee's dependent does not meet the guidelines above, they will be considered ineligible and coverage will be terminated. A written determination letter will be mailed to your employee.

Employees can find a **disabled dependent application** here.

Eligibility submission formats

Paper enrollments

Enrollment applications can be found by visiting account.kp.org/broker-employer/resources/employer.

Applications are used for new enrollment, terminations, and changes to a family member's status and/or demographic information. If completing a paper application, your employee must sign and return it to the group's human resource department.

Send completed application to: Kaiser Permanente
2101 E. Jefferson St.
Employer Services 5-West
Rockville, MD 20852

To send by fax: **855-414-2797**

To send by email: membership-enrollment-team@kp.org
Please allow three business days for review and processing.

Note: Kaiser Permanente allows 90 days to retroactively add or terminate members to a group. Applications received without a group number and signature will be returned to the sender for completion. If the application is incomplete, your employee will not be enrolled until a revised application is received.

Implied terms/term by omission

Kaiser Permanente is required to reconcile Commercial membership from employer groups or group administrators that send 834 full membership files. The process is conducted systematically through Electronic Data Transfer when full membership files are processed. A manual process is then required to review and process all applicable terminations.

Electronic submission formats

The Electronic Data Interchange (EDI) process provides Kaiser Permanente groups with an effective way to communicate enrollment and eligibility transactions in a secure environment. Kaiser Permanente offers multiple transmission options that are accepted within the health care industry and follow current standards for secure transfer. Your understanding and use of this handbook will ensure accurate and timely submission and will increase your satisfaction with the EDI process. The Health Insurance Portability and Accountability Act (HIPAA) ensures that there are standards and requirements for the maintenance and transmission of health information that identifies individual members. These standards are designed to improve the interchange of electronic data and to protect the security and confidentiality of your personal health information (PHI). Because of this, Kaiser Permanente utilizes the 834 as our primary layout option; however, we also offer a proprietary layout (see below).

File formats

1. Electronic Data Interchange (EDI) 834 file is the preferred format.
2. Kaiser Permanente Proprietary Flat File formats are accepted on an exception basis and must be approved prior to implementation.
3. The Kaiser Electronic Eligibility Layout (KEEL) is a Kaiser Permanente Mid-Atlantic States (only) custom layout. This format consists of a Kaiser Permanente Microsoft Excel macro that has been configured to capture a set of predefined data elements. This layout is not preferred and is recommended to groups with fewer than 50 employees. The KEEL is submitted directly to membership-analytical-team@kp.org via secure email and does not undergo testing as required with the other file layouts.

File type and frequency

Kaiser Permanente allows multiple frequencies to submit your file. However, daily/weekly change files and monthly/quarterly full files are preferred. Change files should include additions and terminations of employees, spouses, and dependents; demographic changes; and subgroup changes with effective date of the subgroup change identified. If you're only sending a full file, changes should be included on the full file.

Transmission options

The Kaiser Permanente standard transmission protocol is Secure File Transfer Protocol (SFTP). If SFTP is not possible, then the Kaiser Permanente Transmission department will need to discuss alternatives with your technical contact(s). Any Secure Shell Version 2 (SSH2) protocol-compliant software may be used.

Getting started

To transmit eligibility data to Kaiser Permanente electronically, there are several steps you will need to take:

1. Notify your account manager of your intent to electronically report your eligibility.

2. Determine the effective date of your implementation.

3. Determine if you will submit your eligibility to Kaiser Permanente or if you will utilize a third-party administrator, group administrator, or broker.

4. Finalize your Kaiser Permanente group structure and subgroups.

5. Our case installation consultant will be assigned to assist you with the successful transmission of eligibility data and navigation through Kaiser.

Once Kaiser Permanente receives your Electronic Data Transfer (EDT) request, you will be asked to fill out a Trading Partner Questionnaire (TPQ). The Kaiser 834 team will work with you on developing a companion guide, documenting record layout and file specifications. This document will be forwarded to the Kaiser Permanente Information Technology (KPIT) department after the group has been set up.

Testing process

Kaiser Permanente tests all group and member enrollment electronic file formats. Testing allows the health plan to verify that files have HIPAA-compliant transaction sets and meet HIPAA requirements. During the testing process, an EDI coordinator will work with you every step of the way to ensure that your implementation is smooth. The EDI coordinator will work closely with you to identify the errors that need correcting prior to implementing your file. To have sufficient time for compliance and format testing, mapping, and implementation, Kaiser Permanente has developed the following timelines:

1. Test files must be received 14 business days prior to the effective "go live" date.

2. Production files must be received 1 week prior to the contract effective data "go live" date.

3. A cycle of testing will take 7 business days for processing.

Online enrollment

You can complete most membership management tasks quickly online at account.kp.org, including:

- Upload multiple member enrollments in one spreadsheet
- Download membership rosters and real-time membership counts
- Search by member and view a list of members
- Update demographics information
- Add, terminate, reinstate, or transfer family members on an existing account
- Request member ID cards
- View tutorial videos

This will help you save time, easily find what you need, and access important information in real time. And all your information is stored securely.

Note: If sending a full file, please ensure any updates made via the online tool are reflected in the next full file sent to Kaiser Permanente.

Primary Group Administrator Registration Instructions

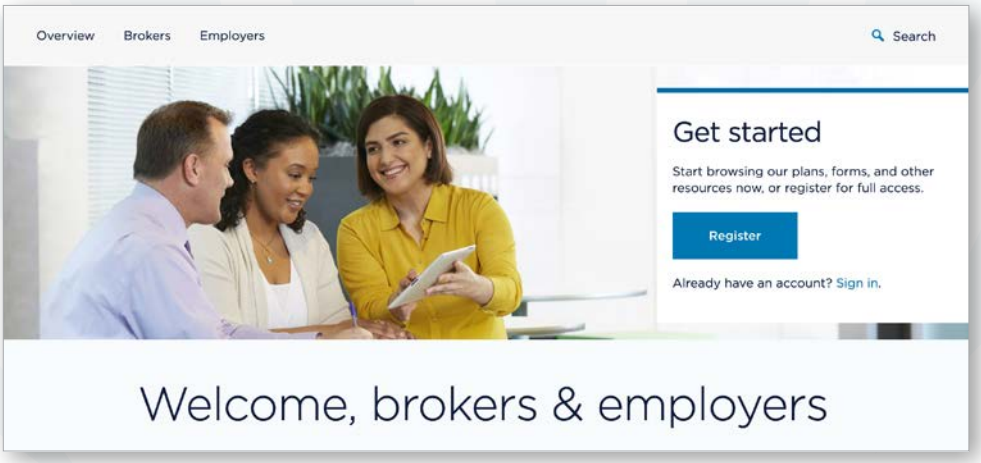
Every group needs a Primary Group Administrator, or PGA. We recommend this be the business owner for smaller groups or an HR representative for larger groups. The contract signer for your group will need to approve the PGA to ensure data security.

Note: Brokers no longer require delegation by the Primary Group Administrator for registration.

Register for an account

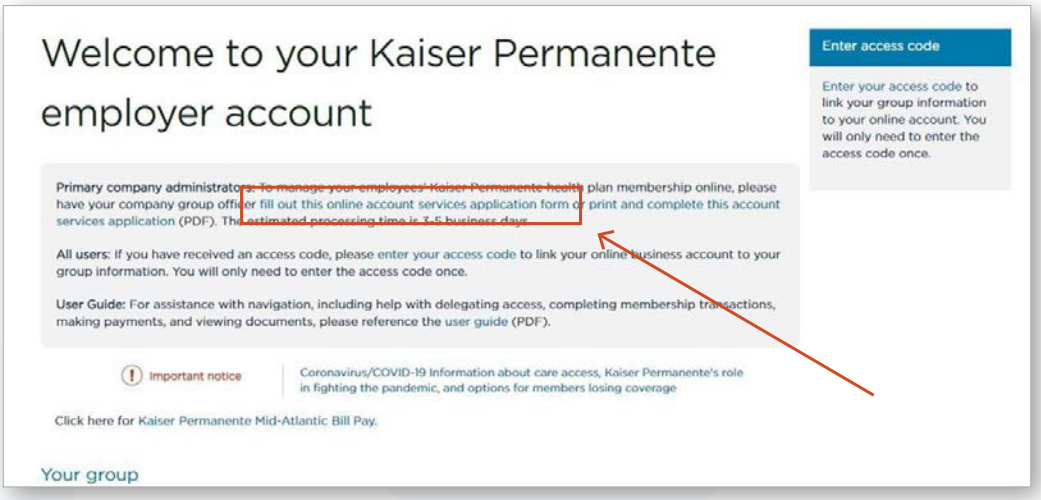
Step 1: Go to account.kp.org.

Step 2: On the page with **Welcome, brokers & employers,** click **Register.**



Step 3: Complete the registration fields to create a user ID and password. Once registration is complete, the homepage will appear, stating: Welcome to your Kaiser Permanente employer account.

Step 4: In the paragraph **Primary company administrators,** click the link **fill out this online account services application form,** then complete the form. A PDF copy of the form is also available online.



Step 5: A confirmation number will be provided upon submission of the electronic form. The estimated processing time is 3 to 5 business days.

Step 6: Once the request has been processed, an email notification will be sent to the user with additional sign-in instructions.

Sign in to your account

Step 1: Go to account.kp.org.

Step 2: Click **Sign in.**

Step 3: Enter your User ID and password.

Step 4: Click **Sign on.**

After enrollment

Identification cards

After the health plan processes enrollment applications and files, identification (ID) cards for enrolled subscribers and their dependents are generated and mailed to the subscriber. Each enrolled family member receives his/her own card. The card itself does not entitle a member to services, nor does a member need the card to obtain services. Kaiser Permanente will only issue a new ID card for new enrollments, a change to your group's product offering, or a change to the employee's last name. Please ensure that all enrollment information is accurate upon submission to avoid sending new ID cards to members unnecessarily.

Members can call Member Services (see important contact information section of this handbook) to replace lost or damaged ID cards. Members can also access their ID cards online through the Kaiser Permanente application, which is available on both Apple and Android mobile devices.

New member welcome kit

A new member welcome kit will also be mailed to the subscriber upon initial enrollment. The kit will include details for your employees, including how to get care and important contact information, as well as information about Urgent Care centers, pharmacies, getting care away from home, and understanding costs.

Choosing a provider

At Kaiser Permanente, we know how important it is to find a doctor who matches each employee's specific needs. Even if an employee doesn't see his or her doctor right away, having a doctor you can connect with is an important part of taking care of your health.

To help your employees find a primary care provider who's right for them, they can browse our online in-network doctor profiles. There, you'll see information related to our providers' education, credentials, specialties, and interest areas, as well as whether they're accepting new patients.

Change your doctor anytime

Your employees may choose and change their doctor at any time, for any reason. If they do not choose a primary care provider or ob-gyn within the first 30 days of enrollment, one will be assigned to them.

If the doctor that your employee would like to select is not accepting patients, the employee can call Member Services for assistance at **800-777-7904** (TTY **711**), 24 hours a day, 7 days a week.

Evidence of Coverage (EOC)

Your group's *EOC* documents are now available online. The *EOC* includes detailed descriptions of benefits, costs, exclusions, and plan guidelines. To view the *EOC*, employees should sign on to **kp.org** with their user ID and password, then click on the **coverage and costs** tab and go to **all coverage documents.**

BILLING

Kaiser Permanente is a prepaid health plan. Your premiums are due on the first day of each month for which coverage is requested. Failure to remit monthly dues within 31 days of your group's due date may lead to termination of all health plan coverage for your group's employees and dependents.

Billing methods

Your group may receive monthly bills from Kaiser Permanente ("paid as billed"), or your group may track your own covered members and calculate the premiums that are due ("Self-Billed"). Here are the details on each method.

Paid as billed is our preferred method of payment. If your group uses this method, you will receive a monthly invoice. When your invoice is received, any changes should be reported via your normal method of submitting eligibility changes. Pay 100% of the total amount listed as due on your invoice. Please do not alter your premium payment to account for any changes. Any adjustments that you have made to your account, such as terminations or enrollments, will be reflected in the next billing cycle.

Self-billed is a billing arrangement whereby the group reconciles covered members and premiums and remits payment, along with an 820/Paid List File billing report, to Kaiser Permanente. This should include all employees who are covered for the current month or any period in the past where payments were not submitted. (This arrangement is available to groups with a minimum of 250 eligible members.)

The 820/Paid List File must contain the following data elements:

1. Subscriber first name, subscriber last name
2. Social Security Number (SSN)
3. Group number and subgroup number(s)
4. The payment amounts

The total amount of the 820/PLF must equal the total amount of your payment.

Kaiser Permanente will base all eligibility on the report that you provide.

If your employee is not listed on the report, they will be terminated for that reporting month. A report of all discrepancies will be returned, and your group will have 10 days to respond to any discrepancies Kaiser Permanente reports

to you/the group. If your group does not reply to the discrepancies within 10 days, your group will need to resolve any credits or money that is owed in the next billing period.

Understanding your invoice

Groups that elect to receive an invoice are required to choose the paid as billed method. Generally, you will receive your invoice between the second and third weeks of each month. Changes processed prior to billing will be reflected on your current invoice. Any changes received after the billing cycle has commenced will be reflected on the following month's invoice. Timely submission of payments and enrollment data prior to the fifth of each month will help facilitate an accurate invoice. Enrollment changes and terminations should be reflected correctly on your next invoice.

If you have any questions about the billing format, Kaiser Permanente procedures, or the content of your invoice, please contact Employer Broker Services (formerly the Client Services Unit) at 855-327-0507, Monday through Friday, 8:30 a.m. to 5 p.m.

Proration rules

Full-month

If your group has full-month proration, members will be enrolled on the 1st of the month and terminated at the end of the month. A full-month premium will be charged.

Half-month

If your group has a half-month proration:

- For members enrolled between the 1st and 15th of the month, a full-month premium will be charged.
- For members enrolled between the 16th and 31st of the month, no premium will be charged.
- For members terminated between the 1st and 15th of the month, no premium will be charged.
- For members terminated between the 16th and 31st of the month, a full-month premium will be charged.

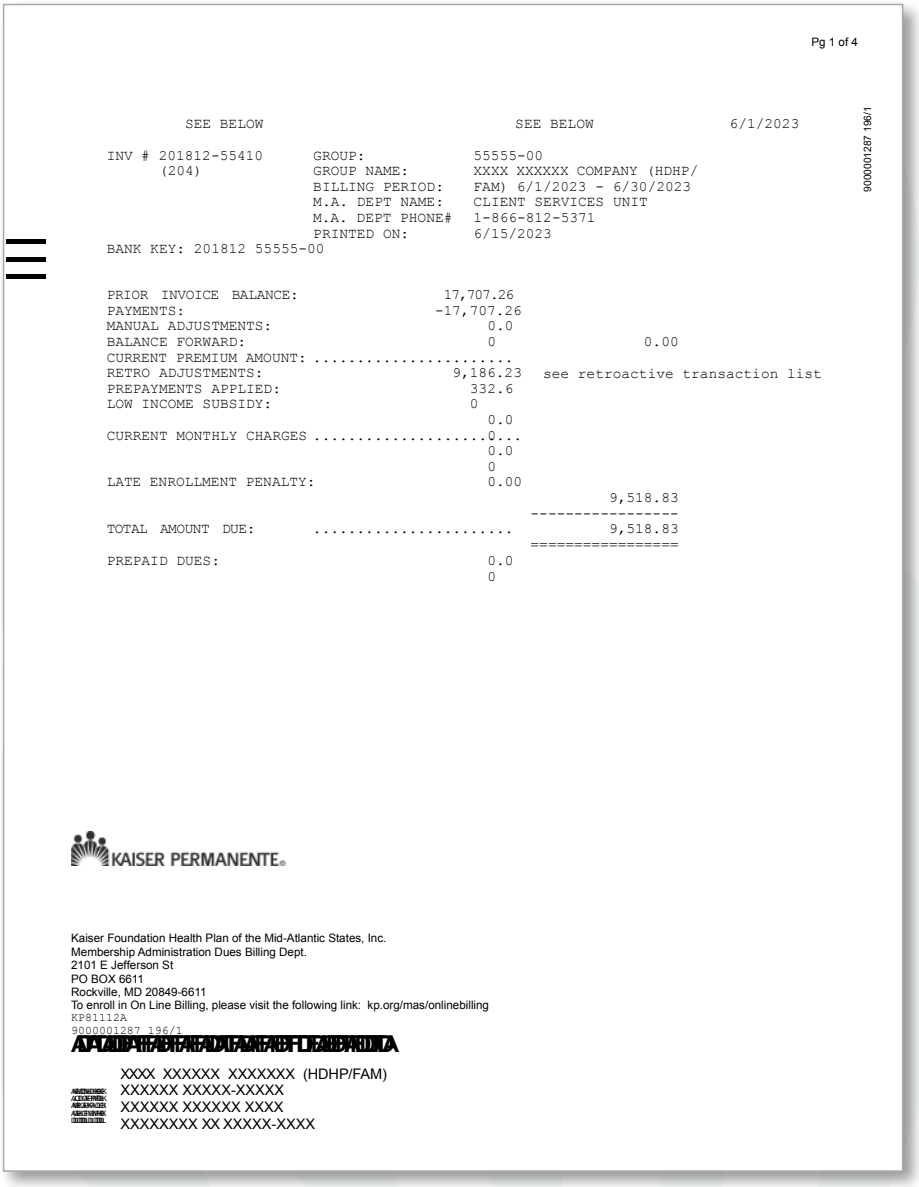
Daily

If your group has daily proration, members will be enrolled or terminated based upon the date on the file. You will be charged for the days in the month in which the member is active.

Sample billing invoice

Billing invoice — page 1

This is the first section of your invoice. It provides a summary of your balance, payments, adjustments, and total amount due.



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9000001287 196/1

SEE BELOW SEE BELOW 6/1/2023

INV # 201812-55410 (204)
GROUP: 55555-00
GROUP NAME: XXXX XXXXXX COMPANY (HDHP/
BILLING PERIOD: FAM) 6/1/2023 - 6/30/2023
M.A. DEPT NAME: CLIENT SERVICES UNIT
M.A. DEPT PHONE# 1-866-812-5371
PRINTED ON: 6/15/2023
BANK KEY: 201812 55555-00

PRIOR INVOICE BALANCE:	17,707.26	
PAYMENTS:	-17,707.26	
MANUAL ADJUSTMENTS:	0.0	
BALANCE FORWARD:	0	0.00
CURRENT PREMIUM AMOUNT:		
RETRO ADJUSTMENTS:	9,186.23	see retroactive transaction list
PREPAYMENTS APPLIED:	332.6	
LOW INCOME SUBSIDY:	0	
	0.0	
CURRENT MONTHLY CHARGES .....0...		
	0.0	
	0	
LATE ENROLLMENT PENALTY:	0.00	
		9,518.83
TOTAL AMOUNT DUE:		9,518.83
PREPAID DUES:	0.0	
	0	

KAISER PERMANENTE®

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Membership Administration Dues Billing Dept.
2101 E Jefferson St
PO BOX 6611
Rockville, MD 20849-6611
To enroll in On Line Billing, please visit the following link: kp.org/mas/onlinebilling
KP81112A
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XXX XXXXXX XXXXXXX (HDHP/FAM)
XXXXXX XXXXX-XXXXX
XXXXXX XXXXXX XXXX
XXXXXXXX XX XXXXX-XXXX

Rate summary, subscriber listing, and adjustments — page 2

Rate summary

This section summarizes the number of subscribers in your group by subscriber type and rate.

Subscriber listing

This section lists each subscriber and a breakdown of the monthly dues for each employee.

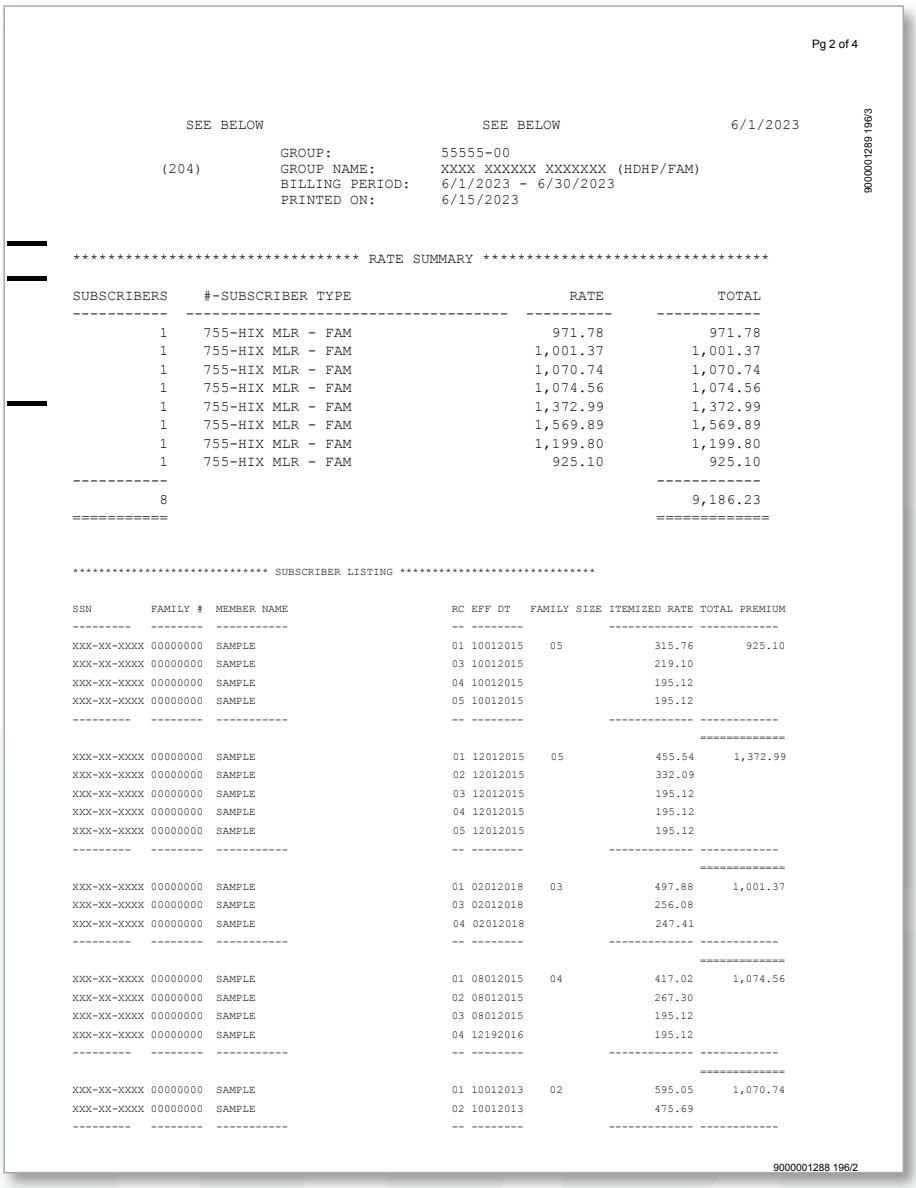
Adjustments

This section contains adjustments to your invoice.

Examples of the various types of adjustments and their abbreviations are:

- BCNR: bad check
- CCPY: credit card payment
- WIRE: wire transfer payment employer
- REIN: reinstatement
- TERM: termination
- SYER: system error
- WORE: write-off to reconciliation
- BOSC: rate adjustment
- RFTG: refund to group

This does not represent all of the adjustment codes that may appear on your invoice.



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SEE BELOW SEE BELOW 6/1/2023

9000001289 196/3

(204) GROUP: 55555-00
GROUP NAME: XXXX XXXXXX XXXXXXX (HDHP/FAM)
BILLING PERIOD: 6/1/2023 - 6/30/2023
PRINTED ON: 6/15/2023

********** RATE SUMMARY **********

SUBSCRIBERS	#-SUBSCRIBER TYPE	RATE	TOTAL
1	755-HIX MLR - FAM	971.78	971.78
1	755-HIX MLR - FAM	1,001.37	1,001.37
1	755-HIX MLR - FAM	1,070.74	1,070.74
1	755-HIX MLR - FAM	1,074.56	1,074.56
1	755-HIX MLR - FAM	1,372.99	1,372.99
1	755-HIX MLR - FAM	1,569.89	1,569.89
1	755-HIX MLR - FAM	1,199.80	1,199.80
1	755-HIX MLR - FAM	925.10	925.10
8			9,186.23

********** SUBSCRIBER LISTING **********

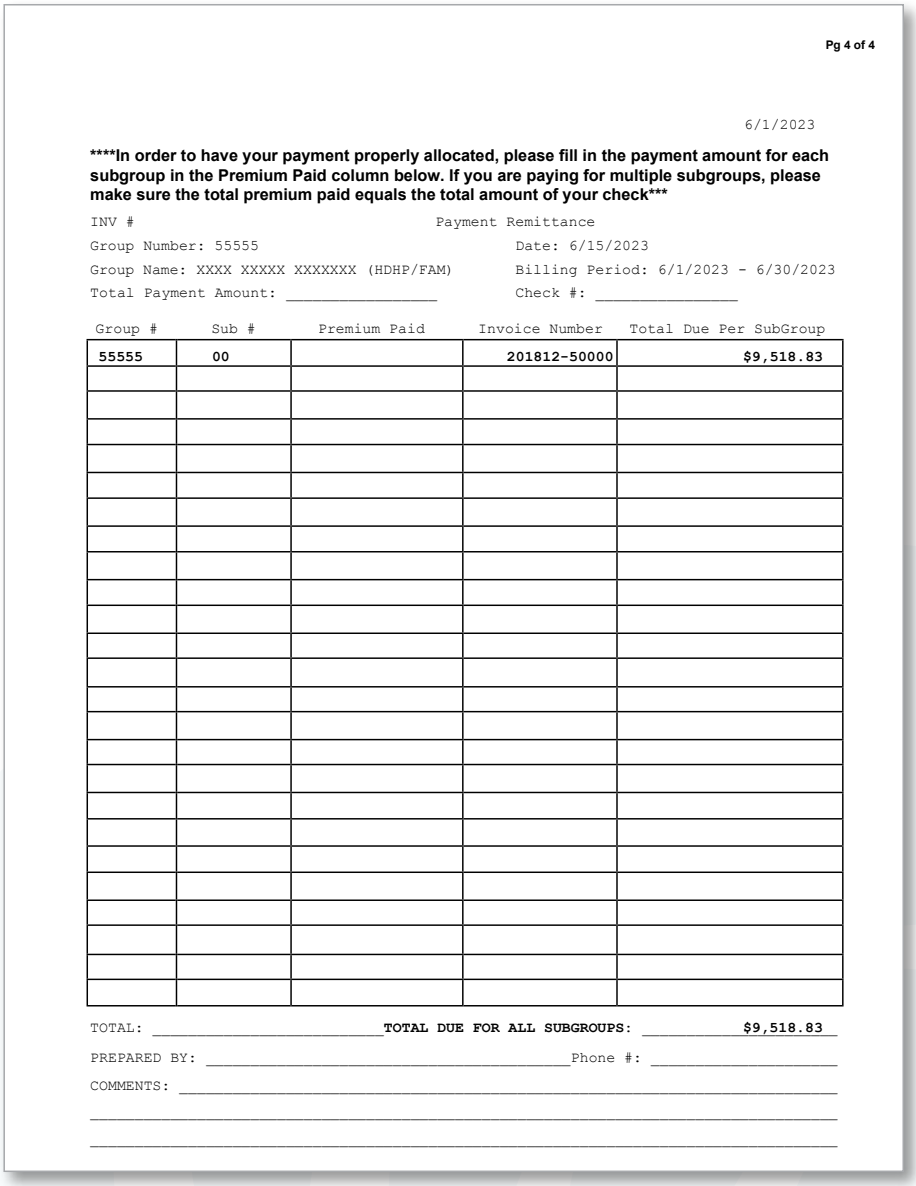
SSN	FAMILY #	MEMBER NAME	RC	EFF DT	FAMILY SIZE	ITEMIZED RATE	TOTAL PREMIUM
XXX-XX-XXXX	00000000	SAMPLE	01	10012015	05	315.76	925.10
XXX-XX-XXXX	00000000	SAMPLE	03	10012015		219.10	
XXX-XX-XXXX	00000000	SAMPLE	04	10012015		195.12	
XXX-XX-XXXX	00000000	SAMPLE	05	10012015		195.12	
XXX-XX-XXXX	00000000	SAMPLE	01	12012015	05	455.54	1,372.99
XXX-XX-XXXX	00000000	SAMPLE	02	12012015		332.09	
XXX-XX-XXXX	00000000	SAMPLE	03	12012015		195.12	
XXX-XX-XXXX	00000000	SAMPLE	04	12012015		195.12	
XXX-XX-XXXX	00000000	SAMPLE	05	12012015		195.12	
XXX-XX-XXXX	00000000	SAMPLE	01	02012018	03	497.88	1,001.37
XXX-XX-XXXX	00000000	SAMPLE	03	02012018		256.08	
XXX-XX-XXXX	00000000	SAMPLE	04	02012018		247.41	
XXX-XX-XXXX	00000000	SAMPLE	01	08012015	04	417.02	1,074.56
XXX-XX-XXXX	00000000	SAMPLE	02	08012015		267.30	
XXX-XX-XXXX	00000000	SAMPLE	03	08012015		195.12	
XXX-XX-XXXX	00000000	SAMPLE	04	12192016		195.12	
XXX-XX-XXXX	00000000	SAMPLE	01	10012013	02	595.05	1,070.74
XXX-XX-XXXX	00000000	SAMPLE	02	10012013		475.69	

9000001288 196/2

Payment remittance — page 3

Important information to record on the remittance sheet includes:

1. Group number
2. Subgroup number
3. Premium paid
4. Invoice number
5. Total amount due per subgroup
6. Total amount paid
7. Preparer's name and phone number



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6/1/2023

****In order to have your payment properly allocated, please fill in the payment amount for each subgroup in the Premium Paid column below. If you are paying for multiple subgroups, please make sure the total premium paid equals the total amount of your check***

INV # Payment Remittance

Group Number: 55555 Date: 6/15/2023

Group Name: XXXX XXXXX XXXXXXX (HDHP/FAM) Billing Period: 6/1/2023 - 6/30/2023

Total Payment Amount: _____ Check #: _____

Group #	Sub #	Premium Paid	Invoice Number	Total Due Per SubGroup
55555	00		201812-50000	$9,518.83

TOTAL: _____ TOTAL DUE FOR ALL SUBGROUPS: $9,518.83

PREPARED BY: _____ Phone #: _____

COMMENTS: _____

Payment remittance

This is the last page of your billing invoice. This will serve as your payment remittance and fund allocation sheet for all premium payments.

To ensure that all payments are properly allocated to the appropriate subgroup, please ensure that the subgroup number and payment amount are written out in their entirety on the payment remittance sheet.

Note: Each subgroup within your group's structure generates its own invoice. When submitting a single payment for your group's premium, you may have one or more subgroups requiring payment. To ensure your payment is allocated correctly, please e-mail a detailed payment allocation sheet (sample displayed here) to KPMAS-PaymentRecon@kp.org.

Our billing team will ensure your payments are applied to all of your correct subgroups. Also, in the event you have a credit on one or more of your subgroups, our billing team will be more than happy to transfer the credit to other subgroups.

PAYMENT OPTIONS

We offer a variety of payment options to fit your business needs, including check/money order, wire transfer, automated clearing house (ACH), or automated payments via Online Bill Pay.

Check or money order

If you choose to pay via check or money order, please send your payment to the following address and include the payment remittance that was enclosed in your invoice. This information is needed to ensure that your payment is posted properly. Send your payment to:

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
P.O. Box 64345
Baltimore, MD 21264-4345

Wire transfer or automated clearing house (ACH)

Bill payment using wire transfer or ACH has become widespread and offers benefits for both the sender and receiver of the funds. Your financial institution can help you decide whether one of these would be a good choice for your company. To initiate a wire transfer or ACH payment, you will need the following information:

Your information

- Group name
- Kaiser Permanente group and subgroup numbers
- Address

Recipient information

- Kaiser Permanente Employer Services
- Address: 2101 E. Jefferson St.
  Rockville, MD 20852

Transfer information

- Payment amount

Receiving financial institution information

This information can be provided to you when you contact Employer Broker Services.

Online Bill Pay

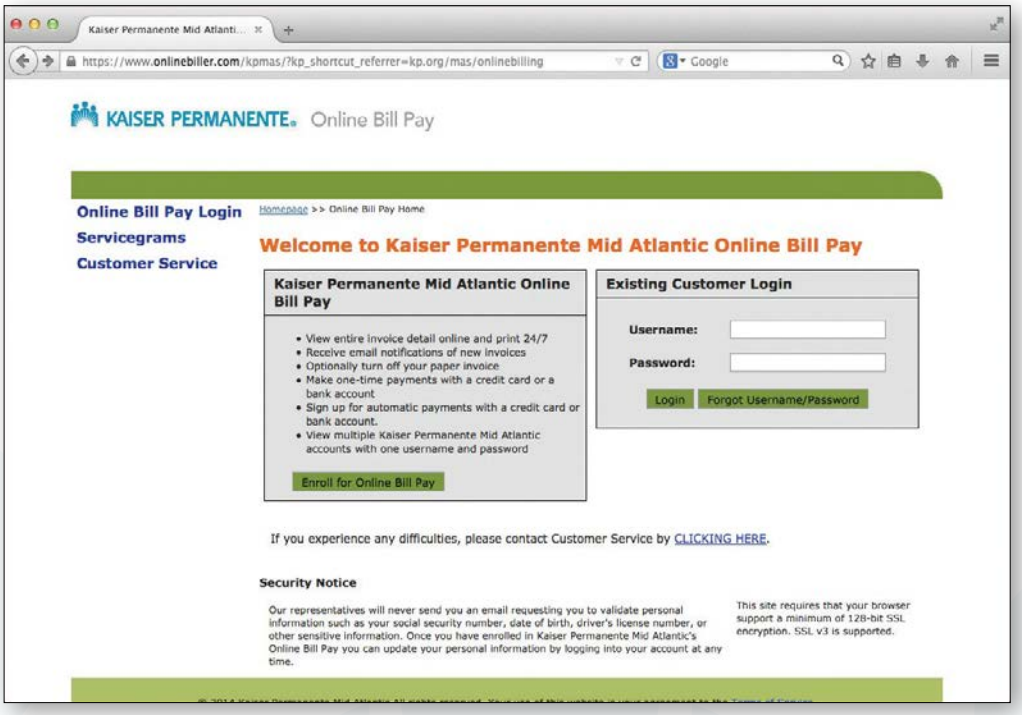
For further ease and convenience in managing your group's health care plan, sign up for Online Bill Pay with Kaiser Permanente today. Once you register for an account, you can:

1. View and pay your entire invoice
2. Receive email notifications for new invoices
3. Eliminate paper invoices
4. Make automatic payments with a bank account
5. View multiple Kaiser Permanente accounts with one username and password
6. Ensure correct payment allocations if you have multiple subgroups

Note: If you have multiple subgroups, please make sure you are registered for each to access all your invoices.

Signing up is easy. Just have your last invoice handy, then visit **kp.org/mas/onlinebilling** and follow these steps:

1. Click the **Enroll for Online Bill Pay** button.



2. Click **Not on a Family Plan.**

   a. For commercial customers, click the **CLICK HERE** link.

3. Find your group number and subgroup numbers on the last invoice(s) you received.

4. Enter the requested information, review the Terms of Service, and click **I AGREE**.

5. Enter your email address.

6. Choose a username and password, then wait for a verification email to be sent to your email account.

7. When you receive the verification email, click on the activation link.

8. Log in to complete registration and begin using Online Bill Pay.

If you have any questions about Online Bill Pay, please contact Employer Broker Services.

GROUP TERMINATION

Your group may terminate its *Group Agreement,* effective the day before any anniversary date, by giving at least 60 days of prior written notice to Kaiser Permanente. Please contact your account manager if you have any questions.

Note: Discontinuation of premium payments is **not** considered notification of termination of a group policy. Groups will be responsible for all premium payments through the end of the contract period.

Termination by Kaiser Permanente

Kaiser Permanente may terminate a group for any of the following reasons:

1. Fraud or intentionally furnishing incorrect or incomplete information
2. Violation of contribution or participation requirements
3. No eligible person lives, resides, or works in the service area (does not apply to DC SHOP)
4. Non-payment of premium
5. Non-acceptance of amendments

Premium grace period

Except for the binder payment for your group's policy, a 60-day grace period applies to all payments. If payment is not made during the grace period, Kaiser Permanente may terminate your group coverage.

Groups that are terminated for non-payment must pay **all** premiums owed within 30 days before the contract will be considered for reinstatement.

Groups that are terminated for nonpayment twice within a 12-month period will not be eligible for reinstatement. You must reapply for coverage.

If an employee loses coverage

When an employee or dependent loses coverage, there are two options available to continue uninterrupted health plan coverage.

1. Continuation of group coverage under the Consolidated Omnibus Budget Reconciliation Act (COBRA); for groups with 20 or more employees.

2. Continuation of coverage under District of Columbia, Maryland, or Virginia law when COBRA is not applicable.

Employees who lose group coverage may be eligible for one of our individual and family plans (Kaiser Permanente Individual and Family plans). Kaiser Permanente will send terminated individuals and families a letter notifying them of the group's termination. Notification is sent to the subscriber's address. Terminated employees can visit **kp.org** to view available individual Kaiser Permanente health plans.

More detailed information regarding continuation of coverage can be found on page 29 of this handbook.

COBRA

The Federal Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), and subsequent amendments, requires employers with 20 or more employees (except church employees) to offer continuation of group coverage to employees and dependents who lose group coverage due to certain qualifying events.

To determine if your employee(s) are eligible for COBRA benefits, the list of qualifying events can be found here: www.cms.gov/CCIIO/Programs-and-Initiatives/Other-Insurance-Protections/cobra_fact_sheet.html.

Administering COBRA

Employers must comply with COBRA or risk incurring penalties. You can administer COBRA for your group, or you may select a third-party administrator.

Employees and covered dependents ("qualified beneficiaries") must be notified within 14 days of the qualifying event date of their ability to elect COBRA continuation of coverage, and they must be provided with election forms.

Qualified beneficiaries have 60 days from either the date of the qualifying event notification letter or from the loss of coverage date—whichever is later—to elect COBRA. Failure to elect COBRA within 60 days will sever a qualified beneficiary's entitlement to receive COBRA continuation coverage if elected; there is a 45-day grace period to pay the initial premium payment.

Kaiser Permanente does not need to be notified until the COBRA period has ended and the enrolled employee and dependents are to be canceled from group coverage. We recommend that you cancel the employee's account at the time of the qualifying event and reinstate the account when COBRA is elected. If you want to have a separate billing group/billing unit for your COBRA participants, indicate on your invoice that the employee and enrolled dependent should be transferred to the billing group/billing unit.

It is the group's responsibility to notify Kaiser Permanente if a canceled member is reinstated under COBRA. Clearly indicate on the Enrollment/Change form that the person is now a COBRA member, as well as the date of his or her reinstatement. Also add the person's name to the monthly statement.

Continuation of coverage

Continuation of coverage was enacted to fill the gap left by federal COBRA continuation of coverage. It applies to all employer groups, including those with fewer than 20 employees.

District of Columbia

D.C. Code § 32-732 provides for **3 months** of continuation of coverage, except in the case of terminations for gross misconduct. The employer is required to provide notice to the employee within 15 days after the date that coverage would otherwise terminate. The employee is responsible for electing coverage and paying the premium within 45 days after the date that coverage would otherwise terminate.

Maryland

Md. Code, Ins. Art. § 15-409 provides for **18 months** of continuation coverage, except in the case of terminations for cause. The employer is required to provide an election form within 14 days of request by an employee. The employee is responsible for electing coverage and paying the premium within 45 days after the date that coverage would otherwise terminate.

Virginia

Va. Code § 38.2-3541 provides for **12 months** of continuation coverage, except in the case of terminations for cause. The employer is required to provide an election form within 14 days after the date that coverage would otherwise terminate. The employee is responsible for electing coverage and paying the premium within 31 days of receiving the notice, but in no event beyond the 60-day period following the date that coverage would otherwise terminate.

OBRA

The Omnibus Budget Reconciliation Act of 1987 (OBRA) allows a qualified disabled person to extend COBRA for an additional 11 months based on disability. Compliance with this Act is required of employers with 100 or more employees.

The law states that disabled employees and/or disabled dependents who are Medicare beneficiaries solely because of their disability, except those with end stage renal disease (ESRD), are entitled to coverage under the same conditions as any employee under 65.

If you are required to comply with this law, your employees and/or dependents who are disabled will have Kaiser Permanente as their primary carrier. Therefore, they should report to the administration that they have medical coverage through an employer.

OBRA requires Health and Human Services to establish a Medicare/Medicaid Coverage Data Bank to identify when an employer plan pays for benefits instead of Medicare or Medicaid. Employers will be required to provide certain information when they file W-2 forms with the IRS. Contact your account executive to discuss your compliance needs.

Note: After starting COBRA, members with COBRA coverage have 30 days to remit payment for their premiums.

Form 1095-B, Health Coverage Statement

As part of the Affordable Care Act, Kaiser Permanente is required to send Form 1095-B to subscribers.

Note: After forms are generated, members will be able to access the 1095-B form via their kp.org online profile.

5500/Schedule A

Kaiser Permanente will supply Employee Retirement Income Security Act (ERISA) groups with the information necessary to complete the Federal Form 5500 for tax purposes.

The Form 5500-related information will be mailed to the group within 120 days after the end of the group's contract year.

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. 2101 E. Jefferson St., Rockville, MD 20852 2023ML0850 MAS 9/1/23-12/31/24