

A healthy partnership

YOUR GROUP RESOURCE GUIDE





Your business and Kaiser Permanente—
A HEALTHY PARTNERSHIP



E-business Services

PUT ACCOUNTS AT YOUR FINGERTIPS



Save time. Manage your account online.

Our online customer account services program allows groups to log on to a secure site through the Internet and make eligibility changes and pay bills. Users are able to:

- Enroll and/or disenroll employees.
- View existing account information.
- Update member information.
- View billing statements and pay accounts.

Visit: kp.org/ouremployers

From there, you can:

- **Take a tour** of our online services.
- **Sign up.** When you fill out a User Request Form, we'll mail you access and sign-on instructions. New accounts are usually set up within five business days.

Sign up for our e-business services today.

**It's easy. It's fast.
It's the future.**

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Introduction

Thank you for choosing us for your company's health needs. We value our relationship with you and appreciate your business. Our *Group Resource Guide*—a useful reference tool—is designed to help make it easier for you to administer our plan for your employees.

The *Group Resource Guide* will answer many of your questions and help you understand how to administer your contract with Kaiser Permanente. You'll also find information at your fingertips to help you with enrollment, billing, contract renewal, and other important areas pertinent to the management of your account.

We suggest that you keep the *Group Resource Guide* in an easy-to-find place for quick reference.

E-business services

In addition to the *Group Resource Guide*, our online Customer Account Services (CAS) makes it even easier to manage your account. No matter what size your business is, you can take advantage of Kaiser Permanente timesaving E-business functions.

Our Web site is simple to use. Plus, you'll have round-the-clock access, and you can ensure the accuracy of your bills and reduce

processing times.

Advantages of using CAS:

Efficient eligibility management

With our online services, you can enroll or disenroll employees and their dependents from your account and amend demographic information for them at any time. Records are processed automatically.

Prompt customer service

Use our online function to check the enrollment status of your employees and their dependents, verify bills, and confirm receipt of payments. Our Web site offers convenient communication with your Kaiser Permanente service representative.

Online bill payment

No more waiting for bills to arrive in the mail—with our paperless billing function, we'll e-mail you when your bill is ready for viewing. You can then submit your payment electronically. Online data entry and communications between your group and Kaiser Permanente helps improve accuracy of information.

Visit kp.org/ouremployers. You must sign up to use our online services. When you fill out a User Request Form (see sample on page 37), we'll mail you access and sign-on instructions. New accounts are usually set up within five business days.



Glossary of Terms

Employee—a subscriber of the Health Plan.

Dependents—spouse, children and others enrolled under the employee's plan.

Member—Employee and employee's dependents enrolled in the Health Plan.

You—the employer/benefit manager.

Please note: We only accept information about an employee's status from you—the benefit manager. This includes information recorded on forms provided by Kaiser Permanente, such as the *Enrollment and Change Form*.

Decisions. Decisions.

About Kaiser Permanente

Kaiser Permanente began more than 55 years ago with an innovative alternative to traditional medical insurance. Nationally, we provide quality, affordable health care to more than 30,000 employers and 8 million members. Kaiser Permanente Georgia was established in 1985. As the largest non-profit health plan in the metro-Atlanta area, we currently provide health care to more than 270,000 residents.

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Portfolio of Products

We have thousands of plan designs for you to choose from.¹ In addition to plans with traditional benefits, we also offer additional deductible and coinsurance options to help you better control cost. We can work with you to design coverage that best fits the needs of your employees.

For example, we offer:

HMO

Kaiser Permanente HMO plans provide the affordability, convenience, and simplicity you and your employees are looking for.

- Affordable rates.
- Higher level of coverage.
- Virtually no paperwork.
- Broad coverage and high-quality, personalized care for your employees.
- Access to doctors at our medical centers, and 1,000 affiliated private-practice doctors in their own offices.
- Over 100 pharmacies, including participating Walgreen's and Eckerd Drugs.
- 11 hospitals.

Custom Care HealthInvestor (HSA)

Now you can offer your employees Kaiser Permanente's Custom Care HealthInvestor (HSA). Custom Care HealthInvestor (HSA) gives your employees access to lower premiums plus the tax savings of a Health Savings Account. For more information call Kaiser Permanente at **(404) 364-7105**.

Multi-Choice

Multi-Choice is like having three plans in one. You'll enjoy the flexibility and doctor choice of a PPO plan with the convenience, quality, and value of Kaiser Permanente.

- Choice of three benefit levels each time care is needed.²
- Members control their out-of-pocket costs by their choice of providers.
- Direct access to over 1,800 Select Providers and over 5,000 PPO Providers.
- Hundreds of pharmacies.
- 40 hospitals.

Small Group Plans

We have a variety of flexible HMO and Multi-Choice plans designed especially for small groups, plus options for prescription drugs.

Personal Advantage

Kaiser Permanente Personal Advantage plans are designed specifically for individuals and families who do not have health coverage through an employer group. The plans provide affordable benefits with the same quality care and service that members enjoy through group coverage.

¹ The plan designs available depend on the size of the group.

² Select Provider coverage is provided by Kaiser Foundation Health Plan of Georgia, Inc. PPO and Non-participating Provider coverages are underwritten by Kaiser Permanente Insurance Company (KPIC). Provider options and benefit levels are described in the Evidence of Coverage. Not all services are covered under all benefit levels.

With several options to choose from, including HMO, Multi-Choice, and HDHP plans, individuals can select a plan to meet their needs and budget. And our Personal Advantage plans give them the flexibility of month-to-month enrollment that can be cancelled any time.

Senior Advantage

Our Senior Advantage Medicare Advantage plan offers a Medicare plan for your Medicare-enrolled employees. Senior Advantage combines Medicare benefits with Kaiser Permanente coverage to provide more benefits than Medicare alone. For one low premium, members can enjoy enhanced coverage for Medicare Parts A, B, and D.

Out-of-Area PPO

Kaiser Permanente offers Out-of-Area plans to provide coverage for those employees who live outside of Kaiser Permanente Georgia's Service Area.³ You can offer our Out-of-Area plans to employees living and working outside the metro-Atlanta area, either in another county or another state.⁴ Members can access a network of participating providers (from the PHCS network) or any licensed provider they choose.

- Direct access to a national network of over 450,000 Participating Providers.
- Available prescription and optical coverage.

Quality/Member Satisfaction

We constantly emphasize the importance of service to our employees and medical staff. We make member satisfaction our top priority.

The results? You'll have peace of mind knowing your employees are in good hands with Kaiser Permanente. Whether it's quality of care, customer service, or member satisfaction, Kaiser Permanente has been ranked among the top health care organizations in the country.⁵



HEDIS

Kaiser Permanente is actively involved in the development of the Health Plan Employer Data and Information Set (HEDIS). This document contains the performance measurement criteria developed by a collaborative group of nationwide health plans, major employers, and the National Committee for Quality Assurance (NCQA). The purpose of this criteria is to track several key preventive services.

HEDIS reports a health plan's performance in five major areas:

- Quality of care.
- Member access and satisfaction.
- Finances.
- Membership and utilization.
- Health plan management and activities.

³ Kaiser Permanente Out-of-Area plans are underwritten by KPIC. A limited percentage of total eligible employees can live outside the 20-county Service Area. Additional requirements may apply.

⁴ Not available in all states.

⁵ Kaiser Permanente Georgia was ranked among the top five health plans in the South Atlantic Region in effectiveness of care. (The State of Health Care Quality 2004 report by the National Committee for Quality Assurance [NCQA].) Kaiser Permanente Georgia also holds NCQA Excellent Accreditation, the highest status possible, for its HMO product. (NCQA, September 2004).



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SelfWise Program

We make it easier and more affordable for your employees to live a healthy life. Our SelfWise program gives them easy access to health-enhancement and discount programs to help them take an active role in their health.

Discount programs include:

- Special rates at designated local health clubs, such as Bally Total Fitness, Crunch Fitness, Gold's Gym, and many more.
- Discounts on chiropractic, acupuncture services, acupressure and massage therapy services.
- Discounts on complementary health products and services at kp.org/healthyroads.
- Discounts on Weight Watchers membership fees. Visit kp.org/weightwatchers for more information.

Special services include:

- Personal Health Coaches—free of charge.
- Free or low-cost health education classes, including stress reduction, nutrition, and yoga. Visit members.kp.org.
- A Web site to manage your health needs 24 hours a day from the convenience of your own computer. Visit members.kp.org.
- Free interactive, personalized, online health assessment and goal tracking tools for weight management and exercise, nutrition, stress reduction, and smoking cessation at kp.org/healthylifestyles.
- Free *Healthwise Handbook*, a useful self-care guide to more than 200 common health problems.

Communicating With You

Prescription Refills— Fast. Easy. Convenient.

To better service our members, we offer two ways to refill prescriptions.

1. Order online at our Members Only Web site, members.kp.org.
2. Call our 24-hour Refill Line at **(770) 434-2008**.

Refills can be mailed to members' homes or picked up at one of our medical centers. **Shipping is free.**

Health plan publications

A variety of printed materials and publications are available to you.

Health Care Perspectives is a newsletter published to keep benefit officers abreast of important changes affecting your health care coverage and health issues.

Partners in Health is a magazine that provides members with articles, tips, and notices on their health care, Kaiser Permanente Medical Centers, and basic benefits.

You should receive both of these publications. If you do not, please contact your account executive at **(404) 364-7105** to be added to the mailing list. Or log on to our Web site at kp.org to read them online.

Kaiser Permanente Online

Finding health information is easy at members.kp.org.

- Request nonurgent primary care appointments. Receive an appointment reply via e-mail within 24 hours, except weekends and holidays.
- Order, track, pay for, and receive prescription refills via mail, or pick them up at the Kaiser Permanente Medical Center of the member's choice.
- Consult with our online advice nurses and pharmacists regarding nonurgent questions.
- Access up-to-date health and drug encyclopedias.
- Use interactive health calculators.
- Find tools and tips to help make important health care decisions, as well as locate health education classes in the member's area.
- Participate in online discussion groups moderated by physicians.
- Locate phone numbers, addresses, and directions to our facilities.
- Find the doctors available in our HMO, Multi-Choice, Personal Advantage, and Senior Advantage plans.
- And much more.



Customer Account Services

Log on to our Customer Account Services to:

- Get immediate answers to your enrollment and billing questions.
- Make real-time changes to your eligibility file.
- Improve the accuracy of monthly bills.
- Pay your bill online.
- Communicate with your Kaiser Permanente team.

To sign up, go to kp.org/ouremployers



At your service

When you or your employees have questions about Kaiser Permanente, there are several people you can call for help.

Marketing Department (404) 364-7105

- Contracts, the renewal process, and your group's rates or benefits.
- Ordering enrollment/benefits materials. Scheduling enrollment meetings.

Consolidated Service Center—Membership Accounting

1-888-238-2262

Or, log on to

kp.org/ouremployers

- Billing and invoices.
- Enrollment and disenrollment.

Our Consolidated Service Center is located in Fort Worth, Texas.

Mail payments to:
Kaiser Foundation
Health Plan of Georgia
P.O. Box 403012
Atlanta, GA 30384-3012

Mail correspondence, applications and disenrollment notices to:
Kaiser Foundation
Health Plan of Georgia
P.O. Box 921012
Fort Worth, TX 76121-0005

Customer Service Representatives

(404) 261-2590

1-800-865-5813

(Available in Spanish).

Or log on to our Web site at kp.org

- How to choose a new personal physician.
- How the Kaiser Permanente program works—how to use the Kaiser Permanente Health Plan.
- Questions/concerns about Affiliated Community Physicians.
- National program information—getting medical care at Kaiser Permanente offices across the country; coverage under national accounts; etc.
- Benefit interpretation—coverage after-hours or during out-of-town emergencies; your group's eligibility requirements; your group's benefits; explanation of benefits and exclusions; how to obtain vision and dental services, if covered by the group.
- Verification about enrollment and eligibility.
- Other information relating to membership—identification cards (questions or requests), dependent coverage, when to file a claim, etc.
- Service issues.

Senior Advantage Customer Service Representative
(404) 233-3700, or call toll free at **1-800-232-4404**.

Claims Customer Services Representatives
(404) 261-2825, or call toll free at **1-800-221-2131**.

- Inquiries/concerns about the payment status of claims and referrals.

Or:

Mail claims and related correspondence to:
Kaiser Permanente
Claims Administration
P.O. Box 190849
Atlanta, GA 31119-0849

Health Line
(404) 365-0966 locally, or call toll-free at **1-800-611-1811**
(Available in Spanish)
Allows the customer to:

- Schedule or cancel appointments at a Kaiser Permanente Medical Center.
- Speak with a Kaiser Permanente advice nurse 24 hours a day, seven days a week.
- Access Kaiser Permanente After-Hours Urgent Care Centers. See page 16 for locations and hours.

Regional Office
Kaiser Permanente Georgia
Administrative Office
Nine Piedmont Center
3495 Piedmont Road, NE
Atlanta, GA 30305-1736
(404) 364-7000





Where to Find Us

Kaiser Permanente's Medical Centers are conveniently located throughout the metro-Atlanta area. The map on page 13 shows where our centers are located, as well as the locations of our HMO Affiliated Community Physicians and affiliated hospitals. Please contact your account executive for a copy of the physician directory appropriate for your plan or for a copy of the map showing Affiliated Community Physicians and hospitals that provide service to Multi-Choice or Senior Advantage.

For detailed information regarding Affiliated Community Physicians, please reference our *Physician Directory*, or go to our Web site kp.org, for up-to-date information. In addition, the directory will give you the most complete list of our Affiliated Hospitals for our Service Area.

The Kaiser Permanente difference: Our Medical Centers



Alpharetta Medical Center

3550 Preston Ridge Road
Alpharetta, GA 30005
DIRECTION LINE: **(770) 663-3101**

HOURS: Monday – Friday,
8:30 a.m. – 6 p.m.

Located in the Preston Ridge Business Park, off of Old Milton Parkway near Georgia 400

Services available: Adult Medicine, OB/GYN, Pediatrics/Adolescent Medicine, Pharmacy, Lab, X-ray, and Health Education



Cascade Medical Center

1775 Cascade Parkway
Atlanta, GA 30301
DIRECTION LINE: **(404) 505-4001**

HOURS: Monday – Friday,
8:30 a.m. – 6 p.m.

Located on Cascade Parkway off the Cascade Road exit of I-285

Services available: Family Medicine, Adult Medicine, Nutrition, OB/GYN, Pediatrics/Adolescent Medicine, Pharmacy, Lab, X-ray, and Health Education



Cumberland Medical Center

2525 Cumberland Parkway
Atlanta, GA 30339
DIRECTION LINE: **(770) 431-4550**

HOURS: Monday – Friday,
8:30 a.m. – 6 p.m.

Located on Cumberland Parkway near I-285 and the Paces Ferry Road exit

Services available: Adult Medicine, Dermatology, Geriatrics, Infectious Diseases, Behavioral Health, Nutrition, OB/GYN, Oncology, Pediatrics/Adolescent Medicine, Psychiatry, Rheumatology, Pharmacy, Lab, X-ray, and Health Education



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Brookwood at Peachtree Medical Office

1745 Peachtree Road; Suite U
Atlanta, GA 30309
DIRECTION LINE: **(404) 888-7664**

HOURS: Monday – Friday,
7 a.m. – 4 p.m.

Located in Brookwood Place Plaza just south of Piedmont Hospital

Services available: Adult Medicine (focused on prevention), Pharmacy, Maternal Fetal Medicine, Cosmetic Dermatology (Mondays, Tuesdays, and Wednesdays).



Crescent Medical Center

200 Crescent Centre Parkway
Tucker, GA 30084
DIRECTION LINE: **(770) 496-3401**

HOURS: Monday – Friday,
8:30 a.m. – 6 p.m.

Located on Crescent Centre Parkway off of the LaVista Road exit of I-285

Services available: Adult Medicine, Dermatology, Endocrinology, Behavioral Health, Nutrition, OB/GYN, Pediatrics/Adolescent Medicine, Psychiatry, Radiology, Podiatry, Rheumatology, Pharmacy, Lab, X-ray, and Health Education



Forsyth Medical Office

1400 Northside Forsyth Drive
Suite 350
Cumming, GA 30041
DIRECTION LINE: **(770) 663-3321**

HOURS: Monday – Friday,
8:30 a.m.-12:30 p.m.

1:30 p.m.-5:30 p.m.
Located off GA 400 Exit 14 (Highway 20) on the Northside Hospital Forsyth campus.

Services available: Adult Medicine, Pediatrics/Adolescent Medicine



Medical centers designated for after-hours urgent care. PHONE: **(404) 365-0966** or **1-800-611-1811**

HOURS (after-hours urgent care only): Monday – Friday: 6-10 p.m.; Saturday 9 a.m.-9 p.m.; Sunday: 10 a.m.-6 p.m.



Henry Towne Centre Medical Center

1125 Towne Center Village Drive
McDonough, GA 30253
DIRECTION LINE: **(678) 583-6618**

HOURS: Monday – Thursday,
8:30 a.m. – 6 p.m.,
Friday, 8:30 a.m. – 5:30 p.m.

Located on Towne Center Village Drive near I-75 and the Jonesboro Road exit.

Services available: Family Medicine, Pediatrics/Adolescent Medicine, Pharmacy, Lab, and X-ray



Panola Medical Center

5440 Hillandale Drive
Lithonia, GA 30058
DIRECTION LINE: **(770) 322-2701**

HOURS: Monday – Friday,
8:30 a.m. – 6 p.m.

Located at Panola Road and Hillandale Drive

Services available: Adult Medicine, Nutrition, OB/GYN, Pediatrics/Adolescent Medicine, Pharmacy, Lab, X-ray, and Health Education



Glenlake Medical Center

20 Glenlake Parkway
Atlanta, GA 30328
DIRECTION LINE: **(770) 677-5801**

HOURS: Monday – Friday,
7:30 a.m. – 6 p.m.

Located in the Glenlake office development at Georgia 400 and Abernathy Road

Services available: Audiology, Adult Medicine, Gastroenterology, General Surgery, Behavioral Health, Neurology, ENT, Nutrition, OB/GYN, Podiatry, Pediatrics/Adolescent Medicine, Maternal Fetal Medicine, Pulmonology, Urology, Pharmacy, Lab, X-ray, and Health Education



Kaiser Permanente Medical Center at Gwinnett

3650 Steve Reynolds Boulevard
Duluth, GA 30096
DIRECTION LINE: **(770) 931-6001**

HOURS: Monday – Friday,
8:30 a.m. – 6 p.m.

Located at Steve Reynolds Boulevard and Shackleford Road

Services available: Adult Medicine, Behavioral Health, Nutrition, OB/GYN, Pediatrics/Adolescent Medicine, Psychiatry, Pharmacy, Lab, X-ray, and Health Education



Southwood Medical Center

2400 Mt. Zion Parkway
Jonesboro, GA 30236
DIRECTION LINE: **(770) 603-3690**

HOURS: Monday – Friday,
8:30 a.m. – 6 p.m.

Located in the Southwood Development near I-75 and the Mt. Zion Boulevard exit

Services available: Family Medicine, Adult Medicine, Infectious Diseases, Behavioral Health, Neurology, Nutrition, OB/GYN, Oncology, Pediatrics/Adolescent Medicine, Psychiatry, Pulmonology, Rheumatology, Surgery, Urology, Pharmacy, Lab, X-ray, and Health Education



TownPark Medical Center

750 TownPark Lane
Kennesaw, GA 30144
DIRECTION LINE: **(770) 514-5566**

HOURS: Monday – Thursday,
8:30 a.m. – 6 p.m.
Friday, 8:30 a.m. – 5:30 p.m.

Located off of Chastain Road between I-75 and I-575 in the TownPark Office Development

Services available: Family Medicine, Adult Medicine, OB/GYN, Behavioral Health, Pediatrics/Adolescent Medicine, Pharmacy, Lab, X-ray, and Health Education

Kaiser Permanente Southwood Specialty Center

2470 Mt. Zion Parkway
Jonesboro, GA 30236

Hours: Monday – Friday,
8:30 a.m. – 5 p.m.

In order to improve service, we have opened a new Southwood Specialty Center—just minutes away from our Southwood Medical Office. The center opened with Dermatology services. In early 2005, the specialty center expanded to include Gastroenterology; Ear, Nose and Throat (ENT); and Surgery. All of these services relocated from the Southwood Medical Center. To schedule an appointment call the Health Line at **(404) 365-0966** or **1-800-611-1811**.

Kaiser Permanente Piedmont Specialty Center

This center does not provide primary care and requires a referral from your personal physician.

2004 Peachtree Road, NW
Suite 100
Atlanta, GA 30309
(404) 504-2640

Located adjacent to Piedmont Hospital.

Services Provided:
Gastroenterology, General Surgery, and Pulmonary Medicine services.

Patient Business Office:
(404) 949-5112

After-hours Urgent Care

After-hours urgent care can help your employees during those times when medical offices are closed and the situation is not critical, or does not jeopardize their life, but immediate medical attention is needed. After-hours urgent care is available evenings, weekends, and holidays at Kaiser Permanente After-hours Urgent Care Centers.

HOURS (after-hours urgent care only): Monday – Friday: 6–10 p.m.; Saturday 9 a.m.–9 p.m.; Sunday: 10 a.m.–6 p.m.

We are now offering a limited number of appointments. Walk-ins are still welcome. Call the Health Line at **(404) 365-0966**.

After-hours Fast Facts

- The copay is higher than the copay for normal office hours.
- No appointment is needed.
- Care is given on a first-come, first-served basis. However, if a member has a serious condition, that person will be seen first—even if you were there first or had an appointment.
- Adults and pediatrics are seen separately.

Kaiser Permanente After-hours Urgent Care Centers

Cumberland Medical Center
2525 Cumberland Parkway
Atlanta, GA 30339

Southwood Medical Center
2400 Mt. Zion Parkway
Jonesboro, GA 30236

Medical Center at Gwinnett
3650 Steve Reynolds Boulevard
Duluth, GA 30096

In addition to the Kaiser Permanente After-Hours Urgent Care Centers referenced, your employees also have access to community After-Hour Urgent Care Centers.

Refer to the physician directory or contact your account executive for a listing of community After-hours Urgent Care Centers available for your plan.

Other Kaiser Permanente locations

Your employees' health is just as important to us when they're traveling as it is when they're home. That's why we offer visiting member benefits.

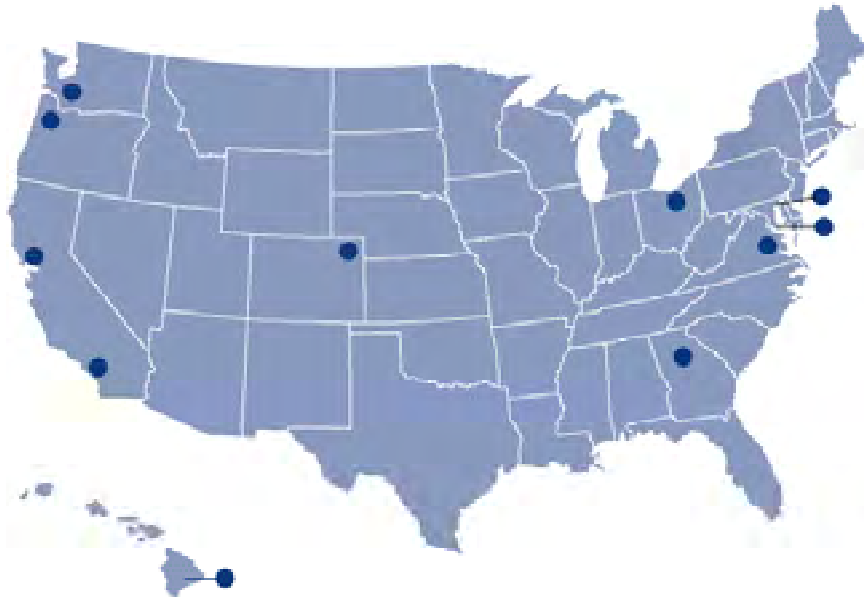
Kaiser Permanente Visiting Members Benefits help your employees receive the routine or continuing care they need when visiting another Kaiser Permanente Service Area, or in the Service Area of our allied health plan, Group Health Cooperative. The coverage may not be exactly the same as in Georgia.

What is a visiting member?

- Members are considered visiting members if they are temporarily in another Kaiser Permanente or Group Health Service Area for less than 90 days.
- Dependent children who attend an accredited college or accredited vocational school in another Kaiser Permanente or Group Health Service Area are always considered visiting members while in another Service Area, even though they may remain there for more than 90 days.
- If members are moving to or visiting another Kaiser Permanente or Group Health Service Area for more than 90 days, they should contact the Customer Service Department here in Georgia at **(404) 261-2590**.



For information on visiting member exclusions and limitations, contact Customer Services at **(404) 261-2590**.



Kaiser Permanente regions across the nation:

Northern California

San Francisco Bay, Sacramento, Stockton, and Fresno areas
Customer Service: **1-800-464-4000**

Southern California

Major metropolitan areas from Bakersfield to San Diego
Customer Service: **1-800-464-4000**

Colorado

Metropolitan Denver and Boulder areas
Customer Service: **1-800-632-9700**

Colorado Springs
Customer Service: **1-888-681-7878**

Hawaii

Islands of Hawaii, Maui, and Oahu
Customer Service: **1-800-966-5955**
Outside Hawaii: **1-800-966-5955**

Ohio

Metropolitan Cleveland
Customer Service: **1-800-686-7100**

Akron
Customer Service: **1-888-606-8759**

The Northwest

Metropolitan Portland and Salem, OR;
Vancouver, Seattle and Kelso, Washington
Customer Service: **1-800-813-2000**

Mid-Atlantic States

Metropolitan Washington, D.C. and Baltimore, MD; Virginia
Customer Service: **1-800-777-7902**

Group Health

Western/Central/Eastern
Washington: **1-888-901-4636**

Enrollment

Open Enrollment

Your Kaiser Permanente account executive can help you—and your employees—get the most out of open enrollment. It's a good idea to use a variety of communication methods, but the most effective is to invite an account executive to come out to your office to talk with your employees. If you currently do not hold open enrollment meetings because employees cannot leave their jobs, Kaiser Permanente will work with you to meet with employees whenever it is convenient.

When you allow a Kaiser Permanente account executive to hold an open enrollment meeting, your employees will be better informed about their healthcare options. Understanding the available health care options is one way employees can make the right health care decision for themselves and their families. Face-to-face meetings cut down on employee questions, especially when a Kaiser Permanente account executive is available to answer them at the beginning of the process. These meetings also help Kaiser Permanente provide you and your employees a high level of customer service. Just call your account executive at **(404) 364-7105**.

General information about enrollment and eligibility requirements

To enroll in Kaiser Permanente, employees and their dependents must meet the eligibility requirements agreed to by Kaiser Permanente and you in your *Group Agreement* (these rules vary from group to group), as well as any eligibility requirements established by you.

The employee must also live within the state-approved Georgia Service Area at the time of enrollment. (Some groups cover their employees who either **work or reside** in our Service Area.)

The following counties in Georgia are included in the Georgia Service Area:

- | | |
|------------|------------|
| ■ Barrow | ■ Forsyth |
| ■ Bartow | ■ Fulton |
| ■ Butts | ■ Gwinnett |
| ■ Cherokee | ■ Hall |
| ■ Clayton | ■ Henry |
| ■ Cobb | ■ Newton |
| ■ Coweta | ■ Paulding |
| ■ DeKalb | ■ Rockdale |
| ■ Douglas | ■ Spalding |
| ■ Fayette | ■ Walton |

Note: The Senior Advantage Service Area is smaller than the regular 20-county Georgia Service Area.

(If you have employees who both live and work outside our Service Area, call your Kaiser Permanente



account executive about our Out-of-Area PPO Plans.)

- Eligible employees and their dependents may enroll in Kaiser Permanente during your open enrollment period (which is scheduled by you, usually annually).
- The only employees allowed to enroll outside of the open enrollment period are new hires and their dependents, or persons otherwise eligible to enroll in the plan who initially declined enrollment when newly eligible. This may be because (1) they had other health insurance coverage, and have had such other coverage terminated due to cessation of employer contributions or exhaustion of COBRA continuation coverage. Or, (2) this may be persons who are eligible to

be covered and have acquired persons eligible to be family dependents by events of birth, marriage, adoption or placement for adoption, or are the family dependents of such eligible person or of a subscriber and are acquired by such events.

- To enroll, a new employee must submit an *Enrollment and Change Form* or log on to ***kp.org/ouremployers***.

You may also use the enrollment method agreed upon by you and Kaiser Permanente. Dependent family members of newly enrolled employees should be included.

- If an employee who is already enrolled wishes to add new dependents (for example, if an employee marries, has a baby, or adopts a child) to his or her account, you can use the same form or the Customer Account Services online system. To enroll, just have the employee fill out the appropriate areas on the *Enrollment and Change Form*, or you can enter the information online.
- You should also use this form or the Customer Account Services system to inform us if an employee loses coverage through your group. Again, you may use another method, which you and your Kaiser Permanente account executive have agreed upon, to report this information.

Guidelines for enrollment

Who may enroll	When to enroll	Coverage becomes effective	Method of enrolling
Eligible employees and dependents	During periodic open enrollments (usually held annually).	Date listed on the Group Agreement. *	Complete <i>Enrollment and Change Form</i> or enroll online using <i>CAS</i> .
New hires (and their dependents)	Within 31 days of becoming eligible.	The effective date listed on the <i>Enrollment and Change Form</i> or <i>CAS</i> screen.	Complete <i>Enrollment and Change Form</i> or enroll online using <i>CAS</i> .
Newborns and newly adopted children	Within 31 days following birth, or following the date of placement for adoption with the adoptive parents, or date of final decree of adoption.	From birth or from the date of placement for adoption, if enrolled within 31 days.	Complete <i>Enrollment and Change Form</i> or enroll online using <i>CAS</i> .
New spouse	Within 31 days following marriage.	First day of month following our receipt of <i>Enrollment and Change Form</i> or <i>CAS</i> Enrollment.	Complete <i>Enrollment and Change Form</i> or enroll online using <i>CAS</i> .

**Please contact your account executive if you have any questions*

Completing the Enrollment and Change Form

Sample *Enrollment and Change Forms* on pages 38 and 39.

When completing the *Enrollment and Change Form*, please indicate:

- Whether you are using it for enrollment or for making changes.
- If using it for enrollment, please make sure your employee checks the box for the appropriate plan.

Using the Enrollment Form to Join:

If an employee is enrolling through open enrollment, non-open enrollment or COBRA, the employee should:

- Complete the areas on the application regarding personal information including the name of his or her spouse and/or dependent(s), and any additional health insurance coverage.
- Sign and date the application.



You—the benefit manager—should:

- Fill in the effective date, group number, subgroup number, bill-group unit and coverage status. Please refer to your *Group Agreement* for your group number, and subgroup number, if applicable.

- Make a copy of the completed application for your files and return to us. Mail to:

Kaiser Foundation
Health Plan of Georgia
P.O. Box 921012
Fort Worth, TX 76121-0005

Making Changes using the Enrollment Form:

You also can use the *Enrollment and Change Form* to make the following changes in an employee's account:

- Add or delete dependents.
To add or delete a dependent, the employee should complete the areas regarding personal information, health record number, and family information.
- Make name changes.
- Disenroll a subscriber.
- Indicate a change of address.
(It is very important to submit this form when an employee moves! This helps ensure that the employee will receive all information regarding benefits, new medical center locations and phone numbers, etc.)
- You should fill in the effective date, group number, subgroup number, bill group unit, and change information. Also, remember to sign and stamp forms.

To ensure that employees and their dependents receive new information or ID cards in a timely manner, mail (**please do not fax**) the form to:

Kaiser Permanente
CSC Georgia
P.O. Box 921012
Fort Worth, TX 76121-1012

Managing Your Account Electronically

Log on to kp.org/ouremployers.

Our online Customer Account Services are a new feature developed specifically to assist purchaser groups in managing their Kaiser Permanente accounts. These services allow you to:

- Add or delete employee and dependent coverage.
- Change employee and dependent demographic information.
- View your Kaiser Permanente enrollment file.
- View your monthly bill.
- Pay your bill.

Tape-to-tape Method

Did you realize you can enroll your employees quickly and more accurately if you do it electronically? Instead of sending long computer printouts with enrollment and eligibility data, you can copy the information from the computer onto a computer tape or floppy disk and send it to us. This not only cuts down on the use of paper and the number of data entry errors, it also improves turnaround.

If you'd like more information on this tape-to-tape method, call the Consolidated Service Center at **(866) 238-2262**.

2006 Open Enrollment Planner



This handy planner can help you keep track of Open Enrollment (OE) events for 2006. Just check off each activity as you complete it, and then keep notes to stay on top of all your OE details.

Open Enrollment period

From: _____

To: _____

9 months before

Date: _____

- Meet with carrier Account Manager to discuss plan and benefit options

6 months before

Date: _____

- Finalize plan and benefit offerings
- Decide on date for Open Enrollment activity
- Reserve a location
- Determine strategy of meeting:
Ongoing education? Benefit promotion?
Updates and changes?
- Decide on format and logistics:
Health fair? Meeting? Theme?
Offer food & drinks? Giveaways?
- Determine carrier involvement

3 months before

Date: _____

- Create schedule for the day of event
Communicate any peak hours or shift changes to carrier
- Plan communication to local and remote employees (memo, email, newsletter, company intranet, etc.)
- Determine number of participants
- Consult with carriers on details of event:
need for presentations, materials, Q&A with table-top displays, and/or direct mail campaign

1 month before

Date: _____

- Display promotional signs to alert employees of upcoming Open Enrollment
- Update communications to include upcoming Open Enrollment information in newsletters, company intranet, etc.
- Fax or email confirmation of promotional needs to carrier Account Manager
- Assign and instruct staff for location setup
- Order enrollment kits
- Order any giveaways or internal printed materials needed
- Determine how you will receive enrollment applications from employees (e.g. paper, electronic, etc.) and a deadline for submissions

23

1 week before

Date: _____

- Update communications to local and remote employees (memo, email, newsletter, company Intranet, etc.)
- Confirm dates, times, and plans with carrier participants

Day of Open Enrollment activity

Date: _____

- Email reminder of event to all employees early in a.m.
- Set up location room
- Set up carrier tables and signage
- Install directional signage for carriers and other vendors
- Greet carrier participants, provide any directions or instructions needed

Membership Information

New members

New members will receive in the mail:

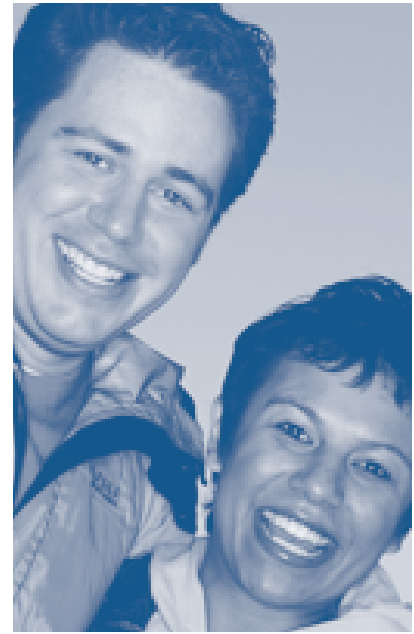
- The *Evidence of Coverage* booklet.
- A Welcome brochure.
- Their Kaiser Permanente identification card.

The ID card identifies Kaiser Permanente members. It also allows us to properly access their health records, make appointments and more. Members should carry it with them always. The most important information on the card is the health record number.

Temporary identification for new members

Kaiser Permanente identification cards are mailed approximately 10 business days after we receive the completed *Enrollment and Change Form*, or CAS enrollment, except during open enrollment periods, when it may take slightly longer to mail.

For hard copy applications, your employees can make a copy to use as temporary identification until they receive their ID card, or call the Health Line number **(404) 365-0966** to get their health record number.





Replacing ID cards

To replace a lost or damaged card, members can:

- Call the Customer Service Department at **(404) 261-2590** (Senior Advantage members should call **(404) 233-3700** locally or **1-800-232-4404** long distance).

- Order a replacement card online at *kp.org*. Click on the following:
 - Customer Service Online
 - ID Card
 - Complete information
 - Submit

There is no charge for a replacement card. The new card will take about ten business days to arrive.

Filing claims

Employees who receive emergency medical services that are not provided, prescribed or directed by a Kaiser Permanente physician, advice nurse, or Affiliated Community Physician must:

- Request that the provider submit their charges on a UB92 or HCFA1500 to the address indicated.
- If the provider will not file the claim for you, please submit a copy of the bill, amount paid, health record number of patient, and information on the treatment and diagnosis. Claims are approved or denied in full or in part. If the claim or part of the claim is denied, we will provide specific reasons in writing. Requests for reconsideration of denied claims should be made in writing.

Direct all claims and correspondence regarding claims to:

Kaiser Permanente
Claims Administration
P.O. Box 190849
Atlanta, GA 31119-0849

Sickness and accident forms

Employees who need to have a sickness and accident form completed should forward the company form to the Medical Record Department at the medical center where their medical records are located. Employees should complete all identifying information on the form and sign the authorization to release medical information. A delay in processing will occur if this information is not available or incomplete. An exception to this process is that obstetrical patients should bring their form to the Medical Record Department in the center where they are receiving prenatal care.

Coordination of benefits

Your employees with health coverage in addition to Kaiser Permanente are subject to coordination of benefits. This means that the benefits provided or paid by both coverages combined cannot be greater than the allowable expenses of the services provided. Coordinating benefits between coverages does not reduce benefits. If applicants are covered by another plan at the time of application, please note this on the *Enrollment and Change Form*.

Coordination of benefits determines coverages in the order of a primary plan and a secondary plan.

- The primary plan pays its benefits as if no other plan exists.
- The secondary plan pays the balance due, if any, if the claim is eligible.
- The order of payment is determined using a set of standard rules. For example, the plan that covers the member as the subscriber is considered primary, while the one covering the member as a dependent is secondary.
- In a case where children are covered by both parents' plans, the plan of the parent whose birth date falls earliest in the year is primary. When a child's parents are divorced, the custodial parent's plan is usually primary.

If Kaiser Permanente is the secondary plan, all claims for services must first be submitted to the primary plan. Kaiser Permanente will pay the remaining balance for eligible services—up to the amount it would have paid if it were the only plan—as long as medical care is provided, prescribed, or directed by a Kaiser Permanente

physician, advice nurse, or Affiliated Community Physician, Participating Providers, or other physician, if your company offers our Added Choice POS or Multi-Choice plans.

Workers' compensation and other services provided by employers

Services for any injury, illness, or condition for which a medical benefit or payment is covered under Workers' Compensation are not covered by Kaiser Permanente. (Georgia law requires employers with three or more employees to carry Workers' Compensation coverage.) Other services that an employer is required by law to provide are also not covered.

For on-the-job illnesses or injuries, please contact your employer for the names of approved medical providers.

Third party actions or automobile accidents

A member whose injury or illness was caused or alleged to be caused by a third party or in a motor vehicle accident is subject to right of recovery. The member must reimburse us from the proceeds of any settlement, judgement or other amount recovered from or on the behalf of a third party. The reimbursement shall be for the value of services provided and expenses covered by both Kaiser Permanente and the third party, less a pro rata share of attorneys' fees and litigation expenses.

The member must make reasonable efforts to obtain a recovery because of an illness or injury caused by a third party or motor vehicle accident. If the member makes this reasonable effort to obtain recovery and remits any recovered amounts up to the amount of the payment or reimbursement due us, any amount owed that exceeds the recovery will be waived. Members will not be required to pay us more than the total amount collected from the insurer and/or liable party.

Verification of treatment

(Back-to-Work Forms)

The *Verification of Treatment Form*, which acknowledges that the patient was ill and indicates when he or she can return to work, is issued by the physician or medical personnel acting on behalf of the physician. This form is given upon request to members who either visit one of our medical centers for treatment, or call their Kaiser Permanente advice nurse or physician to report an illness, and are instructed to restrict activities or remain off work.

Terminated employees

An employee who terminates employment:

- Is covered by Kaiser Permanente until the end of the month in which he or she terminates. Full payment for that month is required.
- Will be billed for services received after the end of the month in which the termination occurred, unless he or she elects to continue membership with us through one of the options described on page 35-36.
- May be able to continue group coverage under COBRA

or the related Georgia statutes (Georgia Health Benefits Assignment Systems), and regulations for continuation of coverage. This health care option is offered by you or through you, the employer.

- May convert without undergoing a medical review to a Kaiser Permanente individual direct pay conversion plan.
- May apply for one of our individual direct pay plans, called Personal Advantage, which require a medical review.

Cancellation of membership

An employee who remains eligible but chooses to cancel Kaiser Permanente membership:

- Must wait until your next open enrollment to reenroll.
- Will not be offered the option of converting to one of two individual direct pay conversion plans. However, the employee may apply for one of our individual direct pay plans, called Personal Advantage, which require a medical review.
- Is covered by Kaiser Permanente until the end of the month in which he or she terminates. Full payment for that month is required.

Payments and Invoices

Timely payment of monthly membership charges and notification of membership changes are essential to insure continuous delivery of health care services to your employees and their dependents.

When is payment due?

Payment for the current month should be received by Kaiser Permanente on or before the last day of the preceding month.

What is retroactive?

Any additions or other changes applicable to any month prior to the current month.

Payment Options

Each month you will receive a copy of your invoice.

Mail

Mail your payment check and a copy of the invoice to:

Kaiser Foundation
Health Plan of Georgia
P.O. Box 403012
Atlanta, GA 30384-3012

Important note: Please mail *only* payments to this address.

To speed processing of eligibility changes, please mail *Enrollment and Change Forms* to:

Kaiser Foundation
Health Plan of Georgia
P.O. Box 921012
Fort Worth, TX 76121-0005

Online

No more waiting for bills to arrive in the mail. Our Customer Account Services makes bill payment much easier for you. With our paperless billing function, we'll e-mail you when your bill is ready for viewing. You can then submit your payment electronically. Log on to kp.org/ouremployers.

Note: You will continue to receive a paper bill. However, sometime in the future, we will offer you the choice to receive paper or electronic only.

Understanding the invoice

Groups with less than 20 subscribers receive a short form invoice and groups with 20 or more subscribers receive the long form invoice.

The pages in your easy-to-understand invoice are:

- Remittance page—includes important addresses and contact information
 - Membership billing statement—provides our hours of operation, your Kaiser Permanente contact name and phone number, confirmation of your eligibility rules, and our agreed upon payment policies.
 - Bill summary—summarizes payments, adjustments, and retroactive dues.
 - Payments details—provides a breakdown of payments received since the last billing.
- Adjustments—provides detail on any payments and adjustments made. This page appears in long form invoices only.
 - Membership activity detail—includes detail on all retroactive membership changes since the last billing. This page appears in long form invoices only.
 - Current dues—includes detailed information on all current subscribers, including a Medicare flag to easily identify all members on Medicare. It also includes a membership summary by contract rate that details subtotals of both sub-



scribers and member count by subgroup. This page appears in long form invoices only.

- Membership summary by contract option—includes a summary of membership activity and rate changes.
- Membership adjustment worksheet—allows you to make changes to the current information.

Sample invoice pages are on pages 40-42.

If you have additional questions, call the Consolidated Service Center at **(866) 238-2262**.

An explanation of retroactive dues adjustments

Retroactive dues adjustments are additions and cancellations that have been processed since the last invoice. While there is a positive or negative dollar amount associated with them, they are not assigned as arrears or credits in our system. For example, if we retroactively disenroll an employee at your request in August, with a cancellation effective date of 5/31, credit will be generated for the months of June, July, and August. If your group never paid for this employee for those months, your group will not be due a credit. In this case, arrears would have been assigned if no payment was received for the employee. The credit generated by the cancellation would then be used to clear the arrears. If

credits are due the group, they will be assigned in the credits section of the invoice detail. If arrears are assigned, they will be listed in the arrears section of the invoice detail.

Payment guidelines

Each month you should review your invoice, whether paper or electronic, and verify:

- That all employees and dependents listed are eligible for coverage for the month being paid.
- That the monthly rate is correct for each family account listed.

You may have changes that affect the monthly payment. These include the termination of an employee, the addition of an employee (and dependents), and the addition or removal of dependents.

If there are no changes for the current month:

Mail

- Send a check for the total amount due, along with the remittance copy of the invoice.

If there are changes for the current month:

- Note the changes on the invoice.
- Calculate the new total amount due.
- Send a check for the new total amount due, along with the remittance copy of the invoice.

If you have questions about your invoice or changes in dues or retroactivity, call the Consolidated Service Center at **(866) 238-2262**.

Online

Each month, the Customer Account Services system will e-mail when your bill is ready for viewing. After verifying the accuracy of your bill, you can then submit your payment online and verify that your payment was received. If you have questions about your bill, you can e-mail your Kaiser Permanente administrative account representative (AAR). You and your AAR can view the same bill online to resolve any problems.

Payment by Wire Transfer or Automated Clearing House

Use of wire transfer, or automated clearing house (ACH), is becoming more widespread and offers benefits to both the sender and receiver of the funds. Instead of sending a check to cover your group's monthly bill, you can coordinate with your bank to automatically transfer the appropriate funds from your bank account to our account electronically.

For more information on paying bills via wire or ACH, call the Consolidated Service Center at **(866) 238-2262**.

Contract Renewal

Notification of renewal date

Your account executive will work with our pricing and underwriting department to send you a notice 60 days before your contract's expiration date. Your account executive is available to discuss benefit levels and rates for the upcoming contract year.

What is the *Group Agreement*?

The *Group Agreement* provides the rates for your new contract year for both non-Medicare and Medicare eligible employees. The *Group Agreement* also includes administrative provisions between you and Kaiser Foundation Health Plan of Georgia, Inc. Please sign and return one original signature page of the *Group Agreement* to Kaiser Permanente.

The *Evidence of Coverage (EOC)*

Included in the EOC is the benefit information, including the benefit schedules and the additional benefits purchased by your group (if any), for your group's specific coverage level.

The *Group Agreement* and the *EOC(s)* (including any amendments or riders) constitute the contract between you and Kaiser Permanente.

If you have purchased multiple products from us, we will attach to the *Group Agreement* an EOC for each product.

Sample of Group Agreement front cover on page 43.



Senior Advantage

The following describes Kaiser Permanente's Senior Advantage Program. Please note that Kaiser Permanente does not provide coverage for all retirees through the group, nor do we cover all Medicare-eligible actives through group coverage. Please contact your sales representative for additional information.

General information

Senior Advantage, a program for Medicare eligibles, is part of Kaiser Permanente's managed care program. That means we manage the costs of providing health care and pass on the cost savings of lower premiums to our members and employer groups. The Senior Advantage plan enables employers to protect health care benefits and continue to afford coverage for active and retired employees.

Through a contract with the Centers for Medicare and Medicaid Services (CMS), the federal agency that oversees Medicare, Senior Advantage combines Medicare benefits with Kaiser Permanente coverage to provide more benefits than Medicare alone. Kaiser Permanente receives a set monthly payment from CMS for each Medicare beneficiary to cover the cost of care received by Senior Advantage members.

Senior Advantage members agree to obtain all care at Kaiser Permanente Medical Centers or through Affiliated Community Physicians listed in *Senior Advantage Provider Directory*, except for emergency care, urgent care, and authorized referrals. Members may not use Medicare to obtain care from non-Kaiser Permanente providers. (This "lock-in" provision for care is an integral feature of this type of Medicare contract with CMS, as well as for non-Medicare health plans.)

Enrollment

Eligibility requirements

The application process for Senior Advantage does not require a medical evaluation. To be eligible for the Senior Advantage plan, an employee:

- Must be entitled to benefits under Medicare Parts A and B.
- Cannot have end-stage renal disease, unless the employee is already a Kaiser Permanente member.



- Must live inside the Kaiser Permanente Senior Advantage Service Area. Refer to the county listing in the *Senior Advantage Evidence of Coverage*.

For information regarding Senior Advantage, call **(404) 364-7044**.

For information regarding other coverage, call **(404) 364-7105**.

Using the enrollment form to join

1. Have the employee/dependent complete the appropriate form(s):

- To enroll a Medicare-eligible employee who has Medicare-eligible dependents, have both the employee and dependents complete separate Senior Advantage enrollment forms (see sample *Senior Advantage Enrollment Form* on page 44. The employee also should complete an *Enrollment and Change Form* (sample on pages 38-39).
- To enroll a Medicare-eligible employee who has non-Medicare eligible dependents, have the employee complete a *Senior Advantage Enrollment Form* and an *Enrollment and Change Form*.
- To enroll a non-Medicare-eligible employee who has Medicare-eligible dependents, have the employee complete an *Enrollment and Change Form*, and each Medicare-eligible dependent complete a *Senior Advantage Enrollment Form*.



- To enroll a Medicare-eligible dependent to an existing Senior Advantage member's account, have the employee complete an *Enrollment and Change Form*, and the dependent complete a *Senior Advantage Enrollment Form*.
- To enroll a non-Medicare-eligible dependent to an existing Senior Advantage member's account, have the employee complete an *Enrollment and Change Form*.

2. You must submit the *Enrollment and Change Form* prior to, or simultaneously with your employee's submission of the *Senior Advantage Enrollment Form*. (Senior Advantage applicants are asked to submit their *Senior Advantage Enrollment Form* separately.) If Kaiser Permanente

receives the *Senior Advantage Enrollment Form* before you submit the *Enrollment and Change Form*, it may affect your employee's effective date. You may request an adjustment in the effective date.

If your employees turn in their *Senior Advantage Enrollment Form* to you, instead of mailing them directly to us, make sure the forms are filled out completely—specifically, the Medicare card number, the signature, and the date. Then forward the form to us at:

Kaiser Permanente
Senior Advantage
3495 Piedmont Road, NE
Nine Piedmont Center
Atlanta, GA 30305-1736.

A postage-paid envelope is provided with each *Senior Advantage Enrollment Form*.

Customer Account Services

With Customer Account Services, you can enter new enrollments up to two months before or after the actual enrollment. For changes outside of that time frame, please contact your administrative account representative (AAR).

Coverage effective dates

Enrollment period (Members turning age 65/non-open enrollment period sign-ups)

You may allow your employees who are already Kaiser Permanente members to submit *Senior Advantage Enrollment Forms* at a time other than your open enrollment period. In those cases, and for employees turning age 65, Senior Advantage coverage will be effective on the first day of the month following the signature date on the form, assuming all eligibility criteria are met.

Annual open enrollment period

Your employees who enroll in Senior Advantage during your group's open enrollment period will continue to be effective on the same date as the standard Kaiser Permanente coverage is effective for your other employees, unless you have negotiated otherwise. Each employee (or dependent) interested must complete a *Senior Advantage Enrollment Form* prior to the effective date. If you collect the *Senior Advantage Enrollment Forms*, you must submit the forms to Kaiser Permanente within one month after the

effective date in order for Kaiser Permanente to retroactively enroll your employees in Senior Advantage. According to CMS guidelines, the date of the member's application may not be older than 30 days.

Loss of coverage

Conversion to individual plan

1. Members eligible for Senior Advantage Individual Plan—Employees (and dependents), who are no longer eligible for group coverage plan but are eligible for Senior Advantage benefits will automatically be converted to our Senior Advantage individual plan. Individual coverage begins at the time group coverage ends.

2. Members Eligible for Non-Medicare Individual Plan—to maintain eligibility for Senior Advantage, employees (and dependents), must maintain Medicare Part A and B coverage, remain inside the Senior Advantage Service Area and be a member of only one Medicare-contracting health plan.

Employees (and dependents) who are no longer eligible for group coverage or the Senior Advantage plan may convert, without undergoing a medical review, to one of two non-Medicare individual direct

pay conversion plans, within 31 days after loss of group coverage.

How to terminate

Members may terminate their Kaiser Permanente Senior Advantage membership at any time. To resume using their Medicare benefits, they must submit a written request for disenrollment to Kaiser Permanente, any Social Security office, or any Railroad Retirement Board office. To disenroll from Kaiser Permanente, we must have a written statement or completed disenrollment form from the member. Members may also call **1-800-Medicare** to disenroll over the phone.

Until the effective cancellation date, members who disenroll are still considered members of Senior Advantage, and must continue to receive medical care at Kaiser Permanente medical centers or through Affiliated Community Physicians listed in the *Senior Advantage Provider Directory*, except for emergency care, urgent care, and authorized referrals. If members enroll in another Medicare-contracting health plan, their Senior Advantage membership will be terminated automatically when their membership in the other health plan becomes effective.



- An employee should first notify you—the benefit manager—of his or her intent to disenroll from Senior Advantage.
- Make sure your employee fills out the *Senior Advantage Disenrollment Form*, or submits a written request for himself or herself and for each dependent who wishes to discontinue membership in Senior Advantage.

(For *Senior Advantage Disenrollment Forms*, contact your account executive at **(404) 233-3700** or **1-800-232-4404**.)

Coverage will be cancelled effective the first day of the month following Kaiser Permanente's receipt of the form.

Disenrollment forms should be mailed to the following address:

Kaiser Permanente
Senior Advantage
P.O. Box 921012
Fort Worth, TX 76121-0005

Keep in mind that if your employee disenrolls from Senior Advantage and transfers to other Kaiser Permanente coverage, your group may be charged a higher rate. *Ask your account executive for details.*

You may not terminate an employee's Senior Advantage coverage unless the employee has submitted a written disenrollment request to Kaiser Permanente.

By using Customer Account Services, disenrollments can be made up to two months before or after the actual enrollment or disenrollment. For changes outside of that time frame, please contact your administrative account representative.

When Senior Advantage members move outside the Service Area

Using your group's standard notification process, you should inform Kaiser Permanente of any member's address change.

If current Kaiser Permanente members are living outside the Kaiser Permanente Senior Advantage Service Area, they cannot enroll in Senior Advantage. If Senior Advantage members living inside the Senior Advantage Service Area permanently move outside the Service Area, they will be disenrolled. Refer to the Service Area description in the *Senior Advantage Evidence of Coverage*.

Kaiser Permanente will notify the members that they will be disenrolled if they have permanently moved outside the Service Area.

Continuing Coverage

Continuing health plan coverage after loss of eligibility

When an employee or an enrolled dependent loses eligibility for coverage, there are three options available to continue uninterrupted Health Plan coverage:

- Personal Advantage.
- COBRA, under either federal or Georgia statutes and regulations.
- Our individual conversion plans.

Personal Advantage

Kaiser Permanente Personal Advantage offers several coverage options for individuals and families who do not have coverage through an employer group. Personal Advantage members see the same great doctors and receive the same great care and service members enjoy through group coverage. Applicants must pass medical review.

COBRA continuation plan (mandated by the Federal Government)

The Federal Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) requires employers of 20 or more employees (except some religious organizations), to offer a continuation of group coverage to employees and dependents who would normally lose group coverage. Under the COBRA statutes, you must notify the qualifying person about this option. The following information may help you in fulfilling this responsibility.

Who is eligible for COBRA up to 18 months after loss of group eligibility?

- Employees and dependents who terminate employment with the group for reasons other than gross misconduct.
- Employees and dependents who no longer qualify for group coverage because of a reduction in working hours.



Who is eligible for COBRA up to 29 months after loss of group eligibility?

- A member who is determined by the Social Security Administration to be disabled during the first 60 days of COBRA continuation coverage, may continue coverage for up to 29 months. Members must notify you, the employer, of such election within the first 18 months of COBRA continuation coverage and within 60 days of the Social Security disability determination.

Who is eligible for COBRA up to 36 months after loss of group eligibility?

- Spouses and eligible dependent children who lose group membership because of divorce or legal separation.
- Spouses and eligible dependent children who lose group membership due to the death of the subscriber.
- Dependent children who marry, reach the age limit for group membership, or experience a change in custody.
- Spouses and eligible dependent children who lose coverage due to the subscriber's eligibility for Medicare.

Notification of employees reinstated under COBRA:

It is your responsibility to notify Kaiser Permanente if an employee's coverage is reinstated under COBRA. If you have terminated an employee from group coverage, you may indicate this reinstatement by clearly indicating on an *Enrollment and Change Form* that this employee is now a COBRA participant. Or, update your records by using our online customer account services—log on to kp.org/ouremployers.

After the notice is completed, send it to:

Kaiser Permanente
CSC Georgia
P.O. Box 921005
Fort Worth, TX 76121-0005

Kaiser Permanente will only continue to provide services to those COBRA members for whom you have prepaid dues.

Individual conversion

Your employees who lose coverage may convert to one of our individual direct pay conversion plans depending on certain criteria and eligibility status. However, the benefits and coverage may differ from those in the employee's group coverage. You—the employer—should notify us on an *Enrollment and Change Form* or through the CAS system that the employee is no longer eligible for group coverage.

For specific information on individual conversion guidelines and procedures, including details on the plans available and their benefits, please call our Customer Service Department **(404) 261-2590**.

User Request Form



Customer account services User ID request form

Please complete all sections of this form (except the shaded area at the bottom, which will be completed by Kaiser Permanente at the time the user ID and password are assigned)

Date: _____

Purchaser/group name: _____

Group administrator (contact) name: _____

Mailing address: _____

City, state, ZIP code: _____

Phone: _____ Fax: _____

Email address (required): _____

Authentication code:

Please enter any 4 to 10 letters and/or numbers as your authentication code, and keep this code in your records for future reference. (If your administrator-level password needs to be transferred to a different individual, or becomes disabled and needs to be reactivated, this code will help us authenticate the request.)

Accounts to access:

Purchaser/group number	Purchaser/group number

Requestor: _____
Signature _____ Title _____

_____ Name (please print) _____ Phone _____

Return to: Kaiser Permanente
P. O. Box 921018
Fort Worth, TX 76121-0018
Attn: Web Support Team

Or Fax to: Kaiser Permanente
Attn: Web Support Team
817-737-8879

Questions? Contact our Web Support Team at 1-866-575-3562, option 1.

Date received:	Date created:
Assigned user ID:	Temporary password:

Large Group Employee Enrollment and Change Form



KAISER PERMANENTE
Kaiser Permanente Insurance Company

**Georgia Region Group Enrollment/
Change Form for Large Group**



Page 1 of 3
KAISER PERMANENTE
Kaiser Foundation Health Plan of Georgia, Inc.

TO BE COMPLETED BY EMPLOYER Please print or type in black ink only.

COMPANY NAME _____

GROUP NO. _____ SUBGROUP NO. _____ BILLGROUP UNIT _____ DATE OF HIRE (MM/DD/YYYY) _____ EFFECTIVE DATE (MM/DD/YYYY) _____

NEW ENROLLMENT Check one:

New group Open enrollment (complete sections A, B, E, G)
 New hire (complete sections A, B, E, G) COBRA (complete sections A, B, E, G)
 Loss of other coverage (complete sections A, B, E, G) Date of event _____
 Other (please specify) _____
 Cancel all coverage (empl. and family) (complete section A)

PLAN Check one:

<input type="checkbox"/> HMO	<input type="checkbox"/> Multi-Choice	<input type="checkbox"/> Out-of-Area	<input type="checkbox"/> Consumer Choice Option (CCO)
<input type="checkbox"/> Deductible Plan with HSA option (Self Only)	<input type="checkbox"/> Deductible Plan with HSA option (Family)	<input type="checkbox"/> Out-of-Area PPO with HSA option (Self Only)	<input type="checkbox"/> Out-of-Area PPO with HSA option (Family)
<input type="checkbox"/> Multi-Choice with HSA option (Self Only)	<input type="checkbox"/> Multi-Choice with HSA option (Family)		

IF MAKING A CHANGE, COMPLETE THE FOLLOWING:

<p>DELETE DEPENDENTS (Complete sections A, B, E, G)</p> <p style="text-align: center;">DATE (MM/DD/YYYY)</p> <p><input type="checkbox"/> Over age limit</p> <p><input type="checkbox"/> Divorce</p> <p><input type="checkbox"/> Deceased</p> <p><input type="checkbox"/> Other (please specify) _____</p>	<p>ADD DEPENDENTS (Complete sections A, B, E, G)</p> <p style="text-align: center;">DATE (MM/DD/YYYY)</p> <p><input type="checkbox"/> Birth</p> <p><input type="checkbox"/> Adoption*</p> <p><input type="checkbox"/> Marriage*</p> <p><input type="checkbox"/> Loss of other coverage</p> <p><input type="checkbox"/> Other (please specify) _____</p>
--	--

OTHER CHANGES (Complete sections A, B, G)

Name change _____ Address (complete sections A, G) _____

Previous name _____ Telephone (complete sections A, G) _____

Current name _____

A. EMPLOYEE INFORMATION

LAST NAME	FIRST NAME	MI	SUFFIX
SOCIAL SECURITY NUMBER	MEDICAL RECORD NUMBER (IF ANY)	DATE OF BIRTH (MM/DD/YYYY)	MALE FEMALE

*Additional documentation may be required.

9104-0041-02-v12



Small Group Employee Enrollment and Change Form

Kaiser Foundation Health Plan of Georgia, Inc.



**KAISER PERMANENTE.
SMALL GROUP EMPLOYEE
ENROLLMENT AND
CHANGE FORM
WITH MEDICAL REVIEW**

Note: Please use blue or black ink.

Kaiser Permanente Insurance Company

Check One In Each Category:

- Enrollment Form
- Change Form
- HMO
- Multi-Choice POS
- Out-of-Area PPO
- Deductible Plan with HSA Option (Self only)
- Deductible Plan with HSA Option (Family)

Check Box:

- Annual Enrollment
- Non-Annual Enrollment
- COBRA Enrollment
- Conversion
- Add dependent(s)
- Termination of Subscriber (This will remove the entire family)
- Drop Dependents
- Change of Address
- Change Primary Care Provider
- Name Change
- Waive Coverage

Fill Out Sections:

- A, B, C, D, E, G, H, I, J
- A, B, C, D, E, G, H, I, J
- A, B, C, D, H
- A, B, C, D, H
- A, B, D, E, F, H, G, J
- A, E, H
- A, D, E, H
- A, H
- A, D, E, H
- A, E, H
- A, H, I

To be Completed by Employer:

Effective Date _____

Group Number _____

Sub Group _____

Bill Group _____

A. Employee Information

Last Name _____ First Name _____ M.I. _____ Sex _____ Ethnicity (optional) _____ Birth Date _____ Social Security # _____

Home Address _____ City _____ County _____ State _____ ZIP Code _____

Employer Name _____ Employer County _____ Date Employed _____ Home Phone _____ Work Phone _____ Health Record # _____

Job Title _____ Hours Worked _____ Are You an Independent Contractor? Yes No Marital Status Single Married Divorced Widowed

E-Mail Address (if any) _____ Language Preference _____ Emergency Contact _____ Phone _____ Relationship _____

B. Medicare Benefits

Do you, your spouse, or any dependent currently receive Medicare benefits? Yes (additional fee required) No

C. Coverage Status

Self only Self & Child Self & Spouse Self & Spouse & Children Self & Children

D. Enrollment

Each member enrolling for coverage, except those enrolling in our Out-of-Area plan, must select a primary care physician. This information is necessary to process the enrollment application. You may select a Kaiser Permanente provider, which includes Southeast Permanente Medical Group Physicians or Affiliated Community Physicians. The information requested on this application is necessary for purposes of enrolling you, your spouse, and dependents and evaluating the rating of your employer's request for group coverage. Once enrolled, you may change your primary care physician at any time—simply call our Member Services Department at (404) 261-2890. Please refer to your Kaiser Permanente Physician Directory for a list of providers and their ID numbers. The provider ID number is listed under each physician's name. You can also access an up-to-date listing of our providers by logging on to www.kp.org.

Adm. Det.	Insured	Last Name	First Name	M.I.	Social Security No.	Birth Date Mo./Day/Year	M/F	Relationship	Provider ID No.	Health Record No.
	<input type="checkbox"/> Self					/ /		SELF		
	<input type="checkbox"/> Spouse					/ /				
	<input type="checkbox"/> Dependent					/ /				
	<input type="checkbox"/> Dependent					/ /				
	<input type="checkbox"/> Dependent					/ /				

E. Other Dependent Information

Uninsured dependent age 19 or over, indicate if Student, list School/University below Disabled

Name	School/University	School/University Address

F. If making a change from previous enrollment form, complete the following.

Termination of subscriber. Check reason for change:

- Quit
- Moved out of area
- Other _____
- Enrollment change
- Dissatisfaction

Add dependent(s). Check reason for change:

- Marriage Date _____
- Birth Date _____
- Adoption Date _____
- Loss of coverage
- Other _____

Drop dependent(s). Check reason for change:

- Death Date _____
- Divorce Date _____
- Over age limit
- Other _____

Change primary care provider. Name change:

Previous name: _____
Current name: _____
Effective date: _____

G. Other Coverage Information

Your acceptance of coverage through Health Plan and/or KPIC, as applicable allows us to share the responsibility of paying for your health coverage with other group health policies that may cover you or other members of your family (such as health coverage through your spouse's employer). This does not reduce your or your dependents' health benefits coverage from Health Plan and/or KPIC, as applicable. In order to coordinate payment, we need the following information:

Is your spouse employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, spouse's employer: _____	Are you, your spouse or dependents covered under any other health insurance policy? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, check who is covered: <input type="checkbox"/> You <input type="checkbox"/> Your Spouse
---	-------------------------------------	--	---

Sample Invoice Pages

Sample paper invoice

 **KAISER PERMANENTE**

KAISER PERMANENTE
1200 BOWIE SERVICE CENTER
P.O. BOX 5400
ST. MARYS, IA 54121-0000

0001-01-00

WRIGHT'S TEST GROUP LONG FORM WITH DEPENDENTS ATTN: BOX 5400 127 MARIETTA, IA 50002	Bill Period Dates: 06/01/2009-06/30/2009 Invoice Number: 000100111 Bill Date: 06/15/2009 Amount Due: \$29,340.37
---	---

PLEASE PAY BY: 07/10/2009

PLEASE SEND PAYMENTS ONLY TO THE
following address:
KAISER PERMANENTE - COLUMBIA
P.O. BOX 5400
MARIETTA, IA 50002

For Billing Inquiries:
WENDY WELT
Phone: 515-455-5400 ext. 5137

Please call all membership changes to:
KAISER PERMANENTE
CMP SERVICE CENTER
P.O. BOX 5400
ST. MARYS, IA 54121-0000

MESSAGE TEXT: 1
MESSAGE: 2
MESSAGE: 3

Did you know you could spread your membership
charges online at:
kaiserpermanente.org

RETURN THIS PORTION WITH YOUR PAYMENT: 000100111
GROUP-BILLING-SECTION 0001-01-00 Invoice Number:

WRIGHT'S TEST GROUP LONG FORM WITH DEPENDENTS ATTN: BOX 5400 127 MARIETTA, IA 50002	Bill Period Date: 06/01/2009 Amount Due: \$29,340.37 Amount must be received by: 07/10/2009
---	---

Please call all membership
changes to the number on

KAISER PERMANENTE - COLUMBIA
P.O. BOX 5400
MARIETTA, IA 50002

Amount Paid: _____

Sample Invoice Pages

Sample printed invoice

Kaiser Permanente
CURRENT BILL
03/01/2012

MARCH 2012

INCLUDES MEMBERSHIP ACTIVITY AND RATE CHANGES PROCESSED FROM 02/01/2012 - 02/15/2012
ANY CHANGES PROCESSED AFTER 02/15/2012 WILL BE REFLECTED ON YOUR NEXT STATEMENT

SUBP	SUBSCRIBER NAME	EMPLOYER NUMBER	MEMBER ID NUMBER	ACCOUNT BILL	TOTAL DUES	MENTAL DUES	DENTAL DUES	HEALTH CARE
000 BORDI, BARRY		96199991	000-0010-00	-	224.00	224.00	0.00	0.00
000 BORDI, BARRY		96199991	000-0010-00	-	224.00	224.00	0.00	0.00
000 BORDI, BARRY		96199991	000-0010-00	-	224.00	224.00	0.00	0.00
000 BORDI, BARRY		96199991	000-0010-00	-	224.00	224.00	0.00	0.00
000 BORDI, BARRY		96199991	000-0010-00	-	224.00	224.00	0.00	0.00
FAMILY COUNT: 5	MEMBER COUNT: 5	SUBTOTAL:			1,120.00	1,120.00	0.00	0.00
000 BORDI, BARRY		96199991	000-0010-00	-	224.00	224.00	0.00	0.00
FAMILY COUNT: 1	MEMBER COUNT: 1	SUBTOTAL:			224.00	224.00	0.00	0.00
000 BORDI, BARRY		96199991	000-0010-00	-	224.00	224.00	0.00	0.00
000 BORDI, BARRY		96199991	000-0010-00	-	224.00	224.00	0.00	0.00
000 BORDI, BARRY		96199991	000-0010-00	-	224.00	224.00	0.00	0.00
FAMILY COUNT: 3	MEMBER COUNT: 3	SUBTOTAL:			672.00	672.00	0.00	0.00
000 BORDI, BARRY		96199991	000-0010-00	-	224.00	224.00	0.00	0.00
000 BORDI, BARRY		96199991	000-0010-00	-	224.00	224.00	0.00	0.00
000 BORDI, BARRY		96199991	000-0010-00	-	224.00	224.00	0.00	0.00
FAMILY COUNT: 3	MEMBER COUNT: 3	SUBTOTAL:			672.00	672.00	0.00	0.00
000 BORDI, BARRY		96199991	000-0010-00	-	224.00	224.00	0.00	0.00
000 BORDI, BARRY		96199991	000-0010-00	-	224.00	224.00	0.00	0.00
000 BORDI, BARRY		96199991	000-0010-00	-	224.00	224.00	0.00	0.00
FAMILY COUNT: 3	MEMBER COUNT: 3	SUBTOTAL:			672.00	672.00	0.00	0.00
TOTAL CURRENT DUES:					2,088.00	2,088.00	0.00	0.00

Sample of CAS screen

Kaiser Permanente

Current Bill

Current period health plan dues

Group: 0 Billing unit: 0

Invoice number: 123456789 September 2011

Subgroup number: 001 Name: BILLING UNIT NAME

Subscriber ID	Subscriber Name	Employee ID	Family Count	Mental Dues	Dental Dues	Total Dues
123456789	SUBSCRIBER NAME 1	123456789	2	359.12	0.00	359.12
123456789	SUBSCRIBER NAME 2	123456789	1	179.56	0.00	179.56
123456789	SUBSCRIBER NAME 3	123456789	1	179.56	0.00	179.56
123456789	SUBSCRIBER NAME 4	123456789	1	179.56	0.00	179.56
123456789	SUBSCRIBER NAME 5	123456789	1	43.23	0.00	43.23
123456789	SUBSCRIBER NAME 6	123456789	1	179.56	0.00	179.56
123456789	SUBSCRIBER NAME 7	123456789	1	179.56	0.00	179.56
123456789	SUBSCRIBER NAME 8	123456789	1	179.56	0.00	179.56
123456789	SUBSCRIBER NAME 9	123456789	1	179.56	0.00	179.56
123456789	SUBSCRIBER NAME 10	123456789	1	179.56	0.00	179.56
123456789	SUBSCRIBER NAME 11	123456789	1	179.56	0.00	179.56
123456789	SUBSCRIBER NAME 12	123456789	1	179.56	0.00	179.56
Subtotal current health plan dues for subgroup 001						\$2,537.31
Total current health plan dues						\$2,537.31

42

Sample printed invoice

Kaiser Permanente
MEMBERSHIP CHANGES
03/01/12/12

ALL ADD/MEMBERSHIP CHANGES MUST BE ACCOMPANIED BY APPROPRIATE ENROLLMENT/CHANGE FORM DOCUMENTATION.

SEE YOU KNOW YOU COULD PROCESS YOUR MEMBERSHIP CHANGES ONLINE AT:
kaiserpermanente.org

PLEASE LIST THE FOLLOWING INFORMATION FOR YOUR MEMBERSHIP ADDS AND/OR CHANGES:


MARCH 2012

GROUP NAME: BORDI'S TEST GROUP GROUP/BILLING UNIT: 0001-01

SUBSCRIBER NAME	MEMBER ID#	DEPENDENT ADD/CANCEL	CANCEL DATE	ADD DATE	ADJUSTMENT AMOUNT

Group Agreement Cover Page

GROUP AGREEMENT COVER PAGE



KAISER PERMANENTE
Kaiser Foundation Health Plan of Georgia, Inc.

A Nonprofit Corporation
A Medicare + Choice Organization

Group Agreement for

Group Name:
Group Number:
Sub Group:

Open Enrollment Period

Applications made during the Open Enrollment Period from state to state provide coverage for the effective term shown below.

Effective Term

From

Anniversary Date

state

QA05USAWRAP11/04

kp.org/ouremployers

