

 **KAISER PERMANENTE®**
Small Business
3100 Thornton Ave.
Burbank, CA 91504

ROBERT GOLDEN
THE GOLDEN CHARTER
ACADEMY
1626 W PRINCETON AVE
FRESNO, CA 93705-3837

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Your 2023 Renewal

A BETTER WAY TO MANAGE RENEWALS

ROBERT GOLDEN
 THE GOLDEN CHARTER ACADEMY
 1626 W PRINCETON AVE
 FRESNO, CA 93705-3837

Group ID: 729890
 Renewal Effective Date: August 01, 2023

Bree Owens
 Hub International Insurance
 Services, Inc

Renewal Monthly Premium: \$13,762.56

Current Monthly Premium: \$12,598.68

% Change: 9.24%

\$ Change: \$1,163.88

Important Information about your renewal

- If you'd like to continue with your renewal plan(s), there's nothing you need to do.
- **Premium change** — The 2023 premium estimate shown above is based on your group's current enrollment and may change depending on the number of employees and dependents who actually enroll.
- Please visit account.kp.org for information on:
 - 2023 renewal support documents—
 - Refer to the Plan Highlights for all Kaiser Permanente small business medical and dental plans.
 - See our Small Business Guidelines for policy and qualification updates.
 - 2023 plan and benefit changes -
 - We made plan and benefit changes to comply with recent ACA regulation updates. As you renew or make plan changes, we're confident you'll determine the best options for you and your employees.
 - 2023 change and clarification notices — Learn about plan updates and health benefit changes.

We value your business and are committed to the health of your employees.

Need help?

Contact your broker who may transact on your behalf or Small Business Account Management Support Team at 800-790-4661, option 3.

On ACCOUNT.KP.ORG

- Explore different renewal options
- Submit plan changes
- View and pay your monthly premium
- Easy access to important documents

To learn how to protect your employees from COVID-19, please visit: healthy.kaiserpermanente.org/health-wellness/coronavirus-information.

Your 2023 renewal checklist

Use this checklist to review your 2023 plans, rates and to complete your 2023 renewal. For expediency, log on to account.kp.org to access your dashboard to review your renewal, make plan or member changes, get real time renewal quotes for different plan options. Avoid the manual process of downloading, printing forms, faxing or emailing changes for a less immediate transaction.

Groups undergoing recertification review: 2023 renewal changes won't be effective until your group has received approval to renew from our Recertification Department. Visit account.kp.org for more information.

- 1. Review your 2023 plan(s) and premium. Explore different renewal options**
- **Renewal Options and Plan Benefits:** Your dashboard on account.kp.org allows you to explore different renewal options — easily add or change plans to compare plan options and get rate quotes and benefit information in real time.
 - **Plan Highlights and Small Business Guidelines:** For more information about plan and product options and for policy and qualification guidelines, visit account.kp.org.
 - **Health savings account (HSA) and health reimbursement arrangement (HRA) options:** See the “Health Payment Accounts” page in the Plan Highlights to learn about the advantages of pairing an HDHP or HRA medical plan with an HSA or HRA administered through Kaiser Permanente. Contact our Small Business Account Management Support Team at **800-790-4661, option 3**, about additional required documents and administration fees for these options.
- 2. Make enrollee or dependent changes**
- Your dashboard on account.kp.org allows for simple and immediate processing of all your changes. Access the links under “Make renewal plan changes” to make the changes for immediate processing.
- 3. Continue to meet grandfathered (nonmetal) plan requirements.**
- If your Employee Retirement Income Security Act (ERISA) status shown on the "2023 renewal changes" form is incorrect, please update and e email your changes to amt@kp.org or fax to **800-369-8010**.
- 4. Review your ERISA status.**
- If your Employee Retirement Income Security Act (ERISA) status shown on the "2023 renewal changes" form is incorrect, please update and e email your changes to amt@kp.org or fax to **800-369-8010**.
- 5. 2023 Renewal Change Form**
- If you are satisfied with your 2023 renewal and no changes are required, then no action is needed.



If you do want to make changes, go to your dashboard on account.kp.org to access the links under “Make renewal plan changes” to update changes for immediate processing. Renewal plan changes on account.kp.org must be received by the 15th of the effective month by 11:59 p.m Pacific Time (PT). to be applied retroactively to the 1st of your renewal month. Thereafter, the renewal plan changes capabilities on account.kp.org will not be available after the 15th of the effective month.

Renewal plan changes submitted by email or fax must have all sections (1–10) signed and received by the 15th of the effective month by 5 p.m. PT. to be applied retroactively to the 1st of your renewal month. Plan change forms received after 5 p.m. PT on or after the 15th of the month will be effective on the 1st of the following month.

Download the most current versions of our forms at account.kp.org:

- **Employee Enrollment:** Add employees and their dependents.
- **Employee/Dependent Change:** Update employee and dependent information.
- **Subscriber Termination and Transfer:** Terminate coverage for an employee and dependent.

Note: If you decide to cancel any grandfathered (nonmetal) plans, you won’t be able to go back to it.

Email changes to amt@kp.org or fax to 800-369-8010

You'll receive a plan change acknowledgment email when the request is approved.

6. Provide your employees and their dependents with SBCs.

Under the Affordable Care Act (ACA), you’re required to give Summary of Benefits and Coverage (SBC) documents to employees and dependents for the plans they enroll in. For more information about SBCs, please visit account.kp.org

Your Kaiser Permanente Portfolio

Your current medical plans are listed below. **The lists are not intended to show plan mapping from current plan to renewal plan.** Please see the Medical Plan Renewal Rates census section for employee plan mapping from their current medical plan to their renewal medical plan.

Current Medical Plans	Renewal Medical Plans
Platinum 90 HMO 0/10 + Child Dental Alt Gold 80 HMO 1000/40 + Child Dental Alt	Platinum 90 HMO 0/10 + Child Dental Alt Gold 80 HMO 1000/40 + Child Dental Alt

Current Dental Plans	Renewal Dental Plans
Not offered	Not offered

Contribution to Employee Medical Plan Premium	Contribution to Dependent Medical Plan Premium
80% of the premium for the plan the employee enrolls in	Not contributing

Medical Plan Renewal Rates

All metal plans cover ACA-defined essential health benefits, which include child dental services only for enrolled children age 0-18. See the Small Business Guidelines at account.kp.org for more information

Employee Name	Status	Age at Renewal	Tier	Current Medical Plan	Renewal Medical Plan	Current Rate	Renewal Rate	% Change	\$ Change
1 BEACH JR, ROBERT	Employee	51	Employee	Gold 80 HMO 1000/40 + Child Dental Alt	Gold 80 HMO 1000/40 + Child Dental Alt	\$583.53	\$651.24	11.60%	\$67.71
					Employee Total	\$583.53	\$651.24	11.60%	\$67.71
2 BOURREL, THERESA	Employee	42	Employee + Spouse	Platinum 90 HMO 0/10 + Child Dental Alt	Platinum 90 HMO 0/10 + Child Dental Alt	\$511.02	\$556.95	8.99%	\$45.93
	Spouse	37				\$482.76	\$520.38	7.79%	\$37.62
					Employee Total	\$993.78	\$1,077.33	8.41%	\$83.55
3 BREUER, AMANDA	Employee	46	Employee	Platinum 90 HMO 0/10 + Child Dental Alt	Platinum 90 HMO 0/10 + Child Dental Alt	\$566.75	\$630.51	11.25%	\$63.76
					Employee Total	\$566.75	\$630.51	11.25%	\$63.76
4 BRITTSAN, BRICE	Employee	32	Employee	Platinum 90 HMO 0/10 + Child Dental Alt	Platinum 90 HMO 0/10 + Child Dental Alt	\$454.89	\$497.26	9.31%	\$42.37
					Employee Total	\$454.89	\$497.26	9.31%	\$42.37
5 CASTILLO, MARIVEL	Employee	55	Employee	Gold 80 HMO 1000/40 + Child Dental Alt	Gold 80 HMO 1000/40 + Child Dental Alt	\$697.56	\$778.69	11.63%	\$81.13
					Employee Total	\$697.56	\$778.69	11.63%	\$81.13
6 EWING II, ERIC	Employee	36	Employee	Platinum 90 HMO 0/10 + Child Dental Alt	Platinum 90 HMO 0/10 + Child Dental Alt	\$479.62	\$517.02	7.80%	\$37.40
					Employee Total	\$479.62	\$517.02	7.80%	\$37.40

Medical Plan Renewal Rates (continued)

Employee Name	Status	Age at Renewal	Tier	Current Medical Plan	Renewal Medical Plan	Current Rate	Renewal Rate	% Change	\$ Change
7 GOLDEN, ROBERT	Employee	32	Employee + Family	Gold 80 HMO 1000/40 + Child Dental Alt	Gold 80 HMO 1000/40 + Child Dental Alt	\$378.68	\$413.09	9.09%	\$34.41
	Spouse	31				\$370.84	\$404.71	9.13%	\$33.87
	Dependent	6				\$263.94	\$281.12	6.51%	\$17.18
	Dependent	3				\$263.94	\$281.12	6.51%	\$17.18
	Dependent	0				\$263.94	\$281.12	6.51%	\$17.18
Employee Total						\$1,541.34	\$1,661.16	7.77%	\$119.82
8 HARWELL, REGINA	Employee	28	Employee	Platinum 90 HMO 0/10 + Child Dental Alt	Platinum 90 HMO 0/10 + Child Dental Alt	\$411.33	\$456.91	11.08%	\$45.58
	Employee Total						\$411.33	\$456.91	11.08%
9 HENDRICKSON, LOUISE	Employee	26	Employee	Platinum 90 HMO 0/10 + Child Dental Alt	Platinum 90 HMO 0/10 + Child Dental Alt	\$394.06	\$430.43	9.23%	\$36.37
	Employee Total						\$394.06	\$430.43	9.23%
10 HENNESSEE, CARLY	Employee	31	Employee	Platinum 90 HMO 0/10 + Child Dental Alt	Platinum 90 HMO 0/10 + Child Dental Alt	\$445.47	\$487.17	9.36%	\$41.70
	Employee Total						\$445.47	\$487.17	9.36%
11 JAMES, ASHALYNN	Employee	34	Employee	Platinum 90 HMO 0/10 + Child Dental Alt	Platinum 90 HMO 0/10 + Child Dental Alt	\$470.20	\$510.29	8.53%	\$40.09
	Employee Total						\$470.20	\$510.29	8.53%
12 JENKINS, HARLEY	Employee	29	Employee	Platinum 90 HMO 0/10 + Child Dental Alt	Platinum 90 HMO 0/10 + Child Dental Alt	\$426.63	\$470.36	10.25%	\$43.73
	Employee Total						\$426.63	\$470.36	10.25%
13 KHAN, ALIYAH	Employee	27	Employee	Gold 80 HMO 1000/40 + Child Dental Alt	Gold 80 HMO 1000/40 + Child Dental Alt	\$334.57	\$365.95	9.38%	\$31.38
	Employee Total						\$334.57	\$365.95	9.38%

Medical Plan Renewal Rates (continued)

Employee Name	Status	Age at Renewal	Tier	Current Medical Plan	Renewal Medical Plan	Current Rate	Renewal Rate	% Change	\$ Change
14 MORALES, MICHELLE	Employee	30	Employee	Gold 80 HMO 1000/40 + Child Dental Alt	Gold 80 HMO 1000/40 + Child Dental Alt	\$365.61	\$396.33	8.40%	\$30.72
					Employee Total	\$365.61	\$396.33	8.40%	\$30.72
15 RIVERS, MALIA	Employee	28	Employee	Platinum 90 HMO 0/10 + Child Dental Alt	Platinum 90 HMO 0/10 + Child Dental Alt	\$411.33	\$456.91	11.08%	\$45.58
					Employee Total	\$411.33	\$456.91	11.08%	\$45.58
16 RODRIGUEZ, RODRIGO	Employee	34	Employee	Platinum 90 HMO 0/10 + Child Dental Alt	Platinum 90 HMO 0/10 + Child Dental Alt	\$470.20	\$510.29	8.53%	\$40.09
					Employee Total	\$470.20	\$510.29	8.53%	\$40.09
17 SCARBOROUGH, KIMBERLY	Employee	34	Employee + Spouse	Gold 80 HMO 1000/40 + Child Dental Alt	Gold 80 HMO 1000/40 + Child Dental Alt	\$391.42	\$423.92	8.30%	\$32.50
	Spouse	42				\$425.40	\$462.68	8.76%	\$37.28
					Employee Total	\$816.82	\$886.60	8.54%	\$69.78
18 SMITH, MELANIE	Employee	36	Employee	Platinum 90 HMO 0/10 + Child Dental Alt	Platinum 90 HMO 0/10 + Child Dental Alt	\$479.62	\$517.02	7.80%	\$37.40
					Employee Total	\$479.62	\$517.02	7.80%	\$37.40
19 SOTO-RUBIO, NOEMY	Employee	26	Employee	Platinum 90 HMO 0/10 + Child Dental Alt	Platinum 90 HMO 0/10 + Child Dental Alt	\$394.06	\$430.43	9.23%	\$36.37
					Employee Total	\$394.06	\$430.43	9.23%	\$36.37
20 STEVENS, MONICA	Employee	27	Employee + Child(ren)	Gold 80 HMO 1000/40 + Child Dental Alt	Gold 80 HMO 1000/40 + Child Dental Alt	\$334.57	\$365.95	9.38%	\$31.38
	Dependent	8				\$263.94	\$281.12	6.51%	\$17.18
					Employee Total	\$598.51	\$647.07	8.11%	\$48.56

Medical Plan Renewal Rates (continued)

Employee Name	Status	Age at Renewal	Tier	Current Medical Plan	Renewal Medical Plan	Current Rate	Renewal Rate	% Change	\$ Change
21 TAYLOR, COUPE	Employee	41	Employee	Platinum 90 HMO 0/10 + Child Dental Alt	Platinum 90 HMO 0/10 + Child Dental Alt	\$501.60	\$547.28	9.11%	\$45.68
Employee Total						\$501.60	\$547.28	9.11%	\$45.68
22 VALENZUELA, SUSANA	Employee	27	Employee	Gold 80 HMO 1000/40 + Child Dental Alt	Gold 80 HMO 1000/40 + Child Dental Alt	\$334.57	\$365.95	9.38%	\$31.38
Employee Total						\$334.57	\$365.95	9.38%	\$31.38
23 XIONG, JACKIE	Employee	29	Employee	Platinum 90 HMO 0/10 + Child Dental Alt	Platinum 90 HMO 0/10 + Child Dental Alt	\$426.63	\$470.36	10.25%	\$43.73
Employee Total						\$426.63	\$470.36	10.25%	\$43.73
Total Employee Premium						\$10,263.92	\$11,250.31	9.61%	\$986.39
Total Dependent Premium						\$2,334.76	\$2,512.25	7.60%	\$177.49
Total Monthly Premium						\$12,598.68	\$13,762.56	9.24%	\$1,163.88

Renewal Options: HMO Plans

The abbreviation "Alt," in certain plan names, designates Kaiser Permanente developed plans that are different from the standard plans and are available through Covered California for Small Business. These Alt plans also include chiro/acu benefits with the exception of the Gold 80 HDHP HMO 1600/15% Alt plan.

Employee Name	Status	Age at Renewal	Tier	Platinum 90 HMO 0/10 + Child Dental Alt	Platinum 90 HMO 0/20 + Child Dental	Gold 80 HMO 0/30 + Child Dental Alt	Gold 80 HMO 250/35 + Child Dental	Gold 80 HMO 1000/40 + Child Dental Alt
1 BEACH JR, ROBERT	Employee	51	Employee	\$783.93	\$769.86	\$728.74	\$692.57	\$651.24
2 BOURREL, THERESA	Employee	42	Employee + Spouse	\$556.95	\$546.95	\$517.74	\$492.04	\$462.68
	Spouse	37		\$520.38	\$511.04	\$483.74	\$459.73	\$432.30
3 BREUER, AMANDA	Employee	46	Employee	\$630.51	\$619.19	\$586.12	\$557.02	\$523.78
4 BRITTSAN, BRICE	Employee	32	Employee	\$497.26	\$488.33	\$462.25	\$439.31	\$413.09
5 CASTILLO, MARIVEL	Employee	55	Employee	\$937.36	\$920.53	\$871.37	\$828.11	\$778.69
6 EWING II, ERIC	Employee	36	Employee	\$517.02	\$507.74	\$480.62	\$456.76	\$429.50
7 GOLDEN, ROBERT	Employee	32	Employee + Family	\$497.26	\$488.33	\$462.25	\$439.31	\$413.09
	Spouse	31		\$487.17	\$478.43	\$452.88	\$430.39	\$404.71
	Dependent	6		\$335.55	\$329.78	\$312.91	\$298.07	\$281.12
	Dependent	3		\$335.55	\$329.78	\$312.91	\$298.07	\$281.12
	Dependent	0		\$335.55	\$329.78	\$312.91	\$298.07	\$281.12
8 HARWELL, REGINA	Employee	28	Employee	\$456.91	\$448.71	\$424.74	\$403.66	\$379.57
9 HENDRICKSON, LOUISE	Employee	26	Employee	\$430.43	\$422.70	\$400.12	\$380.26	\$357.57
10 HENNESSEE, CARLY	Employee	31	Employee	\$487.17	\$478.43	\$452.88	\$430.39	\$404.71
11 JAMES, ASHALYNN	Employee	34	Employee	\$510.29	\$501.13	\$474.37	\$450.82	\$423.92
12 JENKINS, HARLEY	Employee	29	Employee	\$470.36	\$461.92	\$437.25	\$415.54	\$390.74
13 KHAN, ALIYAH	Employee	27	Employee	\$440.52	\$432.61	\$409.50	\$389.17	\$365.95

Renewal Options: HMO Plans (continued)

The abbreviation "Alt," in certain plan names, designates Kaiser Permanente developed plans that are different from the standard plans and are available through Covered California for Small Business. These Alt plans also include chiro/acu benefits with the exception of the Gold 80 HDHP HMO 1600/15% Alt plan.

Employee Name	Status	Age at Renewal	Tier	Platinum 90 HMO 0/10 + Child Dental Alt	Platinum 90 HMO 0/20 + Child Dental	Gold 80 HMO 0/30 + Child Dental Alt	Gold 80 HMO 250/35 + Child Dental	Gold 80 HMO 1000/40 + Child Dental Alt
14 MORALES, MICHELLE	Employee	30	Employee	\$477.09	\$468.52	\$443.50	\$421.48	\$396.33
15 RIVERS, MALIA	Employee	28	Employee	\$456.91	\$448.71	\$424.74	\$403.66	\$379.57
16 RODRIGUEZ, RODRIGO	Employee	34	Employee	\$510.29	\$501.13	\$474.37	\$450.82	\$423.92
17 SCARBOROUGH, KIMBERLY	Employee	34	Employee + Spouse	\$510.29	\$501.13	\$474.37	\$450.82	\$423.92
	Spouse	42		\$556.95	\$546.95	\$517.74	\$492.04	\$462.68
18 SMITH, MELANIE	Employee	36	Employee	\$517.02	\$507.74	\$480.62	\$456.76	\$429.50
19 SOTO-RUBIO, NOEMY	Employee	26	Employee	\$430.43	\$422.70	\$400.12	\$380.26	\$357.57
20 STEVENS, MONICA	Employee	27	Employee + Child(ren)	\$440.52	\$432.61	\$409.50	\$389.17	\$365.95
	Dependent	8		\$335.55	\$329.78	\$312.91	\$298.07	\$281.12
21 TAYLOR, COUPE	Employee	41	Employee	\$547.28	\$537.46	\$508.75	\$483.50	\$454.64
22 VALENZUELA, SUSANA	Employee	27	Employee	\$440.52	\$432.61	\$409.50	\$389.17	\$365.95

Renewal Options: HMO Plans (continued)

The abbreviation "Alt," in certain plan names, designates Kaiser Permanente developed plans that are different from the standard plans and are available through Covered California for Small Business. These Alt plans also include chiro/acu benefits with the exception of the Gold 80 HDHP HMO 1600/15% Alt plan.

Employee Name	Status	Age at Renewal	Tier	Platinum 90 HMO 0/10 + Child Dental Alt	Platinum 90 HMO 0/20 + Child Dental	Gold 80 HMO 0/30 + Child Dental Alt	Gold 80 HMO 250/35 + Child Dental	Gold 80 HMO 1000/40 + Child Dental Alt
23 XIONG, JACKIE	Employee	29	Employee	\$470.36	\$461.92	\$437.25	\$415.54	\$390.74
Total Employee Premium				\$12,016.68	\$11,800.96	\$11,170.67	\$10,616.14	\$9,982.62
Total Dependent Premium				\$2,906.70	\$2,855.54	\$2,706.00	\$2,574.44	\$2,424.17
Total Monthly Premium				\$14,923.38	\$14,656.50	\$13,876.67	\$13,190.58	\$12,406.79
Differential from current premium if all members renew on this plan				18.45%	16.33%	10.14%	4.70%	-1.52%

Renewal Options: HMO Plans (continued)

Employee Name	Status	Age at Renewal	Tier	Gold 80 HDHP HMO 1600/15% + Child Dental Alt	Gold 80 HRA HMO 2250/35 + Child Dental	Silver 70 HMO 1900/65 + Child Dental Alt	Silver 70 HMO 2300/65 + Child Dental Alt	Silver 70 HMO 2500/55 + Child Dental
1 BEACH JR, ROBERT	Employee	51	Employee	\$602.49	\$607.29	\$580.44	\$567.71	\$567.07
2 BOURREL, THERESA	Employee	42	Employee + Spouse	\$428.04	\$431.45	\$412.38	\$403.33	\$402.88
	Spouse	37		\$399.94	\$403.12	\$385.30	\$376.85	\$376.42
3 BREUER, AMANDA	Employee	46	Employee	\$484.58	\$488.44	\$466.84	\$456.60	\$456.09
4 BRITTSAN, BRICE	Employee	32	Employee	\$382.17	\$385.21	\$368.18	\$360.11	\$359.70
5 CASTILLO, MARIVEL	Employee	55	Employee	\$720.40	\$726.14	\$694.04	\$678.82	\$678.05
6 EWING II, ERIC	Employee	36	Employee	\$397.35	\$400.52	\$382.81	\$374.42	\$373.99
7 GOLDEN, ROBERT	Employee	32	Employee + Family	\$382.17	\$385.21	\$368.18	\$360.11	\$359.70
	Spouse	31		\$374.42	\$377.40	\$360.71	\$352.80	\$352.40
	Dependent	6		\$261.12	\$263.09	\$252.08	\$246.86	\$246.59
	Dependent	3		\$261.12	\$263.09	\$252.08	\$246.86	\$246.59
	Dependent	0		\$261.12	\$263.09	\$252.08	\$246.86	\$246.59
8 HARWELL, REGINA	Employee	28	Employee	\$351.16	\$353.95	\$338.31	\$330.89	\$330.51
9 HENDRICKSON, LOUISE	Employee	26	Employee	\$330.80	\$333.44	\$318.70	\$311.71	\$311.36
10 HENNESSEE, CARLY	Employee	31	Employee	\$374.42	\$377.40	\$360.71	\$352.80	\$352.40
11 JAMES, ASHALYNN	Employee	34	Employee	\$392.18	\$395.31	\$377.83	\$369.55	\$369.13
12 JENKINS, HARLEY	Employee	29	Employee	\$361.49	\$364.37	\$348.26	\$340.63	\$340.24
13 KHAN, ALIYAH	Employee	27	Employee	\$338.56	\$341.25	\$326.17	\$319.01	\$318.65
14 MORALES, MICHELLE	Employee	30	Employee	\$366.66	\$369.58	\$353.24	\$345.50	\$345.11
15 RIVERS, MALIA	Employee	28	Employee	\$351.16	\$353.95	\$338.31	\$330.89	\$330.51

Renewal Options: HMO Plans (continued)

Employee Name	Status	Age at Renewal	Tier	Gold 80 HDHP HMO 1600/15% + Child Dental Alt	Gold 80 HRA HMO 2250/35 + Child Dental	Silver 70 HMO 1900/65 + Child Dental Alt	Silver 70 HMO 2300/65 + Child Dental Alt	Silver 70 HMO 2500/55 + Child Dental
16 RODRIGUEZ, RODRIGO	Employee	34	Employee	\$392.18	\$395.31	\$377.83	\$369.55	\$369.13
17 SCARBOROUGH, KIMBERLY	Employee	34	Employee + Spouse	\$392.18	\$395.31	\$377.83	\$369.55	\$369.13
	Spouse	42		\$428.04	\$431.45	\$412.38	\$403.33	\$402.88
18 SMITH, MELANIE	Employee	36	Employee	\$397.35	\$400.52	\$382.81	\$374.42	\$373.99
19 SOTO-RUBIO, NOEMY	Employee	26	Employee	\$330.80	\$333.44	\$318.70	\$311.71	\$311.36
20 STEVENS, MONICA	Employee	27	Employee + Child(ren)	\$338.56	\$341.25	\$326.17	\$319.01	\$318.65
	Dependent	8		\$261.12	\$263.09	\$252.08	\$246.86	\$246.59
21 TAYLOR, COUPE	Employee	41	Employee	\$420.61	\$423.96	\$405.22	\$396.33	\$395.88
22 VALENZUELA, SUSANA	Employee	27	Employee	\$338.56	\$341.25	\$326.17	\$319.01	\$318.65
23 XIONG, JACKIE	Employee	29	Employee	\$361.49	\$364.37	\$348.26	\$340.63	\$340.24

Total Employee Premium	\$9,235.36	\$9,308.92	\$8,897.39	\$8,702.29	\$8,692.42
Total Dependent Premium	\$2,246.88	\$2,264.33	\$2,166.71	\$2,120.42	\$2,118.06
Total Monthly Premium	\$11,482.24	\$11,573.25	\$11,064.10	\$10,822.71	\$10,810.48

Differential from current premium if all members renew on this plan	-8.86%	-8.14%	-12.18%	-14.10%	-14.19%
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Renewal Options: HMO Plans (continued)

Employee Name	Status	Age at Renewal	Tier	Silver 70 HMO 2800/65 + Child Dental Alt	Silver 70 HDHP HMO 2700/25% + Child Dental	Bronze 60 HMO 5400/60 + Child Dental Alt	Bronze 60 HMO 6300/65 + Child Dental	Bronze 60 HDHP HMO 7000/0 + Child Dental
1 BEACH JR, ROBERT	Employee	51	Employee	\$555.75	\$531.71	\$488.94	\$500.71	\$470.84
2 BOURREL, THERESA	Employee	42	Employee + Spouse	\$394.84	\$377.76	\$347.37	\$355.73	\$334.51
	Spouse	37		\$368.91	\$352.96	\$324.56	\$332.38	\$312.55
3 BREUER, AMANDA	Employee	46	Employee	\$446.98	\$427.65	\$393.25	\$402.72	\$378.69
4 BRITTSAN, BRICE	Employee	32	Employee	\$352.52	\$337.27	\$310.14	\$317.61	\$298.66
5 CASTILLO, MARIVEL	Employee	55	Employee	\$664.51	\$635.78	\$584.63	\$598.70	\$562.99
6 EWING II, ERIC	Employee	36	Employee	\$366.53	\$350.67	\$322.47	\$330.23	\$310.53
7 GOLDEN, ROBERT	Employee	32	Employee + Family	\$352.52	\$337.27	\$310.14	\$317.61	\$298.66
	Spouse	31		\$345.37	\$330.43	\$303.85	\$311.17	\$292.60
	Dependent	6		\$241.95	\$232.09	\$214.55	\$219.38	\$207.12
	Dependent	3		\$241.95	\$232.09	\$214.55	\$219.38	\$207.12
	Dependent	0		\$241.95	\$232.09	\$214.55	\$219.38	\$207.12
8 HARWELL, REGINA	Employee	28	Employee	\$323.91	\$309.91	\$284.98	\$291.84	\$274.42
9 HENDRICKSON, LOUISE	Employee	26	Employee	\$305.14	\$291.94	\$268.46	\$274.92	\$258.52
10 HENNESSEE, CARLY	Employee	31	Employee	\$345.37	\$330.43	\$303.85	\$311.17	\$292.60
11 JAMES, ASHALYNN	Employee	34	Employee	\$361.76	\$346.11	\$318.27	\$325.93	\$306.49
12 JENKINS, HARLEY	Employee	29	Employee	\$333.45	\$319.03	\$293.37	\$300.43	\$282.50
13 KHAN, ALIYAH	Employee	27	Employee	\$312.29	\$298.79	\$274.75	\$281.36	\$264.58
14 MORALES, MICHELLE	Employee	30	Employee	\$338.22	\$323.59	\$297.56	\$304.72	\$286.54
15 RIVERS, MALIA	Employee	28	Employee	\$323.91	\$309.91	\$284.98	\$291.84	\$274.42

Renewal Options: HMO Plans (continued)

Employee Name	Status	Age at Renewal	Tier	Silver 70 HMO 2800/65 + Child Dental Alt	Silver 70 HDHP HMO 2700/25% + Child Dental	Bronze 60 HMO 5400/60 + Child Dental Alt	Bronze 60 HMO 6300/65 + Child Dental	Bronze 60 HDHP HMO 7000/0 + Child Dental
16 RODRIGUEZ, RODRIGO	Employee	34	Employee	\$361.76	\$346.11	\$318.27	\$325.93	\$306.49
17 SCARBOROUGH, KIMBERLY	Employee	34	Employee + Spouse	\$361.76	\$346.11	\$318.27	\$325.93	\$306.49
	Spouse	42		\$394.84	\$377.76	\$347.37	\$355.73	\$334.51
18 SMITH, MELANIE	Employee	36	Employee	\$366.53	\$350.67	\$322.47	\$330.23	\$310.53
19 SOTO-RUBIO, NOEMY	Employee	26	Employee	\$305.14	\$291.94	\$268.46	\$274.92	\$258.52
20 STEVENS, MONICA	Employee	27	Employee + Child(ren)	\$312.29	\$298.79	\$274.75	\$281.36	\$264.58
	Dependent	8		\$241.95	\$232.09	\$214.55	\$219.38	\$207.12
21 TAYLOR, COUPE	Employee	41	Employee	\$387.98	\$371.20	\$341.34	\$349.56	\$328.70
22 VALENZUELA, SUSANA	Employee	27	Employee	\$312.29	\$298.79	\$274.75	\$281.36	\$264.58
23 XIONG, JACKIE	Employee	29	Employee	\$333.45	\$319.03	\$293.37	\$300.43	\$282.50

Total Employee Premium	\$8,518.90	\$8,150.46	\$7,494.84	\$7,675.24	\$7,217.34
Total Dependent Premium	\$2,076.92	\$1,989.51	\$1,833.98	\$1,876.80	\$1,768.14
Total Monthly Premium	\$10,595.82	\$10,139.97	\$9,328.82	\$9,552.04	\$8,985.48

Differential from current premium if all members renew on this plan	-15.90%	-19.52%	-25.95%	-24.18%	-28.68%
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HMO Plan Benefits

Summary of Benefits and Coverage (SBC) documents for all our plans are available at account.kp.org. For more information about plan benefits and restrictions, refer to the plan highlight information at account.kp.org.

The abbreviation “Alt,” in certain plan names, designates Kaiser Permanente developed plans that are different from the standard plans and are available through Covered California for Small Business. These Alt plans also include chiro/acu benefits with the exception of the Gold 80 HDHP HMO 1600/15% Alt plan..

Benefits/Services	Platinum 90 HMO 0/10 + Child Dental Alt	Platinum 90 HMO 0/20 + Child Dental	Gold 80 HMO 0/30 + Child Dental Alt	Gold 80 HMO 250/35 + Child Dental	Gold 80 HMO 1000/40 + Child Dental Alt
Plan Deductible	\$0	\$0	\$0	\$250 \$500	\$1,000 Individual \$2,000 Family
Out-of-Pocket (OOP) Maximum	\$3,000 Individual \$6,000 Family	\$4,500 Individual \$9,000 Family	\$7,500 Individual \$15,000 Family	\$7,800 Individual \$15,600 Family	\$7,800 Individual \$15,600 Family
Primary Care Visits	\$10	\$20	\$30	\$35	\$40
Specialty Care Visits	\$20	\$30	\$50	\$55	\$60
Outpatient Surgery	\$300	\$125	\$320	\$335 (after deductible)	\$350
Emergency Visits	\$200	\$150	\$250	\$250 (after deductible)	\$350
Inpatient Hospital Care	\$500 per admission	\$250 per day up to 5 days per admission	\$600 per day up to 5 days per admission	\$600 per day up to 5 days per admission (after deductible)	\$600 per day up to 5 days per admission (after deductible)
Prescriptions					
Generic <i>Up to a 30-day supply</i>	\$5	\$5	\$15	\$15	\$20
Brand <i>Up to a 30-day supply</i>	\$15	\$20	\$50	\$40	\$50 (after \$250 drug deductible)
Specialty <i>Up to a 30-day supply</i>	10% up to \$250 maximum	10% up to \$250 maximum	20% up to \$250 maximum	20% up to \$250 maximum	20% up to \$250 maximum (after \$250 drug deductible)

HMO Plan Benefits (continued)

Benefits/Services	Gold 80 HDHP HMO 1600/15% + Child Dental Alt	Gold 80 HRA HMO 2250/35 + Child Dental	Silver 70 HMO 1900/65 + Child Dental Alt	Silver 70 HMO 2300/65 + Child Dental Alt	Silver 70 HMO 2500/55 + Child Dental
Plan Deductible	\$3,000 Individual \$3,200 Family	\$2,250 Individual \$4,500 Family	\$1,900 Individual \$3,800 Family	\$2,300 Individual \$4,600 Family	\$2,500 Individual \$5,000 Family
Out-of-Pocket (OOP) Maximum	\$3,550 Individual \$7,100 Family	\$8,500 Individual \$17,000 Family	\$8,750 Individual \$17,500 Family	\$8,750 Individual \$17,500 Family	\$8,750 Individual \$17,500 Family
Primary Care Visits	15% (after deductible)	\$35	\$65	\$65	\$55
Specialty Care Visits	15% (after deductible)	\$50	\$100	\$100	\$90
Outpatient Surgery	15% (after deductible)	25% (after deductible)	45% (after deductible)	45% (after deductible)	35% (after drug deductible)
Emergency Visits	15% (after deductible)	25% (after deductible)	45% (after deductible)	45% (after deductible)	30% (after deductible)
Inpatient Hospital Care	15% (after deductible)	25% (after deductible)	45% (after deductible)	45% (after deductible)	40% (after deductible)
Prescriptions					
Generic <i>Up to a 30-day supply</i>	\$15 (after deductible)	\$15	\$20	\$20	\$19
Brand <i>Up to a 30-day supply</i>	\$45 (after deductible)	\$30 (after \$100 drug deductible)	\$100	\$100 (after \$500 drug deductible)	\$85 (after \$370 drug deductible)
Specialty <i>Up to a 30-day supply</i>	15% up to \$250 maximum (after deductible)	20% (after \$100 drug deductible) up to \$250 maximum	20% up to \$250 maximum (after deductible)	20% up to \$250 maximum (after \$500 drug deductible)	30% up to \$250 maximum (after \$370 drug deductible)

HMO Plan Benefits (continued)

Benefits/Services	Silver 70 HMO 2800/65 + Child Dental Alt	Silver 70 HDHP HMO 2700/25% + Child Dental	Bronze 60 HMO 5400/60 + Child Dental Alt	Bronze 60 HMO 6300/65 + Child Dental	Bronze 60 HDHP HMO 7000/0 + Child Dental
Plan Deductible	\$2,800 Individual \$5,600 Family	\$3,000 Individual \$2,700 Self-only \$5,400 Family	\$5,400 Individual \$10,800 Family	\$6,300 Individual \$12,600 Family	\$7,000 Individual \$14,000 Family
Out-of-Pocket (OOP) Maximum	\$8,750 Individual \$17,500 Family	\$7,200 Individual \$14,400 Family	\$8,300 Individual \$16,600 Family	\$8,600 Individual \$17,200 Family	\$7,000 Individual \$14,000 Family
Primary Care Visits	\$65	25% (after deductible)	\$60 (after deductible)	\$65 (after deductible)	\$0 (after deductible)
Specialty Care Visits	\$100	25% (after deductible)	\$80 (after deductible)	\$95 (after deductible)	\$0 (after deductible)
Outpatient Surgery	45% (after deductible)	25% (after deductible)	50% (after deductible)	40% (after deductible)	\$0 (after deductible)
Emergency Visits	45% (after deductible)	25% (after deductible)	50% (after deductible)	40% (after deductible)	\$0 (after deductible)
Inpatient Hospital Care	45% (after deductible)	25% (after deductible)	50% (after deductible)	40% (after deductible)	\$0 (after deductible)
Prescriptions					
Generic <i>Up to a 30-day supply</i>	\$20	25% up to \$250 maximum (after deductible)	\$20	\$18 (after \$500 drug deductible)	\$0 (after deductible)
Brand <i>Up to a 30-day supply</i>	\$100 (after deductible)	25% up to \$250 maximum (after deductible)	50% up to \$500 maximum (after deductible)	40% up to \$500 maximum(after \$500 drug deductible)	\$0 (after deductible)
Specialty <i>Up to a 30-day supply</i>	45% up to \$250 maximum (after deductible)	25% up to \$250 maximum (after deductible)	50% up to \$500 maximum (after deductible)	40% up to \$500 maximum (after \$500 drug deductible)	\$0 (after deductible)

Renewal Options: PPO Insurance Plans

Employee Name	Status	Age at Renewal	Tier	Platinum 90 PPO 0/15 + Child Dental	Gold 80 PPO 350/25 + Child Dental	Silver 70 PPO 2500/55 + Child Dental	Bronze 60 PPO 6300/65 + Child Dental
1 BEACH JR, ROBERT	Employee	51	Employee	\$1,498.88	\$1,318.85	\$1,083.92	\$951.65
2 BOURREL, THERESA	Employee	42	Employee + Spouse	\$1,064.89	\$936.99	\$770.08	\$676.11
	Spouse	37		\$994.97	\$875.46	\$719.51	\$631.72
3 BREUER, AMANDA	Employee	46	Employee	\$1,205.53	\$1,060.74	\$871.79	\$765.41
4 BRITTSAN, BRICE	Employee	32	Employee	\$950.76	\$836.57	\$687.55	\$603.65
5 CASTILLO, MARIVEL	Employee	55	Employee	\$1,792.23	\$1,576.96	\$1,296.06	\$1,137.90
6 EWING II, ERIC	Employee	36	Employee	\$988.54	\$869.81	\$714.87	\$627.63
7 GOLDEN, ROBERT	Employee	32	Employee + Family	\$950.76	\$836.57	\$687.55	\$603.65
	Spouse	31		\$931.48	\$819.60	\$673.60	\$591.40
	Dependent	6		\$614.82	\$540.98	\$444.61	\$390.36
	Dependent	3		\$614.82	\$540.98	\$444.61	\$390.36
	Dependent	0		\$614.82	\$540.98	\$444.61	\$390.36
8 HARWELL, REGINA	Employee	28	Employee	\$873.61	\$768.68	\$631.75	\$554.66
9 HENDRICKSON, LOUISE	Employee	26	Employee	\$822.98	\$724.13	\$595.14	\$522.52
10 HENNESSEE, CARLY	Employee	31	Employee	\$931.48	\$819.60	\$673.60	\$591.40
11 JAMES, ASHALYNN	Employee	34	Employee	\$975.68	\$858.49	\$705.57	\$619.47
12 JENKINS, HARLEY	Employee	29	Employee	\$899.33	\$791.31	\$650.35	\$570.99
13 KHAN, ALIYAH	Employee	27	Employee	\$842.27	\$741.10	\$609.09	\$534.76
14 MORALES, MICHELLE	Employee	30	Employee	\$912.19	\$802.63	\$659.65	\$579.16
15 RIVERS, MALIA	Employee	28	Employee	\$873.61	\$768.68	\$631.75	\$554.66

Renewal Options: PPO Insurance Plans (continued)

Employee Name	Status	Age at Renewal	Tier	Platinum 90 PPO 0/15 + Child Dental	Gold 80 PPO 350/25 + Child Dental	Silver 70 PPO 2500/55 + Child Dental	Bronze 60 PPO 6300/65 + Child Dental
16 RODRIGUEZ, RODRIGO	Employee	34	Employee	\$975.68	\$858.49	\$705.57	\$619.47
17 SCARBOROUGH, KIMBERLY	Employee	34	Employee + Spouse	\$975.68	\$858.49	\$705.57	\$619.47
	Spouse	42		\$1,064.89	\$936.99	\$770.08	\$676.11
18 SMITH, MELANIE	Employee	36	Employee	\$988.54	\$869.81	\$714.87	\$627.63
19 SOTO-RUBIO, NOEMY	Employee	26	Employee	\$822.98	\$724.13	\$595.14	\$522.52
20 STEVENS, MONICA	Employee	27	Employee + Child(ren)	\$842.27	\$741.10	\$609.09	\$534.76
	Dependent	8		\$614.82	\$540.98	\$444.61	\$390.36
21 TAYLOR, COUPE	Employee	41	Employee	\$1,046.40	\$920.72	\$756.71	\$664.37
22 VALENZUELA, SUSANA	Employee	27	Employee	\$842.27	\$741.10	\$609.09	\$534.76
23 XIONG, JACKIE	Employee	29	Employee	\$899.33	\$791.31	\$650.35	\$570.99

Total Employee Premium	\$22,975.89	\$20,216.26	\$16,615.11	\$14,587.59
Total Dependent Premium	\$5,450.62	\$4,795.97	\$3,941.63	\$3,460.67
Total Monthly Premium	\$28,426.51	\$25,012.23	\$20,556.74	\$18,048.26

Differential from current premium if all members renew on this plan	125.63%	98.53%	63.17%	43.26%
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PPO Insurance Plan Benefits

Summary of Benefits and Coverage (SBC) documents for all our plans are available at account.kp.org. SBCs include information to help employees make the right plan choice based on their needs, and you are required to provide eligible employees with SBCs for your renewal plan(s) or for any plan(s) you change to in the future. For more information about plan benefits and restrictions, refer to the plan highlight information at account.kp.org.

Benefits/Services	Platinum 90 PPO 0/15 + Child Dental		Gold 80 PPO 350/25 + Child Dental	
	Participating Providers (in-network)	Non-Participating Providers (out-of-network)	Participating Providers (in-network)	Non-Participating Providers (out-of-network)
Plan Deductible	\$0	\$500 Individual \$1,000 Family	\$350 \$700 Family	\$1,000 Individual \$2,000 Family
Out-of-Pocket (OOP) Maximum	\$4,500 Individual \$9,000 Family	\$9,000 Individual \$18,000 Family	\$7,800 Individual \$15,600 Family	\$15,600 Individual \$31,200 Family
Primary Care Visits	\$15	30% (after deductible)	\$25	40% (after deductible)
Specialty Care Visits	\$30	30% (after deductible)	\$50	40% (after deductible)
Outpatient Surgery	10%	30% (after deductible)	20%	40% (after deductible)
Emergency Visits	\$200	\$200	20% (after deductible)	20% (after deductible)
Inpatient Hospital Care	10%	30% (after deductible)	20% (after deductible)	40% (after deductible)
Prescriptions: In-network prescriptions must be filled at a MedImpact pharmacy				
Generic <i>Up to a 30-day supply</i>	\$10	Not Covered	\$15	Not Covered
Brand <i>Up to a 30-day supply</i>	\$25	Not Covered	\$50	Not Covered
Specialty <i>Up to a 30-day supply</i>	10% up to \$250 maximum	Not Covered	20% up to \$250 maximum	Not Covered

PPO Insurance Plan Benefits (continued)

Benefits/Services	Silver 70 PPO 2500/55 + Child Dental		Bronze 60 PPO 6300/65 + Child Dental	
	Participating Providers (in-network)	Non-Participating Providers (out-of-network)	Participating Providers (in-network)	Non-Participating Providers (out-of-network)
Plan Deductible	\$2,500 Individual \$5,000 Family	\$5,000 Individual \$10,000 Family	\$6,300 Individual \$12,600 Family	\$12,600 Individual \$25,200 Family
Out-of-Pocket (OOP) Maximum	\$8,750 Individual \$17,500 Family	\$17,500 Individual \$35,000 Family	\$8,200 Individual \$16,400 Family	\$16,400 Individual \$32,800 Family
Primary Care Visits	\$55	40% (after deductible)	\$65 (after deductible)	100% (up to OOP maximum)
Specialty Care Visits	\$90	40% (after deductible)	\$95 (after deductible)	100% (up to OOP maximum)
Outpatient Surgery	35% (after deductible)	50% (after deductible)	40% (after deductible)	100% (up to OOP maximum)
Emergency Visits	30% (after deductible)	30% (after deductible)	40% (after deductible)	40% (up to OOP maximum)
Inpatient Hospital Care	40% (after deductible)	50% (after deductible)	40% (after deductible)	100% (up to OOP maximum)
Prescriptions: In-network prescriptions must be filled at a MedImpact pharmacy				
Generic <i>Up to a 30-day supply</i>	\$19	Not Covered	\$18 (after \$500 drug deductible)	Not Covered
Brand <i>Up to a 30-day supply</i>	\$85 (after \$300 drug deductible)	Not Covered	40% up to \$500 maximum (after \$500 drug deductible)	Not Covered
Specialty <i>Up to a 30-day supply</i>	30% up to \$250 maximum (after \$300 drug deductible)	Not Covered	40% up to \$500 maximum (after \$500 drug deductible)	Not Covered

Renewal Options: Supplemental Family Dental Plans—DeltaCare HMO

Dental rates are based on the ZIP code of your business location.

Employee Name	Status	Tier	DeltaCare HMO 10A	DeltaCare HMO 13B
1 BEACH JR, ROBERT	Employee	Employee	\$23.71	\$17.36
2 BOURREL, THERESA	Employee	Employee + Spouse	\$45.29	\$33.16
3 BREUER, AMANDA	Employee	Employee	\$23.71	\$17.36
4 BRITTSAN, BRICE	Employee	Employee	\$23.71	\$17.36
5 CASTILLO, MARIVEL	Employee	Employee	\$23.71	\$17.36
6 EWING II, ERIC	Employee	Employee	\$23.71	\$17.36
7 GOLDEN, ROBERT	Employee	Employee + Family	\$87.02	\$63.71
8 HARWELL, REGINA	Employee	Employee	\$23.71	\$17.36
9 HENDRICKSON, LOUISE	Employee	Employee	\$23.71	\$17.36
10 HENNESSEE, CARLY	Employee	Employee	\$23.71	\$17.36
11 JAMES, ASHALYNN	Employee	Employee	\$23.71	\$17.36
12 JENKINS, HARLEY	Employee	Employee	\$23.71	\$17.36
13 KHAN, ALIYAH	Employee	Employee	\$23.71	\$17.36
14 MORALES, MICHELLE	Employee	Employee	\$23.71	\$17.36
15 RIVERS, MALIA	Employee	Employee	\$23.71	\$17.36
16 RODRIGUEZ, RODRIGO	Employee	Employee	\$23.71	\$17.36
17 SCARBOROUGH, KIMBERLY	Employee	Employee + Spouse	\$45.29	\$33.16
18 SMITH, MELANIE	Employee	Employee	\$23.71	\$17.36
19 SOTO-RUBIO, NOEMY	Employee	Employee	\$23.71	\$17.36
20 STEVENS, MONICA	Employee	Employee + Child(ren)	\$63.07	\$46.18
21 TAYLOR, COUPE	Employee	Employee	\$23.71	\$17.36
22 VALENZUELA, SUSANA	Employee	Employee	\$23.71	\$17.36

Renewal Options: Supplemental Family Dental Plans—DeltaCare HMO (continued)

Employee Name	Status	Tier	DeltaCare HMO 10A	DeltaCare HMO 13B
23 XIONG, JACKIE	Employee	Employee	\$23.71	\$17.36

Total Monthly Premium	\$691.16	\$506.05
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Supplemental Family Dental Plan Benefits—DeltaCare HMO

For more information about plan benefits and restrictions, refer to the plan highlight information at account.kp.org or your *Disclosure Form/Evidence of Coverage*.

Benefits/Services	DeltaCare HMO 10A	DeltaCare HMO 13B
Year deductible per member	None	None
Benefit maximum per member per year	None	None
Procedures not subject to deductible		
Exams	\$0	\$0
Bitewing X-rays	\$0	\$0
Other X-rays	\$0	\$0
Procedures subject to deductible		
Fillings	\$0	\$0
Crowns	\$195 (porcelain)	\$355 (porcelain)
Prosthodontics	\$100	\$285
Orthodontics (Children to age 19)	\$1,700	\$1,900
Orthodontics (Adults)	\$1,900	\$2,100

Renewal Options: Supplemental Family Dental Plans—KPIC PPO

Dental rates are based on the ZIP code of your business location.

Employee Name	Status	Tier	KPIC PPO AG 1500	KPIC PPO AH 2000	KPIC PPO D 1500	KPIC PPO E 1000	KPIC PPO E 1500
1 BEACH JR, ROBERT	Employee	Employee	\$55.52	\$60.48	\$37.96	\$46.28	\$51.02
2 BOURREL, THERESA	Employee	Employee + Spouse	\$113.82	\$123.98	\$77.81	\$94.87	\$104.59
3 BREUER, AMANDA	Employee	Employee	\$55.52	\$60.48	\$37.96	\$46.28	\$51.02
4 BRITTSAN, BRICE	Employee	Employee	\$55.52	\$60.48	\$37.96	\$46.28	\$51.02
5 CASTILLO, MARIVEL	Employee	Employee	\$55.52	\$60.48	\$37.96	\$46.28	\$51.02
6 EWING II, ERIC	Employee	Employee	\$55.52	\$60.48	\$37.96	\$46.28	\$51.02
7 GOLDEN, ROBERT	Employee	Employee + Family	\$184.33	\$200.79	\$126.01	\$153.64	\$169.39
8 HARWELL, REGINA	Employee	Employee	\$55.52	\$60.48	\$37.96	\$46.28	\$51.02
9 HENDRICKSON, LOUISE	Employee	Employee	\$55.52	\$60.48	\$37.96	\$46.28	\$51.02
10 HENNESSEE, CARLY	Employee	Employee	\$55.52	\$60.48	\$37.96	\$46.28	\$51.02
11 JAMES, ASHALYNN	Employee	Employee	\$55.52	\$60.48	\$37.96	\$46.28	\$51.02
12 JENKINS, HARLEY	Employee	Employee	\$55.52	\$60.48	\$37.96	\$46.28	\$51.02
13 KHAN, ALIYAH	Employee	Employee	\$55.52	\$60.48	\$37.96	\$46.28	\$51.02
14 MORALES, MICHELLE	Employee	Employee	\$55.52	\$60.48	\$37.96	\$46.28	\$51.02
15 RIVERS, MALIA	Employee	Employee	\$55.52	\$60.48	\$37.96	\$46.28	\$51.02
16 RODRIGUEZ, RODRIGO	Employee	Employee	\$55.52	\$60.48	\$37.96	\$46.28	\$51.02
17 SCARBOROUGH, KIMBERLY	Employee	Employee + Spouse	\$113.82	\$123.98	\$77.81	\$94.87	\$104.59
18 SMITH, MELANIE	Employee	Employee	\$55.52	\$60.48	\$37.96	\$46.28	\$51.02
19 SOTO-RUBIO, NOEMY	Employee	Employee	\$55.52	\$60.48	\$37.96	\$46.28	\$51.02
20 STEVENS, MONICA	Employee	Employee + Child(ren)	\$116.59	\$127.01	\$79.71	\$97.18	\$107.14
21 TAYLOR, COUPE	Employee	Employee	\$55.52	\$60.48	\$37.96	\$46.28	\$51.02
22 VALENZUELA, SUSANA	Employee	Employee	\$55.52	\$60.48	\$37.96	\$46.28	\$51.02

Renewal Options: Supplemental Family Dental Plans—KPIC PPO (continued)

Employee Name	Status	Tier	KPIC PPO AG 1500	KPIC PPO AH 2000	KPIC PPO D 1500	KPIC PPO E 1000	KPIC PPO E 1500
23 XIONG, JACKIE	Employee	Employee	\$55.52	\$60.48	\$37.96	\$46.28	\$51.02

Total Monthly Premium	\$1,583.44	\$1,724.88	\$1,082.58	\$1,319.88	\$1,455.09
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Supplemental Family Dental Plan Benefits—KPIC PPO

For more information about plan benefits and restrictions, refer to the plan highlight information at account.kp.org or your *Disclosure Form/Evidence of Coverage*.

Benefits/Services	KPIC PPO AG 1500	KPIC PPO AH 2000	KPIC PPO D 1500	KPIC PPO E 1000	KPIC PPO E 1500
	In Network/Out of Network				
Year deductible per member	\$50/\$50 per member	\$50/\$50 per member	\$25/\$50	\$25/\$50	\$25/\$50
Benefit maximum per member per year	\$1,500 per member	\$2,000 per member	\$1,500	\$1,000	\$1,500
Procedures not subject to deductible					
	Plan Pays				
Exams	100%/90%	100%/90%	100%/50%	100%/50%	100%/50%
Bitewing X-rays	100%/90%	100%/90%	100%/50%	100%/50%	100%/50%
Other X-rays	80%/70%	80%/70%	80%/50%	80%/50%	80%/50%
Procedures subject to deductible					
Fillings	80%/70%	80%/70%	80%/50%	80%/50%	80%/50%
Crowns	80%/70%	80%/70%	80%/50% (stainless steel)	80%/50% (stainless steel)	80%/50% (stainless steel)
Prosthodontics	50%/50%	50%/50%	Not covered	50%/50%	50%/50%
Orthodontics (Children to age 19)	Not covered	Not covered	Not covered	Not covered	Not covered
Orthodontics (Adults)	Not covered	Not covered	Not covered	Not covered	Not covered

Renewal Options: Supplemental Family Dental Plans—KPIC Fee-for-Service (Premier)

Dental rates are based on the ZIP code of your business location.

Employee Name	Status	Tier	KPIC Fee-for-Service Plan C	KPIC Fee-for-Service Plan D	KPIC Fee-for-Service Plan E	KPIC Fee-for-Service Plan E with Ortho
1 BEACH JR, ROBERT	Employee	Employee	\$33.43	\$51.96	\$67.49	\$68.90
2 BOURREL, THERESA	Employee	Employee + Spouse	\$68.53	\$106.52	\$138.35	\$141.24
3 BREUER, AMANDA	Employee	Employee	\$33.43	\$51.96	\$67.49	\$68.90
4 BRITTSAN, BRICE	Employee	Employee	\$33.43	\$51.96	\$67.49	\$68.90
5 CASTILLO, MARIVEL	Employee	Employee	\$33.43	\$51.96	\$67.49	\$68.90
6 EWING II, ERIC	Employee	Employee	\$33.43	\$51.96	\$67.49	\$68.90
7 GOLDEN, ROBERT	Employee	Employee + Family	\$110.98	\$172.51	\$224.06	\$228.74
8 HARWELL, REGINA	Employee	Employee	\$33.43	\$51.96	\$67.49	\$68.90
9 HENDRICKSON, LOUISE	Employee	Employee	\$33.43	\$51.96	\$67.49	\$68.90
10 HENNESSEE, CARLY	Employee	Employee	\$33.43	\$51.96	\$67.49	\$68.90
11 JAMES, ASHALYNN	Employee	Employee	\$33.43	\$51.96	\$67.49	\$68.90
12 JENKINS, HARLEY	Employee	Employee	\$33.43	\$51.96	\$67.49	\$68.90
13 KHAN, ALIYAH	Employee	Employee	\$33.43	\$51.96	\$67.49	\$68.90
14 MORALES, MICHELLE	Employee	Employee	\$33.43	\$51.96	\$67.49	\$68.90
15 RIVERS, MALIA	Employee	Employee	\$33.43	\$51.96	\$67.49	\$68.90
16 RODRIGUEZ, RODRIGO	Employee	Employee	\$33.43	\$51.96	\$67.49	\$68.90
17 SCARBOROUGH, KIMBERLY	Employee	Employee + Spouse	\$68.53	\$106.52	\$138.35	\$141.24
18 SMITH, MELANIE	Employee	Employee	\$33.43	\$51.96	\$67.49	\$68.90
19 SOTO-RUBIO, NOEMY	Employee	Employee	\$33.43	\$51.96	\$67.49	\$68.90
20 STEVENS, MONICA	Employee	Employee + Child(ren)	\$70.20	\$109.12	\$141.72	\$144.68
21 TAYLOR, COUPE	Employee	Employee	\$33.43	\$51.96	\$67.49	\$68.90
22 VALENZUELA, SUSANA	Employee	Employee	\$33.43	\$51.96	\$67.49	\$68.90

Renewal Options: Supplemental Family Dental Plans—KPIC Fee-for-Service (Premier) (continued)

Employee Name	Status	Tier	KPIC Fee-for-Service Plan C	KPIC Fee-for-Service Plan D	KPIC Fee-for-Service Plan E	KPIC Fee-for-Service Plan E with Ortho
23 XIONG, JACKIE	Employee	Employee	\$33.43	\$51.96	\$67.49	\$68.90
Total Monthly Premium			\$953.41	\$1,481.91	\$1,924.79	\$1,965.00

Supplemental Family Dental Plan Benefits—KPIC Fee-for-Service (Premier)

For more information about plan benefits and restrictions, refer to the plan highlight information at account.kp.org or your *Disclosure Form/Evidence of Coverage*. Benefits payable will be based on the lesser of the usual, customary, and reasonable fees or the fees actually charged.

Benefits/Services	KPIC Fee-for-Service Plan C	KPIC Fee-for-Service Plan D	KPIC Fee-for-Service Plan E	KPIC Fee-for-Service Plan E with Ortho
Year deductible per member	None	\$25	\$25	\$25
Benefit maximum per member per year	\$500	\$1,000	\$1,000	\$1,000
Plan Pays				
Procedures not subject to deductible				
Exams	100%	100%	100%	100%
Bitewing X-rays	100%	100%	100%	100%
Other X-rays	80%	80%	80%	80%
Procedures subject to deductible				
Fillings	80%	80%	80%	80%
Crowns	80%	80%	80%	80%
Prosthodontics	Not covered	Not covered	50%	50%
Orthodontics (Children to age 19)	Not covered	Not covered	Not covered	50%
Orthodontics (Adults)	Not covered	Not covered	Not covered	Not covered

2023 Renewal Changes

If you are satisfied and have no changes for your 2023 renewal, then no action is needed.

To make changes, go to your dashboard on account.kp.org to access the links under “Make renewal plan changes” to make the changes for immediate processing. Renewal plan changes on account.kp.org must be received by the 15th of the effective month by 11:59 p.m. Thereafter, renewal plan changes capabilities on account.kp.org will not be available after the 15th of the effective month.

Renewal plan changes submitted by email or fax must have all sections (1–10) signed and received by the 15th of the effective month by 5 p.m. Pacific Time (PT) will be applied retroactively to the 1st of your renewal month. Plan change forms received after 5 p.m. PT on or after the 15th of the month will be effective on the 1st of the following month. Email to amt@kp.org or fax to 800-369-8010

Avoid the manual process of downloading, printing forms, faxing or emailing changes for a less immediate transaction.

1. CANCEL PLANS

If you don't want to offer any of these plan(s) at your renewal, check the box next to the plan name.

Cancel medical plan(s)

- Platinum 90 HMO 0/10 + Child Dental Alt
- Gold 80 HMO 1000/40 + Child Dental Alt

CONFIRM CHANGES BY SIGNING HERE

Sign each page and return. Please correct or supply signer, phone, and email as appropriate.
I affirm that I have authority to contract with KFHP and KPIC on behalf of the group.

ROBERT GOLDEN

Authorized Company Signer

Company Title (please print)

X _____
Signature

Date
ROBERT@GOLDENCHARTERACADEMY.ORG

Phone number

Email address

Please sign and email all renewal change pages to amt@kp.org, or fax them to 800-369-8010.

2. ADD NEW MEDICAL PLANS

To add plans, check the box next to the plan name.

- Groups with 1 to 5 enrolled subscribers are eligible to offer up to 4 plans, plus 1 PPO plan¹ for a maximum of 5 plans.
- Groups with 6 or more enrolled subscribers are eligible to offer 1 or more plans, plus 2 PPO plans.
- Summary of Benefits and Coverage (SBC) documents for all our plans are available at account.kp.org².

HMO Plans
PPO Insurance Plans²

-
- Platinum 90 HMO 0/10 + Child Dental Alt
-
-
- Platinum 90 HMO 0/20 + Child Dental

-
- Platinum 90 PPO 0/15 + Child Dental

-
- Gold 80 HMO 0/30 + Child Dental Alt
-
-
- Gold 80 HMO 250/35 + Child Dental
-
-
- Gold 80 HMO 1000/40 + Child Dental Alt
-
-
- Gold 80 HDHP HMO 1600/15% + Child Dental Alt
-
-
- Gold 80 HRA HMO 2250/35 + Child Dental

-
- Gold 80 PPO 350/25 + Child Dental

-
- Silver 70 HMO 1900/65 + Child Dental Alt
-
-
- Silver 70 HMO 2300/65 + Child Dental Alt
-
-
- Silver 70 HMO 2500/55 + Child Dental
-
-
- Silver 70 HMO 2800/65 + Child Dental Alt
-
-
- Silver 70 HDHP HMO 2700/25% + Child Dental

-
- Silver 70 PPO 2500/55 + Child Dental

-
- Bronze 60 HMO 5400/60 + Child Dental Alt
-
-
- Bronze 60 HMO 6300/65 + Child Dental
-
-
- Bronze 60 HDHP HMO 7000/0 + Child Dental

-
- Bronze 60 PPO 6300/65 + Child Dental

If you've selected an **HDHP** or **HRA** medical plan and you would like to pair it with an HSA or HRA administered through Kaiser Permanente, you **must** contact our Small Business Account Management Support Team at **800-790-4661**, option 3, as additional documents are required and administration fees will apply.

If you selected the Gold 80 HRA HMO 2250/35 above, you must establish and fund an HRA for each enrolled employee. The allowable funding range is \$100 to \$400 per employee. If your group covers dependents, the allowable funding range per family is \$200 to \$800.

3. ADD INFERTILITY BENEFIT

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

Add: Infertility benefit

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 Authorized Company Signer

 Company Title (please print)

X _____
 Signature

 Date
 ROBERT@GOLDENCHARTERACADEMY.ORG

 Phone number

 Email address

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4. **ADD SUPPLEMENTAL FAMILY DENTAL PLAN (Optional)³**

Select only 1 plan

- | | | | | |
|---------------------------------------|--------------------------------------|--------------------------------------|-------------------------------------|---|
| KPIC Fee-for-service (Premier) | <input type="checkbox"/> Plan C | <input type="checkbox"/> Plan D | <input type="checkbox"/> Plan E | <input type="checkbox"/> Plan E w/ Ortho ⁴ |
| KPIC PPO | <input type="checkbox"/> PPO AG 1500 | <input type="checkbox"/> PPO AH 2000 | <input type="checkbox"/> PPO D 1500 | |
| | <input type="checkbox"/> PPO E 1000 | <input type="checkbox"/> PPO E 1500 | | |
| DeltaCare HMO | <input type="checkbox"/> 10A HMO | <input type="checkbox"/> 13B HMO | | |

5. **ADD CHIROPRACTIC/ACUPUNCTURE BENEFIT**

The chiropractic/acupuncture benefit can only be added at renewal and is only available to employees enrolled in a grandfathered (nonmetal) HMO medical plan. If you add the chiropractic/acupuncture benefit, all eligible subscribers and dependents must participate. The benefit cannot be offered with any metal plan, or with any grandfathered (nonmetal) HSA-qualified deductible HMO plan.

Add: Chiropractic/acupuncture benefit for grandfathered (nonmetal) copay, deductible HMO, and deductible HMO with HRA plans

6. **CHANGE EMPLOYER PREMIUM CONTRIBUTION**

Company contribution for employee coverage

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

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

- Lowest plan offered All plans offered

Employer contribution (50%–100%): _____ % per employee _____ % per dependent (optional)

Employer contribution (fixed \$): _____ \$ per employee _____ \$ per dependent (optional)

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ROBERT GOLDEN

 Authorized Company Signer

 Company Title (please print)

X _____
 Signature

 Date
 ROBERT@GOLDENCHARTERACADEMY.ORG

 Phone number

 Email address

Please sign and email all renewal change pages to amt@kp.org, or fax them to 800-369-8010.

7. CHANGE ERISA STATUS⁵

Our records indicate that your group is subject to ERISA.

If your ERISA status has changed, please indicate the new status below:

- Subject to ERISA Not subject to ERISA

If you return this form without checking a box, we will assume you are not changing your ERISA status, and we will retain your group health plan's status as it is currently listed in our records.

8. UNDERWRITING STATEMENT

The copay HMO plans, HSA-qualified high deductible health plans, deductible HMO plans, and the deductible HMO plans with HRA, are underwritten by Kaiser Foundation Health Plan, Inc. (KFHP). Kaiser Permanente Insurance Company (KPIC), a subsidiary of KFHP, underwrites the Preferred Provider Organization (PPO) plans as well as the Premier and PPO dental plans. The chiropractic/acupuncture benefit is administered by American Specialty Health Plans of California, Inc.

9. FOOTNOTES

1. For your group to be eligible for the PPO plan, you must have Kaiser Permanente as your sole carrier. Groups with 1 to 5 enrolled subscribers may have 1 PPO plan. If you add a PPO plan, you must complete and submit an Employer Application with this "renewal changes" form.
2. You can access Summary of Benefits and Coverage (SBC) documents to help you make an informed choice about your health plan(s). These documents summarize information about your health coverage options so you can easily compare Kaiser Permanente benefits and coverage with those of other carriers. Please provide your eligible employees with SBCs for your renewal plan(s) or for any plan(s) you change to in the future.
3. Dental plans are only available when purchased with a medical plan at group enrollment or group renewal. If you choose a dental plan, all eligible subscribers and dependents must participate. A medical PPO plan member living outside California is not eligible for the DeltaCare HMO plan.
4. At least 10 subscribers are needed to enroll the group in Dental Plan E with Orthodontics.
5. ERISA is a federal law that sets minimum standards for employee benefit plans established by private employers and employee organizations. Many group health plans are subject to ERISA, although government and church plans generally aren't. If you're unsure of your group health plan's ERISA status, we recommend that you consult with your financial or legal advisor before responding.

CONFIRM CHANGES BY SIGNING HERE Sign each page and return. Please correct or supply signer, phone, and email as appropriate. <i>I affirm that I have authority to contract with KFHP and KPIC on behalf of the group.</i>	
ROBERT GOLDEN	
_____ Authorized Company Signer	_____ Company Title (please print)
X _____ Signature	_____ Date ROBERT@GOLDENCHARTERACADEMY.ORG
_____ Phone number	_____ Email address

Please sign and email all renewal change pages to amt@kp.org, or fax them to 800-369-8010.

10. UPDATE RENEWAL HEALTH PLAN SELECTION FOR EACH EMPLOYEE (Census)

Fill in the new plan name on "N/C" (no change) for each employee. To add or to terminate coverage for an employee, and all COBRA members not listed on this page go to your dashboard on account.kp.org to access the links under "Make renewal plan changes" to make the changes for immediate processing.

This census was taken approximately 120 days before your group renewal date. To see an up to date census and make same-day membership changes, please refer to your dashboard on account.kp.org

RENEWAL PLAN SELECTION FOR EACH EMPLOYEE					
	Employee Name	Age	Tier	Renewal Plan	New Plan Selection
1.	BEACH JR, ROBERT	51	Employee	Gold 80 HMO 1000/40 + Child Dental Alt	
2.	BOURREL, THERESA	42	Employee + Spouse	Platinum 90 HMO 0/10 + Child Dental Alt	
3.	BREUER, AMANDA	46	Employee	Platinum 90 HMO 0/10 + Child Dental Alt	
4.	BRITTSAN, BRICE	32	Employee	Platinum 90 HMO 0/10 + Child Dental Alt	
5.	CASTILLO, MARIVEL	55	Employee	Gold 80 HMO 1000/40 + Child Dental Alt	
6.	EWING II, ERIC	36	Employee	Platinum 90 HMO 0/10 + Child Dental Alt	
7.	GOLDEN, ROBERT	32	Employee + Family	Gold 80 HMO 1000/40 + Child Dental Alt	
8.	HARWELL, REGINA	28	Employee	Platinum 90 HMO 0/10 + Child Dental Alt	
9.	HENDRICKSON, LOUISE	26	Employee	Platinum 90 HMO 0/10 + Child Dental Alt	
10.	HENNESSEE, CARLY	31	Employee	Platinum 90 HMO 0/10 + Child Dental Alt	
11.	JAMES, ASHALYNN	34	Employee	Platinum 90 HMO 0/10 + Child Dental Alt	
12.	JENKINS, HARLEY	29	Employee	Platinum 90 HMO 0/10 + Child Dental Alt	
13.	KHAN, ALIYAH	27	Employee	Gold 80 HMO 1000/40 + Child Dental Alt	
14.	MORALES, MICHELLE	30	Employee	Gold 80 HMO 1000/40 + Child Dental Alt	

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I affirm that I have authority to contract with KFHP and KPIC on behalf of the group.

ROBERT GOLDEN

 Authorized Company Signer

 Company Title (please print)

 X _____
 Signature

 Date
 ROBERT@GOLDENCHARTERACADEMY.ORG

 Phone number

 Email address

Please sign and email all renewal change pages to amt@kp.org, or fax them to 800-369-8010.

RENEWAL PLAN SELECTION FOR EACH EMPLOYEE					
	Employee Name	Age	Tier	Renewal Plan	New Plan Selection
15.	RIVERS, MALIA	28	Employee	Platinum 90 HMO 0/10 + Child Dental Alt	
16.	RODRIGUEZ, RODRIGO	34	Employee	Platinum 90 HMO 0/10 + Child Dental Alt	
17.	SCARBOROUGH, KIMBERLY	34	Employee + Spouse	Gold 80 HMO 1000/40 + Child Dental Alt	
18.	SMITH, MELANIE	36	Employee	Platinum 90 HMO 0/10 + Child Dental Alt	
19.	SOTO-RUBIO, NOEMY	26	Employee	Platinum 90 HMO 0/10 + Child Dental Alt	
20.	STEVENS, MONICA	27	Employee + Child(ren)	Gold 80 HMO 1000/40 + Child Dental Alt	
21.	TAYLOR, COUPE	41	Employee	Platinum 90 HMO 0/10 + Child Dental Alt	
22.	VALENZUELA, SUSANA	27	Employee	Gold 80 HMO 1000/40 + Child Dental Alt	
23.	XIONG, JACKIE	29	Employee	Platinum 90 HMO 0/10 + Child Dental Alt	

CONFIRM CHANGES BY SIGNING HERE	
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ROBERT GOLDEN	
_____	_____
Authorized Company Signer	Company Title (please print)
X _____	_____
Signature	Date
_____	ROBERT@GOLDENCHARTERACADEMY.ORG
Phone number	Email address

Please sign and email all renewal change pages to amt@kp.org, or fax them to 800-369-8010.

Small Business medical plan rates

Age on 2023 effective date	Platinum 90 HMO 0/10 + Child Dental Alt	Platinum 90 HMO 0/20* + Child Dental
0-14 ¹	\$335.55	\$329.78
15 ¹	\$364.13	\$357.85
16 ¹	\$375.06	\$368.58
17 ¹	\$385.99	\$379.31
18 ¹	\$397.76	\$390.87
19	\$395.54	\$388.44
20	\$407.73	\$400.41
21	\$420.34	\$412.79
22	\$420.34	\$412.79
23	\$420.34	\$412.79
24	\$420.34	\$412.79
25	\$422.02	\$414.44
26	\$430.43	\$422.70
27	\$440.52	\$432.61
28	\$456.91	\$448.71
29	\$470.36	\$461.92
30	\$477.09	\$468.52
31	\$487.17	\$478.43
32	\$497.26	\$488.33
33	\$503.57	\$494.53
34	\$510.29	\$501.13
35	\$513.65	\$504.43
36	\$517.02	\$507.74
37	\$520.38	\$511.04
38	\$523.74	\$514.34
39	\$530.47	\$520.94
40	\$537.19	\$527.55
41	\$547.28	\$537.46
42	\$556.95	\$546.95
43	\$570.40	\$560.16
44	\$587.21	\$576.67
45	\$606.97	\$596.07
46	\$630.51	\$619.19
47	\$656.99	\$645.20
48	\$687.25	\$674.92
49	\$717.10	\$704.22
50	\$750.73	\$737.25
51	\$783.93	\$769.86
52	\$820.50	\$805.77
53	\$857.49	\$842.10
54	\$897.42	\$881.31
55	\$937.36	\$920.53
56	\$980.65	\$963.05
57	\$1,024.37	\$1,005.98
58	\$1,071.02	\$1,051.80
59	\$1,094.14	\$1,074.50
60	\$1,140.80	\$1,120.32
61	\$1,181.15	\$1,159.95
62	\$1,207.63	\$1,185.95
63	\$1,240.84	\$1,218.56
64+	\$1,261.02	\$1,238.37

¹HMO 0-14, 15, 16, 17 and 18 age rates include the cost of \$13.99 for Child Dental coverage.

Small Business medical plan rates

Age on 2023 effective date	Gold 80 HMO 0/30* + Child Dental Alt	Gold 80 HMO 250/35* + Child Dental	Gold 80 HMO 1000/40* + Child Dental Alt	Gold 80 HDHP HMO 1600/15% + Child Dental Alt	Gold 80 HRA HMO 2250/35 + Child Dental
0-14 ¹	\$312.91	\$298.07	\$281.12	\$261.12	\$263.09
15 ¹	\$339.48	\$323.32	\$304.86	\$283.09	\$285.24
16 ¹	\$349.64	\$332.98	\$313.94	\$291.49	\$293.70
17 ¹	\$359.80	\$342.63	\$323.02	\$299.89	\$302.17
18 ¹	\$370.74	\$353.03	\$332.80	\$308.94	\$311.29
19	\$367.69	\$349.44	\$328.59	\$303.99	\$306.41
20	\$379.02	\$360.21	\$338.71	\$313.36	\$315.86
21	\$390.75	\$371.35	\$349.19	\$323.05	\$325.62
22	\$390.75	\$371.35	\$349.19	\$323.05	\$325.62
23	\$390.75	\$371.35	\$349.19	\$323.05	\$325.62
24	\$390.75	\$371.35	\$349.19	\$323.05	\$325.62
25	\$392.31	\$372.83	\$350.59	\$324.34	\$326.93
26	\$400.12	\$380.26	\$357.57	\$330.80	\$333.44
27	\$409.50	\$389.17	\$365.95	\$338.56	\$341.25
28	\$424.74	\$403.66	\$379.57	\$351.16	\$353.95
29	\$437.25	\$415.54	\$390.74	\$361.49	\$364.37
30	\$443.50	\$421.48	\$396.33	\$366.66	\$369.58
31	\$452.88	\$430.39	\$404.71	\$374.42	\$377.40
32	\$462.25	\$439.31	\$413.09	\$382.17	\$385.21
33	\$468.11	\$444.88	\$418.33	\$387.01	\$390.10
34	\$474.37	\$450.82	\$423.92	\$392.18	\$395.31
35	\$477.49	\$453.79	\$426.71	\$394.77	\$397.91
36	\$480.62	\$456.76	\$429.50	\$397.35	\$400.52
37	\$483.74	\$459.73	\$432.30	\$399.94	\$403.12
38	\$486.87	\$462.70	\$435.09	\$402.52	\$405.73
39	\$493.12	\$468.64	\$440.68	\$407.69	\$410.94
40	\$499.37	\$474.58	\$446.26	\$412.86	\$416.15
41	\$508.75	\$483.50	\$454.64	\$420.61	\$423.96
42	\$517.74	\$492.04	\$462.68	\$428.04	\$431.45
43	\$530.24	\$503.92	\$473.85	\$438.38	\$441.87
44	\$545.87	\$518.78	\$487.82	\$451.30	\$454.90
45	\$564.24	\$536.23	\$504.23	\$466.49	\$470.20
46	\$586.12	\$557.02	\$523.78	\$484.58	\$488.44
47	\$610.74	\$580.42	\$545.78	\$504.93	\$508.95
48	\$638.87	\$607.16	\$570.92	\$528.19	\$532.40
49	\$666.61	\$633.52	\$595.72	\$551.12	\$555.52
50	\$697.87	\$663.23	\$623.65	\$576.97	\$581.57
51	\$728.74	\$692.57	\$651.24	\$602.49	\$607.29
52	\$762.74	\$724.87	\$681.62	\$630.60	\$635.62
53	\$797.12	\$757.55	\$712.35	\$659.02	\$664.27
54	\$834.24	\$792.83	\$745.52	\$689.71	\$695.21
55	\$871.37	\$828.11	\$778.69	\$720.40	\$726.14
56	\$911.61	\$866.36	\$814.66	\$753.68	\$759.68
57	\$952.25	\$904.98	\$850.97	\$787.28	\$793.55
58	\$995.62	\$946.20	\$889.74	\$823.13	\$829.69
59	\$1,017.11	\$966.62	\$908.94	\$840.90	\$847.60
60	\$1,060.49	\$1,007.84	\$947.70	\$876.76	\$883.75
61	\$1,098.00	\$1,043.49	\$981.22	\$907.77	\$915.01
62	\$1,122.62	\$1,066.89	\$1,003.22	\$928.13	\$935.52
63	\$1,153.48	\$1,096.22	\$1,030.81	\$953.65	\$961.24
64+	\$1,172.25	\$1,114.05	\$1,047.57	\$969.15	\$976.86

¹HMO 0-14, 15, 16, 17 and 18 age rates include the cost of \$13.99 for Child Dental coverage.

Small Business medical plan rates

Age on 2023 effective date	Silver 70 HMO 1900/65* + Child Dental Alt	Silver 70 HMO 2300/65* + Child Dental Alt	Silver 70 HMO 2500/55* + Child Dental	Silver 70 HMO 2800/65* + Child Dental Alt	Silver 70 HDHP HMO 2700/25%* + Child Dental
0-14 ¹	\$252.08	\$246.86	\$246.59	\$241.95	\$232.09
15 ¹	\$273.24	\$267.56	\$267.27	\$262.21	\$251.48
16 ¹	\$281.34	\$275.47	\$275.18	\$269.96	\$258.89
17 ¹	\$289.43	\$283.39	\$283.08	\$277.71	\$266.30
18 ¹	\$298.14	\$291.91	\$291.59	\$286.05	\$274.29
19	\$292.87	\$286.44	\$286.12	\$280.41	\$268.28
20	\$301.89	\$295.27	\$294.94	\$289.05	\$276.55
21	\$311.23	\$304.40	\$304.06	\$297.99	\$285.10
22	\$311.23	\$304.40	\$304.06	\$297.99	\$285.10
23	\$311.23	\$304.40	\$304.06	\$297.99	\$285.10
24	\$311.23	\$304.40	\$304.06	\$297.99	\$285.10
25	\$312.47	\$305.62	\$305.27	\$299.18	\$286.24
26	\$318.70	\$311.71	\$311.36	\$305.14	\$291.94
27	\$326.17	\$319.01	\$318.65	\$312.29	\$298.79
28	\$338.31	\$330.89	\$330.51	\$323.91	\$309.91
29	\$348.26	\$340.63	\$340.24	\$333.45	\$319.03
30	\$353.24	\$345.50	\$345.11	\$338.22	\$323.59
31	\$360.71	\$352.80	\$352.40	\$345.37	\$330.43
32	\$368.18	\$360.11	\$359.70	\$352.52	\$337.27
33	\$372.85	\$364.67	\$364.26	\$356.99	\$341.55
34	\$377.83	\$369.55	\$369.13	\$361.76	\$346.11
35	\$380.32	\$371.98	\$371.56	\$364.14	\$348.39
36	\$382.81	\$374.42	\$373.99	\$366.53	\$350.67
37	\$385.30	\$376.85	\$376.42	\$368.91	\$352.96
38	\$387.79	\$379.29	\$378.86	\$371.29	\$355.24
39	\$392.77	\$384.16	\$383.72	\$376.06	\$359.80
40	\$397.75	\$389.03	\$388.59	\$380.83	\$364.36
41	\$405.22	\$396.33	\$395.88	\$387.98	\$371.20
42	\$412.38	\$403.33	\$402.88	\$394.84	\$377.76
43	\$422.34	\$413.08	\$412.61	\$404.37	\$386.88
44	\$434.79	\$425.25	\$424.77	\$416.29	\$398.29
45	\$449.41	\$439.56	\$439.06	\$430.30	\$411.69
46	\$466.84	\$456.60	\$456.09	\$446.98	\$427.65
47	\$486.45	\$475.78	\$475.24	\$465.76	\$445.61
48	\$508.86	\$497.70	\$497.13	\$487.21	\$466.14
49	\$530.96	\$519.31	\$518.72	\$508.37	\$486.38
50	\$555.85	\$543.66	\$543.05	\$532.21	\$509.19
51	\$580.44	\$567.71	\$567.07	\$555.75	\$531.71
52	\$607.52	\$594.19	\$593.52	\$581.67	\$556.52
53	\$634.91	\$620.98	\$620.28	\$607.90	\$581.61
54	\$664.47	\$649.90	\$649.16	\$636.21	\$608.69
55	\$694.04	\$678.82	\$678.05	\$664.51	\$635.78
56	\$726.10	\$710.17	\$709.37	\$695.21	\$665.14
57	\$758.46	\$741.83	\$740.99	\$726.20	\$694.79
58	\$793.01	\$775.62	\$774.74	\$759.28	\$726.44
59	\$810.13	\$792.36	\$791.46	\$775.66	\$742.12
60	\$844.67	\$826.15	\$825.21	\$808.74	\$773.76
61	\$874.55	\$855.37	\$854.40	\$837.35	\$801.13
62	\$894.16	\$874.55	\$873.56	\$856.12	\$819.10
63	\$918.75	\$898.60	\$897.58	\$879.66	\$841.62
64+	\$933.69	\$913.20	\$912.18	\$893.97	\$855.30

¹HMO 0-14, 15, 16, 17 and 18 age rates include the cost of \$13.99 for Child Dental coverage.

Small Business medical plan rates

Age on 2023 effective date	Bronze 60 HMO 5400/60* + Child Dental Alt	Bronze 60 HMO 6300/65* + Child Dental	Bronze 60 HDHP HMO 7000/0* + Child Dental
0-14 ¹	\$214.55	\$219.38	\$207.12
15 ¹	\$232.38	\$237.63	\$224.29
16 ¹	\$239.19	\$244.61	\$230.85
17 ¹	\$246.01	\$251.59	\$237.42
18 ¹	\$253.35	\$259.11	\$244.49
19	\$246.70	\$252.64	\$237.57
20	\$254.30	\$260.42	\$244.89
21	\$262.17	\$268.48	\$252.46
22	\$262.17	\$268.48	\$252.46
23	\$262.17	\$268.48	\$252.46
24	\$262.17	\$268.48	\$252.46
25	\$263.22	\$269.55	\$253.47
26	\$268.46	\$274.92	\$258.52
27	\$274.75	\$281.36	\$264.58
28	\$284.98	\$291.84	\$274.42
29	\$293.37	\$300.43	\$282.50
30	\$297.56	\$304.72	\$286.54
31	\$303.85	\$311.17	\$292.60
32	\$310.14	\$317.61	\$298.66
33	\$314.08	\$321.64	\$302.45
34	\$318.27	\$325.93	\$306.49
35	\$320.37	\$328.08	\$308.51
36	\$322.47	\$330.23	\$310.53
37	\$324.56	\$332.38	\$312.55
38	\$326.66	\$334.52	\$314.57
39	\$330.86	\$338.82	\$318.61
40	\$335.05	\$343.11	\$322.64
41	\$341.34	\$349.56	\$328.70
42	\$347.37	\$355.73	\$334.51
43	\$355.76	\$364.32	\$342.59
44	\$366.25	\$375.06	\$352.69
45	\$378.57	\$387.68	\$364.55
46	\$393.25	\$402.72	\$378.69
47	\$409.77	\$419.63	\$394.60
48	\$428.64	\$438.96	\$412.77
49	\$447.26	\$458.02	\$430.70
50	\$468.23	\$479.50	\$450.89
51	\$488.94	\$500.71	\$470.84
52	\$511.75	\$524.07	\$492.80
53	\$534.82	\$547.69	\$515.02
54	\$559.73	\$573.20	\$539.00
55	\$584.63	\$598.70	\$562.99
56	\$611.64	\$626.36	\$588.99
57	\$638.90	\$654.28	\$615.25
58	\$668.00	\$684.08	\$643.27
59	\$682.42	\$698.85	\$657.16
60	\$711.52	\$728.65	\$685.18
61	\$736.69	\$754.42	\$709.41
62	\$753.21	\$771.34	\$725.32
63	\$773.92	\$792.55	\$745.26
64+	\$786.51	\$805.44	\$757.38

¹HMO 0-14, 15, 16, 17 and 18 age rates include the cost of \$13.99 for Child Dental coverage.

Small Business medical plan rates

Age on 2023 effective date	Platinum 90 PPO 0/15 + Child Dental	Gold 80 PPO 350/25 + Child Dental	Silver 70 PPO 2500/55 + Child Dental	Bronze 60 PPO 6300/65 + Child Dental
0-14 ¹	\$614.82	\$540.98	\$444.61	\$390.36
15 ¹	\$669.47	\$589.06	\$484.13	\$425.06
16 ¹	\$690.37	\$607.45	\$499.24	\$438.32
17 ¹	\$711.27	\$625.84	\$514.35	\$451.59
18 ¹	\$733.77	\$645.64	\$530.63	\$465.88
19	\$756.27	\$665.44	\$546.90	\$480.16
20	\$779.58	\$685.94	\$563.76	\$494.96
21	\$803.69	\$707.16	\$581.19	\$510.27
22	\$803.69	\$707.16	\$581.19	\$510.27
23	\$803.69	\$707.16	\$581.19	\$510.27
24	\$803.69	\$707.16	\$581.19	\$510.27
25	\$806.90	\$709.99	\$583.52	\$512.31
26	\$822.98	\$724.13	\$595.14	\$522.52
27	\$842.27	\$741.10	\$609.09	\$534.76
28	\$873.61	\$768.68	\$631.75	\$554.66
29	\$899.33	\$791.31	\$650.35	\$570.99
30	\$912.19	\$802.63	\$659.65	\$579.16
31	\$931.48	\$819.60	\$673.60	\$591.40
32	\$950.76	\$836.57	\$687.55	\$603.65
33	\$962.82	\$847.18	\$696.27	\$611.30
34	\$975.68	\$858.49	\$705.57	\$619.47
35	\$982.11	\$864.15	\$710.22	\$623.55
36	\$988.54	\$869.81	\$714.87	\$627.63
37	\$994.97	\$875.46	\$719.51	\$631.72
38	\$1,001.40	\$881.12	\$724.16	\$635.80
39	\$1,014.26	\$892.43	\$733.46	\$643.96
40	\$1,027.12	\$903.75	\$742.76	\$652.13
41	\$1,046.40	\$920.72	\$756.71	\$664.37
42	\$1,064.89	\$936.99	\$770.08	\$676.11
43	\$1,090.61	\$959.61	\$788.68	\$692.44
44	\$1,122.75	\$987.90	\$811.92	\$712.85
45	\$1,160.53	\$1,021.14	\$839.24	\$736.83
46	\$1,205.53	\$1,060.74	\$871.79	\$765.41
47	\$1,256.17	\$1,105.29	\$908.40	\$797.55
48	\$1,314.03	\$1,156.21	\$950.25	\$834.29
49	\$1,371.09	\$1,206.41	\$991.51	\$870.52
50	\$1,435.39	\$1,262.99	\$1,038.01	\$911.34
51	\$1,498.88	\$1,318.85	\$1,083.92	\$951.65
52	\$1,568.80	\$1,380.37	\$1,134.49	\$996.05
53	\$1,639.53	\$1,442.60	\$1,185.63	\$1,040.95
54	\$1,715.88	\$1,509.78	\$1,240.84	\$1,089.43
55	\$1,792.23	\$1,576.96	\$1,296.06	\$1,137.90
56	\$1,875.01	\$1,649.80	\$1,355.92	\$1,190.46
57	\$1,958.59	\$1,723.35	\$1,416.36	\$1,243.53
58	\$2,047.80	\$1,801.84	\$1,480.88	\$1,300.17
59	\$2,092.00	\$1,840.73	\$1,512.84	\$1,328.23
60	\$2,181.21	\$1,919.23	\$1,577.35	\$1,384.87
61	\$2,258.37	\$1,987.12	\$1,633.15	\$1,433.86
62	\$2,309.00	\$2,031.67	\$1,669.76	\$1,466.01
63	\$2,372.49	\$2,087.53	\$1,715.68	\$1,506.32
64+	\$2,411.07	\$2,121.48	\$1,743.57	\$1,530.81



Small Business Family Dental Plans and Chiropractic/Acupuncture Coverage Rates NORTH VALLEY

KPIC Fee-for-Service (Premier)

Dental Plan C			
EE only	EE+S	EE+C	EE+S+C
\$33.43	\$68.53	\$70.20	\$110.98

Dental Plan D			
EE only	EE+S	EE+C	EE+S+C
\$51.96	\$106.52	\$109.12	\$172.51

Dental Plan E			
EE only	EE+S	EE+C	EE+S+C
\$67.49	\$138.35	\$141.72	\$224.06

Dental Plan E w/Ortho			
EE only	EE+S	EE+C	EE+S+C
\$68.90	\$141.24	\$144.68	\$228.74

KPIC PPO

PPO Dental Plan D 1500			
EE only	EE+S	EE+C	EE+S+C
\$37.96	\$77.81	\$79.71	\$126.01

PPO Dental Plan E 1000			
EE only	EE+S	EE+C	EE+S+C
\$46.28	\$94.87	\$97.18	\$153.64

PPO Dental Plan E 1500			
EE only	EE+S	EE+C	EE+S+C
\$51.02	\$104.59	\$107.14	\$169.39

PPO Dental Plan AG 1500			
EE only	EE+S	EE+C	EE+S+C
\$55.52	\$113.82	\$116.59	\$184.33

PPO Dental Plan AH 2000			
EE only	EE+S	EE+C	EE+S+C
\$60.48	\$123.98	\$127.01	\$200.79

DeltaCare HMO

DeltaCare 10A Dental Plan			
EE only	EE+S	EE+C	EE+S+C
\$23.71	\$45.29	\$63.07	\$87.02

DeltaCare 13B Dental Plan			
EE only	EE+S	EE+C	EE+S+C
\$17.36	\$33.16	\$46.18	\$63.71

Chiropractic/Acupuncture Coverage (grandfathered (nonmetal) plans only)

For Grandfathered copayment, deductible HMO, and deductible HMO with HRA plan			
EE only	EE+S	EE+C	EE+S+C
\$3.05	\$6.10	\$4.58	\$9.15

Employee/Dependent Codes	EE only = eligible employee only (subscriber) EE+S = eligible employee plus spouse (subscriber and spouse) EE+C = eligible employee plus child(ren) (subscriber and child[ren] without spouse) EE+S+C = eligible employee plus spouse and child(ren) (subscriber and spouse and child[ren])
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2023 Group Agreement Summary of Changes and Clarifications Notice For Effective Dates from January 1, 2023, through December 1, 2023

This *Group Agreement Summary of Changes and Clarifications Notice* (“*Notice*”) includes a summary of the changes and clarifications that will be effective when your *Group Agreement* (“*Agreement*”) is renewed in 2023 (“*2023 Agreement*”), unless a different effective date is stated. Unless otherwise indicated, the changes and clarifications described here apply to each type of coverage that will be effective upon renewal of your *Agreement*. If you have not already received a *2023 Agreement*, please contact your broker or Kaiser Foundation Health Plan, Inc. (“*Health Plan*”) account manager to obtain a copy. If your Group does not wish to renew your *Agreement*, your Group must give us advance written notice in accord with “*Termination on Notice*” in the “*Termination of Agreement*” section of your *Agreement*.

In certain circumstances, this summary may also include changes that we made to your *Agreement* during the 2022 plan year through an amendment. This summary does not include minor changes and clarifications that Health Plan is making to improve the readability of the *Agreement* or any changes we are making at your Group’s request. In addition to the changes and clarifications listed below, Health Plan will also make any changes required by law or by any state or federal agency.

The “*Calculating Monthly Premiums*” section in your *2023 Agreement* includes the Premiums that will be applicable to your *Agreement* upon renewal.

Note: Some capitalized terms in this *Notice* have special meaning. Please see the “*Definitions*” section of the applicable *EOC* document in your *Agreement* for terms you should know. In this *Notice* “*non-Medicare EOCs*” means all *EOCs* other than “*Kaiser Permanente Senior Advantage (HMO) when Medicare is secondary coverage*” *EOCs*.

2023 Agreement

If you have not already received your *2023 Agreement* and your Group wants to make changes to benefits or Cost Share, please request them before your Anniversary Date. You will then receive your *2023 Agreement* shortly after you tell your Health Plan account manager about changes your Group wants to make. If you don’t wish to make changes to benefits or Cost Share, you don’t need to do anything to renew your *Agreement*. We will provide your Group with its *2023 Agreement* within 60 days after your Anniversary Date. If you would like to receive it sooner, please contact your Health Plan account manager.

We will provide the *2023 Agreement* to your Group online unless you have asked us to mail your Group a printed *2023 Agreement*. When we provide the *2023 Agreement* online, we will mail your Group a notice to let you know when the *2023 Agreement* is available to view and download.

Please keep in mind that unless your Group notifies us to make changes to benefits or Cost Share, your *2023 Agreement*, including the *EOC* documents, will reflect the same benefits and Cost Share information as your current *Agreement*, subject to the changes described in this *Notice*.

Global Changes to the Group Agreement, including EOC documents

Advanced Care at Home

Due to a change in policy, in Medicare EOCs in our Northern California Region, we have updated the language under “Home Medical Care Not Covered by Medicare for Members Who Live in Contra Costa or Solano Counties (Advanced Care at Home)” to “Home Medical Care Not Covered by Medicare for Members Who Live in Certain Counties (Advanced Care at Home),” as the areas where this service is provided may expand in the future.

Drug Manufacturer Coupons

Due to a change in policy, in HSA-Qualified High Deductible Health Plans we accept certain manufacturer coupons for prescription drugs, effective January 1, 2022. A description of the Kaiser Permanente coupon program is under “Manufacturer coupon program” in the “Outpatient Prescription Drugs, Supplies, and Supplements” section of EOCs:

Manufacturer coupon program

For outpatient prescription drugs or items that are covered under this “Outpatient Prescription Drugs, Supplies, and Supplements” section and obtained at a Plan Pharmacy, you may be able to use approved manufacturer coupons as payment for the Cost Share that you owe, after reaching your applicable deductible amount and as allowed under Health Plan's coupon program. You will owe any additional amount if the coupon does not cover the entire amount of your Cost Share for your prescription. When you use an approved coupon for payment of your Cost Share, the coupon amount and any additional payment that you make will accumulate to your out-of-pocket maximum. Refer to the “Cost Share Summary” section of this EOC to find your applicable out-of-pocket maximum amount and to learn which drugs and items apply to the maximum. Certain health plan coverages are not eligible for coupons. You can get more information regarding the Kaiser Permanente coupon program rules and limitations at kp.org/rxcoupons.

Fertility Services

Due to a change in policy, beginning January 1, 2023, diagnostic Services (sleep apnea studies and electrocardiograms) related to fertility treatment will be covered under “Outpatient imaging, laboratory, and other diagnostic and treatment Services” instead of “Fertility Services” in the EOC. In some plans, this may result in lower Cost Share for these Services. In accord with this change, we have also added a new cross-reference in the “Fertility Services” section, referring members to the “Outpatient Imaging, Laboratory, and Other Diagnostic and Treatment Services” section of the EOC for information on diagnostic Services.

HRSA-related EOC Changes

We have made the following changes to non-Medicare EOCs, to align with guidance released by the United States Health Resources and Services Administration (“HRSA”):

- *Under “Breastfeeding Supplies” in the “Durable Medical Equipment “DME” for Home Use” section, we have clarified that we cover supplies associated with breastfeeding, as described on our website at kp.org/prevention*
- *In the “Contraceptive drugs and devices” table under “Outpatient prescription drugs, supplies, and supplements” in the “Cost Share Summary,” we have deleted the reference to “female condoms” and added “condoms” instead. Female and male condoms are both covered when prescribed for women, up to a 30-day supply. This change does not apply to EOCs for religious purchasers that do not cover contraception*
- *Under “Preventive Services” in the “Cost Share Summary,” we have clarified that postpartum follow-up visits are covered when Medically Necessary. Additionally, postpartum follow-up visits will no longer be subject to the Plan Deductible in HSA-Qualified High Deductible Health Plans*

Medicare Part D Outpatient Prescription Drug Coverage

In accordance with the Centers for Medicare & Medicaid Services requirements, in Medicare EOCs with Part D coverage, the Senior Advantage Medicare Part D Catastrophic Coverage Stage threshold is increasing from \$7,050 to \$7,400 for calendar year 2023.

If your drug plan includes a Coverage Gap Stage, the Initial Coverage Stage threshold is increasing from \$4,430 to \$4,660 for calendar year 2023.

Over-the-Counter Health and Wellness products

Due to a change in policy, in Medicare EOCs when Medicare is Secondary Coverage where a Group has purchased the transportation or enhanced meals benefit, we have added coverage for Over-the-Counter (OTC) Health and Wellness products obtained through our OTC catalog (No charge for a quarterly benefit limit of \$70), in the “Benefits and Your Cost Share” section.

Plan Out of Pocket Maximum

Due to a change in policy, in Medicare EOCs with a Plan Out-of-Pocket Maximum of \$1,500 for any one Member, the maximum will be decreased to \$1,000.

Renewal

For consistency with state law, under “Renewal” in the “Term of Agreement and Renewal” section of Agreements, we have removed the specific timeframe for providing prior written notice of any offer to renew the Agreement. Notice will be provided in a timely manner, consistent with applicable state and federal requirements.

Timely Access to Care (SB 221)

In accordance with state law, under “Timely Access to Care” in the “How to Obtain Services” section of non-Medicare EOCs, we have added a new access standard for follow-up (non-urgent) mental health care or substance use disorder treatment appointments with a practitioner other than a physician, for those undergoing a course of treatment for an ongoing mental health or substance use disorder condition. We have also reorganized this section for readability and to better align with the terminology in state law.

Global Clarifications to the Agreement, including EOC documents

Claims

Under “Initial Claims” in the “Post-Service Claims and Appeals” section of non-Medicare EOCs, we have clarified the process by which a member may submit a claim for Emergency Services, Post-Stabilization Care, Out-of-Area Urgent Care, and emergency ambulance Services.

Confidential Information (AB 1184)

Under “Privacy Practices” in the “Miscellaneous Provisions” section of non-Medicare EOCs, we have clarified that a member may request a confidential communication by completing a confidential communication request form available on kp.org.

Covid-19 Vaccines

In Medicare EOCs, we have added Covid-19 vaccines to the list of immunizations under "Preventive Services" in the "Benefits and Your Cost Share" section.

Deductibles and Out of Pocket Maximums

Under “Deductibles and Out-of-Pocket Maximums” in the “Cost Share Summary” section of non-Medicare EOCs, we have clarified that if a Member experiences a plan change in the middle of their current Accumulation Period, their deductible and out-of-pocket maximum amounts may increase or decrease, therefore changing the amount that must accumulate during their current Accumulation Period.

Dependent Foster Children

Under “Eligibility as a Dependent” in the “Who is Eligible” section of EOCs, we have replaced the bullet point describing foster child eligibility with a new bullet point stating that foster children are eligible to enroll as Dependents under the plan, if the Subscriber or Spouse has the legal authority to direct their care. Groups continue to be required to allow enrollment of eligible foster children during a special enrollment period triggered by the placement of the child in foster care, and may also allow enrollment of foster children at other times in accord with Group’s eligibility requirements.

Grievances

Under “How to file” in the “Grievances” section of non-Medicare EOCs, we have clarified the process by which a member may submit a claim or grievance electronically, orally, or in writing.

Mail Order Service

Under “Mail-order service” in the “Outpatient Prescription Drugs, Supplies, and Supplements” section of EOCs, we have updated the mailing timeframe for prescription refills from “7 to 10 days” to “3 to 5 days” to align with other Plan

materials. Additionally, we have revised the “note” in this section for clarity and to explain that prescription drugs cannot be mailed to all states.

Notices

Under “Notices Regarding Your Coverage” in the “Miscellaneous Provisions” section of *EOCs*, we have clarified that a Subscriber is responsible for notifying their Group of any change in contact information.

Receiving Care Outside of Your Home Region Service Area

Under “Receiving Care Outside of Your Home Region Service Area” in the “How to Obtain Services” section of *EOCs*, we have simplified the description of how to receive care when you are away from your Home Region.

Surrogacy

We have moved the definition of Surrogacy Arrangements to the “Definitions” section of the *EOC*. Previously this definition appeared in two places in the *EOC*: under “Surrogacy” in the “Exclusions” section and under “Surrogacy Arrangements” in the “Reductions” section.

Termination for Nonpayment of Cal-COBRA Premiums

We have simplified language describing the termination process under "Termination for nonpayment of Cal-COBRA Premiums" in the "Continuation of Membership" section of non-Medicare *EOCs*. The details removed from this section can be found in the notices sent to Members regarding nonreceipt of payment and termination for nonpayment of Cal-COBRA Premiums.

Plan-Specific Changes to Cost Share, Deductible, and Out-of-Pocket Maximum

These benefit changes were made to ensure that the plan complies with metal level (i.e. platinum, gold, silver, bronze) requirements. Unless otherwise specified, the Services listed are not subject to any deductible. This summary does not include all the benefit changes to your plan for next year. To see specific information on the benefits for your plan, please visit account.kp.org.

Platinum 90 HMO 0/20 + Child Dental Plan

Benefits	2022 Cost Share	2023 Cost Share
Substance Abuse: Outpatient Items/Services	\$20	\$0
Mental Health: Other Outpatient Items/Services	\$20	\$0

Gold 80 HMO 0/30 + Child Dental Alt

Benefits	2022 Cost Share	2023 Cost Share
Annual out-of-pocket maximum (individual/family)	\$7,000/\$14,000	\$7,500/\$15,000
Specialist care office visit	\$35	\$50
Preferred brand drugs	\$40	\$50

Gold 80 HMO 250/35 + Child Dental

Benefits	2022 Cost Share	2023 Cost Share
Mental Health: Other Outpatient Items/Services	\$35	\$0
Substance Abuse: Outpatient Items/Services	\$35	\$0

Gold 80 HMO 1000/40 + Child Dental Alt

Benefits	2022 Cost Share	2023 Cost Share
Mental Health: Other Outpatient Items/Services	\$40	\$0

Gold 80 HRA HMO 2250/35 + Child Dental

Benefits	2022 Cost Share	2023 Cost Share
Annual out-of-pocket maximum (individual/family)	\$7,800/\$15,600	<i>\$8,500/\$17,000</i>
Mental Health: Other Outpatient Items/Services	25% up to \$35 (after deductible)	<i>\$0</i>
Substance Abuse: Outpatient Items/Services	25% up to \$5	<i>\$0</i>

Gold 80 HDHP HMO 1600/15% + Child Dental Alt

Benefits	2022 Cost Share	2023 Cost Share
Annual medical deductible (Self-only/Individual/Family or Individual//Family)	\$1,600/\$2,800/\$3,200	<i>\$1,600/\$3,000/\$3,200</i>
Annual out-of-pocket maximum (individual/family)	\$3,250/\$6,500	<i>\$3,550/\$7,100</i>
Hospice	No Charge	<i>0% (after deductible)</i>

Silver 70 HMO 1900/65 + Child Dental Alt - previously called the Silver 1650/55 + Child Dental Alt

Benefits	2022 Cost Share	2023 Cost Share
Annual medical deductible (individual/family)	\$1,650/\$3,300	<i>\$1,900/\$3,800</i>
Annual deductible type (Medical only or Integrated Medical/Pharmacy)	Medical only	<i>Integrated Medical/Pharmacy</i>
Annual Pharmacy Deductible (individual/family)	\$350/\$700	<i>Integrated Medical/Pharmacy</i>
Annual out-of-pocket maximum (individual/family)	\$8,200/\$16,400	<i>\$8,750/\$17,500</i>
Primary care office visit	\$55	<i>\$65</i>
Other Practitioner office visit	\$55	<i>\$65</i>
Specialist care office visit	\$80	<i>\$100</i>
MRI, CT, PET imaging	\$350 (after deductible)	<i>\$400 (after deductible)</i>
Preferred brand drugs	\$75 (after pharmacy deductible)	<i>\$100</i>
Outpatient Surgery	40% (after deductible)	<i>45% (after deductible)</i>

Emergency Room	40% (after deductible)	45% (after deductible)
Ambulance services	40% (after deductible)	45% (after deductible)
Urgent Care	\$55	\$65
Inpatient hospital care facility fee, per day	40% (after deductible)	45% (after deductible)
Mental health services, outpatient, per visit	\$55	\$0
Mental health services, inpatient, per admission	40% (after deductible)	45% (after deductible)
Substance Abuse/Outpatient	\$55	\$0
Substance Abuse/Inpatient	40% (after deductible)	45% (after deductible)
Pregnancy delivery	40% (after deductible)	45% (after deductible)
Skilled Nursing Facility	40% (after deductible)	45% (after deductible)
Durable medical equipment (Base)	40%	45%
Durable medical equipment (Supplemental)	40% (after deductible) to \$2,000 annual max	45% (after deductible) to \$2,000 annual max

Silver 70 HMO 2300/65 + Child Dental Alt - previously called the Silver 70 HMO 2100/55 + Child Dental Alt

Benefits	2022 Cost Share	2023 Cost Share
Annual medical deductible (Self-only/Individual/Family or Individual//Family)	\$2,100/\$4,200	\$2,300/\$4,600
Annual out-of-pocket maximum (individual/family)	\$8,200/\$16,400	\$8,750/\$17,500
Primary care office visit	\$55	\$65
Other Practitioner office visit	\$55	\$65
Specialist care office visit	\$80	\$100
MRI, CT, PET imaging	\$350 (after deductible)	\$400 (after deductible)
Preferred brand drugs	\$75 (after pharmacy deductible)	\$100 (after pharmacy deductible)
Urgent Care	\$55	\$65

Mental health services, outpatient, per visit	\$55	\$0
Substance Abuse/Outpatient	\$55	\$0

Silver 70 HMO 2500/55 + Child Dental - previously called the Silver 70 HMO 2250/55 + Child Dental

Benefits	2022 Cost Share	2023 Cost Share
Annual medical deductible (individual/family)	\$2250/\$4,500	\$2,500/\$5,000
Annual pharmacy deductible (individual/family)	\$300/\$600	\$370/\$740
Annual out-of-pocket maximum (individual/family)	\$8,200/\$16,400	\$8,750/\$17,500
Generic drugs	\$17	\$19
Preferred brand drugs	\$80 (after pharmacy deductible)	\$85 (after pharmacy deductible)
Outpatient Surgery	30% (after deductible)	35% (after deductible)
Inpatient hospital care facility fee, per day	30% (after deductible)	40% (after deductible)
Mental health services, inpatient, per admission	30% (after deductible)	40% (after deductible)
Substance Abuse/Outpatient	\$55	\$0
Substance Abuse/Inpatient	30% (after deductible)	40% (after deductible)
Pregnancy Delivery	30% (after deductible)	40% (after deductible)
Skilled Nursing Facility	30% (after deductible)	40% (after deductible)
Durable medical equipment (Base)	30%	40%

Silver 70 HMO 2500/55 + Child Dental w/o Contraceptives - previously called the Silver 70 HMO 2250/55 + Child Dental w/o Contraceptives

Benefits	2022 Cost Share	2023 Cost Share
Annual medical deductible (individual/family)	\$2250/\$4,500	\$2,500/\$5,000
Annual pharmacy deductible (individual/family)	\$300/\$600	\$370/\$740
Annual out-of-pocket maximum (individual/family)	\$8,200/\$16,400	\$8,750/\$17,500

Generic drugs	\$17	\$19
Preferred brand drugs	\$80 (after pharmacy deductible)	\$85 (after pharmacy deductible)
Outpatient Surgery	30% (after deductible)	35% (after deductible)
Inpatient hospital care facility fee, per day	30% (after deductible)	40% (after deductible)
Mental health services, inpatient, per admission	30% (after deductible)	40% (after deductible)
Substance Abuse/Outpatient	\$55	\$0
Substance Abuse/Inpatient	30% (after deductible)	40% (after deductible)
Pregnancy Delivery	30% (after deductible)	40% (after deductible)
Skilled Nursing Facility	30% (after deductible)	40% (after deductible)
Durable medical equipment (Base)	30%	40%

Silver 70 HMO 2800/65 + Child Dental Alt - previously called the Silver 70 HMO 2600/55 + Child Dental Alt

Benefits	2022 Cost Share	2023 Cost Share
Annual Medical Deductible (individual/family)	\$2,600/\$5,200	\$2,800/\$5,600
Annual out-of-pocket maximum (individual/family)	\$8,200/\$16,400	\$8,750/\$17,500
Primary care office visit	\$55	\$65
Other Practitioner office visit	\$55	\$65
Specialist care office visit	\$80	\$100
MRI, CT, PET imaging	\$350 (after deductible)	\$400 (after deductible)
Preferred brand drugs	\$75 (after deductible)	\$100 (after deductible)
Urgent Care	\$55	\$65
Mental health services, outpatient, per visit	\$55	\$0
Substance Abuse/Outpatient	\$55	\$0

Silver 70 HDHP HMO 2700/25% + Child Dental - previously called the Silver 70 HDHP HMO 2500/20%

Benefits	2022 Cost Share	2023 Cost Share
Annual medical deductible (Self-only/Individual/Family or Individual//Family)	\$2,500/\$2,800/\$5,000	\$2,700/\$3,000/\$5,400
Annual out-of-pocket maximum (individual/family)	\$6,850/\$13,700	\$7,200/\$14,400
Primary care office visit	20% (after deductible)	25% (after deductible)
Other Practitioner office visit	20% (after deductible)	25% (after deductible)
Specialist care office visit	20% (after deductible)	25% (after deductible)
Most lab tests	20% (after deductible)	25% (after deductible)
Most X-rays	20% (after deductible)	25% (after deductible)
MRI, CT, PET imaging	20% (after deductible)	25% (after deductible)
Generic drugs	20% (after deductible) up to \$250 per script	25% (after deductible) up to \$250 per script
Preferred brand drugs	20% (after deductible) up to \$250 per script	25% (after deductible) up to \$250 per script
Specialty drugs	20% (after deductible) up to \$250 per script	25% (after deductible) up to \$250 per script
Outpatient surgery	20% (after deductible)	25% (after deductible)
Outpatient service visit	20% (after deductible)	25% (after deductible)
Emergency Department visit	20% (after deductible)	25% (after deductible)
Ambulance services	20% (after deductible)	25% (after deductible)
Urgent care	20% (after deductible)	25% (after deductible)
Inpatient hospital care facility fee, per day	20% (after deductible)	25% (after deductible)
Mental health services, outpatient, per visit	20% (after deductible)	\$0 (after deductible)
Mental Health: Other Outpatient Items/Services	20% (after deductible)	\$0 (after deductible)
Mental health services, inpatient, per admission	20% (after deductible)	\$0 (after deductible)

Substance Abuse/Outpatient	20% (after deductible)	\$0 (after deductible)
Substance Abuse: Outpatient Items/Services	20% (after deductible)	25% (after deductible)
Substance Abuse/Inpatient	20% (after deductible)	25% (after deductible)
Pregnancy delivery	20% (after deductible)	25% (after deductible)
Home health	20% (after deductible)	25% (after deductible)
Rehab/Hab Therapies (ST)	20% (after deductible)	25% (after deductible)
Rehab/Hab Therapies (PT)	20% (after deductible)	25% (after deductible)
Skilled Nursing Facility	20% (after deductible)	25% (after deductible)
Durable medical equipment (Base)	20% (after deductible)	25% (after deductible)

Bronze 60 HMO 6300/65 + Child Dental

Benefits	2022 Cost Share	2023 Cost Share
Mental health services, outpatient, per visit	\$65 (after deductible)	\$0
Mental Health: Other Outpatient Items/Services	40% up to \$65 (after deductible)	\$0
Substance Abuse/Outpatient	\$65 (after deductible)	\$0
Substance Abuse: Outpatient Items/Services	40% up to \$65 (after deductible)	\$0

Bronze 60 HMO 5400/60 + Child Dental Alt

Benefits	2022 Cost Share	2023 Cost Share
Annual out-of-pocket maximum (individual/family)	\$8,200/\$16,400	\$8,300/\$16,600
Mental health services, outpatient, per visit	\$60 (after deductible)	\$0
Mental Health: Other Outpatient Items/Services	50% (after deductible)	\$0

\$0/\$3,000 HSA-Qualified Deductible HMO Plan - previously call the \$0/\$2,800 HSA-Qualified Deductible HMO Plan (Grandfathered - non-metal)

Benefits	2022 Cost Share	2023 Cost Share
Annual medical deductible (individual/family)	\$2,800/\$5,450	<i>\$3,000/\$6,000</i>

KAISER PERMANENTE INSURANCE COMPANY

One Kaiser Plaza
Oakland, CA 94612

Employers: Please provide a copy of this notice to all affected certificate holders

Summary of Benefit Changes for 2023

Small Group PPO Plans

Each year at contract renewal, we inform you about changes to the Kaiser Permanente Insurance Company (KPIC) health insurance benefits. The following is a summary of the benefit changes affecting your group's coverage under the Group Policy. Unless otherwise indicated, the changes summarized below will be effective upon your group's renewal date. Upon renewal, a new *Certificate of Insurance (COI)* will be issued to you. The new *COI* becomes part of your KPIC Group Policy and replaces and supersedes any previous certificate or rider that may have been issued to you and your covered employees.

This notice provides a listing of plan changes known at this time that will become effective upon your group's renewal date, unless a different date is indicated. Benefits may be subject to further changes for subsequently enacted state or federal legislation or regulations.

- I. Coverage of Preventive Services in accordance with Affordable Care Act (ACA) requirements - The preventive care services that are covered at no charge and not subject to any Deductible when received at the Participating Provider tier have been expanded to include coverage for the following:**

- a. Behavioral/Social/Emotional Screening for children newborn to 21 years.*
- b. Sudden cardiac arrest and sudden cardiac death risk assessment in children 12-21 years of age*
- c. Colonoscopies after a positive non-invasive stool-based screening test or direct visualization screening test*

Applies to: Platinum, Gold, Silver and Bronze plans

Please refer to your *COI* for a detailed list of the preventive benefits that are covered based on the ACA guidelines.

THE ABOVE IS ONLY A SUMMARY OF THE BENEFIT CHANGES AFFECTING YOUR GROUP'S COVERAGE. PLEASE CONSULT THE GROUP POLICY FOR COMPLETE DETAILS REGARDING THE TERMS OF COVERAGE.

