

KAISER PERMANENTE CHOICE SOLUTION

A CHOICE Administrators® Program

Small Group Disclosure Items, Notifications & Acknowledgement

California law requires that the following information be made available to you:

- A Summary Brochure for each carrier that is being applied to by your employees. (Enclosed)
- The sum of the standard risk rates for all small group plan designs offered by the carriers being applied to. (Enclosed)
- Kaiser Permanente reserves the right to adjust their risk rates for their products within a range of plus or minus 10%.
- You may request an Evidence of Coverage for each available product being applied to. The Evidence of Coverage for the product selected by an employee will automatically be mailed directly to that employee by Kaiser Permanente after coverage has been approved.
- Kaiser Permanente Choice Solution program product rates are guaranteed for a 12 month period from your first effective date.
- All Kaiser Permanente Choice Solution groups with 2-50 employees who meet the Kaiser Permanente Choice Solution plan's aggregate and common Program participation, contribution and enrollment guidelines will be guaranteed issued through this Program.
- There are no pre-existing medical condition limitations for Kaiser Permanente Choice Solution products.

Deductible transfer credit will be given to all employees and dependents covered under the prior carrier's plan on the date of transfer.

Portability for new hires: Credit is given for the time a person was covered under a "qualifying prior coverage", provided the person becomes eligible for coverage under this plan within 63 days of termination (exclusive of any affiliation or waiting period) of the prior non-group coverage such as Medicare, Medicaid, an individual plan or conversion coverage.

However, if a person's prior coverage ended due to a person's employment ending, the employer sponsored coverage being terminated, or the employer switching carriers, then credit will be given for the time under a "qualifying prior coverage" provided the person becomes eligible for coverage under this plan within 180 days of termination (exclusive of any waiting period) of the prior group coverage, including COBRA recipients.

- You have the right to apply for any benefit design written, issued or offered in the Kaiser Permanente Choice Solution participating plan at the time of initial application or at the time of renewal.

IMPORTANT DISCLOSURE ACKNOWLEDGMENT

Please review, sign and **return this notice to your broker immediately.**

I hereby acknowledge: a.) receipt of the above described disclosure material and information, b.) that I have also been advised that carriers are obliged to sell to our small group any benefit design it offers to any small group employer and that I have the right to request rates for any such benefit design and c.) that, upon request, my broker will procure rate information and a Summary Brochure on any benefit design offered by any carrier represented or presented by my broker.

Signature

Title

Company

Date

(FOR BROKER FILE)