

AMENDMENT ONE
2018 GROUP AGREEMENT
NON-MEDICARE

This document amends the January 1, 2018, Group Agreement (“*Agreement*”) between **Kaiser Foundation Health Plan of Colorado** (“*Health Plan*”) and **County of Adams** (“*Group*”).

The section titled “**Contribution and Participation Requirements**” is hereby amended with the addition of the following language:

An Eligible Person is defined as –

A regular full-time employee or project designated employee of the Group who is scheduled to work at his or her job at least 40 hours per week or a regular part-time employee or project designated employee of the Group who is scheduled to work at his or her job at least 30 hours per week.

Designated elected officials who are serving in an active capacity.

Economic Development employees working at least 30 hours per week.

A retired person, as defined by the Group, who resides within the state of Colorado or maintains a permanent residency within the state of Colorado.

Retirees over 65 years of age, actively enrolled in Medicare, are not eligible for coverage.

Eligible Dependent(s) are defined as –

Your legal spouse through marriage, civil union or common law (a notarized common law affidavit is required).

Your or your Spouse’s child/children under the age of 26.

A child born as a result of a Member acting as a gestational carrier is not an eligible Dependent under the terms of this plan unless the Subscriber or Spouse is the legal guardian of the child. Proof of legal guardianship must be submitted to the Group’s benefit administrator.

Children placed for adoption or for whom you have permanent legal guardianship.

An unmarried dependent child of any age, who is medically certified as disabled, and dependent upon you in compliance with Colorado state law.

A child for whom health care coverage is required through a Qualified Medical Child Support Order.

The section titled “**Miscellaneous Provisions**” is hereby amended with the addition of the following language:

Group is not subject to ERISA guidelines.

Enrollment applications must be submitted to the Group within 31 days of eligibility.

Group must be notified within 31 days of a newborn’s birth, adoption of a child or placement for adoption of a child.

If the addition of the newborn or newly adopted child to the Subscriber’s coverage will change the amount the Subscriber is required to pay for that coverage, then the Subscriber, in order for the newborn or newly adopted child to continue coverage beyond the initial 31-day period of coverage, is required to (A) pay the new amount due for coverage within the initial 31-day period of coverage; and (B) notify Health Plan within 31 days of the newborn’s birth.

Termination for Noncompliance with Medicare Membership Requirements is not applicable to Group.

Group requires retirees covered under the commercial plan; who live in Colorado, but reside outside the Denver/Boulder Service Area, to obtain all routine care at Kaiser Permanente Medical Office Buildings located in Denver/Boulder, Southern Colorado, Northern Colorado or Mountain Colorado Service Areas only. Group requires these retirees to receive hospital services at contracted hospitals in the Denver/Boulder Service Area.

Deductible language is not applicable to Group.

Dependent student limiting age requirement language is not applicable to Group.

Medicare is primary after 30 months from the date of the first dialysis, for active employees and dependents of active employees who qualify for Medicare due to End Stage Renal Disease (ESRD), therefore Medicare Combo Rates are included in the contract.

In the case of the death of a retired Participant, continued coverage is available for eligible dependents who are enrolled in the plan prior to the death of the retired Participant.

THIS AMENDMENT IS EXECUTED AT DENVER, COLORADO TO TAKE EFFECT AS OF:

JANUARY 01, 2018

KAISER FOUNDATION HEALTH PLAN OF COLORADO – A NON PROFIT CORPORATION

DATE: _____, 2018

DATE: _____, 2018

GROUP: County of Adams

HEALTH PLAN: Kaiser Foundation
Health Plan of Colorado

BY: _____
GROUP REPRESENTATIVE

BY: _____
HEALTH PLAN AUTHORIZED REPRESENTATIVE

PLEASE RETURN A SIGNED COPY OF THIS AMENDMENT TO KAISER PERMANENTE AND RETAIN ONE COPY FOR YOUR RECORDS.