AMENDMENT TWO
2019 GROUP AGREEMENT
MEDICARE EMPLOYEES

This document amends the January 1, 2019, 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.

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.

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

For Members entitled to Medicare, Medicare is the primary coverage except when federal law (TEFRA) requires that Group's health care plan be primary and Medicare coverage be secondary.

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, 2019
KAISER FOUNDATION HEALTH PLAN OF COLORADO – A NON PROFIT CORPORATION

DATE: _____, 2019

GROUP: County of Adams

BY: _____
GROUP REPRESENTATIVE

DATE: _____, 2019

HEALTH PLAN: Kaiser Foundation Health Plan of Colorado

BY: _____
HEALTH PLAN AUTHORIZED REPRESENTATIVE

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

APPROVED AS TO FORM
COUNTY ATTORNEY
.....