



January 1, 2020

County of Adams

Re: Letter of Understanding between County of Adams and Kaiser Foundation Health Plan of Colorado

Dear Group Administrator:

This is a Letter of Understanding between County of Adams (County) and Kaiser Foundation Health Plan of Colorado (Health Plan) regarding County's request to change various time frames in the 2020 Group Agreement as follows:

**Amendments Effective on an Anniversary Date**

County requested and Health Plan agreed to provide 60 days written notice to County with respect to any rate changes that will become effective on the Anniversary Date as shown on the Rate Sheet.

**Time Limit on Reporting Membership Changes**

Group must report membership changes (including sending appropriate membership forms) within the time limit for retroactive changes and in accordance with any applicable "rescission" provisions of the Patient Protection and Affordable Care Act and regulations. The time limit for retroactive membership **additions and terminations** is the calendar month when Health Plan receives Group's notification of the change plus the previous two months, unless Health Plan agrees otherwise in writing.

**Other Amendments**

County requested and Health Plan agreed to align modification of the County's Service Area with their renewal.

**Termination of Agreement**

County requested and Health Plan agreed to allow County 30 days to mail each Subscriber a legible copy of the notice to terminate.

**Termination for Nonpayment**

County requested and Health Plan agreed to allow County to pay dues 14 days after the 31-day grace period for a total of 45 days.

**Termination for Movement Outside the Service Area**

County requested and Health Plan agreed Health Plan will provide County with 60 days written notice of termination if no eligible person lives, resides, or works in Health Plan's Service Area.

**Termination for Violation of Contribution or Participation Requirements**

County requested, and Health Plan agreed to provide 60 days advanced written notice to County prior to termination of the Agreement.

**Termination for Fraud or for Intentionally Furnishing Incorrect or Incomplete Information**

County requested, and Health Plan agreed to provide 60 days advanced written notice to County prior to termination of the Agreement.

**Contribution and Participation Requirements**

County request and Health Plan agreed County's contribution will be no less than \$50 for a single Subscriber.

Please call **303-306-2686** if you have questions about this Letter of Understanding. Otherwise, please indicate your agreement by signing and dating where indicated below and returning a signed copy to me.

Sincerely,  
Benefit, Policy and Contract Administration  
2530 South Parker Road – Third Floor  
Aurora, CO 80014

AGREED TO:  
County of Adams

By: \_\_\_\_\_  
Signature of Authorized Group Representative

\_\_\_\_\_  
Title

Date: \_\_\_\_\_

**APPROVED AS TO FORM  
COUNTY ATTORNEY**

  
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