



January 1, 2021

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 2021 Group Agreement and any successive Agreements 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.

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 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 indicate your agreement by signing and dating where indicated below and returning a signed copy to the Executive Account Manager.

Sincerely,
Benefit, Policy Department

AGREED TO:
County of Adams

By: _____
Signature of Authorized Group Representative

Title

Date: _____