RATE PROPOSAL

Lithographers & Photoengravers

Effective from 03/01/2019 through 02/29/2020

Rates and benefits are provisional and subjecct to regulatory approval

Region(s)	Group(s)
Mid-Atlantic States	5238

Created On: 10/29/2018

Table of Contents

Rate and Benefit Summary – Commercial

Group Name: GCIU-LOCAL 285
Group Numbers: 5238
Subgroups: 0032,0033,0034,0035,0040
Product Type: HMO DC SEL
Quote Name: HMO SEL

Region: Mid-Atlantic States
Jurisdiction: DC
Contract Period: 03/01/2019 – 02/29/2020

	Jul17 – Jun18
Average Members*:	214
Eligibles:	650

Current Rates

Rate Tiers	Medical	Ratio
Subscriber only	$594.85	1.00
Subscriber and Spouse	1,189.69	2.00
Subscriber and 1 Child	1,189.69	2.00
Subscriber and 2 or more Children	1,719.11	2.89
Subscriber and Spouse and 1 or more children	1,719.11	2.89

Proposed Rates

Rate Tiers	Subscribers	Medical	%Change	Ratio
Subscriber only	21	$654.32	10.00%	1.00
Subscriber and Spouse	18	1,308.63	10.00%	2.00
Subscriber and 1 Child	7	1,308.63	10.00%	2.00
Subscriber and 2 or more Children	1	1,890.98	10.00%	2.89
Subscriber and Spouse and 1 or more children	16	1,890.98	10.00%	2.89

Estimated Monthly Cost: $78,603
Billing Frequency: Monthly

Proposed HMO Benefits – Tier 1 – In Network Benefits

Network: SEL

Annual Deductible: Individual / Family per calendar year(s):	None
Out-of-Pocket Maximum: Individual / Family:	$3,500/$9,400/cont yr (Med/Rx)EMB
Lifetime Maximum: Individual / Family:	None
Prescription Drugs:	30d 1 copay, 90d 3 copay, MO 90d 2 copay; KP $10/20/35, CM $30/50/75, MO $10/20/35
Outpatient	
Primary Care:	$15 copay
Preventive Care:	$0 copay with HCR preventive services included
Specialty Care:	$25 copay
Urgent Care:	$25 copay
Other Professional	
Outpatient Surgical Services:	$25 copay
Chiropractic Services:	not covered
Acupuncture Services:	not covered
Dental:	not covered
Infertility Diagnosis & Testing:	50% coins
Infertility Assistive Reproductive Technology:	50% coins $100,000 ben max/life, 3 procedures/life
Occupational Therapy:	$25 copay 30 Visits/episode
Physical Therapy:	$25 copay 30 Visits/episode
Speech Therapy:	$25 copay 30 Visits/episode
Ambulance and Emergency Services	
Ambulance Services:	$100 copay
Emergency Services:	$100 copay

* Includes Actives and/or pre 65 Retirees only.

Created On: 10/29/2018

NPS Quote Number: 20502683

NPS RQR Number: 11304457

NPS RQR Name: Lithographers and Photoengravers Welfare Fund

Rate and Benefit Summary – Commercial

Group Name: GCIU-LOCAL 285
Group Numbers: 5238
Subgroups: 0032,0033,0034,0035,0040
Product Type: HMO DC SEL
Quote Name: HMO SEL

Region: Mid-Atlantic States
Jurisdiction: DC
Contract Period: 03/01/2019 - 02/29/2020

	Jul17 - Jun18
Average Members*:	214
Eligibles:	650

Laboratory and Imaging	
Outpatient Lab, Pathology, & Diagnostic Testing:	$0 copay
Outpatient Diagnostic Radiology:	$0 copay
Outpatient Specialty Imaging:	$0 copay
Hospital Inpatient	
Hospital Services, Inpatient:	$0 copay/admit 2015 w TG
Skilled Nursing Facility Care:	$0 copay/admit up to 100 days/cont yr
Mental Health and Chemical Dependency	
Behavioral Health-Group Therapy:	$7copay
Behavioral Health-Individual Therapy:	$15 copay
Behavioral Health, Inpatient:	$0 copay/admit
Other	
Basic Durable Medical Equipment:	$0 copay
Prosthetics:	$0 copay
Orthotics:	$0 copay
Eyeglass Frames:	19+ 25% discount, <19 $0 (1 pair/yr)
Eyeglass Lenses:	19+ 25% discount, <19 $0 (1 pair/yr)
Hearing Aids:	not covered

Domestic Partners:	None
Student / Overage Dependent Coverage:	26/26

Commission:	None
Other:	All state and federal mandated benefits apply.
APP:	No

* Includes Actives and/or pre 65 Retirees only.

Created On: 10/29/2018

NPS Quote Number: 20502683

NPS RQR Number: 11304457

NPS RQR Name: Lithographers and Photoengravers Welfare Fund

Rate and Benefit Summary – Commercial

Group Name: GCIU-LOCAL 285
Group Numbers: 5238
Subgroups: 0041,0043,0048,0049
Product Type: HMO DC SIG
Quote Name: HMO SIG

Region: Mid-Atlantic States
Jurisdiction: DC
Contract Period: 03/01/2019 – 02/29/2020

	Jul17 – Jun18
Average Members*:	24
Eligibles:	650

Current Rates

Rate Tiers	Medical	Ratio
Subscriber only	$603.75	1.00
Subscriber and Spouse	1,207.50	2.00
Subscriber and 1 Child	1,207.50	2.00
Subscriber and 2 or more Children	1,744.84	2.89
Subscriber and Spouse and 1 or more children	1,744.84	2.89

Proposed Rates

Rate Tiers	Subscribers	Medical	%Change	Ratio
Subscriber only	5	$664.11	10.00%	1.00
Subscriber and Spouse	2	1,328.22	10.00%	2.00
Subscriber and 1 Child	1	1,328.22	10.00%	2.00
Subscriber and 2 or more Children	0	1,919.28	10.00%	2.89
Subscriber and Spouse and 1 or more children	0	1,919.28	10.00%	2.89

Estimated Monthly Cost: $7,305
Billing Frequency: Monthly

Proposed HMO Benefits – Tier 1 – In Network Benefits

Network: SIG

Annual Deductible: Individual / Family per calendar year(s):	None
Out-of-Pocket Maximum: Individual / Family:	$3,500/$9,400/cont yr (Med/Rx)EMB
Lifetime Maximum: Individual / Family:	None
Prescription Drugs:	30d 1 copay, 90d 3 copay, MO 90d 2 copay; KP $10/20/35, CM $30/50/75, MO $10/20/35
Outpatient	
Primary Care:	$30 copay
Preventive Care:	$0 copay with HCR preventive services included
Specialty Care:	$40 copay
Urgent Care:	$40 copay
Other Professional	
Outpatient Surgical Services:	$50 copay
Chiropractic Services:	not covered
Acupuncture Services:	not covered
Dental:	not covered
Infertility Diagnosis & Testing:	50% coins
Infertility Assistive Reproductive Technology:	50% coins $100,000 ben max/life, 3 procedures/life
Occupational Therapy:	$40 copay 30 Visits/episode
Physical Therapy:	$40 copay 30 Visits/episode
Speech Therapy:	$40 copay 30 Visits/episode
Ambulance and Emergency Services	
Ambulance Services:	$100 copay
Emergency Services:	$100 copay

* Includes Actives and/or pre 65 Retirees only.

Created On: 10/29/2018

NPS Quote Number: 20502682

NPS RQR Number: 11304457

NPS RQR Name: Lithographers and Photoengravers Welfare Fund

Rate and Benefit Summary – Commercial

Group Name: GCIU-LOCAL 285
Group Numbers: 5238
Subgroups: 0041,0043,0048,0049
Product Type: HMO DC SIG
Quote Name: HMO SIG

Region: Mid-Atlantic States
Jurisdiction: DC
Contract Period: 03/01/2019 - 02/29/2020

	Jul17 - Jun18
Average Members*:	24
Eligibles:	650

Laboratory and Imaging	
Outpatient Lab, Pathology, & Diagnostic Testing:	$0 copay
Outpatient Diagnostic Radiology:	$0 copay
Outpatient Specialty Imaging:	$50 copay
Hospital Inpatient	
Hospital Services, Inpatient:	$250 copay/admit
Skilled Nursing Facility Care:	$250 copay/admit up to 100 days/cont yr
Mental Health and Chemical Dependency	
Behavioral Health-Group Therapy:	$10 copay
Behavioral Health-Individual Therapy:	$25 copay
Behavioral Health, Inpatient:	$250 copay/admit
Other	
Basic Durable Medical Equipment:	$0 copay
Prosthetics:	$0 copay
Orthotics:	$0 copay
Eyeglass Frames:	19+ 25% discount, <19 $0 (1 pair/yr)
Eyeglass Lenses:	19+ 25% discount, <19 $0 (1 pair/yr)
Hearing Aids:	not covered

Domestic Partners: None
Student / Overage Dependent Coverage: 26/26

Commission: None
Other: All state and federal mandated benefits apply.
APP: No

* Includes Actives and/or pre 65 Retirees only.

Created On: 10/29/2018

NPS Quote Number: 20502682

NPS RQR Number: 11304457

NPS RQR Name: Lithographers and Photoengravers Welfare Fund

Rate and Benefit Summary – Commercial

Group Name: GCIU-LOCAL 285
Group Numbers: 5238
Subgroups: 0044,0045,0046,0047
Product Type: DHMO DC SEL
Quote Name: DHMO 8 SEL LOW

Region: Mid-Atlantic States
Jurisdiction: DC
Contract Period: 03/01/2019 – 02/29/2020

	Jul17 – Jun18
Average Members*:	214
Eligibles:	650

Current Rates

Rate Tiers	Medical	Ratio
Subscriber only	$485.60	1.00
Subscriber and Spouse	971.20	2.00
Subscriber and 1 Child	971.20	2.00
Subscriber and 2 or more Children	1,403.38	2.89
Subscriber and Spouse and 1 or more children	1,403.38	2.89

Proposed Rates

Rate Tiers	Subscribers	Medical	%Change	Ratio
Subscriber only	21	$534.15	10.00%	1.00
Subscriber and Spouse	7	1,068.30	10.00%	2.00
Subscriber and 1 Child	9	1,068.30	10.00%	2.00
Subscriber and 2 or more Children	0	1,543.69	10.00%	2.89
Subscriber and Spouse and 1 or more children	6	1,543.69	10.00%	2.89

Estimated Monthly Cost: $37,572
Billing Frequency: Monthly

Proposed HMO Benefits – Tier 1 – In Network Benefits

Network: SEL

Annual Deductible: Individual / Family per calendar year(s):	$750/$1,500 Embedded
Out-of-Pocket Maximum: Individual / Family:	$3,000/$6,000/cont yr EMB (Med/Rx)
Lifetime Maximum: Individual / Family:	Not Applicable
Prescription Drugs:	30d 1 copay, 90d 3 copay, MO 90d 2 copay ; KP $20/30/45, CM $30/50/65, MO $20/30/45
Outpatient	
Primary Care:	$25 copay
Preventive Care:	$0 copay with HCR preventive services included
Specialty Care:	$35 copay
Urgent Care:	$35 copay
Other Professional	
Outpatient Surgical Services:	20% coins
Chiropractic Services:	not covered
Acupuncture Services:	not covered
Dental:	not covered
Infertility Diagnosis & Testing:	50% coins
Infertility Assistive Reproductive Technology:	not covered
Occupational Therapy:	$35 copay 30 Visits/episode
Physical Therapy:	$35 copay 30 Visits/episode
Speech Therapy:	$35 copay 30 Visits/episode
Ambulance and Emergency Services	
Ambulance Services:	$100 copay
Emergency Services:	$100 copay

* Includes Actives and/or pre 65 Retirees only.

Created On: 10/29/2018

NPS Quote Number: 20502681

NPS RQR Number: 11304457

NPS RQR Name: Lithographers and Photoengravers Welfare Fund

Rate and Benefit Summary – Commercial

Group Name: GCIU-LOCAL 285
Group Numbers: 5238
Subgroups: 0044,0045,0046,0047
Product Type: DHMO DC SEL
Quote Name: DHMO 8 SEL LOW

Region: Mid-Atlantic States
Jurisdiction: DC
Contract Period: 03/01/2019 - 02/29/2020

	Jul17 - Jun18
Average Members*:	214
Eligibles:	650

Laboratory and Imaging	
Outpatient Lab, Pathology, & Diagnostic Testing:	20% coins
Outpatient Diagnostic Radiology:	20% coins
Outpatient Specialty Imaging:	20% coins
Hospital Inpatient	
Hospital Services, Inpatient:	20% coins
Skilled Nursing Facility Care:	20% coins up to 100 days/cont yr
Mental Health and Chemical Dependency	
Behavioral Health-Group Therapy:	$10 copay
Behavioral Health-Individual Therapy:	$25 copay
Behavioral Health, Inpatient:	20% coins
Other	
Basic Durable Medical Equipment:	$0 copay
Prosthetics:	$0 copay
Orthotics:	$0 copay
Eyeglass Frames:	19+ 25% discount, <19 $0 (1 pair/yr)
Eyeglass Lenses:	19+ 25% discount, <19 $0 (1 pair/yr)
Hearing Aids:	$0 copay 1 hearing aid/ear/36 months, $1,000 ben max

Domestic Partners: None
Student / Overage Dependent Coverage: 26/26

Commission: None
Other: All state and federal mandated benefits apply.
APP: No

* Includes Actives and/or pre 65 Retirees only.

Created On: 10/29/2018

NPS Quote Number: 20502681

NPS RQR Number: 11304457

NPS RQR Name: Lithographers and Photoengravers Welfare Fund

Rate and Benefit Summary – Commercial

Group Name: GCIU-LOCAL 285
Group Numbers: 5238
Subgroups: 0050,0051
Product Type: Flexible Choice DC SIG
Quote Name: Custom FLEX 23 SIG

Region: Mid-Atlantic States
Jurisdiction: DC
Contract Period: 03/01/2019 – 02/29/2020

	Jul17 – Jun18
Average Members*:	3
Eligibles:	650

Current Rates

Rate Tiers	Medical	Ratio
Subscriber only	$731.87	1.00
Subscriber and Spouse	1,463.75	2.00
Subscriber and 1 Child	1,463.75	2.00
Subscriber and 2 or more Children	2,115.11	2.89
Subscriber and Spouse and 1 or more children	2,115.11	2.89

Proposed Rates

Rate Tiers	Subscribers	Medical	%Change	Ratio
Subscriber only	3	$805.04	10.00%	1.00
Subscriber and Spouse	0	1,610.08	10.00%	2.00
Subscriber and 1 Child	0	1,610.08	10.00%	2.00
Subscriber and 2 or more Children	0	2,326.56	10.00%	2.89
Subscriber and Spouse and 1 or more children	0	2,326.56	10.00%	2.89

Estimated Monthly Cost: $2,415
Billing Frequency: Monthly

Flexible Choice – Tier 1 – In Network Benefits

Network: SIG

Annual Deductible: Individual / Family per calendar year(s): $0/$0
Out-of-Pocket Maximum: Individual / Family: $1,500/$3,000/cont yr Med only EMB
Lifetime Maximum: Individual / Family: Not Applicable

Prescription Drugs: 30d 1 copay, 90d 2 copay; KP $10/20/35, PPO $20/35/50, OON $20/35/50

Outpatient
Primary Care: $10 copay
Preventive Care: $0 copay with HCR preventive services included
Specialty Care: $20 copay
Urgent Care: $20 copay

Other Professional
Outpatient Surgical Services: $25 copay
Chiropractic Services: not covered
Acupuncture Services: not covered
Dental: not covered
Infertility Diagnosis & Testing: 50% coins
Infertility Assistive Reproductive Technology: 50% coins $100,000 ben max/life, 3 procedures/life
Occupational Therapy: $20 copay 90 days/episode
Physical Therapy: $20 copay 90 days/episode
Speech Therapy: $20 copay 90 days/episode

Ambulance and Emergency Services
Ambulance Services: $100 copay
Emergency Services: $75 copay

* Includes Actives and/or pre 65 Retirees only.

Created On: 10/29/2018
NPS Quote Number: 20502680
NPS RQR Number: 11304457
NPS RQR Name: Lithographers and Photoengravers Welfare Fund

Rate and Benefit Summary – Commercial

Group Name: GCIU-LOCAL 285
Group Numbers: 5238
Subgroups: 0050,0051
Product Type: Flexible Choice DC SIG
Quote Name: Custom FLEX 23 SIG

Region: Mid-Atlantic States
Jurisdiction: DC
Contract Period: 03/01/2019 – 02/29/2020

	Jul17 – Jun18
Average Members*:	3
Eligibles:	650

Laboratory and Imaging
Outpatient Lab, Pathology, & Diagnostic Testing: $0 copay
Outpatient Diagnostic Radiology: $0 copay
Outpatient Specialty Imaging: $50 copay

Hospital Inpatient
Hospital Services, Inpatient: $0 copay/admit 2015 w TG
Skilled Nursing Facility Care: $0 copay/admit up to 60 days/cont yr

Mental Health and Chemical Dependency
Behavioral Health-Group Therapy: $5 copay
Behavioral Health-Individual Therapy: $10 copay
Behavioral Health, Inpatient: $0 copay/admit

Other
Basic Durable Medical Equipment: 50% coins
Prosthetics: 50% coins
Orthotics: 50% coins
Eyeglass Frames: 19+ 25% discount, <19 $0 (1 pair/yr)
Eyeglass Lenses: 19+ 25% discount, <19 $0 (1 pair/yr)
Hearing Aids: not covered

Flexible Choice – Tier 2 – Contracted Network Benefits

Annual Deductible: Individual / Family per calendar year(s): $300/$600
Out-of-Pocket Maximum: Individual / Family: $3,000/$6,000/cont yr (Med Only) EMB
Lifetime Maximum: Individual / Family: Not Applicable

Prescription Drugs: Rx Covered Tier 1

Outpatient
Primary Care: $15 copay
Preventive Care: $0 copay with HCR preventive services included
Specialty Care: $25 copay
Urgent Care: $25 copay

Other Professional
Outpatient Surgical Services: 10% coins
Chiropractic Services: not covered
Acupuncture Services: not covered
Dental: not covered
Infertility Diagnosis & Testing: 50% coins
Infertility Assistive Reproductive Technology: not covered
Occupational Therapy: $25 copay 90 comb OT/PT/ST visits/cont yr
Physical Therapy: $25 copay 90 comb OT/PT/ST visits/cont yr
Speech Therapy: $25 copay 90 comb OT/PT/ST visits/cont yr

Ambulance and Emergency Services
Ambulance Services: Covered in Option 1
Emergency Services: Covered in Option 1

Laboratory and Imaging
Outpatient Lab, Pathology, & Diagnostic Testing: 10% coins
Outpatient Diagnostic Radiology: 10% coins
Outpatient Specialty Imaging: 10% coins

Hospital Inpatient
Hospital Services, Inpatient: 10% coins
Skilled Nursing Facility Care: 10% coins up to 40 days/cont yr

* Includes Actives and/or pre 65 Retirees only.

Created On: 10/29/2018
NPS Quote Number: 20502680
NPS RQR Number: 11304457
NPS RQR Name: Lithographers and Photoengravers Welfare Fund

Rate and Benefit Summary – Commercial

Group Name: GCIU-LOCAL 285
Group Numbers: 5238
Subgroups: 0050,0051
Product Type: Flexible Choice DC SIG
Quote Name: Custom FLEX 23 SIG

Region: Mid-Atlantic States
Jurisdiction: DC
Contract Period: 03/01/2019 – 02/29/2020

	Jul17 – Jun18
Average Members*:	3
Eligibles:	650

Mental Health and Chemical Dependency

Behavioral Health-Group Therapy:	$15 copay
Behavioral Health-Individual Therapy:	$15 copay
Behavioral Health, Inpatient:	10% coins

Other

Basic Durable Medical Equipment:	50% coins
Prosthetics:	50% coins
Orthotics:	50% coins
Eyeglass Frames:	not covered
Eyeglass Lenses:	not covered
Hearing Aids:	not covered

Flexible Choice – Tier 3 – Out of Network Benefits

Annual Deductible: Individual / Family per calendar year(s):	$600/$1,200
Out-of-Pocket Maximum: Individual / Family:	$6,000/$12,000/cont yr (Med Only) EMB
Lifetime Maximum: Individual / Family:	Not Applicable
Prescription Drugs:	Rx Covered Tier 1

Outpatient

Primary Care:	30% coins
Preventive Care:	30% coins
Specialty Care:	30% coins
Urgent Care:	30% coins

Other Professional

Outpatient Surgical Services:	30% coins
Chiropractic Services:	not covered
Acupuncture Services:	not covered
Dental:	not covered
Infertility Diagnosis & Testing:	50% coins
Infertility Assistive Reproductive Technology:	not covered
Occupational Therapy:	30% coins 90 comb OT/PT/ST visits/cont yr
Physical Therapy:	30% coins 90 comb OT/PT/ST visits/cont yr
Speech Therapy:	30% coins 90 comb OT/PT/ST visits/cont yr

Ambulance and Emergency Services

Ambulance Services:	Covered in Option 1
Emergency Services:	Covered in Option 1

Laboratory and Imaging

Outpatient Lab, Pathology, & Diagnostic Testing:	30% coins
Outpatient Diagnostic Radiology:	30% coins
Outpatient Specialty Imaging:	30% coins

Hospital Inpatient

Hospital Services, Inpatient:	30% coins
Skilled Nursing Facility Care:	30% coins up to 40 days/cont yr

Mental Health and Chemical Dependency

Behavioral Health-Group Therapy:	30% coins
Behavioral Health-Individual Therapy:	30% coins
Behavioral Health, Inpatient:	30% coins

* Includes Actives and/or pre 65 Retirees only.

Rate and Benefit Summary – Commercial

Group Name: GCIU-LOCAL 285
Group Numbers: 5238
Subgroups: 0050,0051
Product Type: Flexible Choice DC SIG
Quote Name: Custom FLEX 23 SIG

Region: Mid-Atlantic States
Jurisdiction: DC
Contract Period: 03/01/2019 - 02/29/2020

	Jul17 - Jun18
Average Members*:	3
Eligibles:	650

Other

Basic Durable Medical Equipment:	50% coins
Prosthetics:	50% coins
Orthotics:	50% coins
Eyeglass Frames:	30% coins, $100 allowance, 1 pair/24 months
Eyeglass Lenses:	30% coins, $150 allowance, 1 pair/24 months
Hearing Aids:	not covered

Domestic Partners:	None
Student / Overage Dependent Coverage:	26/26

Commission:	None
Other:	All state and federal mandated benefits apply.
APP:	No

* Includes Actives and/or pre 65 Retirees only.

Created On: 10/29/2018

NPS Quote Number: 20502680

NPS RQR Number: 11304457

NPS RQR Name: Lithographers and Photoengravers Welfare Fund

Rate Assumptions and Requirements

Group Name: Lithographers & Photoengravers

Group Numbers: 5238

Subgroups: 0032,0033,0034,0035,0040,0041,0043, 0044,0045,0046,0047,0048,0049,0050

Region: Mid-Atlantic States

Contract Period: 03/01/2019 - 02/29/2020

KP Offered: Total Replacement

Quotes Included

Custom FLEX 23 SIG - 20502680
DHMO 8 SEL LOW - 20502681
HMO SEL - 20502683
HMO SIG - 20502682

Proposal Assumptions

The proposed rates and benefits included on the Rate and Benefit Summary page are based on the **participation and contribution requirements** described below. If any of the following are not met, Kaiser Permanente (KP) reserves the right to withdraw our rate proposal, decline coverage, re-rate this proposal or terminate your Group Agreement.

1. **Group-specific requirements:**
   None

2. **Rating Assumptions:**
   Rates assume a 12-month policy period of 3/1/2019 through 2/29/2020 unless otherwise specified above.
   The rates and benefits in this proposal include the Federal Health Care Reform requirements. KP reserves the right to modify the rates and benefits if we receive further clarification of Federal Health Care Reform requirements, or to incorporate other applicable Federal Health Care Reform requirements. In addition, Kaiser Permanente reserves the right to make any change in these rates and benefits due to changes in State or Federal legislation or regulatory action.
   KP reserves the right to rerate if actual enrollment results in a +/-10% change in the rates from what was assumed at the time of this quote. Examples of changes that may impact rates include, but are not limited to, the following:
   a. A change in the demographic factor.
   b. A change in the average family size or subscriber distribution.
   c. A change in the number of subscribers enrolled in KP.
   d. A change in the number of plans offered alongside KP.
   e. A change in the benefit design of a plan offered alongside KP.
   f. A change in the employer contribution formula.
   g. Groups must abide by the Break-in and Break-away Policy.

   KP reserves the right to change the rates in the event the employer funds, or offers to fund, all or part of an individual or family deductible, copayment or coinsurance which is applicable under the KP plan unless specifically noted in the Group-Specific Requirements above.

3. **Participation and contribution requirements:**
   a. Proposed rates and benefits assume 75% of overall eligible group employees enroll in a company-sponsored plan excluding those waiving for alternative group coverage.
   b. Proposal assumes employer pays at least 50% of the employee only cost and is non-discriminatory.

4. **This proposal assumes KP is offered as the sole health care plan to all eligible employees in the group**

Rate Assumptions and Requirements

Group Name: Lithographers & Photoengravers

Group Numbers: 5238

Subgroups: 0032,0033,0034,0035,0040,0041,0043, 0044,0045,0046,0047,0048,0049,0050

Region: Mid-Atlantic States

Contract Period: 03/01/2019 - 02/29/2020

KP Offered: Total Replacement

5. Product-specific participation requirements:

Additional Kaiser Permanente Medicare Senior Advantage (KPSA), Medicare Plus or Medicare Cost Requirements:

a. Please refer to the group's contract for full definitions of Primary Medicare and Secondary Medicare.
b. Members must have Medicare Parts A and B to enroll in Medicare Senior Advantage (KPSA), Medicare Plus or Medicare Cost and be eligible for Medicare rates. In some regions members with only Part B may also enroll but their rates will be subject to a surcharge.
c. Medicare eligible members must reside in the approved Medicare Senior Advantage (KPSA), Medicare Plus or Medicare Cost service areas to receive benefits for the group Medicare Senior Advantage (KPSA), Medicare Plus or Medicare Cost offering.
d. Enrollment in Medicare Senior Advantage (KPSA), Medicare Plus and Medicare Cost is contingent upon receipt of an accurately completed enrollment form.
e. Preliminary Medicare Senior Advantage (KPSA), Medicare Plus or Medicare Cost rates and benefits are subject to change.
f. Medicare Senior Advantage (KPSA), Medicare Plus or Medicare Cost products may not be available for sale in all KP regions.

Additional Out-of-Area Product Requirements:

a. All employees offered KP Out-of-Area products must reside and work outside the KP service area.

6. Proposal requires eligibility for KP plan based on the following:

a. Employer - the employer cannot be considered a small group according to state law.
b. Actives:
- The group (employer) must be related to those offered a KP plan by virtue of employment. This includes when the group contract is with a Taft-Hartley Trust, Professional Employer Organization (PEO), association or Joint Power of Authority (JPA).
- An eligible employee is defined as an active, permanent employee who is on the employer's payroll, and works the minimum number of hours mandated by federal and/or state law to be considered an "eligible employee." Any agreement to change the minimum hours required must be in writing. Temporary and independent contractors (i.e., 1099 employees) are not eligible unless noted otherwise in this Rate Assumptions and Requirements document.
- The employee must live or work in the service area specific to the product they enroll in.
- 100% of eligible employees must be covered by Worker's Compensation, where mandated by law.

c. New enrollees:
The probationary period for new employees is non-discriminatory and reflects no more than a 90-day waiting period unless noted otherwise in this Rate Assumptions and Requirements document.
d. COBRA
- It is the responsibility of the employer group to enroll eligible members into the KP COBRA plan in compliance with federal law.
- It is the employer's responsibility to comply with appropriate COBRA statutes.
- KP will generally include COBRA members as part of the group bill. If individual billing has been arranged, KP will assume responsibility for collecting premiums from COBRA members, only acting as a collection agent on behalf of the group, not as a fiduciary for the group. In addition, KP retains the authority to terminate a direct-billed member for non-payment.

e. Retirees
- Eligible early retirees must enroll in a health plan at the time of retirement and may later elect to enroll in a KP plan at open enrollment as long as they have maintained continuous enrollment in a health plan since the time of retirement.
- Early retirees under the age of 65 must be reported to KP and set up as a separate employee class or subgroup.
- Medicare eligible retirees cannot enroll in the active plan.
- Applicants for a Medicare Senior Advantage (KPSA), Medicare Plus or Medicare Cost plan must meet all the Medicare eligibility requirements, including those stated in this Rate Assumptions and Requirements document.

f. Dependents
- If an "in-area" employee has dependents that live outside the service area, the employee and dependents must be enrolled in the same product.

7. Compliance:

KP reserves the right to make any change in the employer group's benefits and/or rates due to changes in State or Federal legislation or regulatory action.

Rate Assumptions and Requirements

Group Name: Lithographers & Photoengravers

Group Numbers: 5238

Subgroups: 0032,0033,0034,0035,0040,0041,0043, 0044,0045,0046,0047,0048,0049,0050

Region: Mid-Atlantic States

Contract Period: 03/01/2019 - 02/29/2020

KP Offered: Total Replacement

8. Broker Payment:

Brokers may be paid commissions and other financial incentives by Kaiser Permanente.

The contracting employer must also meet all other group-specific responsibilities and requirements described in your Group Agreement.