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KAISER PERMANENTE

Continuing your coverage.

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Continuing your health care coverage...



	PERSONAL ADVANTAGE	CONVERSION PLAN	SENIOR ADVANTAGE ¹	COBRA	CAL-COBRA	KAISER PERMANENTE CARES FOR KIDS CHILD HEALTH PLAN	MEDI-CAL	HIPAA	STEPS PLAN ⁹
BENEFITS • FEDERALLY QUALIFIED • FULL BENEFITS • PRESCRIPTIONS	No Yes Yes	Yes Yes No	Yes Yes ⁵ Yes ⁵	No ⁷ Yes ⁷ Varies ⁷	No ⁷ Yes ⁷ Varies ⁷	Yes Yes Yes	Yes Yes Yes	Yes Yes Yes	No Yes Yes
RATES²	Starting at \$86-\$111 per month	Starting at \$175 per month	\$0 monthly plan premium ⁶ (\$50 in the Fresno Service Area)	Your original group premium rate, plus applicable administrative fee	Your original group premium rate, plus applicable administrative fee	\$35 per child per month for first three children in family (additional children are covered free of charge)	\$0 monthly (premium paid by state)	Starting at \$263 per month	Starting from \$18-\$182, depending on plan level ⁸
ELIGIBILITY	All family members who were covered under your original group plan coverage ³ If you do not want a lapse of coverage, you should enroll in the Conversion Plan until you have been notified of your enrollment status Must pass medical review ⁴	All family members who were covered under your original group plan coverage ³ There can be no lapse in coverage between the termination of your group coverage and the start of your Conversion Plan coverage No medical review required	All family members with Medicare ³ may apply including those entitled on the basis of social security disability No medical review required	For groups of 20 or more eligible employees All family members who were covered under your original group plan coverage ³ No medical review required	For groups of 19 or fewer eligible employees All family members who were covered under your original group plan coverage ³ No medical review required	Based on family income and ineligibility for other health care programs, call for details Children under the age of 19 No medical review required	Medi-cal beneficiaries without share of cost or other health plan coverage (Medi-cal eligibility determined by the state) No medical review required	Must have 18 months of creditable coverage and have exhausted COBRA or Cal-COBRA No medical review required	Based on family income and ineligibility for other health care programs, call for details No medical review required
FOR MORE INFORMATION OR AN APPLICATION	Call 1-800-464-4000	Call 1-800-464-4000	Call 1-800-464-4000	Contact your employer or benefits administrator	Call 1-800-464-4000	Call 1-800-255-5053	Call Department of Public Social Services	Call 1-800-464-4000	Call 1-800-255-5053

¹ If you are currently a Senior Advantage member whose group coverage is ending, your coverage in Senior Advantage automatically continues in effect on an individual basis unless we receive a signed disenrollment request from you. You may obtain a copy of the disenrollment request form by calling our Member Service Call Center at 1-800-464-4000.

² The rate you pay for your coverage depends on which option you select, where you live, how many family members are enrolling, and whether or not anyone is entitled to or enrolled in, a Medicare-integrated plan. Rates listed are valid until December 31, 2000.

³ Additional dependent information:
 • For Personal Advantage, Conversion Plan, and Senior Advantage, dependent children over the age of 19 will need to obtain their own coverage.
 • Dependent children who have been disabled for two years or more may qualify for coverage under Senior Advantage.
 • Dependent children who have been disabled for two years or less may qualify for coverage under COBRA or Cal-COBRA.

⁴ If you or any member of your family do not qualify for Personal Advantage, you are still eligible for the Conversion Plan.

⁵ Copayments and limits may apply.

⁶ You must continue to pay your monthly Medicare premiums and use Plan providers.

⁷ Based on your employers current coverage.

⁸ The rate you pay for your coverage depends on which Steps Plan level you qualify for, where you live, how many family members you are enrolling, and whether or not anyone is entitled to, or enrolled in, a Medicare or Medi-Cal plan.

⁹ Please note that we will not be accepting applications from Kaiser Permanente members whose group coverage is ending until January 17, 2000 (tentatively). You may call 1-800-255-5053 for confirmation of this tentative date.