



KAISER PERMANENTE®

www.kaiserpermanente.org/california

Dear Kaiser Permanente Member:

We are sending you this information because we have been notified that your current health care coverage with Kaiser Permanente has ended. You may now make some choices about continuing your coverage. We want to make it easy for you to continue your membership with us.

Inside is a chart that highlights your health care coverage options. For information on any of these options, please call the respective numbers listed on the chart.

Thank you for choosing Kaiser Permanente for your health care coverage. We look forward to continuing to provide you with quality health care.

Sincerely,

Kaiser Permanente

Continuing your health care coverage...

	PERSONAL ADVANTAGE	CONVERSION PLAN WITH PRESCRIPTION COVERAGE ⁷	CONVERSION PLAN	SENIOR ADVANTAGE ¹	COBRA	CAL-COBRA	KAISER PERMANENTE CARES FOR KIDS CHILD HEALTH PLAN	MEDI-CAL	KP HIP (HIPAA)	STEPS PLAN
BENEFITS ² PRESCRIPTIONS ⁵	Yes	Yes	No	Yes	Same group coverage as your former employer	Same group coverage as your former employer	Yes	Yes	Yes	Yes
FEDERALLY-QUALIFIED	No	No	Yes	Yes	Same group coverage as your former employer	Same group coverage as your former employer	Yes	Yes	No	No
ELIGIBILITY	<ul style="list-style-type: none"> •All family members may apply.³ •You must pass medical review.⁴ •Note: If you want to avoid a lapse in coverage, you should consider enrollment in Conversion or KP HIP⁴ (HIPAA) until you have been notified of your enrollment status. 	<ul style="list-style-type: none"> •All eligible family members who were covered under your original group plan coverage³ •There will be no lapse in coverage between the termination of your group coverage and the start of your Conversion Plan coverage. •No medical review required. •You must apply within 63 days after your last day of creditable coverage. 	<ul style="list-style-type: none"> •All eligible family members who were covered under your original group plan coverage³ •There will be no lapse in coverage between the termination of your group coverage and the start of your Conversion Plan coverage. •No medical review required. •You must apply within 63 days after your last day of creditable coverage. 	<ul style="list-style-type: none"> •Anyone with Medicare may apply, including those entitled on the basis of social security disability. •No medical review required. 	<ul style="list-style-type: none"> •For groups of 20 or more eligible employees⁶ •All family members who were covered under your original group plan coverage •No medical review required. 	<ul style="list-style-type: none"> •For groups of 19 or fewer eligible employees •All family members who were covered under your original group plan coverage •No medical review required. 	<ul style="list-style-type: none"> •Uninsured children under the age of 19 •Based on family income and ineligibility for other health care programs. •No medical review required. 	<ul style="list-style-type: none"> •Medi-Cal beneficiaries without share of cost or other health plan coverage (Medi-Cal eligibility determined by the state.) •No medical review required. 	<ul style="list-style-type: none"> •You must have 18 months of creditable coverage and have exhausted all available group continuation coverage.³ •Members are not allowed to enroll in KP HIP if they are already enrolled in another individual plan. •No medical review required. •You must apply within 63 days after your last day of creditable coverage. 	<ul style="list-style-type: none"> •In 2003 this plan is temporarily unavailable in Southern California. •Based on family income and ineligibility for other health care programs.³ •Note: If you want to avoid a lapse in coverage, you should consider enrollment in Conversion or KP HIP⁴ (HIPAA) until you have been notified of your enrollment status. •No medical review required.
FOR MORE INFORMATION INCLUDING RATES OR TO REQUEST AN ENROLLMENT KIT	<p>Call 1-800-464-4000 from 7a.m. to 7p.m., seven days a week.</p> <p>TTY 1-800-777-1370</p>	<p>Call 1-800-464-4000 from 7a.m. to 7p.m., seven days a week.</p> <p>TTY 1-800-777-1370</p>	<p>Call 1-800-464-4000 from 7a.m. to 7p.m., seven days a week.</p> <p>TTY 1-800-777-1370</p>	<p>Call 1-800-443-0815 from 7a.m. to 7p.m., seven days a week.</p> <p>TTY 1-800-777-1370</p>	Contact your employer or benefits administrator.	<p>Call 1-800-464-4000 from 7a.m. to 7p.m., seven days a week.</p>	<p>Call 1-800-464-4000 from 7a.m. to 7p.m., seven days a week.</p>	Contact the Department of Social or Health and Human Services.	<p>Call 1-800-464-4000 from 7a.m. to 7p.m., seven days a week.</p> <p>TTY 1-800-777-1370</p>	<p>Call 1-800-464-4000 from 7a.m. to 7p.m., seven days a week.</p>

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 1-800-443-0815. Kaiser Permanente is a Medicare+Choice organization with a Medicare contract called Senior Advantage. You must live within the Kaiser Permanente Senior Advantage Service Area to apply. You must continue to pay your monthly Medicare premium. Members must use Plan and affiliated providers for routine care. Monthly dues vary by Service Area.

² Benefit levels, copayments and the rate you pay for coverage depends on which plan you choose, where you live, how many family members are enrolling and whether or not anyone is entitled to or enrolled in a Medicare-integrated plan.

³ Dependent children over the age of 19 will need to obtain their own coverage.

⁴ If you or any member of your family do not qualify for Personal Advantage, you may be eligible for the Conversion Plan with Prescription Coverage, Federally-Qualified Conversion Plan or KP HIP (HIPAA).

⁵ Copayments and limitations apply. Prescriptions must be filled at Kaiser Permanente or affiliated pharmacies in accordance with your Evidence of Coverage.

⁶ 18-month extension under Cal-COBRA is available.

⁷ Conversion Plan effective 9/1/03.