

All plans offered and underwritten by
Kaiser Foundation Health Plan of the Northwest

June 26, 2024

Charles E Perry
Ingin Inc Dba Ingin Insurance Ser
4220 Rocklin Rd #2e
Rocklin, CA 95677

RE: NOTICE OF RENEWAL

Group Name: RIVERGROVE WATER DISTRICT
Group Number: 08580

Thank you for choosing Kaiser Permanente for your company's health care needs. The annual renewal of RIVERGROVE WATER DISTRICT's contract for medical and/or dental benefits is coming up on November 1, 2024.

Renewal packet summary

Your renewal packet includes renewal rates for your current plan(s) and for all other 2024 plans available to small employers. Enclosed you will also find:

- **Renewal Instructions:** Overview of the steps to follow in making your upcoming renewal selection.
- **Renewal Decision Form:** Complete and return this form *no later than the 15th of the month before the anniversary date.*
- **Renewal Confirmation:** If you are renewing your group as offered with no changes, a 2024 renewal confirmation document is included at the end of the renewal packet.
- **Medical Plan Overview:** Summary and plan comparison of the most common benefits within our 2024 plan portfolio.
- **Medical Plan Updates:** Important plan and benefit changes for the upcoming plan year.
- **Dental Portfolio:** Overview of dental plans and benefit options available to small employers.
- **Underwriting Guidelines:** Summary of small group rating and eligibility requirements and policies.

Tools and resources

- **account.kp.org:** Manage membership, view and pay premium bills, download key group documents, and find small group product and plan information.
- **kp.org/choosebetter:** Important updates and additional resources including webinars, videos, and articles.

Please know that I am available to help you with any questions about this renewal. We look forward to helping you and your employees continue to thrive.

Sincerely,



Sara Chase
Senior Account Manager
(971) 277-0598
Sara.J.Chase@kp.org

Renewal Decision

Return of this form is required for renewal.

The Renewal Decision Form is used to change benefits at renewal or to simply renew with no additional changes. The rates and benefits chosen will begin on the date of the renewal.

Replying to us with the renewal changes **7 weeks** prior to the effective date will allow time for processing and to provide an accurate bill for the renewal month. Benefit changes can be requested up to the 15th of the month prior to the anniversary date. However, the bill may not reflect the changes or adjustments until the month after the renewal.

Consider the options carefully as changes can only be made at the time of renewal.

Steps to renew

1. Review the renewal packet for benefit changes, renewal rates, and plan options.
2. Select the benefits that best meet your employees' needs. See our plans and products brochures for more information.
3. Complete the Renewal Decision Form on pages 3 and 4.
4. Collect the Kaiser Permanente Enrollment/Change Form for employees and/or dependents newly enrolling on the group plan.
5. Submit the completed and signed Employee Benefit Designation Form for groups selecting a bundled plan. If bundled benefits are being renewed, only employees wishing to switch plans need to be indicated on the form.
6. Send the completed forms to your Kaiser Permanente representative at the email, fax number, or address below.

We must receive this information no later than the 15th of the month prior to the date of renewal.

Steps to add family dental coverage

Dental coverage can be added at renewal or on the 1st of any month throughout the year.

1. Obtain rates from the group's medical renewal quote or contact your account manager (if off renewal).
2. Select the benefits that best meet your needs. See our dental plans and products brochure.
3. Submit your dental plan decision:
 - **At renewal:** Complete the dental benefit information on the Renewal Decision Form.
 - **Off renewal:** Complete the employer dental application.
4. Have each eligible and enrolling employee complete the Kaiser Permanente Enrollment/Change of Information Form or waiver form (even if currently enrolled in the medical plan).
5. Send the completed forms to your Kaiser Permanente representative at the email, fax number or address below.

We must receive this information no later than the 15th of the month prior to the date of renewal.

Email: small.group.respond@kp.org (preferred)
Fax: 877-237-5548
Mail: Kaiser Permanente
Small Business Group
500 NE Multnomah St, Suite 100
Portland, OR 97232

Brochures and forms are available on account.kp.org.

Summary of Benefits and Coverage (SBC):
Documents for all 2024 plans are available at
kp.org/sbc.



Small Group 2024 Renewal Decision Form

All plans offered and underwritten by
 Kaiser Foundation Health Plan of the Northwest
 500 NE Multnomah St., Suite 100 Portland OR 97232

Complete and return this form no later than the 15th of the
 month prior to the anniversary date. No response will result in
 inability to make eligibility and benefit plan changes.

Group Name: RIVERGROVE WATER DISTRICT
Group Number: 08580
Renewal Date: November 1, 2024
Group Physical Address:
 17661 Pilkington Road, Lake Oswego, OR 97035

Account Manager: Sara Chase
Phone: (971) 277-0598
Email: small.group.respond@kp.org
Fax: (877) 237-5548
Mail: 500 NE Multnomah St, Portland OR 97232

Open Enrollment - Your open enrollment period is the month prior to your renewal effective date. This allows employees and/or their dependents who previously declined coverage to enroll. For groups with multiple plans, existing employees may make a plan change among the plans you currently offer. We must receive notice of any new enrollments or plan changes by the end of the month before your renewal date.

Dental Coverage - If you do not currently offer Kaiser Permanente Dental coverage, it may be added at renewal. Dental plan options and rates for employers are included with this renewal.

MEDICAL BENEFITS / Renewal Choice

Number of plan offerings in 2024: 1 plan 2 plans 3 plans

Health Payment Account (HSA/HRA/FSA) administered by Kaiser Permanente? Yes No

	RENEWAL OFFERING	RENEW as offered	CHANGE to a new plan selection.	NEW PLAN SELECTION	Vision	Vision & Massage	HSA/HRA/FSA Selection(s) Yes (Y) or No (N)
1st Plan	KP OR Gold 0/30 w/VX & Massage	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
2nd Plan	n/a	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
3rd Plan	n/a	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Out-of-Area*	n/a	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

*For eligibility requirements please refer to the 2024 rating and underwriting assumptions policy or speak with your Account Manager

DENTAL BENEFITS / Renewal Choice

Number of plan offerings : 1 plan 2 plans

All employer sponsored dental plans are available to groups of 1-50 employees and a minimum of 2 members enrolled. Groups may only offer one Traditional and/or one Choice PPO family dental plan. Additional employee enrollment forms are required to add dental coverage. Please submit those employee enrollment forms along with this form. See the 2024 rating and underwriting assumptions policy for voluntary dental plan offering requirements.

	RENEWAL OFFERING	RENEW as offered	CHANGE to a new plan selection.	NEW PLAN SELECTION
1st Plan	KP OR Family Traditional 100 - \$50 Ded/\$2500 Max	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2nd Plan	n/a	<input type="checkbox"/>	<input type="checkbox"/>	

Pediatric Dental Coverage Attestation:

We are required to include pediatric dental benefits with your medical plan(s). By enrolling in a Kaiser Permanente medical plan, each employee and each of his/her dependents will have access to a separate pediatric dental plan, unless you confirm below that you have purchased other pediatric dental coverage compliant with the Affordable Care Act or offer family dental coverage. We will rely on your confirmation. If no attestation is provided and no plan is selected we will enroll your group on the lowest cost pediatric dental plan. Premiums will be applied to pediatric members under the age of 19 who are not enrolled on a family dental plan.

Enroll my group in the pediatric dental plan along with the small business medical plan that I have chosen.

I have purchased other pediatric dental coverage (If you currently have a standalone pediatric dental plan in place, checking this box will terminate the coverage listed below).

	RENEWAL OFFERING	RENEW as offered	CHANGE to a new plan selection.	NEW PLAN SELECTION
Pediatric Plan	KP OR Choice 100 + Ortho Pediatric Dental Plan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Group Name: RIVERGROVE WATER DISTRICT

Group Number: 08580

ELIGIBILITY AND CONTRIBUTIONS: Your contribution to coverage can be a percentage or a fixed dollar amount. Your minimum contribution must be at least 50% of the "employee only" monthly premium for the lowest-priced Kaiser Permanente medical and dental plan(s) offered (with the exception of voluntary dental). Complete items 1 through 4.

1. Hourly requirement for benefits:

Weekly 40 Hrs

2. Employer contribution:

Employee 100 %/\$

Dependent 100 %/\$

3. Domestic partner coverage election:

No change Add Remove

4. Employee only plan (no dependents can enroll):

No change Yes No

Confirmation and Billing

You can find a Group Policy Overview/Confirmation in this packet reflecting your plans and rates if you make no changes. If you do make changes, following the new policy effective date, you will receive an updated Confirmation reflecting your renewal decision. This will confirm your plan information and new rates. Please notify your account manager within 10 days after receipt of the confirmation if there are any discrepancies or corrections that need to be made.

Your new rates will be reflected on your invoice in your account.kp.org employer portal in the next available billing cycle after the change is processed in our system. Invoices are available around the 10th of each month.

SIGNATURE

Jasmine Casey
SIGNATURE OF EMPLOYER OR PRODUCER

General Manager
TITLE (IF PRODUCER, LIST AGENCY)

8/20/2024
DATE

jcasey@rivergrovewater.com
EMPLOYER'S EMAIL ADDRESS

All plans offered and underwritten by
Kaiser Foundation Health Plan of the Northwest

Guide for Requesting Enrollment Materials

Help us “go green” and reduce our environmental impact by considering how many enrollment packets a renewing group needs.

Many open enrollment meetings can be well served with benefit summaries for existing members and a few enrollment packets for new enrollees.

Benefit summaries provide a basic breakdown of coverage by category. These are most helpful for employees who are already enrolled and are changing plans or who want to know about benefits such as deductibles, maximum out of pocket, etc., that may change from year to year.

Enrollment packets include benefit summaries, an Enrollment/Change Form, and information about accessing care and understanding coverage. They are most helpful for newly enrolling employees, or employees who are adding dependents.

Find Materials Online

We encourage our brokers/producers and groups to use the self-service tools available on **account.kp.org**.

Plan documents such as Enrollment/Change Forms, waivers, and Member Cancellation Forms, can be found by visiting **account.kp.org/business/forms-and-documents**.

Sales Summary of Benefits can be found by visiting **account.kp.org/business/plans-listing/small-business**. Make sure your region is “Oregon/SW Washington”, the year is the correct contract year for your inquiry, and the correct plan type is selected. Select the link below the plan name and you can download as a PDF.

Summary of Benefits and Coverage (SBCs) can be found at **kp.org/sbc**.

Hard copy literature requests

Please allow 30 business days from the date you submit your request. To order hard copies of benefit summaries or enrollment packets, please send the following information to **small.group.respond@kp.org**:

- Group name and number
- Physical address for delivery (Note: We cannot deliver to P.O. boxes. Deliveries must be signed for.)
- Phone number at delivery location
- Number of benefit summaries
- Number of enrollment packets
- Requested receipt date

2024 Renewal Rates - Medical Summary

 Group Name: RIVERGROVE WATER DISTRICT
 Group Number: 08580
 Subgroup Number: 002
 Anniversary Date: November 1, 2024
 Open Enrollment: October 1, 2024 - October 31, 2024

 Probationary Period: Per guidelines of group
 Hourly Requirement: 40 hours per week
 Contribution: 100% / 100%
 Domestic Partner: Same-Sex Domestic Partner
 Contract State: Oregon (Clackamas County)

MEDICAL BENEFITS AND RATES

Medical Plan	2023 Current	2024 Renewal	2024 Alternative (other plans available)
	KP OR Gold 0/30 w/VX & Massage	KP OR Gold 0/30 w/VX & Massage	KP OR Gold 1500/35 w/VX & Massage
Pharmacy Benefit	\$15/\$40/\$60/50%	\$15/\$40/\$60/50%	\$10/\$30/\$60/50%
Self-Referred Alt. Care	Acu/Chiro/Naturo	Acu/Chiro/Naturo	Acu/Chiro/Naturo
Vision Hardware Buy-up	\$200	\$200	\$200
Massage Buy-up	\$25	\$25	\$25
Total Employee-only Rate	\$643.00	\$543.00	\$506.00
Employee + Spouse	\$1,286.00	\$1,086.00	\$1,012.00
Employee + Spouse + Child(ren)	\$1,832.55	\$1,547.55	\$1,442.10
Employee + Child(ren)	\$1,189.55	\$1,004.55	\$936.10
Percent Change		(15.55%)	(21.31%)
Senior Advantage Plan*	\$309.36	\$337.20	9.00%

Senior Advantage: \$20/OV, \$200/Admit, \$100 Vision, Rx: \$20 Generic/\$40 Brand, Alt Care: \$20 acu, chiro, naturo/\$25 massage.

* Different rates and benefits may apply for groups with over 20 employees. See attached Medicare Rate Information Sheet (final page).

TEFRA Status: TO - Your group indicates less than 20 employees.

Note: Rates may not match precisely to those shown on Renewal Options page due to rounding differences.

CURRENT MEDICAL SUBSCRIBERS FOR SUBGROUP 002

Employee Only: 1 Employee/Spouse: 0 Emp/Spouse/Child(ren): 0 Employee/Child(ren): 0 Senior Advantage: 0

YOUR GROUP ENROLLMENT

Prior Enrollment Date	Ages <21	Ages 21-24	Ages 25-29	Ages 30-34	Ages 35-39	Ages 40-44	Ages 45-49	Ages 50-54	Ages 55-59	Ages 60-63	Ages 64+												
June 14, 2023	0	0	0	0	0	1	0	1	0	0	0												
Current Enrollment Date: June 11, 2024																							
Member Age Band	<21	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42
Total Members	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Member Age Band	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64+	
Total Members	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

The subscriber enrollment shown below is associated with the family make-up of the group.

Enrollment Date	Employee Only	Employee & Spouse	Employee, Spouse & Child(ren)	Employee & Child(ren)
June 14, 2023	0	1	0	0
June 11, 2024	1	0	0	0



2024 Renewal Rates - Family Dental Summary

Group Name: Rivergrove Water District	Probationary Period: Per guidelines of group
Group Number: 08580	Hourly Requirement: 40 hours per week
Subgroup Number: 004	Contribution: 100% / 100%
Anniversary Date: November 1, 2024	Domestic Partner: Same-Sex Domestic Partner
Open Enrollment: October 1, 2024 - October 31, 2024	Contract State: Oregon (Clackamas County)

DENTAL RATES AND BENEFITS

	2023		2024		Percent Change
Dental Plan/Deductible	KP OR Family Traditional 100 - \$50 Ded/\$2500 Max		KP OR Family Traditional 100 - \$50 Ded/\$2500 Max		
Orthodontia Rider	Not Covered		Not Covered		
Total Employee-only Rate	\$	\$54.90	\$	\$50.01	(8.91%)
Employee + Spouse	\$	\$109.80	\$	\$100.02	
Employee + Spouse + Child(ren)	\$	\$181.17	\$	\$165.03	
Employee + Child(ren)	\$	\$109.80	\$	\$100.02	

Rates may not match precisely to those shown on Renewal Options page due to rounding differences.

YOUR GROUP-SPECIFIC RATE ADJUSTMENT FACTORS

Community rates for dental coverage are adjusted by your group-specific factors. Your group-specific factors are indicated below.

2023	2024	
1.2056	1.0989	Demographics [reflects the ages of enrolled employee and their dependents]
0.9386	0.9394	Family Content [reflects your dependent ratio relative to the Kaiser program-wide average]
1.0601	1.0600	Group Size [reflects your group's dental count adjustment]
<hr/>	<hr/>	
1.1995	1.0943	Total Rate Adjustment Factor [used to adjust the base dental community rate for your group]

CURRENT DENTAL SUBSCRIBERS FOR SUBGROUP 004

Employee Only: 1 Employee/Spouse: 0 Emp/Spouse/Child(ren): 0 Employee/Child(ren): 0 Senior Advantage: n/a

YOUR GROUP ENROLLMENT

Demographics: The member demographics shown below were used to compute the demographic component of the Rate Adjustment Factor:

Enrollment Date	Ages 01 - 18	Ages 19 - 24	Ages 25 - 29	Ages 30 - 34	Ages 35 - 39	Ages 40 - 44	Ages 45 - 49	Ages 50 - 54	Ages 55 - 59	Ages 60 - 64	Ages 65+
June 14, 2023	0	0	0	0	0	1	0	1	0	0	0
June 11, 2024	0	0	0	0	0	1	0	0	0	0	0

Enrollment Date	Employee Only	Employee & Spouse	Employee, Spouse & Child(ren)	Employee & Child(ren)
June 14, 2023	0	1	0	0
June 11, 2024	1	0	0	0

2024 Renewal Rates - Pediatric Dental Summary

Group Name: RIVERGROVE WATER DISTRICT
 Group Number: 08580
 Subgroup Number: 451
 Anniversary Date: November 1, 2024
 Open Enrollment: October 1, 2024 - October 31, 2024

Probationary Period: Per guidelines of group
 Hourly Requirement: 40 hours per week
 Contribution: 100% / 100%
 Domestic Partner: Same-Sex Domestic Partner
 Contract State: Oregon (Clackamas County)

DENTAL RATE COMPONENTS

	2023	2024	2023	2024	Percent Change
Pediatric Dental Plan	KP OR Choice 100 + Ortho Pediatric Dental Plan	KP OR Choice 100 + Ortho Pediatric Dental Plan	\$49.69	\$48.37	
Orthodontia Benefit	50%/\$1,500 Max Plan Pymt	50%/\$1,500 Max Plan Pymt			
Total Member Rate			\$49.69	\$48.37	(2.66%)
Total Members (Ages <19)			0	0	
Total Monthly Premium			\$0.00	\$0.00	

2024 PLANS SHOWN ABOVE

Your plan for 2024 includes pediatric dental coverage. This plan is age rated. One rate applies for each enrolled member (up to 3 per family) who is age 18 and younger.

For groups who purchase our medical plan, this coverage is automatic and not elective. It can only be declined if we receive reasonable assurance through an attestation process that you provide coverage through another dental plan.

Refer to the dental booklet included with your renewal for plan-specific coverage details.



Small Business Renewal Options Rate Exhibit - Oregon 2024
(Clackamas County)

Group Name: RIVERGROVE WATER DISTRICT
Group Number: 08580
Effective Date: November 1, 2024 - October 31, 2025

Account Manager: Sara Chase
Phone Number: (971) 277-0598

2024 MEDICAL PLANS AND RATING

Brief medical plan benefit descriptions are provided following the rates. Refer to the Medical Plan Overview provided with the renewal packet enclosures for additional benefit details.

All 2024 plans include a pharmacy benefit, coverage for self referred acupuncture, chiropractic and naturopathic care and pediatric vision hardware. Some plans include massage and vision exam and hardware for adults.

Member level rating will be in effect for 2024 plans. For Oregon small group plans, a factor applies for each family member and these factors are used to establish the group's 4 tier rate.

Rates are established using each member's age on the effective date of the contract.

Rates remain in effect for the duration of the contract period.

Traditional Medical Plans

Plan Name		Employee Count	Medical Plan Rates	Add Only Vision	Add Vision plus Massage
KP OR Platinum 0/20	Employee	1	\$617.00	\$624.00	\$626.00
	EE + Spouse	0	\$1,234.00	\$1,248.00	\$1,252.00
	EE + Family	0	\$1,758.45	\$1,778.40	\$1,784.10
	EE + Child(ren)	0	\$1,141.45	\$1,154.40	\$1,158.10
	Total Monthly Premium	1	\$617.00	\$624.00	\$626.00
KP OR Gold 0/30	Employee	1	\$535.00	\$540.00	\$543.00
	EE + Spouse	0	\$1,070.00	\$1,080.00	\$1,086.00
	EE + Family	0	\$1,524.75	\$1,539.00	\$1,547.55
	EE + Child(ren)	0	\$989.75	\$999.00	\$1,004.55
	Total Monthly Premium	1	\$535.00	\$540.00	\$543.00

Traditional Medical Plan Benefit Descriptions	
KP OR Platinum 0/20	\$5 for the first 3 visits then \$20 Copay, \$150 Amb/ER, Inpatient \$300/day \$1,500 max, Rx: Generic/Brand/Non-Pref Brand/Specialty - \$5/\$15/\$50/50%
KP OR Gold 0/30	\$5 for the first 3 visits then \$30 Copay, \$500 Amb/ER, Inpatient \$500/day \$2,500 max, Rx: Generic/Brand/Non-Pref Brand/Specialty - \$15/\$40/\$60/50%

Small Business Renewal Options Rate Exhibit - Oregon 2024
 (Clackamas County)

Group Name: RIVERGROVE WATER DISTRICT
Group Number: 08580
Effective Date: November 1, 2024 - October 31, 2025

Account Manager: Sara Chase
Phone Number: (971) 277-0598

Deductible Medical Plans

Plan Name		Employee Count	Medical Plan Rates	Add Only Vision	Add Vision plus Massage
KP OR Platinum 250/20	Employee	1	\$603.00	\$609.00	\$611.00
	EE + Spouse	0	\$1,206.00	\$1,218.00	\$1,222.00
	EE + Family	0	\$1,718.55	\$1,735.65	\$1,741.35
	EE + Child(ren)	0	\$1,115.55	\$1,126.65	\$1,130.35
	Total Monthly Premium	1	\$603.00	\$609.00	\$611.00
KP OR Platinum 500/20	Employee	1	\$586.00	\$593.00	\$596.00
	EE + Spouse	0	\$1,172.00	\$1,186.00	\$1,192.00
	EE + Family	0	\$1,670.10	\$1,690.05	\$1,698.60
	EE + Child(ren)	0	\$1,084.10	\$1,097.05	\$1,102.60
	Total Monthly Premium	1	\$586.00	\$593.00	\$596.00
KP OR Gold 1000/20	Employee	1	\$516.00	\$522.00	\$525.00
	EE + Spouse	0	\$1,032.00	\$1,044.00	\$1,050.00
	EE + Family	0	\$1,470.60	\$1,487.70	\$1,496.25
	EE + Child(ren)	0	\$954.60	\$965.70	\$971.25
	Total Monthly Premium	1	\$516.00	\$522.00	\$525.00
KP OR Gold 1500/35	Employee	1	\$498.00	\$503.00	\$506.00
	EE + Spouse	0	\$996.00	\$1,006.00	\$1,012.00
	EE + Family	0	\$1,419.30	\$1,433.55	\$1,442.10
	EE + Child(ren)	0	\$921.30	\$930.55	\$936.10
	Total Monthly Premium	1	\$498.00	\$503.00	\$506.00
KP OR Gold 2000/35	Employee	1	\$479.00	\$484.00	\$487.00
	EE + Spouse	0	\$958.00	\$968.00	\$974.00
	EE + Family	0	\$1,365.15	\$1,379.40	\$1,387.95
	EE + Child(ren)	0	\$886.15	\$895.40	\$900.95
	Total Monthly Premium	1	\$479.00	\$484.00	\$487.00
Kaiser Permanente Oregon Standard Gold Plan	Employee	1	\$509.00	-	-
	EE + Spouse	0	\$1,018.00	-	-
	EE + Family	0	\$1,450.65	-	-
	EE + Child(ren)	0	\$941.65	-	-
	Total Monthly Premium	1	\$509.00	-	-
KP OR Silver 3000/45	Employee	1	\$437.00	\$442.00	\$444.00
	EE + Spouse	0	\$874.00	\$884.00	\$888.00
	EE + Family	0	\$1,245.45	\$1,259.70	\$1,265.40
	EE + Child(ren)	0	\$808.45	\$817.70	\$821.40
	Total Monthly Premium	1	\$437.00	\$442.00	\$444.00
KP OR Silver 4000/45	Employee	1	\$426.00	\$433.00	\$434.00
	EE + Spouse	0	\$852.00	\$866.00	\$868.00
	EE + Family	0	\$1,214.10	\$1,234.05	\$1,236.90
	EE + Child(ren)	0	\$788.10	\$801.05	\$802.90
	Total Monthly Premium	1	\$426.00	\$433.00	\$434.00
KP OR Silver 5000/50	Employee	1	\$413.00	\$418.00	\$421.00
	EE + Spouse	0	\$826.00	\$836.00	\$842.00
	EE + Family	0	\$1,177.05	\$1,191.30	\$1,199.85
	EE + Child(ren)	0	\$764.05	\$773.30	\$778.85
	Total Monthly Premium	1	\$413.00	\$418.00	\$421.00



Small Business Renewal Options Rate Exhibit - Oregon 2024
 (Clackamas County)

Group Name: RIVERGROVE WATER DISTRICT
Group Number: 08580
Effective Date: November 1, 2024 - October 31, 2025

Account Manager: Sara Chase
Phone Number: (971) 277-0598

Deductible Medical Plans (continued)

Plan Name		Employee Count	Medical Plan Rates	Add Only Vision	Add Vision plus Massage
KP OR Silver 6000/50	Employee	1	\$395.00	\$400.00	\$403.00
	EE + Spouse	0	\$790.00	\$800.00	\$806.00
	EE + Family	0	\$1,125.75	\$1,140.00	\$1,148.55
	EE + Child(ren)	0	\$730.75	\$740.00	\$745.55
	Total Monthly Premium	1	\$395.00	\$400.00	\$403.00
Kaiser Permanente Oregon Standard Silver Plan	Employee	1	\$418.00	-	-
	EE + Spouse	0	\$836.00	-	-
	EE + Family	0	\$1,191.30	-	-
	EE + Child(ren)	0	\$773.30	-	-
	Total Monthly Premium	1	\$418.00	-	-
KP OR Bronze 7000/60	Employee	1	\$385.00	\$389.00	\$392.00
	EE + Spouse	0	\$770.00	\$778.00	\$784.00
	EE + Family	0	\$1,097.25	\$1,108.65	\$1,117.20
	EE + Child(ren)	0	\$712.25	\$719.65	\$725.20
	Total Monthly Premium	1	\$385.00	\$389.00	\$392.00
KP OR Bronze 9400/0%	Employee	1	\$339.00	\$345.00	\$347.00
	EE + Spouse	0	\$678.00	\$690.00	\$694.00
	EE + Family	0	\$966.15	\$983.25	\$988.95
	EE + Child(ren)	0	\$627.15	\$638.25	\$641.95
	Total Monthly Premium	1	\$339.00	\$345.00	\$347.00
Kaiser Permanente Oregon Standard Bronze Plan	Employee	1	\$364.00	-	-
	EE + Spouse	0	\$728.00	-	-
	EE + Family	0	\$1,037.40	-	-
	EE + Child(ren)	0	\$673.40	-	-
	Total Monthly Premium	1	\$364.00	-	-

Small Business Renewal Options Rate Exhibit - Oregon 2024
 (Clackamas County)

Group Name: RIVERGROVE WATER DISTRICT
Group Number: 08580
Effective Date: November 1, 2024 - October 31, 2025

Account Manager: Sara Chase
Phone Number: (971) 277-0598

Deductible Medical Plans (continued)

Deductible Medical Plan Benefit Descriptions	
KP OR Platinum 250/20	\$250 Deductible, \$5 for the first 3 visits then \$20 Copay, 15% Coinsurance, Rx: Generic/Brand/Non-Pref Brand/Specialty - \$5/\$15/\$50/50%
KP OR Platinum 500/20	\$500 Deductible, \$5 for the first 3 visits then \$20 Copay, 20% Coinsurance, Rx: Generic/Brand/Non-Pref Brand/Specialty - \$5/\$15/\$50/50%
KP OR Gold 1000/20	\$1,000 Deductible, \$5 for the first 3 visits then \$20 Copay, 25% Coinsurance, Rx: Generic/Brand/Non-Pref Brand/Specialty - \$10/\$40/50%/50%
KP OR Gold 1500/35	\$1,500 Deductible, \$5 for the first 3 visits then \$35 Copay, 25% Coinsurance, Rx: Generic/Brand/Non-Pref Brand/Specialty - \$10/\$30/\$60/50%
KP OR Gold 2000/35	\$2,000 Deductible, \$5 for the first 3 visits then \$35 Copay, 25% Coinsurance, Rx: Generic/Brand/Non-Pref Brand/Specialty - \$15/\$45/50%/50%
Kaiser Permanente Oregon Standard Gold Plan	\$1,800 Deductible, \$5 for the first 3 visits then \$20 Copay, 20% Coinsurance, Rx: Generic/Brand/Non-Pref Brand/Specialty - \$10/\$30/50%/50%: \$500 max for spec drugs
KP OR Silver 3000/45	\$3,000 Deductible, \$5 for the first 3 visits then \$45 Copay, 40% Coinsurance, Rx: Generic/Brand/Non-Pref Brand/Specialty - \$30/\$60/50%/50% aft ded
KP OR Silver 4000/45	\$4,000 Deductible, \$5 for the first 3 visits then \$45 Copay, 40% Coinsurance, Rx: Generic/Brand/Non-Pref Brand/Specialty - \$30/\$60/50%/50% aft ded
KP OR Silver 5000/50	\$5,000 Deductible, \$5 for the first 3 visits then \$50 Copay, 40% Coinsurance, Rx: Generic/Brand/Non-Pref Brand/Specialty - \$30/\$60/50%/50% aft ded
KP OR Silver 6000/50	\$6,000 Deductible, \$5 for the first 3 visits then \$50 Copay, 40% Coinsurance, Rx: Generic/Brand/Non-Pref Brand/Specialty - \$30/\$75/50% aft ded/50% aft ded
Kaiser Permanente Oregon Standard Silver Plan	\$5,500 Deductible, \$5 for the first 3 visits then \$40 Copay, 30% Coinsurance, Rx: Generic/Brand/Non-Pref Brand/Specialty - \$15/\$60/50%/50%
KP OR Bronze 7000/60	\$7,000 Deductible, \$5 for the first 3 visits then \$60 Copay, 40% Coinsurance, \$30 /\$100/50% after deductible /50% after deductible
KP OR Bronze 9400/0%	\$9,400 Deductible, 1st 3 visits @ \$5 Copay; then 0% coinsurance after Ded, 0% Coinsurance, Rx:\$30 Generic; Brand, Non-Pref Brand, Specialty: 0% aft ded
Kaiser Permanente Oregon Standard Bronze Plan	\$9,450 Deductible, \$5 for the first 3 visits then \$50 Copay, 0% aft ded Coinsurance, Rx: \$25/ 0% After Deductible/ 0% After Ded/ 0% After Ded

For plans with Vision or Vision and Massage Therapy benefits:

Vision coverage: Adult Vision Exam plus \$200 credit for Vision Hardware.

Massage coverage: \$25 copay for massage with a 12-visit limit per calendar year.



Small Business Renewal Options Rate Exhibit - Oregon 2024
 (Clackamas County)

Group Name: RIVERGROVE WATER DISTRICT
Group Number: 08580
Effective Date: November 1, 2024 - October 31, 2025

Account Manager: Sara Chase
Phone Number: (971) 277-0598

HSA-Qualified High Deductible Medical Plans

Plan Name		Employee Count	Medical Plan Rates	Add Only Vision	Add Vision plus Massage
KP OR Silver 3500/25% HSA	Employee	1	\$380.00	\$387.00	\$388.00
	EE + Spouse	0	\$760.00	\$774.00	\$776.00
	EE + Family	0	\$1,083.00	\$1,102.95	\$1,105.80
	EE + Child(ren)	0	\$703.00	\$715.95	\$717.80
	Total Monthly Premium	1	\$380.00	\$387.00	\$388.00
KP OR Bronze 7100/0% HSA	Employee	1	\$327.00	\$332.00	\$334.00
	EE + Spouse	0	\$654.00	\$664.00	\$668.00
	EE + Family	0	\$931.95	\$946.20	\$951.90
	EE + Child(ren)	0	\$604.95	\$614.20	\$617.90
	Total Monthly Premium	1	\$327.00	\$332.00	\$334.00

HSA-Qualified High Deductible Medical Plans	
KP OR Silver 3500/25% HSA	\$3,500 Deductible, \$7,000 OOPM, First 3 after Ded \$5 then 25%, Rx: Generic/Brand/Non-Pref Brand/Specialty - After Ded: \$20/\$50/50%/50%
KP OR Bronze 7100/0% HSA	\$7,100 Deductible, \$7,100 OOPM, 0% Coinsurance, Rx: Generic/Brand/Non-Pref Brand/Specialty - After Ded: 0%

For plans with Vision or Vision and Massage benefits:

Vision coverage: Adult Vision Exam plus \$200 credit for Vision Hardware.

Massage coverage (after deductible is met): KP OR Silver 3500/25% HSA: \$25 copay for massage with a 12-visit limit per calendar year after deductible is met. KP OR Bronze 7100/0% HSA: 0% after deductible is met

Small Business Renewal Options Rate Exhibit - Oregon 2024
 (Clackamas County)

Group Name: RIVERGROVE WATER DISTRICT
Group Number: 08580
Effective Date: November 1, 2024 - October 31, 2025

Account Manager: Sara Chase
Phone Number: (971) 277-0598

KP Plus Medical Plans

Plan Name		Employee Count	Medical Plan Rates	Add Only Vision	Add Vision plus Massage
KP OR Platinum 0/20 KP Plus	Employee	1	\$638.00	\$643.00	\$646.00
	EE + Spouse	0	\$1,276.00	\$1,286.00	\$1,292.00
	EE + Family	0	\$1,818.30	\$1,832.55	\$1,841.10
	EE + Child(ren)	0	\$1,180.30	\$1,189.55	\$1,195.10
	Total Monthly Premium	1	\$638.00	\$643.00	\$646.00
KP OR Gold 1000/20 KP Plus	Employee	1	\$533.00	\$539.00	\$541.00
	EE + Spouse	0	\$1,066.00	\$1,078.00	\$1,082.00
	EE + Family	0	\$1,519.05	\$1,536.15	\$1,541.85
	EE + Child(ren)	0	\$986.05	\$997.15	\$1,000.85
	Total Monthly Premium	1	\$533.00	\$539.00	\$541.00
KP OR Silver 3000/45 KP Plus	Employee	1	\$451.00	\$456.00	\$459.00
	EE + Spouse	0	\$902.00	\$912.00	\$918.00
	EE + Family	0	\$1,285.35	\$1,299.60	\$1,308.15
	EE + Child(ren)	0	\$834.35	\$843.60	\$849.15
	Total Monthly Premium	1	\$451.00	\$456.00	\$459.00
KP OR Bronze 7000/60 KP Plus	Employee	1	\$398.00	\$403.00	\$404.00
	EE + Spouse	0	\$796.00	\$806.00	\$808.00
	EE + Family	0	\$1,134.30	\$1,148.55	\$1,151.40
	EE + Child(ren)	0	\$736.30	\$745.55	\$747.40
	Total Monthly Premium	1	\$398.00	\$403.00	\$404.00

KP Plus Medical Plan Benefit Descriptions	
KP OR Platinum 0/20 KP Plus	\$0 Deductible, \$5 for the first 3 visits then \$20 Copay, 20% Coinsurance, Rx: Generic/Brand/Non-Pref Brand/Specialty - \$5/\$15/\$50/50%
KP OR Gold 1000/20 KP Plus	\$1,000 Deductible, \$5 for the first 3 visits then \$20 Copay, 25% Coinsurance, Rx: Generic/Brand/Non-Pref Brand/Specialty - \$10/\$40/50%/50%
KP OR Silver 3000/45 KP Plus	\$3,000 Deductible, \$5 for the first 3 visits then \$45 Copay, 40% Coinsurance, Rx: Generic/Brand/Non-Pref Brand/Specialty - \$30/\$60/50%/50% after deductible
KP OR Bronze 7000/60 KP Plus	\$7,000 Deductible, \$5 for the first 3 visits then \$60 Copay, 40% Coinsurance, Rx: Generic/Brand/Non-Pref Brand/Specialty - \$30/\$100/50% after deductible/50% after deductible

For plans with Vision or Vision and Massage benefits:

Vision coverage: Adult Vision Exam plus \$200 credit for Vision Hardware.

Massage coverage: \$25 copay for massage with a 12-visit limit per calendar year.



Small Business Renewal Options Rate Exhibit - Oregon 2024
(Clackamas County)

Group Name: RIVERGROVE WATER DISTRICT
Group Number: 08580
Effective Date: November 1, 2024 - October 31, 2025

Account Manager: Sara Chase
Phone Number: (971) 277-0598

Added Choice Point-of-Service Medical Plans

Plan Name		Employee Count	Medical Plan Rates	Add Only Vision	Add Vision plus Massage
KP OR Platinum 250/20 3T POS	Employee	1	\$674.00	\$681.00	\$684.00
	EE + Spouse	0	\$1,348.00	\$1,362.00	\$1,368.00
	EE + Family	0	\$1,920.90	\$1,940.85	\$1,949.40
	EE + Child(ren)	0	\$1,246.90	\$1,259.85	\$1,265.40
	Total Monthly Premium	1	\$674.00	\$681.00	\$684.00
KP OR Platinum 250/20 3T POS - OOA	Employee	1	\$660.00	\$666.00	\$669.00
	EE + Spouse	0	\$1,320.00	\$1,332.00	\$1,338.00
	EE + Family	0	\$1,881.00	\$1,898.10	\$1,906.65
	EE + Child(ren)	0	\$1,221.00	\$1,232.10	\$1,237.65
	Total Monthly Premium	1	\$660.00	\$666.00	\$669.00
KP OR Gold 500/35 3T POS	Employee	1	\$578.00	\$584.00	\$586.00
	EE + Spouse	0	\$1,156.00	\$1,168.00	\$1,172.00
	EE + Family	0	\$1,647.30	\$1,664.40	\$1,670.10
	EE + Child(ren)	0	\$1,069.30	\$1,080.40	\$1,084.10
	Total Monthly Premium	1	\$578.00	\$584.00	\$586.00
KP OR Gold 500/35 3T POS - OOA	Employee	1	\$560.00	\$566.00	\$569.00
	EE + Spouse	0	\$1,120.00	\$1,132.00	\$1,138.00
	EE + Family	0	\$1,596.00	\$1,613.10	\$1,621.65
	EE + Child(ren)	0	\$1,036.00	\$1,047.10	\$1,052.65
	Total Monthly Premium	1	\$560.00	\$566.00	\$569.00
KP OR Gold 1000/20 3T POS	Employee	1	\$579.00	\$586.00	\$588.00
	EE + Spouse	0	\$1,158.00	\$1,172.00	\$1,176.00
	EE + Family	0	\$1,650.15	\$1,670.10	\$1,675.80
	EE + Child(ren)	0	\$1,071.15	\$1,084.10	\$1,087.80
	Total Monthly Premium	1	\$579.00	\$586.00	\$588.00
KP OR Gold 1000/35 3T POS - OOA	Employee	1	\$550.00	\$555.00	\$558.00
	EE + Spouse	0	\$1,100.00	\$1,110.00	\$1,116.00
	EE + Family	0	\$1,567.50	\$1,581.75	\$1,590.30
	EE + Child(ren)	0	\$1,017.50	\$1,026.75	\$1,032.30
	Total Monthly Premium	1	\$550.00	\$555.00	\$558.00
KP OR Silver 3000/45 3T POS	Employee	1	\$489.00	\$494.00	\$495.00
	EE + Spouse	0	\$978.00	\$988.00	\$990.00
	EE + Family	0	\$1,393.65	\$1,407.90	\$1,410.75
	EE + Child(ren)	0	\$904.65	\$913.90	\$915.75
	Total Monthly Premium	1	\$489.00	\$494.00	\$495.00
KP OR Silver 3000/45 3T POS - OOA	Employee	1	\$472.00	\$478.00	\$480.00
	EE + Spouse	0	\$944.00	\$956.00	\$960.00
	EE + Family	0	\$1,345.20	\$1,362.30	\$1,368.00
	EE + Child(ren)	0	\$873.20	\$884.30	\$888.00
	Total Monthly Premium	1	\$472.00	\$478.00	\$480.00
KP OR Silver 4000/45 3T POS	Employee	1	\$476.00	\$482.00	\$484.00
	EE + Spouse	0	\$952.00	\$964.00	\$968.00
	EE + Family	0	\$1,356.60	\$1,373.70	\$1,379.40
	EE + Child(ren)	0	\$880.60	\$891.70	\$895.40
	Total Monthly Premium	1	\$476.00	\$482.00	\$484.00



Small Business Renewal Options Rate Exhibit - Oregon 2024
 (Clackamas County)

Group Name: RIVERGROVE WATER DISTRICT
Group Number: 08580
Effective Date: November 1, 2024 - October 31, 2025

Account Manager: Sara Chase
Phone Number: (971) 277-0598

Added Choice Point-of-Service Medical Plans (continued)

Plan Name		Employee Count	Medical Plan Rates	Add Only Vision	Add Vision plus Massage
KP OR Silver 4000/45 3T POS - OOA	Employee	1	\$460.00	\$465.00	\$468.00
	EE + Spouse	0	\$920.00	\$930.00	\$936.00
	EE + Family	0	\$1,311.00	\$1,325.25	\$1,333.80
	EE + Child(ren)	0	\$851.00	\$860.25	\$865.80
	Total Monthly Premium	1	\$460.00	\$465.00	\$468.00
KP OR Bronze 7000/60 3T POS	Employee	1	\$437.00	\$442.00	\$445.00
	EE + Spouse	0	\$874.00	\$884.00	\$890.00
	EE + Family	0	\$1,245.45	\$1,259.70	\$1,268.25
	EE + Child(ren)	0	\$808.45	\$817.70	\$823.25
	Total Monthly Premium	1	\$437.00	\$442.00	\$445.00
KP OR Bronze 7000/60 3T POS - OOA	Employee	1	\$418.00	\$423.00	\$425.00
	EE + Spouse	0	\$836.00	\$846.00	\$850.00
	EE + Family	0	\$1,191.30	\$1,205.55	\$1,211.25
	EE + Child(ren)	0	\$773.30	\$782.55	\$786.25
	Total Monthly Premium	1	\$418.00	\$423.00	\$425.00



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Account Manager: Sara Chase
Phone Number: (971) 277-0598

Added Choice Point-of-Service Medical Plans (continued)

Added Choice Point-of-Service Medical Plan Benefit Descriptions	
KP OR Platinum 250/20 3T POS	Tier 1: \$250 Deductible, \$5 for the first 3 visits then \$20 Copay, 15% Coinsurance, Rx: Generic/Brand/Non-Pref Brand/Specialty - \$10/\$20/\$50/50%
	Tier 2: \$500 Deductible, \$30 Copay, 25% Coinsurance, Rx: Generic/Brand/Non-Pref Brand/Specialty - \$15/\$30/50%/50%
	Tier 3: \$750 Deductible, 35% Copay aft ded, 35% Coinsurance, Rx: Generic/Brand/Non-Pref Brand/Specialty - Not Covered
KP OR Platinum 250/20 3T POS - OOA	Tier 1: \$250 Deductible, \$5 for the first 3 visits then \$20 Copay, 15% Coinsurance, Rx: Generic/Brand/Non-Pref Brand/Specialty - \$10/\$20/\$50/50%
	Tier 2: \$250 Deductible, \$5 for the first 3 visits then \$20 Copay, 15% Coinsurance, Rx: Generic/Brand/Non-Pref Brand/Specialty - \$10/\$20/\$50/50%
	Tier 3: \$750 Deductible, 35% Copay aft ded, 35% Coinsurance, Rx: Generic/Brand/Non-Pref Brand/Specialty - Not Covered
KP OR Gold 500/35 3T POS	Tier 1: \$500 Deductible, \$5 for the first 3 visits then \$35 Copay, 30% Coinsurance, Rx: Generic/Brand/Non-Pref Brand/Specialty - \$10/\$20/\$50/50%
	Tier 2: \$1,500 Deductible, \$60 Copay, 50% Coinsurance, Rx: Generic/Brand/Non-Pref Brand/Specialty - \$25/\$75/50%/50%
	Tier 3: \$4,500 Deductible, 50% Copay aft ded, 50% Coinsurance, Rx: Generic/Brand/Non-Pref Brand/Specialty - Not Covered
KP OR Gold 500/35 3T POS - OOA	Tier 1: \$500 Deductible, \$5 for the first 3 visits then \$35 Copay, 35% Coinsurance, Rx: Generic/Brand/Non-Pref Brand/Specialty - \$10/\$30/\$60/50%
	Tier 2: \$500 Deductible, \$5 for the first 3 visits then \$35 Copay, 35% Coinsurance, Rx: Generic/Brand/Non-Pref Brand/Specialty - \$10/\$30/\$60/50%
	Tier 3: \$4,500 Deductible, 50% Copay aft ded, 50% Coinsurance, Rx: Generic/Brand/Non-Pref Brand/Specialty - Not Covered
KP OR Gold 1000/20 3T POS	Tier 1: \$1,000 Deductible, \$5 for the first 3 visits then \$20 Copay, 25% Coinsurance, Rx: Generic/Brand/Non-Pref Brand/Specialty - \$10/\$30/50%/50%
	Tier 2: \$2,000 Deductible, \$40 Copay, 40% Coinsurance, Rx: Generic/Brand/Non-Pref Brand/Specialty - \$25/\$75/50%/50%
	Tier 3: \$6,000 Deductible, 50% Copay aft ded, 50% Coinsurance, Rx: Generic/Brand/Non-Pref Brand/Specialty - Not Covered
KP OR Gold 1000/35 3T POS - OOA	Tier 1: \$1,000 Deductible, \$5 for the first 3 visits then \$35 Copay, 35% Coinsurance, Rx: Generic/Brand/Non-Pref Brand/Specialty - \$10/\$20/\$60/50%
	Tier 2: \$1,000 Deductible, \$5 for the first 3 visits then \$35 Copay, 35% Coinsurance, Rx: Generic/Brand/Non-Pref Brand/Specialty - \$10/\$20/\$60/50%
	Tier 3: \$6,000 Deductible, 50% Copay aft ded, 50% Coinsurance, Rx: Generic/Brand/Non-Pref Brand/Specialty - Not Covered
KP OR Silver 3000/45 3T POS	Tier 1: \$3,000 Deductible, \$5 for the first 3 visits then \$45 Copay, 40% Coinsurance, Rx: Generic/Brand/Non-Pref Brand/Specialty - \$30/\$60/50%/50% aft ded
	Tier 2: \$5,000 Deductible, \$60 Copay, 45% Coinsurance, Rx: Generic/Brand/Non-Pref Brand/Specialty - \$40/\$70/50%/50% aft ded
	Tier 3: \$7,000 Deductible, 50% Copay aft ded, 50% Coinsurance, Rx: Generic/Brand/Non-Pref Brand/Specialty - Not Covered
KP OR Silver 3000/45 3T POS - OOA	Tier 1: \$3,000 Deductible, \$5 for the first 3 visits then \$45 Copay, 45% Coinsurance, Rx: Generic/Brand/Non-Pref Brand/Specialty - \$30/\$60/50%/50% After Ded
	Tier 2: \$3,000 Deductible, \$5 for the first 3 visits then \$45 Copay, 45% Coinsurance, Rx: Generic/Brand/Non-Pref Brand/Specialty - \$30/\$60/50%/50% After Ded
	Tier 3: \$7,000 Deductible, 50% Copay aft ded, 50% Coinsurance, Rx: Generic/Brand/Non-Pref Brand/Specialty - Not Covered
KP OR Silver 4000/45 3T POS	Tier 1: \$4,000 Deductible, \$5 for the first 3 visits then \$45 Copay, 40% Coinsurance, Rx: Generic/Brand/Non-Pref Brand/Specialty - \$30/\$60/50%/50% After Ded
	Tier 2: \$6,000 Deductible, \$60 Copay, 45% Coinsurance, Rx: Generic/Brand/Non-Pref Brand/Specialty - \$40/\$70/50%/50% After Ded
	Tier 3: \$7,000 Deductible, 50% Copay aft ded, 50% Coinsurance, Rx: Generic/Brand/Non-Pref Brand/Specialty - Not Covered
KP OR Silver 4000/45 3T POS - OOA	Tier 1: \$4,000 Deductible, \$5 for the first 3 visits then \$45 Copay, 45% Coinsurance, Rx: Generic/Brand/Non-Pref Brand/Specialty - \$30/\$60/50%/50% After Ded
	Tier 2: \$4,000 Deductible, \$5 for the first 3 visits then \$45 Copay, 45% Coinsurance, Rx: Generic/Brand/Non-Pref Brand/Specialty - \$30/\$60/50%/50% After Ded
	Tier 3: \$7,000 Deductible, 50% Copay aft ded, 50% Coinsurance, Rx: Generic/Brand/Non-Pref Brand/Specialty - Not Covered
KP OR Bronze 7000/60 3T POS	Tier 1: \$7,000 Deductible, \$5 for the first 3 visits then \$60 Copay, 40% Coinsurance, Rx: Generic/Brand/Non-Pref Brand/Specialty - \$30/\$100/50% After Ded/50% After Ded
	Tier 2: \$9,000 Deductible, \$75 Copay, 45% Coinsurance, Rx: Generic/Brand/Non-Pref Brand/Specialty - \$45/\$120/50% After Ded/50% After Ded
	Tier 3: \$11,000 Deductible, 50% Copay aft ded, 50% Coinsurance, Rx: Generic/Brand/Non-Pref Brand/Specialty - Not Covered
KP OR Bronze 7000/60 3T POS - OOA	Tier 1: \$7,000 Deductible, \$5 for the first 3 visits then \$60 Copay, 45% Coinsurance, Rx: Generic/Brand/Non-Pref Brand/Specialty - \$30/\$100/50% After Ded/50% After Ded
	Tier 2: \$7,000 Deductible, \$5 for the first 3 visits then \$60 Copay, 45% Coinsurance, Rx: Generic/Brand/Non-Pref Brand/Specialty - \$30/\$100/50% After Ded/50% After Ded
	Tier 3: \$11,000 Deductible, 50% Copay aft ded, 50% Coinsurance, Rx: Generic/Brand/Non-Pref Brand/Specialty - Not Covered

For plans with Vision or Vision and Massage Therapy benefits:

Vision coverage: Adult Vision Exam plus \$200 credit for Vision Hardware.

Massage coverage: \$25 copay for massage with a 12-visit limit per calendar year.



Small Business Renewal Options Rate Exhibit - Oregon 2024
(Clackamas County)

Group Name: RIVERGROVE WATER DISTRICT
Group Number: 08580
Effective Date: November 1, 2024 - October 31, 2025

Account Manager: Sara Chase
Phone Number: (971) 277-0598

Senior Advantage Plan w/ Part D Coverage

Senior Advantage Plan	\$20/OV, \$200/Admit, \$100 Vision, Rx: \$20 Generic/\$40 Brand, Alternative Care: \$20 acupuncture/chiropractic/naturopathy, \$25 massage, \$1,000 max per year	\$337.20
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Phone Number: (971) 277-0598

Family Dental Subscribers: Employee Only: 1 Employee & Spouse: 0 Employee, Spouse & Child(ren): 0 Employee & Child(ren): 0

HMO Family Traditional Dental Plans					
Plan Name	Employee Only	Employee & Spouse	Employee, Spouse & Child(ren)	Employee & Child(ren)	Monthly Premium
KP OR Family Traditional 100 - \$1000 Max	\$42.64	\$85.28	\$140.71	\$85.28	\$42.64
KP OR Family Traditional 100 - \$50 Ded/\$1000 Max	\$41.16	\$82.32	\$135.83	\$82.32	\$41.16
KP OR Family Traditional 100 - \$100 Ded/\$1000 Max	\$39.96	\$79.92	\$131.87	\$79.92	\$39.96
KP OR Family Traditional 100 - \$1000 Max + Ortho (\$100 deductible)	\$45.48	\$90.96	\$150.08	\$90.96	\$45.48
KP OR Family Traditional 100 - \$1500 Max	\$48.71	\$97.42	\$160.74	\$97.42	\$48.71
KP OR Family Traditional 100 - \$50 Ded/\$1500 Max	\$46.95	\$93.90	\$154.94	\$93.90	\$46.95
KP OR Family Traditional 100 - \$100 Ded/\$1500 Max	\$45.52	\$91.04	\$150.22	\$91.04	\$45.52
KP OR Family Traditional 100 - \$1500 Max + Ortho (\$100 deductible)	\$51.03	\$102.06	\$168.40	\$102.06	\$51.03
KP OR Family Traditional 100 - \$2000 Max	\$50.69	\$101.38	\$167.28	\$101.38	\$50.69
KP OR Family Traditional 100 - \$50 Ded/\$2000 Max	\$48.84	\$97.68	\$161.17	\$97.68	\$48.84
KP OR Family Traditional 100 - \$100 Ded/\$2000 Max	\$47.34	\$94.68	\$156.22	\$94.68	\$47.34
KP OR Family Traditional 100 - \$100 Ded/\$2000 Max + Implants	\$47.97	\$95.94	\$158.30	\$95.94	\$47.97
KP OR Family Traditional 100 - \$2000 Max + Ortho (\$100 deductible)	\$52.87	\$105.74	\$174.47	\$105.74	\$52.87
KP OR Family Traditional 100 - \$2000 Max + Ortho/Implant (\$100 deductible)	\$53.50	\$107.00	\$176.55	\$107.00	\$53.50
KP OR Family Traditional 100 - \$50 Ded/\$2500 Max	\$50.01	\$100.02	\$165.03	\$100.02	\$50.01
KP OR Family Traditional 100 - \$100 Ded/\$2500 Max	\$48.48	\$96.96	\$159.98	\$96.96	\$48.48
KP OR Family Traditional 100 - \$100 Ded/\$2500 Max + Implants	\$49.19	\$98.38	\$162.33	\$98.38	\$49.19
KP OR Family Traditional 100 - \$2500 Max + Ortho (\$100 deductible)	\$54.00	\$108.00	\$178.20	\$108.00	\$54.00
KP OR Family Traditional 100 - \$2500 Max + Ortho/Implant (\$100 deductible)	\$54.72	\$109.44	\$180.58	\$109.44	\$54.72
KP OR Family Traditional 100 - \$50 Ded/\$3000 Max	\$50.99	\$101.98	\$168.27	\$101.98	\$50.99
KP OR Family Traditional 100 - \$100 Ded/\$3000 Max	\$49.44	\$98.88	\$163.15	\$98.88	\$49.44
KP OR Family Traditional 100 - \$100 Ded/\$3000 Max + Implants	\$50.21	\$100.42	\$165.69	\$100.42	\$50.21
KP OR Family Traditional 100 - \$3000 Max + Ortho (\$100 deductible)	\$54.97	\$109.94	\$181.40	\$109.94	\$54.97
KP OR Family Traditional 100 - \$3000 Max + Ortho/Implant (\$100 deductible)	\$55.73	\$111.46	\$183.91	\$111.46	\$55.73

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Account Manager: Sara Chase
Phone Number: (971) 277-0598

HMO Family Traditional Dental Plan Benefits												
Plan Name	Office Visit	Preventive	Basic Restorative	Simple Extract	Oral Surgery	Periodontics/Endodontics	Major Restorative (Crown/Bridge)	Removable Prosthetics	Orthodontia	Implants	Benefit Maximum	
KP OR Family 100 - \$1000 Max	\$10	100%	80%	80%	50%	50%	50%	50%	0%	0%	\$1,000	
KP OR Family 100 - \$50 Ded/\$1000 Max	\$10	100%	80%	80%	50%	50%	50%	50%	0%	0%	\$1,000	
KP OR Family 100 - \$100 Ded/\$1000 Max	\$10	100%	80%	80%	50%	50%	50%	50%	0%	0%	\$1,000	
KP OR Family 100 - \$1000 Max + Ortho	\$10	100%	80%	80%	50%	50%	50%	50%	50%	0%	\$1,000	
KP OR Family 100 - \$1500 Max	\$10	100%	80%	80%	80%	80%	50%	50%	0%	0%	\$1,500	
KP OR Family 100 - \$50 Ded/\$1500 Max	\$10	100%	80%	80%	80%	80%	50%	50%	0%	0%	\$1,500	
KP OR Family 100 - \$100 Ded/\$1500 Max	\$10	100%	80%	80%	80%	80%	50%	50%	0%	0%	\$1,500	
KP OR Family 100 - \$1500 Max + Ortho	\$10	100%	80%	80%	80%	80%	50%	50%	50%	0%	\$1,500	
KP OR Family 100 - \$2000 Max	\$10	100%	80%	80%	80%	80%	50%	50%	0%	0%	\$2,000	
KP OR Family 100 - \$50 Ded/\$2000 Max	\$10	100%	80%	80%	80%	80%	50%	50%	0%	0%	\$2,000	
KP OR Family 100 - \$100 Ded/\$2000 Max	\$10	100%	80%	80%	80%	80%	50%	50%	0%	0%	\$2,000	
KP OR Family 100 - \$100 Ded/\$2000 Max + Implant	\$10	100%	80%	80%	80%	80%	50%	50%	0%	50%	\$2,000	
KP OR Family 100 - \$2000 Max + Ortho	\$10	100%	80%	80%	80%	80%	50%	50%	50%	0%	\$2,000	
KP OR Family 100 - \$2000 Max + Ortho/Implant	\$10	100%	80%	80%	80%	80%	50%	50%	0%	50%	\$2,000	
KP OR Family 100 - \$50 Ded/\$2500 Max	\$10	100%	80%	80%	80%	80%	50%	50%	0%	0%	\$2,500	
KP OR Family 100 - \$100 Ded/\$2500 Max	\$10	100%	80%	80%	80%	80%	50%	50%	0%	0%	\$2,500	
KP OR Family 100 - \$100 Ded/\$2500 Max + Implant	\$10	100%	80%	80%	80%	80%	50%	50%	0%	50%	\$2,500	
KP OR Family 100 - \$2500 Max + Ortho	\$10	100%	80%	80%	80%	80%	50%	50%	50%	0%	\$2,500	
KP OR Family 100 - \$2500 Max + Ortho/Implant	\$10	100%	80%	80%	80%	80%	50%	50%	0%	50%	\$2,500	
KP OR Family 100 - \$50 Ded/\$3000 Max	\$10	100%	80%	80%	80%	80%	50%	50%	0%	0%	\$3,000	
KP OR Family 100 - \$100 Ded/\$3000 Max	\$10	100%	80%	80%	80%	80%	50%	50%	0%	0%	\$3,000	
KP OR Family 100 - \$100 Ded/\$3000 Max + Implant	\$10	100%	80%	80%	80%	80%	50%	50%	0%	50%	\$3,000	
KP OR Family 100 - \$3000 Max + Ortho	\$10	100%	80%	80%	80%	80%	50%	50%	50%	0%	\$3,000	
KP OR Family 100 - \$3000 Max + Ortho/Implant	\$10	100%	80%	80%	80%	80%	50%	50%	0%	50%	\$3,000	

Note: For plans with orthodontia coverage - 50% coverage to orthodontia lifetime max of \$1500. Plans with orthodontia have a \$100 deductible for all dental services except Preventive/Diagnostic. For plans with implant coverage -- only for ages 19+; 50% coverage to plan annual benefit maximum.



Small Business Renewal Options Rate Exhibit - Oregon 2024
(Clackamas County)

Group Name: RIVERGROVE WATER DISTRICT
Group Number: 08580
Effective Date: November 1, 2024 - October 31, 2025

Account Manager: Sara Chase
Phone Number: (971) 277-0598

Family Dental Subscribers: Employee Only: 1 Employee & Spouse: 0 Employee, Spouse & Child(ren): 0 Employee & Child(ren): 0

PPO Family Choice Dental Plans					
Plan Name	Employee Only	Employee & Spouse	Employee, Spouse & Child(ren)	Employee & Child(ren)	Monthly Premium
KP OR Family Choice 100 - \$50 Ded/\$1000 Max	\$54.26	\$108.52	\$179.06	\$108.52	\$54.26
KP OR Family Choice 100 - \$100 Ded/\$1000 Max	\$52.78	\$105.56	\$174.17	\$105.56	\$52.78
KP OR Family Choice 100 - \$1000 Max + Ortho (\$100 deductible)	\$58.29	\$116.58	\$192.36	\$116.58	\$58.29
KP OR Family Choice 100 - \$50 Ded/\$1500 Max	\$57.31	\$114.62	\$189.12	\$114.62	\$57.31
KP OR Family Choice 100 - \$100 Ded/\$1500 Max	\$55.72	\$111.44	\$183.88	\$111.44	\$55.72
KP OR Family Choice 100 - \$1500 Max + Ortho (\$100 deductible)	\$61.23	\$122.46	\$202.06	\$122.46	\$61.23
KP OR Family Choice 100 - \$50 Ded/\$2000 Max	\$59.44	\$118.88	\$196.15	\$118.88	\$59.44
KP OR Family Choice 100 - \$100 Ded/\$2000 Max	\$57.79	\$115.58	\$190.71	\$115.58	\$57.79
KP OR Family Choice 100 - \$2000 Max + Ortho (\$100 deductible)	\$63.32	\$126.64	\$208.96	\$126.64	\$63.32
KP OR Family Choice 100 - \$100 Ded/\$2000 Max + Implants	\$58.47	\$116.94	\$192.95	\$116.94	\$58.47
KP OR Family Choice 100 - \$2000 Max + Ortho + Implants	\$63.99	\$127.98	\$211.17	\$127.98	\$63.99
KP OR Family Choice 100 - \$50 Ded/\$2500 Max	\$60.79	\$121.58	\$200.61	\$121.58	\$60.79
KP OR Family Choice 100 - \$100 Ded/\$2500 Max	\$59.09	\$118.18	\$195.00	\$118.18	\$59.09
KP OR Family Choice 100 - \$2500 Max + Ortho (\$100 deductible)	\$64.61	\$129.22	\$213.21	\$129.22	\$64.61
KP OR Family Choice 100 - \$100 Ded/\$2500 Max + Implants	\$59.87	\$119.74	\$197.57	\$119.74	\$59.87
KP OR Family Choice 100 - \$2500 Max + Ortho + Implants	\$65.37	\$130.74	\$215.72	\$130.74	\$65.37

PPO Family Choice Dental Plan Benefits											
Plan Name	Office Visit	Preventive	Basic Restorative	Simple Extract	Oral Surgery	Periodontics/Endodontics	Major Restorative (Crown/Bridge)	Removable Prosthetics	Orthodontia	Benefit Maximum	
KP OR Choice 100 - \$50 Ded/\$1000 Max	\$0	100%	80%	80%	80%	80%	50%	50%	0%	\$1,000	
KP OR Choice 100 - \$100 Ded/\$1000 Max	\$0	100%	80%	80%	80%	80%	50%	50%	0%	\$1,000	
KP OR Choice 100 - \$1000 Max + Ortho	\$0	100%	80%	80%	80%	80%	50%	50%	50%	\$1,000	
KP OR Choice 100 - \$50 Ded/\$1500 Max	\$0	100%	80%	80%	80%	80%	50%	50%	0%	\$1,500	
KP OR Choice 100 - \$100 Ded/\$1500 Max	\$0	100%	80%	80%	80%	80%	50%	50%	0%	\$1,500	
KP OR Choice 100 - \$1500 Max + Ortho	\$0	100%	80%	80%	80%	80%	50%	50%	50%	\$1,500	
KP OR Choice 100 - \$50 Ded/\$2000 Max	\$0	100%	80%	80%	80%	80%	50%	50%	0%	\$2,000	
KP OR Choice 100 - \$100 Ded/\$2000 Max	\$0	100%	80%	80%	80%	80%	50%	50%	0%	\$2,000	
KP OR Choice 100 - \$2000 Max + Ortho	\$0	100%	80%	80%	80%	80%	50%	50%	50%	\$2,000	
KP OR Choice 100 - \$100 Ded/\$2000 Max + Implant	\$0	100%	80%	80%	80%	80%	50%	50%	0%	\$2,000	
KP OR Choice 100 - \$2000 Max + Ortho/Implant	\$0	100%	80%	80%	80%	80%	50%	50%	0%	\$2,000	
KP OR Choice 100 - \$50 Ded/\$2500 Max	\$0	100%	80%	80%	80%	80%	50%	50%	0%	\$2,500	
KP OR Choice 100 - \$100 Ded/\$2500 Max	\$0	100%	80%	80%	80%	80%	50%	50%	0%	\$2,500	
KP OR Choice 100 - \$2500 Max + Ortho	\$0	100%	80%	80%	80%	80%	50%	50%	50%	\$2,500	
KP OR Family Choice 100 - \$100 Ded/\$2500 Max + Implants	\$0	100%	80%	80%	80%	80%	50%	50%	0%	\$2,500	
KP OR Choice 100 - \$2500 Max + Ortho/Implant	\$0	100%	80%	80%	80%	80%	50%	50%	0%	\$2,500	

Note: For plans with orthodontia coverage - 50% coverage to orthodontia lifetime max of \$1500. Plans with orthodontia have a \$100 deductible for all dental services except Preventive/Diagnostic.

Small Business Renewal Options Rate Exhibit - Oregon 2024
 (Clackamas County)

Group Name: RIVERGROVE WATER DISTRICT
Group Number: 08580
Effective Date: November 1, 2024 - October 31, 2025

Account Manager: Sara Chase
Phone Number: (971) 277-0598

Family Dental Subscribers: Employee Only: 1 Employee & Spouse: 0 Employee, Spouse & Child(ren): 0 Employee & Child(ren): 0

HMO Voluntary Family Traditional Dental Plans					
Plan Name	Employee Only	Employee & Spouse	Employee, Spouse & Child(ren)	Employee & Child(ren)	Monthly Premium
KP OR Family Traditional 100 - \$50 Ded/\$1000 Max - Voluntary	\$49.91	\$99.82	\$164.70	\$99.82	\$49.91
KP OR Family Traditional 100 - \$50 Ded/\$1500 Max - Voluntary	\$57.16	\$114.32	\$188.63	\$114.32	\$57.16
KP OR Family Traditional 100 - \$50 Ded/\$2000 Max - Voluntary	\$59.53	\$119.06	\$196.45	\$119.06	\$59.53

HMO Voluntary Family Traditional Dental Plan Benefits										
Plan Name	Office Visit	Preventive	Basic Restorative	Simple Extract	Oral Surgery	Periodontics/Endodontics	Major Restorative (Crown/Bridge)	Removable Prosthetics	Deductible	Benefit Maximum
KP OR Family Traditional 100 - \$50 Ded/\$1000 Max - Voluntary	\$10	100%	80%	80%	50%	50%	50%	50%	\$50	\$1,000
KP OR Family Traditional 100 - \$50 Ded/\$1500 Max - Voluntary	\$10	100%	80%	80%	80%	80%	50%	50%	\$50	\$1,500
KP OR Family Traditional 100 - \$50 Ded/\$2000 Max - Voluntary	\$10	100%	80%	80%	80%	80%	50%	50%	\$50	\$2,000

PPO Voluntary Family Choice Dental Plans					
Plan Name	Employee Only	Employee & Spouse	Employee, Spouse & Child(ren)	Employee & Child(ren)	Monthly Premium
KP OR Family Choice 100 - \$50 Ded/\$1000 Max - Voluntary	\$65.33	\$130.66	\$215.59	\$130.66	\$65.33
KP OR Family Choice 100 - \$50 Ded/\$1500 Max - Voluntary	\$69.14	\$138.28	\$228.16	\$138.28	\$69.14
KP OR Family Choice 100 - \$50 Ded/\$2000 Max - Voluntary	\$71.82	\$143.64	\$237.01	\$143.64	\$71.82

PPO Voluntary Family Choice Dental Plan Benefits										
Plan Name	Office Visit	Preventive	Basic Restorative	Simple Extract	Oral Surgery	Periodontics/Endodontics	Major Restorative (Crown/Bridge)	Removable Prosthetics	Deductible	Benefit Maximum
KP OR Choice 100 - \$50 Ded/\$1000 Max - Voluntary	\$0	100%	80%	80%	80%	80%	50%	50%	\$50	\$1,000
KP OR Choice 100 - \$50 Ded/\$1500 Max - Voluntary	\$0	100%	80%	80%	80%	80%	50%	50%	\$50	\$1,500
KP OR Choice 100 - \$50 Ded/\$2000 Max - Voluntary	\$0	100%	80%	80%	80%	80%	50%	50%	\$50	\$2,000

Voluntary dental plan offering guidelines: Group participation minimum requires the greater of 5 employees or 25% enrolled. Employee pays 51% to 100% of premiums through payroll deduction submitted by employer. Employer may contribute 49%; however, no employer contribution is required. Voluntary plans may not be offered in combination with non-voluntary plans.



Small Business Renewal Options Rate Exhibit - Oregon 2024
(Clackamas County)

Group Name: RIVERGROVE WATER DISTRICT
Group Number: 08580
Effective Date: November 1, 2024 - October 31, 2025

Account Manager: Sara Chase
Phone Number: (971) 277-0598

Pediatric HMO Traditional Dental Plans (Pediatric Only, up to Age 19)

Plan Name	Per Child Rate	# of Children	Monthly Premium
KP OR Traditional 100 Pediatric Dental Plan	\$37.53	0	\$0.00
KP OR Traditional 80 Pediatric Dental Plan	\$25.85	0	\$0.00
KP OR Traditional 100 + Ortho Pediatric Dental Plan	\$42.74	0	\$0.00

Pediatric HMO Traditional Dental Plan Benefits					
Plan Name	Deductible	Preventive	Basic Restorative	Major Restorative (Crown/Bridge)	Out-of-Pocket Maximum
KP OR Traditional 100 Pediatric Dental Plan	\$50	100%	80%	50%	\$400
KP OR Traditional 80 Pediatric Dental Plan	\$0	80%	25%	25%	\$400
KP OR Traditional 100 + Ortho Pediatric Dental Plan	\$50	100%	80%	50%	\$400

Pediatric PPO Choice Dental Plans (Pediatric Only, up to Age 19)

Plan Name	Per Child Rate	# of Children	Monthly Premium
KP OR Choice 100 Pediatric Dental Plan	\$40.87	0	\$0.00
KP OR Choice 80 Pediatric Dental Plan	\$29.69	0	\$0.00
KP OR Choice 100 + Ortho Pediatric Dental Plan	\$48.37	0	\$0.00

Pediatric PPO Choice Dental Plan Benefits					
Plan Name	Deductible	Preventive	Basic Restorative	Major Restorative (Crown/Bridge)	Out-of-Pocket Maximum
KP OR Choice 100 Pediatric Dental Plan	\$50	100%	80%	50%	\$400
KP OR Choice 80 Pediatric Dental Plan	\$0	80%	25%	25%	\$400
KP OR Choice 100 + Ortho Pediatric Dental Plan	\$50	100%	80%	50%	\$400

Family Dental RAF

Family Dental RAF: 1.0943

COVERAGE EFFECTIVE DATE: November 1, 2024

This document reflects renewal plans and rates as offered. It does not apply if a group makes changes for their renewal.

GROUP NAME: RIVERGROVE WATER DISTRICT

GROUP NUMBER: 08580

Primary Contact Info

GROUP CONTACT: Janine Casey
TITLE: General Manager
PHONE #: (503) 635-6041
FAX #: (503) 699-9423
EMAIL: jcasey@rivergrovewater.com
ADDRESS: 17661 Pilkington Road, Lake Oswego, OR 97035

Billing Contact Info

GROUP CONTACT: Janine Casey
TITLE: General Manager
PHONE #: (503) 635-6041
FAX #: (503) 699-9423
EMAIL: jcasey@rivergrovewater.com
ADDRESS: 17661 PILKINGTON ROAD, LAKE OSWEGO, OR 97035

Broker Information

BROKER: Charles E Perry
AGENCY: Ingin Inc Dba Ingin Insurance Ser
PHONE #: (916) 539-0207
FAX #: Not Available
EMAIL: chuck@ingin-is.com

Kaiser Permanente Account Representative

NAME: Sara Chase
PHONE: (971) 277-0598
EMAIL: Sara.J.Chase@kp.org

General Information

Contract Start: November 1, 2024

Open Enroll Start: October 1, 2024

Contract End: October 31, 2025

Open Enroll End: October 31, 2024

Domestic Partner: Same-Sex Domestic Partner

Employee Only:

Dependent Age Limit: 26th Birthday (End Of Month)

MSP Status: TO-LESS THAN 20 EMPLOYEES

Rate and Benefit Review

Medical Active

PLAN INFORMATION	ELIGIBILITY	RATES
Plan: KP OR Gold 0/30 w/VX & Massage	Emp. Contrib. EE: 100%	EE: \$543.00
Product Type: Traditional	Emp. Contrib. DP: 100%	ES: \$1,086.00
Subgroup #: 002	Probationary period: Per guidelines of group	EF: \$1,547.55
Bill Group: AA	Hourly Requirement: 40 hours per week	EC: \$1,004.55

Dental Active

PLAN INFORMATION	ELIGIBILITY	RATES
Plan: KP OR Family Traditional 100 - \$50 Ded/\$2500 Max	Emp. Contrib. EE: 100%	EE: \$50.01
Product Type: Deductible	Emp. Contrib. DP: 100%	ES: \$100.02
Subgroup #: 004	Probationary period: Per guidelines of group	EF: \$165.03
Bill Group: AA	Hourly Requirement: 40 hours per week	EC: \$100.02



All plans offered and underwritten by
 Kaiser Foundation Health Plan of the Northwest

Pediatric Dental Active

PLAN INFORMATION	ELIGIBILITY	RATES
Plan: KP OR Choice 100 + Ortho Pediatric Dental Plan Product Type: Choice Subgroup #: 451 Bill Group: AA	Emp. Contrib. EE: 100% Emp. Contrib. DP: 100% Probationary period: Per guidelines of group Hourly Requirement: 40 hours per week	Pediatric Dental Per Child Rate: \$48.37

Notes:

Please refer to your renewal packet for specific Medicare Primary Payor rates. If your group health plan is subject to Medicare Secondary Payer (MSP) rules, the Senior Advantage rates will be based on the active employee rates of the subgroup the member is enrolled on. If you find any errors or changes to the Sales Confirmation document for the employer group named above, please notify your Kaiser Permanente account representative immediately.

All plans offered and underwritten by
Kaiser Foundation Health Plan of the Northwest

Notice regarding Senior Advantage Rates for this Renewal

The following notice applies if your group health plan is subject to Medicare Secondary Payor (MSP) rules. In general, those rules state that if someone is 65 or older and is covered by a group health plan because they (or their spouse) are working, the number of employees the employer group has determines whether Medicare pays primary or secondary.

Medicare Secondary Payor (MSP) Rules and Working Aged Beneficiaries

Medicare Secondary Payor (MSP) rules apply to any employer with 20 or more employees. The 20 or more employees threshold is met when an employer has 20 or more full-time and/or part-time employees for each working day for 20 or more calendar weeks in the current calendar year or the preceding calendar year. The 20 calendar weeks do not have to be consecutive. The requirements of the MSP law are based on the number of employees, not the number of employees covered under the plan.

Working aged is defined as beneficiaries age 65 or over who are actively working, have group health plan coverage because of their current employment or their spouse's current employment, and the employer group has 20 or more employees. For the working aged, Medicare is secondary payor for claims and the employer group is primary payer. (Different rules apply for those beneficiaries who are Medicare eligible due to disability or end stage renal disease (ESRD). Please contact your Kaiser Permanente marketing representative for additional information if this applies to you.)

Senior Advantage Rates

If your group health plan is subject to Medicare Secondary Payor rules (see rules above), the Senior Advantage rates shown with this renewal do not apply for your members who have MSP and enroll in Senior Advantage.

If your group health plan is subject to the Medicare Secondary Payor rules, the plan rate for your members who have MSP and enroll in Senior Advantage will be the same as the rate for the plan you offer to employees under age 65. If you offer more than one plan to employees, the Senior Advantage plan rate for these MSP members is the rate assigned to the plan they are enrolled on.

If you have employees (and dependents) who are eligible for Medicare, it may not be in their best interest to enroll in Medicare Part B when they turn 65. These employees and any dependents should contact Social Security for additional information about deferring their Medicare Part B until retirement of the employee. However, if they choose to enroll in Medicare because they want to enroll in Kaiser Permanente Senior Advantage, they must have both Medicare Parts A and B.

NOTE: Retirees or COBRA participants who are eligible for Medicare as primary payor are not subject to MSP rules. These members will receive Senior Advantage rates and benefits when they enroll in Senior Advantage.

Kaiser Permanente Building
500 NE Multnomah St., Suite 100
Portland, OR 97232