02: Generate New Self Service Group Enrollment (GA/CO/HI)

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Overview

This document will guide you in generating an online New Group Enrollment beginning from the Broker Dashboard in account.kp.org.

Note: The screen captures used in this document are for illustrative purposes only. Your actual experience may vary depending on the application process within your state and the selections you make during the online enrollment process.

Audience: Brokers Time to Complete: 20 Min Line of Business: Small Group Regions: GA, CO, HI Sales Connect Version: Release 16.7



Where to Locate the Broker Self-Service Tools

The broker self-service tools are accessed from the 'Prospect Quote to Enroll' page in your account.kp.org Dashboard. To get there, follow these steps:

- 1. Login to <u>account.kp.org</u>.
- 2. Go to your Dashboard.
- 3. Click the Get started now link.

Note: If you are not currently registered for these self-service tools, you will be directed to complete a short registration form for access. Kaiser Permanente will complete your request within 24 business hours.

		Q Studi Hurseemyneddy H Ogarahall → Georgia → Navigating the site as Broker: 339 →		
Dashboard Book of Business Plans and Resources	Working with KP	Admin Tool		
Your Dashboard Book Of Business Search For A Claret		Small Business Prospect Quoting and New Group Enrollment is now available Get on demand quotes, compare plans, and enrol new groups - all in place		
Enter Client Name View all Book Of Business	Search	Jiei statiet now. 6		
Access and delegation Enter your delegated access code to view information Manage your delegates access				

4. The Prospect Quote to Enroll page opens.

Kaiser Permanente. Br	oker		
Dashboard Quote to Enroll Hub			
	Prospect Qu	ote to Enroll	
Welcome! Our quote to enroll tool i	s available to make life a little easier for your	firm.	
Highlights of tools and features to s	upport your business:		
 Rates on demand downloaded in Comparison tools that make reco Once you have selected the right A dedicated dashboard to keep t You are the expert, and this experie 	either PDF or Excel, select what is needed to mmending the best employer options based suite of options you are a click away from en rack of quoting, enrollment history and statu: nce was designed with you in mind.	support your unique value proposition on choice and budget a breeze rolling the group and fast-tracking the enroll s updates on group submissions	ment
	Get a Quick Quote	Enroll a New Group	
	Easily view and compare plan benefits and rates. Download a quote that contains all plans, or just the plans that you choose.	Submit your New Group Enrollments online! Provide your New Group Application and all supporting documentation for enrollment.	
Your Recent Activity			
	٩		
Search by company name			





New Group Enrollment

Begin New Group Enrollment

Submit your new group application with supporting documents online and then monitor the progress in real time.

There are three ways you can begin new group enrollment:

If you have not previously completed a quote for the group:

- 1. Begin on the Prospect Quote to Enroll page.
- 2. Click Enroll a New Group to initiate the enrollment process.

Dashboard Quote	to Enroll Hub						
			Prospect Qu	iote to Enrol	l		
Welcome!	Our quote to enroll tool	is available to make li	fe a little easier for your	firm.			
Highlights (of tools and features to	support your busines	5:				
 Comparis Once you A dedication You are the 	is on tools that make recc i have selected the right ted dashboard to keep t expert, and this experie	mmending the best of suite of options you rack of quoting, enro	employer options based are a click away from er llment history and statu th you in mind.	on choice and budget a arolling the group and far s updates on group subr	st-tracking the enrollme	nt	
		Get a Q	uick Quote	Enroll a Ne	w Group		
		Easily view and corr rates. Download a q plans, or just the pla	pare plan benefits and uote that contains all ins that you choose.	Submit your New Group Provide your New Group supporting documentat	o Enrollments online! o Application and all ion for enrollment.		
				L			
Your Recent Activ	ity						
		٩					
Search by company nam	e						
Company Name	Transaction Type	Status	Quote Id	Date Created	Effective Date	Actions	
CPQ CO Test	Enrollment	In Progress	00032232	12/05/2023	01/01/2024	Select Action	Enter

If you have previously completed a quote for the group:

- 1. Begin on the Prospect Quote to Enroll page.
- 2. Locate the quote under Your Recent Activity.
- 3. Open the **Actions** drop down, and select **Convert to Buy** to convert your quote to a New Group Enrollment.
- 4. Click Enter.

🚧 Kaiser Per	MANENTE _® Bro	ker				
Dashboard Quote t	o Enroll Hub					
		Pr	ospect Quo	te to Enroll		
Welcome! Or Highlights of Rates on d Compariso	ur quote to enroll tool is tools and features to su lemand downloaded in e on tools that make recom	available to make life a pport your business: ither PDF or Excel, sele imending the best emp	little easier for your fir ct what is needed to so loyer options based on	m. upport your unique value choice and budget a bre	proposition	
Once you I A dedicate You are the o	have selected the right s ad dashboard to keep tra expert, and this experien	uite of options you are a lock of quoting, enrollme ce was designed with y	a click away from enro nt history and status u ou in mind.	lling the group and fast-ti pdates on group submiss	racking the enrollment	
		Get a Quick	Quote	Enroll a New C	Group	
		Easily view and compare rates. Download a quote plans, or just the plans th	plan benefits and that contains all nat you choose.	Submit your New Group Enr Provide your New Group Ap supporting documentation f	ollments online! plication and all or enrollment.	
Your Recent Activit	ty					
Search by company name		٩				
Company Name	Transaction Type	Status	Quote Id	Date Created	Effective Date	Actions
GA-CO-HI QQ Demo	Quick Quote	Completed	00032246	12/05/2023	01/01/2024	Select Action : Enter
						Requote

Convert a quote to a New Group Enrollment at the end of the quoting process.

- 1. When you get to the **Quote Summary** or **Detailed Quote** page, scroll to the bottom.
- 2. Click Enroll Group.





Once you have initiated the New Group Enrollment, you will complete a series of screens, starting with 'Group Details'. You'll notice a graphic at the top of each page that shows which step you are on in the enrollment process.

O • \bullet	
 Group Details	





Group Details

Use the Group Details screen to enter the effective date and employer details.

1. Complete or validate the fields in the 'Group Details' screen (* indicates a required field).

Policy #: If you select 'yes, my company has worker's compensation' but don't know the policy #, you can enter 'Unknown' or 'Pending' in the field.

2. Click Next to continue...

Note: Enrollments will not appear in 'Your Recent Activity' until you have clicked 'Next' on this page.

	G	Group	Detail	S		
Out of Area Employees cannot be quoted online Permanente for help.	. If you have	employees w	no do not liv	e or work within the ser	vice area, please	contact Kaiser
*Indicates required field						
REGION OF THE EMPLOYER YOU ARE QUOTING OR ENRO Georgia	ILLING					
*REQUESTED EFFECTIVE DATE Jan 01 2024 • Plane and rates are based on the proposed offer	tiup date					
About your business						
*LEGAL BUSINESS NAME GA-CO-HLQQ Demo						
(as stated on your local business license, quarter corporate or partnership documents)	ly wage and	tax report,				
DOING BUSINESS AS (DBA) (OPTIONAL)						
*PHYSICAL STREET ADDRESS (NO P.O. BOXES)						
123 Main St						
*CITY	*STATE		•ZIP		*COUNTY	
Atlanta	GA	•	30033		DeKalb	•
*PHONE	BUSINESS W	EBSITE				
(123) 456-7890						
* TYPE OF BUSINESS			*IN BUSINESS	SINCE (MM-DD-YYYY)		
Corporation		•	12-02-2014			ä
*FEDERAL TAX ID (EIN) NUMBER 999999999						
4-DIGIT SIC CODE		6-DIGIT NAICS	S CODE			
	or	999999]		
		Visit naics.c	om/search to	determine your code.		
Workers' compensation						
* All employees must be covered by workers' cor you don't have workers' compensation, unless yo O Yes, my company has workers' compensation	mpensation, pu're exempt	unless not re . I attest that	quired to be (the following	covered by law. You're r information is correct.	ot eligible to app	aly for coverage if
O Exempt from providing workers' compensation	m					
* IF YES OR PENDING, NAME OF CARRIER			POLICY # (IN	DICATE UNKNOWN OR PEN	DING AS APPLICABL	E)
Aetna		•	PENDING			
Save for later						Nat



Enter Group Eligibility

Enter information about the group's eligibility.

- 1. Complete all required fields (*indicates a required field).
- 2. Note: The screen capture for example only. You might see different fields, depending on your state's group application and any selections you have made.

Group Eligibility
* Indicates required field
Other medical coverage
•Does your company or affiliated company(ies) have or has it ever had group coverage directly through Kaiser Permanente? If Yes, please provide the group number and company name. O Yes • No
•Does your company currently have active group health coverage? ○ Yes
Employer eligibility
In determining the number of employees or eligible employees, affiliated companies that are eligible to file a combined tax return for purposes of state taxation shall be considered 1 employer.
*Is your company affiliated with another company and eligible to file a combined tax return? \bigcirc Yes \textcircled{B} No
Employee count
Please provide the total number of employees nationwide (full-time and part-time).
*TOTAL SO
Eligible and enrolling employees
TOTAL NUMBER OF ELIGIBLE EMPLOYEES TOTAL NUMBER OF ENROLLING EMPLOYEES 7
32
•Are you offering dependent coverage?

3. From this point on during the enrollment process, you may click **Save for later** if you need to step away. Refer to the section below, <u>Save, Edit or Cancel the Enrollment</u>, for details.

	O Yes O No		
	If your company employed 20 or more full-time and/or part-time employees for each working date for 20 or mc calendar weeks in the current calendar year or preceding calendar year, your group is subject to this federal law	ire	
Cancel Save for later		Previous	Next

4. Click Next. to continue...

Contacts

Enter information about the group's contacts.

- 1. Enter the contract signer's information. The contract signer is the person responsible for signing the application and authorized to make contractual changes to the account. (* indicates a required field).
- 2. Enter the billing contact, or click the checkbox if the billing contact is "same as contract signer".
- 3. Click Next.

Indicates required field Contract Signer	
This second is second black on second	
the group mailing address, if differen	ing and providing renewal information, and is authorized to make membership or contractual changes to your account. This address will become int from the business physical address.
*FIRST NAME	MIDDLE INITIAL *LAST NAME
TITLE	
*MAILING ADDRESS	
*CITY	*STATE *ZIP
L	
OFFICE PHONE	EXTENSION
CELL PHONE	*EMAIL
1	
Billing Contact	
Billing Contact The billing contact is the person with This person will have access to grou	thin your company to whom billing statements are addressed. pp information. Only 1 billing contact is allowed.
Billing Contact The billing contact is the person with This person will have access to grou	thin your company to whom billing statements are addressed. p information. Only 1 billing contact is allowed.
Billing Contact The billing contact is the person with This person will have access to grou	thin your company to whom billing statements are addressed. up information. Only 1 billing contact is allowed.
Billing Contact The billing contact is the person with this person will have access to grou Check here if same as the contra *FIRST NAME	hin your company to whom billing statements are addressed. up Information. Only 1 billing contact is allowed. act signer MIDDLE INITIAL *LAST NAME
Billing Contact The billing contact is the person wit This person will have access to grou Check here if same as the contra "FIRST NAME	hin your company to whom billing statements are addressed. up Information. Only 1 billing contact is allowed. act signer MIDDLE INITIAL *LAST NAME
Billing Contact The billing contact is the person wit This person will have access to grou Check here if same as the contra *FIRST NAME TITLE	thin your company to whom billing statements are addressed. ap information. Only 1 billing contact is allowed. act signer MIDDLE INITIAL *LAST NAME
Billing Contact The billing contact is the person wit This person will have access to grou Check here if same as the contra *FIRST NAME TTILE	thin your company to whom billing statements are addressed. ap information. Only 1 billing contact is allowed. act signer MIDDLE INITIAL *LAST NAME
Billing Contact The billing contact is the person wit This person will have access to grou Check here if same as the contra FIRST NAME TITLE THAILING ADDRESS	thin your company to whom billing statements are addressed. ap information. Only 1 billing contact is allowed. act signer MIDDLE INITIAL *LAST NAME
Billing Contact The billing contact is the person wit This person will have access to grou Check here if same as the contra "FIRST NAME " "HIRST NAME " "MAILING ADDRESS "	thin your company to whom billing statements are addressed. ap information. Only 1 billing contact is allowed. act signer MIDDLE INITIAL *LAST NAME
Billing Contact The billing contact is the person wit This person will have access to grou Check here if same as the contra FIRST NAME TITLE TITLE TITLE CHAILING ADDRESS CITY	thin your company to whom billing statements are addressed. ap information. Only 1 billing contact is allowed. act signer MIDDLE INITIAL *LAST NAME *LAST NAME
Billing Contact The billing contact is the person wit This person will have access to grou Check here if same as the contra FIRST NAME TITLE TITLE CHAILING ADDRESS CITY	thin your company to whom billing statements are addressed. ap information. Only 1 billing contact is allowed. act signer MIDDLE INITIAL *LAST NAME *LAST NAME
Billing Contact The billing contact is the person wit This person will have access to grou Check here if same as the contra FIRST NAME TITLE TITLE CONTROL ADDRESS CITY COFFICE PHONE	thin your company to whom billing statements are addressed. ap information. Only 1 billing contact is allowed. act signer MIDDLE INITIAL *LAST NAME *LAST NAME *STATE *ZIP XTENSION
Billing Contact The billing contact is the person wit This person will have access to grou Check here if same as the contra Check here if same as the contra TITLE TITLE TITLE CONTRACTOR C	thin your company to whom billing statements are addressed. ap information. Only 1 billing contact is allowed. act signer MIDDLE INITIAL *LAST NAME

HI Brokers: You will see a checkbox to indicate if you'd prefer to receive contracts via mail rather than account.kp.org.

Contract Delivery Preference
We'll deliver your Kaiser Foundation Health Plan, Inc. (KFHP)/Kaiser Permanente Insurance Company (KPIC) contact(s) online in a PDF file at account.kp.org unless you indicate below that you'd like your contact(s) mailed to you.
I want to receive my contact(s) by mail



CO Brokers: You will see an option to select if you prefer paper or paperless bills.

Bill Delivery Preference

*Let us know how you prefer to receive your bills.
 I would like paperless bills.
 I would like paper bills.
 I would like paper bills.
 I understand that if I do not sign up for paperless billing. Kaiser Permanente will mail a paper statement. I further understand that I can opt in or out of paperless billing at any time.
 30-day notification is required to make changes in billing notification processing.



Confirm Agent of Record

- 1. Complete the Agent/Broker details.
- 2. Select the check box if you DO NOT authorize General Agent access.
- 3. Click Next.

*India	ates required field					
AGE	NT/BROKER FIRST NAME	* AGENT/BROKER	R LAST NAME			
PREF	ERRED PHONE	EXT	*EMAIL			
FIRM	NAME	NATIONAL PROD	UCER NUMBER NPN	*KAISER PERMANENT	E BROKER FIRM ID	
Gene Your a group	eral Agent Access gent/broker may work with a Ger specific information and change	neral Agent (GA) to servi permission will be grante	ice your organization, which is a ed to a designated General Ageni	different firm from your agent/br unless you choose not to author	oker. The same agent/broker access to ize access.	o your
Do not	check the box below if you cons	ent.				



Add Employees

Use the 'Add Employees' screen to add employees and their dependents. There are three methods for entering this information. **Note:** If you began the New Group Enrollment using "convert to buy", the census data will prepopulate from your quote. Verify all employee/dependent data before proceeding to the next enrollment screen.

Method 1: Upload the Membership Enrollment Spreadsheet

When you upload the Membership Enrollment Spreadsheet in this step, the system retains it as part of the required documents to complete the new group enrollment submission. **Note:** You are required to provide either the Membership Enrollment Spreadsheet or Employee Enrollment Forms to complete your submission.

Hawaii Brokers: You will not see the option to 'Upload a Membership Enrollment Spreadsheet' on this screen. Please use 'Upload Census' or 'Manually Add Employees' to input employee information. Your sales representative will get in touch with you after the online enrollment process to discuss additional enrollment requirements, including Employee Enrollment Forms.



1. Click Download Enrollment Spreadsheet Template.

- 2. Open the template from your computer's downloads folder.
- 3. Complete the columns highlighted in yellow.

Note: If you already have a complete Membership Enrollment worksheet, please ensure that the 'Enrolling Employees' tab is the first tab, as shown in the image below.

		В								^
	Region Cod	Group Number	Subgroup	Billgroup	EE SSN	Person SSN	Person Relationship	Person Last Name	Person First Name	
	CO				Employee	155118191	EMP	trigger	one	
3					Employee	123546798	EMP	trigger	two	
8										
9										
10										
				_						
	< >	Enrolling Employee	s Instructions	Additional U	Inderwriting Info					Þ

4. Return to the 'Add Employees' screen and click Upload New Spreadsheet.

Method 2: Upload employees and dependents using the Census Template

1. Click Download census template.

		Add Employees		
	EMPLOYEES O	DEPENDENTS O	TOTAL O	
	To begi	in adding employees, select one of the buttons	below.	
Upload Member Spread	ship Enrollment Isheet	Upload Census	Manually Ac	dd Employees
This option gives you the import an excel file with a information needed to en Employee Enrollment form	ability to download and II Membership Ioli instead of the n.	Import a census by clicking "Upload new Census". Note: If you use your own template please ensure the census is on the first tab of your spreadsheet and that the language in the header row matches the following labels exactly: First Name, Last Name, Date of Birth, Age (as of First Name, Date of First Name,	This option provides you enter general Membershi	the ability to manually ip information.
1 Upload Nev	v Spreadsheet	Upload New Census	+ Add e	employee
🛃 Download Enrollmen	t Spreadsheet Template	ی Download Census Template		

- 2. On your computer, search your Downloads folder for the file sgBrokerAddSubscribersTemplate.
- 3. Open the template in Excel. Do not change the column headers or the order of the tabs- these map directly to the required fields in the quoting tool.

4	^	R	<u> </u>	- n		c	G	н	
1	First Name	Last Name	Date of Birth	Age (as of Effective Date)	Zip Code	Relationship Type			
2					N				
3									
4									
5					Do not	change			
7					colum	headers			
8									
9									
10									
11									
12									
14									
15		Encollmon	tinformation						
16		Enrolimen	it mormation						
17		must stay	on the first tab						
18									
19	San	Import Fator Dasa	uamola Cansus		1. (m)			-	
	Employer Census III	iport import entry desc e		_	1 N				
Read	v l⊛						四 - —	+ 100%	4 - C



4. Enter employee information to the template (First Name, Last Name, etc.). Refer to the *Import Entry Desc* tab at the bottom of the template for help with formatting the data.

Note: Date of Birth is required when completing a New Group Enrollment

Note: Enter the employee zip code (not the business zip code) when completing New Group Enrollment.

4	A	В	с	D	E	F	н	-
	First Name	Last Name	Date of Birth	Age (as of Effective Date)	Zip Code	Relationship Type		88
2	Michael	Clarke	11/11/1951		91504	Employee		41
3	Alla	Border	12/19/1967		91504	Employee		41
4	Mark	Taylor	11/12/1968		88901	Employee		41
5								4
								41
								41
								41
20								41
								41
								48
			Refer to this tab					41
								41
			for formatting					41
								-
	Employer Census In	nport Import Entry Desc Ex	ample Census 🛛 🕀					

- 5. Save the spreadsheet in a designated folder/location on your PC.
- 6. Return to the 'Add Employees' page, click **Upload New Census** and upload the census from your computer.

		Add Employees		
	EMPLOYEES O	DEPENDENTS O	TOTAL O	
Upload Member Spread	To be ship Enrollment Isheet	gin adding employees, select one of the buttons l	below. Manually Ac	ld Employees
This option gives you the ci import an excel file with al information needed to enr Employee Enrollment form	ability to download and I Membership oll instead of the _b	Import a census by clicking "Upload new Census". Note: If you use your own template please ensure the census is on the first tab of your spreadsheet and that the language in the header row matches the following labels exactly: First Name, Last Name, Date of Birth, Age (as of Effective Date). Zip Code, Relationship Type	This option provides you enter general Membershi	the ability to manually p information.
Lyload New Jownload Enrollment	r Spreadsheet : Spreadsheet Template		+ Add e	employee
əl				Previous

At any time throughout the process, you can upload a new census; however, the new census will overwrite all subscriber data.

If you choose to use your own census template, please ensure that the census is on the first tab of your spreadsheet and that the headers match the census template.

Method 3: Manually add employees and dependents

1. From the 'Add Employees' screen, click Add Employee.

EMP	LOYEES	DEPENDENTS	TOTAL	
	0	0	0	
	To begin addi	ng employees, select one of the	buttons below.	
Upload Membership Enrollment Spreadsheet		Upload Census	М	fanually Add Employees
E		E		<u>52</u>
is option gives you the ability to download an iport an excel file with all Membership formation needed to enroll instead of the nployee Enrollment form.	d Impoi Note: the ci and t the fo	rt a census by clicking "Upload new Cer If you use your own template please er ensus is on the first tab of your spreads hat the language in the header row mat ilowing labels exactly: Name, Last Name, Date of Birth, Age (a	nsure enter gen heet ches s of	on provides you the ability to manually eral Membership information.
1 Upload New Spreadsheet	Effec	tive Date), Zip Code, Relationship Type		+ Add employee
Download Enrollment Spreadsheet Templa	te	🛃 Download Census Template		

- 2. Type employee information into the fields.
- 3. Click Add Employee for each additional employee.

Note: If you are adding out of area employees, refer to page 16 for information about out of area.

4. Click Add Dependent to add a dependent.

	EMPLOYEE	is c	DEPENDENTS	TOTA	L	
	1		0	1		
			1 Uple	oad New Census	+ Add employee 3	
xpand All Collapse All				I	Download census details	i Delete all em
V John Doe	0	Dependents			Dele	ete Employee 1
Details	2					
*FIRST NAME	MID	DLE INITIAL	LAST NAME		RELATIONSHIP TY	'PE
John			Doe		Employee	
DATE OF BIRTH	nm/dd/yyyy AGE	(AS OF EFFECTIVE DATE)	* ZIP CODE			
01/24/1973			21401			
mm/dd/aaau			Enter 5-digit	zip code		
mm/dd/yyyy						



Validate the Member Information

After adding employees using one of the methods described above, verify all information before proceeding to the next screen.

1. Verify that the totals for Employees, Dependents and Total, match your spreadsheet.

ŀ	Add Employees		_
EMPLOYEES 7	dependents 16	TOTAL	
	1 Upload I	Yew Census + Add employee	

- 2. Scroll down the page to verify or edit the employee data.
 - Edit employee/dependent information by typing directly into the fields.
 - Buttons are placed throughout to easily **Delete Employee**, **Delete Dependent** and **Add Dependent**, when needed.

			Add Ei	mployees	
		EMPI	.oyees de 7	PENDENTS 16	101AL 23
				1 Upload Nev	Add employee
Expand	I All Collapse All				Download census details Delete all employees
~	EMPLOYEE 1 Jason Young		1 Dependent		Delete Employee 1
	Details				
	Details				
	*FIRST NAME		MIDDLE INITIAL	*LAST NAME	RELATIONSHIP TYPE Employee
	DATE OF BIRTH n	nm/dd/yyyy	AGE (AS OF EFFECTIVE DATE)	* ZIP CODE	
	11/11/1988		35	30033	
	mm/dd/yyyy			Enter 5-digit zip cod	e
	Dependent 1				
	DATE OF BIRTH r	nm/dd/yyyy	AGE (AS OF EFFECTIVE DATE)	*RELATIONSHIP TYP	PE
	12/08/2009	ä		Child	Delete dependent 1
	mm/dd/yyyy + Add depender	it			
~	EMPLOYEE 2 Brianne Smith		0 Dependents		Delete Employee 2
	Details				
	*FIRST NAME		MIDDLE INITIAL	*LAST NAME	RELATIONSHIP TYPE
	Brianne			Smith	Employee
	DATE OF BIRTH n	nm/dd/yyyy	AGE (AS OF EFFECTIVE DATE)	*ZIP CODE	
	07/01/1976		47	30033	
	mm/dd/yyyy			Enter 5-digit zip cod	e



3. Check for out of area zip codes.

CO and GA Brokers:

When a subscriber's zip code is outside the service area, a checkbox appears to confirm if the employee works within the service area. When an employee lives and works outside of the service area, they must enroll in a KP Out of Area PPO plan or PPO plan (denpending on the region). GA Brokers please contact your Kaiser Permanente sales representative for help.

Jason		Young	Employee
*DATE OF BIRTH mm/dd/yyyy	AGE (AS OF EFFECTIVE DATE)	*ZIP CODE	DOES THE EMPLOYEE WORK IN TH
11/11/1988	35	30000	V Yes
mm/dd/yyyy		Enter 5-digit zip code	L

CO and GA Brokers: If more than 49% of subscribers are outside of the service area, you will not see a Next button at the bottom of the screen, and cannot continue with online group enrollment. Contact your Kaiser Permanente sales representative for help.

* FIRST NAME	MIDDLE INITIAL	LAST NAME	RELATIONSHIP TYPE
Jane		Doe	Employee
•DATE OF BIRTH mm/dd/yyyy	AGE (AS OF EFFECTIVE DATE)	* ZIP CODE	DOES THE EMPLOYEE WORK IN TH
05/04/1970	53	81407	SERVICE AREA?
(
mm/dd/yyyy The employee ZIP Code is invalid or	not in our service area. Please ensure that	Enter 5-digit zip code the ZIP Code is correct before proce	reding.
mm/dd/yyyy The employee ZIP Code is invalid or + Add dependent	not in our service area. Please ensure that	Enter 5-digit zip code the ZIP Code is correct before proce	eding.
mm/dd/yyyy The employee ZIP Code is invalid or + Add dependent n 49% of subscribers are outside of o	not in our service area. Please ensure that ur service area. Please verify ZIP Codes and	Enter 5-digit zip code the ZIP Code is correct before proce d if correct, contact Kaiser Permanen	eding. te for help.

4. After you have validated the census details, click Next to select medical plans.

Plan Selection

Select the plans that are being offered.

1. Refer to the top of the screen for guidelines on selecting plans.

Note: The screen shot below is for example only. You will see guidelines specific for your region.

- 2. Use the Search or filters to locate specific plans.
- 3. .Select the check marks for all plans being offered.

		Plan Selection
1	Groups with 1-5 sul	bscribers may offer a choice of up to 4 HMO, DHMO, HSA and Plus plans, and 1 POS or PPO plan. nore subscribers may offer a choice of unlimited HMO, DHMO, HSA and Plus plans, and up to 2 POS or PPO plans.
	Out of area Employ	are only available to employees living in qualified zip codes in Colorado springs. yees only qualify for "PPO" plans. Employees in the service area qualify for non-"PPO" plans only.
SEARCH	0	НМО
Search by plan name		KP CO Platinum 0/10 RX Copay
		KP CO Gold 0/20 RX Copay
PRODUCT TYPE		
DHMO DHMO Select	•	рнмо
DHMO Plus HSA	3	C KP CO Platinum 400/10
HSA Plus	_	V KP CO Gold 500/25
3T POS Deductible		KP CO Gold 1500/25 RX Copay
PPO HMO Select		KP CO Gold 2500/10
HSA Select		C KP CO Silver 2800/45
METAL TIERS		KP CO Silver 4000/50 RX Copay
Platinum Gold		KP CO Silver 5000/10
Silver Bronze		KP CO Virtual Complete Silver 6300/50 RX Copay
		KP CO Bronze 7000/60 RX Copay
NETWORK Standard		KP CO Virtual Complete Bronze 9100/40
Select		
Apply Filters		DHMO Select
Remove all filters		KP Select CO Bronze 7000/60 RX Copay
		□ KP Select CO Gold 500/25
		KP Select CO Gold 1500/25 RX Copay
		KP Select CO Gold 2500/10

4. Click Next to continue.

	Plus Deductible
	KP Gold 1000/20/30/S10 KP Plus
	C KP Gold 2500/0/30/S10 KP Plus
	C KP Silver 2700/35/50/S10 KP Plus
	C KP Silver 3700/35/50/S10 KP Plus
	The Dual Choice PPO plans are fully underwritten by Kaiser Permanente Insurance Company (KPIC), a subsidiary of Kaiser Foundation Health Plan (KFHP),Inc.
Cancel Save for later	Previous Next



Plan Assignments

If offering two or more plans, you will need to assign a plan for each employee in the 'Plan Assignments' screen. **Note:** If offering only one plan, the system automatically populates the plan assignment.

- 1. You can Search and Sort for employees.
- 2. Click the Select a Medical Plan drop down to select a plan for each employee.

	Plan Assignments									
		Please choose plans Next.	for each employee listed l	below. When plan assign	ments are complete, se	lect				
- [SEARCH EMPLOYEES	t or last name				SORT EMPLOYEES Select a sort option 💌				
	3 of 3 employees									
	Employee: Micha	LAST NAME	DATE OF BIRTH	AGE AT EFFECTIVE	ZIP CODE					
	SELECT A MEDICAL	PLAN	10101351	71	50055					
	Select a medical plan KP Platinum 0/0/	/20/510		D						
	KP Gold 0/0/30/ Employee: Alla 1	sio Border								

3. After you have selected a plan for each employee, click Next.



Rating Type and Contribution Details

Make appropriate selections for the 'Rating Type and Contribution Details' (* indicates a required field).
 Note: Member-Level is the default Medical Rating Type.

Note for Hawaii Brokers: You will not complete the contribution details. When enrolling a HI group with composite rating, contact your HI sales representative.

Rating Type and	Contribution Details
Choose the correct selections for the rating type and contribution details of this grou Medical rating type	ip.
SELECT A MEDICAL RATING TYPE Member-Level Composite	
Medical contribution details	
Your contribution to coverage can be a percentage or a fixed dollar amount. Your min lowest-priced Kaiser Permanent medical plan offered by the employer.	nimum contribution must be at least 50% of the "Employee only" monthly premium for the
CONTRIBUTION IS FOR Employees Only Employees + Dependents SELECT A CONTRIBUTION TYPE	
\$ Fixed Dollar Amount	
SELECT WHICH PLANS WILL APPLY ○ Lowest Cost Plan ④ All Plans ○ Specific Plan	
* CONTRIBUTION TO EMPLOYEE MEDICAL PREMIUM 50 Please input a percentage (numbers only, no special characters)	CONTRIBUTION TO DEPENDENT MEDICAL PREMIUM 50 Please input a percentage (numbers only, no special characters)
Cancel Save for later	Previous Next

2. Click Next.



Rate Presentation

- 1. Review the final rates in the 'Rate Presentation' (* indicates a required field).
- 2. If the information in this screen is not correct, click **Previous** to go back and make edits.
- 3. If everything on this screen is correct, click Next.

		Rate Pr	esentation		
T	hese are the final ra	tes based on the i	nformation entered in the enrollme	ent process.	
Company Name: KP QQ Co Effective Date: 2023- 02-01 Zip Code: 30012 County: Rockdale Employee Count: 5 Member Count: 9 Rating Type: Member Level	TOTAL EMPLOYEE	E PREMIUM			THLY PREMIUM
Expand All Collapse All					
EMPLOYEE	RELATIONSHIP	AGE AT EFFECTIVE DATE	MEDICAL PLAN	MEDICAL RATE	EMPLOYEE AND DEPENDENT TOTAL
✓ 1.	Employee	и	KP GOLD 0/0/30/570	\$1,435.96	
					\$1,435.96
V 2.	Employee	65	KP GOLD 0/b/30/570	\$1,435.96	
					\$1,435.96
× 3.	Employee	64	KP GOLD 0/0/30/510	\$1,435.96	
	Employee		va cou o obdolato	#106740	\$1,435.96
	Spouse	3	RP GOLD Grayagano	\$892.69	
					\$1,960.09
✓ 5.	Employee	34	KP GOLD 0/0/30/50	\$581.09	
	Spouse	.36		\$588.75	
	Child	12		\$0.00	
	child	3		\$0.00	
					\$1,169.84
				Total Employee Premium Total Dependent Premium Total Monthly Premium	\$5,956.37 \$1,481.44 \$7,437.81
Your Kaiser Permanente Por	tfolio				
Employer offering (placehold	ler text)				
MEDICAL PLANS					
KP Gold 0/0/30/510					
ncel Save for later				Previous	Next



Required Documents

- 1. The following documents are required for online New Group Enrollment. Your screen might look slightly different than the screen capture shown below, depending on your region. Hawaii Brokers: You will only submit the Broker Record of Authorization form online. Your sales representative will follow up to discuss next steps within 48 hours of submitting this online enrollment.
 - a. Membership Enrollment Spreadsheet/Employee Enrollment Form (GA and CO): If you did not upload a Membership Enrollment Spreadsheet at the 'Add Employee' screen, upload either the Membership Enrollment Spreadsheet or the Employee Enrollment Form here.
 - b. New Group Broker of Record Authorization (GA, HI and CO): This replaces the signed new group application and grants authority from your customer to act on their behalf. Download and have your client complete it.
 - c. **PGA (Online Account Services) form (GA and CO):** Complete all required fields of the PGA (Online Account Services) form and obtain the signature from your client.
 - d. First Month's Payment (GA): Download and complete the EFT or provide a Binder check.
- 2. Need to download any of the required forms? Use the Click here link.

Note: This opens the Help Center in a new tab in your browser. Click the 'Enroll Group' tab to return to the enrollment.

- 3. Ready to upload documents? Click **Upload Files** or drag and drop your files to the designated area. You can upload individually or as a batch.
- 4. Made a mistake? Click Delete document to remove any unwanted files.

	Required Documents
	Required Documents
	1. Membership Enrollment Spreadsheet/Employee Enrollment Form
1	If you did not upload a Membership Enrollment Spreadsheet at the "Add Employee" page, upload it here, download the Employee Enrollment form, and have all enrolling employees from your company complete, sign and date.
	2. New Group Broker of Record Authorization form
	Complete all sections of the New Group Broker of Record Authorization form and obtain the signature from your client.
	3. PGA (Online Account Service) form
	Complete all required fields of the PGA (Online Account Services) form and obtain the signature from the client.
	4. First month's payment
	To Complete enrollment, we need the first month's payment. Download and complete the Electronic Check Transfer (EFT) form or provide a copy of a Binder check.
2	Click here to access and download your required forms for enrollment.
	Upload Documents
	For your convenience, you can either merge the documents above for submission or attach each document individually.
	Lupload Files Or drop files
	Files Uploaded
	Broker Authorization Form.pdf Delete document 🍵 🖌
el l	Save for later Previous Ne



5. When you have finished uploading the required documents, click Next.





Attestation

- 1. Fill out all required fields in the Attestation.
 - Authorized delegates may sign the attestation.
 - In the Additional Contacts section, enter the Email or Phone for the person whom KP should contact if there are any questions about the submission. If you are an authorized delegate, complete this section with your contact information.
- 1. Click **Submit** to process your New Group Enrollment. Download the completed application in the next screen.

	Attest	ation		
Authorized Agent/Broker of Record IMPORTANT INFORMATION - PLEASE READ This is an application for coverage only. No Company (OFC) has completed its review plan contract/group policy will be issued.	I Signature D CAREFULLY contract for coverage will exist until Kaiser Fo nd communicated to the business applicant o	undation Health Plan of Colorad r the applicant's broker that the	do (IdTHPCO) , or Kaiser Permanente Insuran application has been accepted and a group	ice o health
AUTHORIZED AGENT/BROKER OF RECORD To be completed by broker. To the best of m represent and am acting on behalf of my di- coverage and advised my client not to term approved. I understand that I have no right i	D FOR KAISER PERMANENTE by knowledge and belief, employment and oth ent and not for, or as, an employee of Kaiser F inate any existing coverage until receiving wit to bind this coverage, or to alter terms of the	er information on this applicatio oundation Health Plan, or KPRC ttion notice that the coverage be insurance.	on is complete and accurate. Lacknowledge I the explained the benefits, all imitations of eing applied for under the new program has	that I af boen
FIRST NAME	LAST NAME	т	TE	
Jane	Doe			
Draw Signature Type Signature Save Clear Additional Contact Who should we contact if we need a Same as signer	additional information to complete th	is submission?		
*FIRST NAME	LAST NAME	тп	LE	
EMAIL	*PHONE NUMBER			
email@email.com Preferred contact method © Email () Phone COMMENTS	(123) 456-7890			
Cancel Save for later			Provious	Submit

Confirmation

The Confirmation is the final screen of the New Group Enrollment. An email confirmation will be sent to the email address entered in the 'Agent of Record' screen.

- 1. Click the **Employer Application** link to download the application for your records.
- 2. Click Return to Quoting and Enrollment Landing Page.

	o _ o _ o _ o _ o _ o _ o _ o _ o _ o _
	Confirmation
	We've received your submission, and it's being processed. You'll receive a notification when your submission has been approved. You can download a copy of th <mark>e Employer Application l</mark> ere for your records.
Cancel	Return to Quoting and Enrollment Landing Page

- 3. From the landing page, scroll down to Your Recent Activity.
- 4. Review the **Status** column. The new application shows a status of 'Received- In Review'. Once KP has completed the application, the status will update to "Completed" and the Welcome Letter will be sent to the .'Agent of Record' and group 'Contract Signer'..

	Prospect Quote to Enroll								
Welcome! Our	Welcome! Our quote to enroll tool is available to make life a little easier for your firm.								
Highlights of t	Highlights of tools and features to support your business:								
 Rates on det Comparison Once you hat A dedicated You are the ex 	 Rates on demand downloaded in either PDF or Excel, select what is needed to support your unique value proposition Comparison tools that make recommending the best employer options based on choice and budget a breeze Once you have selected the right suite of options you are a click away from enrolling the group and fast-tracking the enrollment A dedicated dashboard to keep track of quoting, enrollment history and status updates on group submissions You are the expert, and this experience was designed with you in mind. 								
	Get a Quick Quote Get a Detailed Quote Enroll a New Group Image: Compare plan benefits and rates. Download a quote that contains all Want more detail? You can assign plans to each employee and their dependents to Submit your New Group Enrollments online! Provide your New Group Application and all								
Your Recent Activity	Your Recent Activity								
Search by company name	[
Company Name	Transaction Type	Status	Quote Id	Date Created	Effective Date	Actions			
MAS NGE Demo	Enrollment	Received - In Review	00032191	12/01/2023	01/01/2024	Select Action	Enter		



Save, Edit or Cancel the Enrollment

Save your work for later

1. Each time you click Next during New Group Enrollment, your work is saved. If you are part way through a screen and need to step away, click **Save for later** to save your progress.



- 2. To return to where you left off, go to the 'Prospect Quoting and New Group Enrollment' page.
- 3. Look for 'Your Recent Activity'
- 4. Select the Actions drop down for the corresponding business name.

Note: Refresh your browser if the saved enrollment does not appear immediately.

5. Select Resume Quote and click Enter.

Dashboard Quote to E	Enroll Hub					Quoting and Enrollment Help Cent
		Pro	ospect Qu	ote to Enroll		
Welcome! Our o	quote to enroll tool is a	available to make life a	little easier for your	firm.		
Highlights of to	ools and features to su	pport your business:				
Comparison t Once you hav A dedicated o You are the exp	tand downloaded in en- tools that make recom ve selected the right si dashboard to keep tra- bert, and this experience	the PDP of Excel, select mending the best empl lite of options you are is ck of quoting, enrollme ce was designed with yo	loyer options based a click away from en nt history and status ou in mind.	support your unique value on choice and budget a br rolling the group and fast- updates on group submis	eeze tracking the enrollmer sions	t.
		Get a Quick	Quote	Enroll a New	Group	
		Easily view and compare rates. Download a quote plans, or just the plans th	plan benefits and that contains all nat you choose.	Submit your New Group Er Provide your New Group A supporting documentation	rollments online! pplication and all for enrollment.	
Your Recent Activity						
Your Recent Activity		٦				
Your Recent Activity		٩				



Edit previously completed screens

- 1. Edit previous screens by clicking the **Previous** button at the bottom of the screen. Allow the previous screen to fully load. Continue this process until you get to the page where you need to make a correction.
- 2. To return to the most current page, click **Next** and allow the next page to load before clicking Next again.

	•	
Cancel Save for later	Previous	Next

Cancel the New Group Enrollment

1. If you need to cancel a New Group Enrollment, click **Cancel** on any page during the enrollment process.

	Are you subject to TEFRA?		
	If your company employed 20 or more full-time and/or part-time employees for each working date for 20 or m calendar weeks in the current calendar year or preceding calendar year, your group is subject to this federal land	iore M.	
Cancel Save for later		Previous	Next

2. Click **Continue** to inactivate the quote.

	Ca	incel	
Are you sure you wish to	cancel? This quote	e will be inactivated.	
	Return	Continue	