

## Your 2026 Renewal

## A BETTER WAY TO MANAGE RENEWALS

John Hoatson  
Town of Cottage City  
3820 40th Avenue  
Cottage City, MD 20722

February 17, 2026

Group ID: 26645  
Renewal Effective Date: July 1, 2026

Joseph Baum  
V W Brown Insurance Service, LLC

**Renewal Monthly Premium: \$2,890.57**

**Current Monthly Premium: \$2,659.53**

**% Change: 8.69%**

**\$ Change: \$231.04**

**It's time to renew your current Kaiser Permanente plan and there are important changes to our small group benefits. Please select the links below to see more.**

- [Mid-Atlantic renewal documents](#) for your Summary of Benefits and Coverage, Benefit Change Announcements, and plan summaries as well as applications
- [Dental flyers.](#)
- 2026 Renewal rates and alternative 2026 plans (see attached documents)

**If you would like to renew your current plan, there's nothing you need to do.**

Your coverage will renew automatically at the 2026 rates and plan changes unless you notify us at least 30 days prior to July 1, 2026. Your acceptance of this renewal also confirms that you meet the definition of "small employer" as defined by applicable federal and state law.

To select a different Kaiser Permanente plan, connect with me. To discuss alternative plans, simply reach out to me at the contact information listed below. You'll need to confirm your choice of alternative plans or group terminations at least 30 days before July 1, 2026. This will help us ensure that you and your employees enjoy uninterrupted health care coverage.

We value your membership and look forward to continuing as your health care and coverage partner. You can rely on us to provide your employees with the quality personalized care and support they need to stay healthy and productive so that your company's bottom line stays healthy, too.

### Bill Payment for Employers

Signing up is easy! To best serve you, we encourage you to try our online portal at [business.kp.org](https://business.kp.org), the fastest and most efficient way to make premium payments.

The "Manage Payments" feature ensures payments are posted quickly and accurately.

### Need help?

Contact your broker  
Account Manager Khrysontha Jefferson, at  
(301) 816-6130 or  
[khrysontha.c.jefferson@kp.org](mailto:khrysontha.c.jefferson@kp.org)

## Your 2026 Renewal Checklist

This checklist makes it easy to complete your 2026 renewal.

**1. Review your 2026 plan(s) and premium.**

If you like your renewal coverage and don't want to make any plan or employee changes, please skip to step 5.

**2. Make plan changes.**

- **Renewal Options:** This section can help you decide which plan options are right for your business. Many employees like being able to choose from a selection of plan options.
- **Plan Highlights:** For more information about all the plans we offer, visit [business.kp.org/business/plans-listing/small-business](https://business.kp.org/business/plans-listing/small-business)
- **Small Business Guidelines:** For more information about policy and qualification guidelines, visit [business.kaiserpermanente.org/business/forms-and-documents](https://business.kaiserpermanente.org/business/forms-and-documents) to review the Underwriting Guidelines.
- **Health savings account (HSA) and health reimbursement arrangement (HRA) options (if applicable):** Learn about the advantages of pairing an HDHP or HRA medical plan with an HSA and/or HRA administered through Kaiser Permanente. Please call your Small Business Account Manager at **(301) 816-6130**, to find out about additional required documents and administration fees for these options.

**3. Make enrollee or dependent changes.**

- To submit enrollee or dependent changes such as plan selection changes, adding and removing a dependent for existing subscribers, or terminating existing subscriber coverage, **please follow the existing process used today**. If you have any questions, please reach out to your Small Business Account Manager.
- Additional information can be found at [business.kp.org](https://business.kp.org).

**4. Submit your changes before your renewal effective date.**

- Complete the "2026 renewal changes" form/s to request any plan changes before your renewal date.
- Please be sure to sign and submit **all sections** of the form 30 days prior to the 1st of your renewal effective month to [khrysontha.c.jefferson@kp.org](mailto:khrysontha.c.jefferson@kp.org).
- You'll receive a plan change acknowledgment when the request is approved.

**5. Provide your employees and their dependents with SBCs.**

- Under the Affordable Care Act (ACA), you're required to give Summary of Benefits and Coverage (SBC) documents to employees and dependents for the plans they enroll in. You can find them here: [business.kp.org/business/plans-listing/small-business](https://business.kp.org/business/plans-listing/small-business)

## Your Kaiser Permanente Portfolio

Your current medical plans are listed below. Please see the Medical Plan Renewal Rates section for employee plan mapping from their current medical plan to their renewal medical plan.

Current Medical Plans	Subgroup	COBRA Subgroup
KP MD Platinum 0 Ded/Vision (Signature)	2	
KP MD Gold 0 Ded/Vision (Signature)	0	

Renewal Medical Plans	Subgroup	COBRA Subgroup
KP MD Platinum 0 Ded/Vision (Signature)	2	
KP MD Gold 0 Ded/Vision (Signature)	0	

Current Dental Rider
Not offered

Renewal Dental Rider
Not offered

## Medical Plan Renewal Rates Summary

	Current Rate	Renewal Rate	% Change	\$ Change
<b>Total Employee Premium</b>	\$2,659.53	\$2,890.57	8.69%	\$231.04
<b>Total Dependent Premium</b>	\$0.00	\$0.00	0.00%	\$0.00
<b>Total Monthly Premium</b>	\$2,659.53	\$2,890.57	8.69%	\$231.04

## Dental Rider Renewal Rates Summary

	Current Rate	Renewal Rate	% Change	\$ Change
<b>Total Monthly Premium</b>	\$0.00	\$0.00	0.00%	\$0.00

## Medical Census Count

Employee	Spouse	Child(ren)	Total Members
3	0	0	3

## Contribution Details

Contribution to Employee Medical Plan Premium
For guidance on your contribution requirements to employee premium, please see your Group Eligibility Requirements.

Contribution to Dependent Medical Plan Premium
For guidance on your contribution requirements to dependent premium, please see your Group Eligibility Requirements.

## Renewal Options: Member Level Rates

Displayed below are alternate renewal plan options that include the Total Monthly Premium and percent change for your current membership. If you would like to make a plan change, we must receive your request 30 days prior to your renewal date, shown above, to ensure a smooth transition. Please contact your Account Manager for assistance.

Member Level Age-Band Rate grids are located [here](https://business.kaiserpermanente.org/business/maryland-virginia-washington-dc/small-business/plan-rates) for your reference and convenience.  
[business.kaiserpermanente.org/business/maryland-virginia-washington-dc/small-business/plan-rates](https://business.kaiserpermanente.org/business/maryland-virginia-washington-dc/small-business/plan-rates)

## Renewal Member Age Census

Age	0-14*	15*	16*	17*	18*	19*	20*	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	
Members	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1

Age	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64+	
Members	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1	0

*Note: Total Monthly Premium shown below represents the sum of the above members multiplied by their Age Rate for each plan.*

*Rates reflect total monthly premium assuming all employees + dependents are enrolled in the plan.*

*\*Members multiplied by their Age Rates may not match Total Monthly Premium due to family calculations. All family members 21 and over are included in Total Monthly Premium, but only the three oldest dependent children under 21 are rated. Medicare is not included in the Total Monthly Premium amounts.*

## Medical Plan Rates

More information on the plan offering and benefits are available in our online [Plan Guide Brochure](https://business.kaiserpermanente.org/business/broker/maryland-virginia-washington-dc/marketing-and-sales-materials/small-business).  
[business.kaiserpermanente.org/business/broker/maryland-virginia-washington-dc/marketing-and-sales-materials/small-business](https://business.kaiserpermanente.org/business/broker/maryland-virginia-washington-dc/marketing-and-sales-materials/small-business)

*\*Rates reflect total monthly premium assuming all employees + dependents are enrolled in the plan.*

Medical Plan	Plan Type	Total Monthly Premium	% Change
KP MD Platinum 0 Ded/Vision (Signature)	HMO	\$2890.57	0.00%
KP MD Platinum 0 Ded/Vision (Select)	HMO	\$3035.10	5.00%
KP MD Gold 0 Ded/Vision (Signature)	HMO	\$2673.48	-7.51%
KP MD Gold 0 Ded/Vision (Select)	HMO	\$2807.10	-2.89%
KP MD Platinum Plus 0 Ded/Vision (Signature)	KP Plus	\$3006.28	4.00%

Medical Plan	Plan Type	Total Monthly Premium	% Change
KP MD Gold Plus 0 Ded/Vision (Signature)	KP Plus	\$2780.41	-3.81%
KP MD Platinum 500 Ded/Vision (Signature)	DHMO	\$2799.30	-3.16%
KP MD Platinum 500 Ded/Vision (Select)	DHMO	\$2939.28	1.69%
KP MD Gold 500 Ded/Vision (Signature)	DHMO	\$2657.14	-8.08%
KP MD Gold 500 Ded/Vision (Select)	DHMO	\$2789.94	-3.48%
KP MD Gold 1000 Ded/150 RxDed/Vision (Signature)	DHMO	\$2517.03	-12.92%
KP MD Gold 1000 Ded/150 RxDed/Vision (Select)	DHMO	\$2642.79	-8.57%
KP MD Gold 1500 Ded/200 RxDed/Vision (Signature)	DHMO	\$2487.22	-13.95%
KP MD Gold 1500 Ded/200 RxDed/Vision (Select)	DHMO	\$2611.49	-9.65%
KP MD Gold 3000 Ded/250 RxDed/Vision (Signature)	DHMO	\$2405.88	-16.77%
KP MD Gold 3000 Ded/250 RxDed/Vision (Select)	DHMO	\$2526.14	-12.61%
KP MD Silver 1850 Ded/350 RxDed/Vision (Signature)	DHMO	\$2336.50	-19.17%
KP MD Silver 1850 Ded/350 RxDed/Vision (Select)	DHMO	\$2453.28	-15.13%
KP MD Silver 2500 Ded/500 RxDed/Vision (Signature)	DHMO	\$2301.76	-20.37%
KP MD Silver 2500 Ded/500 RxDed/Vision (Select)	DHMO	\$2416.79	-16.39%
KP MD Silver 4000 Ded/450 RxDed/Vision (Signature)	DHMO	\$2172.38	-24.85%
KP MD Silver 4000 Ded/450 RxDed/Vision (Select)	DHMO	\$2280.99	-21.09%
KP MD Silver 5000 Ded/450 RxDed/Vision (Signature)	DHMO	\$2054.04	-28.94%
KP MD Silver 5000 Ded/450 RxDed/Vision (Select)	DHMO	\$2156.78	-25.39%
KP MD Bronze 6500 Ded/Vision (Signature)	DHMO	\$1911.45	-33.87%
KP MD Bronze 6500 Ded/Vision (Select)	DHMO	\$2006.96	-30.57%
KP MD Gold Added Choice 1000 Ded/150 RxDed (Signature)	Added Choice Deductible	\$2736.61	-5.33%
KP MD Silver Added Choice 2500 Ded/500 RxDed/Vision (Signature)	Added Choice Deductible	\$2479.54	-14.22%
KP MD Gold Plus 1500 Ded/200 RxDed/Vision (Signature)	Deductible KP Plus	\$2586.72	-10.51%
KP MD Silver Plus 1850 Ded/350 RxDed/Vision (Signature)	Deductible KP Plus	\$2425.90	-16.08%

Medical Plan	Plan Type	Total Monthly Premium	% Change
KP MD Silver Plus 4000 Ded/450 RxDed/Vision (Signature)	Deductible KP Plus	\$2259.29	-21.84%
KP MD Bronze Plus 6500 Ded/Vision (Signature)	Deductible KP Plus	\$1987.93	-31.23%
KP MD Gold 1700 Ded/HSA/Vision (Signature)	HSA	\$2462.95	-14.79%
KP MD Gold 1700 Ded/HSA/Vision (Select)	HSA	\$2586.02	-10.54%
KP MD Silver 2000 Ded/HSA/Vision (Signature)	HSA	\$2199.46	-23.91%
KP MD Silver 2000 Ded/HSA/Vision (Select)	HSA	\$2309.43	-20.10%
KP MD Silver 3000 Ded/HSA/Vision (Signature)	HSA	\$2077.01	-28.15%
KP MD Silver 3000 Ded/HSA/Vision (Select)	HSA	\$2180.80	-24.55%
KP MD Silver 4000 Ded/HSA/Vision (Signature)	HSA	\$2054.04	-28.94%
KP MD Silver 4000 Ded/HSA/Vision (Select)	HSA	\$2156.72	-25.39%
KP MD Bronze 6150 Ded/HSA/Vision (Signature)	HSA	\$1851.13	-35.96%
KP MD Bronze 6150 Ded/HSA/Vision (Select)	HSA	\$1943.69	-32.76%
KP MD Bronze 7100 Ded/HSA/Vision (Signature)	HSA	\$1856.62	-35.77%
KP MD Bronze 7100 Ded/HSA/Vision (Select)	HSA	\$1949.31	-32.56%
KP MD Gold Flexible Choice 0 Ded/300 RxDed (Signature)	Flexible Choice	\$3060.42	5.88%
KP MD Gold Flexible Choice 1000 Ded/200 RxDed (Signature)	Flexible Choice Deductible	\$2968.67	2.70%
KP MD Gold Flexible Choice 1750 Ded/HSA/Vision (Signature)	Flexible Choice HSA	\$2772.66	-4.08%

## Renewal Options

Displayed below are renewal plan options for Adult Dental Riders that include the Total Monthly Premium if all eligible census members are enrolled in each plan option.

## Dental Rider Rates

For more information about plan benefits and restrictions, refer to the plan highlight information at [kp.org/dental/mas](http://kp.org/dental/mas).

Dental Rider	Age Band	Per Member Per Month Rate	Total Premium
KP Smile SG Dental EPO	Adult Rate (19+ years old)	\$18.77	\$56.31
		<b>Total Monthly Employer Premium</b>	<b>\$56.31</b>
KP Smile SG Dental EPO w/ Family Ortho	Adult Rate (19+ years old)	\$22.42	\$67.26
		<b>Total Monthly Employer Premium</b>	<b>\$67.26</b>
KP Smile SG Dental EPO w/Child Ortho	Adult Rate (19+ years old)	\$18.77	\$56.31
		<b>Total Monthly Employer Premium</b>	<b>\$56.31</b>
KP Smile SG Dental PPO Basic	Adult Rate (19+ years old)	\$17.40	\$52.20
		<b>Total Monthly Employer Premium</b>	<b>\$52.20</b>
KP Smile SG Dental PPO Basic w/ Family Ortho	Adult Rate (19+ years old)	\$21.06	\$63.18
		<b>Total Monthly Employer Premium</b>	<b>\$63.18</b>
KP Smile SG Dental PPO Basic w/ Child Ortho	Adult Rate (19+ years old)	\$17.40	\$52.20
		<b>Total Monthly Employer Premium</b>	<b>\$52.20</b>
KP Smile SG Dental PPO	Adult Rate (19+ years old)	\$25.80	\$77.40
		<b>Total Monthly Employer Premium</b>	<b>\$77.40</b>
KP Smile SG Dental PPO w/ Family Ortho	Adult Rate (19+ years old)	\$29.46	\$88.38
		<b>Total Monthly Employer Premium</b>	<b>\$88.38</b>
KP Smile SG Dental PPO w/Child Ortho	Adult Rate (19+ years old)	\$25.80	\$77.40
		<b>Total Monthly Employer Premium</b>	<b>\$77.40</b>



Town of Cottage City

Group ID: 26645

Renewal Effective Date: July 1, 2026

Zip Code: 20722 Rate Area: Prince Georges

Medical Rating Type: MLR Dental Rate Area:N/A

Dental Rider	Age Band	Per Member Per Month Rate	Total Premium
KP Smile SG Dental PPO High	Adult Rate (19+ years old)	\$30.03	\$90.09
	<b>Total Monthly Employer Premium</b>		<b>\$90.09</b>
KP Smile SG Dental PPO High w/ Family Ortho	Adult Rate (19+ years old)	\$33.69	\$101.07
	<b>Total Monthly Employer Premium</b>		<b>\$101.07</b>
KP Smile SG Dental PPO High w/Child Ortho	Adult Rate (19+ years old)	\$30.03	\$90.09
	<b>Total Monthly Employer Premium</b>		<b>\$90.09</b>
KP Smile SG Dental POS	Adult Rate (19+ years old)	\$27.12	\$81.36
	<b>Total Monthly Employer Premium</b>		<b>\$81.36</b>
KP Smile SG Dental POS w/Family Ortho	Adult Rate (19+ years old)	\$30.53	\$91.59
	<b>Total Monthly Employer Premium</b>		<b>\$91.59</b>
KP Smile SG Dental POS w/ Child Ortho	Adult Rate (19+ years old)	\$27.12	\$81.36
	<b>Total Monthly Employer Premium</b>		<b>\$81.36</b>

## Medical Plan Benefits

Summary of Benefits and Coverage (SBC) documents for all our plans are available at [Summary of Benefits \(SBC\)](#)

Benefits/Services	KP MD Platinum 0 Ded/Vision (Signature)
Plan Deductible	\$0
Out-of-Pocket (OOP) Maximum	E = \$2,650 Ind; \$5,300 Fam
Primary Care Visits	\$10
Specialty Care Visits	\$30
Outpatient Surgery	\$100
Emergency Visits	\$200 (waived if admitted)
Inpatient Hospital Care	\$200 per admission
Additional Benefits	N/A
<b>Prescriptions</b>	
Generic	\$10
Brand	\$45
Non-preferred	\$65
Specialty	50% up to \$150

## Medical Plan Benefits

Summary of Benefits and Coverage (SBC) documents for all our plans are available at [Summary of Benefits \(SBC\)](#)

Benefits/Services	KP MD Gold 0 Ded/Vision (Signature)
Plan Deductible	\$0
Out-of-Pocket (OOP) Maximum	E = \$9,000 Ind; \$18,000 Fam
Primary Care Visits	\$25
Specialty Care Visits	\$55
Outpatient Surgery	\$250
Emergency Visits	\$500 (waived if admitted)
Inpatient Hospital Care	\$500 per admission
Additional Benefits	N/A
<b>Prescriptions</b>	
Generic	\$15
Brand	\$50
Non-preferred	\$70
Specialty	50% up to \$150

## 2026 Renewal Changes

**If you're not making any changes, you don't need to submit these forms.**

To avoid processing delays, be sure to sign and submit **all sections (1-4)** of this form 30 days prior to 1st of your renewal effective month to **[khrysontha.c.jefferson@kp.org](mailto:khrysontha.c.jefferson@kp.org)**.

### 1. CANCEL PLANS

If you don't want to offer any of these plan(s) at your renewal, check the box to the plan name. If requesting to terminate your whole group policy, please contact your Account Manager.

Cancel medical plan(s)	
<input type="checkbox"/>	KP MD Platinum 0 Ded/Vision (Signature)
<input type="checkbox"/>	KP MD Gold 0 Ded/Vision (Signature)

Cancel Dental plan(s)	
<input type="checkbox"/>	Not offered

CONFIRM CHANGES BY SIGNING HERE	
Sign each page and return. Please correct or supply signer, phone, and email as appropriate. <i>I affirm that I have authority to contract with KFHP on behalf of the group.</i>	
Carol Richardson _____ Authorized Company Signer X	_____ Company Title (please print)
_____ Signature	_____ Date townmanager@cottagecitymd.gov
_____ Phone number	_____ Email address

**Please sign and email all renewal change pages to [khrysontha.c.jefferson@kp.org](mailto:khrysontha.c.jefferson@kp.org).**

## 2026 Renewal Changes

### 2. ADD NEW PLANS

To add plans, check the box next to the plan name. **Please be advised:**

- Groups with 1 to 5 enrolled subscribers are eligible to offer up to 4 HMO plans, plus 1 POS plan.
- Groups with 6 or more enrolled subscribers are eligible to offer 1 or more plans, plus 2 POS plans.
- Summary of Benefits and Coverage (SBC) documents for all plans are available at [business.kaiserpermanente.org/business/plans-listing/small-business](https://business.kaiserpermanente.org/business/plans-listing/small-business) by selecting the appropriate region.

HMO	
<input type="checkbox"/>	KP MD Platinum 0 Ded/Vision (Signature)
<input type="checkbox"/>	KP MD Platinum 0 Ded/Vision (Select)
<input type="checkbox"/>	KP MD Gold 0 Ded/Vision (Signature)
<input type="checkbox"/>	KP MD Gold 0 Ded/Vision (Select)

KP Plus	
<input type="checkbox"/>	KP MD Platinum Plus 0 Ded/Vision (Signature)
<input type="checkbox"/>	KP MD Gold Plus 0 Ded/Vision (Signature)

DHMO	
<input type="checkbox"/>	KP MD Platinum 500 Ded/Vision (Signature)
<input type="checkbox"/>	KP MD Platinum 500 Ded/Vision (Select)
<input type="checkbox"/>	KP MD Gold 500 Ded/Vision (Signature)
<input type="checkbox"/>	KP MD Gold 500 Ded/Vision (Select)
<input type="checkbox"/>	KP MD Gold 1000 Ded/150 RxDed/Vision (Signature)
<input type="checkbox"/>	KP MD Gold 1000 Ded/150 RxDed/Vision (Select)
<input type="checkbox"/>	KP MD Gold 1500 Ded/200 RxDed/Vision (Signature)
<input type="checkbox"/>	KP MD Gold 1500 Ded/200 RxDed/Vision (Select)
<input type="checkbox"/>	KP MD Gold 3000 Ded/250 RxDed/Vision (Signature)
<input type="checkbox"/>	KP MD Gold 3000 Ded/250 RxDed/Vision (Select)
<input type="checkbox"/>	KP MD Silver 1850 Ded/350 RxDed/Vision (Signature)
<input type="checkbox"/>	KP MD Silver 1850 Ded/350 RxDed/Vision (Select)
<input type="checkbox"/>	KP MD Silver 2500 Ded/500 RxDed/Vision (Signature)
<input type="checkbox"/>	KP MD Silver 2500 Ded/500 RxDed/Vision (Select)
<input type="checkbox"/>	KP MD Silver 4000 Ded/450 RxDed/Vision (Signature)
<input type="checkbox"/>	KP MD Silver 4000 Ded/450 RxDed/Vision (Select)
<input type="checkbox"/>	KP MD Silver 5000 Ded/450 RxDed/Vision (Signature)
<input type="checkbox"/>	KP MD Silver 5000 Ded/450 RxDed/Vision (Select)
<input type="checkbox"/>	KP MD Bronze 6500 Ded/Vision (Signature)
<input type="checkbox"/>	KP MD Bronze 6500 Ded/Vision (Select)

<b>Added Choice Deductible</b>	
<input type="checkbox"/>	KP MD Gold Added Choice 1000 Ded/150 RxDed (Signature)
<input type="checkbox"/>	KP MD Silver Added Choice 2500 Ded/500 RxDed/Vision (Signature)

<b>Deductible KP Plus</b>	
<input type="checkbox"/>	KP MD Gold Plus 1500 Ded/200 RxDed/Vision (Signature)
<input type="checkbox"/>	KP MD Silver Plus 1850 Ded/350 RxDed/Vision (Signature)
<input type="checkbox"/>	KP MD Silver Plus 4000 Ded/450 RxDed/Vision (Signature)
<input type="checkbox"/>	KP MD Bronze Plus 6500 Ded/Vision (Signature)

<b>HSA</b>	
<input type="checkbox"/>	KP MD Gold 1700 Ded/HSA/Vision (Signature)
<input type="checkbox"/>	KP MD Gold 1700 Ded/HSA/Vision (Select)
<input type="checkbox"/>	KP MD Silver 2000 Ded/HSA/Vision (Signature)
<input type="checkbox"/>	KP MD Silver 2000 Ded/HSA/Vision (Select)
<input type="checkbox"/>	KP MD Silver 3000 Ded/HSA/Vision (Signature)
<input type="checkbox"/>	KP MD Silver 3000 Ded/HSA/Vision (Select)
<input type="checkbox"/>	KP MD Silver 4000 Ded/HSA/Vision (Signature)
<input type="checkbox"/>	KP MD Silver 4000 Ded/HSA/Vision (Select)
<input type="checkbox"/>	KP MD Bronze 6150 Ded/HSA/Vision (Signature)
<input type="checkbox"/>	KP MD Bronze 6150 Ded/HSA/Vision (Select)
<input type="checkbox"/>	KP MD Bronze 7100 Ded/HSA/Vision (Signature)
<input type="checkbox"/>	KP MD Bronze 7100 Ded/HSA/Vision (Select)

<b>Flexible Choice</b>	
<input type="checkbox"/>	KP MD Gold Flexible Choice 0 Ded/300 RxDed (Signature)

<b>Flexible Choice Deductible</b>	
<input type="checkbox"/>	KP MD Gold Flexible Choice 1000 Ded/200 RxDed (Signature)

<b>Flexible Choice HSA</b>	
<input type="checkbox"/>	KP MD Gold Flexible Choice 1750 Ded/HSA/Vision (Signature)

<b>Adult Dental</b>	
<input type="checkbox"/>	KP Smile SG Dental EPO
<input type="checkbox"/>	KP Smile SG Dental PPO Basic
<input type="checkbox"/>	KP Smile SG Dental PPO
<input type="checkbox"/>	KP Smile SG Dental PPO High
<input type="checkbox"/>	KP Smile SG Dental POS

<b>Adult Dental and Family Cosmetic Ortho</b>	
<input type="checkbox"/>	KP Smile SG Dental EPO w/ Family Ortho
<input type="checkbox"/>	KP Smile SG Dental PPO Basic w/ Family Ortho
<input type="checkbox"/>	KP Smile SG Dental PPO w/ Family Ortho
<input type="checkbox"/>	KP Smile SG Dental PPO High w/ Family Ortho
<input type="checkbox"/>	KP Smile SG Dental POS w/Family Ortho

<b>Adult Dental and Child Cosmetic Ortho</b>	
<input type="checkbox"/>	KP Smile SG Dental EPO w/Child Ortho
<input type="checkbox"/>	KP Smile SG Dental PPO Basic w/ Child Ortho
<input type="checkbox"/>	KP Smile SG Dental PPO w/Child Ortho
<input type="checkbox"/>	KP Smile SG Dental PPO High w/Child Ortho
<input type="checkbox"/>	KP Smile SG Dental POS w/ Child Ortho

<b>Child-Only Cosmetic Ortho</b>	
<input type="checkbox"/>	KP OrthoPlus EPO (Child-Only)
<input type="checkbox"/>	KP OrthoPlus PPO (Child-Only)

**CONFIRM CHANGES BY SIGNING HERE**
**Sign each page and return. Please correct or supply signer, phone, and email as appropriate.**
*I affirm that I have authority to contract with KFHP on behalf of the group.*

Carol Richardson

 \_\_\_\_\_  
 Authorized Company Signer

X

 \_\_\_\_\_  
 Signature

 \_\_\_\_\_  
 Phone number

 \_\_\_\_\_  
 Company Title (please print)

 \_\_\_\_\_  
 Date

townmanager@cottagecitymd.gov

 \_\_\_\_\_  
 Email address

**Please sign and email all renewal change pages to [khrysontha.c.jefferson@kp.org](mailto:khrysontha.c.jefferson@kp.org).**

## 2026 Renewal Changes

### 4. CHANGE EMPLOYER PREMIUM CONTRIBUTION

#### Company contribution for employee coverage

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 plan offered by you, the employer.

A percentage of the premium is based on the following (select 1 only):

Lowest plan offered     
  All plans offered     
  Specific plan offered: \_\_\_\_\_

Employer medical contribution: \_\_\_\_\_ % per employee \_\_\_\_\_ % per dependent (optional)

Employer medical contribution (fixed \$): \_\_\_\_\_ \$ per employee \_\_\_\_\_ \$ per dependent (optional)

**Note:**

**Colorado and Maryland:** Do not have a minimum employer contribution requirement.

**HI:** Does not have a minimum employer contribution requirement, however Hawaii’s pre-paid health care act mandates the employee’s contribution cannot exceed 1.5 percent of their pay.

**CONFIRM CHANGES BY SIGNING HERE**

Sign each page and return. Please correct or supply signer, phone, and email as appropriate.  
*I affirm that I have authority to contract with KFHP on behalf of the group.*

Carol Richardson _____ <b>Authorized Company Signer</b> X _____ <b>Signature</b> _____ <b>Phone number</b>	_____ <b>Company Title (please print)</b> _____ <b>Date</b> townmanager@cottagecitymd.gov _____ <b>Email address</b>
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Please sign and email all renewal change pages to [khrysontha.c.jefferson@kp.org](mailto:khrysontha.c.jefferson@kp.org).

## Important Kaiser Permanente Quote Information

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Refer to your region/jurisdiction below for information related to your quote:

### **Colorado and Georgia:**

Final rates will be based on final enrollment census, plan selection, and effective date.

### **Hawaii:**

The rates and benefits in this proposal include the Federal Health Care Reform requirements for dependent coverage to age 26 and the elimination of lifetime maximums including durable medical equipment (DME) annual maximums. Kaiser Foundation Health Plan, Inc. reserves the right to make any change in these rates and benefits due to changes in State or Federal legislation or regulatory action. In compliance with Hawaii state insurance regulations, monthly rates for all groups who enroll in Kaiser Permanente small group health plans are rated based on each member's age on the effective date of the contract.

Member level rating calculates family rates by summing the individual member rates of covered family members under a single policy. This includes the rates for: a) All family members aged 21 and over b) Three oldest dependent children under age 21 (policyholders and spousal dependents under age 21 are not counted towards this limit) c) in the case of a non-covered subscriber (or subscriber-less), the dependent is not promoted to the subscriber role. d) Medicare members will not be induced as part of this limit (up to three dependent children under age 21)

New Quote rates are based upon the groups provided characteristics and census provided. Final premium may vary from the initially quoted premium due to any updates/changes to the group's enrollment. Renewal premium is based upon the group's actual enrollment on the date enrolled is pulled for processing. Final premium may vary from the pre-renewal premium in this packet due to any updates/changes to the group's enrollment in the period between renewal processing and the new contract effective date.

### **Mid-Atlantic States (Maryland and Virginia):**

This quote is preliminary and subject to validation. Final rates will be based on final enrollment and effective date. Please compare the census quoted on this proposal to your group census and notify Kaiser Permanente immediately of any discrepancies.

### **Northwest (Oregon):**

Member level rating will remain in effect. 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.

### **Northwest (Washington-Clark & Cowlitz Counties):**

Member level rating continue to be in effect. Rates are established using each member's age on the effective date of the contract. There is a limit to the number of family members included for rating. All family members age 21 and over plus the three oldest dependent children under age 21 are counted. Subscribers and spouse dependents are not counted toward this limit. Rates remain in effect for the duration of the contract period.

## Broker Compensation Disclosure Statement

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The Consolidated Appropriations Act, 2021 (AKA "No Surprises Act") promotes transparency of health care costs and consumer protection. One specific requirement of the Act requires brokers and consultants to disclose the direct and indirect compensation they expect to receive for their brokerage or consulting services to their group health plan clients. This disclosure must occur prior to the group health plan client entering into a contract with Kaiser Permanente. Kaiser Permanente is committed to assisting its brokers and consultants with fulfilling their obligation to Kaiser Permanente group health plan clients. Please visit [business.kp.org](https://business.kp.org) to learn more.

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