2022 Open Enrollment

Find your healthy place

With care designed to help you thrive
What is the Georgia Bridge Program?
Bridge Program Overview

At Kaiser Permanente, we believe that everyone is entitled to high quality health care. As a nonprofit health plan, we will continue to provide access to health care coverage and services to individuals and families who do not qualify for a federal subsidy and cannot afford to purchase health insurance, as well as those who have no access to public health coverage programs in 2021 and beyond.

The Kaiser Permanente Bridge Program is uniquely designed to provide help to pay for a standard Kaiser Permanente for Individuals and Families (KPIF) Plan to those who are:

- Actively enrolled in a training program with a community partner
- Income Eligible
- Uninsured
How Does it Work?

Kaiser Permanente will subsidize the full monthly premium for up to 12 months, with the opportunity to reapply for an additional 12 months at the discretion of Kaiser Permanente. Coverage includes preventive services, hospitalization, comprehensive pharmacy, and more.

Kaiser Permanente will cover medical and pharmacy visits at Kaiser Permanente facilities.*

Learn more at kp.org/gabridge.

* All covered health care services must be provided, authorized or prescribed by the Southeast Permanente Medical Group or an affiliated health care provider. The subsidy will not cover services outside of Kaiser Permanente or elective services.
### Georgia Bridge Program Highlights

This table shows an example of some of your group’s benefits.

<table>
<thead>
<tr>
<th>Covered service</th>
<th>You pay at our KP Medical Office</th>
<th>You pay at an Affiliated community provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary care</td>
<td>$0 copay</td>
<td>$20 copay</td>
</tr>
<tr>
<td>Specialty care</td>
<td>$0 copay</td>
<td>$40 copay</td>
</tr>
<tr>
<td>Preventative generic drugs</td>
<td>$0 copay</td>
<td>$15 copay when filled at a designated community pharmacy</td>
</tr>
<tr>
<td>Lab tests</td>
<td>$0 copay</td>
<td>30% coinsurance</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>$0 copay</td>
<td>$50 copay</td>
</tr>
<tr>
<td>Outpatient surgery</td>
<td>$0 copay</td>
<td>30% coinsurance after deductible</td>
</tr>
<tr>
<td>Mental health outpatient</td>
<td>$0 copay</td>
<td>$40 copay</td>
</tr>
<tr>
<td>Vision exam – one exam per year</td>
<td>$0 copay</td>
<td>$20 copay</td>
</tr>
</tbody>
</table>

*This is a summary of some benefits and their copays and coinsurance. For specific information about your covered health plan benefits, limitations, and exclusions, including those not listed in this summary, please see your Evidence of Coverage (EOC). You can access your EOC via [kp.org](http://kp.org).*
## Community Partners

<table>
<thead>
<tr>
<th>Workforce Development Agencies</th>
<th>Colleges and Universities</th>
<th>Service Organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Response to growing workforce shortage</td>
<td>Strategically targets healthcare of professional students</td>
<td>Intended to reach individuals/families facing short-term issues</td>
</tr>
<tr>
<td>Atlanta Regional Workforce Development Board</td>
<td>Chattahoochee Technical College</td>
<td>Atlanta Children’s Shelter</td>
</tr>
<tr>
<td>First Step Staffing</td>
<td>Clayton State University, College of Health</td>
<td>East Lake YMCA</td>
</tr>
<tr>
<td>Goodwill of North Georgia</td>
<td>Georgia State University Perimeter College, School of Nursing</td>
<td>Georgia Organics</td>
</tr>
<tr>
<td>Gwinnett Technical College WIOA</td>
<td>Georgia State University</td>
<td>First African Community Development Corporation</td>
</tr>
<tr>
<td>STRIVE Atlanta</td>
<td></td>
<td>Multi-Agency Alliance for Children, Inc. (MAAC)</td>
</tr>
<tr>
<td>WorkSource Atlanta Regional:</td>
<td></td>
<td>Nicholas House</td>
</tr>
<tr>
<td>• Cherokee Career Resource Center</td>
<td></td>
<td>North Fulton Community Charities</td>
</tr>
<tr>
<td>• Clayton Career Resource Center</td>
<td></td>
<td>Zion Hill Community Development Corporation</td>
</tr>
<tr>
<td>• Douglas Career Resource Center</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Gwinnett Career Resource Center</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Rockdale Career Resource Center</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WorkSource Atlanta</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WorkSource Cobb</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WorkSource DeKalb</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WorkSource Fulton</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Year Up Greater Atlanta</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Eligibility Requirements

The applicant must meet the following eligibility requirement in order to receive subsidized health care coverage under the Bridge Program:

- The applicant must be actively enrolled with a participating community partner and meet their program requirements.
- All applicants, and applying dependents, must live in Kaiser Permanente’s metro Atlanta 20 county service area.*
- The annual combined household income for the applicant must be less than the current income guidelines of 100% FPL for enrollment.
- The primary applicant and all applying dependents cannot be eligible for other public or private health coverage such as, but not limited to, Medicaid, Peach Care for Kids, Medicare, an affordable job-based health plan, or financial help through the health benefit exchange.
- The primary applicant and applying spouse/domestic partner must be age 64 or younger, and all child dependents must be younger than 26.
- The primary applicant and applying dependents are limited to a maximum of 24 consecutive months of subsidy through the Georgia Bridge Program.

## Income Guidelines

<table>
<thead>
<tr>
<th>Family Size*</th>
<th>Monthly Gross Income</th>
<th>Annual Gross Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$1,073</td>
<td>$12,880</td>
</tr>
<tr>
<td>2</td>
<td>$1,452</td>
<td>$17,420</td>
</tr>
<tr>
<td>3</td>
<td>$1,830</td>
<td>$21,960</td>
</tr>
<tr>
<td>4</td>
<td>$2,208</td>
<td>$26,500</td>
</tr>
<tr>
<td>5</td>
<td>$2,587</td>
<td>$31,040</td>
</tr>
<tr>
<td>6</td>
<td>$2,965</td>
<td>$35,580</td>
</tr>
<tr>
<td>7</td>
<td>$3,343</td>
<td>$40,120</td>
</tr>
<tr>
<td>8</td>
<td>$3,722</td>
<td>$44,660</td>
</tr>
</tbody>
</table>

*For families/households with more than 8 people, add $4,540 for each additional person per year.
Pediatric Medicaid at Kaiser Permanente

- Did you know all our available pediatricians accept patients with Medicaid through a Care Management Organization?
- With Kaiser Permanente, your children have access to participating doctors at our medical offices throughout metro Atlanta.
- Medicaid with Kaiser Permanente provides a core set of health benefits, including doctor visits, and immunizations
- Simply contact your Care Management Organization – Amerigroup, CareSource, or Peach State – and ask them to switch your child’s provider to Kaiser Permanente.

Learn more at kp.org/medicaid/ga.
Reaplication Opportunity

How do I reapply for an additional 12 months of coverage through the Bridge Program in 2023?

- If we determine we can provide an additional 12 months of subsidized coverage, Kaiser Permanente will mail the Reaplication Kit to the current address we have on file in late July/early August 2022.
- You can complete the reaplication form by hand or request a fillable PDF from your Community Partner.
- It is extremely important to keep your address current with us to ensure you are receiving the latest communications. If you have a change in your address, please contact our Member Services Contact Center at 1-888-865-5813.
- You must continue to meet ALL eligibility criteria and submit the following documents:
  1. Completed Reaplication Form
  2. Most up-to-date income information
  3. The Community Partner Verification Letter provided by the partner you are affiliated with.
Why choose Kaiser Permanente?
It’s easier to find your healthy place with connected care

We combine care and coverage:

- Doctors
- Hospitals
- Health plan

Care feels easier and faster and is centered around you.
One of the nation’s largest health plans

Kaiser Permanente has a mission to provide high-quality, affordable health care services and to improve the health of our members and the communities we serve.

95M
VIRTUAL CONNECTIONS
between members and their care teams in 2020¹

12.5M
MEMBERS
covered for care needs in mind and body

39M
PRESCRIPTION DELIVERIES
to members’ homes in 2020, usually within 3 to 5 business days

34
EFFECTIVENESS-OF-CARE MEASURES
we led the nation in — the most of any health plan in 2020²

763
HOSPITALS AND MEDICAL OFFICES
with many services often under one roof, so you can get everything done quickly

9
AREAS
to get Kaiser Permanente care in person — California, Colorado, Georgia, Hawaii, Maryland, Oregon, Virginia, Washington, and Washington, D.C.

¹. Source: Kaiser Permanente Telehealth Insights Dashboard. ². Kaiser Permanente 2020 HEDIS® scores. Benchmarks provided by the National Committee for Quality Assurance (NCQA) Quality Compass® and represent all lines of business.
Quality care with you at the center

Your doctor will build a care plan based on your needs and work with your care team to deliver high-quality, personalized care.

- **Preventive care to keep you healthy**
- **Specialty care when you need it**
- **Support for ongoing conditions**

Get care in your language — with multilingual doctors and phone interpretation in more than 150 languages.

We’ve helped deliver millions of COVID-19 vaccines to our members, communities, and underserved areas. Visit [kp.org/covidvaccine](http://kp.org/covidvaccine) to search vaccine appointments.
Convenient ways to get what you need

You have flexible options to get care beyond the doctor’s office — and you can manage your care anytime with the Kaiser Permanente app or at kp.org.

Getting care

- Talk with a Kaiser Permanente clinician by video or phone for the same high-quality care as an in-person visit.¹
- Get 24/7 care advice by phone or online.
- Email your doctor’s office with nonurgent questions.²

Managing your health²

- Schedule or cancel routine appointments.
- Fill most prescriptions for home delivery or same-day pickup.
- Check your health records and pay bills.

¹ When appropriate and available. ² Available when you get care from Kaiser Permanente facilities.
Care while traveling

- If you get hurt or sick while traveling, you’re covered for emergency and urgent care anywhere in the world.
- Get urgent care at a MinuteClinic (in select CVS and Target stores) or Concentra urgent care center when you’re traveling outside a Kaiser Permanente area.
- We can also help you before you leave town by checking to see if you need a vaccination, refilling eligible prescriptions, and more. Just call us or go online:

24/7 Away from Home Travel Line: 951-268-3900*
or kp.org/travel

*This number can be dialed inside and outside the United States. Before the phone number, dial “001” for landlines and “+1” for mobile lines if you’re outside the United States. Long-distance charges may apply, and we can’t accept collect calls. The phone line is closed on major holidays (New Year’s Day, Easter, Memorial Day, July Fourth, Labor Day, Thanksgiving, and Christmas). It closes early the day before a holiday at 10 p.m. Pacific time (PT), and it reopens the day after a holiday at 4 a.m. PT.
Specialty care you can trust

No matter what life throws your way, you can count on us. Get access to quality care from top doctors across a wide range of specialties. Here are a few areas where we lead the way.

Cancer care

Hearing that you have a cancer diagnosis can be overwhelming. But no member — or doctor — goes it alone. A multidisciplinary team works with you and your family to determine the best approach to your treatment.

Learn more at kp.org/cancercare.

Cardiac care

No 2 hearts are alike. There are many types of heart disease, and different people need different types of care. You and your doctor will make decisions about your care together, and you’ll have guidance and support at every step.

Learn more at kp.org/cardiaccare.
Expect great care when you’re expecting

- **A dedicated prenatal care team** — Doctors and nurses help keep you and your baby healthy and empower you to make decisions.

- **A personalized birth plan** — We’ll help you have the safe, positive experience you want, starting with your first appointment.

- **Care and support every step of the way** — From virtual and in-person tours of our private birthing suites to classes* and online resources to help answer the many questions of expecting parents.

- **Support that doesn’t stop at delivery** — Breastfeeding consultation and other guidance to help your baby have a healthy start in life.

Learn more at [kp.org/maternitycare](http://kp.org/maternitycare).

*Classes vary by location. Some classes may require a fee.
Mental health services — care for the whole you

Your thoughts and feelings affect your overall well-being. We’re committed to helping you achieve and maintain optimal health for your mind, body, and spirit.

- Get support for a wide range of conditions, like anxiety, depression, substance use disorder, and autism spectrum disorders.
- Find care with psychiatrists, psychologists, marriage and family therapists, and more.
- Make an appointment for therapy within Kaiser Permanente without a referral.
- Use a wide range of online self-care resources at any time to help you relieve stress, improve sleep, practice mindfulness, and more.

Learn more at [kp.org/mentalhealth](http://kp.org/mentalhealth).
Added support to help you thrive

- ClassPass reduced rates on fitness classes
- Self-care apps Calm and myStrength
- Wellness Coaching by Phone
- Online healthy lifestyle programs, videos, podcasts, recipes, and more
- Reduced rates on specialty care services like acupuncture, chiropractic care, massage therapy, and gym memberships
- On-site health education classes and support groups
- Seasonal farmers markets

1. These services aren’t covered under your health plan benefits and aren’t subject to the terms set forth in your Evidence of Coverage or other plan documents. These services may be discontinued at any time without notice. 2. Classes vary at each location and some may require a fee. 3. Not available in all areas. myStrength® is a trademark of Livongo Health, Inc., a wholly owned subsidiary of Teladoc Health, Inc.
Extras for your total health

CLASSPASS

Get moving with fitness options that fit your schedule and lifestyle, including Pilates, dance, boxing, cardio, strength training, and yoga.

- **Reduced rates on fitness classes** — Take real-time online and in-person classes from top fitness studios
- **Online video workouts at no cost** — 4,000+ on-demand fitness classes

Calm

Calm uses meditation and mindfulness to help lower stress, reduce anxiety, and improve sleep quality. Available at no cost to adult members.

- A new 10-minute Daily Calm meditation every day
- Guided meditations for anxiety, stress, gratitude, and more
- Sleep Stories (soothing bedtime tales for grown-ups)
A better experience from the start

We guide you through each step of joining Kaiser Permanente, so you can start getting the care you need from day one.

**Personalized onboarding**
- A welcome call to answer your questions
- A member guide to get you started

**3 easy steps to a healthy change**
- Choose your new doctor
- Transition your care and prescriptions seamlessly
- Get care on your schedule
Up next — the application process
2022 Open Enrollment Schedule

<table>
<thead>
<tr>
<th>Application Received Date</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>November 1, 2021 – December 15, 2021</td>
<td>January 1, 2022</td>
</tr>
<tr>
<td>December 16, 2021 – January 15, 2022</td>
<td>February 1, 2022</td>
</tr>
</tbody>
</table>

**Note:** Applicants approved during 2022 Enrollment Period will term 12/31/2022 with the opportunity to reapply for an additional 12 months at the discretion of Kaiser Permanente (refer to slide 11 about the reapplication process).

Special enrollment period is a time outside the open enrollment during which you have a right to sign up for health coverage because of a qualifying event such as marriage or a birth of Loss of eligibility under GA Code Section 49-4-1 or 49-5-273. Visit kp.org/chcspecialenrollment to learn more.
Enrollment Process

Completion of the Kaiser Permanente Bridge Program enrollment process requires five easy steps:
1. Complete the Kaiser Permanente for Individuals and Families (KPIF) Application.
2. Complete the Community Health Subsidy Eligibility Form.
3. Obtain the Community Partner Verification letter from the Community Partner you are affiliated with.
4. Submit both applications, the verification letter, as well as all other necessary supporting documents to the California Service Center (CSC) via email, mail, or fax.
5. The CSC will process the applications and documents for coverage and eligibility including income, access to other health insurance programs, and prior Bridge membership.

If approved, the applicant will receive an acceptance letter with the effective date for coverage.

*Please make copies of your application in case you need proof of completion if you plan to mail your documents.*
Application for health coverage
Individual and Family Plans

Who can use this application?
You may use this application to apply for a Kaiser Permanente for Individuals and Families (KPHF) plan.
- If you want coverage for your family on the same KPHF plan, please fill out one application for the family. If someone in your family wants a different health plan, they must complete a separate application.
- To be eligible for KPHF coverage, you must live in our Georgia service area.

Who should not use this application?
- If you or any dependent you're applying for are entitled to Medicare Part A or are enrolled in Medicare Part B, that applicant is not eligible to apply for new KPHF coverage. Please visit kp.org/medicare to learn more about your Medicare plan options or to apply for Medicare coverage.
- If you qualify for and want federal financial assistance to help pay for copays, coinsurance, deductibles, or premiums, don’t complete this application. You must apply for coverage through the health benefits exchange at HealthCare.gov.
- If you’re already a KPHF member, don’t use this form. To make changes to your account, call 1-888-866-5813.

Things to remember
- If you’re applying during open enrollment, the date we receive your application may change your effective date — it will usually be January 1 if you apply by December 15.
- If you’re applying during a special enrollment period, go to kp.org/specialenrollment or call 1-800-494-5314 for instructions.
- Please send this application back as quickly as you can — or you can apply faster online at buytp.org/applies.
- Please answer all questions, and type or print using ink only. Leave an empty box in between words, and put a hyphen in the box for hyphenated names.
- Remember, if you’re enrolling in a new plan, that won’t automatically cancel any other coverage you have. To avoid paying for 2 plans or having a gap in coverage, make sure to cancel any other coverage as of the day before your new coverage starts.
- To make sure your application is processed in time and isn’t canceled, please return every page of the application, completed, with all the required signatures, first month’s payment, and proof of your qualifying life events (if required). Send these materials by mail to:
  Kaiser Permanente for Individuals and Families
  P.O. Box 23127
  San Diego, CA 92193-2921
  Or send it by secure fax to: 1-855-355-5334
  Note: Checks must be made out and can’t be faxed.

Need help?
- For help with completing this application, please call 1-800-494-5314 (TTY 711).
- We’ll provide language assistance at no cost to you.
- If you’re working with a broker, please call them for assistance.

All plans are offered and underwritten by Kaiser Foundation Health Plan of Georgia, Inc., Nine Piedmont Center, 3495 Piedmont Road NE, Atlanta, GA 30305.
**STEP 1: Choose your enrollment period**

Select one option:
- [ ] Open enrollment (skip to Step 2)
- [ ] Annual enrollment period (continue below)

Choose your enrollment period if you have maintained your coverage. If you are enrolling for the first time, please see the Kaiser Permanente Health Plan Guide or visit kp.org for more information. Proof of eligibility is also required within 16 days of enrollment. For more information or help, call 1-800-494-5314.

- **Loss of minimum essential health coverage** (write the last full day you had coverage)*
- **Gaining or becoming a dependent through marriage or domestic partnership**
- **Gaining or becoming a dependent through the birth of a child, adoption, or placement for adoption or foster care**
  
  **Note:** In this case, you also need to choose between 2 effective date options:
  - The date of birth, adoption, foster care, or placement for adoption or foster care
  - The first day of the month after the birth or placement of the child or adoption
  - The first day of the month after the court order date

Please write the date of your qualifying life event.

*If your qualifying life event is loss of Kaiser Permanente coverage, we may review membership records to check when and why you lost coverage.

**STEP 2: Choose your health plan**

Choose one health plan. If any family members are applying for different health plans, please submit a separate application for each plan.

<table>
<thead>
<tr>
<th>Bronze</th>
<th>Silver</th>
<th>Gold</th>
</tr>
</thead>
<tbody>
<tr>
<td>KP GA Bronze Virtual Complete 5000/00</td>
<td>KP GA Silver 3000/20</td>
<td>KP GA Gold 500/20</td>
</tr>
<tr>
<td>KP GA Bronze Virtual Complete 5000/00</td>
<td>KP GA Silver 3000/20</td>
<td>KP GA Gold 500/20</td>
</tr>
<tr>
<td>KP GA Bronze Virtual Complete 5000/00</td>
<td>KP GA Silver 3000/20</td>
<td>KP GA Gold 500/20</td>
</tr>
<tr>
<td>KP GA Signature Silver 3000/20</td>
<td>KP GA Signature Gold 100/20</td>
<td></td>
</tr>
<tr>
<td>KP GA Signature Silver 3000/20</td>
<td>KP GA Signature Gold 100/20</td>
<td></td>
</tr>
<tr>
<td>KP GA Signature Silver 3000/20</td>
<td>KP GA Signature Gold 100/20</td>
<td></td>
</tr>
<tr>
<td>KP GA Signature Silver 3000/20</td>
<td>KP GA Signature Gold 100/20</td>
<td></td>
</tr>
</tbody>
</table>

For applicants under 60 or with hardship exemptions:

Catastrophic plans are available to applicants who will be no younger than 60 on the effective date, or who provide a certificate of exemption that shows hardship or lack of affordable coverage. We won’t be able to process your application without the certificate of exemption if you are 30 and older.

<table>
<thead>
<tr>
<th>KP GA Bronze</th>
<th>KP GA Signature Bronze</th>
<th>KP GA Signature Gold</th>
</tr>
</thead>
<tbody>
<tr>
<td>870000</td>
<td>870000</td>
<td>870000</td>
</tr>
</tbody>
</table>

*If you live in Clayton, Cobb, Douglas, Fulton, Gwinnett, or Henry counties, your plan will be in the KP Signature HMO network. Please see the KP Enrollment Guide for important information on plans with the KP Signature HMO network. To request a copy of the KP Enrollment Guide for a particular plan, please go to kp.org/plandocuments, call 1-888-865-5813, or contact your broker.
### STEP 3: Enter your information

**Primary applicant**

In an individual plan, the primary applicant is the person who will be covered by the health plan. In a family plan, the primary applicant is the family member on the health plan who is authorized to make changes to the account. If this application is only for a child under 18, the child is the primary applicant.

| First name | John |
| Last name  | Smith |
| Date of birth (mm/dd/yyyy) | 04/10/1979 |
| State (if any) | - |
| Gender | Male |
| Phone | 404-491-2156 |
| Home address (no P.O. boxes, please) | 1234 Main Street |
| City | Atlanta |
| State | GA |
| ZIP code | 30317 |
| Social Security number (if any) | 123-45-6789 |
| Billing address (if different than home address) | |
| City | |
| State | |
| ZIP code | |

**Preferred language spoken (if not English):**

| Preferred language spoken (if not English) |  |
| Preferred language read (if not English) |  |

**Email address (optional):**

I understand that Kaiser Permanente may contact me via email.

john.smith@gmail.com

**Applicants 21 and older: Have you used tobacco at least 4 times per week in the past 6 months (except for religious/ceremonial use)?**

Products include cigarettes, cigars, and chewing/smokeless tobacco. Regular tobacco users may pay different premiums.

Yes  ☑️  No  ☒

Providing your email address is HIGHLY encouraged.
STEP 3: (continued): Disregard parent or legal guardian section (applicant should be over 18 because he or she would otherwise qualify for Medicaid).
STEP 3: (continued): Add spouse/domestic partner or dependents here if applicable.
STEP 3: (continued): Only complete this section if your dependent is not Medicaid eligible due to age or has been denied Medicaid for an acceptable reason. **A denial letter must be submitted for any dependents under 19 with the applications.**

<table>
<thead>
<tr>
<th>Dependents to be covered</th>
<th>If you have more than 3 dependents to be covered, please fill out an extra copy of this page and submit it with your application.</th>
</tr>
</thead>
<tbody>
<tr>
<td>First name</td>
<td>Jeremy</td>
</tr>
<tr>
<td>Last name</td>
<td>Smith</td>
</tr>
<tr>
<td>Former health record number (if any)</td>
<td></td>
</tr>
<tr>
<td>State (if any)</td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td>X Male □ Female □ Undeclared</td>
</tr>
<tr>
<td>Social Security number (if any)</td>
<td>7 8 9 - 6 5 - 1 2 3 4</td>
</tr>
<tr>
<td>Date of birth (mm/dd/yyyy)</td>
<td>02/18/1999</td>
</tr>
</tbody>
</table>

**Applicants 21 and older:** Have you used tobacco at least 4 times per week in the past 6 months (except for religious/ceremonial use)?

Products include cigarettes, cigars, and chewing/smokeless tobacco. Regular tobacco users may pay different premiums. □ Yes X No
**STEP 4: Choose an authorized representative (if you have one)**

You can give a trusted friend or relative permission to talk about this application with us, see your information, or act for you on matters related to this application only. This person is called an authorized representative.

**First name**

Jane

**Last name**

Smith

**MI**

FL

**Phone**

404-497-7891

By signing, you've appointed this person as your legally authorized representative to get official information about this application, and to act for you on matters related to this application.

X John Smith

Primary applicant (parent or legal guardian for children under 18)

Date (mm/dd/yyyy)

11/01/2021

**STEP 5: Sign the application agreement**

Important. All applicants and dependents 18 and older must read, sign, and date below. If the primary applicant is a child under 18, then their parent or legal guardian must sign. By signing, the parent or legal guardian agrees to be responsible for paying all premiums, copays, coinsurance, and deductibles for all the applicants listed on this application. A copy of your agreement with your signature is as valid as the original. If signatures are missing, we will cancel the application. If there are more than 2 dependents 18 and older signing, please attach a copy of this page with the additional signatures. To be eligible for KPFF coverage, you and any dependent you're applying for can't be entitled to Medicare Part A or enrolled in Medicare Part B.

- I verify that no applicant listed on this form is entitled to Medicare Part A or enrolled in Medicare Part B.
- I have provided true and correct answers to all the questions on this form to the best of my knowledge.
- If I worked with a broker, I permit Kaiser Permanente to share the enrollment and disenrollment information listed on this application with them. I understand that the broker or Kaiser Permanente representative may get financial and/or nonfinancial payments from Kaiser Permanente because they assisted me with this application.
- I know that my information on this form will only be used to determine ongoing eligibility for health coverage and will be kept private as required by law.

X John Smith

Primary applicant (parent or legal guardian for children under 18)

Date (mm/dd/yyyy)

11/01/2021

X Jane Smith

Spouse/domestic partner

Date (mm/dd/yyyy)

11/01/2021

X Jeremy Smith

Dependent (18 and older)

Date (mm/dd/yyyy)

11/01/2021

X

Dependent (18 and older)

Date (mm/dd/yyyy)
Disregard Step 6 (pages 6, 7, & 8)
Georgia Bridge Program Subsidy Eligibility Form – 2022

Use this form to apply for a subsidy to pay your monthly premiums and most out of pocket costs under the Kaiser Permanente GA Signature Gold 500/20 plan / GA Gold 500/20 plan. There is no cost to apply.

Enrollment in Kaiser Permanente's Georgia Bridge Program is available during the Individuals and Families annual open enrollment and special enrollment periods. The special enrollment period generally lasts 60 days from the date of your qualifying life event. Some qualifying life events allow more than 60 days from the date of your qualifying life event. Visit kp.org/chespecialenrollment for more information.

To apply, follow these steps:

**Step 1: Fill out the Subsidy Eligibility Form**
- Type or print using black or blue ink.
- Answer all questions completely.
- Sign the form.
- Provide proof of guardianship if applicable.
- Make a copy of the completed form for your records.

**Step 2: Apply for Health Coverage**
Complete the separate Kaiser Permanente Application for health coverage.

**Step 3: Include proof of income**
Attach copies of the most current proof of your household's gross income:
- If employer paid – include your last 2 paycheck stubs, W-2, or pay statements.
- If self-employed – include Schedule C and page 1 (the adjusted gross income page) of last year's federal income tax return or a profit and loss form.
- If paid in cash – include a signed letter of income from your employer.
- See Section 4 for more examples of proof of income.

If your household has income deductions, provide proof such as:
- Student loan interest – include your last student loan statement.
- Self-employed – Schedule C and page 1 (the adjusted gross income page) of last year's federal income tax return or a profit and loss form.

**Eligibility rules:**
Eligibility for the Kaiser Permanente Georgia Bridge Program will be considered for individuals who are uninsured and:

- The primary applicant needs to be actively enrolled in a training program with a participating community partner.
- The primary applicant and applying dependents need to live in Kaiser Permanente's metro Atlanta 20-county service area.*
- The primary applicant and applying dependents need to live in a household with an income less than 100% of the federal poverty level.
- The primary applicant and applying dependents can't be eligible for other public or private health coverage such as, but not limited to, Medicaid, PeachCare for Kids®, Medicare, a job-based health plan, or financial help through the health benefit exchange.
- The primary applicant and applying spouse must be 64 or younger, and all child dependents must be younger than 26.

The primary applicant and applying dependents are limited to a maximum of 24 consecutive months of subsidy through the Georgia Bridge program.

Email is the preferred method of submission. Free applications such as Genius Scan are great tools to PDF documents.
Frequently asked questions

1. How long does it take to find out if I am approved or denied for Kaiser Permanente’s Georgia Bridge Program?
   Completed forms that include all required documentation can take up to 6 weeks to process. If information is missing, it may take longer and you may miss the deadline for applying. Completion of this form does not guarantee enrollment in Kaiser Permanente’s Georgia Bridge Program.

2. How much will I pay each month for the Kaiser Permanente Georgia Bridge Program?
   No monthly payment is required. Kaiser Permanente will subsidize the full monthly premium.

3. What happens when I no longer meet the eligibility requirements?
   When you no longer meet our eligibility requirements, you will be disenrolled from Kaiser Permanente’s Georgia Bridge Program. You will remain enrolled in the GA Signature Gold 500/20 plan / GA Gold 500/20 plan, but you’ll have to pay your full monthly premiums and out-of-pocket costs, unless you ask us to end your membership or until you fail to pay the full premium.

4. I can’t afford to pay for coverage through the health benefit exchange. Can I still qualify for the Georgia Bridge Program?
   Not being able to pay the health benefit exchange premiums does not qualify you for the Georgia Bridge Program. You must meet the Georgia Bridge Program income and other criteria to qualify.

5. What other health coverage programs are available?
   - Consider Medicaid or PeachCare for Kids*. This option may be available if you were born in the United States, you are a legal resident, and you meet certain eligibility requirements such as: children, seniors, people with disabilities, and pregnant women under the age of 65 with income up to 247% of the federal poverty level ($31,814 for an individual or $65,455 for a family of 4 in 2021). Kaiser Permanente is a Pediatric Medicaid provider and may be available to you. Please visit kp.org/medicaid/ga for more information.
   - Buy health coverage through the health benefit exchange. If you qualify, you may get help paying for your plan premiums or out-of-pocket costs. For more information visit HealthCare.gov.
   - Call us at 1-800-486-3590 (TTY 711) or visit buykpf.org to learn about other Kaiser Permanente for Individuals and Families plan choices.
   - Consider Medicare, a federal health insurance program available to people ages 65 or older. There are different periods in which you may be eligible to enroll in a Medicare health plan. Visit kp.org/medicare for more information.

6. Is the Georgia Bridge Program a public benefit that could impact my ability to become a legal resident or citizen in the future?
   No, the Georgia Bridge Program is not a public benefit. It is a Kaiser Permanente sponsored program to help pay for health coverage for low-income families and individuals that don’t have access to public/private health coverage.

7. What if I’m not accepted into the Georgia Bridge Program?
   If you’re not accepted, there may be other health coverage programs available to you. See question 5 for more information.
# SECTION 1: Applicant information (Required)

The person who will be covered by the health plan and applying for the Georgia Bridge Program subsidy. If applying for a child under 18, the parent or legal guardian should provide the child's information below. The parent or legal guardian information should be filled out in Section 2.

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>First name</td>
<td>John</td>
</tr>
<tr>
<td>Last name</td>
<td>Smith</td>
</tr>
<tr>
<td>Date of birth (mm/dd/yyyy)</td>
<td>04/10/1979</td>
</tr>
<tr>
<td>Gender</td>
<td>Male</td>
</tr>
<tr>
<td>Health record number (if available)</td>
<td></td>
</tr>
<tr>
<td>Home phone</td>
<td>404-491-2158</td>
</tr>
<tr>
<td>Mobile phone</td>
<td>678-789-3421</td>
</tr>
<tr>
<td>Home address (Include Apt. Number, No P. O. boxes, please)</td>
<td>1234 Main Street</td>
</tr>
<tr>
<td>City</td>
<td>Atlanta</td>
</tr>
<tr>
<td>State</td>
<td>GA</td>
</tr>
<tr>
<td>ZIP code</td>
<td>30317</td>
</tr>
<tr>
<td>Mailing address (Include Apt. Number, If different than home address)</td>
<td></td>
</tr>
<tr>
<td>Email (optional) I understand I may be contacted via email</td>
<td><a href="mailto:john.smith@gmail.com">john.smith@gmail.com</a></td>
</tr>
</tbody>
</table>

Please answer ALL the questions below about the primary applicant. This information is only used to find out if the primary applicant is eligible for the Georgia Bridge Program or other programs that provide health coverage.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the primary applicant ...</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A U.S. citizen?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>A legal permanent resident?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>If Yes, how many years have they been a legal permanent resident?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Offered health coverage through an employer?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>
**SECTION 2: Parent or legal guardian (if applicable)**

Only complete this section if you or your legal guardian applying for a child.

<table>
<thead>
<tr>
<th>First name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Last name</td>
<td></td>
</tr>
<tr>
<td>Date of birth (mm/dd/yyyy)</td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td></td>
</tr>
<tr>
<td>Male □</td>
<td>Female □</td>
</tr>
<tr>
<td>Mobile phone</td>
<td></td>
</tr>
<tr>
<td>Mailing address (P.O. boxes accepted)</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td></td>
</tr>
<tr>
<td>State/Province</td>
<td></td>
</tr>
<tr>
<td>ZIP code</td>
<td></td>
</tr>
<tr>
<td>Email</td>
<td></td>
</tr>
</tbody>
</table>
SECTION 3: Family information (if applicable)

Spouse/domestic partner to be covered (if applicable)

Please complete this section for the spouse/domestic partner who will be covered by the health plan and applying for the Georgia Bridge Program subsidy. If an applicant is under 18, the parent or legal guardian should complete this section for the applicant.

First name
Jane

Last name
Smith

Health record number (if available)

Gender
 Male  Female  Undeclared

MI

Choose one:
 R  Spouse  Domestic partner

Date of birth (mm/dd/yyyy)
08/07/1980

Please answer ALL the questions below about the spouse/domestic partner. This information is only used to find out if the spouse/domestic partner is eligible for the Georgia Bridge Program or other programs that provide health coverage.

Is the spouse/domestic partner …

A U.S. citizen?
 X Yes  No

A legal permanent resident?
 X Yes  No

If Yes, how many years have they been a legal permanent resident?

Offered health coverage through an employer?
 X Yes  No


**SECTION 3: Family information (continued)**

Please complete this section for each additional dependent who will be covered by the health plan and applying for the Georgia Bridge Program subsidy. If an applicant is under 18, the parent or legal guardian should complete this section for the applicant. If you have more than 3 dependents applying, please copy this page and fill out the same information requested below for each additional dependent.

<table>
<thead>
<tr>
<th>First name</th>
<th>MI</th>
<th>Last name</th>
<th>Date of birth (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jeremy</td>
<td>M</td>
<td>Smith</td>
<td>02/18/1999</td>
</tr>
</tbody>
</table>

Health record number (if available)  
Gender: Male □ Female □  
Relationship to primary applicant: Child  
Undeclared

Please answer ALL the questions below about the dependent. This information is only used to find out if the dependent is eligible for the Georgia Bridge Program or other programs that provide health coverage.

Is the dependent …

- A U.S. citizen? □ Yes □ No
- A legal permanent resident? □ Yes □ No
  - If Yes, how many years have they been a legal permanent resident?  
- Offered health coverage through an employer? □ Yes □ No
SECTION 4: Household income (Required)

Your family size and household income help us determine if you are eligible for the Georgia Bridge Program.

(A) What is the total number of family members* in your household?  
*If you file taxes, this is the same number of family members that you report on your tax form. (You do not need to file taxes to apply.) Usually, this includes yourself and the immediate family members who live with you such as your spouse and your children 18 and under (up to age 23 if a student).

(B) How many of the family members counted in (A) contribute to your household family income?  

(C) Please complete the table below.

<table>
<thead>
<tr>
<th>Estimated yearly gross income (before taxes)</th>
<th>family member 1</th>
<th>family member 2</th>
<th>family member 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross income from wages, tips, and self-employment income</td>
<td>$0</td>
<td>$12,000</td>
<td>$0</td>
</tr>
<tr>
<td>Social Security Disability (SSDI) payments</td>
<td>$9,500</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Unemployment benefits</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Pension/retirement income</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Rental income you get from property you own and lease</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Interest income and annuities</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Student financial aid – only include if used for living expenses (scholarships, awards, grants for tuition/education expenses are not counted as income)</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Alimony received (for settlements before 2019)</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Other income, such as capital gains, clergy earnings, or gambling income</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>TOTAL INCOME</td>
<td>$9,500</td>
<td>$12,000</td>
<td>$0</td>
</tr>
</tbody>
</table>

Please tell us about any special circumstances about your work and income. For example, I only work part of the year and my spouse works all year, I changed jobs or work hours during the year, etc.:

Attach copies of the most current proof of income for the items you include in the table above. Examples include:

- Pay stubs
- Award letters for Social Security or unemployment benefits
- 1040 tax form from previous year
- W-2 form from current employer
- Letter from employer
- A bank statement that indicates your payroll direct deposit or wages. Please note on the statement which items apply.

We will calculate the total income by adding up the proof of income documents. If your proof of income doesn’t match the yearly gross income table above, please explain in the space provided above.
SECTION 4: Household income (continued)

If any family member included in table (C) has income deductions, please complete the table below.

<table>
<thead>
<tr>
<th>Estimated yearly income deductions</th>
<th>family member 1</th>
<th>family member 2</th>
<th>family member 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student loan interest</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Self-employed expenses</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Alimony paid (for settlements before 2019)</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Other deductions: Please specify</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

**TOTAL DEDUCTIONS** $0 $0 $0

Attach copies of the most current proof of deductions for the items listed above (examples: student loan statement, self-employment receipts). We will calculate the total deductions by adding up the proof of deductions documents. If your proof of deductions doesn’t match the total deductions in the above table, please explain in the space provided on page 9.

**Self-employment:** If any family member included in table (C) is self-employed, submit a copy of Schedule C and page 1 (the adjusted gross income page) of last year’s federal income tax return, or a profit and loss form for each business.
SECTION 5: Choose an authorized representative (if you have one)

You can give a community partner/agency, representative, relative, or trusted friend permission to talk about this form with us, see your information, or act for you on matters related to this form only. This person or community partner/agency is called an authorized representative.

First name: \(\text{Jane}\)  
Last name: \(\text{Smith}\)  
Organization name (if applicable)  
Caiser Permanente entity enrollment number (if applicable)  
Phone: 404-467-7891

By signing, you’ve appointed this person or community partner/agency as your legally authorized representative to get information for this Kaiser Permanente form and to act for you on matters related to this form. This authorization lasts two (2) years from your signature date or until you cancel it. You may cancel the authorization at any time by submitting a signed written request to California Service Center, Attn: OIC, P.O. Box 939095, San Diego, CA 92193-9095 or fax: 1-855-355-5334. Once you cancel, we will stop sharing your information and no longer use it, except to the extent that the information has been relied upon before. Once we disclose it to your representative, your information may be redisclosed by your representative and no longer protected by federal privacy law. Even if you don’t sign this authorization, we will still process your application for the Georgia Bridge Program subsidy but we will not be able to share your information with your representative. You have a right to receive a copy of this authorization.

\(\text{X}\) John Smith  
Date (mm/dd/yyyy): 11/01/2021

Required signature (primary member or financially responsible party, parent or legal guardian for members under 18)

SECTION 6: Sign the Subsidy Eligibility Form (Required)

By signing this form, you certify the information on this form is correct and accurate. If you provide incorrect or incomplete information on this form or in further correspondence concerning this form, any Kaiser Permanente subsidy to cover costs related to health coverage may be terminated. Membership approval for Kaiser Permanente’s Georgia Bridge Program is not guaranteed as it is based on eligibility and availability.

\(\text{X}\) John Smith  
Date (mm/dd/yyyy): 11/01/2021

Required signature (primary member or financially responsible party, parent or legal guardian for members under 18)
## Application Recap

<table>
<thead>
<tr>
<th>Kaiser Permanente for Individuals and Families (KPIF) Application</th>
<th>Kaiser Permanente Community Health Subsidy Application</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PAGES 2 – 5:</strong> Please print ‘Primary Applicant’ name at the top of pages 2 – 5.</td>
<td><strong>SECTION 1:</strong> Primary applicant information</td>
</tr>
<tr>
<td><strong>STEP 1:</strong> Select Open enrollment if applying between 11/1/2021 – 1/15/2022 and skip to Step 2.</td>
<td><strong>SECTION 2:</strong> Parent or legal guardian – please disregard</td>
</tr>
<tr>
<td><strong>STEP 2:</strong> Select KP GA Gold 500/20 and KP GA Signature Gold 500/20. Do NOT select any other plan.</td>
<td><strong>SECTION 3:</strong> Family information if applying for coverage (allows for up to 3 child dependents)</td>
</tr>
<tr>
<td><strong>STEP 3:</strong> Complete only for family members requesting coverage; including yourself. Disregard ‘Parent or legal guardian’; the primary applicant for the Bridge Program must be age 18 or above.</td>
<td><strong>SECTION 4:</strong> Household income – verify family size, income and expenses</td>
</tr>
<tr>
<td>• Family size includes all members in household, including those that are not applying for coverage.</td>
<td>• Family size includes all members in household, including those that are not applying for coverage.</td>
</tr>
<tr>
<td>• Household income includes all income from the family (self, spouse, minor dependents/those claimed on tax return).</td>
<td>• Household income includes all income from the family (self, spouse, minor dependents/those claimed on tax return).</td>
</tr>
<tr>
<td><strong>STEP 4:</strong> This step is required <strong>only if</strong> you would like someone to act for you in matters related to this application.</td>
<td><strong>SECTION 5:</strong> Authorized Representative</td>
</tr>
<tr>
<td>• Include an authorized representative <strong>only if</strong> you would like someone to act on your behalf for matters pertaining to enrollment in the Bridge Program.</td>
<td>• Include an authorized representative <strong>only if</strong> you would like someone to act on your behalf for matters pertaining to enrollment in the Bridge Program.</td>
</tr>
<tr>
<td><strong>STEP 5:</strong> All applicants 18 or older must sign and date. Failure to do so will delay the processing of your application.</td>
<td><strong>SECTION 6:</strong> Certification</td>
</tr>
<tr>
<td>• Primary applicant sign and date.</td>
<td></td>
</tr>
<tr>
<td><strong>STEP 6:</strong> Please disregard.</td>
<td></td>
</tr>
</tbody>
</table>