Healthy together
Care and coverage that fits your life
At Kaiser Permanente, we believe that everyone is entitled to high quality health care. We will continue to provide access to affordable 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 2020 and beyond.

The Kaiser Permanente Bridge Program is uniquely designed to help those who are uninsured, income eligible, and actively enrolled in a training program with a participating community partner by providing help to pay for a standard Kaiser Permanente for Individuals and Families (KPIF) Plan.
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.*

*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.
Kaiser Permanente Bridge Program: Community Partner

To assist in the identification and eligibility determination of potential members, and to aid clients/students with next steps beyond the Bridge Program, Kaiser Permanente partners with local organizations, schools and workforce development agencies. All community partners must implement a training program requirement as criteria for applying for the Bridge Program.

<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>Goodwill of North Georgia</td>
<td>Clayton State University, College of Health</td>
<td>C4 Atlanta</td>
</tr>
<tr>
<td>Gwinnett Technical College WIOA</td>
<td>Georgia State University Perimeter College, School of Nursing</td>
<td>East Lake YMCA</td>
</tr>
<tr>
<td>WorkSource Atlanta Regional:</td>
<td>Georgia State University</td>
<td>Georgia Organics</td>
</tr>
<tr>
<td>• Cherokee Career Resource Center</td>
<td></td>
<td>First African Community Development Corporation</td>
</tr>
<tr>
<td>• Clayton Career Resource Center</td>
<td></td>
<td>Multi-Agency Alliance for Children, Inc. (MAAC)</td>
</tr>
<tr>
<td>• Douglas Career Resource Center</td>
<td></td>
<td>Nicholas House</td>
</tr>
<tr>
<td>• Gwinnett Career Resource Center</td>
<td></td>
<td>North Fulton Community Charities</td>
</tr>
<tr>
<td>• Rockdale Career Resource Center</td>
<td></td>
<td>Zion Hill Community Development Corporation</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>
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.

### Kaiser Permanente 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>$1,063</td>
<td>$12,760</td>
</tr>
<tr>
<td>2</td>
<td>$1,437</td>
<td>$17,240</td>
</tr>
<tr>
<td>3</td>
<td>$1,810</td>
<td>$21,720</td>
</tr>
<tr>
<td>4</td>
<td>$2,183</td>
<td>$26,200</td>
</tr>
<tr>
<td>5</td>
<td>$2,557</td>
<td>$30,680</td>
</tr>
<tr>
<td>6</td>
<td>$2,930</td>
<td>$35,160</td>
</tr>
</tbody>
</table>

* Family Size = Self, Spouse and Dependents

- For each additional person, add $4,480 to annual gross income.
- Self, spouse, or dependents are defined by ACA as number of individuals for whom the taxpayer can claim a deduction under section 151 of the Internal Revenue Code.
Bridge Program Highlights

This table shows some benefits of your group and is provided as an example only.

<table>
<thead>
<tr>
<th>Covered service</th>
<th>You pay at KP Medical Office</th>
<th>Affiliated Community Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yearly deductible</td>
<td>$500 individual/$1,000 family</td>
<td></td>
</tr>
<tr>
<td>Maximum yearly out-of-pocket costs</td>
<td>$6,350 individual/$12,700 family</td>
<td></td>
</tr>
<tr>
<td>Monthly premium</td>
<td>$0/month</td>
<td></td>
</tr>
<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>$75 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.*
How to reapply for an additional 12 months?

If we determine we can provide an additional 12 months of subsidized coverage, Kaiser Permanente will mail the 2022 Reapplication Kit to the current address we have on file in late July/early August 2021.

**Please note the following:**

- You must continue to meet ALL eligibility criteria and submit the following documents*:
  1. Completed Subsidy Eligibility Reapplication Form
  2. Most up-to-date income information
  3. The *Community Partner Verification Letter* provided by the partner you are affiliated with

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.

* A Medicaid denial letter may be required by some applying for child dependents under the age of 19.
Did you know all of our available pediatricians accept patients with Medicaid?

Simply contact your Care Management Organization (Amerigroup, Peach State, CareSource, or WellCare*) and ask them to switch your child’s provider to Kaiser Permanente.

Go to kp.org/medicaid/ga to learn more!

*WellCare to merge with Peach State in 2021.
Why Join Kaiser Permanente?
Who we are

As one of the nation’s largest nonprofit 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.

- **12.2 million** members nationwide
- **39** hospitals and **689** medical offices
- **1945** — founded in 1945
- **Top performer in 30 effectiveness-of-care measures in the U.S.**

*Serving 8 states and the District of Columbia*

*Kaiser Permanente 2018 HEDIS® scores. Benchmarks provided by the National Committee for Quality Assurance (NCQA) Quality Compass® and represent all lines of business as of December 31, 2018.*
Why choose Kaiser Permanente?

- Quality care with you at the center
- Your care, your way
- Care away from home
- Care and coverage built around you
- Great care
- Specialty care
- Healthy resources
- Manage your care anytime, anywhere
Quality care with you at the center

Our physician-led care teams work together to keep you healthy by delivering high-quality, personalized care. You can expect:

⭐ Quality care from skilled doctors

👥 Better care with a connected team

🌐 Personalized care for all members
Your care, your way

- Visit your doctor at your local facility.
- Save yourself a trip to the doctor’s office with a telephone appointment.*
- Meet face-to-face with a doctor online.*
- Schedule appointments and get 24/7 medical advice by phone.
- Email your doctor’s office with nonurgent questions anytime.

*When appropriate and available.
Care away from home

- If you get hurt or sick while traveling, we'll help you get care. Our plans include emergency and urgent care coverage from qualified providers anywhere in the world.

- 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*

*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 country. 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.
Care and coverage built around you

What’s integrated care?
We strive for a simpler, seamless experience in which the health plan and doctors work together for you.

You get:
- Healthcare with less paperwork
- A care team that’s connected to each other and you
- Many services under one roof
Quality care from skilled doctors

Preventive care to help keep you healthy

Specialty care when you need it

Support for ongoing conditions

A leader in clinical quality
Specialty care

No matter what life throws your way, you can count on us. Get access to quality care from top-notch doctors across a wide range of specialties, including:

Maternity care
For family planning to first steps and beyond, visit kp.org/maternity

Mental health
Our members can access mental health services with no referral needed at kp.org/mentalhealth

Cardiac care
Learn how we’re healing hearts and saving lives with advanced cardiac care at kp.org/cardiaccare

For more on specialty care, visit thrive.kp.org/healthier-outcomes.
Healthy resources

- Wellness Coaching by Phone
- Healthy lifestyle programs
- On-site health education classes and support groups\(^1\)
- Online videos, podcasts, recipes, and more
- Reduced rates on health products and services (for example, gym memberships)
- Seasonal farmers markets\(^2\)

\(^1\)Classes vary at each location and some may require a fee.
\(^2\)Not available in all areas.
Reach your health goals with wellness support

Wellness Coaching by Phone
We’ve helped thousands of members reach their health goals. If you need a little extra support, we offer Coaching by phone at no cost.

Member discount programs
We offer special discounts on health-related products and services to members. Discount programs vary by region and can include:

- Acupuncture
- Chiropractic care
- Gym memberships
- Massage therapy
- And more
Manage your care anytime, anywhere

At kp.org or with the Kaiser Permanente app, you can stay on top of your care 24/7:\(^1,^2\)

- Schedule and cancel routine appointments
- Fill most prescriptions
- Choose your doctor and change anytime
- View most lab test results
- Email your Kaiser Permanente doctor’s office with nonurgent questions
- Manage your coverage and estimate costs\(^3\)
- View and pay bills
- Manage a family member’s health care\(^4\)

\(^1\)Available when you get care at Kaiser Permanente facilities.
\(^2\)To use the Kaiser Permanente app, you must be a Kaiser Permanente member registered on kp.org.
\(^3\)These tools are not available on the app.
\(^4\)Online features change when children reach age 12. Teens are entitled to additional privacy protection under state laws. When your child turns 12 years old, you will still be able to manage care for your teen, with modified access to certain features.
Ready for an easy switch?

There’s a lot to do when you’re changing health plans. That’s why Kaiser Permanente offers a single online destination that shows how easy it is to:

- Choose your new doctor
- Seamlessly transfer your care and prescriptions
- Get care on your schedule

Learn more at kp.org/easyswitch.
What new members can expect

- kp.org/newmember welcome site
- ID card and quick guide to getting started
- Personalized welcome book
- Welcome call
- Welcome letter from primary care doctor

Anytime
Typically within 1 to 10 days of your start date
After you choose a doctor
**2021 Open Enrollment Schedule**

<table>
<thead>
<tr>
<th>Application Received Date</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>November 1, 2020 — December 15, 2020</td>
<td>January 1, 2021</td>
</tr>
</tbody>
</table>

**Note:** Applicants approved during 2021 Enrollment Period will term 12/31/2021 with the opportunity to reapply for an additional 12 months at the discretion of Kaiser Permanente (refer to slide 8 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.
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. Submit the KP GA Gold 500/200 or KP GA Signature Gold 500/20 plan application & the Community Health Subsidy Eligibility form, as well as supply all necessary supporting documents to the agency contact. The agency will attest that the applicant is currently a client/member or student.
4. The agency will send the applications and supporting documentation on your behalf to California Service Center (CSC) for eligibility verification.
5. CSC will process the applications and documents for coverage and eligibility including: identity, residency, income, access to other health insurance programs, and prior Bridge membership.

If approved, the applicant receives an acceptance letter with effective date. A member can use the letter with the effective date to verify insurance until membership card arrives.

*Please make copies of your application in case you need proof of completion after it has been mailed.*
# 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 (KPIF) plan.
  - If you want coverage for your family on the same KPIF 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 KPIF 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 KPIF 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 benefit exchange at HealthCare.gov.
- If you’re already a KPIF member, don’t use this form. To make changes to your account, call 1-888-865-5813.

### 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 buykp.org/apply.
- 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.
Once you flip over to the second page of the application, you’ll notice you’re asked to list the ‘Primary Applicant’ at the top of each page. Please print your name on pages 2 – 5.

Primary applicant

John Smith

Once you’ve written your name at the top of pages 2 – 5 of the KPIF application, please stop and await instructions for Step 1.
STEP 1: Choose your enrollment period

Select one option: Open enrollment (skip to Step 2)

Choose your qualifying life event. If you had more than one, review your options because effective dates vary by event. Proof of eligibility is also required. Visit kp.org/specialenrollment or call 1-800-494-5314 for more about qualifying life events.

- 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 gaining the dependent
- Child support order or other court order to cover a dependent
  Note: In this case, you also need to choose between 2 effective date options:
  - The date of the child support order or other court order to cover a dependent
  - The first day of the month after the court order date

Please write the date of your qualifying life event. [ ] / [ ] / [ ] (mm/dd/yyyy)

*If your qualifying life event is loss of Kaiser Permanente coverage, we may review membership records to check when and why you lost coverage. For more about minimum essential coverage, visit kp.org/specialenrollment.
## 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. For more about minimum essential coverage, visit [kp.org/specialenrollment](http://kp.org/specialenrollment).

<table>
<thead>
<tr>
<th>Bronze</th>
<th>Silver</th>
<th>Gold</th>
</tr>
</thead>
<tbody>
<tr>
<td>KP GA Bronze 5000/50</td>
<td>KP GA Silver 3000/30</td>
<td>KP GA Gold 500/20</td>
</tr>
<tr>
<td>KP GA Signature Bronze 5000/50</td>
<td>KP GA Signature Silver 3000/30</td>
<td>KP GA Signature Gold 500/20†</td>
</tr>
<tr>
<td>KP GA Bronze 6500/40%/HSA</td>
<td>KP GA Silver 3500/20% HSA</td>
<td>KP GA Gold 1500/20</td>
</tr>
<tr>
<td>KP GA Signature Bronze 6500/40%/HSA</td>
<td>KP GA Signature Silver 3500/20% HSA</td>
<td>KP GA Gold Signature Gold 1500/20†</td>
</tr>
<tr>
<td></td>
<td>KP GA Silver 4500/35</td>
<td>KP GA Gold 1700/25</td>
</tr>
<tr>
<td></td>
<td>KP GA Signature Silver 4500/35</td>
<td>KP GA Signature Gold 1700/25†</td>
</tr>
</tbody>
</table>

### For applicants under 30 or with hardship exemptions
Catastrophic plans are available to applicants who will be younger than 30 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. To see if you qualify, please go to [marketplace.cms.gov/applications-and-forms/hardship-exemption.pdf](https://marketplace.cms.gov/applications-and-forms/hardship-exemption.pdf) and follow the instructions.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>KP GA Catastrophic 8550/0</td>
<td>KP GA Signature Catastrophic 8550/0†</td>
</tr>
</tbody>
</table>

†If you live in Clayton, Cobb, DeKalb, Fulton, Gwinnett, or Henry counties, your plan will be in the KP Signature HMO network. Please see the KPIF Enrollment Guide for important information on plans with the KP Signature HMO network.

For information about health benefits and limitations, cost-sharing amounts, and premiums, please review the details in your enrollment materials. To request a copy of the Evidence of Coverage for a particular plan, please go to [kp.org/plandocuments](http://kp.org/plandocuments), call **1-888-865-5813**, or contact your broker.
Application for health coverage

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
Gender: Male
Former health record number (if any):
State (if any):
Phone: 404-491-2156
Home address (no P.O. boxes, please):
1234 Main Street
City: Atlanta
State: GA
ZIP code: 30317
County: Fulton
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 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
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.
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 with the applications.

```
<table>
<thead>
<tr>
<th>First name</th>
<th>MI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jeremy</td>
<td>M</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Social Security number (if any)</th>
</tr>
</thead>
<tbody>
<tr>
<td>789-65-1234</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of birth (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/18/1999</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Relationship to primary applicant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child</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 [ ] No [x]
Application for health coverage

### 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.

<table>
<thead>
<tr>
<th>First name</th>
<th>MI</th>
<th>Last name</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jane</td>
<td>R</td>
<td>Smith</td>
<td>404-467-7891</td>
</tr>
</tbody>
</table>

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.

**John Smith**

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

Date (mm/dd/yyyy): 11/01/2020

Note: Only complete this section if you would like someone to represent you on your behalf.
Application for health coverage

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 3 dependents 18 and older signing, please attach a copy of this page with the additional signatures. To be eligible for KPIF 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.
• 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.

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

Jane Smith
Spouse/domestic partner

Jeremy Smith
Dependent (18 and older)

Dependent (18 and older)

Dependent (18 and older)

Date (mm/dd/yyyy)
11/01/2020

Date (mm/dd/yyyy)
11/01/2020

Date (mm/dd/yyyy)
11/01/2020

Date (mm/dd/yyyy)

Date (mm/dd/yyyy)

Date (mm/dd/yyyy)

©2018 Kaiser Foundation Health Plan, Inc.
Disregard Step 6 (pages 6, 7, & 8)

**STEP 6: Enter first month’s payment details**

<table>
<thead>
<tr>
<th>Payment information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>First name of person responsible for payment</td>
<td></td>
</tr>
<tr>
<td>Last name of person responsible for payment</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td></td>
</tr>
<tr>
<td>State</td>
<td></td>
</tr>
<tr>
<td>ZIP code</td>
<td></td>
</tr>
<tr>
<td>Payment method</td>
<td></td>
</tr>
<tr>
<td>Debit card</td>
<td></td>
</tr>
<tr>
<td>Check</td>
<td></td>
</tr>
<tr>
<td>If check</td>
<td></td>
</tr>
<tr>
<td>I authorize the amount from my</td>
<td></td>
</tr>
<tr>
<td>Bank name</td>
<td></td>
</tr>
<tr>
<td>Routing number</td>
<td></td>
</tr>
<tr>
<td>Account holder’s first name</td>
<td></td>
</tr>
<tr>
<td>Account holder’s last name</td>
<td></td>
</tr>
<tr>
<td>Account number</td>
<td></td>
</tr>
<tr>
<td>Expiration date (mm/yyyy)</td>
<td></td>
</tr>
<tr>
<td>Date (mm/dd/yyyy)</td>
<td></td>
</tr>
</tbody>
</table>

If check or debit card, please fill out the section below.

Cardholder’s first name as it appears on card

Cardholder’s last name as it appears on card

Card number

Expiry date (mm/yyyy)

Date (mm/dd/yyyy)

Cardholder’s signature

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Georgia Bridge Program Subsidy Eligibility Form – 2021

Use this form to apply for a subsidy to pay your monthly premiums and most out-of-pocket medical costs under the Kaiser Permanente GA Signature Gold 500/20 plan / GA Gold 500/20 plan.

Enrollment in Kaiser Permanente’s Georgia Bridge Program is available during the Individuals and Families annual open enrollment and special enrollment periods. In general, the special enrollment period is 60 days after a qualifying life event such as marriage, birth or adoption of a child, divorce, or loss of a job and job-based health coverage. To apply, follow these steps:

Step 1: Fill out the Subsidy Eligibility Form
- Use black or blue ink to complete the form.
- 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.

We’re here to help:
The Kaiser Permanente Georgia Bridge Program helps pay the premiums and most out-of-pocket medical costs for a Kaiser Permanente plan.

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, Peach Care 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. What if I’m not accepted into the Georgia Bridge Program?
   If you are not accepted and still want to buy a Kaiser Permanente for Individuals and Families plan, please call the National Consumer Sales Center at 1-800-488-3590 or visit buykp.org.

3. 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.

4. What happens when I no longer meet the eligibility requirements for the Georgia Bridge Program?
   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.

5. 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 by itself qualify you for the Georgia Bridge Program. You must meet the Georgia Bridge Program income and other criteria to qualify.

6. 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, and people with disabilities, and pregnant women under the age of 65 with income up to 247% of the federal poverty level (for example: $31,517 for an individual, or $64,714 for a family of 4 in 2020). 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 the Kaiser Permanente National Consumer Sales Center at 1-800-488-3590 or visit buykp.org to learn about other Kaiser Permanente for Individuals and Families plan choices.
SECTION 1: Applicant information

Primary applicant

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 guardian should provide the child’s information below.

First name
John

Last name
Smith

Health record number (if available)

Gender
[X] Male  [ ] Female  [ ] Undeclared

Date of birth (mm/dd/yyyy)
04/10/1979

Home phone
404-491-2156

Mobile phone
678-789-3421

Home address (no P. O. boxes, please)
1234 Main Street

City
Atlanta

State
GA

ZIP code
30317

Mailing address (if different than home address)

City

State

ZIP code

Email
john.smith@gmail.com

Please answer ALL the questions below about the primary applicant who will be covered by the health plan. 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.

Is the primary applicant who will be covered by the health plan ...

A U.S. citizen?
[X] Yes  [ ] No

A legal permanent resident?
Yes  [ ] No

If Yes, how many years has the primary applicant been a legal permanent resident?

Does your job offer health coverage for the primary applicant?
[X] Yes  [ ] No

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**SECTION 3: Family information**

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/guardian should complete this section for the applicant.

<table>
<thead>
<tr>
<th>Spouse/domestic partner to be covered (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>First name: Jane</td>
</tr>
<tr>
<td>Last name: Smith</td>
</tr>
<tr>
<td>Health record number (if available)</td>
</tr>
<tr>
<td>MI Choose one:</td>
</tr>
<tr>
<td>R □ Spouse □ Domestic partner</td>
</tr>
<tr>
<td>Date of birth (mm/dd/yyyy)</td>
</tr>
<tr>
<td>08/07/1980</td>
</tr>
</tbody>
</table>

Gender □ Male □ Female □ Undeclared

Please answer **ALL** the questions below about the Spouse/domestic partner who will be covered by the health plan. 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 who will be covered by the health plan ...

- A U.S. citizen? □ Yes □ No
- A legal permanent resident? □ Yes □ No
  If Yes, how many years has the Spouse/domestic partner been a legal permanent resident? [ ]
- Does your job offer health coverage for this Spouse/domestic partner? □ 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/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.

Dependent 1 to be covered

First name
Jeremy

Last name
Smith

Date of birth (mm/dd/yyyy)
02/18/1999

Health record number (if available)

Gender
☑ Male ☐ Female Child

Relationship to primary applicant

Please answer ALL the questions below about the dependent who will be covered by the health plan. 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 who will be covered by the health plan ...

☑ A U.S. citizen?
☐ Yes ☐ No

☐ A legal permanent resident?
☐ Yes ☐ No

If Yes, how many years has the dependent been a legal permanent resident?

Does your job offer health coverage for this dependent?

☐ Yes ☒ No
Georgia Bridge Program Subsidy Eligibility Form

SECTION 4: Household income

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

What is the total number of people in your household? [3]

Include yourself and the people who live with you such as your spouse and your children 18 and under (up to 23 if a student). If you file taxes, it is the same number of people that you report on your tax form. (You do not need to file taxes to apply for the Georgia Bridge Program.)

How many people in the household help contribute to the household/family income? [2]

Please complete the table below.

- List the estimated yearly gross income (before taxes) for each person who contributes to your total household income.
- If more than 3 people contribute to your total household income, make a copy of this page, provide the same information for each additional person, and send it with your application.
- For child dependents who are working but whose income is below the threshold required for filing taxes ($12,200 in 2019):
  - Do not include them in the number of people who contribute to household/family income
  - Do not include their income in the chart below
  - Do not submit proof of income documents

<table>
<thead>
<tr>
<th>Estimated yearly gross income (before taxes)</th>
<th>Person 1</th>
<th>Person 2</th>
<th>Person 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross income from wages, tips</td>
<td>$0.00</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Social Security Disability (SSDI) payments</td>
<td>$8400.00</td>
<td>$0.00</td>
<td>$</td>
</tr>
<tr>
<td>Unemployment benefits</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$</td>
</tr>
<tr>
<td>Pension/retirement income</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$</td>
</tr>
<tr>
<td>Rental income you get from property you own and lease</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$</td>
</tr>
<tr>
<td>Interest income</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$</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>$0.00</td>
<td>$0.00</td>
<td>$</td>
</tr>
<tr>
<td>Alimony received (for settlements before 2019)</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$</td>
</tr>
<tr>
<td>Other income</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$</td>
</tr>
<tr>
<td><strong>TOTAL INCOME</strong></td>
<td>$8400.00</td>
<td>$12000.00</td>
<td>$</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 all 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 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.

The proof of income should be consistent with the yearly income in the above table. If it is not consistent, please explain in the space provided above. We will calculate the total income by adding up the proof of income documents.
**SECTION 4: Household income (continued)**

If anyone in your household has income deductions, please complete the table below.

<table>
<thead>
<tr>
<th>Estimated yearly income deductions</th>
<th>Person 1</th>
<th>Person 2</th>
<th>Person 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student loan interest</td>
<td>$1200.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Self-employed expenses</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Alimony paid (for settlements before 2019)</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Other deductions: Please specify</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td><strong>TOTAL DEDUCTIONS</strong></td>
<td>$1200.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

Attach copies of the most current proof of deductions for the items listed above (examples: student loan statement, self-employment receipts). The proof of deductions should match the total deductions in the above table. If it doesn’t match, we will calculate the total deductions by adding up the proof of deductions documents.

**Self-employment:** If anyone in your household 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.
Georgia Bridge Program Subsidy Eligibility Form

SECTION 5: Certification

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
Jane

Last name
Smith

Organization name (if applicable)
N/A

Kaiser Permanente entity enrollment number (if applicable)
N/A

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: CHC, 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 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.

X
John Smith

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

Date (mm/dd/yyyy)
11/01/2020

Note: Only complete this section if you would like someone to represent you on your behalf.
SECTION 6: Sign the subsidy eligibility form

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.

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

X John Smith

Date (mm/dd/yyyy)
11/01/2020

In Georgia, all plans are offered and underwritten by Kaiser Foundation Health Plan of Georgia, Inc., Nine Piedmont Center, 3495 Piedmont Road NE, Atlanta, GA 30305.
Applying for the Bridge Program: Application Recap

<table>
<thead>
<tr>
<th>Kaiser Permanente for Individuals and Families (KPIF) Application for health coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>PAGES 2 – 5: Please print ‘Primary Applicant’ name at the top of pages 2 – 5.</td>
</tr>
<tr>
<td>STEP 1: Select Open enrollment if applying between 11/1/2020 – 12/15/2020 and skip to Step 2.</td>
</tr>
<tr>
<td>STEP 2: Select KP GA Gold 500/20 and KP GA Signature Gold 500/20. Do NOT select any other plan.</td>
</tr>
<tr>
<td>STEP 3: 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>
</tr>
<tr>
<td>STEP 4: This step is required only if you would like someone to act for you in matters related to this application.</td>
</tr>
<tr>
<td>STEP 5: All applicants age 18 or over must sign and date. Failure to do so will delay the processing of your application.</td>
</tr>
<tr>
<td>STEPS 6: Please disregard.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Kaiser Permanente Community Health Subsidy Application</th>
</tr>
</thead>
<tbody>
<tr>
<td>SECTION 1: Primary applicant information</td>
</tr>
<tr>
<td>SECTION 2: Parent or legal guardian – please disregard</td>
</tr>
<tr>
<td>SECTION 3: Family information if applying for coverage (allows for up to 3 child dependents)</td>
</tr>
<tr>
<td>SECTION 4: 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>
</tr>
<tr>
<td>• Household income includes all income from the family (self, spouse, minor dependents/those claimed on tax return).</td>
</tr>
<tr>
<td>SECTION 5: Authorized Representative</td>
</tr>
<tr>
<td>• Include an authorized representative only if you would like someone to act on your behalf for matters pertaining to enrollment in the Bridge Program.</td>
</tr>
<tr>
<td>SECTION 6: Certification</td>
</tr>
<tr>
<td>• Primary applicant sign and date.</td>
</tr>
</tbody>
</table>
Thank you