

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500.

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan, check here... [X] D Check box if filing under: [X] Form 5558 [] automatic extension [] the DFVC program... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here... []

Part II Basic Plan Information—enter all requested information

1a Name of plan KAISER PERMANENTE RETIREMENT PLAN FOR SCPMG
1b Three-digit plan number (PN) 001
1c Effective date of plan 04/01/1958
2a Plan sponsor's name (employer, if for a single-employer plan) SOUTHERN CALIFORNIA PERMANENTÉ MEDICAL GROUP
2b Employer Identification Number (EIN) 95-1750445
2c Plan Sponsor's telephone number 510-271-5940
2d Business code (see instructions) 621112

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor KAISER FOUNDATION HEALTH PLAN, INC. ONE KAISER PLAZA, 20TH FLOOR 20B OAKLAND, CA 94612	3b Administrator's EIN 94-1340523 3c Administrator's telephone number 510-271-5940																				
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN																				
5 Total number of participants at the beginning of the plan year	5 65999																				
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:10%;">6a(1)</td><td style="width:90%;">50341</td></tr> <tr><td>6a(2)</td><td>52929</td></tr> <tr><td>6b</td><td>5985</td></tr> <tr><td>6c</td><td>9711</td></tr> <tr><td>6d</td><td>68625</td></tr> <tr><td>6e</td><td>514</td></tr> <tr><td>6f</td><td>69139</td></tr> <tr><td>6g(1)</td><td></td></tr> <tr><td>6g(2)</td><td></td></tr> <tr><td>6h</td><td>890</td></tr> </table>	6a(1)	50341	6a(2)	52929	6b	5985	6c	9711	6d	68625	6e	514	6f	69139	6g(1)		6g(2)		6h	890
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6e	514																				
6f	69139																				
6g(1)																					
6g(2)																					
6h	890																				
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7																				

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 1A

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____ (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) Yes No

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>KAISER PERMANENTE RETIREMENT PLAN FOR SCPMG</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>SOUTHERN CALIFORNIA PERMANENTE MEDICAL GROUP</u>	D Employer Identification Number (EIN) <u>95-1750445</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>7668002478</u>
	b Actuarial value	2b	<u>8175083116</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>6160</u>	<u>1337857566</u>
	b For terminated vested participants	<u>9498</u>	<u>565506465</u>
	c For active participants	<u>50341</u>	<u>4123181615</u>
	d Total	<u>65999</u>	<u>6026545646</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.30 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>448702110</u>
	b Expected plan-related expenses	6b	<u>15423872</u>
	c Target normal cost	6c	<u>464125982</u>

Statement by Enrolled Actuary
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE		
	Signature of actuary	<u>08/08/2025</u> Date
	<u>BLAKE P. MURPHY</u> Type or print name of actuary	<u>23-05322</u> Most recent enrollment number
	<u>AON CONSULTING, INC.</u> Firm name	<u>949-725-4500</u> Telephone number (including area code)
	<u>MSC# 17819, AON P.O. BOX 19640 IRVINE, CA 92623</u> Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	1864381007
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	1864381007
10	Interest on line 9 using prior year's actual return of <u>5.80</u> %	0	108134098
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.43</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	1972515105

Part III Funding Percentages			
14	Funding target attainment percentage	14	100.12 %
15	Adjusted funding target attainment percentage	15	131.97 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	113.84 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
12/27/2024	480000000	0					
07/18/2025	257000000	0					
			Totals ▶	18(b)	737000000	18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	693484240

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? Yes No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? Yes No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)			21b 4
22 Weighted average retirement age			22 63
23 Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

Part VI Miscellaneous Items			
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
26 Demographic and benefit information			
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....			27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years			
28 Unpaid minimum required contributions for all prior years			28 0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....			29 0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....			30 0

Part VIII Minimum Required Contribution For Current Year			
31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)			31a 464125982
b Excess assets, if applicable, but not greater than line 31a			31b 8004953
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	0		0
b Waiver amortization installment.....	0		0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount			33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....			34 456121029
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)			36 456121029
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)			37 693484240
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)			38a 237363211
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....			38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)			39 0
40 Unpaid minimum required contributions for all years			40 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)			
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021			

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan KAISER PERMANENTE RETIREMENT PLAN FOR SCPMG	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SOUTHERN CALIFORNIA PERMANENTE MEDICAL GROUP	D Employer Identification Number (EIN) 95-1750445	

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)... Yes No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name: MOSS ADAMS, LLP	b EIN: 91-0189318
c Position: AUDTIOR	
d Address: 635 CAMPBELL TECHNOLOGY PKWY CAMPBELL, CA 95008	e Telephone: 408-558-7500

Explanation: MOSS ADAMS, LLP MERGED WITH BAKER TILLY US, LLP ON JUNE 3, 2025

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>KAISER PERMANENTE RETIREMENT PLAN FOR SCPMG</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>SOUTHERN CALIFORNIA PERMANENTE MEDICAL GROUP</u>	D Employer Identification Number (EIN) <u>95-1750445</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>KAISER PERMANENTE GROUP TRUST</u>		
b Name of sponsor of entity listed in (a): <u>KAISER PERMANENTE MED CARE PROGRAM</u>		
c EIN-PN <u>94-6365467-101</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>8126954935</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan KAISER PERMANENTE RETIREMENT PLAN FOR SCPMG	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 SOUTHERN CALIFORNIA PERMANENTE MEDICAL GROUP	D Employer Identification Number (EIN) 95-1750445

Part I	Asset and Liability Statement
---------------	--------------------------------------

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

	(a) Beginning of Year	(b) End of Year
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	25700000
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	8126954935
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	7669563721	8383954935
Liabilities			
g Benefit claims payable.....	1g	2158410	4888328
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	2158410	4888328
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	7667405311	8379066607

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	737000000	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		737000000
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		309267267
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1046267267

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	334605971	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		334605971
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		334605971

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		711661296
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **BAKER TILLY US, LLP**

(2) EIN: **30-1413443**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG or MTIA. (2) It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		85000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 548322.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan KAISER PERMANENTE RETIREMENT PLAN FOR SCPMG	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SOUTHERN CALIFORNIA PERMANENTE MEDICAL GROUP	D Employer Identification Number (EIN) 95-1750445	

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>20-1932099</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	617

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	0
b Enter the amount contributed by the employer to the plan for this plan year	6b	0
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... Increase Decrease Both No

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No

11 a Does the ESOP hold any preferred stock? Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? Yes No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: 13.0 % Private Equity: 61.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 0.0 %
 High-Yield Debt: 17.0 % Real Assets: 4.0 % Cash or Cash Equivalents: 0.0 % Other: 5.0 %

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? Yes No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.

Report of Independent Auditors and
Financial Statements with Supplemental Schedules

**Kaiser Permanente Retirement Plan for
Southern California Permanente Medical Group
Trust No. 13995**

December 31, 2024 and 2023

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All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

Report of Independent Auditors

The Investment Committee of
Kaiser Permanente Retirement Plan for
Southern California Permanente Medical Group
Trust No. 13995

Report on the Audit of the Financial Statements

Opinion

We have audited the financial statements of Kaiser Permanente Retirement Plan for Southern California Permanente Medical Group, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of Kaiser Permanente Retirement Plan for Southern California Permanente Medical Group as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America (GAAP).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Kaiser Permanente Retirement Plan for Southern California Permanente Medical Group and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Kaiser Permanente Retirement Plan for Southern California Permanente Medical Group's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- exercise professional judgment and maintain professional skepticism throughout the audit.
- identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Kaiser Permanente Retirement Plan for Southern California Permanente Medical Group's internal control. Accordingly, no such opinion is expressed.
- evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Kaiser Permanente Retirement Plan for Southern California Permanente Medical Group's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) as of December 31, 2024, and the Schedule H, Line 4(j) – Schedule of Reportable Transactions for the year ended December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA.

Baker Tilly US, LLP

San Francisco, California

October 6, 2025

Financial Statements

**Kaiser Permanente Retirement Plan for
Southern California Permanente Medical Group
Statements of Net Assets Available for Benefits
December 31, 2024 and 2023**

	2024	2023
Assets		
Investments, at fair value		
Investment in group trust	\$ 8,126,954,935	\$ 7,669,563,721
Contribution receivable from employer	257,000,000	-
Total assets	8,383,954,935	7,669,563,721
Liabilities	-	-
Net assets available for benefits	\$ 8,383,954,935	\$ 7,669,563,721

See accompanying notes.

**Kaiser Permanente Retirement Plan for
Southern California Permanente Medical Group
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2024 and 2023**

	2024	2023
Additions		
Investment income		
Net appreciation in fair value of investment in group trust	\$ 244,589,845	\$ 301,972,601
Interest and dividends	95,003,953	121,096,652
Total investment income	339,593,798	423,069,253
Contributions		
Employer	737,000,000	-
Total additions	1,076,593,798	423,069,253
Deductions		
Retirement benefits paid	331,876,053	331,507,318
Administrative expenses	30,326,531	19,126,820
Total deductions	362,202,584	350,634,138
Net increase	714,391,214	72,435,115
Net assets available for benefits		
Beginning of year	7,669,563,721	7,597,128,606
End of year	\$ 8,383,954,935	\$ 7,669,563,721

See accompanying notes.

Kaiser Permanente Retirement Plan for Southern California Permanente Medical Group

Notes to Financial Statements

Note A – Description of the Plan

The following description of the Kaiser Permanente Retirement Plan for Southern California Permanente Medical Group (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General – The Plan is a defined benefit plan established effective April 1, 1958. The Plan covers certain employees of Southern California Permanente Medical Group (Plan Sponsor) who meet specified requirements. Retirement benefits are based on the participants' compensation and years of credited service. Participants become vested upon completion of five years of service or, if earlier, the attainment of age 65. Refer to the Plan document for pension benefit formula used for retirement benefits. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Trustee – State Street Bank & Trust Company (State Street) is the trustee of the Kaiser Permanente Group Trust (Group Trust, a 103-12 investment entity). The Group Trust holds the Defined Benefit Investment Fund (the Fund) for which the Plan participates together with other defined benefit plans sponsored by Kaiser Foundation Health Plan, Inc., and independent medical groups.

Note B – Significant Accounting Policies

Basis of accounting – The accompanying financial statements are prepared on the accrual basis of accounting in accordance with U.S. generally accepted accounting principles (GAAP).

Use of estimates – The preparation of financial statements in accordance with GAAP requires plan management to make estimates and assumptions that affect certain reported amounts in the financial statements and accompanying notes. Accordingly, actual results may differ from those estimates.

Actuarial present value of accumulated plan benefits – The accumulated plan benefits (see Note D – Funding and Actuarial Matters) represent the actuarial present value as of the valuation date of those estimated future benefits that are attributed to employee services rendered through the valuation date. Such benefits include future benefits expected to be paid to or for (1) currently retired employees and their beneficiaries and dependents, and (2) certain active employees and their beneficiaries and dependents after retirement from service with the Company. Benefits are based on employees' salary and years of credited service through the valuation date.

Investment valuation and income recognition – Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (see Note C – Fair Value Measurements).

Purchases and sales of securities are recorded on a trade date basis. Interest income is recorded on the accrual basis under the effective interest method. Dividends are recorded on the ex-dividend date. The net appreciation in fair value of investments consists of both the realized gains or losses and unrealized appreciation or depreciation of those investments.

Payment of retirement benefits – Retirement benefits are recorded when paid.

Kaiser Permanente Retirement Plan for Southern California Permanente Medical Group

Notes to Financial Statements

Administrative expenses – Administrative expenses paid by the Plan consist primarily of investment advisor and trustee fees, actuarial and audit fees, pension calculation and benefit administration fees, and premiums paid to the Pension Benefit Guaranty Corporation (PBGC). Certain employee and administrative costs are also paid by the Plan.

Subsequent events – Plan management considers events and transactions that occur after the statements of net assets available for benefits date, but before the financial statements are available to be issued, to provide additional evidence to certain estimates or to identify matters that require additional disclosure to, or adjustments in, the financial statements.

Effective January 1, 2025, the Plan entered into an administrative service agreement with Fidelity Workplace Services LLC to perform the calculation and processing of benefit payments.

Subsequent events have been evaluated through October 6, 2025, the date that these financial statements were available to be issued.

Note C – Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 – Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability; and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Kaiser Permanente Retirement Plan for Southern California Permanente Medical Group

Notes to Financial Statements

The following is a description of the valuation methodology used for investment measured at fair value. There have been no changes in the methodology used as of December 31, 2024 and 2023:

- Investment in the Group Trust is stated at fair value as determined by the net asset value practical expedient (NAV practical expedient) of the issuers based on the unit values of the underlying investments. Unit values are determined by dividing the funds' net assets, which represent the unadjusted prices in primarily active markets of the underlying investments, by the number of units outstanding at the valuation date. The underlying investments are comprised of a variety of asset classes that are both privately held and publicly traded on exchanges or over-the-counter. The private assets are generally valued on a monthly or quarterly basis based on information provided by fund managers or general partners with an annual audit performed by an independent third party, while the publicly traded assets have readily observable price quotes in active markets.

The method described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while plan management believes its valuation method is appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Transfers between levels – The Plan recognizes any transfers between levels in the fair value hierarchy as of the end of the reporting period. There were no transfers between levels for the years ended December 31, 2024 and 2023.

Note D – Funding and Actuarial Matters

The following funding and actuarial information relates to the retirement benefit portion of the Plan (Trust No. 13995).

Employer contributions, as determined by an independent actuary, are made annually in amounts which satisfy the funding standards of ERISA. Employer contributions for the years ended December 31, 2024 and 2023 were \$737,000,000 and zero, respectively, and have met the minimum funding requirements.

**Kaiser Permanente Retirement Plan for
Southern California Permanente Medical Group
Notes to Financial Statements**

The significant assumptions underlying the actuarial computations for the January 1, 2024 and 2023 valuations are as follows:

	<u>2024</u>	<u>2023</u>
Actuarial Method	Standard Unit Credit Method	Standard Unit Credit Method
Interest Rate	5.30% per annum	5.43% per annum
Mortality	Based upon the 2024 Generational Mortality Table for annuitant and nonannuitant rates.	Based upon the 2023 Static Mortality Table with separate annuitant and nonannuitant rates.
Turnover	Combined rates have been assumed to range from 22.1% at age 25 to 6.0% at age 60 for both male and female salaried employees; 14.0% at age 25 to 6.0% at age 60 for both male and female hourly employees.	Combined rates have been assumed to range from 22.1% at age 25 to 6.0% at age 60 for both male and female salaried employees; 14.0% at age 25 to 6.0% at age 60 for both male and female hourly employees.
Age at Retirement	Retirement is assumed to occur at various ages starting at age 55 with 100% retirement assumed at age 70.	Retirement is assumed to occur at various ages starting at age 55 with 100% retirement assumed at age 70.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2024. Had the valuations been performed as of December 31, 2023, there would be no material differences.

The actuarial present value of accumulated plan benefits as of December 31, 2023, based on the above actuarial assumptions, is as follows:

Vested benefits	
Participants or beneficiaries currently receiving payments	\$ 1,337,857,566
Other participants	<u>4,688,688,080</u>
	6,026,545,646
Nonvested benefits	<u>168,017,412</u>
Total actuarial present value of accumulated plan benefits	<u><u>\$ 6,194,563,058</u></u>

**Kaiser Permanente Retirement Plan for
Southern California Permanente Medical Group
Notes to Financial Statements**

The changes in actuarial present value of accumulated plan benefits are as follows:

Actuarial present value of accumulated plan benefits as of December 31, 2022	<u>\$ 5,687,273,013</u>
Increase (decrease) during the year attributable to	
Interest accumulation	303,918,549
Benefits paid	(331,507,318)
Assumption changes	150,084,617
Other changes (1)	<u>384,794,197</u>
	<u>507,290,045</u>
Actuarial present value of accumulated plan benefits as of December 31, 2023	<u><u>\$ 6,194,563,058</u></u>

(1) The "Other Changes" component represents the normal operation of the pension plan. It consists primarily of the increase due to ongoing benefit accruals (if any) and those items of plan experience that are not associated with plan asset performance.

Accumulated plan benefits are those future periodic payments that are attributable, under the Plan's provisions, to the service employees have rendered. The actuarial present value of accumulated plan benefits is determined by applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money.

Note E – Plan Obligations

In accordance with GAAP, benefits due to terminated participants that have been processed and approved for payment prior to December 31 but not yet paid as of that date are included in net assets available for benefits. Such benefit claims amounted to \$4,888,328 and \$2,158,410 as of December 31, 2024 and 2023, respectively.

Note F – Risk and Uncertainties

The Plan invests in the Group Trust that in turn invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, liquidity, currency, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

The underlying assets in the Group Trust include funds that invest in securities of foreign companies which involve special risks and considerations not typically associated with investing in U.S. companies. These risks include devaluation of currencies, less reliable information about issuers, different securities transaction clearance and settlement practices, and possible adverse political and economic developments. Moreover, securities of many foreign companies and their markets may be less liquid and their prices more volatile than securities of comparable U.S. companies.

Kaiser Permanente Retirement Plan for Southern California Permanente Medical Group

Notes to Financial Statements

Plan contributions are made, and the actuarial present value of accumulated plan benefits are reported, based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is reasonably possible that changes in these estimates and assumptions in the near-term would-be material to the financial statements.

Note G – Plan Termination

Should the Plan terminate at some future time, its net assets may not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the existing assets and the PBGC guaranty while other benefits may not be provided for at all.

Note H – Tax Status

The Plan obtained its latest determination letter dated October 27, 2016, in which the Internal Revenue Service (IRS) stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). Therefore, the related trust is exempt from taxation. The Plan has been amended and restated since receiving the determination letter. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualification. The Plan administrator believes the Plan is being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified, and the related trust is tax exempt.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if it has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. Plan management has analyzed the tax positions taken, and has concluded that as of December 31, 2024 and 2023, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note I – Party-in-Interest Transactions

Certain underlying assets of the Fund are managed by State Street. State Street is the trustee of the Plan. Therefore, transactions with the trustee qualify as exempt party-in-interest transactions.

Supplemental Schedules

**Kaiser Permanente Retirement Plan for
Southern California Permanente Medical Group
Employer Identification Number: 95-1750445, Plan Number: 001
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
December 31, 2024**

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
*	Defined Benefit Investment Fund	Investment in group trust	<u>\$ 7,818,479,615</u>	<u>\$ 8,126,954,935</u>
	Total investments per Form 5500		<u>\$ 7,818,479,615</u>	<u>\$ 8,126,954,935</u>

* Represents a party-in-interest as defined by ERISA.

**Kaiser Permanente Retirement Plan for
Southern California Permanente Medical Group
Employer Identification Number: 95-1750445, Plan Number: 001
Schedule H, Line 4(j) – Schedule of Reportable Transactions
Year Ended December 31, 2024**

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
<u>Category (i) - Single transaction in excess of 5% of plan assets</u>								
Defined benefit								
Investment fund*	Investment in Group Trust	\$ 480,000,000	\$ -	N/A	\$ -	\$ 480,000,000	\$ 480,000,000	\$ -
<u>Category (iii) - A series of transactions in a security issue aggregating 5% of the value of the Plan's assets</u>								
Defined Benefit								
Investment Fund*	Investment in group trust	\$ 481,438,722	\$ -	N/A	\$ -	\$ 481,438,722	\$ 481,438,722	\$ -

There were no category (ii) or (iv) reportable transactions for the year ended December 31, 2024.

* Represents a party-in-interest as defined by ERISA.

Baker Tilly Advisory Group, LP and Baker Tilly US, LLP, trading as Baker Tilly, are members of the global network of Baker Tilly International Ltd., the members of which are separate and independent legal entities. Baker Tilly US, LLP is a licensed CPA firm that provides assurance services to its clients. Baker Tilly Advisory Group, LP and its subsidiary entities provide tax and consulting services to their clients and are not licensed CPA firms.

Schedule SB Attachment (Form 5500)—2024 Plan Year
 Kaiser Permanente Retirement Plan for SCPMG

EIN: 95-1750445 PN: 001

Schedule SB, line 19—Discounted Employer Contributions
 Year applied for contributions: 2024

Date	Amount	Interest Rate	Days to Discount to 1/1/2024	Interest Adjusted Contribution
December 27, 2024	\$ 480,000,000	5.30%	361	\$ 456,162,169
January 26, 2025	257,000,000	5.30%	564	237,322,071
Total Contribution	\$ 737,000,000			\$ 693,484,240

Schedule SB Attachment (Form 5500)—2024 Plan Year
 Kaiser Permanente Retirement Plan for SCPMG

EIN: 95-1750445 PN: 001

Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) x (b) x (c)
55.5	4.00%	1.0000	2.22
56.5	4.00%	0.9600	2.17
57.5	4.00%	0.9216	2.12
58.5	4.00%	0.8847	2.07
59.5	6.00%	0.8493	3.03
60.5	8.00%	0.7983	3.86
61.5	10.00%	0.7344	4.52
62.5	12.00%	0.6610	4.96
63.5	14.00%	0.5817	5.17
64.5	25.00%	0.5003	8.07
65.5	35.00%	0.3752	8.60
66.5	35.00%	0.2439	5.68
67.5	30.00%	0.1585	3.21
68.5	30.00%	0.1110	2.28
69.5	30.00%	0.0777	1.62
70.0	100.00%	0.0544	3.81
Weighted Average			63.39

Schedule SB Attachment (Form 5500)—2024 Plan Year
Kaiser Permanente Retirement Plan for SCPMG

EIN: 95-1750445 PN: 001

Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption change which was reviewed in detail in the annual valuation results meeting to better reflect anticipated future experience:

Expected Return on Assets	Changed from 6.25% as of January 1, 2023 to 6.50% as of January 1, 2024.
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Since this change to a non-prescribed assumption did not result in reduction in funding shortfall, IRS approval was not required.

Schedule SB Attachment (Form 5500)—2024 Plan Year
 Kaiser Permanente Retirement Plan for SCPMG

EIN: 95-1750445 PN: 001

Schedule SB, Line 26a— Schedule of Active Participant Data

Attained Age	Number of Participants and Average Compensation									
	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25	352 \$66,237	217 \$67,160								
25-29	1,019 \$85,243	1,556 \$82,087	242 \$85,828	2						
30-34	1,472 \$106,069	2,962 \$100,631	1,523 \$97,878	166 \$88,074	2					
35-39	1,146 \$110,617	2,658 \$112,398	2,434 \$117,663	878 \$103,889	325 \$90,217	10				
40-44	824 \$115,076	1,912 \$117,913	2,218 \$126,351	1,295 \$123,613	1,026 \$105,657	282 \$88,123	6			
45-49	508 \$118,786	1,202 \$124,502	1,572 \$133,133	1,202 \$130,617	1,164 \$127,532	639 \$102,531	123 \$88,628	1		
50-54	320 \$120,141	822 \$127,031	1,191 \$136,117	987 \$135,601	1,180 \$132,156	720 \$127,434	261 \$103,104	55 \$95,769	2	
55-59	136 \$119,401	432 \$122,466	728 \$133,555	709 \$130,602	799 \$128,162	559 \$128,166	279 \$128,192	173 \$106,578	38 \$97,888	2
60-64	55 \$121,018	187 \$129,557	441 \$133,230	441 \$133,379	594 \$125,073	447 \$130,525	256 \$129,471	210 \$125,344	113 \$115,075	22 \$104,007
65-69	12	63 \$126,108	162 \$136,315	160 \$127,997	166 \$127,820	146 \$129,047	73 \$141,959	77 \$140,959	36 \$138,428	28 \$126,790
70+	8	23 \$133,190	35 \$141,381	39 \$119,579	36 \$122,179	33 \$129,314	21 \$129,025	7	4	13

Excludes active transfers

N-44,239

Schedule SB Attachment (Form 5500)—2024 Plan Year
 Kaiser Permanente Retirement Plan for SCPMG

EIN: 95-1750445 PN: 001

Schedule SB, Line 26b— Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retire	Total
			Participants & Beneficiaries Receiving Payments	
2024	267,604,071	130,048,834	122,720,155	520,373,060
2025	233,902,409	23,920,585	119,804,747	377,627,741
2026	233,859,058	23,894,996	117,085,489	374,839,543
2027	235,914,312	23,157,362	114,473,264	373,544,938
2028	235,648,518	26,048,248	111,585,566	373,282,332
2029	238,115,460	24,768,413	108,658,830	371,542,703
2030	241,064,070	24,871,019	105,660,061	371,595,150
2031	245,477,822	23,947,152	102,366,952	371,791,925
2032	247,792,861	26,218,625	98,659,034	372,670,521
2033	252,832,346	29,735,142	94,952,377	377,519,865
2034	257,680,584	30,119,126	91,252,490	379,052,200
2035	264,170,160	26,528,825	87,381,280	378,080,265
2036	268,352,163	29,895,546	83,172,429	381,420,138
2037	272,208,853	31,721,787	78,553,294	382,483,935
2038	274,693,050	30,246,518	74,001,804	378,941,372
2039	277,171,717	29,730,216	69,146,828	376,048,760
2040	276,955,276	30,022,889	64,512,641	371,490,806
2041	275,152,072	29,218,319	59,751,740	364,122,131
2042	273,867,338	31,914,947	55,020,802	360,803,087
2043	278,016,989	30,002,489	50,178,916	358,198,395
2044	283,117,108	30,411,231	45,534,805	359,063,144
2045	281,896,146	33,684,402	41,144,101	356,724,649
2046	280,058,750	32,207,549	36,907,675	349,173,974
2047	275,219,501	32,490,429	32,815,437	340,525,367
2048	266,737,135	28,941,289	28,948,029	324,626,452
2049	257,964,743	29,431,027	25,309,546	312,705,316
2050	248,912,111	27,344,221	21,962,004	298,218,336
2051	238,972,241	26,240,580	18,914,781	284,127,602
2052	229,376,790	24,556,446	16,224,224	270,157,459
2053	218,792,027	23,528,667	13,814,999	256,135,693
2054	206,822,126	22,275,581	11,718,696	240,816,402
2055	193,003,909	19,631,409	9,929,773	222,565,091
2056	182,029,871	19,064,143	8,407,749	209,501,763
2057	169,731,166	16,876,040	7,128,431	193,735,636
2058	157,112,764	15,658,256	6,065,223	178,836,243
2059	147,234,407	14,568,983	5,190,434	166,993,824
2060	136,622,913	13,766,802	4,476,624	154,866,339
2061	126,300,262	12,426,356	3,897,627	142,624,245
2062	116,868,273	11,578,051	3,429,305	131,875,629
2063	108,445,245	10,702,836	3,050,023	122,198,104
2064	100,454,637	9,985,846	2,741,160	113,181,643
2065	93,014,648	9,284,545	2,486,933	104,786,126
2066	85,906,943	8,600,620	2,274,379	96,781,942
2067	79,229,355	7,935,638	2,093,126	89,258,119
2068	72,847,877	7,291,115	1,935,080	82,074,072
2069	66,736,249	6,668,537	1,794,039	75,198,825
2070	60,913,777	6,069,373	1,665,335	68,648,485
2071	55,364,646	5,495,147	1,545,621	62,405,413
2072	50,083,662	4,947,366	1,432,621	56,463,649
2073	45,075,677	4,427,478	1,324,844	50,827,999

Schedule SB Attachment (Form 5500)—2024 Plan Year
 Kaiser Permanente Retirement Plan for SCPMG

EIN: 95-1750445 PN: 001

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

For ERISA and ASC 960 Requirements

Interest Rates for Minimum Funding and ASC 960 Purposes Based on segment rates with a four-month lookback (as of September 2023), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA.

1st Segment Rate	4.75%.
2nd Segment Rate	4.87%.
3rd Segment Rate	5.59%.

Interest Rates for Maximum Tax Purposes Based on segment rates with a four-month lookback (as of September 2023), without regard to interest rate stabilization.

1st Segment Rate	3.62%.
2nd Segment Rate	4.46%.
3rd Segment Rate	4.52%.

Lump Sum Interest Rate Same as funding interest rates above.

Salary Increases Sample annual increases in salary are shown below:

<u>Age</u>	<u>Salaried</u>	<u>Hourly</u>
25	8.80%	8.00%
30	6.90%	6.50%
35	5.80%	5.20%
40	4.95%	4.60%
45	4.45%	4.35%
50	4.00%	4.10%
55	3.75%	3.85%
60	3.50%	3.60%
65	3.50%	3.50%

Rates are 1.50% higher for certain Hourly Employees for 2024.

Optional Payment Form Election Percentage Lump sum: 60%.
 Joint and survivor pop-up annuity or equivalent: 10%.
 Life annuity or equivalent: 30%.

Retirement Age
 Active Participants See Table A.
 Terminated Vested Participants Age 63.

Schedule SB Attachment (Form 5500)—2024 Plan Year
Kaiser Permanente Retirement Plan for SCPMG

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Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Mortality Rates	
Healthy and Disabled	2024 generational mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(b).
Withdrawal Rates	See Table B.
Disability Rates	See Table C.
Surviving Spouse Benefit	It is assumed that 75% of males and 65% of females have an eligible spouse. Wives are assumed to be two years younger than their husbands.
Benefit and Compensation Limits	Benefits and compensation are limited by the current IRC section 415 maximum benefit of \$275,000 and the 401(a)(17) compensation limit of \$345,000.
Valuation of Plan Assets	3-year smoothed value.
Expected Return on Assets	
2022 plan year	6.25%, limited to 5.92%.
2023 plan year	6.25%, limited to 5.74%.
2024 plan year	6.50%, limited to 5.59%.
Trust Expenses Included in Target Normal Cost	105% of the prior year's administrative expenses (including the prior year's PBGC premiums).
	The amount for 2024 is \$15,423,872.
Actuarial Method	Standard unit credit.
Valuation Date	January 1, 2024.

Schedule SB Attachment (Form 5500)—2024 Plan Year
 Kaiser Permanente Retirement Plan for SCPMG

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Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Table A

Retirement Rates

Retirement rates that vary by age are shown below. Early retirement rates prior to age 55 equal to the ultimate withdrawal rates below:

Age	Salaried	Hourly
55-58	6.00%	4.00%
59	8.00%	6.00%
60	12.00%	8.00%
61	12.00%	10.00%
62	20.00%	12.00%
63	20.00%	14.00%
64	25.00%	25.00%
65-66	25.00%	35.00%
67-69	25.00%	30.00%
70+	100.00%	100.00%

Table B

Probabilities of Withdrawal

Sample ultimate rates applicable to employees with five or more years of service are as follows:

Age	Salaried	Hourly
25	7.35%	4.00%
30	5.00%	3.00%
35	3.50%	2.50%
40	3.40%	2.00%
45	3.30%	2.00%
50	3.20%	2.00%
55	4.00%	3.00%
60	6.00%	6.00%

For employees with less than five years of service the above ultimate rates are increased by multiplying by the following percentages:

Years of Service	Salaried	Hourly
Less than 1	300%	350%
1, but less than 2	200%	200%
2, but less than 3	175%	150%
3, but less than 5	150%	125%

Schedule SB Attachment (Form 5500)—2024 Plan Year
Kaiser Permanente Retirement Plan for SCPMG

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Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Table C

Probabilities of Disability

Sample disability rates are as follows:

Age	Male	Female
35	0.01%	0.02%
40	0.02%	0.04%
45	0.05%	0.07%
50	0.10%	0.12%
55	0.21%	0.19%
60	0.35%	0.27%
65	0.00%	0.00%

Schedule SB Attachment (Form 5500)—2024 Plan Year

Kaiser Permanente Retirement Plan for SCPMG

EIN: 95-1750445 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

**Kaiser Permanente Salaried Retirement Plan for Southern California
Permanente Medical Group Supplement (032—KPSRP)**

This section provides a brief summary of the benefits under the plan that are being valued. Refer to the official governing documents for further details of the plan's provisions.

Effective Date

SCPMG April 1, 1958, amended and restated January 1, 2021.

KPSRP April 1, 1958.

Supplement 1-A.

Most Recent Amendment

SCPMG Third Amendment, signed December 19, 2023.

Eligible Employees

- (a) A salaried employee of the company (excluding associate physicians).
- (b) An employee of the company who is a non-union administrative clerical support.
- (c) Until January 31, 1998, an hourly employee represented by the National Union of Healthcare Workers (NUHW), Psych-Social, formerly United Healthcare Workers-West, Kaiser Psych-Social Chapter (formerly SEIU UHW, Social Services Union, Local 535) – San Diego only.
- (d) From August 1, 2013 through December 31, 2013, an employee who is represented by UNAC/UHCP - Midwife Wound Ostomy registered nurse (KPMWON).
- (e) From August 1, 2013 through December 31, 2013, an employee who is represented by UNAC/UHCP - Specialty Care Nurses of Southern California (SCNSC).
- (f) Until December 31, 2015, an employee who is an Addiction Medicine Nurse Counselor RN or Per Diem Alcohol Nurse Counselor represented by UNAC/UHCP – SCNSC pursuant to an agreement signed February 17, 2015.
- (g) Until June 30, 2017, an employee who is a Population Management Support Coordinator represented by UFCW (Kern County Administrative) Local 770 pursuant to an agreement ratified March 28, 2017.
- (h) Until June 3, 2018, an employee who is a Health Plan Representative, Sr. Health Plan Representative, Health Education Assistant, Admin Specialist II, or Outside Case Management Clerk represented by UFCW (Kern County Administrative) Local 770 pursuant to an agreement signed February 26, 2018.

Kaiser Permanente Salaried Retirement Plan for Southern California Permanente Medical Group Supplement (032—KPSRP)

- Eligible Employees (continued)**
- (i) Through November 3, 2018, an employee who is a Coordinators Outside Referral (ACS), Health Plan Representative, Sr. Health Plan Representative, Health Education Assistant, Medical Transportation Analyst, Population Management Support Coordinator, Staffing Clerk ACS, Administrative Specialist I, II, III, IV, or Administrative Services Coordinator I, II in the Southern California Region represented by Service Employees International Union (SEIU) United Healthcare Workers (UHW) pursuant to an agreement ratified August 3, 2018.
 - (j) Through December 15, 2018, an employee who is a Clinical Nurse Specialist RN or Implantable Cardiac Device Nurse Specialist I, II, III represented by UNAC/UHCP-KPMWON pursuant to an agreement ratified September 14, 2018.
 - (k) Through December 15, 2018, an employee who is an Employee Health Coordinator, RN represented by UNAC/UHCP-SCNSC pursuant to an agreement ratified by September 14, 2018.
 - (l) Through February 22, 2020, an employee who is a Health Plan Representative, Sr. Health Plan Representative, Population Management Support Coordinator, Administrative Specialist I, II, III, IV or Administrative Services Coordinator I, II represented by United Steelworkers of America, AFL-CIO, Local 7600 pursuant to an agreement ratified August 30, 2019
 - (m) Through May 16, 2020, employees classified as Utilization Analysts who became represented by Service Employees International Union, United Healthcare Workers West (SEIU-UHW) pursuant to an agreement ratified March 7, 2020.
 - (n) Through October 28, 2023, Employees classified as Outside Referral Coordinators who became represented by the United Steelworkers of America, AFO-CIO, Local 7600 pursuant to an agreement effective July 28, 2023.

Participation

Participation begins on the latest of the first anniversary of hire if the eligible employee has at least 1,000 hours of employment, the first day of the plan year in which the eligible employee has 1,000 hours of employment, or the date the participant becomes an eligible employee.

Schedule SB Attachment (Form 5500)—2024 Plan Year
Kaiser Permanente Retirement Plan for SCPMG

EIN: 95-1750445 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

**Kaiser Permanente Salaried Retirement Plan for Southern California
Permanente Medical Group Supplement (032—KPSRP)**

Normal Retirement

Eligibility Age 65.
Monthly Benefit The sum of the amounts determined under (1) and (2) below:

(1) The greater of the amounts determined under (a) or (b) below:

(a) 1.5% of final average compensation times years of credited service, or

(b) \$17.50 times years of credited service.

(2) 0.25% of final average compensation times years of credited service prior to January 1, 1968 with organizations listed in Appendix D of the KPSRP supplement.

Early Retirement

Eligibility Age 55 and 15 years of service, or the sum of the years of age plus years of service equals at least 75.

Special rules apply for participants in the plan on December 31, 1968.

Monthly Benefit The accrued normal retirement benefit earned to the participant's termination date, reduced 3% for each year from age 60 to 65 and 5% for each year prior to age 60.

In no event will the early retirement benefit be less than the accrued normal retirement benefit earned to the participant's termination date, reduced actuarially.

Postponed Retirement

Eligibility Termination after normal retirement date.
Monthly Benefit Greater of the accrued normal retirement benefit earned to the participant's termination date or actuarially increased retirement benefit.

Disability Retirement

Eligibility Termination due to disability after 10 years of retirement eligibility service if the participant receives disability income benefits under Title II of the Social Security Act.
Monthly Benefit The accrued normal retirement benefit earned to the participant's disability termination date reduced actuarially.

Schedule SB Attachment (Form 5500)—2024 Plan Year
Kaiser Permanente Retirement Plan for SCPMG

EIN: 95-1750445 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

Kaiser Permanente Salaried Retirement Plan for Southern California
Permanente Medical Group Supplement (032—KPSRP)

In-Service Retirement

Eligibility Participant may elect to begin receipt of retirement benefits while active after age 65.

Monthly Benefit The postponed retirement benefit earned to the participant's In-Service retirement date.

A participant continues to accrue benefits after commencing In-Service Retirement. When the participant's Service ends, the recalculated Postponed Retirement Benefit will be offset by the actuarial equivalent of the Retirement Income received during the participant's continued employment.

Deferred Vested Retirement

Eligibility 5 years of service or age 65 or older.

Monthly Benefit The accrued normal retirement benefit earned to the participant's termination date, payable at age 65.

A participant who terminates after completing at least 15 years of service, but before age 55, may elect to receive a reduced benefit beginning as early as age 55 or when the participant's years of age plus years of service equal at least 75. The benefit is reduced in the same manner as the early retirement benefit.

Effective April 1, 2023, a terminated participant who has not met 15 years of service and age 55 or age plus years of service equal to at least 75 at commencement, may elect to receive an actuarially equivalent benefit prior to age 65.

In Service Death Benefits

Eligibility Any vested participant who is married or has a domestic partner and who is employed within the controlled group at the date of death.

Monthly Benefit 66-2/3% of the participant's accrued benefit at the time of death, adjusted for the 66-2/3% joint and survivor annuity form of payment, payable at the participant's normal retirement date. If the survivor elects early commencement, the benefit is further reduced in the same manner as the early retirement benefit.

A spouse of a non-represented participant may commence benefits immediately following the participant's death.

A domestic partner must commence benefits within one year of the date of death of the participant.

Schedule SB Attachment (Form 5500)—2024 Plan Year

Kaiser Permanente Retirement Plan for SCPMG

EIN: 95-1750445 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

**Kaiser Permanente Salaried Retirement Plan for Southern California
Permanente Medical Group Supplement (032—KPSRP)**

Pre-Retirement Death Benefits

Eligibility

Any vested participant who is married or has a domestic partner and who is not employed within the controlled group at the date of death.

Monthly Benefit

50% of the participant's accrued benefit at the time of death, adjusted for the 50% joint and survivor annuity form of payment, payable at the participant's normal retirement date. If the survivor elects early commencement, the benefit is further reduced in the same manner as the early retirement benefit.

A spouse of a non-represented participant may commence benefits immediately following the participant's death.

A domestic partner must commence benefits within one year of the date of death of the participant.

Normal Form of Payment

Unmarried

Life annuity.

Married

50% joint and survivor annuity (actuarially reduced).

Optional Forms of Payment

- (1) Life annuity;
- (2) Joint and survivor annuity with 50%, 66–2/3%, or 75% continuation to the survivor;
- (3) Life annuity with 60, 120, 180, or 240 monthly payments guaranteed;
- (4) Level income option which is reduced after Social Security payments begin to provide a level income throughout retirement (available as a life annuity or life annuity with a guaranteed payment period);
- (5) Lump sum;
- (6) Equal monthly installments for a fixed number of months, not exceeding 360. Equal monthly installments for a fixed number of months, not exceeding 360; and
- (7) 100% joint and survivor annuity with 15-year guaranteed period and pop-up.

The 50% joint and survivor annuity and the 100% joint and survivor annuity with 15-year guaranteed period and pop-up have a greater actuarial value than the life annuity. All other optional forms of payment have the same actuarial value as the life annuity.

Schedule SB Attachment (Form 5500)—2024 Plan Year

Kaiser Permanente Retirement Plan for SCPMG

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Schedule SB, Part V—Summary of Plan Provisions

**Kaiser Permanente Salaried Retirement Plan for Southern California
Permanente Medical Group Supplement (032—KPSRP)**

Definitions

Actuarial Equivalence

For time of payment, actuarial equivalence is based on a 6% interest rate and the UP-1984 Mortality Table set back 5 years for participants and 2 years for beneficiaries.

For form of payment, actuarial equivalence is based on 417(e) basis as modified by PPA for the month which is two months before the benefit starting date.

Credited Service

Each calendar year in which a participant has 2,000 or more hours of employment is counted as a year of credited service. Proportional credited service based on a 2,000-hour year is counted for any complete or partial year in which the participant has fewer than 2,000 hours of employment.

The following hours are counted as credited service:

- (1) Hours of employment with certain medical care organizations.
- (2) Hours of employment during which an employee is disabled and eligible to receive company provided short-term or long-term disability.
- (3) Hours of employment during which an employee served as a partner physician.
- (4) 2,000 hours for each school year completed by participants who attended Kaiser Foundation School of Nursing and immediately became employed by a medical care organization.
- (5) Hours of employment as an eligible employee in an employee category not covered by the plan if the period of employment is followed by a period of employment in an employee category covered by this plan; however, certain exclusions apply.
- (6) For participants who are vested at the time of termination, hours of accumulated sick leave are included in hours of employment for purposes of determining credited service. A minimum of 250 sick leave hours applies.

Notwithstanding the foregoing, certain hours of employment are not counted as credited service (for example, hours for which the employer has made a contribution on behalf of an employee to an IRA or defined contribution plan or hours in a plan year in which an employee voluntarily declined participation in the plan to establish an IRA).

Kaiser Permanente Salaried Retirement Plan for Southern California Permanente Medical Group Supplement (032—KPSRP)

Definitions (continued)

Final Average Compensation

A participant's average monthly compensation for the highest 60 consecutive months of employment in the last 120 months of employment. The total monthly compensation included in final average compensation for any 12-month period is limited in accordance with IRC section 401(a)(17).

Monthly compensation is the monthly rate of base pay as of the first compensated hour in each month. Monthly compensation does not include overtime, bonuses, or other special allowances. For employees paid hourly, monthly compensation is the participant's base hourly wage rate for the first compensated hour of employment in each month multiplied by 173.33. Monthly compensation does not include differential pay for temporary work in a higher classification, shift differential, meal allowance, on-call pay, overtime, and other special bonuses and allowances. Monthly compensation includes the monthly amount contributed under salary reduction agreements to plans under IRC sections 403(b), 401(k), 129, 125, and 132(f)(4). Monthly compensation for part-time employment or periods when the participant receives reduced sick pay is determined at the full-time rate. Terminal vacation pay is deemed paid over the period for which payment is made. Other special rules also apply.

Service

Each calendar year in which an employee has 1,000 or more hours of employment is counted as a year of service.

The following hours are counted as service:

- (1) Hours of employment with certain medical care organizations.
- (2) Hours of employment during which an employee is disabled and eligible to receive company provided short-term or long-term disability.
- (3) Hours of employment during which an employee served as a partner physician.
- (4) 2,000 hours for each school year completed by participants who attended Kaiser Foundation School of Nursing and immediately became employed by a medical care organization.

Special rules apply for service before 1976.

Schedule SB Attachment (Form 5500)—2024 Plan Year
Kaiser Permanente Retirement Plan for SCPMG

EIN: 95-1750445 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

Kaiser Permanente Fontana Pension Plan for Southern California
Permanente Medical Group Supplement (033—KPFPP)

This section provides a brief summary of the benefits under the plan that are being valued. Refer to the official governing documents for further details of the plan's provisions.

Effective Date

SCPMG April 1, 1958, amended and restated January 1, 2021.

KPFPP November 1, 1966.

Supplement 2-A.

Most Recent Amendment

SCPMG Third Amendment, signed December 19, 2023.

Eligible Employees

Hourly employees in the Southern California region represented by United Steelworkers of America (USW), AFL-CIO, Local 7600, except as follows:

- (i) An employee represented by USW Local 7600 pursuant to an agreement ratified August 30, 2019, who is a Health Plan Representative, Sr. Health Plan Representative, Population Management Support Coordinator, Administrative Specialist I, II, III, IV or Administrative Services Coordinator I, II becomes an Eligible Employee effective February 23, 2020.
- (ii) An employee represented by USW Local 7600 pursuant to an agreement effective July 28, 2023, who is an Outside Referral Coordinator becomes an Eligible Employee effective October 29, 2023.

Participation

Participation begins on the date of employment.

Normal Retirement

Eligibility Age 65.

Monthly Benefit

The greater of amounts determined under (1) or (2) below:

- (1) \$20 times the years of credited service up to 20 years, plus \$23 multiplied by years of credited service over 20.
- (2) 1.45% of final average compensation times the years of credited service. (For retirements before March 1, 2003, historical retirement income formulas applied.)

The benefit shall not be less than the accrued benefit as of December 31, 1993.

Schedule SB Attachment (Form 5500)—2024 Plan Year
Kaiser Permanente Retirement Plan for SCPMG

EIN: 95-1750445 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

Kaiser Permanente Fontana Pension Plan for Southern California
Permanente Medical Group Supplement (033—KPFPP)

Early Retirement

Eligibility Age 55 and 15 years of service.

Monthly Benefit The accrued normal retirement benefit earned to the participant's termination date, reduced 5% for each year by which the benefit starting date precedes age 65.

Postponed Retirement

Eligibility Termination after normal retirement date.

Monthly Benefit Greater of the accrued normal retirement benefit earned to the participant's termination date or actuarially increased retirement benefit.

Disability Retirement

Eligibility Termination due to disability after 10 years of retirement eligibility service if the participant receives disability income benefits under Title II of the Social Security Act.

Monthly Benefit The normal retirement benefit accrued through December 31, 1992 unreduced, plus the normal retirement benefit accrued on or after January 1, 1993 reduced in the same manner as the early retirement benefit.

Deferred Vested Retirement

Eligibility 5 years of service or age 65 or older.

Monthly Benefit The accrued normal retirement benefit earned to the participant's termination date, payable at age 65.

A participant who terminates after completing at least 15 years of service, but before age 55, may elect to receive a reduced benefit beginning as early as age 55. The benefit is reduced in the same manner as the early retirement benefit.

Pre-Retirement Death Benefits

Eligibility Any vested participant who is married or has a domestic partner at the time of death.

Monthly Benefit 50% of the participant's accrued benefit at the time of death, adjusted for the 50% joint and survivor annuity form of payment, payable at the participant's normal retirement date. If the survivor elects early commencement, the benefit is further reduced in the same manner as the early retirement benefit.

A domestic partner must commence benefits within one year of the date of death of the participant.

Schedule SB Attachment (Form 5500)—2024 Plan Year
Kaiser Permanente Retirement Plan for SCPMG

EIN: 95-1750445 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

Kaiser Permanente Fontana Pension Plan for Southern California
Permanente Medical Group Supplement (033—KPFPP)

Qualified Dependent Benefit

Eligibility	Any vested participant who at the date of death (1) Is unmarried or does not have a domestic partner; (2) Has a qualified dependent; and (3) Is employed within the controlled group.
Monthly Benefit	A monthly benefit for 120 months payable to the qualified dependent, determined as if the participant had retired on the day before death, elected a life annuity with 120 monthly payments guaranteed, and designated the qualified dependent as the beneficiary. If the participant is survived by both a spouse or a domestic partner and a qualified dependent and the surviving spouse dies before the tenth anniversary of the participant's date of death, the qualified dependent will receive a qualified dependent monthly benefit that will end in the month of the tenth anniversary of the participant's death. This benefit is limited in accordance with IRC Section 401(a)(9)(B).

Normal Form of Payment

Unmarried	Life annuity.
Married	50% joint and survivor annuity (actuarially reduced).
Optional Forms of Payment	(1) Life annuity; (2) Joint and survivor annuity with 50%, 66–2/3%, or 75% continuation to the survivor; (3) Life annuity with 60, 120, 180, or 240 monthly payments guaranteed; (4) Level income option which is reduced after Social Security payments begin to provide a level income throughout retirement (available as a life annuity or life annuity with a guaranteed payment period); (5) Lump sum; and (6) 100% joint and survivor annuity with 15-year guaranteed period and pop-up. The 50% joint and survivor annuity and the 100% joint and survivor annuity with 15-year guaranteed period and pop-up have a greater actuarial value than the life annuity. All other optional forms of payment have the same actuarial value as the life annuity.

Schedule SB Attachment (Form 5500)—2024 Plan Year
Kaiser Permanente Retirement Plan for SCPMG

EIN: 95-1750445 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

Kaiser Permanente Fontana Pension Plan for Southern California
Permanente Medical Group Supplement (033—KPFPP)

Definitions

Actuarial Equivalence

For time of payment, actuarial equivalence is based on a 6% interest rate and the UP-1984 Mortality Table set back 5 years for participants and 2 years for beneficiaries.

For form of payment, actuarial equivalence is based on 417(e) basis as modified by PPA for the month which is two months before the benefit starting date.

Credited Service

Each calendar year beginning January 1, 2003 in which a participant has 1,800 or more hours of employment is counted as a year of credited service. Proportional credited service based on a 1,800-hour year is counted for any complete or partial year in which the participant has fewer than 1,800 hours of employment.

Each calendar year before January 1, 2003 in which a participant has 2,000 or more hours of employment is counted as a year of credited service. Proportional credited service based on a 2,000-hour year is counted for any complete or partial year in which the participant has fewer than 2,000 hours of employment.

Credited service includes hours of employment as an eligible employee in an employee category not covered by the plan if the period of employment is followed by a period of employment in an employee category covered by this plan; however, certain exceptions apply.

Credited service includes certain hours of accumulated sick leave. For participants who are not retirement eligible at termination a minimum of 250 hours applies.

Notwithstanding the foregoing, certain hours of employment are not counted as credited service (for example, hours for which the employer has made a contribution on behalf of an employee to an IRA or defined contribution plan or hours in a plan year in which an employee voluntarily declined participation in the plan to establish an IRA).

For employees represented by certain collectively bargained agreements, service includes up to one year for long-term union leaves and up to two years for elected union official leaves.

Schedule SB Attachment (Form 5500)—2024 Plan Year

Kaiser Permanente Retirement Plan for SCPMG

EIN: 95-1750445 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

Kaiser Permanente Fontana Pension Plan for Southern California
Permanente Medical Group Supplement (033—KPFPP)

Definitions (continued)

Final Average Compensation

A participant's average monthly compensation for the highest 60 consecutive months of employment in the last 120 months of employment. The total monthly compensation included in final average compensation for any 12-month period is limited in accordance with IRC section 401(a)(17).

Monthly compensation is the monthly rate of base pay for the first compensated hour in each month. Monthly compensation does not include overtime, bonuses, or other special allowances. For employees paid hourly, monthly compensation is the participant's base hourly wage rate for the first compensated hour of employment in each month multiplied by 173.33. Monthly compensation does not include differential pay for temporary work in a higher classification, shift differential, meal allowance, on-call pay, overtime, and other special bonuses and allowances. Monthly compensation includes the monthly amount contributed under salary reduction agreements to plans under IRC sections 403(b), 401(k), 129, 125, and 132(f)(4). Monthly compensation for part-time employment or periods when the participant receives reduced sick pay is determined at the full-time rate. Terminal vacation pay is deemed paid over the period for which payment is made. Other special rules also apply.

Qualified Dependent

The biological or legally adopted child of the employee who is 18 years of age or younger on the date of the employee's death. Otherwise, if there are no minor children, a qualified dependent, on the date of the employee's death, must (1) be claimed as a dependent on the employee's tax return and (2) live in the home of the employee, or be enrolled and actively attending school.

Service

Each calendar year in which an employee has 1,000 or more hours of employment is counted as a year of service. Proportional credited service based on a 1,000-hour year is counted for any complete or partial year in which the participant has fewer than 1,000 hours of employment.

Special prior service credits apply for certain employees for hours of employment before May 1, 1979.

For employees represented by certain collectively bargained agreements, service includes up to one year for long term union leaves and up to two years for elected union official leaves.

Special rules apply for service before 1993.

Schedule SB Attachment (Form 5500)—2024 Plan Year
Kaiser Permanente Retirement Plan for SCPMG

EIN: 95-1750445 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

**Kaiser Permanente Southern California Employees Pension Plan
Supplement (034—KPSCEPP)**

This section provides a brief summary of the benefits under the plan that are being valued. Refer to the official governing documents for further details of the plan's provisions.

Effective Date

SCPMG April 1, 1958, amended and restated January 1, 2021.

KPSCEPP January 1, 1967.
Supplements 3-A, 3-B, 3-C, 3-D, 3-E, 3-F, and 3-G.

Most Recent Amendment

SCPMG Third Amendment, signed December 19, 2023.

Eligible Employees

Supplement 3-A An hourly employee represented by:

(a) SEIU United HealthCare Workers – West (formerly Local 399)
except as follows:

- (i) An employee represented by SEIU United Healthcare Workers – West pursuant to an agreement ratified on August 3, 2018 who is a Southern California Region Coordinators Outside Referral (ACS), Health Plan Representative, Sr. Health Plan Representative, Health Education Assistant, Medical Transportation Analyst, Population Management Support Coordinator, Staffing Clerk ACS, Administrative Specialist I, II, III, IV, or Administrative Services Coordinator I, II becomes an eligible employee effective November 4, 2018.
- (ii) An employee classified as a Utilization Analyst who became represented by Service Employees International Union, United Healthcare Workers West (“SEIU-UHW”) pursuant to an agreement ratified March 7, 2020 becomes an Eligible Employee effective May 17, 2020.
- (iii) An employee classified as a Physician Assistant in Baldwin Park and Downey (Bellflower) who became represented by United Nurses Associations of California/Union of Health Care Professionals (UNAC/UHCP) pursuant to an agreement dated November 2, 2021, becomes an Eligible Employee effective February 6, 2022.

(b) UFCW Clinical Laboratory Scientists (CLS) formerly known as Medical Technologists (excluding San Diego).

(c) OPEIU Local 30 - California Service Center.

Schedule SB Attachment (Form 5500)—2024 Plan Year
Kaiser Permanente Retirement Plan for SCPMG

EIN: 95-1750445 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

Kaiser Permanente Southern California Employees Pension Plan
Supplement (034—KPSCEPP)

Eligible Employees (continued)

- Supplement 3-A (continued)
- (d) National Union of Healthcare Workers (NUHW), Sunset (Registered Nurses) formerly SEIU-UHW-American Federation of Nurses – Sunset Local 535.
 - (e) OPEIU Local 30 – San Diego.
 - (f) UNAC RNs, Los Angeles, Bakersfield, San Diego, Woodland Hills and Riverside.
 - (g) UFCW (Bakersfield-Clerical/Service/Pt Care).
 - (h) Effective March 3, 2014, Physician Assistants represented by UNAC/UHCP in the Woodland Hills area.
 - (i) Effective January 1, 2024, Kaiser Foundation Hospital Employees at the Moreno Valley Medical Center who are represented by Service Employees International Union - UHW-West in the Southern California region.
- Supplement 3-B
- An hourly employee represented by Teamsters Union Local 166, IBOT, AFL-CIO.
- Supplement 3-C
- An hourly employee represented by:
- (a) UFCW (Kern County Administrative) Local 770 (effective November 19, 2009).
 - (b) Effective July 1, 2017, Population Management Support Coordinators represented by UFCW (Kern County Administrative) Local 770.
 - (c) Effective June 3, 2018, Healthplan Representative, Sr. Healthplan Representative, Health Education Assistant, Admin Specialist II, or Outside Case Management Clerk represented by UFCW (Kern County Administrative) Local 770.

Schedule SB Attachment (Form 5500)—2024 Plan Year
Kaiser Permanente Retirement Plan for SCPMG

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Schedule SB, Part V—Summary of Plan Provisions

Kaiser Permanente Southern California Employees Pension Plan
Supplement (034—KPSCEPP)

Eligible Employees (continued)

Supplement 3-D

- (a) An Hourly Employee represented by Local 121 UHW-MV United Healthcare Workers Moreno Valley (subject to final union agreement) (effective June 20, 2008). An Employee ceases to be an Eligible Employee under this Supplement and instead is eligible for Supplement 11, Kaiser Permanente Southern California Employees Pension Plan (34-KPSCEPP) effective January 1, 2015.
- (b) An hourly employee who is a non-union employee of Moreno Valley (effective June 20, 2008).
- (c) An hourly employee represented by Painters, District Council 36 and 48.
- (d) An hourly employee or per diem employees who is not covered by another qualified retirement plan.
- (e) Through February 5, 2022, Employees classified as a Physician Assistant in Baldwin Park and Downey (Bellflower) who became represented by United Nurses Associations of California/Union of Health Care Professionals (UNAC/UHCP) on November 2, 2021.

Supplement 3-E

Effective January 1, 2015, an hourly employee in the Southern California region represented by National Union of Healthcare Workers (“NUHW”) – Health Care Professionals to UNAC-DASH Dieticians, Audiologists, Speech, Health Educators (formerly NUHW - Health Care Professionals and formerly SEIU, Local 535, Southern California Health Care Professionals) who was hired or rehired on or before December 31, 2014 and who remains an Employee through January 1, 2015. Effective January 1, 2015, notwithstanding any other provision in the Plan to the contrary, an employee represented by the National Union of Healthcare Workers (NUHW), Health Care Professionals who is hired or rehired on or after January 1, 2015 is not eligible for the Plan.

Schedule SB Attachment (Form 5500)—2024 Plan Year

Kaiser Permanente Retirement Plan for SCPMG

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Schedule SB, Part V—Summary of Plan Provisions

Kaiser Permanente Southern California Employees Pension Plan
Supplement (034—KPSCEPP)

Eligible Employees (continued)

- Supplement 3-F (a) Effective January 1, 2015, any hourly employee represented by:
- (i) Moreno Valley Service Employees International Union, Local 121 RN
 - (ii) Moreno Valley Service Employees International Union, United Healthcare Workers–West through December 31, 2023.
- (b) Effective April 22, 2018, Moreno Valley emergency department team leads (aka Lead Charge Nurses 14164) who became represented by Moreno Valley SEIU Local 121 RN pursuant to the contract ratified January 15, 2018.

- Supplement 3-G An hourly employee in the Southern California Region represented by:
- (a) Effective June 1, 2014, represented by the United Therapists of Southern California (UTSC) physical, occupational and recreational therapists.

Participation Participation begins on the date of employment.

Normal Retirement

Eligibility Age 65.

Monthly Benefit 1.4% of final average compensation times years of credited service.

For certain supplements¹, at various effective dates, 1.45% of final average compensation times years of credited service.

The benefit shall not be less than the accrued benefit as of December 31, 1993.

For certain supplements² historical formulas apply.

Early Retirement

Eligibility Age 55 and 15 years of service.

Monthly Benefit The accrued normal retirement benefit earned to the participant's termination date reduced actuarially. For certain Supplements³ the reduction is 5% for each year by which the benefit starting date precedes age 65.

¹ Supplements 3-A, 3-B, 3-C, 3-E, 3-F and 3-G.

² Supplements 3-A, 3-D and 3-G

³ With varying effective dates, Supplements 3-A, 3-B, 3-C, 3-E, 3-F and 3-G.

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Schedule SB, Part V—Summary of Plan Provisions

Kaiser Permanente Southern California Employees Pension Plan
Supplement (034—KPSCEPP)

Postponed Retirement

Eligibility Termination after normal retirement date.

Monthly Benefit Greater of the accrued normal retirement benefit earned to the participant's termination date or actuarially increased retirement benefit.

Disability Retirement

Eligibility Termination due to disability after 10 years of retirement eligibility service if the participant receives disability income benefits under Title II of the Social Security Act Participants in Supplement 3-D are covered after a controlled group termination.

Monthly Benefit The accrued normal retirement benefit earned to the participant's disability retirement date reduced in the same manner as the early retirement benefit.

In-Service Retirement

Eligibility Participants in certain supplements¹ may elect to begin receipt of retirement benefits while active after age 65.

Monthly Benefit The postponed retirement benefit earned to the participant's In-Service retirement date.

A participant continues to accrue benefits after commencing In-Service Retirement. When the participant's Service ends, the recalculated Postponed Retirement Benefit will be offset by the actuarial equivalent of the Retirement Income received during the participant's continued employment.

Deferred Vested Retirement

Eligibility 5 years of service or age 65 or older.

Monthly Benefit The accrued normal retirement benefit earned to the participant's termination date, payable at age 65.

A participant who terminates after completing at least 15 years of service, but before age 55, may elect to receive a reduced benefit beginning as early as age 55. The benefit is reduced in the same manner as the early retirement benefit.

¹ Supplements 3-E and 3-G

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Schedule SB, Part V—Summary of Plan Provisions

Kaiser Permanente Southern California Employees Pension Plan
Supplement (034—KPSCEPP)

Pre-Retirement Death Benefits

Eligibility

Any vested participant who is married or has a domestic partner at the time of death.

Monthly Benefit

50% of the participant's accrued benefit at the time of death, adjusted for the 50% joint and survivor annuity form of payment, payable at the participant's normal retirement date. If the survivor elects early commencement, the benefit is further reduced in the same manner as the early retirement benefit.

A spouse of a non-represented participant may commence benefits immediately following the participant's death.

A domestic partner must commence benefits within one year of the date of death of the participant.

Qualified Dependent Benefit

Eligibility

Any vested participant represented by certain supplements¹ who at the date of death

(1) Is unmarried or does not have a domestic partner;

(2) Has a qualified dependent; and

Is employed within the controlled group.

Monthly Benefit

A monthly benefit for 120 months payable to the qualified dependent, determined as if the participant had retired on the day before death, elected a life annuity with 120 monthly payments guaranteed, and designated the qualified dependent as the beneficiary.

If the participant is survived by both a spouse or a domestic partner and a qualified dependent and the surviving spouse dies before the tenth anniversary of the participant's date of death, the qualified dependent will receive a qualified dependent monthly benefit that will end in the month of the tenth anniversary of the participant's death. This benefit is limited in accordance with IRC Section 401(a)(9)(B).

¹ Supplements 3-A, 3-B, 3-C, 3-F and 3-G

Schedule SB Attachment (Form 5500)—2024 Plan Year
Kaiser Permanente Retirement Plan for SCPMG

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Schedule SB, Part V—Summary of Plan Provisions

Kaiser Permanente Southern California Employees Pension Plan
Supplement (034—KPSCEPP)

Normal Form of Payment

Unmarried Life annuity.

Married 50% joint and survivor annuity (actuarially reduced).

Optional Forms of Payment

- (1) Life annuity;
- (2) Joint and survivor annuity with 50%, 66–2/3%, or 75% continuation to the survivor;
- (3) Life annuity with 60, 120, 180, or 240 monthly payments guaranteed;
- (4) Level income option which is reduced after Social Security payments begin to provide a level income throughout retirement (available as a life annuity or life annuity with a guaranteed payment period);
- (5) Lump sum; and
- (6) 100% joint and survivor annuity with 15-year guaranteed period and pop-up.

The 50% joint and survivor annuity and the 100% joint and survivor annuity with 15-year guaranteed period and pop-up have a greater actuarial value than the life annuity. All other optional forms of payment have the same actuarial value as the life annuity.

Definitions

Actuarial Equivalence

For time of payment, actuarial equivalence is based on a 6% interest rate and the UP-1984 Mortality Table set back 5 years for participants and 2 years for beneficiaries.

For form of payment, actuarial equivalence is based on 417(e) basis as modified by PPA for the month which is two months before the benefit starting date.

Schedule SB Attachment (Form 5500)—2024 Plan Year
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Schedule SB, Part V—Summary of Plan Provisions

Kaiser Permanente Southern California Employees Pension Plan
Supplement (034—KPSCEPP)

Definitions (continued)

Credited Service

For certain supplements¹, each calendar year in which a participant has 2,000 or more hours of employment is counted as a year of credited service. Proportional credited service based on a 2,000-hour year is counted for any calendar year in which the participant has fewer than 2,000 hours of employment.

For participants in certain supplements at varying effective dates², each calendar year after the effective date in which a participant has 1,800 or more hours of employment is counted as a year of credited service. Proportional credited service based on a 1,800-hour year is counted for any complete or partial year in which the participant has fewer than 1,800 hours of employment.

For participants in these supplements, each calendar year before the effective date in which a participant has 2,000 or more hours of employment is counted as a year of credited service. Proportional credited service based on a 2,000-hour year is counted for any complete or partial year in which the participant has fewer than 2,000 hours of employment.

Credited service includes hours of employment as an eligible employee in an employee category not covered by the plan if the period of employment is followed by a period of employment in an employee category covered by this plan; however, certain exemptions apply.

¹ Supplement 3-D

² Supplement 3-A, effective date January 1, 2003

Supplement 3-B, effective date July 17, 2003

Supplement 3-C, effective at supplement effective date of November 19, 2009

Supplement 3-E, effective date January 1, 2024

Supplement 3-F, effective at supplement effective date of January 1, 2015

Supplement 3-G, effective date January 1, 2019

Schedule SB Attachment (Form 5500)—2024 Plan Year

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Schedule SB, Part V—Summary of Plan Provisions

Kaiser Permanente Southern California Employees Pension Plan
Supplement (034—KPSCEPP)

Definitions (continued)

Credited Service (continued)

For participants in certain supplements, credited service includes certain hours of accumulated sick leave¹ or workers' compensation leaves of absence².

Notwithstanding the foregoing, certain hours of employment are not counted as credited service (for example, hours for which the employer has made a contribution on behalf of an employee to an IRA or defined contribution plan or hours in a plan year in which an employee voluntarily declined participation in the plan to establish an IRA).

For participants in certain supplements³, service includes up to one year for long term union leaves and up to two years for elected union official leaves.

Final Average Compensation

A participant's average monthly compensation for the highest 60 consecutive months of employment in the last 120 months of employment. The total monthly compensation included in final average compensation for any 12-month period is limited in accordance with IRC section 401(a)(17).

Monthly compensation is the monthly rate of base pay for the first compensated hour in each month. Monthly compensation does not include overtime, bonuses, or other special allowances. For employees paid hourly, monthly compensation is the participant's base hourly wage rate for the first compensated hour of employment in each month multiplied by 173.33. Monthly compensation does not include differential pay for temporary work in a higher classification, shift differential, meal allowance, on-call pay, overtime, and other special bonuses and allowances. Monthly compensation includes the monthly amount contributed under salary reduction agreements to plans under IRC sections 403(b), 401(k), 129, 125, and 132(f)(4). Monthly compensation for part-time employment or periods when the participant receives reduced sick pay is determined at the full-time rate. Terminal vacation pay is deemed paid over the period for which payment is made. Other special rules also apply.

Qualified Dependent

The biological or legally adopted child of the employee who is 18 years of age or younger on the date of the employee's death. Otherwise, if there are no minor children, a qualified dependent, on the date of the employee's death, must (1) be claimed as a dependent on the employee's tax return and (2) live in the home of the employee, or be enrolled and actively attending school.

¹ Supplements 3-A, 3-B, 3-C, 3-D, 3-E, 3-F and 3-G

² Supplements 3-A, 3-B, 3-C, 3-F and 3-G

³ Supplements 3-A, 3-B, 3-C, 3-F and 3-G

Schedule SB Attachment (Form 5500)—2024 Plan Year
Kaiser Permanente Retirement Plan for SCPMG

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Schedule SB, Part V—Summary of Plan Provisions

Kaiser Permanente Southern California Employees Pension Plan
Supplement (034—KPSCEPP)

Definitions (continued)

Service

Each calendar year in which an employee has 1,000 or more hours of employment is counted as a year of service. Proportional service based on a 1,000-hour year is counted for any calendar year in which the employee has fewer than 1,000 hours.

Special rules apply for certain leaves of absence for certain collectively bargained employees and for service before January 1, 1989, for certain employees with certain prior service.

For employees represented by certain collectively bargained agreements, service includes up to one year for long term union leaves and up to two years for elected union official leaves.

Schedule SB Attachment (Form 5500)—2024 Plan Year
Kaiser Permanente Retirement Plan for SCPMG

EIN: 95-1750445 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

**Kaiser Permanente Southern California Social Services Pension Plan
Supplement (035–KPSCSSPP)**

This section provides a brief summary of the benefits under the plan that are being valued. Refer to the official governing documents for further details of the plan's provisions.

Effective Date

SCPMG April 1, 1958, amended and restated January 1, 2021.

KPSCSSPP January 1, 1977.

Supplement 4-A.

Most Recent Amendment

SCPMG Third Amendment, signed December 19, 2023.

Eligible Employees

- (a) Before February 1, 1998, an hourly employee represented by the National Union of Healthcare Workers (NUHW), Psych-Social, formerly United Healthcare Workers-West, Kaiser Psych-Social Chapter (formerly SEIU UHW, Social Services Union, Local 535), excluding Employees at the San Diego location.
- (b) Effective February 1, 1998, an hourly employee represented by the National Union of Healthcare Workers (NUHW), Psych-Social, formerly United Healthcare Workers-West, Kaiser Psych-Social Chapter (formerly SEIU UHW, Social Services Union, Local 535), including Employees at the San Diego location.
- (c) Effective January 1, 2015, eligible employee does not include an hourly employee represented by the National Union of Healthcare Workers (NUHW), Psych-Social who is:
 - (i) First hired by a Participating Company on or after January 1, 2015, or
 - (ii) Rehired by a Participating Company after January 1, 2015, and more than 31 days after ceasing to be employed by the Participating Company as shown in the official payroll records.

Participation

Participation begins on the date of employment.

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Kaiser Permanente Retirement Plan for SCPMG

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Schedule SB, Part V—Summary of Plan Provisions

**Kaiser Permanente Southern California Social Services Pension Plan
Supplement (035–KPSCSSPP)**

Normal Retirement

Eligibility Age 65.

Monthly Benefit 1.45% of final average compensation times the years of credited service. (For retirements before March 1, 2003, historical retirement income formulas applied.)

The benefit shall not be less than the accrued benefit as of December 31, 1993.

Early Retirement

Eligibility Age 55 and 15 years of service.

Monthly Benefit The accrued normal retirement benefit earned to the participant's termination date, reduced 5% for each year by which the benefit starting date precedes age 65.

Postponed Retirement

Eligibility Termination after normal retirement date.

Monthly Benefit Greater of the accrued normal retirement benefit earned to the participant's termination date or actuarially increased retirement benefit.

Disability Retirement

Eligibility Termination due to disability after 10 years of retirement eligibility service if the participant receives disability income benefits under Title II of the Social Security Act.

Monthly Benefit The accrued normal retirement benefit earned to the participant's disability retirement date reduced in the same manner as the early retirement benefit.

In-Service Retirement

Eligibility Effective January 1, 2015, a participant may elect to begin receipt of retirement benefits while active after age 65.

Monthly Benefit The postponed retirement benefit earned to the participant's In-Service retirement date.

A participant continues to accrue benefits after commencing In-Service Retirement. When the participant's Service ends, the recalculated Postponed Retirement Benefit will be offset by the actuarial equivalent of the Retirement Income received during the participant's continued employment.

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Kaiser Permanente Retirement Plan for SCPMG

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Schedule SB, Part V—Summary of Plan Provisions

**Kaiser Permanente Southern California Social Services Pension Plan
Supplement (035–KPSCSSPP)**

Deferred Vested Retirement

Eligibility

5 years of service or age 65 or older.

Monthly Benefit

The accrued normal retirement benefit earned to the participant's termination date, payable at age 65.

A participant who terminates after completing at least 15 years of service, but before age 55, may elect to receive a reduced benefit beginning as early as age 55. The benefit is reduced in the same manner as the early retirement benefit.

Pre-Retirement Death Benefits

Eligibility

Any vested participant who is married or has a domestic partner at the time of death.

Monthly Benefit

50% of the participant's accrued benefit at the time of death, adjusted for the 50% joint and survivor annuity form of payment, payable at the participant's normal retirement date. If the survivor elects early commencement, the benefit is further reduced in the same manner as the early retirement.

A domestic partner must commence benefits within one year of the date of death of the participant.

Qualified Dependent Benefit

Eligibility

Any vested participant who at the date of death

- (1) Is unmarried or does not have a domestic partner;
- (2) Has a qualified dependent; and
- (3) Is employed within the controlled group.

Monthly Benefit

A monthly benefit for 120 months payable to the qualified dependent, determined as if the participant had retired on the day before death, elected a life annuity with 120 monthly payments guaranteed, and designated the qualified dependent as the beneficiary.

If the participant is survived by both a spouse or a domestic partner and a qualified dependent and the surviving spouse dies before the tenth anniversary of the participant's date of death, the qualified dependent will receive a qualified dependent monthly benefit that will end in the month of the tenth anniversary of the participant's death. This benefit is limited in accordance with IRC Section 401(a)(9)(B).

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Schedule SB, Part V—Summary of Plan Provisions

Kaiser Permanente Southern California Social Services Pension Plan
Supplement (035–KPSCSSPP)

Normal Form of Payment

Unmarried Life annuity.

Married 50% joint and survivor annuity (actuarially reduced).

Optional Forms of Payment

- (1) Life annuity;
- (2) Joint and survivor annuity with 50%, 66–2/3%, or 75% continuation to the survivor;
- (3) Life annuity with 60, 120, 180, or 240 monthly payments guaranteed;
- (4) Level income option which is reduced after Social Security payments begin to provide a level income throughout retirement (available as a life annuity or life annuity with a guaranteed payment period);
- (5) Lump sum; and
- (6) 100% joint and survivor annuity with 15-year guaranteed period and pop-up.

The 50% joint and survivor annuity and the 100% joint and survivor annuity with 15-year guaranteed period and pop-up have a greater actuarial value than the life annuity. All other optional forms of payment have the same actuarial value as the life annuity.

Definitions

Actuarial Equivalence

For time of payment, actuarial equivalence is based on a 6% interest rate and the UP-1984 Mortality Table set back 5 years for participants and 2 years for beneficiaries.

For form of payment, actuarial equivalence is based on 417(e) basis as modified by PPA for the month which is two months before the benefit starting date.

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Schedule SB, Part V—Summary of Plan Provisions

Kaiser Permanente Southern California Social Services Pension Plan
Supplement (035–KPSCSSPP)

Definitions (continued)

Credited Service

On or after January 1, 2015 each calendar year in which a participant has 2,000 or more hours of employment is counted as a year of Credited Service. Proportional Credited Service based on a 2,000-hour year is counted for any complete or partial year in which the participant has fewer than 2,000 hours of employment.

For January 1, 2003 through December 31, 2014, each calendar year in which a participant has 1,800 or more hours of employment is counted as a year of Credited Service. Proportional Credited Service based on a 1,800-hour year is counted for any complete or partial year in which the participant has fewer than 1,800 hours of employment.

Each calendar year before January 1, 2003 in which a participant has 2,000 or more hours of employment is counted as a year of Credited Service. Proportional Credited Service based on a 2,000-hour year is counted for any complete or partial year in which the participant has fewer than 2,000 hours of employment.

Credited service includes hours of employment as an eligible employee in an employee category not covered by the plan if the period of employment is followed by a period of employment in an employee category covered by this plan; however, certain exceptions apply.

Credited service includes certain hours of accumulated sick leave. For participants who are not retirement eligible at termination a minimum of 250 hours applies.

Notwithstanding the foregoing, certain hours of employment are not counted as credited service (for example, hours for which the employer has made a contribution on behalf of an employee to an IRA or defined contribution plan or hours in a plan year in which an employee voluntarily declined participation in the plan to establish an IRA).

For employees represented by certain collectively bargained agreements, service includes up to one year for long term union leaves and up to two years for elected union official leaves.

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Schedule SB, Part V—Summary of Plan Provisions

Kaiser Permanente Southern California Social Services Pension Plan
Supplement (035–KPSCSSPP)

Definitions (continued)

Final Average Compensation

A participant's average monthly compensation for the highest 60 consecutive months of employment in the last 120 months of employment. The total monthly compensation included in final average compensation for any 12-month period is limited in accordance with IRC section 401(a)(17).

Monthly compensation is the monthly rate of base pay as the first compensated hour in each month. Monthly compensation does not include overtime, bonuses, or other special allowances. For employees paid hourly, monthly compensation is the participant's base hourly wage rate for the first compensated hour of employment in each month multiplied by 173.33. Monthly compensation does not include differential pay for temporary work in a higher classification, shift differential, meal allowance, on-call pay, overtime, and other special bonuses and allowances. Monthly compensation includes the monthly amount contributed under salary reduction agreements to plans under IRC sections 403(b), 401(k), 129, 125, and 132(f)(4). Monthly compensation for part-time employment or periods when the participant receives reduced sick pay is determined at the full-time rate. Terminal vacation pay is deemed paid over the period for which payment is made. Other special rules also apply.

Qualified Dependent

The biological or legally adopted child of the employee who is 18 years of age or younger on the date of the employee's death. Otherwise, if there are no minor children, a qualified dependent, on the date of the employee's death, must (1) be claimed as a dependent on the employee's tax return and (2) live in the home of the employee, or be enrolled and actively attending school.

Service

Each calendar year in which an employee has 1,000 or more hours of employment is counted as a year of service. Proportional service based on a 1,000-hour year is counted for any calendar year in which the employee has fewer than 1,000 hours.

Special rules apply for certain leaves of absence for certain collectively bargained employees.

For employees represented by certain collectively bargained agreements, service includes up to one year for long term union leaves and up to two years for elected union official leaves.

Special rules apply for service with certain participating companies.

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Kaiser Permanente Retirement Plan for SCPMG

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Schedule SB, Part V—Summary of Plan Provisions

**Kaiser Permanente Nurse Anesthetists Pension Plan Supplement
(036—KPNAPP)**

This section provides a brief summary of the benefits under the plan that are being valued. Refer to the official governing documents for further details of the plan's provisions.

Effective Date

SCPMG April 1, 1958, amended and restated January 1, 2021.

KPNAPP January 1, 1980.

Supplement 5-A.

Most Recent Amendment

SCPMG Third Amendment, signed December 19, 2023.

Eligible Employees

An hourly employee represented by Kaiser Permanente Nurse Anesthetists Association.

Participation

Participation begins on the date of employment.

Normal Retirement

Eligibility Age 65.

Monthly Benefit

1.45% of final average compensation times the years of credited service. (For retirements before March 1, 2003, historical retirement income formulas applied.)

The benefit shall not be less than the accrued benefit as of December 31, 1993.

Early Retirement

Eligibility Age 55 and 15 years of service, or the sum of years of age plus years of service equals at least 75.

Special rules apply for participants in the plan on December 31, 1968.

Monthly Benefit

The accrued normal retirement benefit earned to the participant's termination date, reduced 5% for each year from age 55 to age 65 and actuarially prior to age 55.

Postponed Retirement

Eligibility Termination after normal retirement date.

Monthly Benefit

Greater of the accrued normal retirement benefit earned to the participant's termination date or actuarially increased retirement benefit.

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Kaiser Permanente Retirement Plan for SCPMG

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Schedule SB, Part V—Summary of Plan Provisions

**Kaiser Permanente Nurse Anesthetists Pension Plan Supplement
(036—KPNAPP)**

Disability Retirement

Eligibility

Termination due to disability after 10 years of retirement eligibility service if the participant receives disability income benefits under Title II of the Social Security Act.

Monthly Benefit

The accrued normal retirement benefit earned to the participant's disability retirement date and reduced in the same manner as the early retirement benefit.

Deferred Vested Retirement

Eligibility

5 years of service or age 65 or older.

Monthly Benefit

The accrued normal retirement benefit earned to the participant's termination date, payable at age 65.

A participant who terminates after completing at least 15 years of service, but before age 55, may elect to receive a reduced benefit beginning as early as age 55 or when the participant's years of age plus years of service equal at least 75. The benefit is reduced in the same manner as the early retirement benefit.

Pre-Retirement Death Benefits

Eligibility

Any vested participant who is married or has a domestic partner at the time of death.

Monthly Benefit

50% of the participant's accrued benefit at the time of death, adjusted for the 50% joint and survivor annuity form of payment, payable at the participant's normal retirement date. If the survivor elects early commencement, the benefit is further reduced in the same manner as the early retirement benefit.

A domestic partner must commence benefits within one year of the date of death of the participant.

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Kaiser Permanente Retirement Plan for SCPMG

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Schedule SB, Part V—Summary of Plan Provisions

**Kaiser Permanente Nurse Anesthetists Pension Plan Supplement
(036—KPNAPP)**

Qualified Dependent Benefit

Eligibility

Any vested participant who at the date of death

- (1) Is unmarried or does not have a domestic partner;
- (2) Has a qualified dependent; and
- (3) Is employed within the controlled group.

Monthly Benefit

A monthly benefit for 120 months payable to the qualified dependent, determined as if the participant had retired on the day before death, elected a life annuity with 120 monthly payments guaranteed, and designated the qualified dependent as the beneficiary.

If the participant is survived by both a spouse or a domestic partner and a qualified dependent and the surviving spouse dies before the tenth anniversary of the participant's date of death, the qualified dependent will receive a qualified dependent monthly benefit that will end in the month of the tenth anniversary of the participant's death. This benefit is limited in accordance with IRC Section 401(a)(9)(B).

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Kaiser Permanente Retirement Plan for SCPMG

EIN: 95-1750445 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

**Kaiser Permanente Nurse Anesthetists Pension Plan Supplement
(036—KPNAPP)**

Normal Form of Payment

Unmarried Life annuity.

Married 50% joint and survivor annuity (actuarially reduced).

Optional Forms of Payment

- (1) Life annuity;
- (2) Joint and survivor annuity with 50%, 66–2/3%, or 75% continuation to the survivor;
- (3) Life annuity with 60, 120, 180, or 240 monthly payments guaranteed;
- (4) Level income option which is reduced after Social Security payments begin to provide a level income throughout retirement (available as a life annuity or life annuity with a guaranteed payment period);
- (5) Lump sum; and
- (6) 100% joint and survivor annuity with 15-year guaranteed period and pop-up.

The 50% joint and survivor annuity and the 100% joint and survivor annuity with 15-year guaranteed period and pop-up have a greater actuarial value than the life annuity. All other optional forms of payment have the same actuarial value as the life annuity.

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Kaiser Permanente Retirement Plan for SCPMG

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Schedule SB, Part V—Summary of Plan Provisions

Kaiser Permanente Nurse Anesthetists Pension Plan Supplement
(036—KPNAPP)

Definitions

Actuarial Equivalence

For time of payment, actuarial equivalence is based on a 6% interest rate and the UP-1984 Mortality Table set back 5 years for participants and 2 years for beneficiaries.

For form of payment, actuarial equivalence is based on 417(e) basis as modified by PPA for the month which is two months before the benefit starting date.

Credited Service

Each calendar year beginning January 1, 2003 in which a participant has 1,800 or more hours of employment is counted as a year of credited service. Proportional credited service based on a 1,800-hour year is counted for any complete or partial year in which the participant has fewer than 1,800 hours of employment.

Each calendar year before January 1, 2003 in which a participant has 2,000 or more hours of employment is counted as a year of credited service. Proportional credited service based on a 2,000-hour year is counted for any complete or partial year in which the participant has fewer than 2,000 hours of employment.

Credited service includes hours of employment as an eligible employee in an employee category not covered by the plan if the period of employment is followed by a period of employment in an employee category covered by this plan; however, certain exceptions apply.

For participants who are vested at the time of termination, certain hours of accumulated sick leave are included in hours of employment for purposes of determining credited service. A minimum of 250 sick leave hours applies.

Notwithstanding the foregoing, certain hours of employment are not counted as credited service (for example, hours for which the employer has made a contribution on behalf of an employee to an IRA or defined contribution plan or hours in a plan year in which an employee voluntarily declined participation in the plan to establish an IRA).

For employees represented by certain collectively bargained agreements, service includes up to one year for long term union leaves and up to two years for elected union official leaves.

Schedule SB Attachment (Form 5500)—2024 Plan Year

Kaiser Permanente Retirement Plan for SCPMG

EIN: 95-1750445 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

Kaiser Permanente Nurse Anesthetists Pension Plan Supplement
(036—KPNAPP)

Definitions (continued)

Final Average Compensation

A participant's average monthly compensation for the highest 60 consecutive months of employment in the last 120 months of employment. The total monthly compensation included in the final average compensation for any 12-month period is limited in accordance with IRC section 401(a)(17).

Monthly compensation is the monthly rate of base pay as the first compensated hour in each month. Monthly compensation does not include overtime, bonuses, or other special allowances. For employees paid hourly, monthly compensation is the participant's base hourly wage rate for the first compensated hour of employment in each month multiplied by 173.33. Monthly compensation does not include differential pay for temporary work in a higher classification, shift differential, meal allowance, on-call pay, overtime, and other special bonuses and allowances. Monthly compensation includes the monthly amount contributed under salary reduction agreements to plans under IRC sections 403(b), 401(k), 129, 125, and 132(f)(4). Monthly compensation for part-time employment or periods when the participant receives reduced sick pay is determined at the full-time rate. Terminal vacation pay is deemed paid over the period for which payment is made. Other special rules also apply.

Qualified Dependent

The biological or legally adopted child of the employee who is 18 years of age or younger on the date of the employee's death. Otherwise, if there are no minor children, a qualified dependent, on the date of the employee's death, must (1) be claimed as a dependent on the employee's tax return and (2) live in the home of the employee, or be enrolled and actively attending school.

Service

Each calendar year in which an employee has 1,000 or more hours of employment is counted as a year of service.

Special rules apply for certain leaves of absence for certain collectively bargained employees.

For employees represented by certain collectively bargained agreements, service includes up to one year for long term union leaves and up to two years for elected union official leaves.

Special prior service credits apply for hours of employment before May 1, 1979.

Schedule SB Attachment (Form 5500)—2024 Plan Year
Kaiser Permanente Retirement Plan for SCPMG

EIN: 95-1750445 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

**Kaiser Permanente Represented Employees Pension Plan Supplement
(049—KPREPP)**

This section provides a brief summary of the benefits under the plan that are being valued. Refer to the official governing documents for further details of the plan's provisions.

Effective Date

SCPMG April 1, 1958, amended and restated January 1, 2021.

KPREPP March 1, 2002.

Supplement 6-A.

Most Recent Amendment

SCPMG Third Amendment, signed December 19, 2023.

Eligible Employees

- (a) Effective March 1, 2002, an employee represented by Kaiser Permanente Association of Southern California Optometrists.
- (b) Effective June 21, 2004, employees represented by the National Union of Healthcare Workers (NUHW), Health Care Professionals (formerly SEIU, Local 535, Kaiser Permanente Southern California Professionals).
 - (i) Notwithstanding any other provision in the Plan to the contrary, an Employee ceases to be an Eligible Employee under this Supplement and instead is eligible for Supplement 3-E, Kaiser Permanente Southern California Employees Pension Plan (34-KPSCEPP) effective January 1, 2015.
 - (ii) Effective January 1, 2015, notwithstanding any other provision in the Plan to the contrary, an Employee represented by the National Union of Healthcare Workers (NUHW), Health Care Professionals who is hired or rehired on or after January 1, 2015 is not eligible for the Plan.
- (c) Effective January 1, 2014, an employee represented by UNAC/UHCP – Midwife Wound Ostomy registered nurses (KPMWON) except as follows:
 - (i) Effective December 15, 2018 an employee represented by UNAC/UHCP – KPMWON pursuant to an agreement ratified September 14, 2018 who is a Clinical Nurse Specialist RN or Implantable Cardiac Device Nurse Specialist I, II, III.

Schedule SB Attachment (Form 5500)—2024 Plan Year

Kaiser Permanente Retirement Plan for SCPMG

EIN: 95-1750445 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

Kaiser Permanente Represented Employees Pension Plan Supplement
(049—KPREPP)

- Eligible Employees (continued)**
- (d) Effective January 1, 2014, an employee represented by UNAC/UHCP – Specialty Care Nurses of Southern California (SCNSC), except as follows:
 - (i) Effective January 1, 2016, an employee represented by UNAC/UHCP – SCNSC pursuant to an agreement signed February 17, 2015 who is an Addiction Medicine Nurse Counselor RN or Per Diem Alcohol Nurse Counselor.
 - (ii) Effective December 16, 2018, an employee represented by UNAC/UHCP -SCNSC pursuant to an agreement ratified September 14, 2018 who is an Employee Health Coordinator, RN.

Participation

Participation begins on the latest of the first anniversary of hire if the eligible employee has at least 1,000 hours of employment, the first day of the plan year in which the eligible employee has 1,000 hours of employment, or the date the participant becomes an eligible employee.

Normal Retirement

Eligibility

Age 65.

Monthly Benefit

The sum of the amounts determined under (1) and (2) below:

- (1) The greater of the amounts determined under (a) or (b) below:
 - (a) 1.5% of final average compensation times years of credited service, or
 - (b) \$17.50 times years of credited service.
- (2) 0.25% of final average compensation times years of credited service prior to January 1, 1968 with organizations listed in Appendix A of the KPREPP Supplement.

The benefit shall not be less than the accrued benefit as of December 31, 1993.

Schedule SB Attachment (Form 5500)—2024 Plan Year
Kaiser Permanente Retirement Plan for SCPMG

EIN: 95-1750445 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

**Kaiser Permanente Represented Employees Pension Plan Supplement
(049—KPREPP)**

Early Retirement

Eligibility

Age 55 and 15 years of service, or the sum of the years of age plus years of service equals at least 75.

Special rules apply for participants in the plan on December 31, 1968.

Monthly Benefit

The accrued normal retirement benefit earned to the participant's termination date, reduced 3% for each year from age 60 to 65 and 5% for each year prior to age 60.

In no event will the early retirement benefit be less than the accrued normal retirement benefit earned to the participant's termination date, reduced actuarially.

Postponed Retirement

Eligibility

Termination after normal retirement date.

Monthly Benefit

Greater of the accrued normal retirement benefit earned to the participant's termination date or actuarially increased retirement benefit.

In-Service Retirement

Eligibility

Participants described in Eligible Employees paragraphs (b), (c) and (d) may elect to begin receipt of retirement benefits while active after age 65.

Monthly Benefit

The postponed retirement benefit earned to the participant's In-Service retirement date.

A participant continues to accrue benefits after commencing In-Service Retirement. When the participant's Service ends, the recalculated Postponed Retirement Benefit will be offset by the actuarial equivalent of the Retirement Income received during the participant's continued employment.

Schedule SB Attachment (Form 5500)—2024 Plan Year
Kaiser Permanente Retirement Plan for SCPMG

EIN: 95-1750445 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

**Kaiser Permanente Represented Employees Pension Plan Supplement
(049—KPREPP)**

Deferred Vested Retirement

Eligibility

5 years of service or age 65 or older.

Monthly Benefit

The accrued normal retirement benefit earned to the participant's termination date, payable at age 65.

A participant who terminates after completing at least 15 years of service, but before age 55, may elect to receive a reduced benefit beginning as early as age 55 or when the participant's years of age plus years of service equal at least 75. The benefit is reduced in the same manner as the early retirement benefit.

In Service Death Benefits

Eligibility

Any vested participant who is married or has a domestic partner and who is employed within the controlled group at the date of death.

Monthly Benefit

66-2/3% of the participant's accrued benefit at the time of death, adjusted for the 66-2/3% joint and survivor annuity form of payment, payable at the participant's normal retirement date. If the survivor elects early commencement, the is further reduced in the same manner as the early retirement benefit.

A domestic partner must commence benefits within one year of the date of death of the participant.

Pre-Retirement Death Benefits

Eligibility

Any vested participant who is married or has a domestic partner and who is not employed within the controlled group at the date of death.

Monthly Benefit

50% of the participant's accrued benefit at the time of death, adjusted for the 50% joint and survivor annuity form of payment, payable at the participant's normal retirement date. If the survivor elects early commencement, the benefit is further reduced in the same manner as the early retirement benefit.

A domestic partner must commence benefits within one year of the date of death of the participant.

Schedule SB Attachment (Form 5500)—2024 Plan Year
Kaiser Permanente Retirement Plan for SCPMG

EIN: 95-1750445 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

Kaiser Permanente Represented Employees Pension Plan Supplement
(049—KPREPP)

Normal Form of Payment

Unmarried Life annuity.

Married 50% joint and survivor annuity (actuarially reduced).

Optional Forms of Payment

- (1) Life annuity;
- (2) Joint and survivor annuity with 50%, 66–2/3%, or 75% continuation to the survivor;
- (3) Life annuity with 60, 120, 180, or 240 monthly payments guaranteed;
- (4) Level income option which is reduced after Social Security payments begin to provide a level income throughout retirement (available as a life annuity or life annuity with a guaranteed payment period);
- (5) Lump sum;
- (6) Equal monthly installments for a fixed number of months, not exceeding 360. Equal monthly installments for a fixed number of months, not exceeding 360; and
- (7) 100% joint and survivor annuity with 15-year guaranteed period and pop-up.

The 50% joint and survivor annuity and the 100% joint and survivor annuity with 15-year guaranteed period and pop-up have a greater actuarial value than the life annuity. All other optional forms of payment have the same actuarial value as the life annuity.

Definitions

Actuarial Equivalence

For time of payment, actuarial equivalence is based on a 6% interest rate and the UP-1984 Mortality Table set back 5 years for participants and 2 years for beneficiaries.

For form of payment, actuarial equivalence is based on 417(e) basis as modified by PPA for the month which is two months before the benefit starting date.

Schedule SB Attachment (Form 5500)—2024 Plan Year
Kaiser Permanente Retirement Plan for SCPMG

EIN: 95-1750445 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

Kaiser Permanente Represented Employees Pension Plan Supplement
(049—KPREPP)

Definitions (continued)

Credited Service

Each calendar year in which a participant has 2,000 or more hours of employment is counted as a year of credited service. Proportional credited service based on a 2,000-hour year is counted for any complete or partial year in which the participant has fewer than 2,000 hours of employment.

The following hours are counted as credited service:

- (1) Hours of employment with certain medical care organizations.
- (2) Hours of employment during which an employee is disabled and eligible to receive company provided short-term or long-term disability.
- (3) Hours of employment during which an employee served as a partner physician.
- (4) 2,000 hours for each school year completed by participants who attended Kaiser Foundation School of Nursing and immediately became employed by a medical care organization.
- (5) Hours of employment as an eligible employee in an employee category not covered by the plan if the period of employment is followed by a period of employment in an employee category covered by this plan; however, certain exclusions apply.
- (6) For participants who are vested at the time of termination, hours of accumulated sick leave are included in hours of employment for purposes of determining credited service. For participants who are not retirement eligible at termination a minimum of 250 hours applies.

Notwithstanding the foregoing, certain hours of employment are not counted as credited service (for example, hours for which the employer has made a contribution on behalf of an employee to an IRA or defined contribution plan or hours in a plan year in which an employee voluntarily declined participation in the plan to establish an IRA).

Schedule SB Attachment (Form 5500)—2024 Plan Year

Kaiser Permanente Retirement Plan for SCPMG

EIN: 95-1750445 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

Kaiser Permanente Represented Employees Pension Plan Supplement
(049—KPREPP)

Definitions (continued)

Final Average Compensation

A participant's average monthly compensation for the highest 60 consecutive months of employment in the last 120 months of employment. The total monthly compensation included in final average compensation for any 12-month period is limited in accordance with IRC section 401(a)(17).

Monthly compensation is the monthly rate of base pay as of the first compensated hour in each month. Monthly compensation does not include overtime, bonuses, or other special allowances. For employees paid hourly, monthly compensation is the participant's base hourly wage rate for the first compensated hour of employment in each month multiplied by 173.33. Monthly compensation does not include differential pay for temporary work in a higher classification, shift differential, meal allowance, on-call pay, overtime, and other special bonuses and allowances. Monthly compensation includes the monthly amount contributed under salary reduction agreements to plans under IRC sections 403(b), 401(k), 129, 125, and 132(f)(4). Monthly compensation for part-time employment or periods when the participant receives reduced sick pay is determined at the full-time rate. Terminal vacation pay is deemed paid over the period for which payment is made. Other special rules also apply.

Service

Each calendar year in which an employee has 1,000 or more hours of employment is counted as a year of service.

The following hours are counted as service:

- (1) Hours of employment with certain medical care organizations.
- (2) Hours of employment during which an employee is disabled and eligible to receive company provided short-term or long-term disability.
- (3) Hours of employment during which an employee served as a partner physician.
- (4) 2,000 hours for each school year completed by participants who attended Kaiser Foundation School of Nursing and immediately became employed by a medical care organization.

Special rules apply for service before 1976.

Schedule SB Attachment (Form 5500)—2024 Plan Year
Kaiser Permanente Retirement Plan for SCPMG

EIN: 95-1750445 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

- Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.
- The assets used for the IRS minimum required contribution differ from the assets shown on the Form 5500 due to an adjustment made to the Form 5500 assets for distributions paid after the end of the plan year. There was no impact to the minimum required contribution due to this difference.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan KAISER PERMANENTE RETIREMENT PLAN FOR SCPMG	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF SOUTHERN CALIFORNIA PERMANENTE MEDICAL GROUP	D Employer Identification Number (EIN) 95-1750445	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information			
1 Enter the valuation date:	Month <u>01</u>	Day <u>01</u>	Year <u>2024</u>
2 Assets:			
a Market value	2a	7,668,002,478	
b Actuarial value	2b	8,175,083,116	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	6,160	1,337,857,566	1,337,857,566
b For terminated vested participants	9,498	565,506,465	565,506,465
c For active participants	50,341	4,123,181,615	4,291,199,027
d Total	65,999	6,026,545,646	6,194,563,058
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	5.30%	
6 Target normal cost			
a Present value of current plan year accruals	6a	448,702,110	
b Expected plan-related expenses	6b	15,423,872	
c Target normal cost	6c	464,125,982	

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	Blake P. Murphy	08/08/2025
	Signature of actuary	Date
	Blake P. Murphy	2305322
	Type or print name of actuary	Most recent enrollment number
	AON CONSULTING, INC.	949-725-4500
	Firm name	Telephone number (including area code)
	MSC# 17819, AON P.O. BOX 19640 IRVINE CA 92623	
	Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2024
v. 240311

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

Part VI Miscellaneous Items				
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
26 Demographic and benefit information				
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....				27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years				
28 Unpaid minimum required contributions for all prior years				28 0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....				29 0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....				30 0

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c).....				31a 464,125,982
b Excess assets, if applicable, but not greater than line 31a				31b 8,004,953
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	0		0	
b Waiver amortization installment	0		0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount				33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....				34 456,121,029
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	0	0	0	
36 Additional cash requirement (line 34 minus line 35).....				36 456,121,029
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....				37 693,484,240
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 237,363,211
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances				38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....				39 0
40 Unpaid minimum required contributions for all years				40 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)				
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021				

**Kaiser Permanente Retirement Plan for
Southern California Permanente Medical Group
Employer Identification Number: 95-1750445, Plan Number: 001
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
December 31, 2024**

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
*	Defined Benefit Investment Fund	Investment in group trust	<u>\$ 7,818,479,615</u>	<u>\$ 8,126,954,935</u>
	Total investments per Form 5500		<u>\$ 7,818,479,615</u>	<u>\$ 8,126,954,935</u>

* Represents a party-in-interest as defined by ERISA.

**Kaiser Permanente Retirement Plan for
Southern California Permanente Medical Group
Employer Identification Number: 95-1750445, Plan Number: 001
Schedule H, Line 4(j) – Schedule of Reportable Transactions
Year Ended December 31, 2024**

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
<u>Category (i) - Single transaction in excess of 5% of plan assets</u>								
Defined benefit								
Investment fund*	Investment in Group Trust	\$ 480,000,000	\$ -	N/A	\$ -	\$ 480,000,000	\$ 480,000,000	\$ -
<u>Category (iii) - A series of transactions in a security issue aggregating 5% of the value of the Plan's assets</u>								
Defined Benefit								
Investment Fund*	Investment in group trust	\$ 481,438,722	\$ -	N/A	\$ -	\$ 481,438,722	\$ 481,438,722	\$ -

There were no category (ii) or (iv) reportable transactions for the year ended December 31, 2024.

* Represents a party-in-interest as defined by ERISA.

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

B This return/report is: a single-employer plan a DFE (specify) _____

the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)


E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information - enter all requested information

<p>1a Name of plan</p> <p>KAISER PERMANENTE RETIREMENT PLAN FOR SCPMG</p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)</p> <p>SOUTHERN CALIFORNIA PERMANENTE MEDICAL GROUP</p> <p>C/O KAISER FOUNDATION HEALTH PLAN ONE KAISER PLAZA, 20TH FLOOR 20B OAKLAND, CA 94612</p>	<p>1c Effective date of plan <u>04/01/1958</u></p> <p>2b Employer Identification Number (EIN) <u>95-1750445</u></p> <p>2c Plan Sponsor's telephone number <u>510-271-5940</u></p> <p>2d Business code (see instructions) <u>621112</u></p>

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE		10/12/2025	MARYANN KHINDA-LOMBARDO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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v. 240311

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor KAISER FOUNDATION HEALTH PLAN, INC. ONE KAISER PLAZA, 20TH FLOOR 20B OAKLAND, CA 94612	3b Administrator's EIN 94-1340523 3c Administrator's telephone number 510-271-5940
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4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	4b EIN
a Sponsor's name	4d PN
c Plan Name	
5 Total number of participants at the beginning of the plan year	5 65999
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).	
a(1) Total number of active participants at the beginning of the plan year	6a(1) 50341
a(2) Total number of active participants at the end of the plan year	6a(2) 52929
b Retired or separated participants receiving benefits	6b 5985
c Other retired or separated participants entitled to future benefits.	6c 9711
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 68625
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 514
f Total. Add lines 6d and 6e	6f 69139
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1) 0
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2) 0
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 890
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 1A

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) - Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information - Small Plan) (3) <input type="checkbox"/> A (Insurance Information) - Number Attached _____ (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) Yes No

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____