Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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.**

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

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.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] 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. . . . . ▶ [X]

D Check box if filing under:
- [X] 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

1a Name of plan
KAISER FOUNDATION HEALTH PLAN, INC. RETIREE HEALTH AND WELFARE PLAN

1b Three-digit plan number (PN) ▶ 580

1c Effective date of plan 12/19/2014

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)
KAISER FOUNDATION HEALTH PLAN, INC.

ONE KAISER PLAZA, 20TH FLOOR
20B
OAKLAND, CA 94612

2b Employer Identification Number (EIN) 94-1340523

2c Plan Sponsor's telephone number 510-271-5940

2d Business code (see instructions) 621491

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	Filed with authorized/valid electronic signature.	10/14/2025	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

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
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**	32122
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)**	
a(2) Total number of active participants at the end of the plan year	**6a(2)**	0
b Retired or separated participants receiving benefits	**6b**	27412
c Other retired or separated participants entitled to future benefits	**6c**	5259
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	32671
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f Total. Add lines **6d** and **6e**.	**6f**	0
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)**	
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)**	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	
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:

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

4A 4B 4D

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[X] Insurance	**(1)**	[X] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

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)** [ ] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** [ ] **DCG** (Individual Plan Information) – Number Attached _____
- **(5)** [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 55
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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 A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan
KAISER FOUNDATION HEALTH PLAN, INC. RETIREE HEALTH AND WELFARE PLAN

B Three-digit plan number (PN) ▶ 580

C Plan sponsor's name as shown on line 2a of Form 5500
KAISER FOUNDATION HEALTH PLAN, INC.

D Employer Identification Number (EIN)
94-1340523

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
DELTA DENTAL OF CALIFORNIA

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
94-1461312	00000	05454	5872	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	**(d)** Purpose	**(e)** Organization code

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	**(d)** Purpose	**(e)** Organization code

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
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	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [ ] Health (other than dental or vision)
- **b** [X] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**	1971361		
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	1971361
b Benefit charges (1) Claims paid	**9b(1)**	2470068		
(2) Increase (decrease) in claim reserves	**9b(2)**	24800		
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	2494868
(4) Claims charged			**9b(4)**	2494868
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**	167483		
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	167483
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan
KAISER FOUNDATION HEALTH PLAN, INC. RETIREE HEALTH AND WELFARE PLAN

B Three-digit plan number (PN) ▶ 580

C Plan sponsor's name as shown on line 2a of Form 5500
KAISER FOUNDATION HEALTH PLAN, INC.

D Employer Identification Number (EIN)
94-1340523

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLAN OF GEORGIA, INC.

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
58-1592076	96237	2693	101	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	**(d)** Purpose	**(e)** Organization code

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
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	(c) Amount	**(d)** Purpose	

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

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	(c) Amount	**(d)** Purpose	

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [X] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned (**(1)** + **(2)** - **(3)**)			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add **(1)** and **(2)**)			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	823452
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

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OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan
KAISER FOUNDATION HEALTH PLAN, INC. RETIREE HEALTH AND WELFARE PLAN

B Three-digit plan number (PN) ▶ 580

C Plan sponsor's name as shown on line 2a of Form 5500
KAISER FOUNDATION HEALTH PLAN, INC.

D Employer Identification Number (EIN)
94-1340523

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLAN OF GEORGIA, INC.

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
58-1592076	96237	1	4	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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	(c) Amount	**(d)** Purpose	

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

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5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year		7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)		
	(2) Dividends and credits	7c(2)		
	(3) Interest credited during the year	7c(3)		
	(4) Transferred from separate account	7c(4)		
	(5) Other (specify below) ▶	7c(5)		
	(6)Total additions		7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)		7d	
e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
	(2) Administration charge made by carrier	7e(2)		
	(3) Transferred to separate account	7e(3)		
	(4) Other (specify below) ▶	7e(4)		
	(5) Total deductions		7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)		7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [X] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan
KAISER FOUNDATION HEALTH PLAN, INC. RETIREE HEALTH AND WELFARE PLAN

B Three-digit plan number (PN) ▶ 580

C Plan sponsor's name as shown on line 2a of Form 5500
KAISER FOUNDATION HEALTH PLAN, INC.

D Employer Identification Number (EIN)
94-1340523

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLAN OF WASHINGTON

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
91-0511770	95672	981200	1	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year		7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)		
	(2) Dividends and credits	7c(2)		
	(3) Interest credited during the year	7c(3)		
	(4) Transferred from separate account	7c(4)		
	(5) Other (specify below) ▶	7c(5)		
	(6)Total additions		7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)		7d	
e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
	(2) Administration charge made by carrier	7e(2)		
	(3) Transferred to separate account	7e(3)		
	(4) Other (specify below) ▶	7e(4)		
	(5) Total deductions		7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)		7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [X] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	9625
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.			10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan
KAISER FOUNDATION HEALTH PLAN, INC. RETIREE HEALTH AND WELFARE PLAN

B Three-digit plan number (PN) ▶ 580

C Plan sponsor's name as shown on line 2a of Form 5500
KAISER FOUNDATION HEALTH PLAN, INC.

D Employer Identification Number (EIN)
94-1340523

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLAN OF WASHINGTON

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
91-0511770	95672	927000	121	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [X] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	823767
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan
KAISER FOUNDATION HEALTH PLAN, INC. RETIREE HEALTH AND WELFARE PLAN

B Three-digit plan number (PN) ▶ 580

C Plan sponsor's name as shown on line 2a of Form 5500
KAISER FOUNDATION HEALTH PLAN, INC.

D Employer Identification Number (EIN)
94-1340523

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLAN OF THE MID-ATLANTIC STATES, INC.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
52-0954463	95639	13642	32	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [X] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	157506
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.			10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan
KAISER FOUNDATION HEALTH PLAN, INC. RETIREE HEALTH AND WELFARE PLAN

B Three-digit plan number (PN) ▶ 580

C Plan sponsor's name as shown on line 2a of Form 5500
KAISER FOUNDATION HEALTH PLAN, INC.

D Employer Identification Number (EIN)
94-1340523

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
93-0798039	95540	9424	252	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [X] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	3335655
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan
KAISER FOUNDATION HEALTH PLAN, INC. RETIREE HEALTH AND WELFARE PLAN

B Three-digit plan number (PN) ▶ 580

C Plan sponsor's name as shown on line 2a of Form 5500
KAISER FOUNDATION HEALTH PLAN, INC.

D Employer Identification Number (EIN)
94-1340523

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
93-0798039	95540	833	163	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year		7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)		
	(2) Dividends and credits	7c(2)		
	(3) Interest credited during the year	7c(3)		
	(4) Transferred from separate account	7c(4)		
	(5) Other (specify below) ▶	7c(5)		
	(6)Total additions		7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)		7d	
e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
	(2) Administration charge made by carrier	7e(2)		
	(3) Transferred to separate account	7e(3)		
	(4) Other (specify below) ▶	7e(4)		
	(5) Total deductions		7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)		7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [X] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	1198467
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan
KAISER FOUNDATION HEALTH PLAN, INC. RETIREE HEALTH AND WELFARE PLAN

B Three-digit plan number (PN) ▶ 580

C Plan sponsor's name as shown on line 2a of Form 5500
KAISER FOUNDATION HEALTH PLAN, INC.

D Employer Identification Number (EIN)
94-1340523

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLAN OF WASHINGTON

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
91-0511770	95672	0985200	127	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year		7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)		
	(2) Dividends and credits	7c(2)		
	(3) Interest credited during the year	7c(3)		
	(4) Transferred from separate account	7c(4)		
	(5) Other (specify below) ▶	7c(5)		
	(6)Total additions		7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)		7d	
e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
	(2) Administration charge made by carrier	7e(2)		
	(3) Transferred to separate account	7e(3)		
	(4) Other (specify below) ▶	7e(4)		
	(5) Total deductions		7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)		7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [X] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	870565
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.			10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan
KAISER FOUNDATION HEALTH PLAN, INC. RETIREE HEALTH AND WELFARE PLAN

B Three-digit plan number (PN) ▶ 580

C Plan sponsor's name as shown on line 2a of Form 5500
KAISER FOUNDATION HEALTH PLAN, INC.

D Employer Identification Number (EIN)
94-1340523

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLAN OF GEORGIA, INC.

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
58-1592076	96237	2627	85	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [X] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	840635
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.			10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan
KAISER FOUNDATION HEALTH PLAN, INC. RETIREE HEALTH AND WELFARE PLAN

B Three-digit plan number (PN) ▶ 580

C Plan sponsor's name as shown on line 2a of Form 5500
KAISER FOUNDATION HEALTH PLAN, INC.

D Employer Identification Number (EIN)
94-1340523

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLAN OF GEORGIA, INC.

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
58-1592076	96237	3268	46	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	**(d)** Purpose	**(e)** Organization code

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	**(d)** Purpose	**(e)** Organization code

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [X] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	336817
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan
KAISER FOUNDATION HEALTH PLAN, INC. RETIREE HEALTH AND WELFARE PLAN

B Three-digit plan number (PN) ▶ 580

C Plan sponsor's name as shown on line 2a of Form 5500
KAISER FOUNDATION HEALTH PLAN, INC.

D Employer Identification Number (EIN)
94-1340523

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
93-0798039	95540	5005	2842	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	**(d)** Purpose	**(e)** Organization code

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	**(d)** Purpose	**(e)** Organization code

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year		7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)		
	(2) Dividends and credits	7c(2)		
	(3) Interest credited during the year	7c(3)		
	(4) Transferred from separate account	7c(4)		
	(5) Other (specify below) ▶	7c(5)		
	(6)Total additions		7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)		7d	
e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
	(2) Administration charge made by carrier	7e(2)		
	(3) Transferred to separate account	7e(3)		
	(4) Other (specify below) ▶	7e(4)		
	(5) Total deductions		7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)		7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [X] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	20665735
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan
KAISER FOUNDATION HEALTH PLAN, INC. RETIREE HEALTH AND WELFARE PLAN

B Three-digit plan number (PN) ▶ 580

C Plan sponsor's name as shown on line 2a of Form 5500
KAISER FOUNDATION HEALTH PLAN, INC.

D Employer Identification Number (EIN)
94-1340523

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
93-0798039	95540	2506	41	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year		7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)		
	(2) Dividends and credits	7c(2)		
	(3) Interest credited during the year	7c(3)		
	(4) Transferred from separate account	7c(4)		
	(5) Other (specify below) ▶	7c(5)		
	(6)Total additions		7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)		7d	
e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
	(2) Administration charge made by carrier	7e(2)		
	(3) Transferred to separate account	7e(3)		
	(4) Other (specify below) ▶	7e(4)		
	(5) Total deductions		7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)		7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [X] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	233097
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan
KAISER FOUNDATION HEALTH PLAN, INC. RETIREE HEALTH AND WELFARE PLAN

B Three-digit plan number (PN) ▶ 580

C Plan sponsor's name as shown on line 2a of Form 5500
KAISER FOUNDATION HEALTH PLAN, INC.

D Employer Identification Number (EIN)
94-1340523

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLAN OF WASHINGTON

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
91-0511770	95672	0985300	7	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year		7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)		
	(2) Dividends and credits	7c(2)		
	(3) Interest credited during the year	7c(3)		
	(4) Transferred from separate account	7c(4)		
	(5) Other (specify below) ▶	7c(5)		
	(6)Total additions		7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)		7d	
e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
	(2) Administration charge made by carrier	7e(2)		
	(3) Transferred to separate account	7e(3)		
	(4) Other (specify below) ▶	7e(4)		
	(5) Total deductions		7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)		7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [X] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	96989
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan
KAISER FOUNDATION HEALTH PLAN, INC. RETIREE HEALTH AND WELFARE PLAN

B Three-digit plan number (PN) ▶ 580

C Plan sponsor's name as shown on line 2a of Form 5500
KAISER FOUNDATION HEALTH PLAN, INC.

D Employer Identification Number (EIN)
94-1340523

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLAN OF WASHINGTON

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
91-0511770	95672	1019900	30	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year		7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)		
	(2) Dividends and credits	7c(2)		
	(3) Interest credited during the year	7c(3)		
	(4) Transferred from separate account	7c(4)		
	(5) Other (specify below) ▶	7c(5)		
	(6)Total additions		7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)		7d	
e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
	(2) Administration charge made by carrier	7e(2)		
	(3) Transferred to separate account	7e(3)		
	(4) Other (specify below) ▶	7e(4)		
	(5) Total deductions		7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)		7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [X] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	189826
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan
KAISER FOUNDATION HEALTH PLAN, INC. RETIREE HEALTH AND WELFARE PLAN

B Three-digit plan number (PN) ▶ 580

C Plan sponsor's name as shown on line 2a of Form 5500
KAISER FOUNDATION HEALTH PLAN, INC.

D Employer Identification Number (EIN)
94-1340523

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLAN OF GEORGIA, INC.

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
58-1592076	96237	2694	14	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year		7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)		
	(2) Dividends and credits	7c(2)		
	(3) Interest credited during the year	7c(3)		
	(4) Transferred from separate account	7c(4)		
	(5) Other (specify below) ▶	7c(5)		
	(6)Total additions		7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)		7d	
e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
	(2) Administration charge made by carrier	7e(2)		
	(3) Transferred to separate account	7e(3)		
	(4) Other (specify below) ▶	7e(4)		
	(5) Total deductions		7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)		7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [X] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	99064
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.			10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan
KAISER FOUNDATION HEALTH PLAN, INC. RETIREE HEALTH AND WELFARE PLAN

B Three-digit plan number (PN) ▶ 580

C Plan sponsor's name as shown on line 2a of Form 5500
KAISER FOUNDATION HEALTH PLAN, INC.

D Employer Identification Number (EIN)
94-1340523

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLAN OF THE MID-ATLANTIC STATES, INC.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
52-0954463	95639	13046	43	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [X] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	225076
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan
KAISER FOUNDATION HEALTH PLAN, INC. RETIREE HEALTH AND WELFARE PLAN

B Three-digit plan number (PN) ▶ 580

C Plan sponsor's name as shown on line 2a of Form 5500
KAISER FOUNDATION HEALTH PLAN, INC.

D Employer Identification Number (EIN)
94-1340523

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
93-0798039	95540	1466	3	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year		7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)		
	(2) Dividends and credits	7c(2)		
	(3) Interest credited during the year	7c(3)		
	(4) Transferred from separate account	7c(4)		
	(5) Other (specify below) ▶	7c(5)		
	(6)Total additions		7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)		7d	
e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
	(2) Administration charge made by carrier	7e(2)		
	(3) Transferred to separate account	7e(3)		
	(4) Other (specify below) ▶	7e(4)		
	(5) Total deductions		7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)		7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [X] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	21362
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.			10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan
KAISER FOUNDATION HEALTH PLAN, INC. RETIREE HEALTH AND WELFARE PLAN

B Three-digit plan number (PN) ▶ 580

C Plan sponsor's name as shown on line 2a of Form 5500
KAISER FOUNDATION HEALTH PLAN, INC.

D Employer Identification Number (EIN)
94-1340523

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLAN OF THE MID-ATLANTIC STATES, INC.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
52-0954463	95639	11483	70	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year		7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)		
	(2) Dividends and credits	7c(2)		
	(3) Interest credited during the year	7c(3)		
	(4) Transferred from separate account	7c(4)		
	(5) Other (specify below) ▶	7c(5)		
	(6)Total additions		7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)		7d	
e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
	(2) Administration charge made by carrier	7e(2)		
	(3) Transferred to separate account	7e(3)		
	(4) Other (specify below) ▶	7e(4)		
	(5) Total deductions		7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)		7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [X] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	1285955
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.			10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan
KAISER FOUNDATION HEALTH PLAN, INC. RETIREE HEALTH AND WELFARE PLAN

B Three-digit plan number (PN) ▶ 580

C Plan sponsor's name as shown on line 2a of Form 5500
KAISER FOUNDATION HEALTH PLAN, INC.

D Employer Identification Number (EIN)
94-1340523

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLAN OF COLORADO

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
84-0591617	95669	1923	435	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [X] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	3677532
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.			10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan
KAISER FOUNDATION HEALTH PLAN, INC. RETIREE HEALTH AND WELFARE PLAN

B Three-digit plan number (PN) ▶ 580

C Plan sponsor's name as shown on line 2a of Form 5500
KAISER FOUNDATION HEALTH PLAN, INC.

D Employer Identification Number (EIN)
94-1340523

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLAN OF COLORADO

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
84-0591617	95669	1919	447	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [X] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	3493073
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan
KAISER FOUNDATION HEALTH PLAN, INC. RETIREE HEALTH AND WELFARE PLAN

B Three-digit plan number (PN) ▶ 580

C Plan sponsor's name as shown on line 2a of Form 5500
KAISER FOUNDATION HEALTH PLAN, INC.

D Employer Identification Number (EIN)
94-1340523

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLAN OF THE MID-ATLANTIC STATES, INC.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
52-0954463	95639	16572	5	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year		7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)		
	(2) Dividends and credits	7c(2)		
	(3) Interest credited during the year	7c(3)		
	(4) Transferred from separate account	7c(4)		
	(5) Other (specify below) ▶	7c(5)		
	(6)Total additions		7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)		7d	
e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
	(2) Administration charge made by carrier	7e(2)		
	(3) Transferred to separate account	7e(3)		
	(4) Other (specify below) ▶	7e(4)		
	(5) Total deductions		7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)		7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [X] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan
KAISER FOUNDATION HEALTH PLAN, INC. RETIREE HEALTH AND WELFARE PLAN

B Three-digit plan number (PN) ▶ 580

C Plan sponsor's name as shown on line 2a of Form 5500
KAISER FOUNDATION HEALTH PLAN, INC.

D Employer Identification Number (EIN)
94-1340523

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
93-0798039	95540	5004	5	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [X] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned (**(1)** + **(2)** - **(3)**)			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add **(1)** and **(2)**)			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	52934
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan
KAISER FOUNDATION HEALTH PLAN, INC. RETIREE HEALTH AND WELFARE PLAN

B Three-digit plan number (PN) ▶ 580

C Plan sponsor's name as shown on line 2a of Form 5500
KAISER FOUNDATION HEALTH PLAN, INC.

D Employer Identification Number (EIN)
94-1340523

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLAN OF THE MID-ATLANTIC STATES, INC.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
52-0954463	95639	13644	92	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year		7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)		
	(2) Dividends and credits	7c(2)		
	(3) Interest credited during the year	7c(3)		
	(4) Transferred from separate account	7c(4)		
	(5) Other (specify below) ▶	7c(5)		
	(6)Total additions		7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)		7d	
e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
	(2) Administration charge made by carrier	7e(2)		
	(3) Transferred to separate account	7e(3)		
	(4) Other (specify below) ▶	7e(4)		
	(5) Total deductions		7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)		7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [X] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	517080
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.			10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan
KAISER FOUNDATION HEALTH PLAN, INC. RETIREE HEALTH AND WELFARE PLAN

B Three-digit plan number (PN) ▶ 580

C Plan sponsor's name as shown on line 2a of Form 5500
KAISER FOUNDATION HEALTH PLAN, INC.

D Employer Identification Number (EIN)
94-1340523

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLAN OF THE MID-ATLANTIC STATES, INC.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
52-0954463	95639	9000	459	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year		7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)		
	(2) Dividends and credits	7c(2)		
	(3) Interest credited during the year	7c(3)		
	(4) Transferred from separate account	7c(4)		
	(5) Other (specify below) ▶	7c(5)		
	(6)Total additions		7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)		7d	
e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
	(2) Administration charge made by carrier	7e(2)		
	(3) Transferred to separate account	7e(3)		
	(4) Other (specify below) ▶	7e(4)		
	(5) Total deductions		7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)		7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [X] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned (**(1)** + **(2)** - **(3)**)			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add **(1)** and **(2)**)			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	3897271
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan
KAISER FOUNDATION HEALTH PLAN, INC. RETIREE HEALTH AND WELFARE PLAN

B Three-digit plan number (PN) ▶ 580

C Plan sponsor's name as shown on line 2a of Form 5500
KAISER FOUNDATION HEALTH PLAN, INC.

D Employer Identification Number (EIN)
94-1340523

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLAN OF WASHINGTON

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
91-0511770	95672	0985500	7	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year		7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)		
	(2) Dividends and credits	7c(2)		
	(3) Interest credited during the year	7c(3)		
	(4) Transferred from separate account	7c(4)		
	(5) Other (specify below) ▶	7c(5)		
	(6)Total additions		7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)		7d	
e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
	(2) Administration charge made by carrier	7e(2)		
	(3) Transferred to separate account	7e(3)		
	(4) Other (specify below) ▶	7e(4)		
	(5) Total deductions		7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)		7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [X] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	88367
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan
KAISER FOUNDATION HEALTH PLAN, INC. RETIREE HEALTH AND WELFARE PLAN

B Three-digit plan number (PN) ▶ 580

C Plan sponsor's name as shown on line 2a of Form 5500
KAISER FOUNDATION HEALTH PLAN, INC.

D Employer Identification Number (EIN)
94-1340523

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLAN OF WASHINGTON

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
91-0511770	95672	0903900	71	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [X] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned (**(1)** + **(2)** - **(3)**)			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add **(1)** and **(2)**)			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	417447
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.			10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan
KAISER FOUNDATION HEALTH PLAN, INC. RETIREE HEALTH AND WELFARE PLAN

B Three-digit plan number (PN) ▶ 580

C Plan sponsor's name as shown on line 2a of Form 5500
KAISER FOUNDATION HEALTH PLAN, INC.

D Employer Identification Number (EIN)
94-1340523

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLAN OF WASHINGTON

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
91-0511770	95672	0035700	429	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year		7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)		
	(2) Dividends and credits	7c(2)		
	(3) Interest credited during the year	7c(3)		
	(4) Transferred from separate account	7c(4)		
	(5) Other (specify below) ▶	7c(5)		
	(6)Total additions		7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)		7d	
e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
	(2) Administration charge made by carrier	7e(2)		
	(3) Transferred to separate account	7e(3)		
	(4) Other (specify below) ▶	7e(4)		
	(5) Total deductions		7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)		7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [X] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	1736660
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan
KAISER FOUNDATION HEALTH PLAN, INC. RETIREE HEALTH AND WELFARE PLAN

B Three-digit plan number (PN) ▶ 580

C Plan sponsor's name as shown on line 2a of Form 5500
KAISER FOUNDATION HEALTH PLAN, INC.

D Employer Identification Number (EIN)
94-1340523

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLAN OF COLORADO

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
84-0591617	95669	16387	10	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [X] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	43972
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.			10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan
KAISER FOUNDATION HEALTH PLAN, INC. RETIREE HEALTH AND WELFARE PLAN

B Three-digit plan number (PN) ▶ 580

C Plan sponsor's name as shown on line 2a of Form 5500
KAISER FOUNDATION HEALTH PLAN, INC.

D Employer Identification Number (EIN)
94-1340523

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLAN OF COLORADO

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
84-0591617	95669	2608	24	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year		7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)		
	(2) Dividends and credits	7c(2)		
	(3) Interest credited during the year	7c(3)		
	(4) Transferred from separate account	7c(4)		
	(5) Other (specify below) ▶	7c(5)		
	(6)Total additions		7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)		7d	
e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
	(2) Administration charge made by carrier	7e(2)		
	(3) Transferred to separate account	7e(3)		
	(4) Other (specify below) ▶	7e(4)		
	(5) Total deductions		7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)		7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [X] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	183824
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan
KAISER FOUNDATION HEALTH PLAN, INC. RETIREE HEALTH AND WELFARE PLAN

B Three-digit plan number (PN) ▶ 580

C Plan sponsor's name as shown on line 2a of Form 5500
KAISER FOUNDATION HEALTH PLAN, INC.

D Employer Identification Number (EIN)
94-1340523

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLAN OF COLORADO

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
84-0591617	95669	47300	77	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [X] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned (**(1)** + **(2)** - **(3)**)			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add **(1)** and **(2)**)			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	495001
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.			10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan
KAISER FOUNDATION HEALTH PLAN, INC. RETIREE HEALTH AND WELFARE PLAN

B Three-digit plan number (PN) ▶ 580

C Plan sponsor's name as shown on line 2a of Form 5500
KAISER FOUNDATION HEALTH PLAN, INC.

D Employer Identification Number (EIN)
94-1340523

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
93-0798039	95540	4666	121	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year		7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)		
	(2) Dividends and credits	7c(2)		
	(3) Interest credited during the year	7c(3)		
	(4) Transferred from separate account	7c(4)		
	(5) Other (specify below) ▶	7c(5)		
	(6)Total additions		7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)		7d	
e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
	(2) Administration charge made by carrier	7e(2)		
	(3) Transferred to separate account	7e(3)		
	(4) Other (specify below) ▶	7e(4)		
	(5) Total deductions		7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)		7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [X] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	754909
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan
KAISER FOUNDATION HEALTH PLAN, INC. RETIREE HEALTH AND WELFARE PLAN

B Three-digit plan number (PN) ▶ 580

C Plan sponsor's name as shown on line 2a of Form 5500
KAISER FOUNDATION HEALTH PLAN, INC.

D Employer Identification Number (EIN)
94-1340523

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLAN OF COLORADO

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
84-0591617	95669	8809	216	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year		7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)		
	(2) Dividends and credits	7c(2)		
	(3) Interest credited during the year	7c(3)		
	(4) Transferred from separate account	7c(4)		
	(5) Other (specify below) ▶	7c(5)		
	(6)Total additions		7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)		7d	
e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
	(2) Administration charge made by carrier	7e(2)		
	(3) Transferred to separate account	7e(3)		
	(4) Other (specify below) ▶	7e(4)		
	(5) Total deductions		7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)		7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [X] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	1467253
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan
KAISER FOUNDATION HEALTH PLAN, INC. RETIREE HEALTH AND WELFARE PLAN

B Three-digit plan number (PN) ▶ 580

C Plan sponsor's name as shown on line 2a of Form 5500
KAISER FOUNDATION HEALTH PLAN, INC.

D Employer Identification Number (EIN)
94-1340523

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLAN OF WASHINGTON

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
91-0511770	95672	0981000	1	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	**(d)** Purpose	**(e)** Organization code

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	**(d)** Purpose	**(e)** Organization code

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year		7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)		
	(2) Dividends and credits	7c(2)		
	(3) Interest credited during the year	7c(3)		
	(4) Transferred from separate account	7c(4)		
	(5) Other (specify below) ▶	7c(5)		
	(6)Total additions		7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)		7d	
e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
	(2) Administration charge made by carrier	7e(2)		
	(3) Transferred to separate account	7e(3)		
	(4) Other (specify below) ▶	7e(4)		
	(5) Total deductions		7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)		7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [X] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan
KAISER FOUNDATION HEALTH PLAN, INC. RETIREE HEALTH AND WELFARE PLAN

B Three-digit plan number (PN) ▶ 580

C Plan sponsor's name as shown on line 2a of Form 5500
KAISER FOUNDATION HEALTH PLAN, INC.

D Employer Identification Number (EIN)
94-1340523

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLAN OF THE MID-ATLANTIC STATES, INC.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
52-0954463	95639	13818	32	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year		7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)		
	(2) Dividends and credits	7c(2)		
	(3) Interest credited during the year	7c(3)		
	(4) Transferred from separate account	7c(4)		
	(5) Other (specify below) ▶	7c(5)		
	(6)Total additions		7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)		7d	
e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
	(2) Administration charge made by carrier	7e(2)		
	(3) Transferred to separate account	7e(3)		
	(4) Other (specify below) ▶	7e(4)		
	(5) Total deductions		7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)		7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [X] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	134758
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.			10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan
KAISER FOUNDATION HEALTH PLAN, INC. RETIREE HEALTH AND WELFARE PLAN

B Three-digit plan number (PN) ▶ 580

C Plan sponsor's name as shown on line 2a of Form 5500
KAISER FOUNDATION HEALTH PLAN, INC.

D Employer Identification Number (EIN)
94-1340523

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLAN OF WASHINGTON

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
91-0511770	95672	0985400	1	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year		7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)		
	(2) Dividends and credits	7c(2)		
	(3) Interest credited during the year	7c(3)		
	(4) Transferred from separate account	7c(4)		
	(5) Other (specify below) ▶	7c(5)		
	(6)Total additions		7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)		7d	
e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
	(2) Administration charge made by carrier	7e(2)		
	(3) Transferred to separate account	7e(3)		
	(4) Other (specify below) ▶	7e(4)		
	(5) Total deductions		7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)		7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [X] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned (**(1)** + **(2)** - **(3)**)			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add **(1)** and **(2)**)			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	33788
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.			10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan
KAISER FOUNDATION HEALTH PLAN, INC. RETIREE HEALTH AND WELFARE PLAN

B Three-digit plan number (PN) ▶ 580

C Plan sponsor's name as shown on line 2a of Form 5500
KAISER FOUNDATION HEALTH PLAN, INC.

D Employer Identification Number (EIN)
94-1340523

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLAN OF COLORADO

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
84-0591617	95669	2	115	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [X] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	1164655
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan
KAISER FOUNDATION HEALTH PLAN, INC. RETIREE HEALTH AND WELFARE PLAN

B Three-digit plan number (PN) ▶ 580

C Plan sponsor's name as shown on line 2a of Form 5500
KAISER FOUNDATION HEALTH PLAN, INC.

D Employer Identification Number (EIN)
94-1340523

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLAN OF GEORGIA, INC.

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
58-1592076	96237	2211	22	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [X] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned (**(1)** + **(2)** - **(3)**)			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add **(1)** and **(2)**)			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	213021
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan
KAISER FOUNDATION HEALTH PLAN, INC. RETIREE HEALTH AND WELFARE PLAN

B Three-digit plan number (PN) ▶ 580

C Plan sponsor's name as shown on line 2a of Form 5500
KAISER FOUNDATION HEALTH PLAN, INC.

D Employer Identification Number (EIN)
94-1340523

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
93-0798039	95540	19488	30	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [X] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	139720
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.			10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan
KAISER FOUNDATION HEALTH PLAN, INC. RETIREE HEALTH AND WELFARE PLAN

B Three-digit plan number (PN) ▶ 580

C Plan sponsor's name as shown on line 2a of Form 5500
KAISER FOUNDATION HEALTH PLAN, INC.

D Employer Identification Number (EIN)
94-1340523

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLAN OF WASHINGTON

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
91-0511770	95672	1465100	39	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year		7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)		
	(2) Dividends and credits	7c(2)		
	(3) Interest credited during the year	7c(3)		
	(4) Transferred from separate account	7c(4)		
	(5) Other (specify below) ▶	7c(5)		
	(6)Total additions		7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)		7d	
e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
	(2) Administration charge made by carrier	7e(2)		
	(3) Transferred to separate account	7e(3)		
	(4) Other (specify below) ▶	7e(4)		
	(5) Total deductions		7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)		7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [X] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned (**(1)** + **(2)** - **(3)**)			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add **(1)** and **(2)**)			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	216473
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan
KAISER FOUNDATION HEALTH PLAN, INC. RETIREE HEALTH AND WELFARE PLAN

B Three-digit plan number (PN) ▶ 580

C Plan sponsor's name as shown on line 2a of Form 5500
KAISER FOUNDATION HEALTH PLAN, INC.

D Employer Identification Number (EIN)
94-1340523

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLAN, INC.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
94-1340523	00000	100200	16235	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year		7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)		
	(2) Dividends and credits	7c(2)		
	(3) Interest credited during the year	7c(3)		
	(4) Transferred from separate account	7c(4)		
	(5) Other (specify below) ▶	7c(5)		
	(6)Total additions		7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)		7d	
e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
	(2) Administration charge made by carrier	7e(2)		
	(3) Transferred to separate account	7e(3)		
	(4) Other (specify below) ▶	7e(4)		
	(5) Total deductions		7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)		7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [X] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	123966902
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan
KAISER FOUNDATION HEALTH PLAN, INC. RETIREE HEALTH AND WELFARE PLAN

B Three-digit plan number (PN) ▶ 580

C Plan sponsor's name as shown on line 2a of Form 5500
KAISER FOUNDATION HEALTH PLAN, INC.

D Employer Identification Number (EIN)
94-1340523

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLAN, INC.

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
94-1340523	00000	226159	1065	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	**(d)** Purpose	**(e)** Organization code

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	**(d)** Purpose	**(e)** Organization code

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [X] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	6801698
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan
KAISER FOUNDATION HEALTH PLAN, INC. RETIREE HEALTH AND WELFARE PLAN

B Three-digit plan number (PN) ▶ 580

C Plan sponsor's name as shown on line 2a of Form 5500
KAISER FOUNDATION HEALTH PLAN, INC.

D Employer Identification Number (EIN)
94-1340523

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLAN, INC.

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
94-1340523	60053	32717	64	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	**(d)** Purpose	**(e)** Organization code

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	**(d)** Purpose	**(e)** Organization code

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year		7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)		
	(2) Dividends and credits	7c(2)		
	(3) Interest credited during the year	7c(3)		
	(4) Transferred from separate account	7c(4)		
	(5) Other (specify below) ▶	7c(5)		
	(6)Total additions		7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)		7d	
e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
	(2) Administration charge made by carrier	7e(2)		
	(3) Transferred to separate account	7e(3)		
	(4) Other (specify below) ▶	7e(4)		
	(5) Total deductions		7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)		7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [X] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	430696
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan
KAISER FOUNDATION HEALTH PLAN, INC. RETIREE HEALTH AND WELFARE PLAN

B Three-digit plan number (PN) ▶ 580

C Plan sponsor's name as shown on line 2a of Form 5500
KAISER FOUNDATION HEALTH PLAN, INC.

D Employer Identification Number (EIN)
94-1340523

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLAN, INC.

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
94-1340523	00000	10	16837	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year		7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)		
	(2) Dividends and credits	7c(2)		
	(3) Interest credited during the year	7c(3)		
	(4) Transferred from separate account	7c(4)		
	(5) Other (specify below) ▶	7c(5)		
	(6)Total additions		7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)		7d	
e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
	(2) Administration charge made by carrier	7e(2)		
	(3) Transferred to separate account	7e(3)		
	(4) Other (specify below) ▶	7e(4)		
	(5) Total deductions		7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)		7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [X] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	147071491
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan
KAISER FOUNDATION HEALTH PLAN, INC. RETIREE HEALTH AND WELFARE PLAN

B Three-digit plan number (PN) ▶ 580

C Plan sponsor's name as shown on line 2a of Form 5500
KAISER FOUNDATION HEALTH PLAN, INC.

D Employer Identification Number (EIN)
94-1340523

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLAN, INC.

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
94-1340523	00000	39300	1419	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year		7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)		
	(2) Dividends and credits	7c(2)		
	(3) Interest credited during the year	7c(3)		
	(4) Transferred from separate account	7c(4)		
	(5) Other (specify below) ▶	7c(5)		
	(6)Total additions		7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)		7d	
e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
	(2) Administration charge made by carrier	7e(2)		
	(3) Transferred to separate account	7e(3)		
	(4) Other (specify below) ▶	7e(4)		
	(5) Total deductions		7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)		7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [X] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	8821171
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan
KAISER FOUNDATION HEALTH PLAN, INC. RETIREE HEALTH AND WELFARE PLAN

B Three-digit plan number (PN) ▶ 580

C Plan sponsor's name as shown on line 2a of Form 5500
KAISER FOUNDATION HEALTH PLAN, INC.

D Employer Identification Number (EIN)
94-1340523

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLAN, INC.

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
94-1340523	00000	226779	195	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year		7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)		
	(2) Dividends and credits	7c(2)		
	(3) Interest credited during the year	7c(3)		
	(4) Transferred from separate account	7c(4)		
	(5) Other (specify below) ▶	7c(5)		
	(6)Total additions		7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)		7d	
e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
	(2) Administration charge made by carrier	7e(2)		
	(3) Transferred to separate account	7e(3)		
	(4) Other (specify below) ▶	7e(4)		
	(5) Total deductions		7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)		7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [X] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	627576
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.			10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan
KAISER FOUNDATION HEALTH PLAN, INC. RETIREE HEALTH AND WELFARE PLAN

B Three-digit plan number (PN) ▶ 580

C Plan sponsor's name as shown on line 2a of Form 5500
KAISER FOUNDATION HEALTH PLAN, INC.

D Employer Identification Number (EIN)
94-1340523

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLAN, INC.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
94-1340523	00000	48346	133	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year		7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)		
	(2) Dividends and credits	7c(2)		
	(3) Interest credited during the year	7c(3)		
	(4) Transferred from separate account	7c(4)		
	(5) Other (specify below) ▶	7c(5)		
	(6)Total additions		7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)		7d	
e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
	(2) Administration charge made by carrier	7e(2)		
	(3) Transferred to separate account	7e(3)		
	(4) Other (specify below) ▶	7e(4)		
	(5) Total deductions		7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)		7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [X] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	618152
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan
KAISER FOUNDATION HEALTH PLAN, INC. RETIREE HEALTH AND WELFARE PLAN

B Three-digit plan number (PN) ▶ 580

C Plan sponsor's name as shown on line 2a of Form 5500
KAISER FOUNDATION HEALTH PLAN, INC.

D Employer Identification Number (EIN)
94-1340523

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLAN, INC.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
94-1340523	60053	17873	36	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [X] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned (**(1)** + **(2)** - **(3)**)			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add **(1)** and **(2)**)			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	180906
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan
KAISER FOUNDATION HEALTH PLAN, INC. RETIREE HEALTH AND WELFARE PLAN

B Three-digit plan number (PN) ▶ 580

C Plan sponsor's name as shown on line 2a of Form 5500
KAISER FOUNDATION HEALTH PLAN, INC.

D Employer Identification Number (EIN)
94-1340523

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLAN, INC.

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
94-1340523	00000	100199	672	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	**(d)** Purpose	**(e)** Organization code

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	**(d)** Purpose	**(e)** Organization code

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [X] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned (**(1)** + **(2)** - **(3)**)			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add **(1)** and **(2)**)			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	4928103
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.			10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan
KAISER FOUNDATION HEALTH PLAN, INC. RETIREE HEALTH AND WELFARE PLAN

B Three-digit plan number (PN) ▶ 580

C Plan sponsor's name as shown on line 2a of Form 5500
KAISER FOUNDATION HEALTH PLAN, INC.

D Employer Identification Number (EIN)
94-1340523

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLAN, INC.

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
94-1340523	00000	39546	213	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [X] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned (**(1)** + **(2)** - **(3)**)			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add **(1)** and **(2)**)			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	1035629
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.			10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan
KAISER FOUNDATION HEALTH PLAN, INC. RETIREE HEALTH AND WELFARE PLAN

B Three-digit plan number (PN) ▶ 580

C Plan sponsor's name as shown on line 2a of Form 5500
KAISER FOUNDATION HEALTH PLAN, INC.

D Employer Identification Number (EIN)
94-1340523

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLAN, INC.

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
94-1340523	60053	20137	560	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [X] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	3132328
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan
KAISER FOUNDATION HEALTH PLAN, INC. RETIREE HEALTH AND WELFARE PLAN

B Three-digit plan number (PN) ▶ 580

C Plan sponsor's name as shown on line 2a of Form 5500
KAISER FOUNDATION HEALTH PLAN, INC.

D Employer Identification Number (EIN)
94-1340523

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLAN, INC.

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
94-1340523	60053	35747	63	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	**(d)** Purpose	**(e)** Organization code

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	**(d)** Purpose	**(e)** Organization code

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [X] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	413382
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan
KAISER FOUNDATION HEALTH PLAN, INC. RETIREE HEALTH AND WELFARE PLAN

B Three-digit plan number (PN) ▶ 580

C Plan sponsor's name as shown on line 2a of Form 5500
KAISER FOUNDATION HEALTH PLAN, INC.

D Employer Identification Number (EIN)
94-1340523

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLAN, INC.

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
94-1340523	00000	8	6303	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [X] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	49211047
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan
KAISER FOUNDATION HEALTH PLAN, INC. RETIREE HEALTH AND WELFARE PLAN

B Three-digit plan number (PN) ▶ 580

C Plan sponsor's name as shown on line 2a of Form 5500
KAISER FOUNDATION HEALTH PLAN, INC.

D Employer Identification Number (EIN)
94-1340523

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
MEDICAL MUTUAL OF OHIO

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
34-0648820	29076	248050000003	21	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [X] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**	712993		
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	712993
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan
KAISER FOUNDATION HEALTH PLAN, INC. RETIREE HEALTH AND WELFARE PLAN

B Three-digit plan number (PN) ▶ 580

C Plan sponsor's name as shown on line 2a of Form 5500
KAISER FOUNDATION HEALTH PLAN, INC.

D Employer Identification Number (EIN)
94-1340523

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
METROPOLITAN LIFE INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
13-5581829	65978	140310	23935	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [ ] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [X] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**	3211981		
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	3211981
b Benefit charges (1) Claims paid	**9b(1)**	2509099		
(2) Increase (decrease) in claim reserves	**9b(2)**	104773		
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	2613872
(4) Claims charged			**9b(4)**	2613872
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**	6629		
(E) Taxes	**9c(1)(E)**	87045		
(F) Charges for risks or other contingencies	**9c(1)(F)**	38543		
(G) Other retention charges	**9c(1)(G)**	465892		
(H) Total retention			**9c(1)(H)**	598109
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	2854560
(3) Other reserves			**9d(3)**	2158148
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2024** **This Form is Open to Public Inspection.**

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

A Name of plan
KAISER FOUNDATION HEALTH PLAN, INC. RETIREE HEALTH AND WELFARE PLAN

B Three-digit plan number (PN) ▶ 580

C Plan sponsor's name as shown on line 2a of Form 5500
KAISER FOUNDATION HEALTH PLAN, INC.

D Employer Identification Number (EIN)
94-1340523

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).. . . . . [X] 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

BRIDGEWATER ASSOCIATES, LP
ONE NYALA FARMS ROAD
WESTPORT, CT 06880

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

SANDERS CAPITAL, LLC

27-0705845

(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)

STATE STREET BANK AND TRUST CO.

04-1867445

(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?
21 25 50 28 51	NONE	150300	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BAKER TILLY US, LLP

30-1413443

(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?
10 50	NONE	58100	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

AON HEWITT INVEST. CONSULTING, INC.

36-3109431

(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?
16 50	NONE	76529	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

BLACKROCK INSTITUTIONAL TRUST CO.

94-3112180

(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?
21 24 28 50 51 52 55	NONE	47847	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

CARDINAL INVESTMENT ADVISORS, LLC

36-4464580

(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?
16 50	NONE	21680	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

GREATPOINT INVESTMENT MANAGEMENT

36-4790748

(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?
28 51	NONE	625000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

SEYFARTH SHAW LLP

233 SOUTH WACKER DRIVE SUITE 8000
CHICAGO, IL 60606-6448

(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?
50 29	NONE	61915	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

STANDARD CRYPTO MANAGEMENT LP

447 SUTTER ST STE 405 PMB1284
SAN FRANCISCO, CA 94108

(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?
28 51 52	NONE	1183330	Yes [X] No [ ]	Yes [ ] No [X]	235672	Yes [ ] No [X]

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

TELUS HEALTH

98-0361292

(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?
50 23	NONE	4654743	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

PRICEWATERHOUSECOOPERS LLP

13-4008324

(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?
16 50	NONE	10000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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: AUDITOR
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 H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

A Name of plan
KAISER FOUNDATION HEALTH PLAN, INC. RETIREE HEALTH AND WELFARE PLAN

B Three-digit plan number (PN) ▶ 580

C Plan sponsor's name as shown on line 2a of Form 5500
KAISER FOUNDATION HEALTH PLAN, INC.

D Employer Identification Number (EIN)
94-1340523

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.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	38676286	47066417
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	34295492	3516273
(2) U.S. Government securities	1c(2)	242632973	397997978
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	1404357097	1327140013
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	1090	990
(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)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	3597268169	3583733144
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	48682676	31147286

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(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	5365913783	5390602101
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	30056312	77852401
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	30056312	77852401
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	5335857471	5312749700

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)	73694914	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		73694914
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	2492353	
(B) U.S. Government securities	2b(1)(B)	8935340	
(C) Corporate debt instruments	2b(1)(C)	73769518	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	5294383	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		90491594
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	16226	
(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)		16226
(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)	-62076688	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-62076688

		(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)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		73070943
c Other income	2c		71754
d Total income. Add all **income** amounts in column (b) and enter total	2d		175268743
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	186827017	
(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)		186827017
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)	58100	
(5) Investment advisory and investment management fees	2i(5)	6495543	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	61915	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	150300	
(11) Other expenses	2i(11)	4783639	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		11549497
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		198376514
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-23107771
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) [X] 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)** [X] 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.)	**4a**		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.)	**4b**		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.)	**4c**		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.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	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?	**4f**		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?	**4g**		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?	**4h**		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.)	**4i**	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.)	**4j**	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?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
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.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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 _____.

Report of Independent Auditors and
Financial Statements with
Supplemental Schedules

Kaiser Foundation Health Plan, Inc.
Retiree Health and Welfare Plan Trust

December 31, 2024 and 2023

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Report of Independent Auditors

To the Investment Committee
Kaiser Foundation Health Plan, Inc. Retiree Health and Welfare Plan Trust

Report on the Audit of the Financial Statements

Opinion

We have audited the financial statements of Kaiser Foundation Health Plan, Inc. Retiree Health and Welfare Plan Trust, 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 Foundation Health Plan, Inc. Retiree Health and Welfare Plan Trust 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 Foundation Health Plan, Inc. Retiree Health and Welfare Plan Trust 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 Foundation Health Plan, Inc. Retiree Health and Welfare Plan Trust's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

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.

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 Foundation Health Plan, Inc. Retiree Health and Welfare Plan Trust'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 Foundation Health Plan, Inc. Retiree Health and Welfare Plan Trust'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.

Other Matter

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The 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 are 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 7, 2025

Financial Statements

Kaiser Foundation Health Plan, Inc.
Retiree Health and Welfare Plan Trust
Statements of Net Assets Available for Benefits
December 31, 2024 and 2023

	2024	2023
ASSETS		
Investments		
Cash and cash equivalent	$ 3,516,273	$ 34,295,492
U.S., municipal, and international government securities	397,997,978	279,395,830
Common and preferred stock	1,413,284,053	1,478,049,374
Corporate debt instruments	1,327,140,013	1,404,357,097
Agency bonds	12,530,883	11,481,281
Risk parity	2,170,449,091	2,119,219,884
Absolute return and other investments	18,617,393	438,539
Total investments	5,343,535,684	5,327,237,497
Receivables		
Broker receivable	21,073,048	11,491,250
Dividend receivable	4,330	49
Interest receivable	24,889,980	23,242,195
Other receivable	1,099,059	3,942,792
Total assets	5,390,602,101	5,365,913,783
LIABILITIES		
Broker payable	71,504,936	27,978,707
Administrative fees payable	6,347,465	2,077,605
Total liabilities	77,852,401	30,056,312
Net assets available for benefits	$ 5,312,749,700	$ 5,335,857,471

See accompanying notes.

Kaiser Foundation Health Plan, Inc.
Retiree Health and Welfare Plan Trust
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2024 and 2023

	2024	2023
Changes in plan assets attributed to:		
Employer contributions	$ 73,694,914	$ 84,661,690
Investment income (loss):		
Net appreciation (depreciation) in fair value of investments	(62,076,688)	483,051,660
Interest and dividend income	163,650,517	33,397,615
Total additions	175,268,743	601,110,965
Deductions from plan assets attributed to:		
Benefits paid	186,827,017	181,125,848
Administrative expenses	11,549,497	17,854,765
Total deductions	198,376,514	198,980,613
Net increase (decrease)	(23,107,771)	402,130,352
Net assets available for benefits:		
Beginning of year	5,335,857,471	4,933,727,119
End of year	$ 5,312,749,700	$ 5,335,857,471

See accompanying notes.

Note 1 – Description of Plan

The following description of the Kaiser Foundation Health Plan, Inc. Retiree Health and Welfare Plan Trust (the Plan) provides only general information. Participants should refer to the Plan document for a complete description of the Plan's provisions.

General – The Plan, established on December 19, 2014, provides certain retiree health and welfare benefits covering eligible retirees (as defined in the Plan document) of Kaiser Foundation Health Plan, Inc., and subsidiaries, and Kaiser Foundation Hospitals and subsidiaries. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. Kaiser Foundation Health Plan, Inc., is the Plan Sponsor and the Plan administrator. Plan assets are held in a voluntary employees' beneficiary association (VEBA) trust by State Street Bank & Trust Company (State Street), the trustee.

Benefits – The Plan provides medical benefits to eligible retirees of the Plan Sponsor, and to their covered dependents. Medical benefits include, but are not limited to, both self-funded and fully insured benefits through group contracts primarily with Kaiser Foundation Health Plan, Inc. and subsidiaries, and various other insurance providers, insurance premium subsidies, and health reimbursement arrangements.

The Plan also provides death benefits to eligible retirees. Current death claims of retired participants are provided under a group insurance contract with Metropolitan Life Insurance Company.

The VEBA is available to pay benefits under the Plan in accordance with the terms of the Plan document.

Contributions – None of the benefits provided under the Plan require contributions from retirees. All contributions to meet current and future expenses incurred by the Plan are made by the Plan Sponsor.

Plan termination – Although it has not expressed any intention to do so, the Plan Sponsor has the right, under the Plan, to modify the benefits provided, to discontinue its contributions at any time, and to terminate the Plan subject to the provisions set forth in ERISA. Upon termination of the Plan, no Plan assets may revert to the Plan Sponsor or be used for any purpose other than providing benefits for participants or in a manner consistent with the purposes of the Plan. The Plan Sponsor has agreed to make sufficient contributions to the Plan to satisfy all benefits incurred as of the effective date of termination and to pay all administrative expenses related to those benefits, to the extent that such benefits and expenses exceed contributions, investment earnings, and net assets of the Plan.

Note 2 – Summary of Significant Accounting Policies

Basis of accounting – The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with U.S. generally accepted accounting principles (GAAP) applied to employee benefit plans.

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

Investment valuation and income recognition – Investments are reported at fair value. The fair value of investments is the amount 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 (the exit price). See Note 3 for discussion of fair value measurements.

Net appreciation or depreciation in fair value of investments consists of realized gains and loss and unrealized appreciation and depreciation in fair value of investments. Realized gains or losses on investment transactions are recorded as the difference between proceeds received and cost of investments sold determined on the average cost basis. Unrealized appreciation or depreciation in fair value of investments is the difference between fair value and the cost of investments.

Investment securities purchased and sold are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis under the effective interest method.

Administrative expenses – Administrative expenses paid by the Plan consist of investment management fees, audit fees, trustee fees, and legal fees. Other costs associated with administration of the Plan are paid by the Plan Sponsor.

Reclassification – Certain amounts in the prior year's financial statements were reclassified to conform with current year presentation.

Risks and uncertainties – The Plan invests in various investment securities. Investment securities, in general, are exposed to various risks such as interest rate, credit, and overall market volatility 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 Plan may have risk associated with its concentration in three investments with a fair value of $3,170,000,738 at December 31, 2024. Given such concentration, the performance of the Plan will be closely linked to the performance of these investments and the Plan could be severely impacted by significant adverse changes in fair value of the securities.

The actuarial present value of postretirement benefit obligations reported is 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 at least reasonably possible that changes in these estimates and assumptions in the near-term would-be material to the financial statements.

Note 3 – Fair Value Measurements

The framework for measuring fair value 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.

Level 2 – Inputs to the valuation methodology are directly observable but do not qualify as Level 1. Inputs may 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.

The following is a description of the valuation methodologies used for investments measured at fair value:

- Money market funds and foreign currencies classified under other investments are recorded at cost, plus accrued interest, which approximate fair value. These investments are classified as Level 2 within the fair value hierarchy.
- Common and preferred stock are held in managed accounts and are valued at the closing price reported on the active market for which the individual securities are traded. These investments are classified as Level 2 within the fair value hierarchy.

- U.S. government, government agency obligations and corporate debt instruments are valued on the basis of prices provided by an independent pricing service. Valuations may be based upon a matrix system and/or appraisals provided by the pricing service which accounts for such factors as yields, prices, maturities, sell features, type of issue, coupon rate, ratings on comparable securities, and other factors. These securities are generally classified as Level 2 within the fair value hierarchy.

- Absolute return and risk parity investments are valued at estimated fair value based on the unit values of the privately managed funds, which management believes to approximate fair value. The fair values of these investments have been estimated by management based on all available data, including appraised values and other information pertaining to the underlying investments provided by fund managers or the general partners. As the investments are valued using the net asset value practical expedient, they are not classified within the fair value hierarchy.

The methods 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.

The following tables set forth by level, within the fair value hierarchy, the Plan's investments measured at fair value as of December 31, 2024 and 2023:

	Investments, at Fair Value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Cash & cash equivalents	$ -	$ 3,516,273	$ -	$ 3,516,273
U.S. and international government securities	-	397,997,978	-	397,997,978
Common and preferred stock	-	1,413,284,053	-	1,413,284,053
Corporate debt instruments	-	1,327,140,013	-	1,327,140,013
Agency bonds	-	12,530,883	-	12,530,883
Derivatives	-	18,391,701	-	18,391,701
Other investments*				
Absolute return	-	-	-	225,692
Risk parity	-	-	-	2,170,449,091
Total investments	$ -	$ 3,172,860,901	$ -	$ 5,343,535,684

	Investments, at Fair Value as of December 31, 2023			
	Level 1	Level 2	Level 3	Total
Cash & cash equivalents	$ -	$ 34,295,492	$ -	$ 34,295,492
U.S. and international government securities	-	279,395,830	-	279,395,830
Common and preferred stock	-	1,478,049,374	-	1,478,049,374
Corporate debt instruments	-	1,404,357,097	-	1,404,357,097
Agency bonds	-	11,481,281	-	11,481,281
Other investments*				
Absolute return	-	-	-	438,539
Risk parity	-	-	-	2,119,219,884
Total investments	$ -	$ 3,207,579,074	$ -	$ 5,327,237,497

*Certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been categorized in the fair value hierarchy. Investments measured at net asset value are presented to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

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.

Absolute return investments use advanced investment strategies, including derivatives, to generate positive long-term risk adjusted returns. Risk parity funds use risk as the primary factor to allocate investments among asset classes.

Note 4 – Accumulated Postretirement Benefit Obligation

The postretirement benefit obligation represents the actuarial present value of those estimated future benefits which are attributed to employee service rendered through December 31. Postretirement benefits include future benefits expected to be paid to or for (a) currently retired employees and their beneficiaries and dependents, and (b) active employees and their beneficiaries and dependents after retirement from service. Prior to an active employee's eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation which is attributed to that employee's service rendered to the valuation date.

The actuarial present value of the expected postretirement benefit obligation is determined by an actuary and is the amount that results from applying actuarial assumptions to historical claims-cost data to estimate future annual incurred claims costs per participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

For measurement purposes, the following actuarial assumptions were utilized for 2024 and 2023:

	2024	2023
Discount rate	5.70%	5.05%
Mortality	For healthy lives: Pri-H-2012 mortality table with white collar adjustment using mortality improvement scale MP-2021.	For healthy lives: Pri-H-2012 mortality table with white collar adjustment using mortality improvement scale MP-2021.
	For disabled lives: Pri-H-2012 mortality table without collar adjustment using mortality improvements scale MP-2021.	For disabled lives: Pri-H-2012 mortality table without collar adjustment using mortality improvements scale MP-2021.

The following were the assumed health care cost trend rates used to determine the benefit obligation as of December 31, 2024 and 2023, and postretirement benefits expense for the years ended December 31, 2024 and 2023:

	Basic Medical Pre-65/Post-65	Prescription Drug Pre-65/Post-65	Dental	Medicare Part A&B	Medicare Part C	Medicare Part D	Supplemental Medical Pre-65/Post-65
Initial trends:							
Benefit obligation - 2024	6.00% / 5.20%	9.50% / 9.50%	4.50%	5.90%	0.00%	7.50%	6.00% / 5.20%
Benefit expense - 2024	6.00% / 5.20%	6.70% / 6.70%	4.50%	8.00%	3.10%	3.60%	6.00% / 5.20%
Benefit obligation - 2023	6.00% / 5.20%	6.70% / 6.70%	4.50%	8.00%	3.10%	3.60%	6.00% / 5.20%
Benefit expense - 2023	5.75% / 4.95%	6.35% / 6.35%	4.50%	4.00%	4.50%	4.50%	5.75% / 4.95%
Ultimate trend rate	4.50% / 4.50%	4.50% / 4.50%	4.50%	4.50%	4.50%	4.50%	4.50% / 4.50%
First year at ultimate trend rate	2038 / 2032	2038 / 2032	N/A	2037/2032	2038	2031	2038 / 2032

The weighted-average healthcare cost trend rate assumption has a significant effect on the estimated benefit obligations reported. A 1% increase in the health care medical trend rate would increase the benefit obligation by $410,697,650. A decrease of 1% in the health care medical trend rate would decrease the benefit obligation by $363,482,077.

The following table provides additional information regarding the Plan's postretirement benefit obligation as of December 31, 2024 and 2023:

	2024	2023
Postretirement benefit obligation		
Active participants who are fully eligible	$ 912,502,325	$ 612,288,229
Active participants not yet fully eligible	525,802,559	950,621,886
Retirees, including beneficiaries	3,073,169,936	2,543,074,082
Total postretirement benefit obligation	$ 4,511,474,820	$ 4,105,984,197

The following provides additional information regarding the Plan's changes in the postretirement benefit obligation for the years ended December 31, 2024 and 2023:

	2024	2023
Balance, beginning of year	$ 4,105,984,197	$ 3,437,507,960
Increase in benefits accumulated	92,529,791	74,417,138
Increase due to passage of time	194,348,737	176,290,338
Benefits paid	(186,827,017)	(181,125,848)
Plan amendments	3,606,093	110,997,032
Changes in actuarial assumptions	301,833,019	487,897,577
Balance, end of year	$ 4,511,474,820	$ 4,105,984,197

Note 5 – Tax Status

On February 26, 2016, the Plan received an exemption letter under Section 501(c)(9) of the Internal Revenue Code (IRC) in which the Internal Revenue Service (IRS) stated that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. The effective date of the exemption was December 19, 2014. Subsequent to this exemption letter, the Plan was restated and amended. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualifications. The Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, the Plan administrator believes that the Plan, as restated and amended, was qualified and tax exempt as of the financial statement date.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that would not meet the more likely than not standard and be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, 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.

Note 6 – Related-party and Party-In-Interest Transactions

Certain investments of the Plan are managed by State Street. Transactions with State Street, as the trustee, qualify as party-in-interest transactions.

Note 7 – Subsequent Events

Plan management considers events and transactions that occur after the statement 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. Subsequent events have been evaluated through October 7, 2025, the date that these financial statements were available to be issued.

Supplemental Schedules

Kaiser Foundation Health Plan, Inc.
Retiree Health and Welfare Plan
Employer Identification Number: 94-1340523, Plan Number: 580
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	(b) Identity of Issue, Borrower Lessor, or Similar Party	(c) Description of Investment Including Maturity Date Rate of Interest, Collateral Par, or Maturity Value	(d) Cost	(e) Current Value
	CASH			
	POUND	STERLING	$ 392,482	$ 390,210
	CANADIAN	DOLLAR	3,375	3,301
	MEXICAN	PESO (NEW)	29	29
	EURO	CURRENCY	(72,030)	(67,317)
	US	DOLLAR	(4,493,224)	(4,493,224)
	TOTAL CASH		(4,169,368)	(4,167,001)
	CASH EQUIVALENT			
	SSC GOVERNMENT MM GVMXX	STIF-TYPE INSTRUMENT	7,683,274	7,683,274
	TOTAL CASH AND CASH EQUIVALENTS		3,513,906	3,516,273
	COMMON AND PREFERRED STOCKS			
	BLACKROCK LONG TERM GOVT BD IN	MUTUAL FUNDS	439,000,000	413,692,889
	LONG DURATION CORP BD PORTFOLI MUTUAL FUNDS	MUTUAL FUNDS	955,223,153	999,551,647
	PIMCO FDS SHORT TERM FLTG NAV MUTUAL FUND	MUTUAL FUNDS	39,517	39,517
	INVESCO MORTGAGE CAPITAL	REIT	5,592	990
	TOTAL COMMON AND PREFERRED STOCKS		1,394,268,262	1,413,285,043
	US GOVERNMENT AND INTERNATIONAL SECURITIES			
	CASSA DEPOSITI E PRESTIT SR UNSECURED 144A 04/29 5.875	GOVERNMENT ISSUES	1,983,220	2,036,508
	FED REPUBLIC OF BRAZIL SR UNSECURED 05/54 7.125	GOVERNMENT ISSUES	2,093,847	1,941,602
	MEXICAN UDIBONOS BONDS 08/34 4	GOVERNMENT ISSUES	36,297	35,489
	REPUBLIC OF CHILE SR UNSECURED 01/52 4	GOVERNMENT ISSUES	246,807	245,512
	REPUBLIC OF COLOMBIA SR UNSECURED 11/54 8.375	GOVERNMENT ISSUES	3,485,050	3,390,275
	REPUBLIC OF PERU SR UNSECURED 08/54 5.875	GOVERNMENT ISSUES	564,921	543,119
	REPUBLIC OF PERU SR UNSECURED REGS 08/31 6.95	GOVERNMENT ISSUES	988,190	980,277
	REPUBLIC OF SOUTH AFRICA SR UNSECURED 144A 11/54 7.95	GOVERNMENT ISSUES	2,200,000	2,110,434
	REPUBLICA ORIENT URUGUAY SR UNSECURED 06/50 5.1	GOVERNMENT ISSUES	1,056,710	1,059,069
	ROMANIA SR UNSECURED 144A 05/32 5.25	GOVERNMENT ISSUES	1,188,807	1,113,116
	SAUDI INTERNATIONAL BOND SR UNSECURED 144A 01/54 5.75	GOVERNMENT ISSUES	9,300,227	8,942,093
	SAUDI INTERNATIONAL BOND SR UNSECURED 144A 01/54 5.75	GOVERNMENT ISSUES	1,173,504	1,120,680
	STATE OF ISRAEL SR UNSECURED 03/54 5.75	GOVERNMENT ISSUES	11,704,861	11,398,482
	STATE OF ISRAEL SR UNSECURED 03/54 5.75	GOVERNMENT ISSUES	1,055,604	1,005,883
	TSY INFL IX N/B 01/34 1.75	GOVERNMENT ISSUES	410,241	393,779
	TSY INFL IX N/B 02/51 0.125	GOVERNMENT ISSUES	2,452,434	2,133,428
	TSY INFL IX N/B 02/52 0.125	GOVERNMENT ISSUES	789,126	737,258
	TSY INFL IX N/B 02/53 1.5	GOVERNMENT ISSUES	3,117,030	2,890,541
	TSY INFL IX N/B 02/54 2.125	GOVERNMENT ISSUES	2,745,192	2,474,848
	TSY INFL IX N/B 07/34 1.875	GOVERNMENT ISSUES	412,108	389,908
	UNITED KINGDOM GILT BONDS REGS 07/54 4.375	GOVERNMENT ISSUES	7,892,167	6,972,428
	UNITED MEXICAN STATES SR UNSECURED 01/46 4.6	GOVERNMENT ISSUES	4,348,138	4,137,974
	UNITED MEXICAN STATES SR UNSECURED 01/50 4.5	GOVERNMENT ISSUES	889,534	836,634
	UNITED MEXICAN STATES SR UNSECURED 05/32 4.4899	GOVERNMENT ISSUES	1,953,269	1,887,624
	UNITED MEXICAN STATES SR UNSECURED 05/53 6.338	GOVERNMENT ISSUES	11,097,491	10,744,525
	UNITED MEXICAN STATES SR UNSECURED 05/54 6.4	GOVERNMENT ISSUES	3,686,289	3,322,254

Kaiser Foundation Health Plan, Inc.
Retiree Health and Welfare Plan
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Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
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(a)	(b) Identity of Issue, Borrower Lessor, or Similar Party	(c) Description of Investment Including Maturity Date Rate of Interest, Collateral Par, or Maturity Value	(d) Cost	(e) Current Value
	US TREASURY N/B 02/44 4.5	GOVERNMENT ISSUES	13,833,024	13,267,125
	US TREASURY N/B 02/49 3	GOVERNMENT ISSUES	16,193,989	15,554,840
	US TREASURY N/B 02/54 4.25	GOVERNMENT ISSUES	352,852	342,094
	US TREASURY N/B 05/34 4.375	GOVERNMENT ISSUES	2,833,713	2,806,193
	US TREASURY N/B 05/44 4.625	GOVERNMENT ISSUES	1,842,245	1,841,969
	US TREASURY N/B 05/49 2.875	GOVERNMENT ISSUES	6,678,773	6,291,227
	US TREASURY N/B 05/54 4.625	GOVERNMENT ISSUES	5,849,577	5,829,586
	US TREASURY N/B 08/33 3.875	GOVERNMENT ISSUES	43,286,486	43,212,814
	US TREASURY N/B 08/43 4.375	GOVERNMENT ISSUES	10,031,313	9,874,981
	US TREASURY N/B 08/44 4.125	GOVERNMENT ISSUES	66,280,328	63,510,780
	US TREASURY N/B 08/49 2.25	GOVERNMENT ISSUES	1,072,357	990,618
	US TREASURY N/B 08/53 4.125	GOVERNMENT ISSUES	518,088	485,401
	US TREASURY N/B 08/54 4.25	GOVERNMENT ISSUES	38,542,665	36,998,331
	US TREASURY N/B 08/54 4.25	GOVERNMENT ISSUES	13,855,010	13,789,332
	US TREASURY N/B 11/26 4.625	GOVERNMENT ISSUES	5,335,828	5,374,799
	US TREASURY N/B 11/34 4.25	GOVERNMENT ISSUES	16,286,489	15,957,951
	US TREASURY N/B 11/44 4.625	GOVERNMENT ISSUES	48,307,365	46,313,416
	US TREASURY N/B 11/48 3.375	GOVERNMENT ISSUES	1,180,287	1,093,437
	US TREASURY N/B 11/54 4.5	GOVERNMENT ISSUES	30,036,954	29,055,718
	CALIFORNIA ST CAS 11/40 FIXED 7.6	MUNICIPALS	2,234,457	2,220,917
	DIST OF COLUMBIA WTR SWR AUT DISUTL 10/14 FIXED 4.814	MUNICIPALS	1,906,225	1,903,376
	ILLINOIS ST ILS 06/33 FIXED 5.1	MUNICIPALS	1,781,624	1,841,875
	MARICOPA CNTY AZ INDL DEV AUTH MAREDU 10/29 FIXED 7.375	MUNICIPALS	1,420,000	1,447,429
	MUNI ELEC AUTH OF GEORGIA MELPWR 04/57 FIXED 6.637	MUNICIPALS	495,597	500,414
	NEW JERSEY ST TURNPIKE AUTH TU NJSTRN 01/41 FIXED 7.102	MUNICIPALS	1,035,954	1,010,683
	PORT AUTH OF NEW YORK NEW JE PORTRN 10/62 FIXED 4.458	MUNICIPALS	1,726,711	1,742,983
	UNIV OF CALIFORNIA REVENUES UNVHGR 12/99 FIXED 4.767	MUNICIPALS	1,892,062	1,895,949
	TOTAL US GOVERNMENT SECURITIES		411,681,037	397,997,978

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	CORPORATE DEBT INSTRUMENTS			
	3M COMPANY SR UNSECURED 08/49 3.25	CORPORATE BONDS	600,637	642,483
	7 ELEVEN INC SR UNSECURED 144A 02/41 2.5	CORPORATE BONDS	2,914,288	2,903,056
	ABBOTT LABORATORIES SR UNSECURED 04/39 6	CORPORATE BONDS	2,194,730	2,171,926
	ABBOTT LABORATORIES SR UNSECURED 05/40 5.3	CORPORATE BONDS	525,204	541,973
	ABBVIE INC SR UNSECURED 03/34 5.05	CORPORATE BONDS	961,960	953,402
	ABBVIE INC SR UNSECURED 03/35 4.55	CORPORATE BONDS	372,044	371,390
	ABBVIE INC SR UNSECURED 03/44 5.35	CORPORATE BONDS	366,829	355,803
	ABBVIE INC SR UNSECURED 03/54 5.4	CORPORATE BONDS	212,775	202,137
	ABBVIE INC SR UNSECURED 05/46 4.45	CORPORATE BONDS	1,508,801	1,542,821
	ABBVIE INC SR UNSECURED 06/44 4.85	CORPORATE BONDS	141,058	135,957
	ABBVIE INC SR UNSECURED 11/39 4.05	CORPORATE BONDS	2,389,534	2,567,261
	ABBVIE INC SR UNSECURED 11/42 4.4	CORPORATE BONDS	2,850,497	2,977,375
	ABBVIE INC SR UNSECURED 11/49 4.25	CORPORATE BONDS	2,455,386	2,439,129
	ABBVIE INC SR UNSECURED 11/49 4.25	CORPORATE BONDS	5,861,072	5,878,302
	ACCENTURE CAPITAL INC COMPANY GUAR 10/34 4.5	CORPORATE BONDS	2,900,780	2,812,942
	AEP TEXAS INC SR UNSECURED 01/50 3.45	CORPORATE BONDS	2,267,615	2,412,910
	AEP TRANSMISSION CO LLC SR UNSECURED 04/50 3.65	CORPORATE BONDS	1,035,277	1,032,857
	AEP TRANSMISSION CO LLC SR UNSECURED 08/51 2.75	CORPORATE BONDS	539,372	570,562
	AERCAP IRELAND CAP/GLOBA COMPANY GUAR 09/34 4.95	CORPORATE BONDS	1,879,344	1,842,259
	AETNA INC SR UNSECURED 11/42 4.125	CORPORATE BONDS	539,465	566,123
	ALABAMA POWER CO SR UNSECURED 03/45 3.75	CORPORATE BONDS	633,606	654,611
	ALABAMA POWER CO SR UNSECURED 03/52 3	CORPORATE BONDS	3,148,282	3,238,341
	ALCOA NEDERLAND HOLDING COMPANY GUAR 144A 05/28 6.125	CORPORATE BONDS	594,884	609,465
	ALFA S.A. SR UNSECURED 144A 03/44 6.875	CORPORATE BONDS	333,864	375,034
	AMAZON.COM INC SR UNSECURED 06/50 2.5	CORPORATE BONDS	5,764,124	5,655,761
	AMAZON.COM INC SR UNSECURED 08/37 3.875	CORPORATE BONDS	1,837,022	1,872,322
	AMERICA MOVIL SAB DE CV SR UNSECURED 07/42 4.375	CORPORATE BONDS	877,967	896,907
	AMERICAN ELECTRIC POWER SR UNSECURED 03/50 3.25	CORPORATE BONDS	218,984	224,693
	AMERICAN INTL GROUP SR UNSECURED 04/48 4.75	CORPORATE BONDS	2,594,208	2,694,546
	AMGEN INC SR UNSECURED 02/40 3.15	CORPORATE BONDS	1,564,505	1,706,600
	AMGEN INC SR UNSECURED 03/53 4.875	CORPORATE BONDS	957,314	1,017,027
	AMGEN INC SR UNSECURED 03/53 5.65	CORPORATE BONDS	5,578,269	5,709,210
	AMGEN INC SR UNSECURED 05/45 4.4	CORPORATE BONDS	4,671,902	4,582,331
	AMGEN INC SR UNSECURED 06/51 4.663	CORPORATE BONDS	785,213	711,680
	AMGEN INC SR UNSECURED 06/51 4.663	CORPORATE BONDS	4,412,152	4,466,837
	ANHEUSER BUSCH CO/INBEV COMPANY GUAR 02/36 4.7	CORPORATE BONDS	278,375	265,585
	ANHEUSER BUSCH CO/INBEV COMPANY GUAR 02/36 4.7	CORPORATE BONDS	2,400,200	2,437,691
	ANHEUSER BUSCH CO/INBEV COMPANY GUAR 02/46 4.9	CORPORATE BONDS	15,658,392	15,985,759
	ANHEUSER BUSCH INBEV WOR COMPANY GUAR 01/39 8.2	CORPORATE BONDS	896,976	934,573
	ANHEUSER BUSCH INBEV WOR COMPANY GUAR 01/49 5.55	CORPORATE BONDS	102,120	98,364
	ANHEUSER BUSCH INBEV WOR COMPANY GUAR 10/48 4.439	CORPORATE BONDS	6,470,325	6,467,083
	AON CORP/AON GLOBAL HOLD COMPANY GUAR 02/52 3.9	CORPORATE BONDS	1,903,955	1,918,416
	APPALACHIAN POWER CO SR UNSECURED 05/44 4.4	CORPORATE BONDS	432,181	466,370
	APPALACHIAN POWER CO SR UNSECURED 05/50 3.7	CORPORATE BONDS	1,104,368	1,114,177
	APPLE INC SR UNSECURED 02/46 4.65	CORPORATE BONDS	3,143,654	3,190,872
	APPLE INC SR UNSECURED 02/46 4.65	CORPORATE BONDS	2,660,918	2,633,155
	APPLE INC SR UNSECURED 02/51 2.65	CORPORATE BONDS	3,942,132	3,880,635
	APPLE INC SR UNSECURED 05/43 3.85	CORPORATE BONDS	1,301,296	1,267,365
	APTIV PLC COMPANY GUAR 12/51 3.1	CORPORATE BONDS	810,762	838,961
	ARIZONA PUBLIC SERVICE SR UNSECURED 05/50 3.35	CORPORATE BONDS	803,712	878,203
	ARIZONA PUBLIC SERVICE SR UNSECURED 05/50 3.35	CORPORATE BONDS	731,483	773,494
	ARTHUR J GALLAGHER + CO SR UNSECURED 02/55 5.55	CORPORATE BONDS	3,378,784	3,264,448
	ASTRAZENECA PLC SR UNSECURED 09/37 6.45	CORPORATE BONDS	5,374,575	5,389,366
	AT+T INC SR UNSECURED 06/41 3.5	CORPORATE BONDS	2,525,540	2,796,869
	AT+T INC SR UNSECURED 06/44 4.65	CORPORATE BONDS	1,590,952	1,723,382
	AT+T INC SR UNSECURED 06/60 3.85	CORPORATE BONDS	10,077,710	10,678,683
	AT+T INC SR UNSECURED 09/53 3.5	CORPORATE BONDS	4,881,378	5,467,525
	AT+T INC SR UNSECURED 09/55 3.55	CORPORATE BONDS	13,990,619	15,086,087
	AT+T INC SR UNSECURED 09/55 3.55	CORPORATE BONDS	5,314,027	5,656,442

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	ATHENE HOLDING LTD SR UNSECURED 02/33 6.65	CORPORATE BONDS	670,394	710,094
	ATHENE HOLDING LTD SR UNSECURED 04/54 6.25	CORPORATE BONDS	910,683	916,572
	ATHENE HOLDING LTD SR UNSECURED 05/52 3.45	CORPORATE BONDS	1,385,061	1,444,673
	AVOLON HOLDINGS FNDG LTD COMPANY GUAR 144A 11/29 5.75	CORPORATE BONDS	2,083,053	2,125,628
	BAE SYSTEMS PLC SR UNSECURED 144A 03/34 5.3	CORPORATE BONDS	1,868,894	1,864,626
	BALTIMORE GAS + ELECTRIC SR UNSECURED 06/53 5.4	CORPORATE BONDS	3,118,877	3,140,707
	BALTIMORE GAS + ELECTRIC SR UNSECURED 06/53 5.4	CORPORATE BONDS	1,760,637	1,841,596
	BALTIMORE GAS + ELECTRIC SR UNSECURED 06/54 5.65	CORPORATE BONDS	349,902	344,585
	BANCO SANTANDER SA SUBORDINATED 11/25 5.179	CORPORATE BONDS	974,580	998,863
	BANK OF AMERICA CORP SR UNSECURED 01/35 VAR	CORPORATE BONDS	10,790,412	10,751,748
	BANK OF AMERICA CORP SR UNSECURED 04/42 VAR	CORPORATE BONDS	3,633,872	3,794,230
	BANK OF AMERICA CORP SR UNSECURED 07/52 VAR	CORPORATE BONDS	4,708,482	4,799,368
	BANK OF AMERICA CORP SUBORDINATED 05/38 7.75	CORPORATE BONDS	1,305,487	1,372,557
	BANK OF AMERICA CORP SUBORDINATED 10/35 VAR	CORPORATE BONDS	1,645,000	1,608,350
	BANK OF AMERICA NA SUBORDINATED 10/36 6	CORPORATE BONDS	2,096,104	2,092,199
	BARCLAYS PLC SR UNSECURED 01/47 4.95	CORPORATE BONDS	988,700	1,057,434
	BARCLAYS PLC SR UNSECURED 09/35 VAR	CORPORATE BONDS	3,000,000	2,881,438
	BARCLAYS PLC SR UNSECURED 11/42 VAR	CORPORATE BONDS	894,812	987,972
	BARRICK INTL BARBADOS COMPANY GUAR 144A 10/36 6.35	CORPORATE BONDS	2,643,202	2,684,558
	BARRICK NA FINANCE LLC COMPANY GUAR 05/41 5.7	CORPORATE BONDS	1,050,376	1,059,602
	BARRICK NA FINANCE LLC COMPANY GUAR 05/43 5.75	CORPORATE BONDS	10,875,025	10,829,461
	BAYER US FINANCE II LLC COMPANY GUAR 144A 04/45 3.95	CORPORATE BONDS	724,914	709,858
	BAYER US FINANCE II LLC COMPANY GUAR 144A 07/64 4.7	CORPORATE BONDS	2,178,768	2,202,218
	BAYER US FINANCE LLC COMPANY GUAR 144A 11/33 6.5	CORPORATE BONDS	696,710	712,186
	BAYER US FINANCE LLC COMPANY GUAR 144A 11/53 6.875	CORPORATE BONDS	992,580	1,008,130
	BELL CANADA COMPANY GUAR 04/48 4.464	CORPORATE BONDS	778,061	791,643
	BERKSHIRE HATHAWAY ENERG SR UNSECURED 01/49 4.45	CORPORATE BONDS	4,555,463	4,685,233
	BERKSHIRE HATHAWAY ENERG SR UNSECURED 05/51 2.85	CORPORATE BONDS	3,553,001	3,814,152
	BERKSHIRE HATHAWAY ENERG SR UNSECURED 05/53 4.6	CORPORATE BONDS	1,879,734	2,003,700
	BERKSHIRE HATHAWAY ENERG SR UNSECURED 05/53 4.6	CORPORATE BONDS	618,181	647,158
	BERKSHIRE HATHAWAY FIN COMPANY GUAR 03/52 3.85	CORPORATE BONDS	3,481,411	3,497,471
	BERKSHIRE HATHAWAY FIN COMPANY GUAR 03/52 3.85	CORPORATE BONDS	3,448,055	3,429,338
	BERKSHIRE HATHAWAY FIN COMPANY GUAR 05/42 4.4	CORPORATE BONDS	1,302,832	1,335,634
	BIOCON BIOLOGICS GLOBAL SR SECURED 144A 10/29 6.67	CORPORATE BONDS	896,920	867,703
	BOEING CO SR UNSECURED 02/50 3.75	CORPORATE BONDS	4,980,150	4,869,753
	BOEING CO SR UNSECURED 03/48 3.625	CORPORATE BONDS	1,036,638	1,078,063
	BOEING CO SR UNSECURED 05/50 5.805	CORPORATE BONDS	2,473,785	2,413,748
	BOEING CO SR UNSECURED 05/50 5.805	CORPORATE BONDS	885,910	930,154
	BOEING CO SR UNSECURED 08/59 3.95	CORPORATE BONDS	1,472,843	1,416,186
	BOEING CO SR UNSECURED 11/48 3.85	CORPORATE BONDS	1,216,895	1,261,440
	BOEING CO/THE SR UNSECURED 05/54 6.858	CORPORATE BONDS	165,000	175,370
	BOEING CO/THE SR UNSECURED 05/64 7.008	CORPORATE BONDS	1,516,834	1,565,162
	BOEING CO/THE SR UNSECURED 05/64 7.008	CORPORATE BONDS	2,802,802	2,971,154
	BP CAP MARKETS AMERICA COMPANY GUAR 02/33 4.812	CORPORATE BONDS	5,324,956	5,510,073
	BP CAP MARKETS AMERICA COMPANY GUAR 02/50 3	CORPORATE BONDS	773,256	772,435
	BP CAP MARKETS AMERICA COMPANY GUAR 02/50 3	CORPORATE BONDS	622,323	619,856
	BP CAP MARKETS AMERICA COMPANY GUAR 06/51 2.939	CORPORATE BONDS	238,772	225,970
	BP CAP MARKETS AMERICA COMPANY GUAR 11/50 2.772	CORPORATE BONDS	3,595,104	3,476,100
	BRANDYWINE OPER PARTNERS COMPANY GUAR 04/29 8.875	CORPORATE BONDS	2,089,605	2,234,828
	BRASKEM NETHERLANDS COMPANY GUAR 144A 10/34 8	CORPORATE BONDS	5,566,697	5,388,405
	BRISTOL MYERS SQUIBB CO SR UNSECURED 02/64 5.65	CORPORATE BONDS	1,423,922	1,376,203
	BRISTOL MYERS SQUIBB CO SR UNSECURED 03/52 3.7	CORPORATE BONDS	827,352	873,751
	BRISTOL MYERS SQUIBB CO SR UNSECURED 03/52 3.7	CORPORATE BONDS	1,319,677	1,303,345
	BRISTOL MYERS SQUIBB CO SR UNSECURED 06/39 4.125	CORPORATE BONDS	1,131,889	1,199,826
	BRISTOL MYERS SQUIBB CO SR UNSECURED 10/49 4.25	CORPORATE BONDS	263,140	262,538
	BRISTOL MYERS SQUIBB CO SR UNSECURED 11/40 2.35	CORPORATE BONDS	655,069	691,279
	BRISTOL MYERS SQUIBB CO SR UNSECURED 11/63 6.4	CORPORATE BONDS	1,814,728	1,943,828
	BROADCOM INC COMPANY GUAR 144A 02/41 3.5	CORPORATE BONDS	2,229,433	2,432,584
	BROADCOM INC COMPANY GUAR 144A 02/51 3.75	CORPORATE BONDS	3,580,272	3,914,652
	BROADCOM INC SR UNSECURED 10/34 4.8	CORPORATE BONDS	1,252,402	1,211,058
	BROADCOM INC SR UNSECURED 144A 05/37 4.926	CORPORATE BONDS	4,439,385	4,898,411
	BROWN FORMAN CORP SR UNSECURED 04/38 4	CORPORATE BONDS	692,901	719,569

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	BURLINGTN NORTH SANTA FE SR UNSECURED 02/50 3.55	CORPORATE BONDS	1,194,777	1,228,393
	BURLINGTN NORTH SANTA FE SR UNSECURED 02/51 3.05	CORPORATE BONDS	218,263	213,370
	BURLINGTN NORTH SANTA FE SR UNSECURED 03/43 4.45	CORPORATE BONDS	1,461,955	1,573,567
	BURLINGTN NORTH SANTA FE SR UNSECURED 03/55 5.5	CORPORATE BONDS	1,698,264	1,674,870
	BURLINGTN NORTH SANTA FE SR UNSECURED 04/44 4.9	CORPORATE BONDS	587,839	631,793
	BURLINGTN NORTH SANTA FE SR UNSECURED 04/54 5.2	CORPORATE BONDS	1,687,174	1,731,595
	BURLINGTN NORTH SANTA FE SR UNSECURED 06/52 2.875	CORPORATE BONDS	2,796,548	2,681,475
	BURLINGTN NORTH SANTA FE SR UNSECURED 09/41 4.95	CORPORATE BONDS	633,027	651,916
	BURLINGTN NORTH SANTA FE SR UNSECURED 09/44 4.55	CORPORATE BONDS	2,026,241	1,921,689
	CABOT CORP SR UNSECURED 06/32 5	CORPORATE BONDS	976,090	1,033,779
	CANADIAN NATL RAILWAY SR UNSECURED 05/50 2.45	CORPORATE BONDS	628,678	621,618
	CANADIAN NATL RESOURCES SR UNSECURED 03/38 6.25	CORPORATE BONDS	1,923,300	2,043,248
	CANADIAN NATL RESOURCES SR UNSECURED 144A 12/34 5.4	CORPORATE BONDS	3,394,458	3,306,664
	CATERPILLAR INC SR UNSECURED 04/50 3.25	CORPORATE BONDS	425,927	407,579
	CATERPILLAR INC SR UNSECURED 05/41 5.2	CORPORATE BONDS	775,329	767,530
	CELANESE US HOLDINGS LLC COMPANY GUAR 11/33 6.95	CORPORATE BONDS	561,159	552,097
	CENOVUS ENERGY INC SR UNSECURED 02/52 3.75	CORPORATE BONDS	1,635,996	1,673,205
	CENOVUS ENERGY INC SR UNSECURED 11/39 6.75	CORPORATE BONDS	1,541,012	1,522,294
	CENTENE CORP SR UNSECURED 02/30 3.375	CORPORATE BONDS	669,271	708,090
	CENTENE CORP SR UNSECURED 03/31 2.5	CORPORATE BONDS	1,578,934	1,679,026
	CHARTER COMM OPT LLC/CAP SR SECURED 03/50 4.8	CORPORATE BONDS	3,782,116	3,992,400
	CHARTER COMM OPT LLC/CAP SR SECURED 04/48 5.75	CORPORATE BONDS	1,017,733	1,081,371
	CHARTER COMM OPT LLC/CAP SR SECURED 04/51 3.7	CORPORATE BONDS	308,758	321,699
	CHARTER COMM OPT LLC/CAP SR SECURED 04/51 3.7	CORPORATE BONDS	4,001,200	4,166,476
	CHARTER COMM OPT LLC/CAP SR SECURED 05/47 5.375	CORPORATE BONDS	111,010	110,804
	CHARTER COMM OPT LLC/CAP SR SECURED 06/34 6.55	CORPORATE BONDS	299,265	306,872
	CHARTER COMM OPT LLC/CAP SR SECURED 06/41 3.5	CORPORATE BONDS	321,864	328,920
	CHARTER COMM OPT LLC/CAP SR SECURED 06/52 3.9	CORPORATE BONDS	341,090	369,903
	CHARTER COMM OPT LLC/CAP SR SECURED 10/45 6.484	CORPORATE BONDS	4,237,900	4,478,910
	CHARTER COMM OPT LLC/CAP SR SECURED 10/55 6.834	CORPORATE BONDS	1,263,132	1,405,862
	CHEVRON CORP SR UNSECURED 05/50 3.078	CORPORATE BONDS	778,107	753,953
	CHILDREN S HOSPITAL MEDI SR UNSECURED 05/44 4.268	CORPORATE BONDS	1,545,490	1,595,343
	CHILE ELECTRICITY LUX GOVT GUARANT 144A 10/35 5.58	CORPORATE BONDS	3,456,134	3,380,924
	CHUBB INA HOLDINGS LLC COMPANY GUAR 12/61 3.05	CORPORATE BONDS	1,467,387	1,350,331
	CHURCH + DWIGHT CO INC SR UNSECURED 06/52 5	CORPORATE BONDS	1,247,204	1,266,053
	CIGNA GROUP/THE COMPANY GUAR 08/38 4.8	CORPORATE BONDS	2,700,073	2,638,058
	CIGNA GROUP/THE COMPANY GUAR 08/38 4.8	CORPORATE BONDS	1,513,697	1,541,134
	CIGNA GROUP/THE SR UNSECURED 03/40 3.2	CORPORATE BONDS	978,446	1,026,295
	CISCO SYSTEMS INC SR UNSECURED 01/40 5.5	CORPORATE BONDS	1,301,662	1,300,523
	CISCO SYSTEMS INC SR UNSECURED 02/54 5.3	CORPORATE BONDS	8,849,211	8,597,467
	CISCO SYSTEMS INC SR UNSECURED 02/64 5.35	CORPORATE BONDS	1,740,271	1,672,696
	CITIGROUP CAPITAL III COMPANY GUAR 12/36 7.625	CORPORATE BONDS	1,070,980	1,119,883
	CITIGROUP INC SR UNSECURED 07/39 8.125	CORPORATE BONDS	9,546,801	9,848,565
	CITIGROUP INC SR UNSECURED 11/42 VAR	CORPORATE BONDS	1,605,938	1,719,288
	CITIGROUP INC SUBORDINATED 05/46 4.75	CORPORATE BONDS	4,389,257	4,793,406
	CIVITAS RESOURCES INC COMPANY GUAR 144A 07/28 8.375	CORPORATE BONDS	2,032,572	2,033,517
	CLEVELAND CLINIC FOUND UNSECURED 01/14 4.858	CORPORATE BONDS	1,606,975	1,620,897
	CODELCO INC SR UNSECURED 144A 09/53 6.3	CORPORATE BONDS	1,004,073	1,014,176
	COMCAST CORP COMPANY GUAR 01/31 1.95	CORPORATE BONDS	529,722	560,412
	COMCAST CORP COMPANY GUAR 03/48 4	CORPORATE BONDS	1,333,961	1,302,399
	COMCAST CORP COMPANY GUAR 04/40 3.75	CORPORATE BONDS	1,182,488	1,270,845
	COMCAST CORP COMPANY GUAR 07/46 3.4	CORPORATE BONDS	3,078,792	3,212,519
	COMCAST CORP COMPANY GUAR 11/51 2.887	CORPORATE BONDS	6,280,354	6,224,983
	COMCAST CORP COMPANY GUAR 11/51 2.887	CORPORATE BONDS	5,674,253	5,632,557
	COMCAST CORP COMPANY GUAR 11/56 2.937	CORPORATE BONDS	2,962,750	3,075,269
	COMCAST CORP COMPANY GUAR 11/56 2.937	CORPORATE BONDS	2,955,300	2,912,186
	COMMONWEALTH EDISON CO 1ST MORTGAGE 03/48 4	CORPORATE BONDS	3,079,781	3,212,577
	COMMONWEALTH EDISON CO 1ST MORTGAGE 03/49 4	CORPORATE BONDS	282,684	269,453
	COMMONWEALTH EDISON CO 1ST MORTGAGE 03/52 3.85	CORPORATE BONDS	254,675	266,657
	COMMONWEALTH EDISON CO 1ST MORTGAGE 06/46 3.65	CORPORATE BONDS	1,271,527	1,374,087
	COMMONWEALTH EDISON CO 1ST MORTGAGE 06/54 5.65	CORPORATE BONDS	273,218	271,144

Kaiser Foundation Health Plan, Inc.
Retiree Health and Welfare Plan
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(a)	(b) Identity of Issue, Borrower Lessor, or Similar Party	(c) Description of Investment Including Maturity Date Rate of Interest, Collateral Par, or Maturity Value	(d) Cost	(e) Current Value
	CON EDISON CO OF NY INC SR UNSECURED 11/52 6.15	CORPORATE BONDS	420,043	440,082
	CON EDISON CO OF NY INC SR UNSECURED 11/53 5.9	CORPORATE BONDS	1,089,935	1,114,314
	CON EDISON CO OF NY INC SR UNSECURED 12/51 3.2	CORPORATE BONDS	1,032,454	1,065,883
	CONOCOPHILLIPS COMPANY COMPANY GUAR 03/52 3.8	CORPORATE BONDS	481,162	474,506
	CONOCOPHILLIPS COMPANY COMPANY GUAR 03/62 4.025	CORPORATE BONDS	2,322,421	2,348,363
	CONOCOPHILLIPS COMPANY COMPANY GUAR 11/44 4.3	CORPORATE BONDS	629,450	639,701
	CONSTELLATION EN GEN LLC SR UNSECURED 06/42 5.6	CORPORATE BONDS	1,036,237	1,099,656
	CONSTELLATION EN GEN LLC SR UNSECURED 10/53 6.5	CORPORATE BONDS	2,613,954	2,769,970
	CONSTELLATION INSURC INC SR UNSECURED 144A 01/30 6.8	CORPORATE BONDS	1,085,222	1,079,227
	CONSUMERS ENERGY CO 1ST MORTGAGE 08/51 3.5	CORPORATE BONDS	676,390	691,438
	CONTINENTAL RESOURCES COMPANY GUAR 06/44 4.9	CORPORATE BONDS	2,586,103	2,620,868
	CORESTATES CAPTL III LIMITD GUARA 144A 02/27 VAR	CORPORATE BONDS	2,234,700	2,308,476
	COX COMMUNICATIONS INC SR UNSECURED 144A 06/51 3.6	CORPORATE BONDS	522,333	535,583
	COX COMMUNICATIONS INC SR UNSECURED 144A 09/26 3.35	CORPORATE BONDS	539,296	566,041
	CROWN CASTLE INC SR UNSECURED 04/41 2.9	CORPORATE BONDS	1,425,103	1,502,401
	CROWN CASTLE INC SR UNSECURED 07/50 4.15	CORPORATE BONDS	260,265	271,591
	CSL FINANCE PLC COMPANY GUAR 144A 04/52 4.75	CORPORATE BONDS	2,428,596	2,397,491
	CSL FINANCE PLC COMPANY GUAR 144A 04/62 4.95	CORPORATE BONDS	998,730	1,055,576
	CSX CORP SR UNSECURED 05/37 6.15	CORPORATE BONDS	871,912	892,893
	CSX CORP SR UNSECURED 08/54 4.5	CORPORATE BONDS	533,183	539,135
	CUMMINS INC SR UNSECURED 10/43 4.875	CORPORATE BONDS	485,071	494,911
	CVS HEALTH CORP JR SUBORDINA 03/55 VAR	CORPORATE BONDS	2,015,000	2,021,761
	CVS HEALTH CORP JR SUBORDINA 12/54 VAR	CORPORATE BONDS	325,000	318,675
	CVS HEALTH CORP SR UNSECURED 03/38 4.78	CORPORATE BONDS	10,416,489	10,371,740
	CVS HEALTH CORP SR UNSECURED 03/38 4.78	CORPORATE BONDS	1,833,424	1,802,841
	CVS HEALTH CORP SR UNSECURED 03/48 5.05	CORPORATE BONDS	14,238,706	13,790,528
	CVS HEALTH CORP SR UNSECURED 03/48 5.05	CORPORATE BONDS	5,630,954	5,483,229
	CVS HEALTH CORP SR UNSECURED 08/40 2.7	CORPORATE BONDS	1,698,427	1,810,862
	DELL INT LLC / EMC CORP SR UNSECURED 07/36 8.1	CORPORATE BONDS	339,861	355,596
	DELL INT LLC / EMC CORP SR UNSECURED 07/46 8.35	CORPORATE BONDS	229,110	244,210
	DEVON ENERGY CORPORATION SR UNSECURED 06/45 5	CORPORATE BONDS	849,884	860,266
	DEVON ENERGY CORPORATION SR UNSECURED 09/34 5.2	CORPORATE BONDS	2,199,252	2,088,402
	DIAMONDBACK ENERGY INC COMPANY GUAR 03/51 4.4	CORPORATE BONDS	1,876,736	1,766,527
	DIAMONDBACK ENERGY INC COMPANY GUAR 03/52 4.25	CORPORATE BONDS	3,776,654	3,793,145
	DIAMONDBACK ENERGY INC COMPANY GUAR 03/53 6.25	CORPORATE BONDS	1,814,654	1,860,480
	DOLLAR GENERAL CORP SR UNSECURED 04/50 4.125	CORPORATE BONDS	481,117	503,642
	DOMINION ENERGY INC SR UNSECURED 04/41 3.3	CORPORATE BONDS	1,874,252	2,051,042
	DOMINION ENERGY INC SR UNSECURED 08/52 4.85	CORPORATE BONDS	3,332,667	3,576,062
	DTE ELECTRIC CO 1ST MORTGAGE 04/53 5.4	CORPORATE BONDS	497,349	504,236
	DUKE ENERGY CAROLINAS 1ST MORTGAGE 03/52 3.55	CORPORATE BONDS	529,165	535,308
	DUKE ENERGY CAROLINAS 1ST MORTGAGE 08/49 3.2	CORPORATE BONDS	996,703	1,009,509
	DUKE ENERGY CAROLINAS 1ST MORTGAGE 12/41 4.25	CORPORATE BONDS	308,543	301,719
	DUKE ENERGY CAROLINAS 1ST MORTGAGE 12/41 4.25	CORPORATE BONDS	798,369	826,336
	DUKE ENERGY CAROLINAS 1ST MORTGAGE 12/47 3.7	CORPORATE BONDS	441,628	433,131
	DUKE ENERGY CAROLINAS 1ST REF MORT 09/42 4	CORPORATE BONDS	792,955	845,449
	DUKE ENERGY CORP SR UNSECURED 06/41 3.3	CORPORATE BONDS	480,907	532,063
	DUKE ENERGY CORP SR UNSECURED 06/51 3.5	CORPORATE BONDS	591,807	624,086
	DUKE ENERGY CORP SR UNSECURED 08/47 3.95	CORPORATE BONDS	126,065	122,774
	DUKE ENERGY CORP SR UNSECURED 09/46 3.75	CORPORATE BONDS	2,957,297	3,235,822
	DUKE ENERGY CORP SR UNSECURED 09/46 3.75	CORPORATE BONDS	3,414,015	3,596,585
	DUKE ENERGY FLORIDA LLC 1ST MORTGAGE 07/48 4.2	CORPORATE BONDS	1,798,129	1,865,016
	DUKE ENERGY FLORIDA LLC 1ST MORTGAGE 12/51 3	CORPORATE BONDS	521,533	520,164
	DUKE ENERGY INDIANA LLC 1ST MORTGAGE 04/53 5.4	CORPORATE BONDS	2,093,386	2,178,582
	DUKE ENERGY INDIANA LLC 1ST MORTGAGE 05/46 3.75	CORPORATE BONDS	221,635	222,191
	DUKE ENERGY INDIANA LLC 1ST MORTGAGE 07/43 4.9	CORPORATE BONDS	1,322,310	1,412,106
	DUKE ENERGY INDIANA LLC 1ST MORTGAGE 08/38 6.35	CORPORATE BONDS	1,069,961	1,126,650
	DUKE ENERGY INDIANA LLC 1ST MORTGAGE 10/49 3.25	CORPORATE BONDS	109,800	104,002
	DUKE ENERGY PROGRESS LLC 1ST MORTGAGE 03/44 4.375	CORPORATE BONDS	985,158	1,018,181
	DUKE ENERGY PROGRESS LLC 1ST MORTGAGE 04/52 4	CORPORATE BONDS	191,534	187,237
	DUKE ENERGY PROGRESS LLC 1ST MORTGAGE 05/42 4.1	CORPORATE BONDS	166,791	180,653

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	EATON CORP COMPANY GUAR 08/52 4.7	CORPORATE BONDS	2,090,546	2,097,625
	EBAY INC SR UNSECURED 07/42 4	CORPORATE BONDS	822,476	870,696
	ELECTRICITE DE FRANCE SA SR UNSECURED 144A 04/64 6	CORPORATE BONDS	1,747,582	1,835,700
	ELEVANCE HEALTH INC SR UNSECURED 01/43 4.65	CORPORATE BONDS	954,500	996,947
	ELEVANCE HEALTH INC SR UNSECURED 02/35 5.2	CORPORATE BONDS	747,345	732,472
	ELEVANCE HEALTH INC SR UNSECURED 02/55 5.7	CORPORATE BONDS	1,218,299	1,180,986
	ELEVANCE HEALTH INC SR UNSECURED 05/50 3.125	CORPORATE BONDS	3,654,315	3,626,984
	ELEVANCE HEALTH INC SR UNSECURED 06/34 5.375	CORPORATE BONDS	769,446	763,145
	ELEVANCE HEALTH INC SR UNSECURED 08/44 4.65	CORPORATE BONDS	3,971,724	4,099,310
	ELEVANCE HEALTH INC SR UNSECURED 11/64 5.85	CORPORATE BONDS	2,004,131	1,939,060
	ELEVANCE HEALTH INC SR UNSECURED 12/47 4.375	CORPORATE BONDS	263,193	270,023
	ELI LILLY + CO SR UNSECURED 02/64 5.1	CORPORATE BONDS	1,138,643	1,041,713
	ELI LILLY + CO SR UNSECURED 08/54 5.05	CORPORATE BONDS	1,963,449	1,820,191
	ELI LILLY + CO SR UNSECURED 08/64 5.2	CORPORATE BONDS	434,852	404,997
	EMERSON ELECTRIC CO SR UNSECURED 12/51 2.8	CORPORATE BONDS	1,915,565	1,877,754
	EMPRESA NACIONAL DE TELE SR UNSECURED 144A 08/26 4.75	CORPORATE BONDS	1,045,746	1,084,412
	ENEL FINANCE AMERICA LLC COMPANY GUAR 144A 07/41 2.875	CORPORATE BONDS	1,102,317	1,223,141
	ENERGY TRANSFER LP SR UNSECURED 03/45 5.15	CORPORATE BONDS	7,569,489	8,300,644
	ENERGY TRANSFER LP SR UNSECURED 04/47 5.3	CORPORATE BONDS	179,001	194,557
	ENERGY TRANSFER LP SR UNSECURED 04/47 5.3	CORPORATE BONDS	5,763,984	6,102,024
	ENERGY TRANSFER LP SR UNSECURED 04/49 6.25	CORPORATE BONDS	202,966	225,188
	ENERGY TRANSFER LP SR UNSECURED 05/50 5	CORPORATE BONDS	5,144,577	5,026,509
	ENERGY TRANSFER LP SR UNSECURED 05/54 5.95	CORPORATE BONDS	1,189,300	1,155,263
	ENERGY TRANSFER LP SR UNSECURED 05/54 5.95	CORPORATE BONDS	1,393,322	1,353,447
	ENERGY TRANSFER LP SR UNSECURED 06/41 6.05	CORPORATE BONDS	2,040,715	2,099,425
	ENI SPA SR UNSECURED 144A 05/54 5.95	CORPORATE BONDS	2,075,388	2,016,158
	ENLINK MIDSTREAM PARTNER SR UNSECURED 04/45 5.05	CORPORATE BONDS	515,335	571,467
	ENTERGY CORP SR UNSECURED 06/50 3.75	CORPORATE BONDS	659,802	691,204
	ENTERGY LOUISIANA LLC 1ST MORTGAGE 03/51 2.9	CORPORATE BONDS	529,522	544,048
	ENTERGY MISSISSIPPI LLC 1ST MORTGAGE 06/49 3.85	CORPORATE BONDS	797,511	817,243
	ENTERGY TEXAS INC 1ST MORTGAGE 09/49 3.55	CORPORATE BONDS	622,766	650,449
	ENTERPRISE PRODUCTS OPER COMPANY GUAR 01/50 4.2	CORPORATE BONDS	237,426	243,837
	ENTERPRISE PRODUCTS OPER COMPANY GUAR 02/41 5.95	CORPORATE BONDS	423,703	434,426
	ENTERPRISE PRODUCTS OPER COMPANY GUAR 02/42 5.7	CORPORATE BONDS	1,419,945	1,498,169
	ENTERPRISE PRODUCTS OPER COMPANY GUAR 02/45 5.1	CORPORATE BONDS	749,587	787,583
	ENTERPRISE PRODUCTS OPER COMPANY GUAR 02/53 3.3	CORPORATE BONDS	4,588,942	4,529,266
	ENTERPRISE PRODUCTS OPER COMPANY GUAR 02/55 5.55	CORPORATE BONDS	3,184,987	3,078,294
	EQUINOR ASA COMPANY GUAR 04/50 3.7	CORPORATE BONDS	1,551,483	1,554,874
	ERAC USA FINANCE LLC COMPANY GUAR 144A 05/53 5.4	CORPORATE BONDS	2,305,912	2,320,062
	ESSENTIAL UTILITIES INC SR UNSECURED 04/50 3.351	CORPORATE BONDS	507,232	535,717
	EXELON CORP SR UNSECURED 04/46 4.45	CORPORATE BONDS	414,695	458,049
	EXELON CORP SR UNSECURED 04/46 4.45	CORPORATE BONDS	1,502,043	1,569,859
	EXELON CORP SR UNSECURED 04/50 4.7	CORPORATE BONDS	1,190,714	1,248,808
	EXELON CORP SR UNSECURED 04/50 4.7	CORPORATE BONDS	309,920	320,640
	EXPEDIA GROUP INC COMPANY GUAR 02/28 3.8	CORPORATE BONDS	1,069,868	1,120,465
	EXXON MOBIL CORPORATION SR UNSECURED 04/51 3.452	CORPORATE BONDS	3,241,433	3,143,923
	FAIRFAX FINL HLDGS LTD SR UNSECURED 03/54 6.35	CORPORATE BONDS	808,151	834,058
	FAIRFAX FINL HLDGS LTD SR UNSECURED 144A 03/55 6.1	CORPORATE BONDS	2,157,630	2,116,185
	FARMERS EXCHANGE CAP II SUBORDINATED 144A 11/53 VAR	CORPORATE BONDS	2,935,664	2,945,769
	FARMERS EXCHANGE CAP III SUBORDINATED 144A 10/54 VAR	CORPORATE BONDS	1,684,344	1,748,027
	FARMERS INS EXCH SUBORDINATED 144A 10/64 VAR	CORPORATE BONDS	2,090,000	2,154,721
	FARMERS INS EXCH SUBORDINATED 144A 11/57 VAR	CORPORATE BONDS	929,858	906,972
	FEDEX CORP COMPANY GUAR 02/48 4.05	CORPORATE BONDS	2,130,877	2,166,129
	FIRST QUANTUM MINERALS L COMPANY GUAR 144A 06/31 8.625	CORPORATE BONDS	1,069,879	1,116,893
	FIRST QUANTUM MINERALS L COMPANY GUAR 144A 10/27 6.875	CORPORATE BONDS	3,645,438	3,632,669
	FLORIDA POWER + LIGHT CO 1ST MORTGAGE 03/40 5.69	CORPORATE BONDS	1,303,717	1,341,853
	FLORIDA POWER + LIGHT CO 1ST MORTGAGE 06/34 5.3	CORPORATE BONDS	2,133,927	2,126,016
	FLORIDA POWER + LIGHT CO 1ST MORTGAGE 10/49 3.15	CORPORATE BONDS	1,302,347	1,311,021

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	FMC CORP SR UNSECURED 05/53 6.375	CORPORATE BONDS	1,018,878	1,118,682
	FMC CORP SR UNSECURED 10/49 4.5	CORPORATE BONDS	307,175	331,211
	FORD MOTOR COMPANY SR UNSECURED 01/43 4.75	CORPORATE BONDS	2,354,988	2,534,512
	FORD MOTOR CREDIT CO LLC SR UNSECURED 11/27 7.35	CORPORATE BONDS	1,260,771	1,256,493
	FOX CORP SR UNSECURED 01/49 5.576	CORPORATE BONDS	787,860	859,530
	FREEPORT MCMORAN INC COMPANY GUAR 03/43 5.45	CORPORATE BONDS	3,042,210	3,139,375
	FRONTIER COMMUNICATIONS SECURED 11/29 5.875	CORPORATE BONDS	1,158,794	1,158,533
	FRONTIER COMMUNICATIONS SECURED 144A 01/30 6	CORPORATE BONDS	995,506	997,767
	GENERAL MOTORS CO SR UNSECURED 04/49 5.95	CORPORATE BONDS	928,242	1,001,330
	GENERAL MOTORS CO SR UNSECURED 10/43 6.25	CORPORATE BONDS	1,490,807	1,594,954
	GEORGIA PACIFIC LLC SR UNSECURED 11/29 7.75	CORPORATE BONDS	1,161,909	1,177,992
	GEORGIA POWER CO SR UNSECURED 03/34 5.25	CORPORATE BONDS	3,812,733	3,755,535
	GEORGIA POWER CO SR UNSECURED 05/52 5.125	CORPORATE BONDS	791,877	816,353
	GILEAD SCIENCES INC SR UNSECURED 02/45 4.5	CORPORATE BONDS	3,199,326	3,201,384
	GILEAD SCIENCES INC SR UNSECURED 09/35 4.6	CORPORATE BONDS	552,768	566,228
	GILEAD SCIENCES INC SR UNSECURED 11/54 5.5	CORPORATE BONDS	3,973,346	3,744,698
	GLENCORE FINANCE CANADA COMPANY GUAR 144A 10/42 5.55	CORPORATE BONDS	578,751	615,131
	GLENCORE FUNDING LLC COMPANY GUAR 144A 10/33 6.5	CORPORATE BONDS	1,838,604	1,962,581
	GLOBAL ATLANTIC FIN CO COMPANY GUAR 144A 03/54 6.75	CORPORATE BONDS	471,799	482,038
	GOLDMAN SACHS CAPITAL I LIMITD GUARA 02/34 6.345	CORPORATE BONDS	10,381,151	10,310,047
	GOLDMAN SACHS GROUP INC SR UNSECURED 02/43 VAR	CORPORATE BONDS	2,322,518	2,530,993
	GOLDMAN SACHS GROUP INC SR UNSECURED 04/39 VAR	CORPORATE BONDS	4,700,172	5,085,152
	GOLDMAN SACHS GROUP INC SR UNSECURED 10/45 4.75	CORPORATE BONDS	2,579,664	2,668,010
	GOLDMAN SACHS GROUP INC SR UNSECURED 11/45 VAR	CORPORATE BONDS	3,377,596	3,269,086
	GOLDMAN SACHS GROUP INC SUBORDINATED 10/37 6.75	CORPORATE BONDS	1,048,760	1,113,382
	GREENSAIF PIPELINES BIDC SR SECURED 144A 02/42 6.51	CORPORATE BONDS	608,280	622,634
	GREENSAIF PIPELINES BIDC SR SECURED 144A 08/42 6.1027	CORPORATE BONDS	3,720,045	3,636,668
	GREENSAIF PIPELINES BIDC SR SECURED 144A 08/42 6.1027	CORPORATE BONDS	1,850,000	1,803,709
	HA SUSTAINABLE INF CAP COMPANY GUAR 144A 07/34 6.375	CORPORATE BONDS	3,495,345	3,408,436
	HASBRO INC SR UNSECURED 09/27 3.5	CORPORATE BONDS	641,499	669,775
	HCA INC COMPANY GUAR 03/52 4.625	CORPORATE BONDS	3,867,996	3,874,591
	HCA INC COMPANY GUAR 04/54 6	CORPORATE BONDS	1,038,970	995,481
	HCA INC COMPANY GUAR 04/64 6.1	CORPORATE BONDS	740,381	710,778
	HCA INC COMPANY GUAR 06/47 5.5	CORPORATE BONDS	1,020,196	1,121,370
	HCA INC COMPANY GUAR 06/49 5.25	CORPORATE BONDS	774,873	800,300
	HEALTH CARE SERVICE CORP SR UNSECURED 144A 06/50 3.2	CORPORATE BONDS	2,187,568	2,154,985
	HEALTH CARE SERVICE CORP SR UNSECURED 144A 06/54 5.875	CORPORATE BONDS	3,080,452	2,991,081
	HESS CORP SR UNSECURED 01/40 6	CORPORATE BONDS	4,877,438	4,852,673
	HESS CORP SR UNSECURED 02/41 5.6	CORPORATE BONDS	6,431,074	7,080,928
	HESS CORP SR UNSECURED 03/33 7.125	CORPORATE BONDS	2,060,132	2,122,345
	HESS CORP SR UNSECURED 04/47 5.8	CORPORATE BONDS	210,184	200,126
	HILTON WORLDWIDE FIN LLC COMPANY GUAR 04/27 4.875	CORPORATE BONDS	1,220,800	1,262,550
	HOME DEPOT INC SR UNSECURED 03/45 4.4	CORPORATE BONDS	1,138,393	1,187,188
	HOME DEPOT INC SR UNSECURED 04/40 3.3	CORPORATE BONDS	775,527	837,526
	HOME DEPOT INC SR UNSECURED 04/43 4.2	CORPORATE BONDS	2,623,716	2,621,671
	HOME DEPOT INC SR UNSECURED 04/46 4.25	CORPORATE BONDS	697,851	748,634
	HOME DEPOT INC SR UNSECURED 06/34 4.95	CORPORATE BONDS	623,984	621,489
	HOME DEPOT INC SR UNSECURED 09/51 2.75	CORPORATE BONDS	3,996,929	3,953,171
	HOME DEPOT INC SR UNSECURED 12/49 3.125	CORPORATE BONDS	986,746	1,010,855
	HORIZON MUTUAL HOLDINGS SR UNSECURED 144A 11/34 6.2	CORPORATE BONDS	2,089,479	2,048,465
	HOST HOTELS + RESORTS LP SR UNSECURED 04/35 5.5	CORPORATE BONDS	993,210	978,875
	HP ENTERPRISE CO SR UNSECURED 10/54 5.6	CORPORATE BONDS	1,103,468	1,058,961
	HSBC BANK USA NA SUBORDINATED 01/39 7	CORPORATE BONDS	9,118,398	9,158,891
	HSBC BANK USA NA SUBORDINATED 08/35 5.625	CORPORATE BONDS	1,610,301	1,689,088
	HSBC HOLDINGS PLC SR UNSECURED 03/44 VAR	CORPORATE BONDS	856,408	871,543
	HUMANA INC SR UNSECURED 04/54 5.75	CORPORATE BONDS	3,998,111	3,812,740
	HUMANA INC SR UNSECURED 04/54 5.75	CORPORATE BONDS	1,369,301	1,269,678
	HUMANA INC SR UNSECURED 08/49 3.95	CORPORATE BONDS	190,987	183,396
	HUNTINGTON INGALLS INDUS COMPANY GUAR 01/35 5.749	CORPORATE BONDS	494,921	493,660
	HYATT HOTELS CORP SR UNSECURED 03/26 4.85	CORPORATE BONDS	1,071,096	1,094,402

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	IBM CORP SR UNSECURED 05/39 4.15	CORPORATE BONDS	3,351,028	3,510,098
	IBM CORP SR UNSECURED 05/49 4.25	CORPORATE BONDS	1,020,172	1,043,720
	IBM CORP SR UNSECURED 05/50 2.95	CORPORATE BONDS	790,981	798,929
	INDIANA MICHIGAN POWER SR UNSECURED 04/53 5.625	CORPORATE BONDS	847,926	876,907
	INDIANAPOLIS PWR + LIGHT 1ST MORTGAGE 144A 04/54 5.7	CORPORATE BONDS	1,091,834	1,070,294
	INGERSOLL RAND INC SR UNSECURED 06/54 5.7	CORPORATE BONDS	378,446	372,888
	INTEL CORP SR UNSECURED 03/50 4.75	CORPORATE BONDS	2,655,640	2,474,056
	INTEL CORP SR UNSECURED 05/47 4.1	CORPORATE BONDS	340,695	319,830
	INTEL CORP SR UNSECURED 08/41 2.8	CORPORATE BONDS	823,905	717,614
	INTEL CORP SR UNSECURED 08/51 3.05	CORPORATE BONDS	672,247	607,456
	INTEL CORP SR UNSECURED 11/49 3.25	CORPORATE BONDS	346,882	304,453
	INTEL CORP SR UNSECURED 12/47 3.734	CORPORATE BONDS	1,363,902	1,251,071
	INTEL CORP SR UNSECURED 12/47 3.734	CORPORATE BONDS	1,221,860	1,098,067
	JAB HOLDINGS BV COMPANY GUAR 144A 05/51 3.75	CORPORATE BONDS	478,013	525,301
	JAB HOLDINGS BV SR UNSECURED 144A 04/52 4.5	CORPORATE BONDS	1,262,489	1,302,598
	JACKSON FINANCIAL INC SR UNSECURED 11/51 4	CORPORATE BONDS	1,188,486	1,303,102
	JBS USA HOLD/FOOD/LUX CO COMPANY GUAR 11/53 7.25	CORPORATE BONDS	3,297,116	3,613,950
	JBS USA HOLD/FOOD/LUX CO COMPANY GUAR 12/52 6.5	CORPORATE BONDS	1,226,912	1,352,905
	JEFFERIES FIN GROUP INC SR UNSECURED 01/36 6.25	CORPORATE BONDS	614,277	636,987
	JEFFERIES FIN GROUP INC SR UNSECURED 10/31 2.625	CORPORATE BONDS	559,077	611,678
	JOHN DEERE CAPITAL CORP SR UNSECURED 04/34 5.1	CORPORATE BONDS	534,668	534,079
	JOHN DEERE CAPITAL CORP SR UNSECURED 06/34 5.05	CORPORATE BONDS	2,641,425	2,628,419
	JOHNSON + JOHNSON SR UNSECURED 03/46 3.7	CORPORATE BONDS	2,586,916	2,545,502
	JOHNSON + JOHNSON SR UNSECURED 09/50 2.25	CORPORATE BONDS	1,329,155	1,266,878
	JPMORGAN CHASE + CO JR SUBORDINA 02/27 VAR	CORPORATE BONDS	453,625	469,134
	JPMORGAN CHASE + CO SR UNSECURED 01/35 VAR	CORPORATE BONDS	435,000	432,238
	JPMORGAN CHASE + CO SR UNSECURED 04/35 VAR	CORPORATE BONDS	1,185,000	1,212,149
	JPMORGAN CHASE + CO SR UNSECURED 04/42 VAR	CORPORATE BONDS	1,719,736	1,872,366
	JPMORGAN CHASE + CO SR UNSECURED 04/51 VAR	CORPORATE BONDS	5,702,677	5,867,448
	JPMORGAN CHASE + CO SR UNSECURED 05/38 6.4	CORPORATE BONDS	2,051,043	2,161,102
	JPMORGAN CHASE + CO SR UNSECURED 07/35 VAR	CORPORATE BONDS	2,200,000	2,176,385
	JPMORGAN CHASE + CO SR UNSECURED 10/34 VAR	CORPORATE BONDS	2,235,668	2,298,745
	JPMORGAN CHASE + CO SR UNSECURED 10/35 VAR	CORPORATE BONDS	4,108,675	4,022,706
	JPMORGAN CHASE + CO SR UNSECURED 11/31 VAR	CORPORATE BONDS	3,729,667	4,099,733
	JPMORGAN CHASE + CO SR UNSECURED 11/48 VAR	CORPORATE BONDS	1,842,493	1,884,418
	KELLANOVA SR UNSECURED 04/46 4.5	CORPORATE BONDS	1,271,088	1,313,558
	KENTUCKY UTILITIES CO 1ST MORTGAGE 06/50 3.3	CORPORATE BONDS	529,470	535,302
	KENVUE INC COMPANY GUAR 03/53 5.05	CORPORATE BONDS	1,295,986	1,279,017
	KEURIG DR PEPPER INC COMPANY GUAR 05/50 3.8	CORPORATE BONDS	1,806,130	1,842,865
	KINDER MORGAN INC COMPANY GUAR 06/45 5.55	CORPORATE BONDS	4,125,119	4,233,714
	KINDER MORGAN INC COMPANY GUAR 06/45 5.55	CORPORATE BONDS	4,461,665	4,705,684
	KINROSS GOLD CORP SR UNSECURED 07/33 6.25	CORPORATE BONDS	2,060,193	2,129,666
	KLA CORP SR UNSECURED 07/32 4.65	CORPORATE BONDS	545,564	557,726
	KONINKIJKE AHOLD DLHAIZE COMPANY GUAR 10/40 5.7	CORPORATE BONDS	267,498	275,470
	KRAFT HEINZ FOODS CO COMPANY GUAR 06/46 4.375	CORPORATE BONDS	1,543,008	1,554,533
	KRAFT HEINZ FOODS CO COMPANY GUAR 10/49 4.875	CORPORATE BONDS	2,084,952	2,111,332
	KROGER CO SR UNSECURED 09/54 5.5	CORPORATE BONDS	831,560	786,465
	KROGER CO SR UNSECURED 09/64 5.65	CORPORATE BONDS	2,517,773	2,364,922
	LAM RESEARCH CORP SR UNSECURED 06/50 2.875	CORPORATE BONDS	661,425	650,588
	LAS VEGAS SANDS CORP SR UNSECURED 08/34 6.2	CORPORATE BONDS	199,738	201,119
	LEAR CORP SR UNSECURED 01/52 3.55	CORPORATE BONDS	1,062,224	1,104,515
	LEAR CORP SR UNSECURED 09/27 3.8	CORPORATE BONDS	541,353	567,850
	LINCOLN NATIONAL CORP SR UNSECURED 03/48 4.35	CORPORATE BONDS	1,334,363	1,455,377
	LLOYDS BANKING GROUP PLC SR UNSECURED 11/35 VAR	CORPORATE BONDS	5,000,000	4,956,156
	LOCKHEED MARTIN CORP SR UNSECURED 06/50 2.8	CORPORATE BONDS	785,143	763,617
	LOWE S COS INC SR UNSECURED 10/50 3	CORPORATE BONDS	3,145,581	3,204,881
	LSEG US FIN CORP COMPANY GUAR 144A 03/34 5.297	CORPORATE BONDS	570,000	567,553
	LSEGA FINANCING PLC COMPANY GUAR 144A 04/41 3.2	CORPORATE BONDS	345,890	372,369
	LYB INT FINANCE III COMPANY GUAR 05/50 4.2	CORPORATE BONDS	781,258	812,783
	LYONDELLBASELL IND NV SR UNSECURED 02/55 4.625	CORPORATE BONDS	1,225,543	1,272,542

Kaiser Foundation Health Plan, Inc.
Retiree Health and Welfare Plan
Employer Identification Number: 94-1340523, Plan Number: 580
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
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(a)	(b) Identity of Issue, Borrower Lessor, or Similar Party	(c) Description of Investment Including Maturity Date Rate of Interest, Collateral Par, or Maturity Value	(d) Cost	(e) Current Value
	MARSH + MCLENNAN COS INC SR UNSECURED 01/47 4.35	CORPORATE BONDS	530,087	538,722
	MASS INSTITUTE OF TECH UNSECURED 07/51 2.294	CORPORATE BONDS	773,673	766,742
	MASS MUTUAL LIFE INS CO SUBORDINATED 144A 02/69 VAR	CORPORATE BONDS	679,865	705,116
	MASS MUTUAL LIFE INS CO SUBORDINATED 144A 04/50 3.375	CORPORATE BONDS	340,092	347,134
	MASS MUTUAL LIFE INS CO SUBORDINATED 144A 04/50 3.375	CORPORATE BONDS	527,203	537,390
	MASS MUTUAL LIFE INS CO SUBORDINATED 144A 10/70 3.729	CORPORATE BONDS	1,226,636	1,187,865
	MASTERCARD INC SR UNSECURED 03/50 3.85	CORPORATE BONDS	770,894	754,440
	MATTEL INC SR UNSECURED 11/41 5.45	CORPORATE BONDS	962,945	1,024,423
	MERCK + CO INC SR UNSECURED 02/45 3.7	CORPORATE BONDS	589,688	589,337
	MERCK + CO INC SR UNSECURED 02/45 3.7	CORPORATE BONDS	1,291,041	1,270,055
	MERCK + CO INC SR UNSECURED 05/44 4.9	CORPORATE BONDS	2,093,658	2,193,070
	MERCK + CO INC SR UNSECURED 12/51 2.75	CORPORATE BONDS	569,781	551,504
	MERCK + CO INC SR UNSECURED 12/61 2.9	CORPORATE BONDS	960,512	969,200
	META PLATFORMS INC SR UNSECURED 05/53 5.6	CORPORATE BONDS	3,482,432	3,629,098
	META PLATFORMS INC SR UNSECURED 08/52 4.45	CORPORATE BONDS	1,987,027	2,056,397
	META PLATFORMS INC SR UNSECURED 08/54 5.4	CORPORATE BONDS	2,417,573	2,338,605
	META PLATFORMS INC SR UNSECURED 08/64 5.55	CORPORATE BONDS	2,369,718	2,320,104
	METLIFE INC SR UNSECURED 03/45 4.05	CORPORATE BONDS	1,237,068	1,272,729
	METLIFE INC SR UNSECURED 08/42 4.125	CORPORATE BONDS	836,014	862,830
	MEXICO CITY ARPT TRUST SR SECURED 144A 07/47 5.5	CORPORATE BONDS	524,700	530,837
	MICROSOFT CORP SR UNSECURED 06/50 2.525	CORPORATE BONDS	7,046,145	6,932,455
	MICROSOFT CORP SR UNSECURED 09/50 2.5	CORPORATE BONDS	1,260,603	1,307,218
	MIDAMERICAN ENERGY CO 1ST MORTGAGE 05/46 4.25	CORPORATE BONDS	1,355,658	1,441,968
	MIDAMERICAN ENERGY CO 1ST MORTGAGE 09/54 5.85	CORPORATE BONDS	4,443,773	4,400,608
	MOLSON COORS BEVERAGE COMPANY GUAR 07/46 4.2	CORPORATE BONDS	1,260,830	1,305,157
	MOODY S CORPORATION SR UNSECURED 07/44 5.25	CORPORATE BONDS	1,042,702	1,074,622
	MORGAN STANLEY SR UNSECURED 01/35 VAR	CORPORATE BONDS	2,997,773	2,978,268
	MORGAN STANLEY SR UNSECURED 01/52 VAR	CORPORATE BONDS	3,695,661	3,734,529
	MORGAN STANLEY SR UNSECURED 04/34 VAR	CORPORATE BONDS	937,991	984,695
	MORGAN STANLEY SR UNSECURED 04/35 VAR	CORPORATE BONDS	1,495,791	1,513,279
	MORGAN STANLEY SR UNSECURED 04/42 VAR	CORPORATE BONDS	2,624,207	2,717,029
	MORGAN STANLEY SR UNSECURED 11/55 VAR	CORPORATE BONDS	2,945,000	2,838,142
	MPLX LP SR UNSECURED 03/47 5.2	CORPORATE BONDS	1,041,070	1,163,013
	MPLX LP SR UNSECURED 04/38 4.5	CORPORATE BONDS	3,511,314	3,677,886
	MPLX LP SR UNSECURED 04/48 4.7	CORPORATE BONDS	2,813,466	3,007,170
	MYLAN INC COMPANY GUAR 11/43 5.4	CORPORATE BONDS	557,640	621,908
	NASDAQ INC SR UNSECURED 02/34 5.55	CORPORATE BONDS	616,435	625,438
	NASDAQ INC SR UNSECURED 06/63 6.1	CORPORATE BONDS	1,292,887	1,322,630
	NATIONAL RURAL UTIL COOP COLLATERAL T 03/49 4.3	CORPORATE BONDS	541,461	561,680
	NATIONAL RURAL UTIL COOP COLLATERAL T 11/48 4.4	CORPORATE BONDS	1,558,512	1,639,008
	NATIONWIDE MUTUAL INSURA SUBORDINATED 144A 04/50 4.35	CORPORATE BONDS	2,711,635	2,873,356
	NATIONWIDE MUTUAL INSURA SUBORDINATED 144A 04/50 4.35	CORPORATE BONDS	1,751,377	1,784,624
	NATIONWIDE MUTUAL INSURA SUBORDINATED 144A 08/39 9.375	CORPORATE BONDS	2,467,239	2,624,788
	NETFLIX INC SR UNSECURED 08/54 5.4	CORPORATE BONDS	269,433	262,619
	NEVADA POWER CO GENL REF MOR 04/36 6.65	CORPORATE BONDS	681,239	707,819
	NEVADA POWER CO GENL REF MOR 08/50 3.125	CORPORATE BONDS	580,158	596,921
	NEW YORK LIFE INSURANCE SUBORDINATED 144A 05/50 3.75	CORPORATE BONDS	781,611	797,310
	NEWELL BRANDS INC SR UNSECURED 04/26 5.7	CORPORATE BONDS	704,484	712,696
	NEWELL BRANDS INC SR UNSECURED 04/46 7	CORPORATE BONDS	1,128,129	1,493,843
	NEWMONT / NEWCREST FIN COMPANY GUAR 03/34 5.35	CORPORATE BONDS	2,171,291	2,159,024
	NEWMONT CORP COMPANY GUAR 03/42 4.875	CORPORATE BONDS	2,126,825	2,279,467
	NEXTERA ENERGY CAPITAL COMPANY GUAR 03/34 5.25	CORPORATE BONDS	3,054,164	3,026,556
	NIKE INC SR UNSECURED 03/50 3.375	CORPORATE BONDS	1,031,784	982,445
	NISOURCE INC SR UNSECURED 02/43 5.25	CORPORATE BONDS	1,658,025	1,745,974
	NOKIA OYJ SR UNSECURED 05/39 6.625	CORPORATE BONDS	547,829	619,843
	NORFOLK SOUTHERN CORP SR UNSECURED 05/21 4.1	CORPORATE BONDS	2,902,897	2,953,463
	NORFOLK SOUTHERN CORP SR UNSECURED 05/50 3.05	CORPORATE BONDS	1,038,695	1,047,704
	NORTHERN STATES PWR MINN 1ST MORTGAGE 11/39 5.35	CORPORATE BONDS	525,380	535,185
	NORTHROP GRUMMAN CORP SR UNSECURED 06/34 4.9	CORPORATE BONDS	8,054,635	7,955,227
	NORTHROP GRUMMAN CORP SR UNSECURED 06/54 5.2	CORPORATE BONDS	3,951,748	3,696,731
	NORTHROP GRUMMAN CORP SR UNSECURED 06/54 5.2	CORPORATE BONDS	2,868,883	2,679,061
	NORTHROP GRUMMAN CORP SR UNSECURED 10/47 4.03	CORPORATE BONDS	1,659,658	1,727,075
	NOVARTIS CAPITAL CORP COMPANY GUAR 11/45 4	CORPORATE BONDS	1,309,286	1,288,294

Kaiser Foundation Health Plan, Inc.
Retiree Health and Welfare Plan
Employer Identification Number: 94-1340523, Plan Number: 580
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	NUTRIEN LTD SR UNSECURED 03/53 5.8	CORPORATE BONDS	1,523,115	1,622,963
	NVIDIA CORP SR UNSECURED 04/50 3.5	CORPORATE BONDS	1,324,085	1,311,547
	OCCIDENTAL PETROLEUM COR SR UNSECURED 03/46 6.6	CORPORATE BONDS	3,494,666	3,422,425
	OCCIDENTAL PETROLEUM COR SR UNSECURED 09/36 6.45	CORPORATE BONDS	7,266,885	7,493,697
	OGLETHORPE POWER CORP 1ST MORTGAGE 04/47 4.5	CORPORATE BONDS	1,835,064	2,027,813
	OGLETHORPE POWER CORP 1ST MORTGAGE 09/50 5.25	CORPORATE BONDS	752,198	790,147
	OGLETHORPE POWER CORP 1ST MORTGAGE 144A 06/54 5.8	CORPORATE BONDS	249,340	245,285
	OHIO EDISON CO SR UNSECURED 07/36 6.875	CORPORATE BONDS	317,343	330,884
	ONCOR ELECTRIC DELIVERY 1ST MORTGAGE 11/51 2.7	CORPORATE BONDS	182,575	191,581
	ONCOR ELECTRIC DELIVERY SR SECURED 05/50 3.7	CORPORATE BONDS	828,385	850,495
	ONCOR ELECTRIC DELIVERY SR SECURED 09/38 7.5	CORPORATE BONDS	455,384	469,142
	ONCOR ELECTRIC DELIVERY SR SECURED 144A 06/54 5.55	CORPORATE BONDS	679,714	662,446
	ONEOK INC COMPANY GUAR 01/51 7.15	CORPORATE BONDS	567,012	597,041
	ONEOK INC COMPANY GUAR 07/48 5.2	CORPORATE BONDS	1,897,645	2,051,936
	ONEOK INC COMPANY GUAR 11/64 5.85	CORPORATE BONDS	3,389,732	3,180,899
	ORACLE CORP SR UNSECURED 02/53 5.55	CORPORATE BONDS	183,127	170,063
	ORACLE CORP SR UNSECURED 02/53 5.55	CORPORATE BONDS	3,872,432	4,086,231
	ORACLE CORP SR UNSECURED 03/41 3.65	CORPORATE BONDS	116,813	116,962
	ORACLE CORP SR UNSECURED 03/51 3.95	CORPORATE BONDS	222,346	214,805
	ORACLE CORP SR UNSECURED 04/40 3.6	CORPORATE BONDS	6,258,126	6,813,852
	ORACLE CORP SR UNSECURED 04/50 3.6	CORPORATE BONDS	1,603,084	1,635,923
	ORACLE CORP SR UNSECURED 05/45 4.125	CORPORATE BONDS	1,879,542	1,991,336
	ORACLE CORP SR UNSECURED 05/55 4.375	CORPORATE BONDS	1,690,858	1,807,000
	ORACLE CORP SR UNSECURED 07/34 4.3	CORPORATE BONDS	745,569	785,966
	ORACLE CORP SR UNSECURED 07/46 4	CORPORATE BONDS	6,523,437	6,839,194
	ORACLE CORP SR UNSECURED 09/54 5.375	CORPORATE BONDS	2,293,537	2,119,959
	ORACLE CORP SR UNSECURED 11/37 3.8	CORPORATE BONDS	3,293,230	3,471,268
	ORACLE CORP SR UNSECURED 11/47 4	CORPORATE BONDS	2,100,671	2,022,775
	PACIFIC GAS + ELECTRIC 1ST MORTGAGE 07/40 4.5	CORPORATE BONDS	2,903,490	3,340,976
	PACIFIC GAS + ELECTRIC 1ST MORTGAGE 08/40 3.3	CORPORATE BONDS	790,309	954,047
	PACIFIC GAS + ELECTRIC 1ST MORTGAGE 08/42 3.75	CORPORATE BONDS	2,349,127	2,775,229
	PACIFIC GAS + ELECTRIC 1ST MORTGAGE 12/47 3.95	CORPORATE BONDS	133,098	138,125
	PACIFIC GAS + ELECTRIC SR SECURED 06/41 4.2	CORPORATE BONDS	1,112,396	1,069,480
	PACIFIC LIFECORP SR UNSECURED 144A 09/50 3.35	CORPORATE BONDS	2,175,565	2,098,130
	PACIFICORP 1ST MORTGAGE 01/55 5.8	CORPORATE BONDS	2,087,379	2,040,669
	PACIFICORP 1ST MORTGAGE 03/51 3.3	CORPORATE BONDS	287,396	314,837
	PACIFICORP 1ST MORTGAGE 03/51 3.3	CORPORATE BONDS	578,274	613,444
	PARAMOUNT GLOBAL COMPANY GUAR 02/28 3.375	CORPORATE BONDS	623,511	658,727
	PARAMOUNT GLOBAL JR SUBORDINA 02/57 VAR	CORPORATE BONDS	2,267,113	2,734,355
	PARAMOUNT GLOBAL JR SUBORDINA 03/62 VAR	CORPORATE BONDS	7,246,044	7,684,332
	PARAMOUNT GLOBAL SR UNSECURED 03/43 4.375	CORPORATE BONDS	1,913,504	2,122,828
	PARAMOUNT GLOBAL SR UNSECURED 04/36 6.875	CORPORATE BONDS	1,886,266	1,903,394
	PARAMOUNT GLOBAL SR UNSECURED 04/44 5.25	CORPORATE BONDS	487,628	512,814
	PARAMOUNT GLOBAL SR UNSECURED 07/42 4.85	CORPORATE BONDS	995,386	1,212,129
	PARAMOUNT GLOBAL SR UNSECURED 08/44 4.9	CORPORATE BONDS	328,426	389,858
	PARAMOUNT GLOBAL SR UNSECURED 09/43 5.85	CORPORATE BONDS	265,041	294,580
	PAYPAL HOLDINGS INC SR UNSECURED 06/54 5.5	CORPORATE BONDS	1,384,384	1,362,361
	PECO ENERGY CO 1ST MORTGAGE 09/49 3	CORPORATE BONDS	268,954	290,174
	PEPSICO INC SR UNSECURED 07/52 4.2	CORPORATE BONDS	1,043,864	1,001,319
	PERNOD RICARD SA SR UNSECURED 144A 06/26 3.25	CORPORATE BONDS	1,345,736	1,385,686
	PETROLEOS MEXICANOS COMPANY GUAR 01/50 7.69	CORPORATE BONDS	2,634,425	2,655,840
	PETROLEOS MEXICANOS COMPANY GUAR 01/60 6.95	CORPORATE BONDS	508,212	587,085
	PETROLEOS MEXICANOS COMPANY GUAR 02/48 6.35	CORPORATE BONDS	1,017,984	1,156,344
	PFIZER INC SR UNSECURED 05/50 2.7	CORPORATE BONDS	3,685,547	3,500,713
	PIEDMONT NATURAL GAS CO SR UNSECURED 02/35 5.1	CORPORATE BONDS	988,030	969,305
	PIONEER NATURAL RESOURCE SR UNSECURED 08/30 1.9	CORPORATE BONDS	546,259	587,909
	PLAINS ALL AMER PIPELINE SR UNSECURED 02/45 4.9	CORPORATE BONDS	609,082	669,999
	PRES + FELLOWS OF HARVAR UNSECURED 10/50 2.517	CORPORATE BONDS	1,281,065	1,274,370
	PROGRESSIVE CORP SR UNSECURED 04/47 4.125	CORPORATE BONDS	1,299,206	1,296,333
	PRUDENTIAL FINANCIAL INC SR UNSECURED 12/49 3.935	CORPORATE BONDS	683,224	697,268

Kaiser Foundation Health Plan, Inc.
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	PUBLIC SERVICE COLORADO 1ST MORTGAGE 04/53 5.25	CORPORATE BONDS	752,420	803,481
	PUBLIC SERVICE COLORADO 1ST MORTGAGE 05/54 5.75	CORPORATE BONDS	1,037,369	1,037,560
	PUBLIC SERVICE COLORADO 1ST MORTGAGE 06/52 4.5	CORPORATE BONDS	770,920	826,927
	PUBLIC SERVICE COLORADO 1ST MORTGAGE 09/42 3.6	CORPORATE BONDS	671,517	725,967
	PUGET SOUND ENERGY INC SR SECURED 09/49 3.25	CORPORATE BONDS	540,785	583,895
	PUGET SOUND ENERGY INC SR SECURED 10/39 5.757	CORPORATE BONDS	211,833	226,958
	QUALCOMM INC SR UNSECURED 05/52 4.5	CORPORATE BONDS	1,573,594	1,571,645
	REPUBLIC SERVICES INC SR UNSECURED 03/50 3.05	CORPORATE BONDS	1,440,910	1,496,215
	RIO TINTO FIN USA LTD COMPANY GUAR 11/51 2.75	CORPORATE BONDS	1,303,280	1,341,723
	ROCHE HOLDINGS INC COMPANY GUAR 144A 03/54 5.218	CORPORATE BONDS	554,677	511,276
	ROCHE HOLDINGS INC COMPANY GUAR 144A 09/34 4.592	CORPORATE BONDS	1,205,000	1,155,071
	ROCHE HOLDINGS INC COMPANY GUAR 144A 12/51 2.607	CORPORATE BONDS	384,299	398,381
	RTX CORP SR UNSECURED 02/33 5.15	CORPORATE BONDS	1,196,376	1,257,343
	RTX CORP SR UNSECURED 02/53 5.375	CORPORATE BONDS	1,528,255	1,500,282
	RTX CORP SR UNSECURED 03/54 6.4	CORPORATE BONDS	278,950	304,519
	RTX CORP SR UNSECURED 05/45 4.15	CORPORATE BONDS	237,272	245,968
	RTX CORP SR UNSECURED 06/42 4.5	CORPORATE BONDS	8,931,604	9,204,921
	RTX CORP SR UNSECURED 06/42 4.5	CORPORATE BONDS	1,588,262	1,622,621
	RTX CORP SR UNSECURED 07/38 6.125	CORPORATE BONDS	250,332	251,926
	RTX CORP SR UNSECURED 09/51 2.82	CORPORATE BONDS	276,456	260,465
	RTX CORP SR UNSECURED 09/51 2.82	CORPORATE BONDS	3,690,118	3,770,683
	RTX CORP SR UNSECURED 11/46 3.75	CORPORATE BONDS	2,683,780	2,823,385
	RTX CORP SR UNSECURED 11/48 4.625	CORPORATE BONDS	2,009,688	1,954,066
	SAN DIEGO G + E 1ST MORTGAGE 03/52 3.7	CORPORATE BONDS	2,944,001	3,012,341
	SAUDI ARABIAN OIL CO SR UNSECURED 144A 07/54 5.75	CORPORATE BONDS	6,607,386	6,406,038
	SAUDI ARABIAN OIL CO SR UNSECURED 144A 07/54 5.75	CORPORATE BONDS	2,046,723	1,963,895
	SCENTRE GROUP TRUST 2 COMPANY GUAR 144A 09/80 VAR	CORPORATE BONDS	449,415	490,220
	SCENTRE GROUP TRUST 2 COMPANY GUAR 144A 09/80 VAR	CORPORATE BONDS	4,967,426	5,045,713
	SEMPRA SR UNSECURED 02/38 3.8	CORPORATE BONDS	3,164,139	3,281,136
	SHELL FINANCE US INC COMPANY GUAR 04/50 3.25	CORPORATE BONDS	2,320,957	2,152,661
	SHELL INTERNATIONAL FIN COMPANY GUAR 11/51 3	CORPORATE BONDS	3,703,860	3,607,030
	SIEMENS FINANCIERINGSMAT COMPANY GUAR 144A 03/41 2.875	CORPORATE BONDS	768,702	793,854
	SNAP ON INC SR UNSECURED 05/50 3.1	CORPORATE BONDS	687,314	678,324
	SOUTHERN CAL EDISON 1ST MORTGAGE 02/50 3.65	CORPORATE BONDS	2,155,328	2,285,683
	SOUTHERN CAL EDISON 1ST MORTGAGE 12/53 5.875	CORPORATE BONDS	412,899	427,667
	SOUTHERN CAL EDISON 1ST REF MORT 04/47 4	CORPORATE BONDS	1,915,390	2,024,575
	SOUTHERN CALIF GAS CO 1ST MORTGAGE 04/54 5.6	CORPORATE BONDS	571,263	561,973
	SOUTHERN CALIF GAS CO 1ST MORTGAGE 06/53 5.75	CORPORATE BONDS	2,225,230	2,264,945
	SOUTHERN CALIF GAS CO 1ST MORTGAGE 06/53 5.75	CORPORATE BONDS	520,213	541,401
	SOUTHERN CO GAS CAPITAL COMPANY GUAR 09/51 3.15	CORPORATE BONDS	969,968	1,010,596
	SOUTHERN CO GAS CAPITAL COMPANY GUAR 10/46 3.95	CORPORATE BONDS	1,102,678	1,153,215
	SOUTHWESTERN ELEC POWER SR UNSECURED 11/51 3.25	CORPORATE BONDS	299,846	307,076
	SOUTHWESTERN PUBLIC SERV 1ST MORTGAGE 05/50 3.15	CORPORATE BONDS	681,814	702,716
	SOUTHWESTERN PUBLIC SERV 1ST MORTGAGE 06/54 6	CORPORATE BONDS	585,622	596,388
	SOUTHWESTERN PUBLIC SERV 1ST MORTGAGE 08/47 3.7	CORPORATE BONDS	1,383,616	1,394,693
	SPRINT CAPITAL CORP COMPANY GUAR 03/32 8.75	CORPORATE BONDS	1,907,896	1,958,002
	SPRINT SPECTRUM / SPEC I SR SECURED 144A 09/29 5.152	CORPORATE BONDS	1,734,710	1,768,367
	STANFORD UNIVERSITY UNSECURED 06/50 2.413	CORPORATE BONDS	774,217	774,162
	STARBUCKS CORP SR UNSECURED 11/50 3.5	CORPORATE BONDS	2,946,157	2,932,613
	STEEL DYNAMICS INC COMPANY GUAR 12/26 5	CORPORATE BONDS	703,174	714,363
	STEEL DYNAMICS INC SR UNSECURED 10/50 3.25	CORPORATE BONDS	525,168	564,718
	SUNCOR ENERGY INC SR UNSECURED 03/51 3.75	CORPORATE BONDS	1,026,768	1,068,878
	SUNCOR ENERGY INC SR UNSECURED 05/38 6.8	CORPORATE BONDS	2,353,160	2,394,373
	SUNCOR ENERGY INC SR UNSECURED 06/39 6.85	CORPORATE BONDS	1,105,166	1,218,291
	SUNCOR ENERGY INC SR UNSECURED 11/47 4	CORPORATE BONDS	1,031,785	1,086,481
	SWEPCO STORM RECOVERY FU SR UNSECURED 09/41 4.88	CORPORATE BONDS	3,398,324	3,322,459
	SYSCO CORPORATION COMPANY GUAR 04/50 6.6	CORPORATE BONDS	774,421	800,188

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	T MOBILE USA INC COMPANY GUAR 01/35 4.7	CORPORATE BONDS	574,155	543,840
	T MOBILE USA INC COMPANY GUAR 02/51 3.3	CORPORATE BONDS	3,423,205	3,525,245
	T MOBILE USA INC COMPANY GUAR 04/50 4.5	CORPORATE BONDS	6,069,690	5,993,685
	T MOBILE USA INC COMPANY GUAR 06/55 5.25	CORPORATE BONDS	1,726,211	1,571,098
	TAKEDA PHARMACEUTICAL SR UNSECURED 07/40 3.025	CORPORATE BONDS	6,503,183	6,664,883
	TAKEDA PHARMACEUTICAL SR UNSECURED 07/44 5.65	CORPORATE BONDS	2,704,084	2,648,504
	TAKEDA PHARMACEUTICAL SR UNSECURED 07/50 3.175	CORPORATE BONDS	552,774	557,118
	TAKEDA PHARMACEUTICAL SR UNSECURED 07/54 5.65	CORPORATE BONDS	1,578,185	1,529,795
	TAKEDA PHARMACEUTICAL SR UNSECURED 07/64 5.8	CORPORATE BONDS	1,154,629	1,115,617
	TEACHERS INSUR + ANNUITY SUBORDINATED 144A 09/44 4.9	CORPORATE BONDS	2,365,375	2,566,918
	TEVA PHARMACEUTICALS NE COMPANY GUAR 10/26 3.15	CORPORATE BONDS	459,735	494,862
	TEVA PHARMACEUTICALS NE COMPANY GUAR 10/46 4.1	CORPORATE BONDS	703,595	783,601
	THAMES WATER UTIL FIN SR SECURED REGS 02/41 5.5	CORPORATE BONDS	824,602	787,028
	THAMES WATER UTILIT HOLD 1L PL	CORPORATE BONDS	382,872	370,034
	TIME WARNER CABLE LLC SR SECURED 05/37 6.55	CORPORATE BONDS	1,045,523	1,111,908
	TIME WARNER CABLE LLC SR SECURED 06/39 6.75	CORPORATE BONDS	381,060	426,338
	TIME WARNER CABLE LLC SR SECURED 06/39 6.75	CORPORATE BONDS	1,539,189	1,636,745
	TIME WARNER CABLE LLC SR SECURED 07/38 7.3	CORPORATE BONDS	7,361,063	7,802,889
	TIME WARNER CABLE LLC SR SECURED 09/41 5.5	CORPORATE BONDS	369,575	398,841
	TIME WARNER CABLE LLC SR SECURED 09/42 4.5	CORPORATE BONDS	1,927,808	2,147,041
	TIME WARNER CABLE LLC SR SECURED 09/42 4.5	CORPORATE BONDS	692,877	735,380
	TIME WARNER CABLE LLC SR SECURED 11/40 5.875	CORPORATE BONDS	5,499,183	5,467,206
	TRANSPORT DE GAS PERU SR UNSECURED 144A 04/28 4.25	CORPORATE BONDS	1,303,400	1,340,131
	TRAVELERS COS INC SR UNSECURED 04/50 2.55	CORPORATE BONDS	1,508,733	1,502,900
	TUCSON ELECTRIC POWER CO SR UNSECURED 06/50 4	CORPORATE BONDS	782,493	811,067
	TYSON FOODS INC SR UNSECURED 06/47 4.55	CORPORATE BONDS	1,297,669	1,382,779
	UNION ELECTRIC CO 1ST MORTGAGE 04/52 3.9	CORPORATE BONDS	755,450	765,812
	UNION PACIFIC CORP SR UNSECURED 04/71 3.799	CORPORATE BONDS	771,423	749,707
	UNITED PARCEL SERVICE SR UNSECURED 03/53 5.05	CORPORATE BONDS	2,743,248	2,671,526
	UNITED PARCEL SERVICE SR UNSECURED 11/40 4.875	CORPORATE BONDS	505,089	503,007
	UNITEDHEALTH GROUP INC SR UNSECURED 02/53 5.875	CORPORATE BONDS	1,020,632	1,052,795
	UNITEDHEALTH GROUP INC SR UNSECURED 04/53 5.05	CORPORATE BONDS	365,371	355,697
	UNITEDHEALTH GROUP INC SR UNSECURED 04/54 5.375	CORPORATE BONDS	3,154,242	3,033,943
	UNITEDHEALTH GROUP INC SR UNSECURED 04/64 5.5	CORPORATE BONDS	1,386,789	1,298,565
	UNITEDHEALTH GROUP INC SR UNSECURED 05/50 2.9	CORPORATE BONDS	1,233,001	1,199,597
	UNITEDHEALTH GROUP INC SR UNSECURED 06/48 4.25	CORPORATE BONDS	3,972,498	3,839,912
	UNITEDHEALTH GROUP INC SR UNSECURED 07/44 5.5	CORPORATE BONDS	592,852	581,981
	UNITEDHEALTH GROUP INC SR UNSECURED 07/45 4.75	CORPORATE BONDS	5,409,311	5,444,991
	UNITEDHEALTH GROUP INC SR UNSECURED 07/54 5.625	CORPORATE BONDS	2,584,092	2,494,715
	UNITEDHEALTH GROUP INC SR UNSECURED 07/64 5.75	CORPORATE BONDS	3,732,223	3,604,865
	UNITEDHEALTH GROUP INC SR UNSECURED 08/39 3.5	CORPORATE BONDS	2,978,559	2,973,697
	UNITEDHEALTH GROUP INC SR UNSECURED 10/42 3.95	CORPORATE BONDS	128,315	120,410
	UNITEDHEALTH GROUP INC SR UNSECURED 11/41 4.625	CORPORATE BONDS	70,427	66,034
	UTAH ACQUISITION SUB COMPANY GUAR 06/46 5.25	CORPORATE BONDS	1,208,384	1,338,749
	VALERO ENERGY CORP SR UNSECURED 06/37 6.625	CORPORATE BONDS	1,136,140	1,143,346
	VENTURE GLOBAL LNG INC SR SECURED 144A 02/32 9.875	CORPORATE BONDS	2,791,119	2,776,117
	VENTURE GLOBAL LNG INC SR SECURED 144A 02/32 9.875	CORPORATE BONDS	1,026,250	1,097,279
	VERIZON COMMUNICATIONS SR UNSECURED 03/32 2.355	CORPORATE BONDS	661,764	675,882
	VERIZON COMMUNICATIONS SR UNSECURED 03/41 3.4	CORPORATE BONDS	2,806,643	2,768,023
	VERIZON COMMUNICATIONS SR UNSECURED 03/51 3.55	CORPORATE BONDS	1,941,178	2,035,151
	VERIZON COMMUNICATIONS SR UNSECURED 03/61 3.7	CORPORATE BONDS	5,168,266	5,349,971
	VERIZON COMMUNICATIONS SR UNSECURED 08/46 4.862	CORPORATE BONDS	2,093,870	2,199,184
	VERIZON COMMUNICATIONS SR UNSECURED 11/34 4.4	CORPORATE BONDS	10,452,326	11,154,655
	VIATRIS INC COMPANY GUAR 06/50 4	CORPORATE BONDS	801,967	878,907
	VICI PROPERTIES LP SR UNSECURED 11/31 5.125	CORPORATE BONDS	3,587,148	3,511,641
	VIRGINIA ELEC + POWER CO SR UNSECURED 01/43 4	CORPORATE BONDS	969,028	1,039,123
	VIRGINIA ELEC + POWER CO SR UNSECURED 04/53 5.45	CORPORATE BONDS	2,445,806	2,578,513
	VIRGINIA ELEC + POWER CO SR UNSECURED 05/37 6	CORPORATE BONDS	345,704	357,479
	VIRGINIA ELEC + POWER CO SR UNSECURED 05/52 4.625	CORPORATE BONDS	1,166,625	1,190,890
	VIRGINIA ELEC + POWER CO SR UNSECURED 11/37 6.35	CORPORATE BONDS	241,364	260,705
	VIRGINIA ELEC + POWER CO SR UNSECURED 11/51 2.95	CORPORATE BONDS	269,467	264,619
	VIRGINIA ELEC + POWER CO SR UNSECURED 12/50 2.45	CORPORATE BONDS	31,791	33,765
	VISA INC SR UNSECURED 12/45 4.3	CORPORATE BONDS	518,214	513,544
	VISTRA OPERATIONS CO LLC SR SECURED 144A 12/34 5.7	CORPORATE BONDS	799,224	791,604
	VODAFONE GROUP PLC SR UNSECURED 09/50 4.25	CORPORATE BONDS	836,177	876,764
	WALMART INC SR UNSECURED 09/51 2.65	CORPORATE BONDS	3,093,849	3,002,099
	WALT DISNEY COMPANY/THE COMPANY GUAR 09/49 2.75	CORPORATE BONDS	1,330,024	1,350,228
	WALT DISNEY COMPANY/THE COMPANY GUAR 12/35 6.4	CORPORATE BONDS	1,705,999	1,800,817

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	WAND NEWCO 3 INC SR SECURED 144A 01/32 7.625	CORPORATE BONDS	1,600,000	1,643,399
	WARNERMEDIA HOLDINGS INC COMPANY GUAR 03/42 5.05	CORPORATE BONDS	4,447,960	4,588,472
	WARNERMEDIA HOLDINGS INC COMPANY GUAR 03/52 5.141	CORPORATE BONDS	944,161	947,330
	WARNERMEDIA HOLDINGS INC COMPANY GUAR 03/52 5.141	CORPORATE BONDS	362,349	352,927
	WARNERMEDIA HOLDINGS INC COMPANY GUAR 03/62 5.391	CORPORATE BONDS	6,038,446	5,867,859
	WELLS FARGO + COMPANY SR UNSECURED 01/35 VAR	CORPORATE BONDS	960,000	955,920
	WELLS FARGO + COMPANY SR UNSECURED 10/34 VAR	CORPORATE BONDS	1,030,000	1,094,867
	WELLS FARGO + COMPANY SR UNSECURED 12/35 VAR	CORPORATE BONDS	3,300,000	3,210,798
	WELLS FARGO + COMPANY SUBORDINATED 06/46 4.4	CORPORATE BONDS	786,831	823,043
	WELLS FARGO BANK NA SUBORDINATED 01/38 6.6	CORPORATE BONDS	12,005,893	11,979,728
	WELLS FARGO BANK NA SUBORDINATED 02/37 5.85	CORPORATE BONDS	639,810	678,292
	WELLTOWER OP LLC COMPANY GUAR 01/32 2.75	CORPORATE BONDS	868,329	935,716
	WESTLAKE CORP SR UNSECURED 08/51 3.125	CORPORATE BONDS	602,240	631,422
	WHIRLPOOL CORP SR UNSECURED 05/50 4.6	CORPORATE BONDS	516,292	498,252
	WHIRLPOOL CORP SR UNSECURED 06/46 4.5	CORPORATE BONDS	1,078,362	1,072,927
	WILLIAMS COMPANIES INC SR UNSECURED 06/44 5.75	CORPORATE BONDS	1,914,612	2,034,606
	XCEL ENERGY INC SR UNSECURED 12/49 3.5	CORPORATE BONDS	1,154,769	1,214,732
	TOTAL CORPORATE DEBT INSTRUMENTS		1,302,778,129	1,327,140,013
	AGENCY BONDS			
	FNMA TBA 30 YR 4 SINGLE FAMILY MORTGAGE	FNMA	7,725,371	7,770,888
	FNMA TBA 30 YR 4.5 SINGLE FAMILY MORTGAGE	FNMA	3,475,110	3,477,146
	FNMA TBA 30 YR 5.5 SINGLE FAMILY MORTGAGE	FNMA	1,289,895	1,281,859
	TOTAL AGENCY BONDS		12,490,376	12,529,893
	RISK PARITY			
	IVZ BALANCED RISK ALLOC. 10 FD MUTUAL FUND	MUTUAL FUNDS	993,948,853	1,087,532,007
	KPV MAN TARGETRISK	MUTUAL FUNDS	931,499,990	1,082,917,084
	TOTAL RISK PARITY		1,925,448,843	2,170,449,091
	ABSOLUTE RETURN AND OTHER INVESTMENTS			
	317U7P1A7 PIMCO SWAPTION 3.933 PUT USD 2025010	OP-FIXED INCOME	(4,128)	(14,835)
	317U7PSA8 PIMCO SWAPTION 3.896 PUT USD 2025010	OP-FIXED INCOME	(3,480)	(17,665)
	317U7PUA5 PIMCO SWAPTION 2.22 PUT EUR 20250106	OP-FIXED INCOME	(2,184)	(11,824)
	317U7Q3A3 PIMCO SWAPTION 3.9 PUT USD 20250106	OP-FIXED INCOME	(3,219)	(17,305)
	317U7QAA5 PIMCO SWAPTION 3.84 PUT USD 20250106	OP-FIXED INCOME	(3,413)	(24,771)
	317U7QCA3 PIMCO SWAPTION 3.85 PUT USD 20250106	OP-FIXED INCOME	(1,838)	(12,786)
	317U7RVA0 PIMCO SWAPTION 3.97 PUT USD 20250113	OP-FIXED INCOME	(1,890)	(7,711)
	317U7RWA9 PIMCO SWAPTION 3.62 CALL USD 2025011	OP-FIXED INCOME	(1,890)	(36)
	317U7S7A5 PIMCO SWAPTION 4.071 PUT USD 2025011	OP-FIXED INCOME	(3,300)	(7,229)
	317U7S8A4 PIMCO SWAPTION 3.721 CALL USD 202501	OP-FIXED INCOME	(3,300)	(233)
	317U7SEA7 PIMCO SWAPTION 4.1 PUT USD 20250116	OP-FIXED INCOME	(1,960)	(3,895)
	317U7SFA6 PIMCO SWAPTION 3.7 CALL USD 20250116	OP-FIXED INCOME	(1,960)	(191)
	317U7SOA6 PIMCO SWAPTION 4.09 PUT USD 20250117	OP-FIXED INCOME	(3,543)	(7,969)
	317U7SPA5 PIMCO SWAPTION 3.69 CALL USD 2025011	OP-FIXED INCOME	(3,543)	(376)
	317U7UDA3 PIMCO SWAPTION 4.275 PUT USD 2025012	OP-FIXED INCOME	(7,688)	(5,428)
	317U7UEA2 PIMCO SWAPTION 3.875 CALL USD 202501	OP-FIXED INCOME	(7,688)	(5,551)
	317U7UVA3 PIMCO SWAPTION 4.222 PUT USD 2025012	OP-FIXED INCOME	(3,933)	(4,049)
	317U7UWA2 PIMCO SWAPTION 3.822 CALL USD 202501	OP-FIXED INCOME	(3,933)	(1,932)
	317U7UXA1 PIMCO SWAPTION 4.3 PUT USD 20250123	OP-FIXED INCOME	(3,900)	(2,469)
	317U7UYA0 PIMCO SWAPTION 3.9 CALL USD 20250123	OP-FIXED INCOME	(3,900)	(3,538)
	317U7VJA5 PIMCO SWAPTION 3.908 CALL USD 202501	OP-FIXED INCOME	(3,658)	(3,579)
	317U7VKA3 PIMCO SWAPTION 4.308 PUT USD 2025012	OP-FIXED INCOME	(3,658)	(2,272)
	317U7VZA7 PIMCO SWAPTION 4.286 PUT USD 2025012	OP-FIXED INCOME	(3,885)	(3,309)
	317U7W0A3 PIMCO SWAPTION 3.886 CALL USD 202501	OP-FIXED INCOME	(3,885)	(3,863)
	BWU0206W9 IRS USD P F 3.50000 SWU0206W9 CCPOIS	INTEREST RATE SWAP	(1,700,000)	(1,570,778)
	BWU0206W9 IRS USD R V 12MSOFR SWUV206W1 CCPOIS	INTEREST RATE SWAP	1,697,211	1,700,000
	BWU0239Y6 IRS GBP P F 3.70000 SWU0239Y6 CCPOIS	INTEREST RATE SWAP	(505,300)	(487,411)
	BWU0239Y6 IRS GBP R V 12MSONIA SWUV239Y8 CCPOIS	INTEREST RATE SWAP	505,279	500,960
	BWU025TX1 IRS USD P F 3.75000 SWU025TX1 CCPOIS	INTEREST RATE SWAP	(24,500,000)	(23,855,910)
	BWU025TX1 IRS USD R V 12MSOFR SWUV25TX3 CCPOIS	INTEREST RATE SWAP	23,471,818	24,500,000
	BWU025U43 IRS USD P F 3.50000 SWU025U43 CCPOIS	INTEREST RATE SWAP	(5,100,000)	(4,718,058)
	BWU025U43 IRS USD R V 12MSOFR SWUV25U45 CCPOIS	INTEREST RATE SWAP	4,825,121	5,100,000

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	BWU027J00 IRS USD P F 4.06000 SWU027J00 CCPOIS	INTEREST RATE SWAP	(900,000)	(899,216)
	BWU027J00 IRS USD R V 12MSOFR SWUV27J02 CCPOIS	INTEREST RATE SWAP	900,000	900,000
	BWU028MD6 IRS USD P F 3.79500 SWU028MD6 CCPOIS	INTEREST RATE SWAP	(900,000)	(880,308)
	BWU028MD6 IRS USD R V 12MSOFR SWUV28MD8 CCPOIS	INTEREST RATE SWAP	900,000	900,000
	BWU028UV7 IRS USD P F 3.67900 SWU028UV7 CCPOIS	INTEREST RATE SWAP	(810,000)	(784,800)
	BWU028UV7 IRS USD R V 12MSOFR SWUV28UV9 CCPOIS	INTEREST RATE SWAP	810,000	810,000
	BWU02A2D3 IRS EUR P F 2.25000 SWU02A2D3 CCPVANILLA	INTEREST RATE SWAP	(2,107,375)	(2,011,100)
	BWU02A2D3 IRS EUR R V 06MEURIB SWUV2A2D5 CCPVANILLA	INTEREST RATE SWAP	2,108,030	1,967,450
	BWU02D2C9 IRS USD P F 3.69000 SWU02D2C9 CCPOIS	INTEREST RATE SWAP	(3,700,000)	(3,531,258)
	BWU02D2C9 IRS USD R V 12MSOFR SWUV2D2C1 CCPOIS	INTEREST RATE SWAP	3,652,508	3,700,000
	BWU02D668 IRS USD P F 3.62200 SWU02D668 CCPOIS	INTEREST RATE SWAP	(9,400,000)	(8,866,007)
	BWU02D668 IRS USD R V 12MSOFR SWUV2D660 CCPOIS	INTEREST RATE SWAP	9,397,276	9,400,000
	CCBOSHUS6 BANK OF AMERICA CCPC CCBOSHUS6 BANK OF AMERICA CCPC	NON-SECY ASSET-STOCK	1,574,000	1,574,000
	CCBOSZUS6 BOA CCPC COC CCBOSZUS6 BOA CCPC COC	NON-SECY ASSET-STOCK	4,915,000	4,915,000
	CCBRCIUS4 SWBC BRC SWAP CASH COLLATERAL USD	NON-SECY ASSET-STOCK	(50,000)	(50,000)
	EURO-BOBL OPTION FEB25C 119.2 EXP 01/24/2025	OP-FUTURE	(1,465)	(606)
	EURO-BOBL OPTION FEB25P 117.5 EXP 01/24/2025	OP-FUTURE	(1,559)	(2,563)
	EURO-BUND OPTION FEB25C 136.5 EXP 01/24/2025	OP-FUTURE	(2,643)	(652)
	EURO-BUND OPTION FEB25C 138 EXP 01/24/2025	OP-FUTURE	(3,309)	(217)
	EURO-BUND OPTION FEB25P 133.5 EXP 01/24/2025	OP-FUTURE	(3,487)	(6,089)
	EURO-BUND OPTION FEB25P 134.5 EXP 01/24/2025	OP-FUTURE	(3,162)	(10,510)
	EURO-BUND WEEK OPTFEB25C 138.5 EXP 01/10/2025	OP-FUTURE	(2,889)	(62)
	EURO-BUND WEEK OPTFEB25P 135.5 EXP 01/10/2025	OP-FUTURE	(2,952)	(13,110)
	GOLDMAN SACHS BANK USA COC SWAP CASH COLLATERAL USD	NON-SECY ASSET-STOCK	70,000	70,000
	JANCHOR PARTNER B 216	LMTD PARTNRSHIP UNTS	289,606	225,692
	MGCC CCBPGXUS1 LT USD FUTURES CASH COLLATERAL USD	NON-SECY ASSET-STOCK	2,083,000	2,083,000
	SWAP BNP PARIBAS BOC SWAP CASH COLLATERAL USD	NON-SECY ASSET-STOCK	(1,860,000)	(1,860,000)
	SWAP CCPC BANK OF AMERICA COC SWAP CASH COLLATERAL	NON-SECY ASSET-STOCK	840,000	840,000
	SWAP CITIBANK COC SWAP CASH COLLATERAL USD	NON-SECY ASSET-STOCK	320,000	320,000
	SWAP JP MORGAN COC SWAP CASH COLLATERAL USD	NON-SECY ASSET-STOCK	60,000	60,000
	SWPC0MV88 CDS EUR P V 03MEVENT 2 CCPCORPORATE	CREDIT DEFAULT SWAP	(667,230)	(621,300)
	SWPC0MV88 CDS EUR R F 5.00000 1 CCPCORPORATE	CREDIT DEFAULT SWAP	817,232	764,134
	SWPC0MVJ4 CDS USD P V 03MEVENT 2 CCPCORPORATE	CREDIT DEFAULT SWAP	(3,000,000)	(3,000,000)
	SWPC0MVJ4 CDS USD R F 1.00000 1 CCPCORPORATE	CREDIT DEFAULT SWAP	2,943,622	2,987,709
	SWPC0MWQ7 CDS USD P V 03MEVENT 2 CCPCDX	CREDIT DEFAULT SWAP	(335,250,000)	(335,250,000)
	SWPC0MWQ7 CDS USD R F 1.00000 1 CCPCDX	CREDIT DEFAULT SWAP	342,963,274	342,733,018
	SWPC0N6P6 CDS EUR P V 03MEVENT 2 CCPCORPORATE	CREDIT DEFAULT SWAP	(2,412,469)	(2,381,650)
	SWPC0N6P6 CDS EUR R F 1.00000 1 CCPCORPORATE	CREDIT DEFAULT SWAP	2,425,934	2,397,276
	SWPC0N7A8 CDS EUR P V 03MEVENT 2 CCPCORPORATE	CREDIT DEFAULT SWAP	(3,431,505)	(3,417,150)
	SWPC0N7A8 CDS EUR R F 1.00000 1 CCPCORPORATE	CREDIT DEFAULT SWAP	3,453,047	3,442,396
	SWPC0N7G5 CDS EUR P V 03MEVENT 2 CCPCORPORATE	CREDIT DEFAULT SWAP	(3,119,550)	(3,106,500)
	SWPC0N7G5 CDS EUR R F 1.00000 1 CCPCORPORATE	CREDIT DEFAULT SWAP	3,127,816	3,117,389
	SWPC28AP2 CDS EUR P V 03MEVENT FLO ITRAXXTRANCHE	CREDIT DEFAULT SWAP	(8,483,941)	(8,387,551)
	SWPC28AP2 CDS EUR R F 5.00000 FIX ITRAXXTRANCHE	CREDIT DEFAULT SWAP	10,151,465	9,982,029
	SWU022DD9 IRS EUR P V 06MEURIB SWUV22DD1 CCPVANILLA	INTEREST RATE SWAP	(216,430)	(207,100)
	SWU022DD9 IRS EUR R F 2.76000 SWU022DD9 CCPVANILLA	INTEREST RATE SWAP	216,430	214,062
	SWU024668 IRS EUR P V 06MEURIB SWUV24660 CCPVANILLA	INTEREST RATE SWAP	(637,830)	(621,300)
	SWU024668 IRS EUR R F 2.77000 SWU024668 CCPVANILLA	INTEREST RATE SWAP	637,830	634,479
	SWU024NY8 IRS EUR P V 06MEURIB SWUV24NY0 CCPVANILLA	INTEREST RATE SWAP	(1,071,300)	(1,035,500)
	SWU024NY8 IRS EUR R F 2.78000 SWU024NY8 CCPVANILLA	INTEREST RATE SWAP	1,071,300	1,058,453
	SWU024SM9 IRS EUR P V 06MEURIB SWUV24SM1 CCPVANILLA	INTEREST RATE SWAP	(1,068,850)	(1,035,500)
	SWU024SM9 IRS EUR R F 2.82700 SWU024SM9 CCPVANILLA	INTEREST RATE SWAP	1,068,850	1,060,275
	SWU027521 IRS BRL P V 00MBRCDI SWUV27523 CCPNDFPREDISWAP	INTEREST RATE SWAP	(12,379,681)	(10,731,889)
	SWU027521 IRS BRL R F 11.49576 SWU027521 CCPNDFPREDISWAP	INTEREST RATE SWAP	12,379,681	10,107,298
	SWU028YB7 IRS EUR P V 06MEURIB SWUV28YB9 CCPVANILLA	INTEREST RATE SWAP	(4,661,293)	(4,353,242)
	SWU028YB7 IRS EUR R F 2.50000 SWU028YB7 CCPVANILLA	INTEREST RATE SWAP	4,693,848	4,410,163
	SWU02CEU8 IRS EUR P V 06MEURIB SWUV2CEU0 CCPVANILLA	INTEREST RATE SWAP	(759,430)	(724,850)
	SWU02CEU8 IRS EUR R F 2.41000 SWU02CEU8 CCPVANILLA	INTEREST RATE SWAP	759,430	727,613
	TOTAL ABSOLUTE RETURN AND OTHER INVESTMENTS		8,715,399,806	18,617,393
	TOTAL INVESTMENTS		$ 10,433,378,470	$ 5,343,535,684

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

Kaiser Foundation Health Plan, Inc. Retiree Health and Welfare Plan
Employer Identification Number: 94-1340523, Plan Number: 580
Schedule H, Line 4(j) – Schedule of Reportable Transactions
Year Ended December 31, 2024

	(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
	Category (i) Single transaction in excess of 5% of plan assets								
*	State Street	BRIDGEWATER ALL WEATHER	$ -	$ 558,165,661	N/A	$ -	$ 557,640,962	$ 558,165,661	$ (524,699)
*	State Street	BRIDGEWATER ALL WEATHER	-	558,165,661	N/A	-	557,491,313	558,165,661	674,348
	Category (iii) - A series of transactions in a security issue aggregating 5% of the value of the Plan's assets								
*	State Street	SSC GOVERNMENT MM GVMXX							
		507 Sales	$ -	$ 605,122,565	N/A	$ -	$ 605,122,565	$ 605,122,565	$ -
		659 Purchases	576,131,230	-	N/A	-	-	576,131,230	-
*	State Street	US TREASURY N/B							
		43 Sales	-	130,890,724	N/A	-	132,258,287	130,890,724	(1,367,563)
		72 Purchases	184,655,962	-	N/A	-	-	184,655,962	-
*	State Street	SWPC0MWQ7 CDS USD R F 1.00000 1 CCPCDX							
		47 Purchases	342,963,274	-	N/A	-	-	342,963,274	-
*	State Street	SWPC0MWQ7 CDS USD P V 03MEVENT 2 CCPCDX							
		47 Sales	-	335,250,000	N/A	-	335,250,000	335,250,000	-

There were no category (i) (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.

Kaiser Foundation Health Plan, Inc.
Retiree Health and Welfare Plan
Employer Identification Number: 94-1340523, Plan Number: 580
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	(b) Identity of Issue, Borrower Lessor, or Similar Party	(c) Description of Investment Including Maturity Date Rate of Interest, Collateral Par, or Maturity Value	(d) Cost	(e) Current Value
	CASH			
	POUND	STERLING	$ 392,482	$ 390,210
	CANADIAN	DOLLAR	3,375	3,301
	MEXICAN	PESO (NEW)	29	29
	EURO	CURRENCY	(72,030)	(67,317)
	US	DOLLAR	(4,493,224)	(4,493,224)
	TOTAL CASH		(4,169,368)	(4,167,001)
	CASH EQUIVALENT			
	SSC GOVERNMENT MM GVMXX	STIF-TYPE INSTRUMENT	7,683,274	7,683,274
	TOTAL CASH AND CASH EQUIVALENTS		3,513,906	3,516,273
	COMMON AND PREFERRED STOCKS			
	BLACKROCK LONG TERM GOVT BD IN	MUTUAL FUNDS	439,000,000	413,692,889
	LONG DURATION CORP BD PORTFOLI MUTUAL FUNDS	MUTUAL FUNDS	955,223,153	999,551,647
	PIMCO FDS SHORT TERM FLTG NAV MUTUAL FUND	MUTUAL FUNDS	39,517	39,517
	INVESCO MORTGAGE CAPITAL	REIT	5,592	990
	TOTAL COMMON AND PREFERRED STOCKS		1,394,268,262	1,413,285,043
	US GOVERNMENT AND INTERNATIONAL SECURITIES			
	CASSA DEPOSITI E PRESTIT SR UNSECURED 144A 04/29 5.875	GOVERNMENT ISSUES	1,983,220	2,036,508
	FED REPUBLIC OF BRAZIL SR UNSECURED 05/54 7.125	GOVERNMENT ISSUES	2,093,847	1,941,602
	MEXICAN UDIBONOS BONDS 08/34 4	GOVERNMENT ISSUES	36,297	35,489
	REPUBLIC OF CHILE SR UNSECURED 01/52 4	GOVERNMENT ISSUES	246,807	245,512
	REPUBLIC OF COLOMBIA SR UNSECURED 11/54 8.375	GOVERNMENT ISSUES	3,485,050	3,390,275
	REPUBLIC OF PERU SR UNSECURED 08/54 5.875	GOVERNMENT ISSUES	564,921	543,119
	REPUBLIC OF PERU SR UNSECURED REGS 08/31 6.95	GOVERNMENT ISSUES	988,190	980,277
	REPUBLIC OF SOUTH AFRICA SR UNSECURED 144A 11/54 7.95	GOVERNMENT ISSUES	2,200,000	2,110,434
	REPUBLICA ORIENT URUGUAY SR UNSECURED 06/50 5.1	GOVERNMENT ISSUES	1,056,710	1,059,069
	ROMANIA SR UNSECURED 144A 05/32 5.25	GOVERNMENT ISSUES	1,188,807	1,113,116
	SAUDI INTERNATIONAL BOND SR UNSECURED 144A 01/54 5.75	GOVERNMENT ISSUES	9,300,227	8,942,093
	SAUDI INTERNATIONAL BOND SR UNSECURED 144A 01/54 5.75	GOVERNMENT ISSUES	1,173,504	1,120,680
	STATE OF ISRAEL SR UNSECURED 03/54 5.75	GOVERNMENT ISSUES	11,704,861	11,398,482
	STATE OF ISRAEL SR UNSECURED 03/54 5.75	GOVERNMENT ISSUES	1,055,604	1,005,883
	TSY INFL IX N/B 01/34 1.75	GOVERNMENT ISSUES	410,241	393,779
	TSY INFL IX N/B 02/51 0.125	GOVERNMENT ISSUES	2,452,434	2,133,428
	TSY INFL IX N/B 02/52 0.125	GOVERNMENT ISSUES	789,126	737,258
	TSY INFL IX N/B 02/53 1.5	GOVERNMENT ISSUES	3,117,030	2,890,541
	TSY INFL IX N/B 02/54 2.125	GOVERNMENT ISSUES	2,745,192	2,474,848
	TSY INFL IX N/B 07/34 1.875	GOVERNMENT ISSUES	412,108	389,908
	UNITED KINGDOM GILT BONDS REGS 07/54 4.375	GOVERNMENT ISSUES	7,892,167	6,972,428
	UNITED MEXICAN STATES SR UNSECURED 01/46 4.6	GOVERNMENT ISSUES	4,348,138	4,137,974
	UNITED MEXICAN STATES SR UNSECURED 01/50 4.5	GOVERNMENT ISSUES	889,534	836,634
	UNITED MEXICAN STATES SR UNSECURED 05/32 4.4899	GOVERNMENT ISSUES	1,953,269	1,887,624
	UNITED MEXICAN STATES SR UNSECURED 05/53 6.338	GOVERNMENT ISSUES	11,097,491	10,744,525
	UNITED MEXICAN STATES SR UNSECURED 05/54 6.4	GOVERNMENT ISSUES	3,686,289	3,322,254

Kaiser Foundation Health Plan, Inc.
Retiree Health and Welfare Plan
Employer Identification Number: 94-1340523, Plan Number: 580
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	(b) Identity of Issue, Borrower Lessor, or Similar Party	(c) Description of Investment Including Maturity Date Rate of Interest, Collateral Par, or Maturity Value	(d) Cost	(e) Current Value
	US TREASURY N/B 02/44 4.5	GOVERNMENT ISSUES	13,833,024	13,267,125
	US TREASURY N/B 02/49 3	GOVERNMENT ISSUES	16,193,989	15,554,840
	US TREASURY N/B 02/54 4.25	GOVERNMENT ISSUES	352,852	342,094
	US TREASURY N/B 05/34 4.375	GOVERNMENT ISSUES	2,833,713	2,806,193
	US TREASURY N/B 05/44 4.625	GOVERNMENT ISSUES	1,842,245	1,841,969
	US TREASURY N/B 05/49 2.875	GOVERNMENT ISSUES	6,678,773	6,291,227
	US TREASURY N/B 05/54 4.625	GOVERNMENT ISSUES	5,849,577	5,829,586
	US TREASURY N/B 08/33 3.875	GOVERNMENT ISSUES	43,286,486	43,212,814
	US TREASURY N/B 08/43 4.375	GOVERNMENT ISSUES	10,031,313	9,874,981
	US TREASURY N/B 08/44 4.125	GOVERNMENT ISSUES	66,280,328	63,510,780
	US TREASURY N/B 08/49 2.25	GOVERNMENT ISSUES	1,072,357	990,618
	US TREASURY N/B 08/53 4.125	GOVERNMENT ISSUES	518,088	485,401
	US TREASURY N/B 08/54 4.25	GOVERNMENT ISSUES	38,542,665	36,998,331
	US TREASURY N/B 08/54 4.25	GOVERNMENT ISSUES	13,855,010	13,789,332
	US TREASURY N/B 11/26 4.625	GOVERNMENT ISSUES	5,335,828	5,374,799
	US TREASURY N/B 11/34 4.25	GOVERNMENT ISSUES	16,286,489	15,957,951
	US TREASURY N/B 11/44 4.625	GOVERNMENT ISSUES	48,307,365	46,313,416
	US TREASURY N/B 11/48 3.375	GOVERNMENT ISSUES	1,180,287	1,093,437
	US TREASURY N/B 11/54 4.5	GOVERNMENT ISSUES	30,036,954	29,055,718
	CALIFORNIA ST CAS 11/40 FIXED 7.6	MUNICIPALS	2,234,457	2,220,917
	DIST OF COLUMBIA WTR SWR AUT DISUTL 10/14 FIXED 4.814	MUNICIPALS	1,906,225	1,903,376
	ILLINOIS ST ILS 06/33 FIXED 5.1	MUNICIPALS	1,781,624	1,841,875
	MARICOPA CNTY AZ INDL DEV AUTH MAREDU 10/29 FIXED 7.375	MUNICIPALS	1,420,000	1,447,429
	MUNI ELEC AUTH OF GEORGIA MELPWR 04/57 FIXED 6.637	MUNICIPALS	495,597	500,414
	NEW JERSEY ST TURNPIKE AUTH TU NJSTRN 01/41 FIXED 7.102	MUNICIPALS	1,035,954	1,010,683
	PORT AUTH OF NEW YORK NEW JE PORTRN 10/62 FIXED 4.458	MUNICIPALS	1,726,711	1,742,983
	UNIV OF CALIFORNIA REVENUES UNVHGR 12/99 FIXED 4.767	MUNICIPALS	1,892,062	1,895,949
	TOTAL US GOVERNMENT SECURITIES		411,681,037	397,997,978

Kaiser Foundation Health Plan, Inc.
Retiree Health and Welfare Plan
Employer Identification Number: 94-1340523, Plan Number: 580
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	(b) Identity of Issue, Borrower Lessor, or Similar Party	(c) Description of Investment Including Maturity Date Rate of Interest, Collateral Par, or Maturity Value	(d) Cost	(e) Current Value
	CORPORATE DEBT INSTRUMENTS			
	3M COMPANY SR UNSECURED 08/49 3.25	CORPORATE BONDS	600,637	642,483
	7 ELEVEN INC SR UNSECURED 144A 02/41 2.5	CORPORATE BONDS	2,914,288	2,903,056
	ABBOTT LABORATORIES SR UNSECURED 04/39 6	CORPORATE BONDS	2,194,730	2,171,926
	ABBOTT LABORATORIES SR UNSECURED 05/40 5.3	CORPORATE BONDS	525,204	541,973
	ABBVIE INC SR UNSECURED 03/34 5.05	CORPORATE BONDS	961,960	953,402
	ABBVIE INC SR UNSECURED 03/35 4.55	CORPORATE BONDS	372,044	371,390
	ABBVIE INC SR UNSECURED 03/44 5.35	CORPORATE BONDS	366,829	355,803
	ABBVIE INC SR UNSECURED 03/54 5.4	CORPORATE BONDS	212,775	202,137
	ABBVIE INC SR UNSECURED 05/46 4.45	CORPORATE BONDS	1,508,801	1,542,821
	ABBVIE INC SR UNSECURED 06/44 4.85	CORPORATE BONDS	141,058	135,957
	ABBVIE INC SR UNSECURED 11/39 4.05	CORPORATE BONDS	2,389,534	2,567,261
	ABBVIE INC SR UNSECURED 11/42 4.4	CORPORATE BONDS	2,850,497	2,977,375
	ABBVIE INC SR UNSECURED 11/49 4.25	CORPORATE BONDS	2,455,386	2,439,129
	ABBVIE INC SR UNSECURED 11/49 4.25	CORPORATE BONDS	5,861,072	5,878,302
	ACCENTURE CAPITAL INC COMPANY GUAR 10/34 4.5	CORPORATE BONDS	2,900,780	2,812,942
	AEP TEXAS INC SR UNSECURED 01/50 3.45	CORPORATE BONDS	2,267,615	2,412,910
	AEP TRANSMISSION CO LLC SR UNSECURED 04/50 3.65	CORPORATE BONDS	1,035,277	1,032,857
	AEP TRANSMISSION CO LLC SR UNSECURED 08/51 2.75	CORPORATE BONDS	539,372	570,562
	AERCAP IRELAND CAP/GLOBA COMPANY GUAR 09/34 4.95	CORPORATE BONDS	1,879,344	1,842,259
	AETNA INC SR UNSECURED 11/42 4.125	CORPORATE BONDS	539,465	566,123
	ALABAMA POWER CO SR UNSECURED 03/45 3.75	CORPORATE BONDS	633,606	654,611
	ALABAMA POWER CO SR UNSECURED 03/52 3	CORPORATE BONDS	3,148,282	3,238,341
	ALCOA NEDERLAND HOLDING COMPANY GUAR 144A 05/28 6.125	CORPORATE BONDS	594,884	609,465
	ALFA S.A. SR UNSECURED 144A 03/44 6.875	CORPORATE BONDS	333,864	375,034
	AMAZON.COM INC SR UNSECURED 06/50 2.5	CORPORATE BONDS	5,764,124	5,655,761
	AMAZON.COM INC SR UNSECURED 08/37 3.875	CORPORATE BONDS	1,837,022	1,872,322
	AMERICA MOVIL SAB DE CV SR UNSECURED 07/42 4.375	CORPORATE BONDS	877,967	896,907
	AMERICAN ELECTRIC POWER SR UNSECURED 03/50 3.25	CORPORATE BONDS	218,984	224,693
	AMERICAN INTL GROUP SR UNSECURED 04/48 4.75	CORPORATE BONDS	2,594,208	2,694,546
	AMGEN INC SR UNSECURED 02/40 3.15	CORPORATE BONDS	1,564,505	1,706,600
	AMGEN INC SR UNSECURED 03/53 4.875	CORPORATE BONDS	957,314	1,017,027
	AMGEN INC SR UNSECURED 03/53 5.65	CORPORATE BONDS	5,578,269	5,709,210
	AMGEN INC SR UNSECURED 05/45 4.4	CORPORATE BONDS	4,671,902	4,582,331
	AMGEN INC SR UNSECURED 06/51 4.663	CORPORATE BONDS	785,213	711,680
	AMGEN INC SR UNSECURED 06/51 4.663	CORPORATE BONDS	4,412,152	4,466,837
	ANHEUSER BUSCH CO/INBEV COMPANY GUAR 02/36 4.7	CORPORATE BONDS	278,375	265,585
	ANHEUSER BUSCH CO/INBEV COMPANY GUAR 02/36 4.7	CORPORATE BONDS	2,400,200	2,437,691
	ANHEUSER BUSCH CO/INBEV COMPANY GUAR 02/46 4.9	CORPORATE BONDS	15,658,392	15,985,759
	ANHEUSER BUSCH INBEV WOR COMPANY GUAR 01/39 8.2	CORPORATE BONDS	896,976	934,573
	ANHEUSER BUSCH INBEV WOR COMPANY GUAR 01/49 5.55	CORPORATE BONDS	102,120	98,364
	ANHEUSER BUSCH INBEV WOR COMPANY GUAR 10/48 4.439	CORPORATE BONDS	6,470,325	6,467,083
	AON CORP/AON GLOBAL HOLD COMPANY GUAR 02/52 3.9	CORPORATE BONDS	1,903,955	1,918,416
	APPALACHIAN POWER CO SR UNSECURED 05/44 4.4	CORPORATE BONDS	432,181	466,370
	APPALACHIAN POWER CO SR UNSECURED 05/50 3.7	CORPORATE BONDS	1,104,368	1,114,177
	APPLE INC SR UNSECURED 02/46 4.65	CORPORATE BONDS	3,143,654	3,190,872
	APPLE INC SR UNSECURED 02/46 4.65	CORPORATE BONDS	2,660,918	2,633,155
	APPLE INC SR UNSECURED 02/51 2.65	CORPORATE BONDS	3,942,132	3,880,635
	APPLE INC SR UNSECURED 05/43 3.85	CORPORATE BONDS	1,301,296	1,267,365
	APTIV PLC COMPANY GUAR 12/51 3.1	CORPORATE BONDS	810,762	838,961
	ARIZONA PUBLIC SERVICE SR UNSECURED 05/50 3.35	CORPORATE BONDS	803,712	878,203
	ARIZONA PUBLIC SERVICE SR UNSECURED 05/50 3.35	CORPORATE BONDS	731,483	773,494
	ARTHUR J GALLAGHER + CO SR UNSECURED 02/55 5.55	CORPORATE BONDS	3,378,784	3,264,448
	ASTRAZENECA PLC SR UNSECURED 09/37 6.45	CORPORATE BONDS	5,374,575	5,389,366
	AT+T INC SR UNSECURED 06/41 3.5	CORPORATE BONDS	2,525,540	2,796,869
	AT+T INC SR UNSECURED 06/44 4.65	CORPORATE BONDS	1,590,952	1,723,382
	AT+T INC SR UNSECURED 06/60 3.85	CORPORATE BONDS	10,077,710	10,678,683
	AT+T INC SR UNSECURED 09/53 3.5	CORPORATE BONDS	4,881,378	5,467,525
	AT+T INC SR UNSECURED 09/55 3.55	CORPORATE BONDS	13,990,619	15,086,087
	AT+T INC SR UNSECURED 09/55 3.55	CORPORATE BONDS	5,314,027	5,656,442

Kaiser Foundation Health Plan, Inc.
Retiree Health and Welfare Plan
Employer Identification Number: 94-1340523, Plan Number: 580
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	(b) Identity of Issue, Borrower Lessor, or Similar Party	(c) Description of Investment Including Maturity Date Rate of Interest, Collateral Par, or Maturity Value	(d) Cost	(e) Current Value
	ATHENE HOLDING LTD SR UNSECURED 02/33 6.65	CORPORATE BONDS	670,394	710,094
	ATHENE HOLDING LTD SR UNSECURED 04/54 6.25	CORPORATE BONDS	910,683	916,572
	ATHENE HOLDING LTD SR UNSECURED 05/52 3.45	CORPORATE BONDS	1,385,061	1,444,673
	AVOLON HOLDINGS FNDG LTD COMPANY GUAR 144A 11/29 5.75	CORPORATE BONDS	2,083,053	2,125,628
	BAE SYSTEMS PLC SR UNSECURED 144A 03/34 5.3	CORPORATE BONDS	1,868,894	1,864,626
	BALTIMORE GAS + ELECTRIC SR UNSECURED 06/53 5.4	CORPORATE BONDS	3,118,877	3,140,707
	BALTIMORE GAS + ELECTRIC SR UNSECURED 06/53 5.4	CORPORATE BONDS	1,760,637	1,841,596
	BALTIMORE GAS + ELECTRIC SR UNSECURED 06/54 5.65	CORPORATE BONDS	349,902	344,585
	BANCO SANTANDER SA SUBORDINATED 11/25 5.179	CORPORATE BONDS	974,580	998,863
	BANK OF AMERICA CORP SR UNSECURED 01/35 VAR	CORPORATE BONDS	10,790,412	10,751,748
	BANK OF AMERICA CORP SR UNSECURED 04/42 VAR	CORPORATE BONDS	3,633,872	3,794,230
	BANK OF AMERICA CORP SR UNSECURED 07/52 VAR	CORPORATE BONDS	4,708,482	4,799,368
	BANK OF AMERICA CORP SUBORDINATED 05/38 7.75	CORPORATE BONDS	1,305,487	1,372,557
	BANK OF AMERICA CORP SUBORDINATED 10/35 VAR	CORPORATE BONDS	1,645,000	1,608,350
	BANK OF AMERICA NA SUBORDINATED 10/36 6	CORPORATE BONDS	2,096,104	2,092,199
	BARCLAYS PLC SR UNSECURED 01/47 4.95	CORPORATE BONDS	988,700	1,057,434
	BARCLAYS PLC SR UNSECURED 09/35 VAR	CORPORATE BONDS	3,000,000	2,881,438
	BARCLAYS PLC SR UNSECURED 11/42 VAR	CORPORATE BONDS	894,812	987,972
	BARRICK INTL BARBADOS COMPANY GUAR 144A 10/36 6.35	CORPORATE BONDS	2,643,202	2,684,558
	BARRICK NA FINANCE LLC COMPANY GUAR 05/41 5.7	CORPORATE BONDS	1,050,376	1,059,602
	BARRICK NA FINANCE LLC COMPANY GUAR 05/43 5.75	CORPORATE BONDS	10,875,025	10,829,461
	BAYER US FINANCE II LLC COMPANY GUAR 144A 04/45 3.95	CORPORATE BONDS	724,914	709,858
	BAYER US FINANCE II LLC COMPANY GUAR 144A 07/64 4.7	CORPORATE BONDS	2,178,768	2,202,218
	BAYER US FINANCE LLC COMPANY GUAR 144A 11/33 6.5	CORPORATE BONDS	696,710	712,186
	BAYER US FINANCE LLC COMPANY GUAR 144A 11/53 6.875	CORPORATE BONDS	992,580	1,008,130
	BELL CANADA COMPANY GUAR 04/48 4.464	CORPORATE BONDS	778,061	791,643
	BERKSHIRE HATHAWAY ENERG SR UNSECURED 01/49 4.45	CORPORATE BONDS	4,555,463	4,685,233
	BERKSHIRE HATHAWAY ENERG SR UNSECURED 05/51 2.85	CORPORATE BONDS	3,553,001	3,814,152
	BERKSHIRE HATHAWAY ENERG SR UNSECURED 05/53 4.6	CORPORATE BONDS	1,879,734	2,003,700
	BERKSHIRE HATHAWAY ENERG SR UNSECURED 05/53 4.6	CORPORATE BONDS	618,181	647,158
	BERKSHIRE HATHAWAY FIN COMPANY GUAR 03/52 3.85	CORPORATE BONDS	3,481,411	3,497,471
	BERKSHIRE HATHAWAY FIN COMPANY GUAR 03/52 3.85	CORPORATE BONDS	3,448,055	3,429,338
	BERKSHIRE HATHAWAY FIN COMPANY GUAR 05/42 4.4	CORPORATE BONDS	1,302,832	1,335,634
	BIOCON BIOLOGICS GLOBAL SR SECURED 144A 10/29 6.67	CORPORATE BONDS	896,920	867,703
	BOEING CO SR UNSECURED 02/50 3.75	CORPORATE BONDS	4,980,150	4,869,753
	BOEING CO SR UNSECURED 03/48 3.625	CORPORATE BONDS	1,036,638	1,078,063
	BOEING CO SR UNSECURED 05/50 5.805	CORPORATE BONDS	2,473,785	2,413,748
	BOEING CO SR UNSECURED 05/50 5.805	CORPORATE BONDS	885,910	930,154
	BOEING CO SR UNSECURED 08/59 3.95	CORPORATE BONDS	1,472,843	1,416,186
	BOEING CO SR UNSECURED 11/48 3.85	CORPORATE BONDS	1,216,895	1,261,440
	BOEING CO/THE SR UNSECURED 05/54 6.858	CORPORATE BONDS	165,000	175,370
	BOEING CO/THE SR UNSECURED 05/64 7.008	CORPORATE BONDS	1,516,834	1,565,162
	BOEING CO/THE SR UNSECURED 05/64 7.008	CORPORATE BONDS	2,802,802	2,971,154
	BP CAP MARKETS AMERICA COMPANY GUAR 02/33 4.812	CORPORATE BONDS	5,324,956	5,510,073
	BP CAP MARKETS AMERICA COMPANY GUAR 02/50 3	CORPORATE BONDS	773,256	772,435
	BP CAP MARKETS AMERICA COMPANY GUAR 02/50 3	CORPORATE BONDS	622,323	619,856
	BP CAP MARKETS AMERICA COMPANY GUAR 06/51 2.939	CORPORATE BONDS	238,772	225,970
	BP CAP MARKETS AMERICA COMPANY GUAR 11/50 2.772	CORPORATE BONDS	3,595,104	3,476,100
	BRANDYWINE OPER PARTNERS COMPANY GUAR 04/29 8.875	CORPORATE BONDS	2,089,605	2,234,828
	BRASKEM NETHERLANDS COMPANY GUAR 144A 10/34 8	CORPORATE BONDS	5,566,697	5,388,405
	BRISTOL MYERS SQUIBB CO SR UNSECURED 02/64 5.65	CORPORATE BONDS	1,423,922	1,376,203
	BRISTOL MYERS SQUIBB CO SR UNSECURED 03/52 3.7	CORPORATE BONDS	827,352	873,751
	BRISTOL MYERS SQUIBB CO SR UNSECURED 03/52 3.7	CORPORATE BONDS	1,319,677	1,303,345
	BRISTOL MYERS SQUIBB CO SR UNSECURED 06/39 4.125	CORPORATE BONDS	1,131,889	1,199,826
	BRISTOL MYERS SQUIBB CO SR UNSECURED 10/49 4.25	CORPORATE BONDS	263,140	262,538
	BRISTOL MYERS SQUIBB CO SR UNSECURED 11/40 2.35	CORPORATE BONDS	655,069	691,279
	BRISTOL MYERS SQUIBB CO SR UNSECURED 11/63 6.4	CORPORATE BONDS	1,814,728	1,943,828
	BROADCOM INC COMPANY GUAR 144A 02/41 3.5	CORPORATE BONDS	2,229,433	2,432,584
	BROADCOM INC COMPANY GUAR 144A 02/51 3.75	CORPORATE BONDS	3,580,272	3,914,652
	BROADCOM INC SR UNSECURED 10/34 4.8	CORPORATE BONDS	1,252,402	1,211,058
	BROADCOM INC SR UNSECURED 144A 05/37 4.926	CORPORATE BONDS	4,439,385	4,898,411
	BROWN FORMAN CORP SR UNSECURED 04/38 4	CORPORATE BONDS	692,901	719,569

Kaiser Foundation Health Plan, Inc.
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(a)	(b) Identity of Issue, Borrower Lessor, or Similar Party	(c) Description of Investment Including Maturity Date Rate of Interest, Collateral Par, or Maturity Value	(d) Cost	(e) Current Value
	BURLINGTN NORTH SANTA FE SR UNSECURED 02/50 3.55	CORPORATE BONDS	1,194,777	1,228,393
	BURLINGTN NORTH SANTA FE SR UNSECURED 02/51 3.05	CORPORATE BONDS	218,263	213,370
	BURLINGTN NORTH SANTA FE SR UNSECURED 03/43 4.45	CORPORATE BONDS	1,461,955	1,573,567
	BURLINGTN NORTH SANTA FE SR UNSECURED 03/55 5.5	CORPORATE BONDS	1,698,264	1,674,870
	BURLINGTN NORTH SANTA FE SR UNSECURED 04/44 4.9	CORPORATE BONDS	587,839	631,793
	BURLINGTN NORTH SANTA FE SR UNSECURED 04/54 5.2	CORPORATE BONDS	1,687,174	1,731,595
	BURLINGTN NORTH SANTA FE SR UNSECURED 06/52 2.875	CORPORATE BONDS	2,796,548	2,681,475
	BURLINGTN NORTH SANTA FE SR UNSECURED 09/41 4.95	CORPORATE BONDS	633,027	651,916
	BURLINGTN NORTH SANTA FE SR UNSECURED 09/44 4.55	CORPORATE BONDS	2,026,241	1,921,689
	CABOT CORP SR UNSECURED 06/32 5	CORPORATE BONDS	976,090	1,033,779
	CANADIAN NATL RAILWAY SR UNSECURED 05/50 2.45	CORPORATE BONDS	628,678	621,618
	CANADIAN NATL RESOURCES SR UNSECURED 03/38 6.25	CORPORATE BONDS	1,923,300	2,043,248
	CANADIAN NATL RESOURCES SR UNSECURED 144A 12/34 5.4	CORPORATE BONDS	3,394,458	3,306,664
	CATERPILLAR INC SR UNSECURED 04/50 3.25	CORPORATE BONDS	425,927	407,579
	CATERPILLAR INC SR UNSECURED 05/41 5.2	CORPORATE BONDS	775,329	767,530
	CELANESE US HOLDINGS LLC COMPANY GUAR 11/33 6.95	CORPORATE BONDS	561,159	552,097
	CENOVUS ENERGY INC SR UNSECURED 02/52 3.75	CORPORATE BONDS	1,635,996	1,673,205
	CENOVUS ENERGY INC SR UNSECURED 11/39 6.75	CORPORATE BONDS	1,541,012	1,522,294
	CENTENE CORP SR UNSECURED 02/30 3.375	CORPORATE BONDS	669,271	708,090
	CENTENE CORP SR UNSECURED 03/31 2.5	CORPORATE BONDS	1,578,934	1,679,026
	CHARTER COMM OPT LLC/CAP SR SECURED 03/50 4.8	CORPORATE BONDS	3,782,116	3,992,400
	CHARTER COMM OPT LLC/CAP SR SECURED 04/48 5.75	CORPORATE BONDS	1,017,733	1,081,371
	CHARTER COMM OPT LLC/CAP SR SECURED 04/51 3.7	CORPORATE BONDS	308,758	321,699
	CHARTER COMM OPT LLC/CAP SR SECURED 04/51 3.7	CORPORATE BONDS	4,001,200	4,166,476
	CHARTER COMM OPT LLC/CAP SR SECURED 05/47 5.375	CORPORATE BONDS	111,010	110,804
	CHARTER COMM OPT LLC/CAP SR SECURED 06/34 6.55	CORPORATE BONDS	299,265	306,872
	CHARTER COMM OPT LLC/CAP SR SECURED 06/41 3.5	CORPORATE BONDS	321,864	328,920
	CHARTER COMM OPT LLC/CAP SR SECURED 06/52 3.9	CORPORATE BONDS	341,090	369,903
	CHARTER COMM OPT LLC/CAP SR SECURED 10/45 6.484	CORPORATE BONDS	4,237,900	4,478,910
	CHARTER COMM OPT LLC/CAP SR SECURED 10/55 6.834	CORPORATE BONDS	1,263,132	1,405,862
	CHEVRON CORP SR UNSECURED 05/50 3.078	CORPORATE BONDS	778,107	753,953
	CHILDREN S HOSPITAL MEDI SR UNSECURED 05/44 4.268	CORPORATE BONDS	1,545,490	1,595,343
	CHILE ELECTRICITY LUX GOVT GUARANT 144A 10/35 5.58	CORPORATE BONDS	3,456,134	3,380,924
	CHUBB INA HOLDINGS LLC COMPANY GUAR 12/61 3.05	CORPORATE BONDS	1,467,387	1,350,331
	CHURCH + DWIGHT CO INC SR UNSECURED 06/52 5	CORPORATE BONDS	1,247,204	1,266,053
	CIGNA GROUP/THE COMPANY GUAR 08/38 4.8	CORPORATE BONDS	2,700,073	2,638,058
	CIGNA GROUP/THE COMPANY GUAR 08/38 4.8	CORPORATE BONDS	1,513,697	1,541,134
	CIGNA GROUP/THE SR UNSECURED 03/40 3.2	CORPORATE BONDS	978,446	1,026,295
	CISCO SYSTEMS INC SR UNSECURED 01/40 5.5	CORPORATE BONDS	1,301,662	1,300,523
	CISCO SYSTEMS INC SR UNSECURED 02/54 5.3	CORPORATE BONDS	8,849,211	8,597,467
	CISCO SYSTEMS INC SR UNSECURED 02/64 5.35	CORPORATE BONDS	1,740,271	1,672,696
	CITIGROUP CAPITAL III COMPANY GUAR 12/36 7.625	CORPORATE BONDS	1,070,980	1,119,883
	CITIGROUP INC SR UNSECURED 07/39 8.125	CORPORATE BONDS	9,546,801	9,848,565
	CITIGROUP INC SR UNSECURED 11/42 VAR	CORPORATE BONDS	1,605,938	1,719,288
	CITIGROUP INC SUBORDINATED 05/46 4.75	CORPORATE BONDS	4,389,257	4,793,406
	CIVITAS RESOURCES INC COMPANY GUAR 144A 07/28 8.375	CORPORATE BONDS	2,032,572	2,033,517
	CLEVELAND CLINIC FOUND UNSECURED 01/14 4.858	CORPORATE BONDS	1,606,975	1,620,897
	CODELCO INC SR UNSECURED 144A 09/53 6.3	CORPORATE BONDS	1,004,073	1,014,176
	COMCAST CORP COMPANY GUAR 01/31 1.95	CORPORATE BONDS	529,722	560,412
	COMCAST CORP COMPANY GUAR 03/48 4	CORPORATE BONDS	1,333,961	1,302,399
	COMCAST CORP COMPANY GUAR 04/40 3.75	CORPORATE BONDS	1,182,488	1,270,845
	COMCAST CORP COMPANY GUAR 07/46 3.4	CORPORATE BONDS	3,078,792	3,212,519
	COMCAST CORP COMPANY GUAR 11/51 2.887	CORPORATE BONDS	6,280,354	6,224,983
	COMCAST CORP COMPANY GUAR 11/51 2.887	CORPORATE BONDS	5,674,253	5,632,557
	COMCAST CORP COMPANY GUAR 11/56 2.937	CORPORATE BONDS	2,962,750	3,075,269
	COMCAST CORP COMPANY GUAR 11/56 2.937	CORPORATE BONDS	2,955,300	2,912,186
	COMMONWEALTH EDISON CO 1ST MORTGAGE 03/48 4	CORPORATE BONDS	3,079,781	3,212,577
	COMMONWEALTH EDISON CO 1ST MORTGAGE 03/49 4	CORPORATE BONDS	282,684	269,453
	COMMONWEALTH EDISON CO 1ST MORTGAGE 03/52 3.85	CORPORATE BONDS	254,675	266,657
	COMMONWEALTH EDISON CO 1ST MORTGAGE 06/46 3.65	CORPORATE BONDS	1,271,527	1,374,087
	COMMONWEALTH EDISON CO 1ST MORTGAGE 06/54 5.65	CORPORATE BONDS	273,218	271,144

Kaiser Foundation Health Plan, Inc.
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	CON EDISON CO OF NY INC SR UNSECURED 11/52 6.15	CORPORATE BONDS	420,043	440,082
	CON EDISON CO OF NY INC SR UNSECURED 11/53 5.9	CORPORATE BONDS	1,089,935	1,114,314
	CON EDISON CO OF NY INC SR UNSECURED 12/51 3.2	CORPORATE BONDS	1,032,454	1,065,883
	CONOCOPHILLIPS COMPANY COMPANY GUAR 03/52 3.8	CORPORATE BONDS	481,162	474,506
	CONOCOPHILLIPS COMPANY COMPANY GUAR 03/62 4.025	CORPORATE BONDS	2,322,421	2,348,363
	CONOCOPHILLIPS COMPANY COMPANY GUAR 11/44 4.3	CORPORATE BONDS	629,450	639,701
	CONSTELLATION EN GEN LLC SR UNSECURED 06/42 5.6	CORPORATE BONDS	1,036,237	1,099,656
	CONSTELLATION EN GEN LLC SR UNSECURED 10/53 6.5	CORPORATE BONDS	2,613,954	2,769,970
	CONSTELLATION INSURC INC SR UNSECURED 144A 01/30 6.8	CORPORATE BONDS	1,085,222	1,079,227
	CONSUMERS ENERGY CO 1ST MORTGAGE 08/51 3.5	CORPORATE BONDS	676,390	691,438
	CONTINENTAL RESOURCES COMPANY GUAR 06/44 4.9	CORPORATE BONDS	2,586,103	2,620,868
	CORESTATES CAPTL III LIMITD GUARA 144A 02/27 VAR	CORPORATE BONDS	2,234,700	2,308,476
	COX COMMUNICATIONS INC SR UNSECURED 144A 06/51 3.6	CORPORATE BONDS	522,333	535,583
	COX COMMUNICATIONS INC SR UNSECURED 144A 09/26 3.35	CORPORATE BONDS	539,296	566,041
	CROWN CASTLE INC SR UNSECURED 04/41 2.9	CORPORATE BONDS	1,425,103	1,502,401
	CROWN CASTLE INC SR UNSECURED 07/50 4.15	CORPORATE BONDS	260,265	271,591
	CSL FINANCE PLC COMPANY GUAR 144A 04/52 4.75	CORPORATE BONDS	2,428,596	2,397,491
	CSL FINANCE PLC COMPANY GUAR 144A 04/62 4.95	CORPORATE BONDS	998,730	1,055,576
	CSX CORP SR UNSECURED 05/37 6.15	CORPORATE BONDS	871,912	892,893
	CSX CORP SR UNSECURED 08/54 4.5	CORPORATE BONDS	533,183	539,135
	CUMMINS INC SR UNSECURED 10/43 4.875	CORPORATE BONDS	485,071	494,911
	CVS HEALTH CORP JR SUBORDINA 03/55 VAR	CORPORATE BONDS	2,015,000	2,021,761
	CVS HEALTH CORP JR SUBORDINA 12/54 VAR	CORPORATE BONDS	325,000	318,675
	CVS HEALTH CORP SR UNSECURED 03/38 4.78	CORPORATE BONDS	10,416,489	10,371,740
	CVS HEALTH CORP SR UNSECURED 03/38 4.78	CORPORATE BONDS	1,833,424	1,802,841
	CVS HEALTH CORP SR UNSECURED 03/48 5.05	CORPORATE BONDS	14,238,706	13,790,528
	CVS HEALTH CORP SR UNSECURED 03/48 5.05	CORPORATE BONDS	5,630,954	5,483,229
	CVS HEALTH CORP SR UNSECURED 08/40 2.7	CORPORATE BONDS	1,698,427	1,810,862
	DELL INT LLC / EMC CORP SR UNSECURED 07/36 8.1	CORPORATE BONDS	339,861	355,596
	DELL INT LLC / EMC CORP SR UNSECURED 07/46 8.35	CORPORATE BONDS	229,110	244,210
	DEVON ENERGY CORPORATION SR UNSECURED 06/45 5	CORPORATE BONDS	849,884	860,266
	DEVON ENERGY CORPORATION SR UNSECURED 09/34 5.2	CORPORATE BONDS	2,199,252	2,088,402
	DIAMONDBACK ENERGY INC COMPANY GUAR 03/51 4.4	CORPORATE BONDS	1,876,736	1,766,527
	DIAMONDBACK ENERGY INC COMPANY GUAR 03/52 4.25	CORPORATE BONDS	3,776,654	3,793,145
	DIAMONDBACK ENERGY INC COMPANY GUAR 03/53 6.25	CORPORATE BONDS	1,814,654	1,860,480
	DOLLAR GENERAL CORP SR UNSECURED 04/50 4.125	CORPORATE BONDS	481,117	503,642
	DOMINION ENERGY INC SR UNSECURED 04/41 3.3	CORPORATE BONDS	1,874,252	2,051,042
	DOMINION ENERGY INC SR UNSECURED 08/52 4.85	CORPORATE BONDS	3,332,667	3,576,062
	DTE ELECTRIC CO 1ST MORTGAGE 04/53 5.4	CORPORATE BONDS	497,349	504,236
	DUKE ENERGY CAROLINAS 1ST MORTGAGE 03/52 3.55	CORPORATE BONDS	529,165	535,308
	DUKE ENERGY CAROLINAS 1ST MORTGAGE 08/49 3.2	CORPORATE BONDS	996,703	1,009,509
	DUKE ENERGY CAROLINAS 1ST MORTGAGE 12/41 4.25	CORPORATE BONDS	308,543	301,719
	DUKE ENERGY CAROLINAS 1ST MORTGAGE 12/41 4.25	CORPORATE BONDS	798,369	826,336
	DUKE ENERGY CAROLINAS 1ST MORTGAGE 12/47 3.7	CORPORATE BONDS	441,628	433,131
	DUKE ENERGY CAROLINAS 1ST REF MORT 09/42 4	CORPORATE BONDS	792,955	845,449
	DUKE ENERGY CORP SR UNSECURED 06/41 3.3	CORPORATE BONDS	480,907	532,063
	DUKE ENERGY CORP SR UNSECURED 06/51 3.5	CORPORATE BONDS	591,807	624,086
	DUKE ENERGY CORP SR UNSECURED 08/47 3.95	CORPORATE BONDS	126,065	122,774
	DUKE ENERGY CORP SR UNSECURED 09/46 3.75	CORPORATE BONDS	2,957,297	3,235,822
	DUKE ENERGY CORP SR UNSECURED 09/46 3.75	CORPORATE BONDS	3,414,015	3,596,585
	DUKE ENERGY FLORIDA LLC 1ST MORTGAGE 07/48 4.2	CORPORATE BONDS	1,798,129	1,865,016
	DUKE ENERGY FLORIDA LLC 1ST MORTGAGE 12/51 3	CORPORATE BONDS	521,533	520,164
	DUKE ENERGY INDIANA LLC 1ST MORTGAGE 04/53 5.4	CORPORATE BONDS	2,093,386	2,178,582
	DUKE ENERGY INDIANA LLC 1ST MORTGAGE 05/46 3.75	CORPORATE BONDS	221,635	222,191
	DUKE ENERGY INDIANA LLC 1ST MORTGAGE 07/43 4.9	CORPORATE BONDS	1,322,310	1,412,106
	DUKE ENERGY INDIANA LLC 1ST MORTGAGE 08/38 6.35	CORPORATE BONDS	1,069,961	1,126,650
	DUKE ENERGY INDIANA LLC 1ST MORTGAGE 10/49 3.25	CORPORATE BONDS	109,800	104,002
	DUKE ENERGY PROGRESS LLC 1ST MORTGAGE 03/44 4.375	CORPORATE BONDS	985,158	1,018,181
	DUKE ENERGY PROGRESS LLC 1ST MORTGAGE 04/52 4	CORPORATE BONDS	191,534	187,237
	DUKE ENERGY PROGRESS LLC 1ST MORTGAGE 05/42 4.1	CORPORATE BONDS	166,791	180,653

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	EATON CORP COMPANY GUAR 08/52 4.7	CORPORATE BONDS	2,090,546	2,097,625
	EBAY INC SR UNSECURED 07/42 4	CORPORATE BONDS	822,476	870,696
	ELECTRICITE DE FRANCE SA SR UNSECURED 144A 04/64 6	CORPORATE BONDS	1,747,582	1,835,700
	ELEVANCE HEALTH INC SR UNSECURED 01/43 4.65	CORPORATE BONDS	954,500	996,947
	ELEVANCE HEALTH INC SR UNSECURED 02/35 5.2	CORPORATE BONDS	747,345	732,472
	ELEVANCE HEALTH INC SR UNSECURED 02/55 5.7	CORPORATE BONDS	1,218,299	1,180,986
	ELEVANCE HEALTH INC SR UNSECURED 05/50 3.125	CORPORATE BONDS	3,654,315	3,626,984
	ELEVANCE HEALTH INC SR UNSECURED 06/34 5.375	CORPORATE BONDS	769,446	763,145
	ELEVANCE HEALTH INC SR UNSECURED 08/44 4.65	CORPORATE BONDS	3,971,724	4,099,310
	ELEVANCE HEALTH INC SR UNSECURED 11/64 5.85	CORPORATE BONDS	2,004,131	1,939,060
	ELEVANCE HEALTH INC SR UNSECURED 12/47 4.375	CORPORATE BONDS	263,193	270,023
	ELI LILLY + CO SR UNSECURED 02/64 5.1	CORPORATE BONDS	1,138,643	1,041,713
	ELI LILLY + CO SR UNSECURED 08/54 5.05	CORPORATE BONDS	1,963,449	1,820,191
	ELI LILLY + CO SR UNSECURED 08/64 5.2	CORPORATE BONDS	434,852	404,997
	EMERSON ELECTRIC CO SR UNSECURED 12/51 2.8	CORPORATE BONDS	1,915,565	1,877,754
	EMPRESA NACIONAL DE TELE SR UNSECURED 144A 08/26 4.75	CORPORATE BONDS	1,045,746	1,084,412
	ENEL FINANCE AMERICA LLC COMPANY GUAR 144A 07/41 2.875	CORPORATE BONDS	1,102,317	1,223,141
	ENERGY TRANSFER LP SR UNSECURED 03/45 5.15	CORPORATE BONDS	7,569,489	8,300,644
	ENERGY TRANSFER LP SR UNSECURED 04/47 5.3	CORPORATE BONDS	179,001	194,557
	ENERGY TRANSFER LP SR UNSECURED 04/47 5.3	CORPORATE BONDS	5,763,984	6,102,024
	ENERGY TRANSFER LP SR UNSECURED 04/49 6.25	CORPORATE BONDS	202,966	225,188
	ENERGY TRANSFER LP SR UNSECURED 05/50 5	CORPORATE BONDS	5,144,577	5,026,509
	ENERGY TRANSFER LP SR UNSECURED 05/54 5.95	CORPORATE BONDS	1,189,300	1,155,263
	ENERGY TRANSFER LP SR UNSECURED 05/54 5.95	CORPORATE BONDS	1,393,322	1,353,447
	ENERGY TRANSFER LP SR UNSECURED 06/41 6.05	CORPORATE BONDS	2,040,715	2,099,425
	ENI SPA SR UNSECURED 144A 05/54 5.95	CORPORATE BONDS	2,075,388	2,016,158
	ENLINK MIDSTREAM PARTNER SR UNSECURED 04/45 5.05	CORPORATE BONDS	515,335	571,467
	ENTERGY CORP SR UNSECURED 06/50 3.75	CORPORATE BONDS	659,802	691,204
	ENTERGY LOUISIANA LLC 1ST MORTGAGE 03/51 2.9	CORPORATE BONDS	529,522	544,048
	ENTERGY MISSISSIPPI LLC 1ST MORTGAGE 06/49 3.85	CORPORATE BONDS	797,511	817,243
	ENTERGY TEXAS INC 1ST MORTGAGE 09/49 3.55	CORPORATE BONDS	622,766	650,449
	ENTERPRISE PRODUCTS OPER COMPANY GUAR 01/50 4.2	CORPORATE BONDS	237,426	243,837
	ENTERPRISE PRODUCTS OPER COMPANY GUAR 02/41 5.95	CORPORATE BONDS	423,703	434,426
	ENTERPRISE PRODUCTS OPER COMPANY GUAR 02/42 5.7	CORPORATE BONDS	1,419,945	1,498,169
	ENTERPRISE PRODUCTS OPER COMPANY GUAR 02/45 5.1	CORPORATE BONDS	749,587	787,583
	ENTERPRISE PRODUCTS OPER COMPANY GUAR 02/53 3.3	CORPORATE BONDS	4,588,942	4,529,266
	ENTERPRISE PRODUCTS OPER COMPANY GUAR 02/55 5.55	CORPORATE BONDS	3,184,987	3,078,294
	EQUINOR ASA COMPANY GUAR 04/50 3.7	CORPORATE BONDS	1,551,483	1,554,874
	ERAC USA FINANCE LLC COMPANY GUAR 144A 05/53 5.4	CORPORATE BONDS	2,305,912	2,320,062
	ESSENTIAL UTILITIES INC SR UNSECURED 04/50 3.351	CORPORATE BONDS	507,232	535,717
	EXELON CORP SR UNSECURED 04/46 4.45	CORPORATE BONDS	414,695	458,049
	EXELON CORP SR UNSECURED 04/46 4.45	CORPORATE BONDS	1,502,043	1,569,859
	EXELON CORP SR UNSECURED 04/50 4.7	CORPORATE BONDS	1,190,714	1,248,808
	EXELON CORP SR UNSECURED 04/50 4.7	CORPORATE BONDS	309,920	320,640
	EXPEDIA GROUP INC COMPANY GUAR 02/28 3.8	CORPORATE BONDS	1,069,868	1,120,465
	EXXON MOBIL CORPORATION SR UNSECURED 04/51 3.452	CORPORATE BONDS	3,241,433	3,143,923
	FAIRFAX FINL HLDGS LTD SR UNSECURED 03/54 6.35	CORPORATE BONDS	808,151	834,058
	FAIRFAX FINL HLDGS LTD SR UNSECURED 144A 03/55 6.1	CORPORATE BONDS	2,157,630	2,116,185
	FARMERS EXCHANGE CAP II SUBORDINATED 144A 11/53 VAR	CORPORATE BONDS	2,935,664	2,945,769
	FARMERS EXCHANGE CAP III SUBORDINATED 144A 10/54 VAR	CORPORATE BONDS	1,684,344	1,748,027
	FARMERS INS EXCH SUBORDINATED 144A 10/64 VAR	CORPORATE BONDS	2,090,000	2,154,721
	FARMERS INS EXCH SUBORDINATED 144A 11/57 VAR	CORPORATE BONDS	929,858	906,972
	FEDEX CORP COMPANY GUAR 02/48 4.05	CORPORATE BONDS	2,130,877	2,166,129
	FIRST QUANTUM MINERALS L COMPANY GUAR 144A 06/31 8.625	CORPORATE BONDS	1,069,879	1,116,893
	FIRST QUANTUM MINERALS L COMPANY GUAR 144A 10/27 6.875	CORPORATE BONDS	3,645,438	3,632,669
	FLORIDA POWER + LIGHT CO 1ST MORTGAGE 03/40 5.69	CORPORATE BONDS	1,303,717	1,341,853
	FLORIDA POWER + LIGHT CO 1ST MORTGAGE 06/34 5.3	CORPORATE BONDS	2,133,927	2,126,016
	FLORIDA POWER + LIGHT CO 1ST MORTGAGE 10/49 3.15	CORPORATE BONDS	1,302,347	1,311,021

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(a)	(b) Identity of Issue, Borrower Lessor, or Similar Party	(c) Description of Investment Including Maturity Date Rate of Interest, Collateral Par, or Maturity Value	(d) Cost	(e) Current Value
	FMC CORP SR UNSECURED 05/53 6.375	CORPORATE BONDS	1,018,878	1,118,682
	FMC CORP SR UNSECURED 10/49 4.5	CORPORATE BONDS	307,175	331,211
	FORD MOTOR COMPANY SR UNSECURED 01/43 4.75	CORPORATE BONDS	2,354,988	2,534,512
	FORD MOTOR CREDIT CO LLC SR UNSECURED 11/27 7.35	CORPORATE BONDS	1,260,771	1,256,493
	FOX CORP SR UNSECURED 01/49 5.576	CORPORATE BONDS	787,860	859,530
	FREEPORT MCMORAN INC COMPANY GUAR 03/43 5.45	CORPORATE BONDS	3,042,210	3,139,375
	FRONTIER COMMUNICATIONS SECURED 11/29 5.875	CORPORATE BONDS	1,158,794	1,158,533
	FRONTIER COMMUNICATIONS SECURED 144A 01/30 6	CORPORATE BONDS	995,506	997,767
	GENERAL MOTORS CO SR UNSECURED 04/49 5.95	CORPORATE BONDS	928,242	1,001,330
	GENERAL MOTORS CO SR UNSECURED 10/43 6.25	CORPORATE BONDS	1,490,807	1,594,954
	GEORGIA PACIFIC LLC SR UNSECURED 11/29 7.75	CORPORATE BONDS	1,161,909	1,177,992
	GEORGIA POWER CO SR UNSECURED 03/34 5.25	CORPORATE BONDS	3,812,733	3,755,535
	GEORGIA POWER CO SR UNSECURED 05/52 5.125	CORPORATE BONDS	791,877	816,353
	GILEAD SCIENCES INC SR UNSECURED 02/45 4.5	CORPORATE BONDS	3,199,326	3,201,384
	GILEAD SCIENCES INC SR UNSECURED 09/35 4.6	CORPORATE BONDS	552,768	566,228
	GILEAD SCIENCES INC SR UNSECURED 11/54 5.5	CORPORATE BONDS	3,973,346	3,744,698
	GLENCORE FINANCE CANADA COMPANY GUAR 144A 10/42 5.55	CORPORATE BONDS	578,751	615,131
	GLENCORE FUNDING LLC COMPANY GUAR 144A 10/33 6.5	CORPORATE BONDS	1,838,604	1,962,581
	GLOBAL ATLANTIC FIN CO COMPANY GUAR 144A 03/54 6.75	CORPORATE BONDS	471,799	482,038
	GOLDMAN SACHS CAPITAL I LIMITD GUARA 02/34 6.345	CORPORATE BONDS	10,381,151	10,310,047
	GOLDMAN SACHS GROUP INC SR UNSECURED 02/43 VAR	CORPORATE BONDS	2,322,518	2,530,993
	GOLDMAN SACHS GROUP INC SR UNSECURED 04/39 VAR	CORPORATE BONDS	4,700,172	5,085,152
	GOLDMAN SACHS GROUP INC SR UNSECURED 10/45 4.75	CORPORATE BONDS	2,579,664	2,668,010
	GOLDMAN SACHS GROUP INC SR UNSECURED 11/45 VAR	CORPORATE BONDS	3,377,596	3,269,086
	GOLDMAN SACHS GROUP INC SUBORDINATED 10/37 6.75	CORPORATE BONDS	1,048,760	1,113,382
	GREENSAIF PIPELINES BIDC SR SECURED 144A 02/42 6.51	CORPORATE BONDS	608,280	622,634
	GREENSAIF PIPELINES BIDC SR SECURED 144A 08/42 6.1027	CORPORATE BONDS	3,720,045	3,636,668
	GREENSAIF PIPELINES BIDC SR SECURED 144A 08/42 6.1027	CORPORATE BONDS	1,850,000	1,803,709
	HA SUSTAINABLE INF CAP COMPANY GUAR 144A 07/34 6.375	CORPORATE BONDS	3,495,345	3,408,436
	HASBRO INC SR UNSECURED 09/27 3.5	CORPORATE BONDS	641,499	669,775
	HCA INC COMPANY GUAR 03/52 4.625	CORPORATE BONDS	3,867,996	3,874,591
	HCA INC COMPANY GUAR 04/54 6	CORPORATE BONDS	1,038,970	995,481
	HCA INC COMPANY GUAR 04/64 6.1	CORPORATE BONDS	740,381	710,778
	HCA INC COMPANY GUAR 06/47 5.5	CORPORATE BONDS	1,020,196	1,121,370
	HCA INC COMPANY GUAR 06/49 5.25	CORPORATE BONDS	774,873	800,300
	HEALTH CARE SERVICE CORP SR UNSECURED 144A 06/50 3.2	CORPORATE BONDS	2,187,568	2,154,985
	HEALTH CARE SERVICE CORP SR UNSECURED 144A 06/54 5.875	CORPORATE BONDS	3,080,452	2,991,081
	HESS CORP SR UNSECURED 01/40 6	CORPORATE BONDS	4,877,438	4,852,673
	HESS CORP SR UNSECURED 02/41 5.6	CORPORATE BONDS	6,431,074	7,080,928
	HESS CORP SR UNSECURED 03/33 7.125	CORPORATE BONDS	2,060,132	2,122,345
	HESS CORP SR UNSECURED 04/47 5.8	CORPORATE BONDS	210,184	200,126
	HILTON WORLDWIDE FIN LLC COMPANY GUAR 04/27 4.875	CORPORATE BONDS	1,220,800	1,262,550
	HOME DEPOT INC SR UNSECURED 03/45 4.4	CORPORATE BONDS	1,138,393	1,187,188
	HOME DEPOT INC SR UNSECURED 04/40 3.3	CORPORATE BONDS	775,527	837,526
	HOME DEPOT INC SR UNSECURED 04/43 4.2	CORPORATE BONDS	2,623,716	2,621,671
	HOME DEPOT INC SR UNSECURED 04/46 4.25	CORPORATE BONDS	697,851	748,634
	HOME DEPOT INC SR UNSECURED 06/34 4.95	CORPORATE BONDS	623,984	621,489
	HOME DEPOT INC SR UNSECURED 09/51 2.75	CORPORATE BONDS	3,996,929	3,953,171
	HOME DEPOT INC SR UNSECURED 12/49 3.125	CORPORATE BONDS	986,746	1,010,855
	HORIZON MUTUAL HOLDINGS SR UNSECURED 144A 11/34 6.2	CORPORATE BONDS	2,089,479	2,048,465
	HOST HOTELS + RESORTS LP SR UNSECURED 04/35 5.5	CORPORATE BONDS	993,210	978,875
	HP ENTERPRISE CO SR UNSECURED 10/54 5.6	CORPORATE BONDS	1,103,468	1,058,961
	HSBC BANK USA NA SUBORDINATED 01/39 7	CORPORATE BONDS	9,118,398	9,158,891
	HSBC BANK USA NA SUBORDINATED 08/35 5.625	CORPORATE BONDS	1,610,301	1,689,088
	HSBC HOLDINGS PLC SR UNSECURED 03/44 VAR	CORPORATE BONDS	856,408	871,543
	HUMANA INC SR UNSECURED 04/54 5.75	CORPORATE BONDS	3,998,111	3,812,740
	HUMANA INC SR UNSECURED 04/54 5.75	CORPORATE BONDS	1,369,301	1,269,678
	HUMANA INC SR UNSECURED 08/49 3.95	CORPORATE BONDS	190,987	183,396
	HUNTINGTON INGALLS INDUS COMPANY GUAR 01/35 5.749	CORPORATE BONDS	494,921	493,660
	HYATT HOTELS CORP SR UNSECURED 03/26 4.85	CORPORATE BONDS	1,071,096	1,094,402

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	IBM CORP SR UNSECURED 05/39 4.15	CORPORATE BONDS	3,351,028	3,510,098
	IBM CORP SR UNSECURED 05/49 4.25	CORPORATE BONDS	1,020,172	1,043,720
	IBM CORP SR UNSECURED 05/50 2.95	CORPORATE BONDS	790,981	798,929
	INDIANA MICHIGAN POWER SR UNSECURED 04/53 5.625	CORPORATE BONDS	847,926	876,907
	INDIANAPOLIS PWR + LIGHT 1ST MORTGAGE 144A 04/54 5.7	CORPORATE BONDS	1,091,834	1,070,294
	INGERSOLL RAND INC SR UNSECURED 06/54 5.7	CORPORATE BONDS	378,446	372,888
	INTEL CORP SR UNSECURED 03/50 4.75	CORPORATE BONDS	2,655,640	2,474,056
	INTEL CORP SR UNSECURED 05/47 4.1	CORPORATE BONDS	340,695	319,830
	INTEL CORP SR UNSECURED 08/41 2.8	CORPORATE BONDS	823,905	717,614
	INTEL CORP SR UNSECURED 08/51 3.05	CORPORATE BONDS	672,247	607,456
	INTEL CORP SR UNSECURED 11/49 3.25	CORPORATE BONDS	346,882	304,453
	INTEL CORP SR UNSECURED 12/47 3.734	CORPORATE BONDS	1,363,902	1,251,071
	INTEL CORP SR UNSECURED 12/47 3.734	CORPORATE BONDS	1,221,860	1,098,067
	JAB HOLDINGS BV COMPANY GUAR 144A 05/51 3.75	CORPORATE BONDS	478,013	525,301
	JAB HOLDINGS BV SR UNSECURED 144A 04/52 4.5	CORPORATE BONDS	1,262,489	1,302,598
	JACKSON FINANCIAL INC SR UNSECURED 11/51 4	CORPORATE BONDS	1,188,486	1,303,102
	JBS USA HOLD/FOOD/LUX CO COMPANY GUAR 11/53 7.25	CORPORATE BONDS	3,297,116	3,613,950
	JBS USA HOLD/FOOD/LUX CO COMPANY GUAR 12/52 6.5	CORPORATE BONDS	1,226,912	1,352,905
	JEFFERIES FIN GROUP INC SR UNSECURED 01/36 6.25	CORPORATE BONDS	614,277	636,987
	JEFFERIES FIN GROUP INC SR UNSECURED 10/31 2.625	CORPORATE BONDS	559,077	611,678
	JOHN DEERE CAPITAL CORP SR UNSECURED 04/34 5.1	CORPORATE BONDS	534,668	534,079
	JOHN DEERE CAPITAL CORP SR UNSECURED 06/34 5.05	CORPORATE BONDS	2,641,425	2,628,419
	JOHNSON + JOHNSON SR UNSECURED 03/46 3.7	CORPORATE BONDS	2,586,916	2,545,502
	JOHNSON + JOHNSON SR UNSECURED 09/50 2.25	CORPORATE BONDS	1,329,155	1,266,878
	JPMORGAN CHASE + CO JR SUBORDINA 02/27 VAR	CORPORATE BONDS	453,625	469,134
	JPMORGAN CHASE + CO SR UNSECURED 01/35 VAR	CORPORATE BONDS	435,000	432,238
	JPMORGAN CHASE + CO SR UNSECURED 04/35 VAR	CORPORATE BONDS	1,185,000	1,212,149
	JPMORGAN CHASE + CO SR UNSECURED 04/42 VAR	CORPORATE BONDS	1,719,736	1,872,366
	JPMORGAN CHASE + CO SR UNSECURED 04/51 VAR	CORPORATE BONDS	5,702,677	5,867,448
	JPMORGAN CHASE + CO SR UNSECURED 05/38 6.4	CORPORATE BONDS	2,051,043	2,161,102
	JPMORGAN CHASE + CO SR UNSECURED 07/35 VAR	CORPORATE BONDS	2,200,000	2,176,385
	JPMORGAN CHASE + CO SR UNSECURED 10/34 VAR	CORPORATE BONDS	2,235,668	2,298,745
	JPMORGAN CHASE + CO SR UNSECURED 10/35 VAR	CORPORATE BONDS	4,108,675	4,022,706
	JPMORGAN CHASE + CO SR UNSECURED 11/31 VAR	CORPORATE BONDS	3,729,667	4,099,733
	JPMORGAN CHASE + CO SR UNSECURED 11/48 VAR	CORPORATE BONDS	1,842,493	1,884,418
	KELLANOVA SR UNSECURED 04/46 4.5	CORPORATE BONDS	1,271,088	1,313,558
	KENTUCKY UTILITIES CO 1ST MORTGAGE 06/50 3.3	CORPORATE BONDS	529,470	535,302
	KENVUE INC COMPANY GUAR 03/53 5.05	CORPORATE BONDS	1,295,986	1,279,017
	KEURIG DR PEPPER INC COMPANY GUAR 05/50 3.8	CORPORATE BONDS	1,806,130	1,842,865
	KINDER MORGAN INC COMPANY GUAR 06/45 5.55	CORPORATE BONDS	4,125,119	4,233,714
	KINDER MORGAN INC COMPANY GUAR 06/45 5.55	CORPORATE BONDS	4,461,665	4,705,684
	KINROSS GOLD CORP SR UNSECURED 07/33 6.25	CORPORATE BONDS	2,060,193	2,129,666
	KLA CORP SR UNSECURED 07/32 4.65	CORPORATE BONDS	545,564	557,726
	KONINKIJKE AHOLD DLHAIZE COMPANY GUAR 10/40 5.7	CORPORATE BONDS	267,498	275,470
	KRAFT HEINZ FOODS CO COMPANY GUAR 06/46 4.375	CORPORATE BONDS	1,543,008	1,554,533
	KRAFT HEINZ FOODS CO COMPANY GUAR 10/49 4.875	CORPORATE BONDS	2,084,952	2,111,332
	KROGER CO SR UNSECURED 09/54 5.5	CORPORATE BONDS	831,560	786,465
	KROGER CO SR UNSECURED 09/64 5.65	CORPORATE BONDS	2,517,773	2,364,922
	LAM RESEARCH CORP SR UNSECURED 06/50 2.875	CORPORATE BONDS	661,425	650,588
	LAS VEGAS SANDS CORP SR UNSECURED 08/34 6.2	CORPORATE BONDS	199,738	201,119
	LEAR CORP SR UNSECURED 01/52 3.55	CORPORATE BONDS	1,062,224	1,104,515
	LEAR CORP SR UNSECURED 09/27 3.8	CORPORATE BONDS	541,353	567,850
	LINCOLN NATIONAL CORP SR UNSECURED 03/48 4.35	CORPORATE BONDS	1,334,363	1,455,377
	LLOYDS BANKING GROUP PLC SR UNSECURED 11/35 VAR	CORPORATE BONDS	5,000,000	4,956,156
	LOCKHEED MARTIN CORP SR UNSECURED 06/50 2.8	CORPORATE BONDS	785,143	763,617
	LOWE S COS INC SR UNSECURED 10/50 3	CORPORATE BONDS	3,145,581	3,204,881
	LSEG US FIN CORP COMPANY GUAR 144A 03/34 5.297	CORPORATE BONDS	570,000	567,553
	LSEGA FINANCING PLC COMPANY GUAR 144A 04/41 3.2	CORPORATE BONDS	345,890	372,369
	LYB INT FINANCE III COMPANY GUAR 05/50 4.2	CORPORATE BONDS	781,258	812,783
	LYONDELLBASELL IND NV SR UNSECURED 02/55 4.625	CORPORATE BONDS	1,225,543	1,272,542

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	MARSH + MCLENNAN COS INC SR UNSECURED 01/47 4.35	CORPORATE BONDS	530,087	538,722
	MASS INSTITUTE OF TECH UNSECURED 07/51 2.294	CORPORATE BONDS	773,673	766,742
	MASS MUTUAL LIFE INS CO SUBORDINATED 144A 02/69 VAR	CORPORATE BONDS	679,865	705,116
	MASS MUTUAL LIFE INS CO SUBORDINATED 144A 04/50 3.375	CORPORATE BONDS	340,092	347,134
	MASS MUTUAL LIFE INS CO SUBORDINATED 144A 04/50 3.375	CORPORATE BONDS	527,203	537,390
	MASS MUTUAL LIFE INS CO SUBORDINATED 144A 10/70 3.729	CORPORATE BONDS	1,226,636	1,187,865
	MASTERCARD INC SR UNSECURED 03/50 3.85	CORPORATE BONDS	770,894	754,440
	MATTEL INC SR UNSECURED 11/41 5.45	CORPORATE BONDS	962,945	1,024,423
	MERCK + CO INC SR UNSECURED 02/45 3.7	CORPORATE BONDS	589,688	589,337
	MERCK + CO INC SR UNSECURED 02/45 3.7	CORPORATE BONDS	1,291,041	1,270,055
	MERCK + CO INC SR UNSECURED 05/44 4.9	CORPORATE BONDS	2,093,658	2,193,070
	MERCK + CO INC SR UNSECURED 12/51 2.75	CORPORATE BONDS	569,781	551,504
	MERCK + CO INC SR UNSECURED 12/61 2.9	CORPORATE BONDS	960,512	969,200
	META PLATFORMS INC SR UNSECURED 05/53 5.6	CORPORATE BONDS	3,482,432	3,629,098
	META PLATFORMS INC SR UNSECURED 08/52 4.45	CORPORATE BONDS	1,987,027	2,056,397
	META PLATFORMS INC SR UNSECURED 08/54 5.4	CORPORATE BONDS	2,417,573	2,338,605
	META PLATFORMS INC SR UNSECURED 08/64 5.55	CORPORATE BONDS	2,369,718	2,320,104
	METLIFE INC SR UNSECURED 03/45 4.05	CORPORATE BONDS	1,237,068	1,272,729
	METLIFE INC SR UNSECURED 08/42 4.125	CORPORATE BONDS	836,014	862,830
	MEXICO CITY ARPT TRUST SR SECURED 144A 07/47 5.5	CORPORATE BONDS	524,700	530,837
	MICROSOFT CORP SR UNSECURED 06/50 2.525	CORPORATE BONDS	7,046,145	6,932,455
	MICROSOFT CORP SR UNSECURED 09/50 2.5	CORPORATE BONDS	1,260,603	1,307,218
	MIDAMERICAN ENERGY CO 1ST MORTGAGE 05/46 4.25	CORPORATE BONDS	1,355,658	1,441,968
	MIDAMERICAN ENERGY CO 1ST MORTGAGE 09/54 5.85	CORPORATE BONDS	4,443,773	4,400,608
	MOLSON COORS BEVERAGE COMPANY GUAR 07/46 4.2	CORPORATE BONDS	1,260,830	1,305,157
	MOODY S CORPORATION SR UNSECURED 07/44 5.25	CORPORATE BONDS	1,042,702	1,074,622
	MORGAN STANLEY SR UNSECURED 01/35 VAR	CORPORATE BONDS	2,997,773	2,978,268
	MORGAN STANLEY SR UNSECURED 01/52 VAR	CORPORATE BONDS	3,695,661	3,734,529
	MORGAN STANLEY SR UNSECURED 04/34 VAR	CORPORATE BONDS	937,991	984,695
	MORGAN STANLEY SR UNSECURED 04/35 VAR	CORPORATE BONDS	1,495,791	1,513,279
	MORGAN STANLEY SR UNSECURED 04/42 VAR	CORPORATE BONDS	2,624,207	2,717,029
	MORGAN STANLEY SR UNSECURED 11/55 VAR	CORPORATE BONDS	2,945,000	2,838,142
	MPLX LP SR UNSECURED 03/47 5.2	CORPORATE BONDS	1,041,070	1,163,013
	MPLX LP SR UNSECURED 04/38 4.5	CORPORATE BONDS	3,511,314	3,677,886
	MPLX LP SR UNSECURED 04/48 4.7	CORPORATE BONDS	2,813,466	3,007,170
	MYLAN INC COMPANY GUAR 11/43 5.4	CORPORATE BONDS	557,640	621,908
	NASDAQ INC SR UNSECURED 02/34 5.55	CORPORATE BONDS	616,435	625,438
	NASDAQ INC SR UNSECURED 06/63 6.1	CORPORATE BONDS	1,292,887	1,322,630
	NATIONAL RURAL UTIL COOP COLLATERAL T 03/49 4.3	CORPORATE BONDS	541,461	561,680
	NATIONAL RURAL UTIL COOP COLLATERAL T 11/48 4.4	CORPORATE BONDS	1,558,512	1,639,008
	NATIONWIDE MUTUAL INSURA SUBORDINATED 144A 04/50 4.35	CORPORATE BONDS	2,711,635	2,873,356
	NATIONWIDE MUTUAL INSURA SUBORDINATED 144A 04/50 4.35	CORPORATE BONDS	1,751,377	1,784,624
	NATIONWIDE MUTUAL INSURA SUBORDINATED 144A 08/39 9.375	CORPORATE BONDS	2,467,239	2,624,788
	NETFLIX INC SR UNSECURED 08/54 5.4	CORPORATE BONDS	269,433	262,619
	NEVADA POWER CO GENL REF MOR 04/36 6.65	CORPORATE BONDS	681,239	707,819
	NEVADA POWER CO GENL REF MOR 08/50 3.125	CORPORATE BONDS	580,158	596,921
	NEW YORK LIFE INSURANCE SUBORDINATED 144A 05/50 3.75	CORPORATE BONDS	781,611	797,310
	NEWELL BRANDS INC SR UNSECURED 04/26 5.7	CORPORATE BONDS	704,484	712,696
	NEWELL BRANDS INC SR UNSECURED 04/46 7	CORPORATE BONDS	1,128,129	1,493,843
	NEWMONT / NEWCREST FIN COMPANY GUAR 03/34 5.35	CORPORATE BONDS	2,171,291	2,159,024
	NEWMONT CORP COMPANY GUAR 03/42 4.875	CORPORATE BONDS	2,126,825	2,279,467
	NEXTERA ENERGY CAPITAL COMPANY GUAR 03/34 5.25	CORPORATE BONDS	3,054,164	3,026,556
	NIKE INC SR UNSECURED 03/50 3.375	CORPORATE BONDS	1,031,784	982,445
	NISOURCE INC SR UNSECURED 02/43 5.25	CORPORATE BONDS	1,658,025	1,745,974
	NOKIA OYJ SR UNSECURED 05/39 6.625	CORPORATE BONDS	547,829	619,843
	NORFOLK SOUTHERN CORP SR UNSECURED 05/21 4.1	CORPORATE BONDS	2,902,897	2,953,463
	NORFOLK SOUTHERN CORP SR UNSECURED 05/50 3.05	CORPORATE BONDS	1,038,695	1,047,704
	NORTHERN STATES PWR MINN 1ST MORTGAGE 11/39 5.35	CORPORATE BONDS	525,380	535,185
	NORTHROP GRUMMAN CORP SR UNSECURED 06/34 4.9	CORPORATE BONDS	8,054,635	7,955,227
	NORTHROP GRUMMAN CORP SR UNSECURED 06/54 5.2	CORPORATE BONDS	3,951,748	3,696,731
	NORTHROP GRUMMAN CORP SR UNSECURED 06/54 5.2	CORPORATE BONDS	2,868,883	2,679,061
	NORTHROP GRUMMAN CORP SR UNSECURED 10/47 4.03	CORPORATE BONDS	1,659,658	1,727,075
	NOVARTIS CAPITAL CORP COMPANY GUAR 11/45 4	CORPORATE BONDS	1,309,286	1,288,294

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	NUTRIEN LTD SR UNSECURED 03/53 5.8	CORPORATE BONDS	1,523,115	1,622,963
	NVIDIA CORP SR UNSECURED 04/50 3.5	CORPORATE BONDS	1,324,085	1,311,547
	OCCIDENTAL PETROLEUM COR SR UNSECURED 03/46 6.6	CORPORATE BONDS	3,494,666	3,422,425
	OCCIDENTAL PETROLEUM COR SR UNSECURED 09/36 6.45	CORPORATE BONDS	7,266,885	7,493,697
	OGLETHORPE POWER CORP 1ST MORTGAGE 04/47 4.5	CORPORATE BONDS	1,835,064	2,027,813
	OGLETHORPE POWER CORP 1ST MORTGAGE 09/50 5.25	CORPORATE BONDS	752,198	790,147
	OGLETHORPE POWER CORP 1ST MORTGAGE 144A 06/54 5.8	CORPORATE BONDS	249,340	245,285
	OHIO EDISON CO SR UNSECURED 07/36 6.875	CORPORATE BONDS	317,343	330,884
	ONCOR ELECTRIC DELIVERY 1ST MORTGAGE 11/51 2.7	CORPORATE BONDS	182,575	191,581
	ONCOR ELECTRIC DELIVERY SR SECURED 05/50 3.7	CORPORATE BONDS	828,385	850,495
	ONCOR ELECTRIC DELIVERY SR SECURED 09/38 7.5	CORPORATE BONDS	455,384	469,142
	ONCOR ELECTRIC DELIVERY SR SECURED 144A 06/54 5.55	CORPORATE BONDS	679,714	662,446
	ONEOK INC COMPANY GUAR 01/51 7.15	CORPORATE BONDS	567,012	597,041
	ONEOK INC COMPANY GUAR 07/48 5.2	CORPORATE BONDS	1,897,645	2,051,936
	ONEOK INC COMPANY GUAR 11/64 5.85	CORPORATE BONDS	3,389,732	3,180,899
	ORACLE CORP SR UNSECURED 02/53 5.55	CORPORATE BONDS	183,127	170,063
	ORACLE CORP SR UNSECURED 02/53 5.55	CORPORATE BONDS	3,872,432	4,086,231
	ORACLE CORP SR UNSECURED 03/41 3.65	CORPORATE BONDS	116,813	116,962
	ORACLE CORP SR UNSECURED 03/51 3.95	CORPORATE BONDS	222,346	214,805
	ORACLE CORP SR UNSECURED 04/40 3.6	CORPORATE BONDS	6,258,126	6,813,852
	ORACLE CORP SR UNSECURED 04/50 3.6	CORPORATE BONDS	1,603,084	1,635,923
	ORACLE CORP SR UNSECURED 05/45 4.125	CORPORATE BONDS	1,879,542	1,991,336
	ORACLE CORP SR UNSECURED 05/55 4.375	CORPORATE BONDS	1,690,858	1,807,000
	ORACLE CORP SR UNSECURED 07/34 4.3	CORPORATE BONDS	745,569	785,966
	ORACLE CORP SR UNSECURED 07/46 4	CORPORATE BONDS	6,523,437	6,839,194
	ORACLE CORP SR UNSECURED 09/54 5.375	CORPORATE BONDS	2,293,537	2,119,959
	ORACLE CORP SR UNSECURED 11/37 3.8	CORPORATE BONDS	3,293,230	3,471,268
	ORACLE CORP SR UNSECURED 11/47 4	CORPORATE BONDS	2,100,671	2,022,775
	PACIFIC GAS + ELECTRIC 1ST MORTGAGE 07/40 4.5	CORPORATE BONDS	2,903,490	3,340,976
	PACIFIC GAS + ELECTRIC 1ST MORTGAGE 08/40 3.3	CORPORATE BONDS	790,309	954,047
	PACIFIC GAS + ELECTRIC 1ST MORTGAGE 08/42 3.75	CORPORATE BONDS	2,349,127	2,775,229
	PACIFIC GAS + ELECTRIC 1ST MORTGAGE 12/47 3.95	CORPORATE BONDS	133,098	138,125
	PACIFIC GAS + ELECTRIC SR SECURED 06/41 4.2	CORPORATE BONDS	1,112,396	1,069,480
	PACIFIC LIFECORP SR UNSECURED 144A 09/50 3.35	CORPORATE BONDS	2,175,565	2,098,130
	PACIFICORP 1ST MORTGAGE 01/55 5.8	CORPORATE BONDS	2,087,379	2,040,669
	PACIFICORP 1ST MORTGAGE 03/51 3.3	CORPORATE BONDS	287,396	314,837
	PACIFICORP 1ST MORTGAGE 03/51 3.3	CORPORATE BONDS	578,274	613,444
	PARAMOUNT GLOBAL COMPANY GUAR 02/28 3.375	CORPORATE BONDS	623,511	658,727
	PARAMOUNT GLOBAL JR SUBORDINA 02/57 VAR	CORPORATE BONDS	2,267,113	2,734,355
	PARAMOUNT GLOBAL JR SUBORDINA 03/62 VAR	CORPORATE BONDS	7,246,044	7,684,332
	PARAMOUNT GLOBAL SR UNSECURED 03/43 4.375	CORPORATE BONDS	1,913,504	2,122,828
	PARAMOUNT GLOBAL SR UNSECURED 04/36 6.875	CORPORATE BONDS	1,886,266	1,903,394
	PARAMOUNT GLOBAL SR UNSECURED 04/44 5.25	CORPORATE BONDS	487,628	512,814
	PARAMOUNT GLOBAL SR UNSECURED 07/42 4.85	CORPORATE BONDS	995,386	1,212,129
	PARAMOUNT GLOBAL SR UNSECURED 08/44 4.9	CORPORATE BONDS	328,426	389,858
	PARAMOUNT GLOBAL SR UNSECURED 09/43 5.85	CORPORATE BONDS	265,041	294,580
	PAYPAL HOLDINGS INC SR UNSECURED 06/54 5.5	CORPORATE BONDS	1,384,384	1,362,361
	PECO ENERGY CO 1ST MORTGAGE 09/49 3	CORPORATE BONDS	268,954	290,174
	PEPSICO INC SR UNSECURED 07/52 4.2	CORPORATE BONDS	1,043,864	1,001,319
	PERNOD RICARD SA SR UNSECURED 144A 06/26 3.25	CORPORATE BONDS	1,345,736	1,385,686
	PETROLEOS MEXICANOS COMPANY GUAR 01/50 7.69	CORPORATE BONDS	2,634,425	2,655,840
	PETROLEOS MEXICANOS COMPANY GUAR 01/60 6.95	CORPORATE BONDS	508,212	587,085
	PETROLEOS MEXICANOS COMPANY GUAR 02/48 6.35	CORPORATE BONDS	1,017,984	1,156,344
	PFIZER INC SR UNSECURED 05/50 2.7	CORPORATE BONDS	3,685,547	3,500,713
	PIEDMONT NATURAL GAS CO SR UNSECURED 02/35 5.1	CORPORATE BONDS	988,030	969,305
	PIONEER NATURAL RESOURCE SR UNSECURED 08/30 1.9	CORPORATE BONDS	546,259	587,909
	PLAINS ALL AMER PIPELINE SR UNSECURED 02/45 4.9	CORPORATE BONDS	609,082	669,999
	PRES + FELLOWS OF HARVAR UNSECURED 10/50 2.517	CORPORATE BONDS	1,281,065	1,274,370
	PROGRESSIVE CORP SR UNSECURED 04/47 4.125	CORPORATE BONDS	1,299,206	1,296,333
	PRUDENTIAL FINANCIAL INC SR UNSECURED 12/49 3.935	CORPORATE BONDS	683,224	697,268

Kaiser Foundation Health Plan, Inc.
Retiree Health and Welfare Plan
Employer Identification Number: 94-1340523, Plan Number: 580
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	(b) Identity of Issue, Borrower Lessor, or Similar Party	(c) Description of Investment Including Maturity Date Rate of Interest, Collateral Par, or Maturity Value	(d) Cost	(e) Current Value
	PUBLIC SERVICE COLORADO 1ST MORTGAGE 04/53 5.25	CORPORATE BONDS	752,420	803,481
	PUBLIC SERVICE COLORADO 1ST MORTGAGE 05/54 5.75	CORPORATE BONDS	1,037,369	1,037,560
	PUBLIC SERVICE COLORADO 1ST MORTGAGE 06/52 4.5	CORPORATE BONDS	770,920	826,927
	PUBLIC SERVICE COLORADO 1ST MORTGAGE 09/42 3.6	CORPORATE BONDS	671,517	725,967
	PUGET SOUND ENERGY INC SR SECURED 09/49 3.25	CORPORATE BONDS	540,785	583,895
	PUGET SOUND ENERGY INC SR SECURED 10/39 5.757	CORPORATE BONDS	211,833	226,958
	QUALCOMM INC SR UNSECURED 05/52 4.5	CORPORATE BONDS	1,573,594	1,571,645
	REPUBLIC SERVICES INC SR UNSECURED 03/50 3.05	CORPORATE BONDS	1,440,910	1,496,215
	RIO TINTO FIN USA LTD COMPANY GUAR 11/51 2.75	CORPORATE BONDS	1,303,280	1,341,723
	ROCHE HOLDINGS INC COMPANY GUAR 144A 03/54 5.218	CORPORATE BONDS	554,677	511,276
	ROCHE HOLDINGS INC COMPANY GUAR 144A 09/34 4.592	CORPORATE BONDS	1,205,000	1,155,071
	ROCHE HOLDINGS INC COMPANY GUAR 144A 12/51 2.607	CORPORATE BONDS	384,299	398,381
	RTX CORP SR UNSECURED 02/33 5.15	CORPORATE BONDS	1,196,376	1,257,343
	RTX CORP SR UNSECURED 02/53 5.375	CORPORATE BONDS	1,528,255	1,500,282
	RTX CORP SR UNSECURED 03/54 6.4	CORPORATE BONDS	278,950	304,519
	RTX CORP SR UNSECURED 05/45 4.15	CORPORATE BONDS	237,272	245,968
	RTX CORP SR UNSECURED 06/42 4.5	CORPORATE BONDS	8,931,604	9,204,921
	RTX CORP SR UNSECURED 06/42 4.5	CORPORATE BONDS	1,588,262	1,622,621
	RTX CORP SR UNSECURED 07/38 6.125	CORPORATE BONDS	250,332	251,926
	RTX CORP SR UNSECURED 09/51 2.82	CORPORATE BONDS	276,456	260,465
	RTX CORP SR UNSECURED 09/51 2.82	CORPORATE BONDS	3,690,118	3,770,683
	RTX CORP SR UNSECURED 11/46 3.75	CORPORATE BONDS	2,683,780	2,823,385
	RTX CORP SR UNSECURED 11/48 4.625	CORPORATE BONDS	2,009,688	1,954,066
	SAN DIEGO G + E 1ST MORTGAGE 03/52 3.7	CORPORATE BONDS	2,944,001	3,012,341
	SAUDI ARABIAN OIL CO SR UNSECURED 144A 07/54 5.75	CORPORATE BONDS	6,607,386	6,406,038
	SAUDI ARABIAN OIL CO SR UNSECURED 144A 07/54 5.75	CORPORATE BONDS	2,046,723	1,963,895
	SCENTRE GROUP TRUST 2 COMPANY GUAR 144A 09/80 VAR	CORPORATE BONDS	449,415	490,220
	SCENTRE GROUP TRUST 2 COMPANY GUAR 144A 09/80 VAR	CORPORATE BONDS	4,967,426	5,045,713
	SEMPRA SR UNSECURED 02/38 3.8	CORPORATE BONDS	3,164,139	3,281,136
	SHELL FINANCE US INC COMPANY GUAR 04/50 3.25	CORPORATE BONDS	2,320,957	2,152,661
	SHELL INTERNATIONAL FIN COMPANY GUAR 11/51 3	CORPORATE BONDS	3,703,860	3,607,030
	SIEMENS FINANCIERINGSMAT COMPANY GUAR 144A 03/41 2.875	CORPORATE BONDS	768,702	793,854
	SNAP ON INC SR UNSECURED 05/50 3.1	CORPORATE BONDS	687,314	678,324
	SOUTHERN CAL EDISON 1ST MORTGAGE 02/50 3.65	CORPORATE BONDS	2,155,328	2,285,683
	SOUTHERN CAL EDISON 1ST MORTGAGE 12/53 5.875	CORPORATE BONDS	412,899	427,667
	SOUTHERN CAL EDISON 1ST REF MORT 04/47 4	CORPORATE BONDS	1,915,390	2,024,575
	SOUTHERN CALIF GAS CO 1ST MORTGAGE 04/54 5.6	CORPORATE BONDS	571,263	561,973
	SOUTHERN CALIF GAS CO 1ST MORTGAGE 06/53 5.75	CORPORATE BONDS	2,225,230	2,264,945
	SOUTHERN CALIF GAS CO 1ST MORTGAGE 06/53 5.75	CORPORATE BONDS	520,213	541,401
	SOUTHERN CO GAS CAPITAL COMPANY GUAR 09/51 3.15	CORPORATE BONDS	969,968	1,010,596
	SOUTHERN CO GAS CAPITAL COMPANY GUAR 10/46 3.95	CORPORATE BONDS	1,102,678	1,153,215
	SOUTHWESTERN ELEC POWER SR UNSECURED 11/51 3.25	CORPORATE BONDS	299,846	307,076
	SOUTHWESTERN PUBLIC SERV 1ST MORTGAGE 05/50 3.15	CORPORATE BONDS	681,814	702,716
	SOUTHWESTERN PUBLIC SERV 1ST MORTGAGE 06/54 6	CORPORATE BONDS	585,622	596,388
	SOUTHWESTERN PUBLIC SERV 1ST MORTGAGE 08/47 3.7	CORPORATE BONDS	1,383,616	1,394,693
	SPRINT CAPITAL CORP COMPANY GUAR 03/32 8.75	CORPORATE BONDS	1,907,896	1,958,002
	SPRINT SPECTRUM / SPEC I SR SECURED 144A 09/29 5.152	CORPORATE BONDS	1,734,710	1,768,367
	STANFORD UNIVERSITY UNSECURED 06/50 2.413	CORPORATE BONDS	774,217	774,162
	STARBUCKS CORP SR UNSECURED 11/50 3.5	CORPORATE BONDS	2,946,157	2,932,613
	STEEL DYNAMICS INC COMPANY GUAR 12/26 5	CORPORATE BONDS	703,174	714,363
	STEEL DYNAMICS INC SR UNSECURED 10/50 3.25	CORPORATE BONDS	525,168	564,718
	SUNCOR ENERGY INC SR UNSECURED 03/51 3.75	CORPORATE BONDS	1,026,768	1,068,878
	SUNCOR ENERGY INC SR UNSECURED 05/38 6.8	CORPORATE BONDS	2,353,160	2,394,373
	SUNCOR ENERGY INC SR UNSECURED 06/39 6.85	CORPORATE BONDS	1,105,166	1,218,291
	SUNCOR ENERGY INC SR UNSECURED 11/47 4	CORPORATE BONDS	1,031,785	1,086,481
	SWEPCO STORM RECOVERY FU SR UNSECURED 09/41 4.88	CORPORATE BONDS	3,398,324	3,322,459
	SYSCO CORPORATION COMPANY GUAR 04/50 6.6	CORPORATE BONDS	774,421	800,188

Kaiser Foundation Health Plan, Inc.
Retiree Health and Welfare Plan
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	T MOBILE USA INC COMPANY GUAR 01/35 4.7	CORPORATE BONDS	574,155	543,840
	T MOBILE USA INC COMPANY GUAR 02/51 3.3	CORPORATE BONDS	3,423,205	3,525,245
	T MOBILE USA INC COMPANY GUAR 04/50 4.5	CORPORATE BONDS	6,069,690	5,993,685
	T MOBILE USA INC COMPANY GUAR 06/55 5.25	CORPORATE BONDS	1,726,211	1,571,098
	TAKEDA PHARMACEUTICAL SR UNSECURED 07/40 3.025	CORPORATE BONDS	6,503,183	6,664,883
	TAKEDA PHARMACEUTICAL SR UNSECURED 07/44 5.65	CORPORATE BONDS	2,704,084	2,648,504
	TAKEDA PHARMACEUTICAL SR UNSECURED 07/50 3.175	CORPORATE BONDS	552,774	557,118
	TAKEDA PHARMACEUTICAL SR UNSECURED 07/54 5.65	CORPORATE BONDS	1,578,185	1,529,795
	TAKEDA PHARMACEUTICAL SR UNSECURED 07/64 5.8	CORPORATE BONDS	1,154,629	1,115,617
	TEACHERS INSUR + ANNUITY SUBORDINATED 144A 09/44 4.9	CORPORATE BONDS	2,365,375	2,566,918
	TEVA PHARMACEUTICALS NE COMPANY GUAR 10/26 3.15	CORPORATE BONDS	459,735	494,862
	TEVA PHARMACEUTICALS NE COMPANY GUAR 10/46 4.1	CORPORATE BONDS	703,595	783,601
	THAMES WATER UTIL FIN SR SECURED REGS 02/41 5.5	CORPORATE BONDS	824,602	787,028
	THAMES WATER UTILIT HOLD 1L PL	CORPORATE BONDS	382,872	370,034
	TIME WARNER CABLE LLC SR SECURED 05/37 6.55	CORPORATE BONDS	1,045,523	1,111,908
	TIME WARNER CABLE LLC SR SECURED 06/39 6.75	CORPORATE BONDS	381,060	426,338
	TIME WARNER CABLE LLC SR SECURED 06/39 6.75	CORPORATE BONDS	1,539,189	1,636,745
	TIME WARNER CABLE LLC SR SECURED 07/38 7.3	CORPORATE BONDS	7,361,063	7,802,889
	TIME WARNER CABLE LLC SR SECURED 09/41 5.5	CORPORATE BONDS	369,575	398,841
	TIME WARNER CABLE LLC SR SECURED 09/42 4.5	CORPORATE BONDS	1,927,808	2,147,041
	TIME WARNER CABLE LLC SR SECURED 09/42 4.5	CORPORATE BONDS	692,877	735,380
	TIME WARNER CABLE LLC SR SECURED 11/40 5.875	CORPORATE BONDS	5,499,183	5,467,206
	TRANSPORT DE GAS PERU SR UNSECURED 144A 04/28 4.25	CORPORATE BONDS	1,303,400	1,340,131
	TRAVELERS COS INC SR UNSECURED 04/50 2.55	CORPORATE BONDS	1,508,733	1,502,900
	TUCSON ELECTRIC POWER CO SR UNSECURED 06/50 4	CORPORATE BONDS	782,493	811,067
	TYSON FOODS INC SR UNSECURED 06/47 4.55	CORPORATE BONDS	1,297,669	1,382,779
	UNION ELECTRIC CO 1ST MORTGAGE 04/52 3.9	CORPORATE BONDS	755,450	765,812
	UNION PACIFIC CORP SR UNSECURED 04/71 3.799	CORPORATE BONDS	771,423	749,707
	UNITED PARCEL SERVICE SR UNSECURED 03/53 5.05	CORPORATE BONDS	2,743,248	2,671,526
	UNITED PARCEL SERVICE SR UNSECURED 11/40 4.875	CORPORATE BONDS	505,089	503,007
	UNITEDHEALTH GROUP INC SR UNSECURED 02/53 5.875	CORPORATE BONDS	1,020,632	1,052,795
	UNITEDHEALTH GROUP INC SR UNSECURED 04/53 5.05	CORPORATE BONDS	365,371	355,697
	UNITEDHEALTH GROUP INC SR UNSECURED 04/54 5.375	CORPORATE BONDS	3,154,242	3,033,943
	UNITEDHEALTH GROUP INC SR UNSECURED 04/64 5.5	CORPORATE BONDS	1,386,789	1,298,565
	UNITEDHEALTH GROUP INC SR UNSECURED 05/50 2.9	CORPORATE BONDS	1,233,001	1,199,597
	UNITEDHEALTH GROUP INC SR UNSECURED 06/48 4.25	CORPORATE BONDS	3,972,498	3,839,912
	UNITEDHEALTH GROUP INC SR UNSECURED 07/44 5.5	CORPORATE BONDS	592,852	581,981
	UNITEDHEALTH GROUP INC SR UNSECURED 07/45 4.75	CORPORATE BONDS	5,409,311	5,444,991
	UNITEDHEALTH GROUP INC SR UNSECURED 07/54 5.625	CORPORATE BONDS	2,584,092	2,494,715
	UNITEDHEALTH GROUP INC SR UNSECURED 07/64 5.75	CORPORATE BONDS	3,732,223	3,604,865
	UNITEDHEALTH GROUP INC SR UNSECURED 08/39 3.5	CORPORATE BONDS	2,978,559	2,973,697
	UNITEDHEALTH GROUP INC SR UNSECURED 10/42 3.95	CORPORATE BONDS	128,315	120,410
	UNITEDHEALTH GROUP INC SR UNSECURED 11/41 4.625	CORPORATE BONDS	70,427	66,034
	UTAH ACQUISITION SUB COMPANY GUAR 06/46 5.25	CORPORATE BONDS	1,208,384	1,338,749
	VALERO ENERGY CORP SR UNSECURED 06/37 6.625	CORPORATE BONDS	1,136,140	1,143,346
	VENTURE GLOBAL LNG INC SR SECURED 144A 02/32 9.875	CORPORATE BONDS	2,791,119	2,776,117
	VENTURE GLOBAL LNG INC SR SECURED 144A 02/32 9.875	CORPORATE BONDS	1,026,250	1,097,279
	VERIZON COMMUNICATIONS SR UNSECURED 03/32 2.355	CORPORATE BONDS	661,764	675,882
	VERIZON COMMUNICATIONS SR UNSECURED 03/41 3.4	CORPORATE BONDS	2,806,643	2,768,023
	VERIZON COMMUNICATIONS SR UNSECURED 03/51 3.55	CORPORATE BONDS	1,941,178	2,035,151
	VERIZON COMMUNICATIONS SR UNSECURED 03/61 3.7	CORPORATE BONDS	5,168,266	5,349,971
	VERIZON COMMUNICATIONS SR UNSECURED 08/46 4.862	CORPORATE BONDS	2,093,870	2,199,184
	VERIZON COMMUNICATIONS SR UNSECURED 11/34 4.4	CORPORATE BONDS	10,452,326	11,154,655
	VIATRIS INC COMPANY GUAR 06/50 4	CORPORATE BONDS	801,967	878,907
	VICI PROPERTIES LP SR UNSECURED 11/31 5.125	CORPORATE BONDS	3,587,148	3,511,641
	VIRGINIA ELEC + POWER CO SR UNSECURED 01/43 4	CORPORATE BONDS	969,028	1,039,123
	VIRGINIA ELEC + POWER CO SR UNSECURED 04/53 5.45	CORPORATE BONDS	2,445,806	2,578,513
	VIRGINIA ELEC + POWER CO SR UNSECURED 05/37 6	CORPORATE BONDS	345,704	357,479
	VIRGINIA ELEC + POWER CO SR UNSECURED 05/52 4.625	CORPORATE BONDS	1,166,625	1,190,890
	VIRGINIA ELEC + POWER CO SR UNSECURED 11/37 6.35	CORPORATE BONDS	241,364	260,705
	VIRGINIA ELEC + POWER CO SR UNSECURED 11/51 2.95	CORPORATE BONDS	269,467	264,619
	VIRGINIA ELEC + POWER CO SR UNSECURED 12/50 2.45	CORPORATE BONDS	31,791	33,765
	VISA INC SR UNSECURED 12/45 4.3	CORPORATE BONDS	518,214	513,544
	VISTRA OPERATIONS CO LLC SR SECURED 144A 12/34 5.7	CORPORATE BONDS	799,224	791,604
	VODAFONE GROUP PLC SR UNSECURED 09/50 4.25	CORPORATE BONDS	836,177	876,764
	WALMART INC SR UNSECURED 09/51 2.65	CORPORATE BONDS	3,093,849	3,002,099
	WALT DISNEY COMPANY/THE COMPANY GUAR 09/49 2.75	CORPORATE BONDS	1,330,024	1,350,228
	WALT DISNEY COMPANY/THE COMPANY GUAR 12/35 6.4	CORPORATE BONDS	1,705,999	1,800,817

Kaiser Foundation Health Plan, Inc.
Retiree Health and Welfare Plan
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	WAND NEWCO 3 INC SR SECURED 144A 01/32 7.625	CORPORATE BONDS	1,600,000	1,643,399
	WARNERMEDIA HOLDINGS INC COMPANY GUAR 03/42 5.05	CORPORATE BONDS	4,447,960	4,588,472
	WARNERMEDIA HOLDINGS INC COMPANY GUAR 03/52 5.141	CORPORATE BONDS	944,161	947,330
	WARNERMEDIA HOLDINGS INC COMPANY GUAR 03/52 5.141	CORPORATE BONDS	362,349	352,927
	WARNERMEDIA HOLDINGS INC COMPANY GUAR 03/62 5.391	CORPORATE BONDS	6,038,446	5,867,859
	WELLS FARGO + COMPANY SR UNSECURED 01/35 VAR	CORPORATE BONDS	960,000	955,920
	WELLS FARGO + COMPANY SR UNSECURED 10/34 VAR	CORPORATE BONDS	1,030,000	1,094,867
	WELLS FARGO + COMPANY SR UNSECURED 12/35 VAR	CORPORATE BONDS	3,300,000	3,210,798
	WELLS FARGO + COMPANY SUBORDINATED 06/46 4.4	CORPORATE BONDS	786,831	823,043
	WELLS FARGO BANK NA SUBORDINATED 01/38 6.6	CORPORATE BONDS	12,005,893	11,979,728
	WELLS FARGO BANK NA SUBORDINATED 02/37 5.85	CORPORATE BONDS	639,810	678,292
	WELLTOWER OP LLC COMPANY GUAR 01/32 2.75	CORPORATE BONDS	868,329	935,716
	WESTLAKE CORP SR UNSECURED 08/51 3.125	CORPORATE BONDS	602,240	631,422
	WHIRLPOOL CORP SR UNSECURED 05/50 4.6	CORPORATE BONDS	516,292	498,252
	WHIRLPOOL CORP SR UNSECURED 06/46 4.5	CORPORATE BONDS	1,078,362	1,072,927
	WILLIAMS COMPANIES INC SR UNSECURED 06/44 5.75	CORPORATE BONDS	1,914,612	2,034,606
	XCEL ENERGY INC SR UNSECURED 12/49 3.5	CORPORATE BONDS	1,154,769	1,214,732
	TOTAL CORPORATE DEBT INSTRUMENTS		1,302,778,129	1,327,140,013
	AGENCY BONDS			
	FNMA TBA 30 YR 4 SINGLE FAMILY MORTGAGE	FNMA	7,725,371	7,770,888
	FNMA TBA 30 YR 4.5 SINGLE FAMILY MORTGAGE	FNMA	3,475,110	3,477,146
	FNMA TBA 30 YR 5.5 SINGLE FAMILY MORTGAGE	FNMA	1,289,895	1,281,859
	TOTAL AGENCY BONDS		12,490,376	12,529,893
	RISK PARITY			
	IVZ BALANCED RISK ALLOC. 10 FD MUTUAL FUND	MUTUAL FUNDS	993,948,853	1,087,532,007
	KPV MAN TARGETRISK	MUTUAL FUNDS	931,499,990	1,082,917,084
	TOTAL RISK PARITY		1,925,448,843	2,170,449,091
	ABSOLUTE RETURN AND OTHER INVESTMENTS			
	317U7P1A7 PIMCO SWAPTION 3.933 PUT USD 2025010	OP-FIXED INCOME	(4,128)	(14,835)
	317U7PSA8 PIMCO SWAPTION 3.896 PUT USD 2025010	OP-FIXED INCOME	(3,480)	(17,665)
	317U7PUA5 PIMCO SWAPTION 2.22 PUT EUR 20250106	OP-FIXED INCOME	(2,184)	(11,824)
	317U7Q3A3 PIMCO SWAPTION 3.9 PUT USD 20250106	OP-FIXED INCOME	(3,219)	(17,305)
	317U7QAA5 PIMCO SWAPTION 3.84 PUT USD 20250106	OP-FIXED INCOME	(3,413)	(24,771)
	317U7QCA3 PIMCO SWAPTION 3.85 PUT USD 20250106	OP-FIXED INCOME	(1,838)	(12,786)
	317U7RVA0 PIMCO SWAPTION 3.97 PUT USD 20250113	OP-FIXED INCOME	(1,890)	(7,711)
	317U7RWA9 PIMCO SWAPTION 3.62 CALL USD 2025011	OP-FIXED INCOME	(1,890)	(36)
	317U7S7A5 PIMCO SWAPTION 4.071 PUT USD 2025011	OP-FIXED INCOME	(3,300)	(7,229)
	317U7S8A4 PIMCO SWAPTION 3.721 CALL USD 202501	OP-FIXED INCOME	(3,300)	(233)
	317U7SEA7 PIMCO SWAPTION 4.1 PUT USD 20250116	OP-FIXED INCOME	(1,960)	(3,895)
	317U7SFA6 PIMCO SWAPTION 3.7 CALL USD 20250116	OP-FIXED INCOME	(1,960)	(191)
	317U7SOA6 PIMCO SWAPTION 4.09 PUT USD 20250117	OP-FIXED INCOME	(3,543)	(7,969)
	317U7SPA5 PIMCO SWAPTION 3.69 CALL USD 2025011	OP-FIXED INCOME	(3,543)	(376)
	317U7UDA3 PIMCO SWAPTION 4.275 PUT USD 2025012	OP-FIXED INCOME	(7,688)	(5,428)
	317U7UEA2 PIMCO SWAPTION 3.875 CALL USD 202501	OP-FIXED INCOME	(7,688)	(5,551)
	317U7UVA3 PIMCO SWAPTION 4.222 PUT USD 2025012	OP-FIXED INCOME	(3,933)	(4,049)
	317U7UWA2 PIMCO SWAPTION 3.822 CALL USD 202501	OP-FIXED INCOME	(3,933)	(1,932)
	317U7UXA1 PIMCO SWAPTION 4.3 PUT USD 20250123	OP-FIXED INCOME	(3,900)	(2,469)
	317U7UYA0 PIMCO SWAPTION 3.9 CALL USD 20250123	OP-FIXED INCOME	(3,900)	(3,538)
	317U7VJA5 PIMCO SWAPTION 3.908 CALL USD 202501	OP-FIXED INCOME	(3,658)	(3,579)
	317U7VKA3 PIMCO SWAPTION 4.308 PUT USD 2025012	OP-FIXED INCOME	(3,658)	(2,272)
	317U7VZA7 PIMCO SWAPTION 4.286 PUT USD 2025012	OP-FIXED INCOME	(3,885)	(3,309)
	317U7W0A3 PIMCO SWAPTION 3.886 CALL USD 202501	OP-FIXED INCOME	(3,885)	(3,863)
	BWU0206W9 IRS USD P F 3.50000 SWU0206W9 CCPOIS	INTEREST RATE SWAP	(1,700,000)	(1,570,778)
	BWU0206W9 IRS USD R V 12MSOFR SWUV206W1 CCPOIS	INTEREST RATE SWAP	1,697,211	1,700,000
	BWU0239Y6 IRS GBP P F 3.70000 SWU0239Y6 CCPOIS	INTEREST RATE SWAP	(505,300)	(487,411)
	BWU0239Y6 IRS GBP R V 12MSONIA SWUV239Y8 CCPOIS	INTEREST RATE SWAP	505,279	500,960
	BWU025TX1 IRS USD P F 3.75000 SWU025TX1 CCPOIS	INTEREST RATE SWAP	(24,500,000)	(23,855,910)
	BWU025TX1 IRS USD R V 12MSOFR SWUV25TX3 CCPOIS	INTEREST RATE SWAP	23,471,818	24,500,000
	BWU025U43 IRS USD P F 3.50000 SWU025U43 CCPOIS	INTEREST RATE SWAP	(5,100,000)	(4,718,058)
	BWU025U43 IRS USD R V 12MSOFR SWUV25U45 CCPOIS	INTEREST RATE SWAP	4,825,121	5,100,000

Kaiser Foundation Health Plan, Inc.
Retiree Health and Welfare Plan
Employer Identification Number: 94-1340523, Plan Number: 580
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	(b) Identity of Issue, Borrower Lessor, or Similar Party	(c) Description of Investment Including Maturity Date Rate of Interest, Collateral Par, or Maturity Value	(d) Cost	(e) Current Value
	BWU027J00 IRS USD P F 4.06000 SWU027J00 CCPOIS	INTEREST RATE SWAP	(900,000)	(899,216)
	BWU027J00 IRS USD R V 12MSOFR SWUV27J02 CCPOIS	INTEREST RATE SWAP	900,000	900,000
	BWU028MD6 IRS USD P F 3.79500 SWU028MD6 CCPOIS	INTEREST RATE SWAP	(900,000)	(880,308)
	BWU028MD6 IRS USD R V 12MSOFR SWUV28MD8 CCPOIS	INTEREST RATE SWAP	900,000	900,000
	BWU028UV7 IRS USD P F 3.67900 SWU028UV7 CCPOIS	INTEREST RATE SWAP	(810,000)	(784,800)
	BWU028UV7 IRS USD R V 12MSOFR SWUV28UV9 CCPOIS	INTEREST RATE SWAP	810,000	810,000
	BWU02A2D3 IRS EUR P F 2.25000 SWU02A2D3 CCPVANILLA	INTEREST RATE SWAP	(2,107,375)	(2,011,100)
	BWU02A2D3 IRS EUR R V 06MEURIB SWUV2A2D5 CCPVANILLA	INTEREST RATE SWAP	2,108,030	1,967,450
	BWU02D2C9 IRS USD P F 3.69000 SWU02D2C9 CCPOIS	INTEREST RATE SWAP	(3,700,000)	(3,531,258)
	BWU02D2C9 IRS USD R V 12MSOFR SWUV2D2C1 CCPOIS	INTEREST RATE SWAP	3,652,508	3,700,000
	BWU02D668 IRS USD P F 3.62200 SWU02D668 CCPOIS	INTEREST RATE SWAP	(9,400,000)	(8,866,007)
	BWU02D668 IRS USD R V 12MSOFR SWUV2D660 CCPOIS	INTEREST RATE SWAP	9,397,276	9,400,000
	CCBOSHUS6 BANK OF AMERICA CCPC CCBOSHUS6 BANK OF AMERICA CCPC	NON-SECY ASSET-STOCK	1,574,000	1,574,000
	CCBOSZUS6 BOA CCPC COC CCBOSZUS6 BOA CCPC COC	NON-SECY ASSET-STOCK	4,915,000	4,915,000
	CCBRCIUS4 SWBC BRC SWAP CASH COLLATERAL USD	NON-SECY ASSET-STOCK	(50,000)	(50,000)
	EURO-BOBL OPTION FEB25C 119.2 EXP 01/24/2025	OP-FUTURE	(1,465)	(606)
	EURO-BOBL OPTION FEB25P 117.5 EXP 01/24/2025	OP-FUTURE	(1,559)	(2,563)
	EURO-BUND OPTION FEB25C 136.5 EXP 01/24/2025	OP-FUTURE	(2,643)	(652)
	EURO-BUND OPTION FEB25C 138 EXP 01/24/2025	OP-FUTURE	(3,309)	(217)
	EURO-BUND OPTION FEB25P 133.5 EXP 01/24/2025	OP-FUTURE	(3,487)	(6,089)
	EURO-BUND OPTION FEB25P 134.5 EXP 01/24/2025	OP-FUTURE	(3,162)	(10,510)
	EURO-BUND WEEK OPTFEB25C 138.5 EXP 01/10/2025	OP-FUTURE	(2,889)	(62)
	EURO-BUND WEEK OPTFEB25P 135.5 EXP 01/10/2025	OP-FUTURE	(2,952)	(13,110)
	GOLDMAN SACHS BANK USA COC SWAP CASH COLLATERAL USD	NON-SECY ASSET-STOCK	70,000	70,000
	JANCHOR PARTNER B 216	LMTD PARTNRSHIP UNTS	289,606	225,692
	MGCC CCBPGXUS1 LT USD FUTURES CASH COLLATERAL USD	NON-SECY ASSET-STOCK	2,083,000	2,083,000
	SWAP BNP PARIBAS BOC SWAP CASH COLLATERAL USD	NON-SECY ASSET-STOCK	(1,860,000)	(1,860,000)
	SWAP CCPC BANK OF AMERICA COC SWAP CASH COLLATERAL	NON-SECY ASSET-STOCK	840,000	840,000
	SWAP CITIBANK COC SWAP CASH COLLATERAL USD	NON-SECY ASSET-STOCK	320,000	320,000
	SWAP JP MORGAN COC SWAP CASH COLLATERAL USD	NON-SECY ASSET-STOCK	60,000	60,000
	SWPC0MV88 CDS EUR P V 03MEVENT 2 CCPCORPORATE	CREDIT DEFAULT SWAP	(667,230)	(621,300)
	SWPC0MV88 CDS EUR R F 5.00000 1 CCPCORPORATE	CREDIT DEFAULT SWAP	817,232	764,134
	SWPC0MVJ4 CDS USD P V 03MEVENT 2 CCPCORPORATE	CREDIT DEFAULT SWAP	(3,000,000)	(3,000,000)
	SWPC0MVJ4 CDS USD R F 1.00000 1 CCPCORPORATE	CREDIT DEFAULT SWAP	2,943,622	2,987,709
	SWPC0MWQ7 CDS USD P V 03MEVENT 2 CCPCDX	CREDIT DEFAULT SWAP	(335,250,000)	(335,250,000)
	SWPC0MWQ7 CDS USD R F 1.00000 1 CCPCDX	CREDIT DEFAULT SWAP	342,963,274	342,733,018
	SWPC0N6P6 CDS EUR P V 03MEVENT 2 CCPCORPORATE	CREDIT DEFAULT SWAP	(2,412,469)	(2,381,650)
	SWPC0N6P6 CDS EUR R F 1.00000 1 CCPCORPORATE	CREDIT DEFAULT SWAP	2,425,934	2,397,276
	SWPC0N7A8 CDS EUR P V 03MEVENT 2 CCPCORPORATE	CREDIT DEFAULT SWAP	(3,431,505)	(3,417,150)
	SWPC0N7A8 CDS EUR R F 1.00000 1 CCPCORPORATE	CREDIT DEFAULT SWAP	3,453,047	3,442,396
	SWPC0N7G5 CDS EUR P V 03MEVENT 2 CCPCORPORATE	CREDIT DEFAULT SWAP	(3,119,550)	(3,106,500)
	SWPC0N7G5 CDS EUR R F 1.00000 1 CCPCORPORATE	CREDIT DEFAULT SWAP	3,127,816	3,117,389
	SWPC28AP2 CDS EUR P V 03MEVENT FLO ITRAXXTRANCHE	CREDIT DEFAULT SWAP	(8,483,941)	(8,387,551)
	SWPC28AP2 CDS EUR R F 5.00000 FIX ITRAXXTRANCHE	CREDIT DEFAULT SWAP	10,151,465	9,982,029
	SWU022DD9 IRS EUR P V 06MEURIB SWUV22DD1 CCPVANILLA	INTEREST RATE SWAP	(216,430)	(207,100)
	SWU022DD9 IRS EUR R F 2.76000 SWU022DD9 CCPVANILLA	INTEREST RATE SWAP	216,430	214,062
	SWU024668 IRS EUR P V 06MEURIB SWUV24660 CCPVANILLA	INTEREST RATE SWAP	(637,830)	(621,300)
	SWU024668 IRS EUR R F 2.77000 SWU024668 CCPVANILLA	INTEREST RATE SWAP	637,830	634,479
	SWU024NY8 IRS EUR P V 06MEURIB SWUV24NY0 CCPVANILLA	INTEREST RATE SWAP	(1,071,300)	(1,035,500)
	SWU024NY8 IRS EUR R F 2.78000 SWU024NY8 CCPVANILLA	INTEREST RATE SWAP	1,071,300	1,058,453
	SWU024SM9 IRS EUR P V 06MEURIB SWUV24SM1 CCPVANILLA	INTEREST RATE SWAP	(1,068,850)	(1,035,500)
	SWU024SM9 IRS EUR R F 2.82700 SWU024SM9 CCPVANILLA	INTEREST RATE SWAP	1,068,850	1,060,275
	SWU027521 IRS BRL P V 00MBRCDI SWUV27523 CCPNDFPREDISWAP	INTEREST RATE SWAP	(12,379,681)	(10,731,889)
	SWU027521 IRS BRL R F 11.49576 SWU027521 CCPNDFPREDISWAP	INTEREST RATE SWAP	12,379,681	10,107,298
	SWU028YB7 IRS EUR P V 06MEURIB SWUV28YB9 CCPVANILLA	INTEREST RATE SWAP	(4,661,293)	(4,353,242)
	SWU028YB7 IRS EUR R F 2.50000 SWU028YB7 CCPVANILLA	INTEREST RATE SWAP	4,693,848	4,410,163
	SWU02CEU8 IRS EUR P V 06MEURIB SWUV2CEU0 CCPVANILLA	INTEREST RATE SWAP	(759,430)	(724,850)
	SWU02CEU8 IRS EUR R F 2.41000 SWU02CEU8 CCPVANILLA	INTEREST RATE SWAP	759,430	727,613
	TOTAL ABSOLUTE RETURN AND OTHER INVESTMENTS		8,715,399,806	18,617,393
	TOTAL INVESTMENTS		$ 10,433,378,470	$ 5,343,535,684

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

Kaiser Foundation Health Plan, Inc. Retiree Health and Welfare Plan
Employer Identification Number: 94-1340523, Plan Number: 580
Schedule H, Line 4(j) – Schedule of Reportable Transactions
Year Ended December 31, 2024

	(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
	Category (i) Single transaction in excess of 5% of plan assets								
*	State Street	BRIDGEWATER ALL WEATHER	$ -	$ 558,165,661	N/A	$ -	$ 557,640,962	$ 558,165,661	$ (524,699)
*	State Street	BRIDGEWATER ALL WEATHER	-	558,165,661	N/A	-	557,491,313	558,165,661	674,348
	Category (iii) - A series of transactions in a security issue aggregating 5% of the value of the Plan's assets								
*	State Street	SSC GOVERNMENT MM GVMXX							
		507 Sales	$ -	$ 605,122,565	N/A	$ -	$ 605,122,565	$ 605,122,565	$ -
		659 Purchases	576,131,230	-	N/A	-	-	576,131,230	-
*	State Street	US TREASURY N/B							
		43 Sales	-	130,890,724	N/A	-	132,258,287	130,890,724	(1,367,563)
		72 Purchases	184,655,962	-	N/A	-	-	184,655,962	-
*	State Street	SWPC0MWQ7 CDS USD R F 1.00000 1 CCPCDX							
		47 Purchases	342,963,274	-	N/A	-	-	342,963,274	-
*	State Street	SWPC0MWQ7 CDS USD P V 03MEVENT 2 CCPCDX							
		47 Sales	-	335,250,000	N/A	-	335,250,000	335,250,000	-

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

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

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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.**

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

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.)
- ☒ a single-employer plan
- ☐ a DFE (specify) ____

B This return/report is:
- ☐ 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

1a Name of plan
KAISER FOUNDATION HEALTH PLAN, INC.
RETIREE HEALTH AND WELFARE PLAN

1b Three-digit plan number (PN) ▶ 580

1c Effective date of plan 12/19/2014

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)

KAISER FOUNDATION HEALTH PLAN, INC.

ONE KAISER PLAZA, 20TH FLOOR
20B
OAKLAND, CA 94612

2b Employer Identification Number (EIN) 94-1340523

2c Plan Sponsor's telephone number 510-271-5940

2d Business code (see instructions) 621491

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	M Lombardo	10/14/2025	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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500. **Form 5500 (2024)**
v. 240311

3a Plan administrator's name and address [X] Same as Plan Sponsor

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:

4b EIN

a Sponsor's name

4d PN

c Plan Name

5	Total number of participants at the beginning of the plan year	**5**	32122
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)**	0
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	0
b	Retired or separated participants receiving benefits	**6b**	27412
c	Other retired or separated participants entitled to future benefits	**6c**	5259
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	32671
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	0
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**	0
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:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4A 4B 4D

9a Plan funding arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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)** [ ] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** [ ] **DCG** (Individual Plan Information) - Number Attached _____
- **(5)** [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information - Small Plan)
- **(3)** [X] **A** (Insurance Information) - Number Attached 55
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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 _____