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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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.	10/15/2026	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**	32671
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**	26764
c Other retired or separated participants entitled to future benefits	**6c**	2801
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	29565
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 Characteristic Codes in the instructions:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic 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 51
- **(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 2025 Form M-1 annual report. If the plan was not required to file the 2025 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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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	139	01/01/2025	12/31/2025

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
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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** [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	1322687
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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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	16	01/01/2025	12/31/2025

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	

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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	

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	0
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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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	01/01/2025	12/31/2025

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

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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	0
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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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	68	01/01/2025	12/31/2025

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	210127
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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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	35	01/01/2025	12/31/2025

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	264777
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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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	229	01/01/2025	12/31/2025

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	1939829
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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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	123	01/01/2025	12/31/2025

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	1014303
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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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	25	01/01/2025	12/31/2025

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	376504
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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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	2743	01/01/2025	12/31/2025

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	21470679
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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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	01/01/2025	12/31/2025

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	64202
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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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	15	01/01/2025	12/31/2025

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	154996
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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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	66	01/01/2025	12/31/2025

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	356840
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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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	01/01/2025	12/31/2025

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	23139
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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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	69	01/01/2025	12/31/2025

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	1301637
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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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	392	01/01/2025	12/31/2025

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	3445957
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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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	376	01/01/2025	12/31/2025

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	3301761
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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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	01/01/2025	12/31/2025

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	53421
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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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	87	01/01/2025	12/31/2025

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	715693
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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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	6	01/01/2025	12/31/2025

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	101809
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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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	75	01/01/2025	12/31/2025

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	449758
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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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	397	01/01/2025	12/31/2025

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	1421101
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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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	32	01/01/2025	12/31/2025

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	267078
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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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	75	01/01/2025	12/31/2025

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	409482
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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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	117	01/01/2025	12/31/2025

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	788603
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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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	01/01/2025	12/31/2025

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	1641708
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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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	01/01/2025	12/31/2025

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	0
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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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	35	01/01/2025	12/31/2025

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	242407
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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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	2	01/01/2025	12/31/2025

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	36728
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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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	77	01/01/2025	12/31/2025

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	845206
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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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	10	01/01/2025	12/31/2025

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	182757
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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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	32	01/01/2025	12/31/2025

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	155456
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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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	38	01/01/2025	12/31/2025

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	241035
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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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	1033	01/01/2025	12/31/2025

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	8111843
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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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	85	01/01/2025	12/31/2025

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

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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	

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

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

(a) Name and address of the agent, broker, or other person to whom commissions 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	654533
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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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	35	01/01/2025	12/31/2025

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	

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

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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	

(a) Name and address of the agent, broker, or other person to whom commissions 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	189721
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

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

OMB No. 1210-0110

2025

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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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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	201	01/01/2025	12/31/2025

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	1993045
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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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	532	01/01/2025	12/31/2025

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	2976656
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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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	01/01/2025	12/31/2025

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	410434
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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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	17	01/01/2025	12/31/2025

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** [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)**	546160		
(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)**	546160
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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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	9178	26	01/01/2025	12/31/2025

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	
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	188854
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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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
KASIER 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	1647000	64	01/01/2025	12/31/2025

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	
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	1327
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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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	88	01/01/2025	12/31/2025

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	
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	9150851
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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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 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	22496	01/01/2025	12/31/2025

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	
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	169131356
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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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	0140310	7106	01/01/2025	12/31/2025

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	
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)**	911865		
(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)**	911865
b Benefit charges (1) Claims paid	**9b(1)**	697867		
(2) Increase (decrease) in claim reserves	**9b(2)**	5417		
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	703284
(4) Claims charged			**9b(4)**	703284
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)**	4742		
(E) Taxes	**9c(1)(E)**	24620		
(F) Charges for risks or other contingencies	**9c(1)(F)**	10942		
(G) Other retention charges	**9c(1)(G)**	168277		
(H) Total retention			**9c(1)(H)**	208581
(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)**	781914
(3) Other reserves			**9d(3)**	783866
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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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, 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
93-0798039	95540	9424	240	01/01/2025	12/31/2025

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	
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	4776981
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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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, 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	424	01/01/2025	12/31/2025

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	
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	3789013
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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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	0981100	0	01/01/2025	12/31/2025

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	
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	0
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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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	33	01/01/2025	12/31/2025

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	
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	258805
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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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	12185	01/01/2025	12/31/2025

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	
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)**	5719654		
(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)**	5719654
b Benefit charges (1) Claims paid	**9b(1)**	5235013		
(2) Increase (decrease) in claim reserves	**9b(2)**	-89559		
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	5145454
(4) Claims charged			**9b(4)**	5145454
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)**	366075		
(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)**	366075
(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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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	10	21623	01/01/2025	12/31/2025

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	
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	201519714
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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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	39300	1432	01/01/2025	12/31/2025

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	
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	12845103
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.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

INVESCO ADVISERS, INC.

58-1707262

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

MAN INVESTMENTS INC.

PO BOX 309 UGLAND HOUSE
GRAND CAYMAN, GRAND CAYMAN KY1-1104 KY

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

PACIFIC INVESTMENT MANAGEMENT CO

33-0629048

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

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

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

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

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

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)

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	75451	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	45150	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	60820	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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)

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	10655	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

J.P. MORGAN INVESTMENT MANAGEMENT

13-3200244

(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?
27 28 50	NONE	1137674	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	12700	Yes ☐ No ☒	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?
29 50	NONE	28838	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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 28 50 51	NONE	133048	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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?
23 50	NONE	5285455	Yes ☐ No ☒	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)

PWC US TAX LLP

92-0460586

(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	12800	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MET LIFE INVESTMENT MANAGEMENT

82-2405817

(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	0	Yes [X] No [ ]	Yes [ ] No [X]	1770039	Yes [ ] No [X]

(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:

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:

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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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)	47066417	75753975
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3516273	7091770
(2) U.S. Government securities	1c(2)	397997978	543004685
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	1327140013	1313697102
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	990	1035
(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)	3583733144	3781637368
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	31147286	51450787

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	5390602101	5772636722
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	77852401	156602523
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	77852401	156602523
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	5312749700	5616034199

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)	60019073	
(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)		60019073
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	642147	
(B) U.S. Government securities	2b(1)(B)	11976938	
(C) Corporate debt instruments	2b(1)(C)	75117460	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	12945978	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		100682523
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	342382	
(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)		342382
(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)	288185005	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		288185005

		(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)		62180424
c Other income	2c		781814
d Total income. Add all **income** amounts in column (b) and enter total	2d		512191221
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	195601573	
(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)		195601573
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)	30400	
(5) Investment advisory and investment management fees	2i(5)	7342069	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	100272	
(8) Legal fees	2i(8)	28838	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	130048	
(11) Other expenses	2i(11)	5673522	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		13305149
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		208906722
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		303284499
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, 2025 and 2024

bakertilly

Table of Contents

	Page
Independent Auditor's Report	1
Financial Statements	
Statements of Net Assets Available for Benefits	5
Statements of Changes in Net Assets Available for Benefits	6
Notes to Financial Statements	7
Supplemental Schedules	
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)	16
Schedule H, Line 4(j) – Schedule of Reportable Transactions	31

Independent Auditor's Report

To the Investment Committee of
Kaiser Foundation Health Plan, Inc. Retiree Health and Welfare Plan

Opinion

We have audited the financial statements of Kaiser Foundation Health Plan, Inc. Retiree Health and Welfare Plan (the Plan), 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, 2025 and 2024, and the related statements of changes in net assets available for benefits for the year ended December 31, 2025, 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 as of December 31, 2025 and 2024, and the changes in net assets available for benefits for the year ended December 31, 2025, in accordance with accounting principles generally accepted in the United States of America.

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 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 accounting principles generally accepted in the United States of America, 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's ability to continue as a going concern for at least one year following the date that the financial statements are available to be issued.

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

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.

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'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's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules, Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year), and Schedule H, Line 4(j) - Schedule of Reportable Transactions, as of or for the year ended December 31, 2025, 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 (DOL) 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 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

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

Baker Tilly US, LLP

San Francisco, California
October 12, 2026

Financial Statements

Kaiser Foundation Health Plan, Inc.
Retiree Health and Welfare Plan Trust
Statements of Net Assets Available for Benefits
December 31, 2025 and 2024

	2025	2024
ASSETS		
Investments		
Cash and cash equivalents	$ 7,091,770	$ 3,516,273
U.S. and international government securities	543,004,685	397,997,978
Common and preferred stock	1,533,511,901	1,413,284,053
Corporate debt instruments	1,313,697,102	1,327,140,013
Agency bonds	26,049,927	12,530,883
Risk parity	2,248,126,502	2,170,449,091
Derivatives and other investments	25,400,860	18,617,393
Total investments	5,696,882,747	5,343,535,684
Receivables		
Broker receivable	49,041,402	21,073,048
Dividend receivable	9,240	4,330
Interest receivable	26,703,333	24,889,980
Other receivable	791,135	1,099,059
Total assets	5,773,427,857	5,390,602,101
LIABILITIES		
Broker payable	150,868,982	71,504,936
Other payable	6,524,676	6,347,465
Total liabilities	157,393,658	77,852,401
Net assets available for benefits	$ 5,616,034,199	$ 5,312,749,700

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, 2025 and 2024

	2025	2024
Changes in plan assets attributed to:		
Employer contributions	$ 60,019,073	$ 73,694,914
Investment income (loss):		
Net appreciation (depreciation) in fair value of investments	288,185,005	(62,076,688)
Interest and dividend income	163,987,143	163,650,517
Total additions	512,191,221	175,268,743
Deductions from plan assets attributed to:		
Benefits paid	195,601,573	186,827,017
Administrative expenses	13,305,149	11,549,497
Total deductions	208,906,722	198,376,514
Net increase (decrease)	303,284,499	(23,107,771)
Net assets available for benefits:		
Beginning of year	5,312,749,700	5,335,857,471
End of year	$ 5,616,034,199	$ 5,312,749,700

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 losses 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 $3,342,294,909 at December 31, 2025. 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 stocks are held in managed accounts and are valued based on the closing prices reported in active markets for the underlying securities. Shares of the managed accounts are not quoted or traded in an active market. Accordingly, the valuations are based on observable market inputs for the underlying investments, and these investments are classified as Level 2 within the fair value hierarchy.

- U.S. government, government agency obligations, municipal, 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.

- Derivatives are valued using pricing models that consider the terms of the contracts and observable market inputs, including interest rates, yield curves, credit spreads, foreign currency exchange rates, prices or yields of underlying instruments, forward rates, implied volatilities, and other relevant market data. These instruments 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, 2025 and 2024:

	Investments, at Fair Value as of December 31, 2025			
	Level 1	Level 2	Level 3	Total
Cash & cash equivalents	$ -	$ 7,091,770	$ -	$ 7,091,770
U.S. and international government securities	-	543,004,685	-	543,004,685
Common and preferred stock	-	1,533,511,901	-	1,533,511,901
Corporate debt instruments	-	1,313,697,102	-	1,313,697,102
Agency bonds	-	26,049,927	-	26,049,927
Derivatives	-	25,179,722	-	25,179,722
Other investments*				
Absolute return	-	-	-	221,138
Risk parity	-	-	-	2,248,126,502
Total investments	$ -	$ 3,448,535,107	$ -	$ 5,696,882,747

	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

*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, 2025 and 2024.

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 2025 and 2024:

	2025	2024
Discount rate	5.65%	5.70%
Mortality	For healthy lives: 90% of the headcount-weighted rates from the Pri-2012 mortality study with white collar adjustments, contingent survivor rates for survivors. Mortality rates are projected generationally from 2012 using Scale MP-2021. For disabled lives: 90% of the headcount-weighted disabled rates from the Pri-2012 mortality study without collar adjustment. Mortality rates are projected generationally from 2012 using 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.

The following were the assumed health care cost trend rates used to determine the benefit obligation as of December 31, 2025 and 2024, and postretirement benefits expense for the years ended December 31, 2025 and 2024:

	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 - 2025	6.00% / 5.35%	10.00% / 10.00%	4.50%	5.90%	7.50%	3.00%	6.00% / 5.35%
Benefit expense - 2025	6.00% / 5.20%	9.50% / 9.50%	4.50%	5.90%	0.00%	7.50%	6.00% / 5.20%
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%
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	2039	2039	N/A	2038	2030	2030	2039

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 $376,616,683. A decrease of 1% in the health care medical trend rate would decrease the benefit obligation by $336,189,163.

The following table provides additional information regarding the Plan's postretirement benefit obligation as of December 31, 2025 and 2024:

	2025	2024
Postretirement benefit obligation		
Active participants who are fully eligible	$ 950,776,653	$ 912,502,325
Active participants not yet fully eligible	571,623,882	525,802,559
Retirees, including beneficiaries	2,713,497,711	3,073,169,936
Total postretirement benefit obligation	$ 4,235,898,246	$ 4,511,474,820

The following provides additional information regarding the Plan's changes in the postretirement benefit obligation for the years ended December 31, 2025 and 2024:

	2025	2024
Balance, beginning of year	$ 4,511,474,820	$ 4,105,984,197
Increase in benefits accumulated	81,202,061	92,529,791
Increase due to passage of time	234,987,494	194,348,737
Benefits paid	(195,601,573)	(186,827,017)
Plan amendments	171,614	3,606,093
Changes in actuarial assumptions	(396,336,170)	301,833,019
Balance, end of year	$ 4,235,898,246	$ 4,511,474,820

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, 2025 and 2024, 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 12, 2026, 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, 2025

(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				
	EURO	CURRENCY	$ 871,580	$ 872,044	0.02%
	JAPANESE	YEN	416,415	412,246	0.01%
	POUND	STERLING	381,958	387,416	0.01%
	AUSTRALIAN	DOLLAR	334,072	338,611	0.01%
	NORWEGIAN	KRONE	204,018	205,472	0.00%
	SWISS	FRANC	129,666	129,666	0.00%
	MEXICAN	PESO (NEW)	111,948	113,308	0.00%
	SINGAPORE	DOLLAR	4,142	4,179	0.00%
	CANADIAN	DOLLAR	380	388	0.00%
	SWEDISH	KRONA	304	317	0.00%
	NEW ZEALAND	DOLLAR	61	61	0.00%
	POLISH	ZLOTY	31	31	0.00%
	THAILAND	BAHT	26	26	0.00%
	POUND	STERLING	7	7	0.00%
	NEW ISRAELI	SHEQEL	1	1	0.00%
	US	DOLLAR	(8,225,999)	(8,225,999)	-0.14%
	TOTAL CASH		(5,771,390)	(5,762,226)	
	CASH EQUIVALENT				
*	SSC GOVERNMENT MM GVMXX	STIF-TYPE INSTRUMENT	12,853,996	12,853,996	0.23%
	TOTAL CASH AND CASH EQUIVALENTS		7,082,606	7,091,770	
	COMMON AND PREFERRED STOCKS				
	LONG DURATION CORP BD PORTFOLI MUTUAL FUNDS	MUTUAL FUNDS	1,017,208,603	1,094,168,407	19.21%
	BLACKROCK LONG TERM GOVT BD IN	MUTUAL FUNDS	439,000,000	436,210,042	7.66%
	PIMCO FDS SHORT TERM FLTG NAV MUTUAL FUND	MUTUAL FUNDS	3,132,417	3,132,417	0.05%
	INVESCO MORTGAGE CAPITAL REIT USD.01	REAL ESTATE INV TRST	5,593	1,035	0.00%
	TOTAL COMMON AND PREFERRED STOCKS		1,459,346,613	1,533,511,901	
	US, MUNICIPAL, AND INTERNATIONAL GOVERNMENT SECURITIES				
	US TREASURY N/B 05/55 4.75	GOVERNMENT ISSUES	77,739,330	77,284,547	1.36%
	US TREASURY N/B 08/45 4.875	GOVERNMENT ISSUES	67,658,109	67,094,630	1.18%
	US TREASURY N/B 08/55 4.75	GOVERNMENT ISSUES	62,864,281	62,143,375	1.09%
	US TREASURY N/B 11/55 4.625	GOVERNMENT ISSUES	31,867,240	31,383,028	0.55%
	US TREASURY N/B 05/55 4.75	GOVERNMENT ISSUES	24,163,902	23,950,313	0.42%
	US TREASURY N/B 08/46 2.25	GOVERNMENT ISSUES	21,475,701	21,083,906	0.37%
	UNITED MEXICAN STATES SR UNSECURED 05/55 7.375	GOVERNMENT ISSUES	16,975,338	17,985,900	0.32%
	US TREASURY N/B 02/49 3	GOVERNMENT ISSUES	16,193,989	15,817,024	0.28%
	REPUBLIC OF SOUTH AFRICA BONDS 02/35 8.875	GOVERNMENT ISSUES	11,835,271	14,857,239	0.26%
	US TREASURY N/B 08/54 4.25	GOVERNMENT ISSUES	13,889,528	13,712,688	0.24%
	US TREASURY N/B 02/44 4.5	GOVERNMENT ISSUES	13,573,022	13,496,031	0.24%
	US TREASURY N/B 11/45 4.625	GOVERNMENT ISSUES	12,071,610	11,906,684	0.21%
	US TREASURY N/B 11/49 2.375	GOVERNMENT ISSUES	10,026,921	10,130,793	0.18%
	US TREASURY N/B 11/35 4	GOVERNMENT ISSUES	9,160,975	9,122,448	0.16%
	TSY INFL IX N/B 02/44 1.375	GOVERNMENT ISSUES	8,383,345	8,353,715	0.15%
	UNITED KINGDOM GILT BONDS REGS 07/54 4.375	GOVERNMENT ISSUES	7,892,167	7,416,903	0.13%
	UNITED MEXICAN STATES SR UNSECURED 05/53 6.338	GOVERNMENT ISSUES	6,810,906	7,072,313	0.12%
	US TREASURY N/B 05/49 2.875	GOVERNMENT ISSUES	6,435,386	6,628,672	0.12%
	STRIP PRINC 05/45 0.00000	GOVERNMENT ISSUES	5,672,314	5,863,481	0.10%
	US TREASURY N/B 05/54 4.625	GOVERNMENT ISSUES	5,691,932	5,803,594	0.10%
	US TREASURY N/B 08/48 3	GOVERNMENT ISSUES	5,303,797	5,435,670	0.10%
	US TREASURY N/B 11/26 4.625	GOVERNMENT ISSUES	5,335,828	5,387,768	0.09%
	UNITED MEXICAN STATES SR UNSECURED 01/46 4.6	GOVERNMENT ISSUES	4,348,138	4,494,125	0.08%
	AUSTRALIAN GOVERNMENT SR UNSECURED REGS 06/35 2.75	GOVERNMENT ISSUES	3,968,604	3,910,200	0.07%
	HUNGARY SR UNSECURED 144A 09/55 6.75	GOVERNMENT ISSUES	3,552,444	3,761,128	0.07%
	STRIP PRINC 11/48 0.00000	GOVERNMENT ISSUES	3,477,494	3,659,633	0.06%
	UNITED MEXICAN STATES SR UNSECURED 05/37 6.875	GOVERNMENT ISSUES	3,286,602	3,521,100	0.06%
	UNITED MEXICAN STATES SR UNSECURED 05/54 6.4	GOVERNMENT ISSUES	3,586,928	3,467,405	0.06%
	STRIP PRINC 08/48 0.00000	GOVERNMENT ISSUES	3,106,972	3,322,110	0.06%

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, 2025

(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 05/41 4.375	GOVERNMENT ISSUES	3,091,030	3,106,014
	TSY INFL IX N/B 02/53 1.5	GOVERNMENT ISSUES	3,230,590	2,909,873
	ROMANIA SR UNSECURED 144A 02/37 7.5	GOVERNMENT ISSUES	2,786,692	2,870,143
	US TREASURY N/B 08/45 4.875	GOVERNMENT ISSUES	2,789,652	2,784,926
	SAUDI INTERNATIONAL BOND SR UNSECURED 144A 01/54 5.75	GOVERNMENT ISSUES	2,628,458	2,678,606
	TSY INFL IX N/B 02/54 2.125	GOVERNMENT ISSUES	2,829,276	2,483,303
	ROMANIA SR UNSECURED 144A 02/37 7.5	GOVERNMENT ISSUES	2,191,926	2,437,959
	REPUBLIC OF SOUTH AFRICA SR UNSECURED 144A 11/54 7.95	GOVERNMENT ISSUES	2,200,000	2,365,274
	US TREASURY N/B 05/51 2.375	GOVERNMENT ISSUES	2,338,554	2,351,906
	REPUBLIC OF PERU SR UNSECURED 144A 08/32 6.15	GOVERNMENT ISSUES	2,123,864	2,326,917
	CALIFORNIA ST CAS 11/40 FIXED 7.6	MUNICIPALS	2,234,457	2,282,795
	TSY INFL IX N/B 02/51 0.125	GOVERNMENT ISSUES	2,574,418	2,166,570
	UNITED MEXICAN STATES SR UNSECURED 05/32 4.4899	GOVERNMENT ISSUES	1,953,269	2,159,066
	CASSA DEPOSITI E PRESTIT SR UNSECURED 144A 04/29 5.875	GOVERNMENT ISSUES	1,983,220	2,107,176
	FED REPUBLIC OF BRAZIL SR UNSECURED 01/56 7.25	GOVERNMENT ISSUES	2,051,383	2,091,803
	REPUBLIC OF PERU SR UNSECURED REGS 08/34 5.4	GOVERNMENT ISSUES	1,945,453	2,073,115
	US TREASURY N/B 08/43 4.375	GOVERNMENT ISSUES	1,908,037	1,912,472
	DIST OF COLUMBIA WTR SWR AUT DISUTL 10/14 FIXED 4.814	MUNICIPALS	1,906,225	1,907,218
	UNIV OF CALIFORNIA REVENUES UNVHGR 12/99 FIXED 4.767	MUNICIPALS	1,892,062	1,889,857
	US TREASURY N/B 11/42 4	GOVERNMENT ISSUES	1,823,337	1,835,166
	ILLINOIS ST ILS 06/33 FIXED 5.1	MUNICIPALS	1,651,714	1,775,084
	PORT AUTH OF NEW YORK NEW JE PORTRN 10/62 FIXED 4.458	MUNICIPALS	1,726,711	1,738,694
	QUEENSLAND TREASURY CORP LOCAL GOVT G 144A REGS 08/32 1	GOVERNMENT ISSUES	1,543,935	1,560,377
	NEW S WALES TREASURY CRP LOCAL GOVT G REGS 03/34 1.75	GOVERNMENT ISSUES	1,517,097	1,497,449
	MARICOPA CNTY AZ INDL DEV AUTH MAREDU 10/29 FIXED 7.375	MUNICIPALS	1,420,000	1,489,617
	ROMANIA SR UNSECURED 144A 05/32 5.25	GOVERNMENT ISSUES	1,188,807	1,322,047
	SAUDI INTERNATIONAL BOND SR UNSECURED 144A 01/54 5.75	GOVERNMENT ISSUES	1,173,504	1,188,291
	UNITED MEXICAN STATES SR UNSECURED 09/35 5.625	GOVERNMENT ISSUES	1,194,384	1,183,200
	US TREASURY N/B 11/48 3.375	GOVERNMENT ISSUES	1,180,287	1,112,344
	REPUBLICA ORIENT URUGUAY SR UNSECURED 06/50 5.1	GOVERNMENT ISSUES	1,056,710	1,088,819
	STATE OF ISRAEL SR UNSECURED 03/54 5.75	GOVERNMENT ISSUES	1,055,604	1,057,542
	NEW JERSEY ST TURNPIKE AUTH TU NJSTRN 01/41 FIXED 7.102	MUNICIPALS	1,035,954	1,057,402
	REPUBLIC OF PERU SR UNSECURED REGS 08/31 6.95	GOVERNMENT ISSUES	790,834	925,615
	UNITED MEXICAN STATES SR UNSECURED 01/50 4.5	GOVERNMENT ISSUES	889,534	904,018
	US TREASURY N/B 05/48 3.125	GOVERNMENT ISSUES	850,155	838,965
	US TREASURY N/B 02/48 3	GOVERNMENT ISSUES	832,824	821,992
	TREASURY CORP VICTORIA LOCAL GOVT G REGS 09/33 2.25	GOVERNMENT ISSUES	781,224	763,303
	TSY INFL IX N/B 02/52 0.125	GOVERNMENT ISSUES	831,918	743,825
	UNITED MEXICAN STATES SR UNSECURED 03/33 5.375	GOVERNMENT ISSUES	697,438	693,700
	UNITED MEXICAN STATES SR UNSECURED 03/31 4.75	GOVERNMENT ISSUES	697,424	691,600
	US TREASURY N/B 08/35 4.25	GOVERNMENT ISSUES	653,601	653,066
	REPUBLIC OF SOUTH AFRICA BONDS 01/40 9	GOVERNMENT ISSUES	550,588	630,368
	REPUBLIC OF PERU SR UNSECURED 08/54 5.875	GOVERNMENT ISSUES	564,921	564,044
	MUNI ELEC AUTH OF GEORGIA MELPWR 04/57 FIXED 6.637	MUNICIPALS	489,257	500,711
	REPUBLIC OF SOUTH AFRICA BONDS 02/48 8.75	GOVERNMENT ISSUES	414,743	487,306
	US TREASURY N/B 08/53 4.125	GOVERNMENT ISSUES	518,088	484,560
	QUEENSLAND TREASURY CORP LOCAL GOVT G 144A REGS 08/35 4	GOVERNMENT ISSUES	445,790	436,836
	REPUBLIC OF SOUTH AFRICA BONDS 03/36 6.25	GOVERNMENT ISSUES	382,820	430,337
	NEW S WALES TREASURY CRP LOCAL GOVT G REGS 02/37 4.75	GOVERNMENT ISSUES	384,142	375,915
	US TREASURY N/B 02/54 4.25	GOVERNMENT ISSUES	352,852	340,518
	US TREASURY N/B 02/51 1.875	GOVERNMENT ISSUES	276,349	280,801
	REPUBLIC OF CHILE SR UNSECURED 01/52 4	GOVERNMENT ISSUES	246,807	261,344
	REPUBLIC OF PERU SR UNSECURED 144A 08/31 6.95	GOVERNMENT ISSUES	179,873	211,824
	REPUBLIC OF SOUTH AFRICA BONDS 01/44 8.75	GOVERNMENT ISSUES	75,312	86,589
	TOTAL US, MUNICIPAL, AND INTERNATIONAL GOVERNMENT SECURITIES		540,481,178	543,004,685

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, 2025

(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			
	AT+T INC SR UNSECURED 09/55 3.55	CORPORATE BONDS	14,691,691	15,728,411
	BEIGNET INVESTOR LLC SR SECURED 144A 05/49 6.581	CORPORATE BONDS	14,200,000	15,045,461
	WELLS FARGO BANK NA SUBORDINATED 01/38 6.6	CORPORATE BONDS	12,575,533	12,835,973
	CVS HEALTH CORP SR UNSECURED 03/38 4.78	CORPORATE BONDS	11,545,083	12,488,907
	CVS HEALTH CORP SR UNSECURED 03/48 5.05	CORPORATE BONDS	11,969,878	12,443,530
	ANHEUSER BUSCH CO/INBEV COMPANY GUAR 02/46 4.9	CORPORATE BONDS	11,644,097	12,115,085
	CITIGROUP INC SR UNSECURED 07/39 8.125	CORPORATE BONDS	10,747,190	11,494,134
	RTX CORP SR UNSECURED 06/42 4.5	CORPORATE BONDS	10,161,417	10,942,901
	HSBC BANK USA NA SUBORDINATED 01/39 7	CORPORATE BONDS	9,971,040	10,546,859
	GOLDMAN SACHS CAPITAL I LIMITD GUARA 02/34 6.345	CORPORATE BONDS	10,381,151	10,495,929
	BARRICK NA FINANCE LLC COMPANY GUAR 05/43 5.75	CORPORATE BONDS	9,437,497	9,742,210
	SAUDI ARABIAN OIL CO SR UNSECURED 144A 06/55 6.375	CORPORATE BONDS	9,333,439	9,709,886
	HESS CORP SR UNSECURED 02/41 5.6	CORPORATE BONDS	8,478,664	9,575,062
	META PLATFORMS INC SR UNSECURED 11/65 5.75	CORPORATE BONDS	8,840,147	8,464,921
	ENERGY TRANSFER LP SR UNSECURED 03/45 5.15	CORPORATE BONDS	7,569,489	8,412,411
	SCENTRE GROUP TRUST 2 COMPANY GUAR 144A 09/80 VAR	CORPORATE BONDS	8,035,206	8,363,016
	TIME WARNER CABLE LLC SR SECURED 07/38 7.3	CORPORATE BONDS	7,426,155	8,295,050
	OCCIDENTAL PETROLEUM COR SR UNSECURED 09/36 6.45	CORPORATE BONDS	7,697,350	8,262,279
	TAKEDA PHARMACEUTICAL SR UNSECURED 07/40 3.025	CORPORATE BONDS	7,664,198	8,257,737
	META PLATFORMS INC SR UNSECURED 11/55 5.625	CORPORATE BONDS	7,951,241	7,645,413
	PARAMOUNT GLOBAL COMPANY GUAR 03/62 VAR	CORPORATE BONDS	7,246,044	7,380,657
	GLENCORE FUNDING LLC COMPANY GUAR 144A 04/35 5.673	CORPORATE BONDS	6,500,772	6,841,872
	BANK OF AMERICA NA SUBORDINATED 10/36 6	CORPORATE BONDS	6,635,008	6,817,927
	CITIGROUP INC SR UNSECURED 03/56 VAR	CORPORATE BONDS	6,653,508	6,703,577
	ANHEUSER BUSCH INBEV WOR COMPANY GUAR 10/48 4.439	CORPORATE BONDS	6,470,325	6,605,842
	ORACLE CORP SR UNSECURED 07/46 4	CORPORATE BONDS	6,899,106	6,533,330
	TIME WARNER CABLE LLC SR SECURED 11/40 5.875	CORPORATE BONDS	6,095,053	6,255,007
	ENERGY TRANSFER LP SR UNSECURED 04/47 5.3	CORPORATE BONDS	5,763,984	6,138,571
	AT+T INC SR UNSECURED 06/60 3.85	CORPORATE BONDS	5,795,582	6,110,850
	ABBVIE INC SR UNSECURED 11/49 4.25	CORPORATE BONDS	5,861,072	5,976,199
	CVS HEALTH CORP SR UNSECURED 03/48 5.05	CORPORATE BONDS	5,630,954	5,885,453
	VERIZON COMMUNICATIONS SR UNSECURED 11/40 2.65	CORPORATE BONDS	5,679,883	5,775,778
	MICROSOFT CORP SR UNSECURED 06/50 2.525	CORPORATE BONDS	5,795,165	5,686,379
	AT+T INC SR UNSECURED 09/55 3.55	CORPORATE BONDS	5,314,027	5,622,781
	PACIFIC GAS + ELECTRIC 1ST MORTGAGE 08/35 6	CORPORATE BONDS	5,274,242	5,572,793
	CHARTER COMM OPT LLC/CAP SR SECURED 10/45 6.484	CORPORATE BONDS	5,350,595	5,548,537
	PETROLEOS MEXICANOS COMPANY GUAR 01/50 7.69	CORPORATE BONDS	5,183,321	5,512,158
	COMCAST CORP COMPANY GUAR 11/51 2.887	CORPORATE BONDS	5,674,254	5,510,881
	VERIZON COMMUNICATIONS SR UNSECURED 03/61 3.7	CORPORATE BONDS	5,168,266	5,347,739
	GOLDMAN SACHS GROUP INC SR UNSECURED 04/39 VAR	CORPORATE BONDS	4,700,172	5,341,269
	BROADCOM INC SR UNSECURED 144A 05/37 4.926	CORPORATE BONDS	4,596,385	5,262,848
	JPMORGAN CHASE + CO SR UNSECURED 11/41 VAR	CORPORATE BONDS	5,133,461	5,245,825
	LLOYDS BANKING GROUP PLC SR UNSECURED 11/35 VAR	CORPORATE BONDS	5,000,000	5,236,305
	BOEING CO SR UNSECURED 02/50 3.75	CORPORATE BONDS	4,980,150	5,219,413
	BANK OF AMERICA CORP SR UNSECURED 06/41 VAR	CORPORATE BONDS	4,933,084	5,158,462
	CHARTER COMM OPT LLC/CAP SR SECURED 03/50 4.8	CORPORATE BONDS	4,877,551	5,096,736
	HESS CORP SR UNSECURED 01/40 6	CORPORATE BONDS	4,877,438	5,040,033
	ENERGY TRANSFER LP SR UNSECURED 05/50 5	CORPORATE BONDS	5,144,577	4,975,277
	MORGAN STANLEY SR UNSECURED 04/36 VAR	CORPORATE BONDS	4,790,697	4,916,941
	KINDER MORGAN INC COMPANY GUAR 06/45 5.55	CORPORATE BONDS	4,461,665	4,884,364
	MPLX LP SR UNSECURED 04/38 4.5	CORPORATE BONDS	4,456,201	4,845,190
	CITIGROUP INC SUBORDINATED 05/46 4.75	CORPORATE BONDS	4,389,257	4,800,922
	BERKSHIRE HATHAWAY ENERG SR UNSECURED 01/49 4.45	CORPORATE BONDS	4,555,463	4,751,120
	NATIONWIDE MUTUAL INSURA SUBORDINATED 144A 04/50 4.35	CORPORATE BONDS	4,382,580	4,743,882
	AMGEN INC SR UNSECURED 05/45 4.4	CORPORATE BONDS	4,671,902	4,742,179
	JPMORGAN CHASE + CO SR UNSECURED 04/51 VAR	CORPORATE BONDS	4,416,117	4,676,576
	CARRIER GLOBAL CORP SR UNSECURED 04/40 3.377	CORPORATE BONDS	4,604,005	4,632,316
	HCA INC COMPANY GUAR 03/52 4.625	CORPORATE BONDS	4,341,932	4,553,858
	AMAZON.COM INC SR UNSECURED 06/50 2.5	CORPORATE BONDS	4,548,064	4,499,370
	KINDER MORGAN INC COMPANY GUAR 06/45 5.55	CORPORATE BONDS	4,125,119	4,394,473
	ASTRAZENECA PLC SR UNSECURED 09/37 6.45	CORPORATE BONDS	4,166,253	4,354,393
	FOUNDRY JV HOLDCO LLC SR SECURED 144A 01/39 6.3	CORPORATE BONDS	4,234,275	4,306,282
	ALPHABET INC SR UNSECURED 11/75 5.7	CORPORATE BONDS	4,317,854	4,298,899

Kaiser Foundation Health Plan, Inc.
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	SAUDI ARABIAN OIL CO SR UNSECURED 144A 06/55 6.375	CORPORATE BONDS	4,027,963	4,289,928
	COMCAST CORP COMPANY GUAR 11/51 2.887	CORPORATE BONDS	4,385,487	4,256,884
	ELEVANCE HEALTH INC SR UNSECURED 08/44 4.65	CORPORATE BONDS	3,971,724	4,225,996
	ALPHABET INC SR UNSECURED 11/55 5.45	CORPORATE BONDS	4,256,336	4,221,910
	CHARTER COMM OPT LLC/CAP SR SECURED 04/51 3.7	CORPORATE BONDS	4,001,200	4,214,783
	ORACLE CORP SR UNSECURED 09/65 6.1	CORPORATE BONDS	4,687,616	4,179,074
	VOLKSWAGEN GROUP AMERICA COMPANY GUAR 144A 03/35 5.8	CORPORATE BONDS	3,991,260	4,146,980
	VERIZON COMMUNICATIONS SR UNSECURED 11/45 5.75	CORPORATE BONDS	4,083,067	4,084,143
	CENTENE CORP SR UNSECURED 10/30 3	CORPORATE BONDS	4,082,795	4,074,620
	CHILE ELECTRICITY LUX GOVT GUARANT 144A 10/35 5.58	CORPORATE BONDS	3,956,991	4,061,839
	BANK OF AMERICA CORP SR UNSECURED 04/42 VAR	CORPORATE BONDS	3,633,872	4,015,400
	ORACLE CORP SR UNSECURED 09/55 5.95	CORPORATE BONDS	4,455,900	4,003,928
	GREENSAIF PIPELINES BIDC SR SECURED 144A 08/42 6.1027	CORPORATE BONDS	3,720,045	3,891,508
	MARS INC SR UNSECURED 144A 05/55 5.7	CORPORATE BONDS	3,864,592	3,881,088
	ORACLE CORP SR UNSECURED 04/40 3.6	CORPORATE BONDS	3,708,918	3,842,721
	FMC CORP SUBORDINATED 11/55 VAR	CORPORATE BONDS	4,806,003	3,830,888
	PACIFIC GAS + ELECTRIC 1ST MORTGAGE 07/40 4.5	CORPORATE BONDS	3,294,114	3,802,161
	BANCO SANTANDER SA 01/35 6.033	CORPORATE BONDS	3,500,000	3,756,236
	BP CAP MARKETS AMERICA COMPANY GUAR 11/50 2.772	CORPORATE BONDS	3,737,194	3,727,506
	ELEVANCE HEALTH INC SR UNSECURED 05/50 3.125	CORPORATE BONDS	3,654,315	3,724,567
	COMCAST CORP COMPANY GUAR 11/56 2.937	CORPORATE BONDS	3,725,025	3,720,217
	DUKE ENERGY CORP SR UNSECURED 09/46 3.75	CORPORATE BONDS	3,414,015	3,716,411
	BARRICK INTL BARBADOS COMPANY GUAR 144A 10/36 6.35	CORPORATE BONDS	3,507,253	3,674,274
	AT+T INC SR UNSECURED 06/41 3.5	CORPORATE BONDS	3,340,546	3,652,272
	VICI PROPERTIES LP SR UNSECURED 11/31 5.125	CORPORATE BONDS	3,587,148	3,652,139
	IBM CORP SR UNSECURED 05/39 4.15	CORPORATE BONDS	3,351,028	3,651,526
	BANK OF AMERICA CORP SR UNSECURED 07/52 VAR	CORPORATE BONDS	3,461,202	3,649,929
	CLECO POWER LLC SR UNSECURED 144A 01/36 5.3	CORPORATE BONDS	3,591,972	3,637,329
	DIAMONDBACK ENERGY INC COMPANY GUAR 03/52 4.25	CORPORATE BONDS	3,492,204	3,605,957
	ORACLE CORP SR UNSECURED 02/53 5.55	CORPORATE BONDS	3,872,432	3,599,801
	CREDIT AGRICOLE SA 144A 01/36 VAR	CORPORATE BONDS	3,400,000	3,592,794
	DOMINION ENERGY INC SR UNSECURED 08/52 4.85	CORPORATE BONDS	3,332,667	3,589,860
	T MOBILE USA INC COMPANY GUAR 02/51 3.3	CORPORATE BONDS	3,423,205	3,585,706
	VERIZON COMMUNICATIONS SR UNSECURED 11/55 5.875	CORPORATE BONDS	3,608,704	3,584,960
	HA SUSTAINABLE INF CAP COMPANY GUAR 07/34 6.375	CORPORATE BONDS	3,495,345	3,571,592
	PACIFIC GAS + ELECTRIC 1ST MORTGAGE 10/55 6.1	CORPORATE BONDS	3,594,960	3,546,689
	BPCE SA 144A 01/36 VAR	CORPORATE BONDS	3,300,000	3,528,807
	HSBC HOLDINGS PLC SR UNSECURED 03/36 VAR	CORPORATE BONDS	3,400,000	3,514,394
	GOLDMAN SACHS GROUP INC SR UNSECURED 01/56 VAR	CORPORATE BONDS	3,443,185	3,493,651
	META PLATFORMS INC SR UNSECURED 05/53 5.6	CORPORATE BONDS	3,482,432	3,486,862
	PARAMOUNT GLOBAL COMPANY GUAR 03/43 4.375	CORPORATE BONDS	3,481,264	3,485,701
	CANADIAN NATL RESOURCES SR UNSECURED 12/34 5.4	CORPORATE BONDS	3,394,458	3,464,644
	MORGAN STANLEY SR UNSECURED 11/55 VAR	CORPORATE BONDS	3,470,058	3,461,071
	MITSUBISHI UFJ FIN GRP SR UNSECURED 01/36 VAR	CORPORATE BONDS	3,300,000	3,459,753
	SEMPRA SR UNSECURED 02/38 3.8	CORPORATE BONDS	3,164,139	3,419,170
	GOLDMAN SACHS GROUP INC SR UNSECURED 11/45 VAR	CORPORATE BONDS	3,377,596	3,398,136
	WELLS FARGO + COMPANY SR UNSECURED 12/35 VAR	CORPORATE BONDS	3,300,000	3,377,159
	PACIFIC GAS + ELECTRIC 1ST MORTGAGE 03/55 6.15	CORPORATE BONDS	3,389,800	3,377,089
	ORACLE CORP SR UNSECURED 11/37 3.8	CORPORATE BONDS	3,293,230	3,363,958
	DUKE ENERGY CORP SR UNSECURED 09/46 3.75	CORPORATE BONDS	2,957,297	3,343,628
	MPLX LP SR UNSECURED 09/55 6.2	CORPORATE BONDS	3,283,051	3,331,960
	SWEPCO STORM RECOVERY FU SR SECURED 09/41 4.88	CORPORATE BONDS	3,285,840	3,323,494
	GILEAD SCIENCES INC SR UNSECURED 02/45 4.5	CORPORATE BONDS	3,199,326	3,313,213
	NTT FINANCE CORP SR UNSECURED 144A 07/35 5.502	CORPORATE BONDS	3,210,531	3,298,770
	ROYALTY PHARMA PLC COMPANY GUAR 09/55 5.95	CORPORATE BONDS	3,162,192	3,290,151
	COMMONWEALTH EDISON CO 1ST MORTGAGE 03/48 4	CORPORATE BONDS	3,079,781	3,284,330
	ENTERPRISE PRODUCTS OPER COMPANY GUAR 02/53 3.3	CORPORATE BONDS	3,256,883	3,279,617
	ARTHUR J GALLAGHER + CO SR UNSECURED 02/55 5.55	CORPORATE BONDS	3,378,784	3,276,009
	RTX CORP SR UNSECURED 11/46 3.75	CORPORATE BONDS	3,019,819	3,264,957
	CIVITAS RESOURCES INC COMPANY GUAR 144A 07/28 8.375	CORPORATE BONDS	3,235,950	3,217,761
	ONEOK INC COMPANY GUAR 11/64 5.85	CORPORATE BONDS	3,389,732	3,200,944
	COMCAST CORP COMPANY GUAR 07/46 3.4	CORPORATE BONDS	3,078,792	3,193,247
	BOEING CO/THE SR UNSECURED 05/64 7.008	CORPORATE BONDS	2,802,802	3,191,883
	COX COMMUNICATIONS INC COMPANY GUAR 144A 09/54 5.95	CORPORATE BONDS	3,307,204	3,190,687

Kaiser Foundation Health Plan, Inc.
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	BALTIMORE GAS + ELECTRIC SR UNSECURED 06/53 5.4	CORPORATE BONDS	3,118,877	3,183,986
	UNITEDHEALTH GROUP INC SR UNSECURED 06/48 4.25	CORPORATE BONDS	3,208,876	3,175,798
	UNITEDHEALTH GROUP INC SR UNSECURED 08/39 3.5	CORPORATE BONDS	2,978,559	3,139,613
	AT+T INC SR UNSECURED 09/53 3.5	CORPORATE BONDS	2,801,382	3,131,957
	7 ELEVEN INC SR UNSECURED 144A 02/41 2.5	CORPORATE BONDS	2,914,288	3,116,643
	HUNTINGTON INGALLS INDUS COMPANY GUAR 01/35 5.749	CORPORATE BONDS	2,886,607	3,069,120
	ABBVIE INC SR UNSECURED 11/42 4.4	CORPORATE BONDS	2,850,497	3,068,704
	MPLX LP SR UNSECURED 04/48 4.7	CORPORATE BONDS	2,813,466	3,061,271
	BARCLAYS PLC SR UNSECURED 09/35 VAR	CORPORATE BONDS	3,000,000	3,055,188
	FREEPORT MCMORAN INC COMPANY GUAR 03/43 5.45	CORPORATE BONDS	2,847,545	3,054,087
	ABBVIE INC SR UNSECURED 11/39 4.05	CORPORATE BONDS	2,737,182	3,042,933
	SAN DIEGO G + E 1ST MORTGAGE 03/52 3.7	CORPORATE BONDS	2,944,001	3,042,638
	FARMERS EXCHANGE CAP II SUBORDINATED 144A 11/53 VAR	CORPORATE BONDS	2,935,664	3,013,091
	BMS IRELAND CAP FUNDING COMPANY GUAR 11/55 4.581	CORPORATE BONDS	2,984,540	2,979,646
	MIDAMERICAN ENERGY CO 1ST MORTGAGE 09/54 5.85	CORPORATE BONDS	2,924,885	2,939,564
	FIRST QUANTUM MINERALS L COMPANY GUAR 144A 02/34 7.25	CORPORATE BONDS	2,807,130	2,933,140
	NORTHWESTERN MUTUAL LIFE SUBORDINATED 144A 05/55 6.17	CORPORATE BONDS	2,868,782	2,912,430
	HARBOUR ENERGY PLC SR UNSECURED 144A 04/35 6.327	CORPORATE BONDS	2,872,671	2,911,089
	GLOBAL PAYMENTS INC SR UNSECURED 11/32 5.2	CORPORATE BONDS	2,896,462	2,904,417
	MORGAN STANLEY SR UNSECURED 04/42 VAR	CORPORATE BONDS	2,624,207	2,888,937
	VERIZON COMMUNICATIONS SR UNSECURED 03/41 3.4	CORPORATE BONDS	2,806,643	2,875,724
	AMGEN INC SR UNSECURED 06/51 4.663	CORPORATE BONDS	2,758,112	2,862,363
	PARAMOUNT GLOBAL COMPANY GUAR 10/40 5.9	CORPORATE BONDS	2,973,948	2,838,771
	COMMONSPIRIT HEALTH SR UNSECURED 09/55 5.662	CORPORATE BONDS	2,932,088	2,836,502
	COMCAST CORP COMPANY GUAR 11/56 2.937	CORPORATE BONDS	2,955,300	2,820,911
	PACIFIC GAS + ELECTRIC 1ST MORTGAGE 08/42 3.75	CORPORATE BONDS	2,349,127	2,808,650
	INDIANAPOLIS PWR + LIGHT 1ST MORTGAGE 144A 08/35 5.05	CORPORATE BONDS	2,761,938	2,797,471
	HOME DEPOT INC SR UNSECURED 09/51 2.75	CORPORATE BONDS	2,763,309	2,779,438
	PROLOGIS TARGETED US COMPANY GUAR 144A 01/36 4.75	CORPORATE BONDS	2,784,639	2,771,298
	BIOCON BIOLOGICS GLOBAL SR SECURED 144A 10/29 6.67	CORPORATE BONDS	2,692,178	2,765,427
	NATIONWIDE MUTUAL INSURA SUBORDINATED 144A 08/39 9.375	CORPORATE BONDS	2,467,239	2,760,657
	FOUNDRY JV HOLDCO LLC SR SECURED 144A 01/36 6.1	CORPORATE BONDS	2,665,024	2,745,798
	GOLDMAN SACHS GROUP INC SR UNSECURED 10/36 VAR	CORPORATE BONDS	2,745,000	2,731,031
	DIAMONDBACK ENERGY INC COMPANY GUAR 03/53 6.25	CORPORATE BONDS	2,622,638	2,721,995
	TAKEDA PHARMACEUTICAL SR UNSECURED 07/44 5.65	CORPORATE BONDS	2,704,084	2,721,129
	HOME DEPOT INC SR UNSECURED 04/43 4.2	CORPORATE BONDS	2,623,716	2,696,326
	ELEVANCE HEALTH INC SR UNSECURED 02/55 5.7	CORPORATE BONDS	2,688,830	2,687,134
	GOLDMAN SACHS GROUP INC SR UNSECURED 02/43 VAR	CORPORATE BONDS	2,322,518	2,670,982
	AT+T INC SR UNSECURED 11/54 5.7	CORPORATE BONDS	2,755,707	2,666,147
	APPLE INC SR UNSECURED 02/51 2.65	CORPORATE BONDS	2,688,672	2,663,912
	NOKIA OYJ SR UNSECURED 05/39 6.625	CORPORATE BONDS	2,530,959	2,659,807
	VENTURE GLOBAL PLAQUE SR SECURED 144A 06/34 6.5	CORPORATE BONDS	2,600,000	2,658,181
	VIPER ENERGY PARTNERS LL COMPANY GUAR 08/35 5.7	CORPORATE BONDS	2,590,536	2,653,378
	APPLE INC SR UNSECURED 02/46 4.65	CORPORATE BONDS	2,660,918	2,652,836
	RTX CORP SR UNSECURED 09/51 2.82	CORPORATE BONDS	2,504,538	2,644,507
	BERKSHIRE HATHAWAY ENERG SR UNSECURED 05/51 2.85	CORPORATE BONDS	2,415,131	2,642,060
	ENTERPRISE PRODUCTS OPER COMPANY GUAR 01/36 5.2	CORPORATE BONDS	2,571,357	2,630,880
	MORGAN STANLEY SR UNSECURED 01/52 VAR	CORPORATE BONDS	2,486,941	2,627,806
	JOHNSON + JOHNSON SR UNSECURED 03/46 3.7	CORPORATE BONDS	2,586,916	2,617,980
	TEACHERS INSUR + ANNUITY SUBORDINATED 144A 09/44 4.9	CORPORATE BONDS	2,365,375	2,617,796
	HORIZON MUTUAL HOLDINGS SR UNSECURED 144A 11/34 6.2	CORPORATE BONDS	2,664,073	2,607,421
	VIRGINIA ELEC + POWER CO SR UNSECURED 04/53 5.45	CORPORATE BONDS	2,445,806	2,590,648
	CONSTELLATION INSURC INC SR UNSECURED 144A 01/30 6.8	CORPORATE BONDS	2,544,627	2,589,983
	TIME WARNER CABLE LLC SR SECURED 09/42 4.5	CORPORATE BONDS	2,307,723	2,588,379
	PARAMOUNT GLOBAL COMPANY GUAR 02/57 VAR	CORPORATE BONDS	2,267,113	2,569,647
	BOEING CO SR UNSECURED 05/50 5.805	CORPORATE BONDS	2,473,786	2,563,649
	FORD MOTOR COMPANY SR UNSECURED 01/43 4.75	CORPORATE BONDS	2,354,988	2,552,958
	FRONTIER COMMUNICATIONS SECURED 144A 05/29 6.75	CORPORATE BONDS	2,553,619	2,551,174
	ANHEUSER BUSCH CO/INBEV COMPANY GUAR 02/36 4.7	CORPORATE BONDS	2,400,200	2,549,305
	BROADCOM INC COMPANY GUAR 02/41 3.5	CORPORATE BONDS	2,229,433	2,540,697
	VENTURE GLOBAL LNG INC SR SECURED 144A 02/32 9.875	CORPORATE BONDS	2,655,623	2,515,531
	NEXTERA ENERGY CAPITAL COMPANY GUAR 03/55 5.9	CORPORATE BONDS	2,391,079	2,471,022
	AEP TEXAS INC SR UNSECURED 01/50 3.45	CORPORATE BONDS	2,267,615	2,462,768
	HARBOUR ENERGY PLC SR UNSECURED 144A 04/35 6.327	CORPORATE BONDS	2,400,000	2,434,360

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)
December 31, 2025

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	ROYALTY PHARMA PLC COMPANY GUAR 09/35 5.2	CORPORATE BONDS	2,361,535	2,427,135
	CSL FINANCE PLC COMPANY GUAR 144A 04/52 4.75	CORPORATE BONDS	2,428,596	2,407,652
	BERKSHIRE HATHAWAY ENERG SR UNSECURED 05/53 4.6	CORPORATE BONDS	2,198,287	2,385,039
	SHELL FINANCE US INC COMPANY GUAR 144A 11/51 3	CORPORATE BONDS	2,418,912	2,384,393
	CONOCOPHILLIPS COMPANY COMPANY GUAR 03/62 4.025	CORPORATE BONDS	2,322,422	2,368,347
	CI FINANCIAL CORP SR UNSECURED 144A 05/29 7.5	CORPORATE BONDS	2,369,831	2,356,773
	FARMERS EXCHANGE CAP III SUBORDINATED 144A 10/54 VAR	CORPORATE BONDS	2,222,059	2,355,308
	PFIZER INC SR UNSECURED 05/50 2.7	CORPORATE BONDS	2,390,100	2,310,544
	SAUDI ARABIAN OIL CO SR UNSECURED 144A 07/64 5.875	CORPORATE BONDS	2,133,385	2,301,948
	SOUTHERN CALIF GAS CO 1ST MORTGAGE 06/53 5.75	CORPORATE BONDS	2,225,230	2,273,989
	BRANDYWINE OPER PARTNERS COMPANY GUAR 04/29 8.875	CORPORATE BONDS	2,089,605	2,263,417
	META PLATFORMS INC SR UNSECURED 08/54 5.4	CORPORATE BONDS	2,417,573	2,253,871
	SOUTHERN CAL EDISON 1ST MORTGAGE 02/50 3.65	CORPORATE BONDS	2,155,328	2,246,667
	BRASKEM NETHERLANDS COMPANY GUAR 144A 10/34 8	CORPORATE BONDS	5,590,144	2,243,625
	MERCK + CO INC SR UNSECURED 05/44 4.9	CORPORATE BONDS	2,093,658	2,242,789
	WARNERMEDIA HOLDINGS INC COMPANY GUAR 03/42 5.05	CORPORATE BONDS	2,414,770	2,220,370
	HESS CORP SR UNSECURED 03/33 7.125	CORPORATE BONDS	2,060,132	2,219,938
	PACIFIC GAS + ELECTRIC 1ST MORTGAGE 03/55 6.15	CORPORATE BONDS	2,184,109	2,207,027
	DUKE ENERGY INDIANA LLC 1ST MORTGAGE 04/53 5.4	CORPORATE BONDS	2,093,387	2,200,253
	DEVON ENERGY CORPORATION SR UNSECURED 09/34 5.2	CORPORATE BONDS	2,199,252	2,196,284
	AVOLON HOLDINGS FNDG LTD COMPANY GUAR 144A 11/29 5.75	CORPORATE BONDS	2,083,053	2,180,068
	HEALTH CARE SERVICE CORP SR UNSECURED 144A 06/54 5.875	CORPORATE BONDS	2,243,048	2,172,904
	FEDEX CORP COMPANY GUAR 02/48 4.05	CORPORATE BONDS	2,130,877	2,171,283
	HEALTH CARE SERVICE CORP SR UNSECURED 144A 06/50 3.2	CORPORATE BONDS	2,187,568	2,153,861
	VICI PROPERTIES LP SR UNSECURED 04/35 5.625	CORPORATE BONDS	2,083,599	2,149,228
	FARMERS INS EXCH SUBORDINATED 144A 10/64 VAR	CORPORATE BONDS	2,090,000	2,144,382
	ENERGY TRANSFER LP SR UNSECURED 06/41 6.05	CORPORATE BONDS	2,040,715	2,140,860
	KRAFT HEINZ FOODS CO COMPANY GUAR 10/49 4.875	CORPORATE BONDS	2,084,952	2,131,022
	CANADIAN NATL RESOURCES SR UNSECURED 03/38 6.25	CORPORATE BONDS	1,923,300	2,125,660
	DOMINION ENERGY INC SR UNSECURED 04/41 3.3	CORPORATE BONDS	1,874,252	2,119,997
	WILLIAMS COMPANIES INC SR UNSECURED 06/44 5.75	CORPORATE BONDS	1,914,612	2,092,933
	ENI SPA SR UNSECURED 144A 05/54 5.95	CORPORATE BONDS	2,075,388	2,088,621
	OGLETHORPE POWER CORP 1ST MORTGAGE 04/47 4.5	CORPORATE BONDS	1,835,064	2,075,579
	ORACLE CORP SR UNSECURED 04/50 3.6	CORPORATE BONDS	2,277,084	2,060,726
	SAUDI ARABIAN OIL CO SR UNSECURED 144A 07/54 5.75	CORPORATE BONDS	2,046,723	2,048,624
	GLENCORE FUNDING LLC COMPANY GUAR 144A 10/33 6.5	CORPORATE BONDS	1,838,604	2,046,104
	MORGAN STANLEY SR UNSECURED 10/36 VAR	CORPORATE BONDS	2,030,000	2,016,535
	RTX CORP SR UNSECURED 11/48 4.625	CORPORATE BONDS	2,009,688	2,012,254
	LOWE S COS INC SR UNSECURED 10/50 3	CORPORATE BONDS	1,925,181	2,008,019
	META PLATFORMS INC SR UNSECURED 08/52 4.45	CORPORATE BONDS	1,987,027	1,991,758
	CVS HEALTH CORP SR UNSECURED 09/55 6.2	CORPORATE BONDS	1,947,972	1,987,471
	JPMORGAN CHASE + CO SR UNSECURED 04/42 VAR	CORPORATE BONDS	1,719,736	1,985,987
	ELEVANCE HEALTH INC SR UNSECURED 11/64 5.85	CORPORATE BONDS	2,004,131	1,980,208
	ALABAMA POWER CO SR UNSECURED 03/52 3	CORPORATE BONDS	1,900,202	1,977,962
	ORACLE CORP SR UNSECURED 09/55 5.95	CORPORATE BONDS	2,151,959	1,975,271
	CVS HEALTH CORP SR UNSECURED 03/38 4.78	CORPORATE BONDS	1,833,424	1,974,175
	CVS HEALTH CORP SR UNSECURED 08/40 2.7	CORPORATE BONDS	1,698,428	1,969,384
	PACIFICORP 1ST MORTGAGE 01/55 5.8	CORPORATE BONDS	2,087,379	1,965,505
	BURLINGTN NORTH SANTA FE SR UNSECURED 09/44 4.55	CORPORATE BONDS	2,026,241	1,964,994
	AON CORP/AON GLOBAL HOLD COMPANY GUAR 02/52 3.9	CORPORATE BONDS	1,903,955	1,963,733
	FIRST QUANTUM MINERALS L COMPANY GUAR 144A 06/31 8.625	CORPORATE BONDS	1,948,725	1,962,911
	BERKSHIRE HATHAWAY FIN COMPANY GUAR 03/52 3.85	CORPORATE BONDS	1,925,735	1,956,139
	AMAZON.COM INC SR UNSECURED 08/37 3.875	CORPORATE BONDS	1,837,022	1,948,664
	JPMORGAN CHASE + CO SR UNSECURED 11/48 VAR	CORPORATE BONDS	1,842,493	1,946,347
	GREENSAIF PIPELINES BIDC SR SECURED 144A 08/42 6.1027	CORPORATE BONDS	1,850,000	1,930,105
	STEPSTONE GROUP M 2 GMBH THE EUR TERM LOAN B	BANK LOAN	1,823,484	1,916,756
	PUBLIC SERVICE OKLAHOMA SR UNSECURED 01/36 5.45	CORPORATE BONDS	1,858,438	1,911,369
	DUKE ENERGY FLORIDA LLC 1ST MORTGAGE 07/48 4.2	CORPORATE BONDS	1,798,129	1,900,309
	NATIONWIDE MUTUAL INSURA SUBORDINATED 144A 04/50 4.35	CORPORATE BONDS	1,751,377	1,874,757
	ELECTRICITE DE FRANCE SA SR UNSECURED 144A 04/64 6	CORPORATE BONDS	1,747,582	1,873,728
	ORACLE CORP SR UNSECURED 09/54 5.375	CORPORATE BONDS	2,293,537	1,867,044
	AMGEN INC SR UNSECURED 03/53 5.65	CORPORATE BONDS	1,773,194	1,853,722
	PARAMOUNT GLOBAL COMPANY GUAR 04/36 6.875	CORPORATE BONDS	1,886,266	1,852,801
	HUMANA INC SR UNSECURED 04/54 5.75	CORPORATE BONDS	1,900,961	1,849,687

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December 31, 2025

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	ORACLE CORP SR UNSECURED 11/47 4	CORPORATE BONDS	2,100,671	1,827,967
	KEURIG DR PEPPER INC COMPANY GUAR 05/50 3.8	CORPORATE BONDS	1,806,130	1,826,589
	CITIGROUP INC SR UNSECURED 11/42 VAR	CORPORATE BONDS	1,605,938	1,819,555
	ORACLE CORP SR UNSECURED 05/45 4.125	CORPORATE BONDS	1,879,542	1,818,419
	SAN DIEGO G + E 1ST MORTGAGE 04/35 5.4	CORPORATE BONDS	1,745,726	1,814,406
	AMGEN INC SR UNSECURED 02/40 3.15	CORPORATE BONDS	1,564,505	1,810,286
	WALMART INC SR UNSECURED 09/51 2.65	CORPORATE BONDS	1,819,349	1,806,680
	NISOURCE INC SR UNSECURED 02/43 5.25	CORPORATE BONDS	1,658,025	1,801,145
	EXXON MOBIL CORPORATION SR UNSECURED 04/51 3.452	CORPORATE BONDS	1,795,978	1,788,803
	AT+T INC SR UNSECURED 06/44 4.65	CORPORATE BONDS	1,590,952	1,762,610
	HUMANA INC SR UNSECURED 05/55 6	CORPORATE BONDS	1,786,066	1,758,311
	CENTENE CORP SR UNSECURED 03/31 2.5	CORPORATE BONDS	1,578,934	1,752,563
	NTT FINANCE CORP SR UNSECURED 144A 07/28 VAR	CORPORATE BONDS	1,700,000	1,717,425
	ALPHABET INC SR UNSECURED 11/44 4	CORPORATE BONDS	1,712,649	1,711,415
	KRAFT HEINZ FOODS CO COMPANY GUAR 10/39 4.625	CORPORATE BONDS	1,641,107	1,707,544
	CENOVUS ENERGY INC SR UNSECURED 02/52 3.75	CORPORATE BONDS	1,635,996	1,704,916
	NATIONAL RURAL UTIL COOP COLLATERAL T 11/48 4.4	CORPORATE BONDS	1,558,512	1,696,257
	WAND NEWCO 3 INC SR SECURED 144A 01/32 7.625	CORPORATE BONDS	1,600,000	1,693,429
	TIME WARNER CABLE LLC SR SECURED 06/39 6.75	CORPORATE BONDS	1,539,189	1,692,790
	BURLINGTN NORTH SANTA FE SR UNSECURED 03/55 5.5	CORPORATE BONDS	1,698,264	1,684,281
	ALPHABET INC SR UNSECURED 11/64 4.375	CORPORATE BONDS	1,697,368	1,677,950
	FMC CORP SR UNSECURED 05/53 6.375	CORPORATE BONDS	2,052,153	1,677,623
	GENERAL MOTORS CO SR UNSECURED 10/43 6.25	CORPORATE BONDS	1,490,807	1,641,626
	JPMORGAN CHASE + CO JR SUBORDINA 02/27 VAR	CORPORATE BONDS	1,626,494	1,641,477
	CIGNA GROUP/THE COMPANY GUAR 08/38 4.8	CORPORATE BONDS	1,513,697	1,632,799
	CHILDREN S HOSPITAL MEDI SR UNSECURED 05/44 4.268	CORPORATE BONDS	1,545,490	1,627,500
	FRONTIER COMMUNICATIONS SECURED 144A 01/30 6	CORPORATE BONDS	1,593,775	1,625,041
	BROADCOM INC SR UNSECURED 144A 11/36 3.187	CORPORATE BONDS	1,621,760	1,610,588
	ORACLE CORP SR UNSECURED 05/55 4.375	CORPORATE BONDS	1,690,858	1,600,449
	AMS OSRAM AG SR UNSECURED 144A 03/29 12.25	CORPORATE BONDS	1,571,250	1,593,218
	KRAFT HEINZ FOODS CO COMPANY GUAR 06/46 4.375	CORPORATE BONDS	1,543,008	1,591,484
	EXELON CORP SR UNSECURED 04/46 4.45	CORPORATE BONDS	1,502,043	1,586,985
	TAKEDA PHARMACEUTICAL SR UNSECURED 07/50 3.175	CORPORATE BONDS	1,567,252	1,585,081
	T MOBILE USA INC COMPANY GUAR 06/55 5.25	CORPORATE BONDS	1,726,211	1,582,617
	ABBVIE INC SR UNSECURED 05/46 4.45	CORPORATE BONDS	1,508,801	1,581,673
	MORGAN STANLEY SR UNSECURED 04/35 VAR	CORPORATE BONDS	1,495,791	1,580,701
	STARBUCKS CORP SR UNSECURED 11/50 3.5	CORPORATE BONDS	1,558,097	1,580,427
	CROWN CASTLE INC SR UNSECURED 04/41 2.9	CORPORATE BONDS	1,425,103	1,578,928
	BNP PARIBAS 144A 01/33 VAR	CORPORATE BONDS	1,500,000	1,576,360
	CENOVUS ENERGY INC SR UNSECURED 11/39 6.75	CORPORATE BONDS	1,541,012	1,567,574
	CVS HEALTH CORP SR UNSECURED 09/65 6.25	CORPORATE BONDS	1,543,754	1,560,690
	NORTHROP GRUMMAN CORP SR UNSECURED 06/54 5.2	CORPORATE BONDS	1,628,878	1,551,462
	BOEING CO SR UNSECURED 08/59 3.95	CORPORATE BONDS	1,472,843	1,523,603
	HSBC HOLDINGS PLC SUBORDINATED 09/37 6.5	CORPORATE BONDS	1,458,267	1,522,238
	VOLKSWAGEN GROUP AMERICA COMPANY GUAR 144A 11/28 4.75	CORPORATE BONDS	1,511,790	1,515,810
	BASIN ELECTRIC PWR COOP 1ST MORTGAGE 144A 10/55 5.85	CORPORATE BONDS	1,508,551	1,475,943
	WARNERMEDIA HOLDINGS INC COMPANY GUAR 03/52 5.141	CORPORATE BONDS	1,397,337	1,468,577
	MIDAMERICAN ENERGY CO 1ST MORTGAGE 05/46 4.25	CORPORATE BONDS	1,355,658	1,466,565
	BURLINGTN NORTH SANTA FE SR UNSECURED 06/52 2.875	CORPORATE BONDS	1,498,846	1,456,213
	DUKE ENERGY INDIANA LLC 1ST MORTGAGE 07/43 4.9	CORPORATE BONDS	1,322,310	1,452,880
	TYSON FOODS INC SR UNSECURED 06/47 4.55	CORPORATE BONDS	1,297,669	1,452,046
	SOUTHWESTERN PUBLIC SERV 1ST MORTGAGE 08/47 3.7	CORPORATE BONDS	1,383,616	1,444,022
	PERNOD RICARD SA SR UNSECURED 144A 06/26 3.25	CORPORATE BONDS	1,345,736	1,413,980
	COX COMMUNICATIONS INC COMPANY GUAR 144A 10/50 2.95	CORPORATE BONDS	1,418,258	1,413,497
	MERCK + CO INC SR UNSECURED 12/51 2.75	CORPORATE BONDS	1,393,394	1,401,752
	FLORIDA POWER + LIGHT CO 1ST MORTGAGE 03/40 5.69	CORPORATE BONDS	1,303,717	1,385,750
	PETROLEOS MEXICANOS COMPANY GUAR 02/48 6.35	CORPORATE BONDS	1,017,984	1,381,407
	WALT DISNEY COMPANY/THE COMPANY GUAR 09/49 2.75	CORPORATE BONDS	1,330,024	1,380,301
	KELLANOVA SR UNSECURED 04/46 4.5	CORPORATE BONDS	1,271,088	1,379,311
	JBS USA HOLD/FOOD/LUX CO COMPANY GUAR 12/52 6.5	CORPORATE BONDS	1,226,912	1,371,137
	BRASKEM NETHERLANDS COMPANY GUAR 144A 01/50 5.875	CORPORATE BONDS	2,721,609	1,365,956
	ORACLE CORP SR UNSECURED 03/51 3.95	CORPORATE BONDS	1,535,917	1,364,702
	PACIFIC GAS + ELECTRIC SR SECURED 06/41 4.2	CORPORATE BONDS	1,358,473	1,363,176
	BOEING CO SR UNSECURED 11/48 3.85	CORPORATE BONDS	1,216,895	1,361,826

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	INTEL CORP SR UNSECURED 12/47 3.734	CORPORATE BONDS	1,363,902	1,354,973
	BERKSHIRE HATHAWAY FIN COMPANY GUAR 05/42 4.4	CORPORATE BONDS	1,302,832	1,354,508
	CISCO SYSTEMS INC SR UNSECURED 01/40 5.5	CORPORATE BONDS	1,301,662	1,340,403
	FLORIDA POWER + LIGHT CO 1ST MORTGAGE 10/49 3.15	CORPORATE BONDS	1,302,347	1,336,052
	PROGRESSIVE CORP SR UNSECURED 04/47 4.125	CORPORATE BONDS	1,299,206	1,335,093
	MERCK + CO INC SR UNSECURED 06/40 2.35	CORPORATE BONDS	1,277,485	1,334,890
	ENERGY TRANSFER LP SR UNSECURED 05/54 5.95	CORPORATE BONDS	1,393,322	1,332,744
	METLIFE INC SR UNSECURED 03/45 4.05	CORPORATE BONDS	1,237,068	1,319,777
	NOVARTIS CAPITAL CORP COMPANY GUAR 11/45 4	CORPORATE BONDS	1,309,286	1,317,683
	BROADCOM INC SR UNSECURED 02/38 4.9	CORPORATE BONDS	1,336,744	1,317,682
	MOLSON COORS BEVERAGE COMPANY GUAR 07/46 4.2	CORPORATE BONDS	1,260,830	1,316,807
	UTAH ACQUISITION SUB COMPANY GUAR 06/46 5.25	CORPORATE BONDS	1,208,384	1,310,425
	MERCK + CO INC SR UNSECURED 02/45 3.7	CORPORATE BONDS	1,291,041	1,308,270
	ENEL FINANCE AMERICA LLC COMPANY GUAR 144A 07/41 2.875	CORPORATE BONDS	1,102,317	1,306,881
	COMCAST CORP COMPANY GUAR 04/40 3.75	CORPORATE BONDS	1,182,488	1,305,805
	COMCAST CORP COMPANY GUAR 03/48 4	CORPORATE BONDS	1,333,961	1,294,192
	HUMANA INC SR UNSECURED 04/54 5.75	CORPORATE BONDS	1,369,301	1,293,554
	SPRINT CAPITAL CORP COMPANY GUAR 03/32 8.75	CORPORATE BONDS	1,238,969	1,289,587
	VITAL ENERGY INC COMPANY GUAR 144A 07/29 7.75	CORPORATE BONDS	1,280,181	1,282,091
	HILTON WORLDWIDE FIN LLC COMPANY GUAR 04/27 4.875	CORPORATE BONDS	1,220,800	1,280,579
	BP CAP MARKETS AMERICA COMPANY GUAR 06/51 2.939	CORPORATE BONDS	1,272,136	1,277,996
	EXELON CORP SR UNSECURED 04/50 4.7	CORPORATE BONDS	1,190,714	1,270,584
	XCEL ENERGY INC SR UNSECURED 12/49 3.5	CORPORATE BONDS	1,154,769	1,268,194
	BMS IRELAND CAP FUNDING COMPANY GUAR 11/45 4.289	CORPORATE BONDS	1,262,690	1,265,832
	BRISTOL MYERS SQUIBB CO SR UNSECURED 06/39 4.125	CORPORATE BONDS	1,131,889	1,264,652
	BROADCOM INC SR UNSECURED 10/34 4.8	CORPORATE BONDS	1,252,402	1,259,825
	BURLINGTN NORTH SANTA FE SR UNSECURED 04/54 5.2	CORPORATE BONDS	1,219,533	1,255,650
	FORD MOTOR CREDIT CO LLC SR UNSECURED 11/27 7.35	CORPORATE BONDS	1,260,771	1,252,685
	SUNCOR ENERGY INC SR UNSECURED 06/39 6.85	CORPORATE BONDS	1,105,166	1,250,702
	BURLINGTN NORTH SANTA FE SR UNSECURED 02/50 3.55	CORPORATE BONDS	1,194,777	1,250,039
	OGLETHORPE POWER CORP 1ST MORTGAGE 11/39 5.95	CORPORATE BONDS	1,256,545	1,247,844
	MIDAMERICAN ENERGY CO 1ST MORTGAGE 11/56 5.5	CORPORATE BONDS	1,245,362	1,232,114
	LYONDELLBASELL IND NV SR UNSECURED 02/55 4.625	CORPORATE BONDS	1,225,543	1,227,943
	CI FINANCIAL CORP SR UNSECURED 12/30 3.2	CORPORATE BONDS	1,200,574	1,209,550
	EASTERN ENERGY GAS SR UNSECURED 01/55 6.2	CORPORATE BONDS	1,155,615	1,203,540
	UNITEDHEALTH GROUP INC SR UNSECURED 05/51 3.25	CORPORATE BONDS	1,162,362	1,203,101
	ONEOK INC COMPANY GUAR 07/48 5.2	CORPORATE BONDS	1,083,205	1,202,715
	VALERO ENERGY CORP SR UNSECURED 06/37 6.625	CORPORATE BONDS	1,136,140	1,202,598
	VALE OVERSEAS LIMITED COMPANY GUAR 144A 02/56 VAR	CORPORATE BONDS	1,193,856	1,200,360
	DUKE ENERGY CORP SR UNSECURED 09/35 4.95	CORPORATE BONDS	1,201,048	1,197,216
	INTEL CORP SR UNSECURED 12/47 3.734	CORPORATE BONDS	1,221,860	1,189,262
	VERIZON COMMUNICATIONS SR UNSECURED 11/65 6	CORPORATE BONDS	1,199,436	1,188,981
	GEORGIA PACIFIC LLC SR UNSECURED 11/29 7.75	CORPORATE BONDS	1,161,909	1,185,276
	JAB HOLDINGS BV SR UNSECURED 144A 04/52 4.5	CORPORATE BONDS	1,099,236	1,181,799
	FRONTIER COMMUNICATIONS SECURED 11/29 5.875	CORPORATE BONDS	1,158,794	1,179,127
	MPLX LP SR UNSECURED 03/47 5.2	CORPORATE BONDS	1,041,070	1,174,482
	HCA INC COMPANY GUAR 06/47 5.5	CORPORATE BONDS	1,020,196	1,171,174
	CENTENE CORP SR UNSECURED 07/28 2.45	CORPORATE BONDS	1,161,575	1,170,578
	SOUTHERN CO GAS CAPITAL COMPANY GUAR 10/46 3.95	CORPORATE BONDS	1,102,678	1,170,172
	APPALACHIAN POWER CO SR UNSECURED 05/50 3.7	CORPORATE BONDS	1,104,368	1,168,885
	SOUTHERN CALIF GAS CO 1ST MORTGAGE 06/55 6	CORPORATE BONDS	1,114,734	1,163,149
	DUKE ENERGY INDIANA LLC 1ST MORTGAGE 08/38 6.35	CORPORATE BONDS	1,069,961	1,161,516
	BOEING CO SR UNSECURED 03/48 3.625	CORPORATE BONDS	1,036,638	1,160,649
	EXPEDIA GROUP INC COMPANY GUAR 02/28 3.8	CORPORATE BONDS	1,069,868	1,153,851
	CITIGROUP CAPITAL III COMPANY GUAR 12/36 7.625	CORPORATE BONDS	1,070,980	1,152,143
	KRAFT HEINZ FOODS CO COMPANY GUAR 01/39 6.875	CORPORATE BONDS	1,110,680	1,147,580
	TAKEDA PHARMACEUTICAL SR UNSECURED 07/64 5.8	CORPORATE BONDS	1,154,629	1,147,374
	CONSTELLATION EN GEN LLC SR UNSECURED 06/42 5.6	CORPORATE BONDS	1,036,237	1,147,010
	LEAR CORP SR UNSECURED 01/52 3.55	CORPORATE BONDS	1,062,224	1,147,010
	PARAMOUNT GLOBAL COMPANY GUAR 07/42 4.85	CORPORATE BONDS	995,386	1,134,737
	CON EDISON CO OF NY INC SR UNSECURED 11/53 5.9	CORPORATE BONDS	1,089,935	1,124,792
	SUNCOR ENERGY INC SR UNSECURED 11/47 4	CORPORATE BONDS	1,031,785	1,116,271
	COMMONSPIRIT HEALTH SR UNSECURED 09/35 4.975	CORPORATE BONDS	1,115,429	1,104,425
	BARRICK NA FINANCE LLC COMPANY GUAR 05/41 5.7	CORPORATE BONDS	1,050,376	1,103,785

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, 2025

(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
	BARCLAYS PLC SR UNSECURED 01/47 4.95	CORPORATE BONDS	988,700	1,099,069
	SUNCOR ENERGY INC SR UNSECURED 03/51 3.75	CORPORATE BONDS	1,026,768	1,088,994
	INDIANAPOLIS PWR + LIGHT 1ST MORTGAGE 144A 04/54 5.7	CORPORATE BONDS	1,091,834	1,084,522
	BAYER US FINANCE LLC COMPANY GUAR 144A 11/53 6.875	CORPORATE BONDS	992,580	1,083,708
	CHARTER COMM OPT LLC/CAP SR SECURED 04/48 5.75	CORPORATE BONDS	1,017,733	1,082,310
	VALE OVERSEAS LIMITED COMPANY GUAR 06/54 6.4	CORPORATE BONDS	1,062,017	1,081,730
	RTX CORP SR UNSECURED 09/51 2.82	CORPORATE BONDS	1,077,430	1,079,710
	MATTEL INC SR UNSECURED 11/41 5.45	CORPORATE BONDS	962,945	1,079,385
	CABOT CORP SR UNSECURED 06/32 5	CORPORATE BONDS	976,090	1,079,024
	VIRGINIA ELEC + POWER CO SR UNSECURED 01/43 4	CORPORATE BONDS	969,028	1,071,486
	HOME DEPOT INC SR UNSECURED 03/51 2.375	CORPORATE BONDS	1,058,073	1,067,802
	VMED O2 UK FINANCING I SR SECURED 144A 04/32 5.625	CORPORATE BONDS	1,072,876	1,062,748
	BARCLAYS PLC SR UNSECURED 11/42 VAR	CORPORATE BONDS	894,812	1,056,657
	NISOURCE INC SR UNSECURED 04/55 5.85	CORPORATE BONDS	1,052,320	1,055,711
	IBM CORP SR UNSECURED 05/49 4.25	CORPORATE BONDS	1,020,172	1,053,265
	AMGEN INC SR UNSECURED 03/53 4.875	CORPORATE BONDS	957,314	1,046,861
	HP ENTERPRISE CO SR UNSECURED 10/54 5.6	CORPORATE BONDS	1,103,468	1,045,422
	PUBLIC SERVICE COLORADO 1ST MORTGAGE 05/54 5.75	CORPORATE BONDS	1,037,369	1,044,880
	WHIRLPOOL CORP SR UNSECURED 06/46 4.5	CORPORATE BONDS	1,078,362	1,044,112
	HCA INC COMPANY GUAR 04/54 6	CORPORATE BONDS	1,038,970	1,042,462
	DUKE ENERGY PROGRESS LLC 1ST MORTGAGE 03/44 4.375	CORPORATE BONDS	985,158	1,038,777
	DUKE ENERGY CAROLINAS 1ST MORTGAGE 08/49 3.2	CORPORATE BONDS	996,703	1,038,766
	RWE FINANCE US LLC COMPANY GUAR 144A 09/55 5.875	CORPORATE BONDS	1,048,227	1,034,935
	VENTURE GLOBAL LNG INC SR SECURED 144A 02/32 9.875	CORPORATE BONDS	1,026,250	1,033,072
	HOME DEPOT INC SR UNSECURED 12/49 3.125	CORPORATE BONDS	986,746	1,032,884
	GENERAL MOTORS CO SR UNSECURED 04/49 5.95	CORPORATE BONDS	928,242	1,032,006
	TRANSPORT DE GAS PERU SR UNSECURED 144A 04/28 4.25	CORPORATE BONDS	977,550	1,027,350
	PIEDMONT NATURAL GAS CO SR UNSECURED 02/35 5.1	CORPORATE BONDS	988,030	1,016,895
	SOUTHERN CO GAS CAPITAL COMPANY GUAR 09/51 3.15	CORPORATE BONDS	969,968	1,016,149
	HOST HOTELS + RESORTS LP SR UNSECURED 04/35 5.5	CORPORATE BONDS	993,210	1,013,906
	AMEREN ILLINOIS CO 1ST MORTGAGE 03/55 5.625	CORPORATE BONDS	1,047,439	1,013,589
	HUMANA INC SR UNSECURED 06/38 8.15	CORPORATE BONDS	965,323	1,005,747
	WELLTOWER OP LLC COMPANY GUAR 01/32 2.75	CORPORATE BONDS	868,329	1,002,104
	OCCIDENTAL PETROLEUM COR SR UNSECURED 03/46 6.6	CORPORATE BONDS	994,794	999,523
	VERIZON COMMUNICATIONS SR UNSECURED 11/55 5.875	CORPORATE BONDS	996,070	990,868
	BOEING CO SR UNSECURED 05/50 5.805	CORPORATE BONDS	885,910	987,919
	META PLATFORMS INC SR UNSECURED 08/64 5.55	CORPORATE BONDS	1,045,464	977,362
	HSBC BANK USA NA SUBORDINATED 08/35 5.625	CORPORATE BONDS	888,278	975,162
	PACIFIC GAS + ELECTRIC 1ST MORTGAGE 08/40 3.3	CORPORATE BONDS	790,309	967,755
	FARMERS INS EXCH SUBORDINATED 144A 11/57 VAR	CORPORATE BONDS	937,987	964,414
	ANHEUSER BUSCH INBEV WOR COMPANY GUAR 01/39 8.2	CORPORATE BONDS	896,976	962,789
	AMERICA MOVIL SAB DE CV SR UNSECURED 07/42 4.375	CORPORATE BONDS	877,967	932,170
	SAN DIEGO G + E 1ST MORTGAGE 06/49 4.1	CORPORATE BONDS	913,123	924,584
	CSX CORP SR UNSECURED 05/37 6.15	CORPORATE BONDS	871,912	924,406
	NRG ENERGY INC SR SECURED 144A 10/35 5.407	CORPORATE BONDS	924,991	924,294
	ABBVIE INC SR UNSECURED 11/49 4.25	CORPORATE BONDS	900,308	909,242
	EBAY INC SR UNSECURED 07/42 4	CORPORATE BONDS	822,476	908,642
	RWE FINANCE US LLC COMPANY GUAR 144A 09/35 5.125	CORPORATE BONDS	905,077	907,277
	HSBC HOLDINGS PLC SR UNSECURED 03/44 VAR	CORPORATE BONDS	856,408	906,477
	DEVON ENERGY CORPORATION SR UNSECURED 06/45 5	CORPORATE BONDS	849,884	899,166
	AEP TEXAS INC SR UNSECURED 10/55 5.85	CORPORATE BONDS	905,486	896,861
	ARIZONA PUBLIC SERVICE SR UNSECURED 05/50 3.35	CORPORATE BONDS	803,712	893,969
	FOX CORP SR UNSECURED 01/49 5.576	CORPORATE BONDS	787,860	893,059
	BRISTOL MYERS SQUIBB CO SR UNSECURED 03/52 3.7	CORPORATE BONDS	827,352	884,604
	HOME DEPOT INC SR UNSECURED 04/40 3.3	CORPORATE BONDS	775,527	881,518
	DUKE ENERGY CAROLINAS 1ST REF MORT 09/42 4	CORPORATE BONDS	792,955	875,981
	VIATRIS INC COMPANY GUAR 06/50 4	CORPORATE BONDS	801,967	862,817
	DUKE ENERGY CAROLINAS 1ST MORTGAGE 12/41 4.25	CORPORATE BONDS	798,369	859,482
	WELLS FARGO + COMPANY SUBORDINATED 06/46 4.4	CORPORATE BONDS	786,831	858,820
	ONCOR ELECTRIC DELIVERY SR SECURED 05/50 3.7	CORPORATE BONDS	828,385	858,237
	FMC CORP SR UNSECURED 05/53 6.375	CORPORATE BONDS	1,018,878	845,891
	ENTERGY MISSISSIPPI LLC 1ST MORTGAGE 06/49 3.85	CORPORATE BONDS	797,511	841,962
	HCA INC COMPANY GUAR 06/49 5.25	CORPORATE BONDS	774,873	839,032
	PUBLIC SERVICE COLORADO 1ST MORTGAGE 06/52 4.5	CORPORATE BONDS	770,920	837,278

Kaiser Foundation Health Plan, Inc.
Retiree Health and Welfare Plan
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	SIEMENS FINANCIERINGSMAT COMPANY GUAR 144A 03/41 2.875	CORPORATE BONDS	768,702	837,131
	SHELL FINANCE US INC COMPANY GUAR 04/50 3.25	CORPORATE BONDS	868,089	826,892
	VISTRA OPERATIONS CO LLC SR SECURED 144A 12/34 5.7	CORPORATE BONDS	799,224	825,953
	TEVA PHARMACEUTICALS NE COMPANY GUAR 10/46 4.1	CORPORATE BONDS	703,595	824,263
	TUCSON ELECTRIC POWER CO SR UNSECURED 06/50 4	CORPORATE BONDS	782,493	823,393
	BELL CANADA COMPANY GUAR 04/48 4.464	CORPORATE BONDS	778,061	811,575
	DUKE ENERGY PROGRESS LLC 1ST MORTGAGE 08/50 2.5	CORPORATE BONDS	809,893	810,611
	ENTERPRISE PRODUCTS OPER COMPANY GUAR 02/45 5.1	CORPORATE BONDS	749,587	803,692
	OGLETHORPE POWER CORP 1ST MORTGAGE 09/50 5.25	CORPORATE BONDS	752,198	796,322
	BP CAP MARKETS AMERICA COMPANY GUAR 02/50 3	CORPORATE BONDS	773,256	795,560
	CATERPILLAR INC SR UNSECURED 05/41 5.2	CORPORATE BONDS	775,329	793,640
	INTEL CORP SR UNSECURED 08/41 2.8	CORPORATE BONDS	823,905	788,181
	INTEL CORP SR UNSECURED 11/49 3.25	CORPORATE BONDS	797,148	787,078
	LYB INT FINANCE III COMPANY GUAR 05/50 4.2	CORPORATE BONDS	781,258	780,647
	ORACLE CORP SR UNSECURED 07/34 4.3	CORPORATE BONDS	745,569	774,522
	BAYER US FINANCE LLC COMPANY GUAR 144A 11/33 6.5	CORPORATE BONDS	696,710	758,897
	TIME WARNER CABLE LLC SR SECURED 09/42 4.5	CORPORATE BONDS	692,877	758,384
	PUBLIC SERVICE COLORADO 1ST MORTGAGE 09/42 3.6	CORPORATE BONDS	671,517	749,992
	BRISTOL MYERS SQUIBB CO SR UNSECURED 11/40 2.35	CORPORATE BONDS	655,069	746,221
	BROWN FORMAN CORP SR UNSECURED 04/38 4	CORPORATE BONDS	692,901	744,149
	NEVADA POWER CO GENL REF MOR 04/36 6.65	CORPORATE BONDS	681,239	743,260
	HCA INC COMPANY GUAR 04/64 6.1	CORPORATE BONDS	740,381	741,071
	COMMONSPIRIT HEALTH SR UNSECURED 09/45 5.58	CORPORATE BONDS	750,000	735,414
	CENTENE CORP SR UNSECURED 02/30 3.375	CORPORATE BONDS	669,271	731,584
	AMGEN INC SR UNSECURED 06/51 4.663	CORPORATE BONDS	785,213	729,538
	VMED O2 UK FINANCING I SR SECURED 144A 04/32 7.75	CORPORATE BONDS	726,950	729,530
	PRUDENTIAL FINANCIAL INC SR UNSECURED 12/49 3.935	CORPORATE BONDS	683,224	719,080
	SOUTHWESTERN PUBLIC SERV 1ST MORTGAGE 05/50 3.15	CORPORATE BONDS	681,814	718,319
	MASS MUTUAL LIFE INS CO SUBORDINATED 144A 02/69 VAR	CORPORATE BONDS	679,865	717,075
	OCCIDENTAL PETROLEUM COR SR UNSECURED 04/46 4.4	CORPORATE BONDS	670,658	714,776
	ENTERGY CORP SR UNSECURED 06/50 3.75	CORPORATE BONDS	659,802	710,377
	WELLS FARGO BANK NA SUBORDINATED 02/37 5.85	CORPORATE BONDS	639,810	704,725
	PACIFIC GAS + ELECTRIC 1ST MORTGAGE 03/52 5.25	CORPORATE BONDS	647,142	700,141
	PETROLEOS MEXICANOS COMPANY GUAR 01/60 6.95	CORPORATE BONDS	508,212	696,056
	PLAINS ALL AMER PIPELINE SR UNSECURED 02/45 4.9	CORPORATE BONDS	609,082	693,814
	HASBRO INC SR UNSECURED 09/27 3.5	CORPORATE BONDS	641,499	687,886
	PARAMOUNT GLOBAL COMPANY GUAR 02/28 3.375	CORPORATE BONDS	623,511	679,611
	BURLINGTN NORTH SANTA FE SR UNSECURED 09/41 4.95	CORPORATE BONDS	633,027	677,834
	ALABAMA POWER CO SR UNSECURED 03/45 3.75	CORPORATE BONDS	633,606	674,779
	GREENSAIF PIPELINES BIDC SR SECURED 144A 02/42 6.51	CORPORATE BONDS	608,280	672,241
	EMERSON ELECTRIC CO SR UNSECURED 12/51 2.8	CORPORATE BONDS	655,325	663,904
	ONCOR ELECTRIC DELIVERY SR SECURED 06/54 5.55	CORPORATE BONDS	679,714	662,906
	ENTERGY TEXAS INC 1ST MORTGAGE 09/49 3.55	CORPORATE BONDS	622,766	662,208
	JEFFERIES FIN GROUP INC SR UNSECURED 01/36 6.25	CORPORATE BONDS	614,277	658,123
	INTEL CORP SR UNSECURED 08/51 3.05	CORPORATE BONDS	672,247	657,053
	3M COMPANY SR UNSECURED 08/49 3.25	CORPORATE BONDS	600,638	655,368
	BURLINGTN NORTH SANTA FE SR UNSECURED 04/44 4.9	CORPORATE BONDS	587,839	651,113
	CONOCOPHILLIPS COMPANY COMPANY GUAR 11/44 4.3	CORPORATE BONDS	629,450	648,432
	DUKE ENERGY CORP SR UNSECURED 06/51 3.5	CORPORATE BONDS	591,807	643,377
	JEFFERIES FIN GROUP INC SR UNSECURED 10/31 2.625	CORPORATE BONDS	559,077	643,218
	GLENCORE FINANCE CANADA COMPANY GUAR 144A 10/42 5.55	CORPORATE BONDS	578,751	635,578
	COMMONSPIRIT HEALTH SR UNSECURED 09/55 5.662	CORPORATE BONDS	650,000	630,334
	VERIZON COMMUNICATIONS SR UNSECURED 03/51 3.55	CORPORATE BONDS	593,138	626,699
	PIONEER NATURAL RESOURCE SR UNSECURED 08/30 1.9	CORPORATE BONDS	546,259	625,489
	WESTLAKE CORP SR UNSECURED 08/51 3.125	CORPORATE BONDS	602,240	614,663
	NEVADA POWER CO GENL REF MOR 08/50 3.125	CORPORATE BONDS	580,158	611,567
	MERCK + CO INC SR UNSECURED 02/45 3.7	CORPORATE BONDS	589,688	607,069
	ONEOK INC COMPANY GUAR 01/51 7.15	CORPORATE BONDS	567,012	605,989
	SOUTHWESTERN PUBLIC SERV 1ST MORTGAGE 06/54 6	CORPORATE BONDS	585,622	605,046
	PACIFICORP 1ST MORTGAGE 03/51 3.3	CORPORATE BONDS	578,274	604,701
	MYLAN INC COMPANY GUAR 11/43 5.4	CORPORATE BONDS	557,640	598,826
	COMCAST CORP COMPANY GUAR 01/31 1.95	CORPORATE BONDS	529,722	597,653
	UNITEDHEALTH GROUP INC SR UNSECURED 07/44 5.5	CORPORATE BONDS	592,852	597,199
	GILEAD SCIENCES INC SR UNSECURED 09/35 4.6	CORPORATE BONDS	552,768	594,190

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	AEP TRANSMISSION CO LLC SR UNSECURED 08/51 2.75	CORPORATE BONDS	539,372	586,966
	NATIONAL RURAL UTIL COOP COLLATERAL T 03/49 4.3	CORPORATE BONDS	541,461	585,149
	ONEOK INC COMPANY GUAR 04/45 5.05	CORPORATE BONDS	515,335	583,262
	LEAR CORP SR UNSECURED 09/27 3.8	CORPORATE BONDS	541,353	581,801
	KLA CORP SR UNSECURED 07/32 4.65	CORPORATE BONDS	545,564	579,222
	MEXICO CITY ARPT TRUST SR SECURED 144A 07/47 5.5	CORPORATE BONDS	524,700	577,817
	COX COMMUNICATIONS INC SR UNSECURED 144A 09/26 3.35	CORPORATE BONDS	539,296	576,962
	AETNA INC SR UNSECURED 11/42 4.125	CORPORATE BONDS	539,465	574,713
	ESSENTIAL UTILITIES INC SR UNSECURED 04/50 3.351	CORPORATE BONDS	507,232	562,513
	DUKE ENERGY CORP SR UNSECURED 06/41 3.3	CORPORATE BONDS	480,907	560,728
	ABBOTT LABORATORIES SR UNSECURED 05/40 5.3	CORPORATE BONDS	525,204	558,804
	JAB HOLDINGS BV COMPANY GUAR 144A 05/51 3.75	CORPORATE BONDS	478,013	558,025
	ENTERGY LOUISIANA LLC 1ST MORTGAGE 03/51 2.9	CORPORATE BONDS	529,522	556,798
	NORTHERN STATES PWR MINN 1ST MORTGAGE 11/39 5.35	CORPORATE BONDS	525,380	553,220
	KENTUCKY UTILITIES CO 1ST MORTGAGE 06/50 3.3	CORPORATE BONDS	529,470	549,151
	MARSH + MCLENNAN COS INC SR UNSECURED 01/47 4.35	CORPORATE BONDS	530,087	548,485
	UNITEDHEALTH GROUP INC SR UNSECURED 05/50 2.9	CORPORATE BONDS	528,168	548,265
	DUKE ENERGY FLORIDA LLC 1ST MORTGAGE 12/51 3	CORPORATE BONDS	521,533	541,737
	DOLLAR GENERAL CORP SR UNSECURED 04/50 4.125	CORPORATE BONDS	481,117	539,828
	DUKE ENERGY INDIANA LLC 1ST MORTGAGE 04/50 2.75	CORPORATE BONDS	546,332	539,095
	HOME DEPOT INC SR UNSECURED 03/45 4.4	CORPORATE BONDS	499,583	531,444
	VISA INC SR UNSECURED 12/45 4.3	CORPORATE BONDS	518,214	525,256
	UNITED PARCEL SERVICE SR UNSECURED 11/40 4.875	CORPORATE BONDS	505,089	520,417
	CUMMINS INC SR UNSECURED 10/43 4.875	CORPORATE BONDS	485,071	519,406
	COX COMMUNICATIONS INC SR UNSECURED 144A 06/51 3.6	CORPORATE BONDS	522,334	501,004
	CHARTER COMM OPT LLC/CAP SR SECURED 12/55 6.7	CORPORATE BONDS	519,126	500,151
	PARAMOUNT GLOBAL COMPANY GUAR 04/44 5.25	CORPORATE BONDS	487,628	499,715
	GLOBAL ATLANTIC FIN CO COMPANY GUAR 144A 03/54 6.75	CORPORATE BONDS	471,799	487,063
	WHIRLPOOL CORP SR UNSECURED 05/50 4.6	CORPORATE BONDS	516,292	485,370
	APPALACHIAN POWER CO SR UNSECURED 05/44 4.4	CORPORATE BONDS	432,182	484,011
	ONCOR ELECTRIC DELIVERY SR SECURED 09/38 7.5	CORPORATE BONDS	455,384	479,479
	JPMORGAN CHASE + CO JR SUBORDINA 02/27 VAR	CORPORATE BONDS	453,625	471,536
	EXELON CORP SR UNSECURED 04/46 4.45	CORPORATE BONDS	414,695	463,046
	ENTERPRISE PRODUCTS OPER COMPANY GUAR 02/53 3.3	CORPORATE BONDS	437,474	449,355
	ENTERPRISE PRODUCTS OPER COMPANY GUAR 02/41 5.95	CORPORATE BONDS	423,703	447,039
	CITIBANK NA SR UNSECURED 04/34 5.57	CORPORATE BONDS	437,703	444,935
	DUKE ENERGY CAROLINAS 1ST MORTGAGE 12/47 3.7	CORPORATE BONDS	441,628	443,386
	CON EDISON CO OF NY INC SR UNSECURED 11/52 6.15	CORPORATE BONDS	420,043	443,300
	TIME WARNER CABLE LLC SR SECURED 06/39 6.75	CORPORATE BONDS	381,060	440,936
	TIME WARNER CABLE LLC SR SECURED 09/41 5.5	CORPORATE BONDS	369,575	413,516
	SOUTHERN CAL EDISON 1ST MORTGAGE 12/53 5.875	CORPORATE BONDS	412,899	413,231
	CENTENE CORP SR UNSECURED 03/31 2.5	CORPORATE BONDS	410,718	410,082
	ALFA S.A. SR UNSECURED 144A 03/44 6.875	CORPORATE BONDS	333,864	405,765
	SAN DIEGO G + E 1ST MORTGAGE 04/50 3.32	CORPORATE BONDS	378,005	382,902
	CHARTER COMM OPT LLC/CAP SR SECURED 06/52 3.9	CORPORATE BONDS	341,090	371,964
	VIRGINIA ELEC + POWER CO SR UNSECURED 05/37 6	CORPORATE BONDS	345,704	371,494
	PARAMOUNT GLOBAL COMPANY GUAR 08/44 4.9	CORPORATE BONDS	328,426	370,760
	BRASKEM NETHERLANDS COMPANY GUAR 144A 01/30 4.5	CORPORATE BONDS	379,410	370,215
	DELL INT LLC / EMC CORP COMPANY GUAR 07/36 8.1	CORPORATE BONDS	339,861	364,287
	ABBVIE INC SR UNSECURED 03/44 5.35	CORPORATE BONDS	366,829	362,012
	UNITEDHEALTH GROUP INC SR UNSECURED 04/53 5.05	CORPORATE BONDS	365,371	357,701
	CONTINENTAL RESOURCES COMPANY GUAR 06/44 4.9	CORPORATE BONDS	351,199	351,216
	BALTIMORE GAS + ELECTRIC SR UNSECURED 06/54 5.65	CORPORATE BONDS	349,902	348,858
	OHIO EDISON CO SR UNSECURED 07/36 6.875	CORPORATE BONDS	317,343	343,649
	CHARTER COMM OPT LLC/CAP SR SECURED 06/41 3.5	CORPORATE BONDS	321,864	342,247
	INTEL CORP SR UNSECURED 05/47 4.1	CORPORATE BONDS	340,695	341,269
	COX COMMUNICATIONS INC COMPANY GUAR 144A 12/53 5.8	CORPORATE BONDS	349,970	338,059
	TIME WARNER CABLE LLC SR SECURED 09/41 5.5	CORPORATE BONDS	345,116	337,851
	TRAVELERS COS INC SR UNSECURED 04/50 2.55	CORPORATE BONDS	325,413	333,648
	EXELON CORP SR UNSECURED 04/50 4.7	CORPORATE BONDS	309,920	326,231
	CHARTER COMM OPT LLC/CAP SR SECURED 04/51 3.7	CORPORATE BONDS	308,758	325,429
	SOUTHWESTERN ELEC POWER SR UNSECURED 11/51 3.25	CORPORATE BONDS	299,846	320,091
	CHARTER COMM OPT LLC/CAP SR SECURED 06/34 6.55	CORPORATE BONDS	299,265	316,155
	DUKE ENERGY CAROLINAS 1ST MORTGAGE 12/41 4.25	CORPORATE BONDS	308,543	313,821

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, 2025

(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
	PACIFICORP 1ST MORTGAGE 03/51 3.3	CORPORATE BONDS	287,396	310,349
	PECO ENERGY CO 1ST MORTGAGE 09/49 3	CORPORATE BONDS	268,954	292,928
	PARAMOUNT GLOBAL COMPANY GUAR 09/43 5.85	CORPORATE BONDS	265,041	279,882
	FMC CORP SR UNSECURED 10/49 4.5	CORPORATE BONDS	307,175	277,307
	CROWN CASTLE INC SR UNSECURED 07/50 4.15	CORPORATE BONDS	260,265	277,101
	COMMONWEALTH EDISON CO 1ST MORTGAGE 03/49 4	CORPORATE BONDS	282,684	273,611
	COMMONWEALTH EDISON CO 1ST MORTGAGE 06/54 5.65	CORPORATE BONDS	273,218	273,594
	COMMONWEALTH EDISON CO 1ST MORTGAGE 03/52 3.85	CORPORATE BONDS	254,675	270,183
	VIRGINIA ELEC + POWER CO SR UNSECURED 11/37 6.35	CORPORATE BONDS	241,364	269,528
	VIRGINIA ELEC + POWER CO SR UNSECURED 11/51 2.95	CORPORATE BONDS	269,467	268,247
	BRISTOL MYERS SQUIBB CO SR UNSECURED 10/49 4.25	CORPORATE BONDS	263,140	266,403
	MASS MUTUAL LIFE INS CO SUBORDINATED 144A 04/50 3.375	CORPORATE BONDS	255,069	264,481
	RTX CORP SR UNSECURED 07/38 6.125	CORPORATE BONDS	250,332	263,059
	RTX CORP SR UNSECURED 05/45 4.15	CORPORATE BONDS	237,272	255,441
	ENTERPRISE PRODUCTS OPER COMPANY GUAR 02/52 3.2	CORPORATE BONDS	239,220	246,162
	OGLETHORPE POWER CORP 1ST MORTGAGE 06/54 5.8	CORPORATE BONDS	249,340	245,071
	DELL INT LLC / EMC CORP SR UNSECURED 07/46 8.35	CORPORATE BONDS	229,110	244,312
	AMERICAN ELECTRIC POWER SR UNSECURED 03/50 3.25	CORPORATE BONDS	218,985	233,003
	DUKE ENERGY INDIANA LLC 1ST MORTGAGE 05/46 3.75	CORPORATE BONDS	221,635	232,867
	BARRICK PD AU FIN PTY LT COMPANY GUAR 10/39 5.95	CORPORATE BONDS	215,979	226,450
	ENERGY TRANSFER LP SR UNSECURED 04/49 6.25	CORPORATE BONDS	202,966	223,374
	COMCAST CORP COMPANY GUAR 11/47 3.969	CORPORATE BONDS	222,044	221,687
	BURLINGTN NORTH SANTA FE SR UNSECURED 02/51 3.05	CORPORATE BONDS	218,264	214,936
	LAS VEGAS SANDS CORP SR UNSECURED 08/34 6.2	CORPORATE BONDS	199,738	210,529
	HESS CORP SR UNSECURED 04/47 5.8	CORPORATE BONDS	210,184	205,583
	EQUINIX EU 2 FINANCING C COMPANY GUAR 11/30 4.6	CORPORATE BONDS	199,866	200,780
	TEVA PHARMACEUTICALS NE COMPANY GUAR 10/26 3.15	CORPORATE BONDS	181,216	200,654
	ENERGY TRANSFER LP SR UNSECURED 04/47 5.3	CORPORATE BONDS	179,001	195,723
	ONCOR ELECTRIC DELIVERY 1ST MORTGAGE 11/51 2.7	CORPORATE BONDS	182,575	194,516
	DUKE ENERGY PROGRESS LLC 1ST MORTGAGE 04/52 4	CORPORATE BONDS	191,534	190,627
	DUKE ENERGY PROGRESS LLC 1ST MORTGAGE 05/42 4.1	CORPORATE BONDS	166,791	187,461
	BOEING CO/THE SR UNSECURED 05/54 6.858	CORPORATE BONDS	165,000	186,123
	DUKE ENERGY CORP SR UNSECURED 06/49 4.2	CORPORATE BONDS	172,387	185,706
	DISCOVERY COMMUNICATIONS COMPANY GUAR 06/40 6.35	CORPORATE BONDS	166,505	153,228
	ORACLE CORP SR UNSECURED 02/53 5.55	CORPORATE BONDS	183,127	149,818
	ABBVIE INC SR UNSECURED 06/44 4.85	CORPORATE BONDS	141,059	139,402
	PACIFIC GAS + ELECTRIC 1ST MORTGAGE 12/47 3.95	CORPORATE BONDS	133,098	138,019
	THAMES WATER SUPER SEN SR SECURED 144A 10/27 9.75	CORPORATE BONDS	102,171	134,222
	DUKE ENERGY CORP SR UNSECURED 08/47 3.95	CORPORATE BONDS	126,066	127,591
	UNITEDHEALTH GROUP INC SR UNSECURED 10/42 3.95	CORPORATE BONDS	128,315	124,554
	CHARTER COMM OPT LLC/CAP SR SECURED 05/47 5.375	CORPORATE BONDS	111,011	111,527
	ORACLE CORP SR UNSECURED 03/41 3.65	CORPORATE BONDS	116,813	109,759
	DUKE ENERGY INDIANA LLC 1ST MORTGAGE 10/49 3.25	CORPORATE BONDS	109,800	106,119
	MASS MUTUAL LIFE INS CO SUBORDINATED 144A 04/77 4.9	CORPORATE BONDS	83,229	80,786
	UNITEDHEALTH GROUP INC SR UNSECURED 11/41 4.625	CORPORATE BONDS	70,427	68,886
	WARNERMEDIA HOLDINGS INC COMPANY GUAR 03/52 5.141	CORPORATE BONDS	51,110	44,143
	VIRGINIA ELEC + POWER CO SR UNSECURED 12/50 2.45	CORPORATE BONDS	31,791	34,600
	WELLS FARGO BANK NA SUBORDINATED 08/36 5.95	CORPORATE BONDS	20,775	21,375
	FOUNDRY JV HOLDCO LLC SR SECURED 144A 01/39 6.3	CORPORATE BONDS	(440,528)	(443,074)
	TOTAL CORPORATE DEBT INSTRUMENTS		1,272,890,629	1,313,697,102
	AGENCY BONDS			
	FNMA TBA 30 YR 5.5 SINGLE FAMILY MORTGAGE	FNMA	18,557,951	18,651,497
	GNMA II TBA 30 YR 4 JUMBOS	GNMA II	9,005,625	9,067,100
	GNMA II TBA 30 YR 4.5 JUMBOS	GNMA II	2,133,914	2,144,485
	FNMA TBA 30 YR 4.5 SINGLE FAMILY MORTGAGE	FNMA	1,072,457	1,074,231
	FNMA TBA 30 YR 5 SINGLE FAMILY MORTGAGE	FNMA	(4,870,715)	(4,887,386)
	TOTAL AGENCY BONDS		25,899,232	26,049,927

Kaiser Foundation Health Plan, Inc.
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December 31, 2025

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	RISK PARITY			
	IVZ BALANCED RISK ALLOC. 10 FD MUTUAL FUND	MUTUAL FUNDS	937,268,453	1,124,511,117
	KPV MAN TARGETRISK	MUTUAL FUNDS	897,607,187	1,123,615,385
	TOTAL RISK PARITY		1,834,875,640	2,248,126,502
	ABSOLUTE RETURN AND OTHER INVESTMENTS			
	SWPC0NUQ7 CDS USD R F 1.00000 1 CCPCDX	CREDIT DEFAULT SWAP	329,663,745	329,725,905
	SWPC0NEX0 CDS USD R F 1.00000 1 CCPCDX	CREDIT DEFAULT SWAP	65,898,376	66,151,051
	SWPC44TD6 CDS EUR R F 5.00000 FIX ITRAXXTRANCHE	CREDIT DEFAULT SWAP	17,648,813	17,869,933
	BWU025TX1 IRS USD R V 12MSOFR SWUV25TX3 CCPOIS	INTEREST RATE SWAP	16,564,397	17,290,000
	SWPC44DR2 CDS EUR R F 5.00000 FIX ITRAXXTRANCHE	CREDIT DEFAULT SWAP	16,959,314	17,165,838
	SWPC44SD7 CDS EUR R F 5.00000 FIX ITRAXXTRANCHE	CREDIT DEFAULT SWAP	12,610,410	12,814,531
	SWPC0NUU8 CDS EUR R F 1.00000 1 CCPITRAXX	CREDIT DEFAULT SWAP	12,454,654	12,496,402
	BWU02G0R1 IRS USD R V 12MSOFR SWUV2G0R3 CCPOIS	INTEREST RATE SWAP	13,009,831	11,900,000
	SWU027521 IRS BRL R F 11.49576 SWU027521 CCPNDFPREDISWAP	INTEREST RATE SWAP	12,379,681	11,644,748
	BWU02K2I0 IRS BRL R V 00MBRCDI SWUV2K2I2 CCPNDFPREDISWAP	INTEREST RATE SWAP	11,666,389	11,515,124
	BWU02G3R8 IRS JPY R V 12MTONAR SWUV2G3R0 CCPOIS	INTEREST RATE SWAP	11,982,798	11,419,822
	SWU02HXN2 IRS BRL R F 13.92710 SWU02HXN2 CCPNDFPREDISWAP	INTEREST RATE SWAP	10,806,463	11,146,166
	SWPC44KD5 CDS EUR R F 5.00000 FIX ITRAXXTRANCHE	CREDIT DEFAULT SWAP	10,486,411	10,702,245
	BWU02MT06 IRS USD R V 12MSOFR SWUV2MT08 CCPOIS	INTEREST RATE SWAP	9,642,759	9,626,000
	SWPC40YU0 CDS EUR R F 5.00000 FIX ITRAXXTRANCHE	CREDIT DEFAULT SWAP	7,698,948	8,502,076
	SWU02JCH4 IRS BRL R F 13.40000 SWU02JCH4 CCPNDFPREDISWAP	INTEREST RATE SWAP	8,267,972	8,385,581
	SWU02D2D7 IRS AUD R F 4.50000 SWU02D2D7 CCPVANILLA	INTEREST RATE SWAP	6,264,189	6,356,239
	CCBOSZUS6 BOA CCPC COC CCBOSZUS6 BOA CCPC COC	NON-SECY ASSET-STOCK	6,202,000	6,202,000
	SWU02HXM4 IRS BRL R F 13.29140 SWU02HXM4 CCPNDFPREDISWAP	INTEREST RATE SWAP	5,922,593	6,114,379
	BWU025U43 IRS USD R V 12MSOFR SWUV25U45 CCPOIS	INTEREST RATE SWAP	4,825,120	5,100,000
	SWPC0NZ33 CDS EUR R F 1.00000 1 CCPCORPORATE	CREDIT DEFAULT SWAP	3,989,242	4,044,977
	BWU02MN69 IRS USD R V 12MSOFR SWUV2MN61 CCPOIS	INTEREST RATE SWAP	3,368,963	3,300,000
	SWPC0NU04 CDS USD R F 1.00000 1 CCPCORPORATE	CREDIT DEFAULT SWAP	2,846,756	2,844,308
	BWU02K2Z2 IRS BRL R V 00MBRCDI SWUV2K2Z4 CCPNDFPREDISWAP	INTEREST RATE SWAP	2,837,511	2,792,098
	MGCC CCBPGXUS1 LT USD FUTURES CASH COLLATERAL USD	NON-SECY ASSET-STOCK	2,615,000	2,615,000
	SWPC44SR6 CDS EUR R F 5.00000 FIX ITRAXXTRANCHE	CREDIT DEFAULT SWAP	2,384,553	2,408,005
	BWU02G745 IRS USD R V 12MSOFR SWUV2G747 CCPOIS	INTEREST RATE SWAP	2,400,000	2,400,000
	CCBOSHUS6 BANK OF AMERICA CCPC CCBOSHUS6 BANK OF AMERICA CCPC	NON-SECY ASSET-STOCK	2,344,000	2,344,000
	BWU0206W9 IRS USD R V 12MSOFR SWUV206W1 CCPOIS	INTEREST RATE SWAP	1,697,211	1,700,000
	BWU02GOY0 IRS USD R V 12MSOFR SWUV2GOY2 CCPOIS	INTEREST RATE SWAP	1,500,000	1,500,000
	BWU02GCR8 IRS USD R V 12MSOFR SWUV2GCR0 CCPOIS	INTEREST RATE SWAP	1,300,000	1,300,000
	BWU02K4O5 IRS USD R V 12MSOFR SWUV2K4O7 CCPOIS	INTEREST RATE SWAP	1,200,000	1,200,000
	SWU02HXE2 IRS BRL R F 13.92550 SWU02HXE2 CCPNDFPREDISWAP	INTEREST RATE SWAP	1,109,712	1,145,478
	SWAP CCPC BANK OF AMERICA COC SWAP CASH COLLATERAL	NON-SECY ASSET-STOCK	1,120,000	1,120,000
	SWU02E5V2 IRS EUR R F 2.22000 SWU02E5V2 CCPVANILLA	INTEREST RATE SWAP	935,460	1,001,854
	SWPC0NE77 CDS USD R F 1.00000 FIX CORPORATE	CREDIT DEFAULT SWAP	993,998	996,711
	SWU02I022 IRS BRL R F 13.35370 SWU02I022 CCPNDFPREDISWAP	INTEREST RATE SWAP	862,213	893,019
	SWPC0MV88 CDS EUR R F 5.00000 1 CCPCORPORATE	CREDIT DEFAULT SWAP	817,232	853,957
	BWU02I626 IRS USD R V 12MSOFR SWUV2I628 CCPOIS	INTEREST RATE SWAP	796,685	800,000
	SWU02GPZ6 IRS MXN R F 7.75000 SWU02GPZ6 CCPOIS	INTEREST RATE SWAP	719,455	798,862
	BWU02FNN7 IRS USD R V 12MSOFR SWUV2FNN9 CCPOIS	INTEREST RATE SWAP	790,000	790,000
	SWU02G3T4 IRS JPY R F 2.00000 SWU02G3T4 CCPOIS	INTEREST RATE SWAP	896,671	762,217
	SWU02HZY6 IRS BRL R F 14.00870 SWU02HZY6 CCPNDFPREDISWAP	INTEREST RATE SWAP	721,444	746,302
	BWU02GM63 IRS USD R V 12MSOFR SWUV2GM65 CCPOIS	INTEREST RATE SWAP	700,000	700,000
	BWU02GPP8 IRS USD R V 12MSOFR SWUV2GPP0 CCPOIS	INTEREST RATE SWAP	700,000	700,000
	SWU02HWT0 IRS BRL R F 13.32000 SWU02HWT0 CCPNDFPREDISWAP	INTEREST RATE SWAP	634,121	655,523
	CCSOGIUS9 SOCIETE GEN COC USD CCSOGIUS9 SOCIETE GEN SWAP COC	NON-SECY ASSET-STOCK	600,000	600,000
	BWU0239Y6 IRS GBP R V 12MSONIA SWUV239Y8 CCPOIS	INTEREST RATE SWAP	505,279	538,020
	SWU02G3U1 IRS JPY R F 2.00000 SWU02G3U1 CCPOIS	INTEREST RATE SWAP	601,827	476,409
	CCMBCIUS7 SWCC USD SWAP CASH COLLATERAL USD	NON-SECY ASSET-STOCK	270,000	270,000
	JANCHOR PARTNER B 216	LMTD PARTNRSHIP UNTS	289,606	221,138
	GOLDMAN SACHS BANK USA COC SWAP CASH COLLATERAL USD	NON-SECY ASSET-STOCK	130,000	130,000
	SWU02GEG0 IRS EUR R F 2.61000 SWU02GEG0 CCPVANILLA	INTEREST RATE SWAP	119,317	126,301
	31750S113 PIMCO FXVAN PUT USD KRW 1410.0000000	OP-FOREIGN CURRENCY	85,683	67,030
	31750S0G1 PIMCO FXVAN PUT USD KRW 1413.0000000	OP-FOREIGN CURRENCY	39,553	35,817
	BWU02JZS5 IRS EUR R V 06MEURIB SWUV2JZS7 CCPVANILLA	INTEREST RATE SWAP	34,437	35,234
	31750S162 PIMCO FXVAN PUT USD KRW 1415.0000000	OP-FOREIGN CURRENCY	20,733	17,343

Kaiser Foundation Health Plan, Inc.
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	31750S188 PIMCO FXVAN PUT USD KRW 1412.0000000	OP-FOREIGN CURRENCY	13,662	11,262
	31750S1A3 PIMCO FXVAN PUT USD KRW 1412.0000000	OP-FOREIGN CURRENCY	1,277	1,077
	317UB7ZA5 PIMCO SWAPTION 3.5475 CALL USD 20260	OP-FIXED INCOME	(5,368)	-
	31750RTH0 OTC ECAL FN 4.0 JAN26 97.375 CALL	OP-FIXED INCOME	(9,297)	-
	31750RTQ0 OTC ECAL FN 4.0 JAN26 97.375 CALL	OP-FIXED INCOME	(9,984)	-
	317UB9JA9 PIMCO SWAPTION 3.551 CALL USD 202601	OP-FIXED INCOME	(5,376)	(3)
	317UBA6A0 PIMCO SWAPTION 3.625 CALL USD 202601	OP-FIXED INCOME	(2,805)	(112)
	317UBA4A2 PIMCO SWAPTION 3.625 CALL USD 202601	OP-FIXED INCOME	(6,120)	(245)
	317UBBLA1 PIMCO SWAPTION 3.5775 CALL USD 20260	OP-FIXED INCOME	(5,060)	(280)
	31750S1B1 PIMCO FXVAN PUT USD KRW 1372.0000000	OP-FOREIGN CURRENCY	(423)	(287)
	317UBA5A1 PIMCO SWAPTION 3.925 PUT USD 2026010	OP-FIXED INCOME	(2,805)	(370)
	EURO-BUND OPTION FEB26C 130.5 EXP 01/23/2026	OP-FUTURE	(5,970)	(517)
	317UB7YA6 PIMCO SWAPTION 3.8475 PUT USD 202601	OP-FIXED INCOME	(5,368)	(727)
	317UBA3A3 PIMCO SWAPTION 3.925 PUT USD 2026010	OP-FIXED INCOME	(6,120)	(808)
	317UBC2A0 PIMCO SWAPTION 3.639 CALL USD 202601	OP-FIXED INCOME	(5,906)	(913)
	317UBCLA9 PIMCO SWAPTION 3.6475 CALL USD 20260	OP-FIXED INCOME	(6,216)	(1,431)
	317UBC0A2 PIMCO SWAPTION 3.919 PUT USD 2026011	OP-FIXED INCOME	(5,906)	(1,884)
	317UBCKA0 PIMCO SWAPTION 3.9275 PUT USD 202601	OP-FIXED INCOME	(6,216)	(2,153)
	31750S196 PIMCO FXVAN PUT USD KRW 1372.0000000	OP-FOREIGN CURRENCY	(4,500)	(2,999)
	317UBEXA2 PIMCO SWAPTION 3.622 CALL USD 202601	OP-FIXED INCOME	(4,916)	(3,018)
	317UB9IA0 PIMCO SWAPTION 3.831 PUT USD 2026010	OP-FIXED INCOME	(5,376)	(3,257)
	317UBBKA2 PIMCO SWAPTION 3.8775 PUT USD 202601	OP-FIXED INCOME	(5,060)	(3,337)
	31750S170 PIMCO FXVAN PUT USD KRW 1375.0000000	OP-FOREIGN CURRENCY	(7,027)	(4,417)
	317UBEWA3 PIMCO SWAPTION 3.882 PUT USD 2026012	OP-FIXED INCOME	(4,916)	(7,570)
	EURO-BUND OPTION FEB26P 127.5 EXP 01/23/2026	OP-FUTURE	(5,589)	(7,751)
	CCMYIIUS1 SWBC MORGAN STANLEY SWAP CASH COLLATERAL USD	NON-SECY ASSET-STOCK	(10,000)	(10,000)
	US 10YR FUT OPTN FEB26P 112 EXP 01/23/2026	OP-FUTURE	(6,875)	(10,625)
	31750S0H9 PIMCO FXVAN PUT USD KRW 1375.0000000	OP-FOREIGN CURRENCY	(13,575)	(10,684)
	US 10YR FUT OPTN FEB26P 111.5 EXP 01/23/2026	OP-FUTURE	(17,864)	(13,250)
	US 10YR FUT OPTN FEB26C 113.5 EXP 01/23/2026	OP-FUTURE	(28,357)	(15,969)
	31750S121 PIMCO FXVAN PUT USD KRW 1375.0000000	OP-FOREIGN CURRENCY	(33,833)	(21,899)
	CCBRCIUS4 SWBC BRC SWAP CASH COLLATERAL USD	NON-SECY ASSET-STOCK	(30,000)	(30,000)
	BWU02JZS5 IRS EUR P F 3.00000 SWU02JZS5 CCPVANILLA	INTEREST RATE SWAP	(34,919)	(33,447)
	SWU02GEG0 IRS EUR P V 06MEURIB SWUV2GEG2 CCPVANILLA	INTEREST RATE SWAP	(119,317)	(129,190)
	MORGAN STANLEY CAP SVCS BOC SWAP CASH COLLATERAL USD	NON-SECY ASSET-STOCK	(370,000)	(370,000)
	BWU0239Y6 IRS GBP P F 3.70000 SWU0239Y6 CCPOIS	INTEREST RATE SWAP	(505,300)	(531,291)
	SWU02G3U1 IRS JPY P V 12MTONAR SWUV2G3U3 CCPOIS	INTEREST RATE SWAP	(605,999)	(574,181)
	BWU02GPP8 IRS USD P F 3.65471 SWU02GPP8 CCPOIS	INTEREST RATE SWAP	(700,000)	(638,414)
	BWU02GM63 IRS USD P F 3.80662 SWU02GM63 CCPOIS	INTEREST RATE SWAP	(700,000)	(656,443)
	SWU02HWT0 IRS BRL P V 00MBRCDI SWUV2HWT2 CCPNDFPREDISWAP	INTEREST RATE SWAP	(634,121)	(656,964)
	SWPC0MV88 CDS EUR P V 03MEVENT 2 CCPCORPORATE	CREDIT DEFAULT SWAP	(667,230)	(704,670)
	SWU02HZY6 IRS BRL P V 00MBRCDI SWUV2HZY8 CCPNDFPREDISWAP	INTEREST RATE SWAP	(721,444)	(748,209)
	SWU02GPZ6 IRS MXN P V 01MTIEF SWUV2GPZ8 CCPOIS	INTEREST RATE SWAP	(718,855)	(795,350)
	BWU02FNN7 IRS USD P F 3.90750 SWU02FNN7 CCPOIS	INTEREST RATE SWAP	(790,000)	(799,659)
	BWU02I626 IRS USD P F 3.75000 SWU02I626 CCPOIS	INTEREST RATE SWAP	(800,000)	(808,501)
	SWU02G3T4 IRS JPY P V 12MTONAR SWUV2G3T6 CCPOIS	INTEREST RATE SWAP	(875,332)	(829,373)
	SWU02I022 IRS BRL P V 00MBRCDI SWUV2I024 CCPNDFPREDISWAP	INTEREST RATE SWAP	(862,213)	(894,201)
	SWPC0NE77 CDS USD P V 03MEVENT FLO CORPORATE	CREDIT DEFAULT SWAP	(1,000,000)	(1,000,000)
	SWU02E5V2 IRS EUR P V 06MEURIB SWUV2E5V4 CCPVANILLA	INTEREST RATE SWAP	(935,460)	(1,057,005)
	SWU02HXE2 IRS BRL P V 00MBRCDI SWUV2HXE4 CCPNDFPREDISWAP	INTEREST RATE SWAP	(1,109,712)	(1,149,687)
	BWU02K4O5 IRS USD P F 3.55100 SWU02K4O5 CCPOIS	INTEREST RATE SWAP	(1,200,000)	(1,177,083)
	BWU02GCR8 IRS USD P F 3.93000 SWU02GCR8 CCPOIS	INTEREST RATE SWAP	(1,300,000)	(1,317,863)
	BWU02GOY0 IRS USD P F 3.64159 SWU02GOY0 CCPOIS	INTEREST RATE SWAP	(1,500,000)	(1,364,692)
	BWU0206W9 IRS USD P F 3.50000 SWU0206W9 CCPOIS	INTEREST RATE SWAP	(1,700,000)	(1,506,579)
	SWPC44SR6 CDS EUR P V 03MEVENT FLO ITRAXXTRANCHE	CREDIT DEFAULT SWAP	(1,987,191)	(2,008,310)
	SWAP CITIBANK BOC SWAP CASH COLLATERAL USD	NON-SECY ASSET-STOCK	(2,030,000)	(2,030,000)
	SWAP BANK OF AMERICA BOC SWAP CASH COLLATERAL USD	NON-SECY ASSET-STOCK	(2,260,000)	(2,260,000)
	BWU02G745 IRS USD P F 3.89207 SWU02G745 CCPOIS	INTEREST RATE SWAP	(2,400,000)	(2,285,418)
	BWU02K2Z2 IRS BRL P F 13.00000 SWU02K2Z2 CCPNDFPREDISWAP	INTEREST RATE SWAP	(2,837,511)	(2,773,870)
	SWPC0NU04 CDS USD P V 03MEVENT 2 CCPCORPORATE	CREDIT DEFAULT SWAP	(2,800,000)	(2,800,000)
	SWAP BNP PARIBAS BOC SWAP CASH COLLATERAL USD	NON-SECY ASSET-STOCK	(2,820,000)	(2,820,000)
	BWU02MN69 IRS USD P F 3.97500 SWU02MN69 CCPOIS	INTEREST RATE SWAP	(3,300,000)	(3,185,401)
	SWAP JP MORGAN BOC SWAP CASH COLLATERAL USD	NON-SECY ASSET-STOCK	(3,990,000)	(3,990,000)
	SWPC0NZ33 CDS EUR P V 03MEVENT 2 CCPCORPORATE	CREDIT DEFAULT SWAP	(3,952,840)	(3,993,132)

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, 2025

(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
	BWU025U43 IRS USD P F 3.50000 SWU025U43 CCPOIS	INTEREST RATE SWAP	(5,100,000)	(4,518,314)
	SWU02HXM4 IRS BRL P V 00MBRCDI SWUV2HXM6 CCPNDFPREDISWAP	INTEREST RATE SWAP	(5,922,939)	(6,131,667)
	SWU02D2D7 IRS AUD P V 06MBBSW SWUV2D2D9 CCPVANILLA	INTEREST RATE SWAP	(6,182,294)	(6,468,443)
	SWPC40YU0 CDS EUR P V 03MEVENT FLO ITRAXXTRANCHE	CREDIT DEFAULT SWAP	(6,482,042)	(7,263,968)
	SWU02JCH4 IRS BRL P V 00MBRCDI SWUV2JCH6 CCPNDFPREDISWAP	INTEREST RATE SWAP	(8,269,078)	(8,376,295)
	SWPC44KD5 CDS EUR P V 03MEVENT FLO ITRAXXTRANCHE	CREDIT DEFAULT SWAP	(8,756,716)	(8,925,824)
	BWU02MT06 IRS USD P F 4.08500 SWU02MT06 CCPOIS	INTEREST RATE SWAP	(9,626,000)	(9,464,796)
	BWU02G0R1 IRS USD P F 3.25000 SWU02G0R1 CCPOIS	INTEREST RATE SWAP	(11,900,000)	(10,029,287)
	SWPC44SD7 CDS EUR P V 03MEVENT FLO ITRAXXTRANCHE	CREDIT DEFAULT SWAP	(10,547,436)	(10,687,500)
	BWU02G3R8 IRS JPY P F 1.25000 SWU02G3R8 CCPOIS	INTEREST RATE SWAP	(12,315,451)	(11,162,569)
	SWU02HXN2 IRS BRL P V 00MBRCDI SWUV2HXN4 CCPNDFPREDISWAP	INTEREST RATE SWAP	(10,805,914)	(11,186,642)
	BWU02K2I0 IRS BRL P F 13.01660 SWU02K2I0 CCPNDFPREDISWAP	INTEREST RATE SWAP	(11,666,389)	(11,443,507)
	SWU027521 IRS BRL P V 00MBRCDI SWUV27523 CCPNDFPREDISWAP	INTEREST RATE SWAP	(12,379,681)	(12,099,092)
	SWPC0NUU8 CDS EUR P V 03MEVENT 2 CCPITRAXX	CREDIT DEFAULT SWAP	(12,187,939)	(12,214,286)
	SWPC44DR2 CDS EUR P V 03MEVENT FLO ITRAXXTRANCHE	CREDIT DEFAULT SWAP	(14,162,796)	(14,316,552)
	SWPC44TD6 CDS EUR P V 03MEVENT FLO ITRAXXTRANCHE	CREDIT DEFAULT SWAP	(14,747,647)	(14,903,777)
	BWU025TX1 IRS USD P F 3.75000 SWU025TX1 CCPOIS	INTEREST RATE SWAP	(17,290,000)	(17,308,164)
	SWPC0NEX0 CDS USD P V 03MEVENT 2 CCPCDX	CREDIT DEFAULT SWAP	(64,700,000)	(64,700,000)
	SWPC0NUQ7 CDS USD P V 03MEVENT 2 CCPCDX	CREDIT DEFAULT SWAP	(322,425,000)	(322,425,000)
	TOTAL ABSOLUTE RETURN AND OTHER INVESTMENTS		21,984,870	25,400,860
	TOTAL INVESTMENTS		$ 5,162,560,768	$ 5,696,882,747

* 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, 2025

	(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 (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							
		346 Sales	$ -	$ 598,171,441	N/A	$ -	$ 598,171,441	$ 598,171,441	$ -
		433 Purchases	603,342,163	-	N/A	-	-	603,342,163	-
*	State Street	US TREASURY N/B 08/46 2.25							
		8 Sales	-	163,496,938	N/A	-	162,438,982	163,496,938	1,057,956
		10 Purchases	183,914,683	-	N/A	-	-	183,914,683	-
*	State Street	US TREASURY N/B 08/54 4.25							
		76 Sales	-	356,035,434	N/A	-	357,068,081	356,035,434	(1,032,647)
		66 Purchases	318,559,934	-	N/A	-	-	318,559,934	-
*	State Street	US TREASURY N/B 02/55 4.625							
		90 Sales	-	146,255,521	N/A	-	146,747,918	146,255,521	(492,397)
		111 Purchases	146,747,918	-	N/A	-	-	146,747,918	-
*	State Street	US TREASURY N/B 05/55 4.75							
		104 Sales	-	714,920,475	N/A	-	714,321,298	714,920,475	599,177
		135 Purchases	816,224,530	-	N/A	-	-	816,224,530	-
*	State Street	US TREASURY N/B 08/33 3.875							
		40 Sales	-	733,557,794	N/A	-	732,116,362	733,557,794	1,441,432
		38 Purchases	688,829,876	-	N/A	-	-	688,829,876	-
*	State Street	US TREASURY N/B 08/35 4.25							
		83 Sales	-	260,829,259	N/A	-	260,762,219	260,829,259	67,040
		106 Purchases	261,415,819	-	N/A	-	-	261,415,819	-

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, 2025

	(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)
*	State Street	SWPC0NUQ7 CDS USD P V 03MEVENT 2 CCPCDX							
		42 Sales	-	322,425,000	N/A	-	322,425,000	322,425,000	-
*	State Street	SWPC0NUQ7 CDS USD R F 1.00000 1 CCPCDX							
		42 Purchases	329,663,745	-	N/A	-	-	329,663,745	-
*	State Street	SWPC0MWQ7 CDS USD R F 1.00000 1 CCPCDX							
		74 Sales	-	341,575,338	N/A	-	342,963,274	341,575,338	(1,387,936)
*	State Street	SWPC0MWQ7 CDS USD P V 03MEVENT 2 CCPCDX							
		74 Purchases	335,250,000	-	N/A	-	-	335,250,000	-
*	State Street	SWPC0NEX0 CDS USD R F 1.00000 1 CCPCDX							
		68 Sales	-	324,125,337	N/A	-	322,871,486	324,125,337	1,253,851
		37 Purchases	388,769,862	-	N/A	-	-	388,769,862	-
*	State Street	SWPC0NEX0 CDS USD R F 1.00000 1 CCPCDX							
		37 Sales	-	381,700,000	N/A	-	381,700,000	381,700,000	-
		68 Purchases	317,000,000	-	N/A	-	-	317,000,000	-
*	State Street	PIMCO FDS SHORT TERM FLTG NAV MUTUAL FUND							
		52 Sales	-	184,300,000	N/A	-	184,298,152	184,300,000	1,848
		113 Purchases	187,391,053	-	N/A	-	-	187,391,053	-

There were no category (i) (ii) or (iv) reportable transactions for the year ended December 31, 2025.

* 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, 2025

	(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 (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							
		346 Sales	$ -	$ 598,171,441	N/A	$ -	$ 598,171,441	$ 598,171,441	$ -
		433 Purchases	603,342,163	-	N/A	-	-	603,342,163	-
*	State Street	US TREASURY N/B 08/46 2.25							
		8 Sales	-	163,496,938	N/A	-	162,438,982	163,496,938	1,057,956
		10 Purchases	183,914,683	-	N/A	-	-	183,914,683	-
*	State Street	US TREASURY N/B 08/54 4.25							
		76 Sales	-	356,035,434	N/A	-	357,068,081	356,035,434	(1,032,647)
		66 Purchases	318,559,934	-	N/A	-	-	318,559,934	-
*	State Street	US TREASURY N/B 02/55 4.625							
		90 Sales	-	146,255,521	N/A	-	146,747,918	146,255,521	(492,397)
		111 Purchases	146,747,918	-	N/A	-	-	146,747,918	-
*	State Street	US TREASURY N/B 05/55 4.75							
		104 Sales	-	714,920,475	N/A	-	714,321,298	714,920,475	599,177
		135 Purchases	816,224,530	-	N/A	-	-	816,224,530	-
*	State Street	US TREASURY N/B 08/33 3.875							
		40 Sales	-	733,557,794	N/A	-	732,116,362	733,557,794	1,441,432
		38 Purchases	688,829,876	-	N/A	-	-	688,829,876	-
*	State Street	US TREASURY N/B 08/35 4.25							
		83 Sales	-	260,829,259	N/A	-	260,762,219	260,829,259	67,040
		106 Purchases	261,415,819	-	N/A	-	-	261,415,819	-

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, 2025

	(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)
*	State Street	SWPC0NUQ7 CDS USD P V 03MEVENT 2 CCPCDX							
		42 Sales	-	322,425,000	N/A	-	322,425,000	322,425,000	-
*	State Street	SWPC0NUQ7 CDS USD R F 1.00000 1 CCPCDX							
		42 Purchases	329,663,745	-	N/A	-	-	329,663,745	-
*	State Street	SWPC0MWQ7 CDS USD R F 1.00000 1 CCPCDX							
		74 Sales	-	341,575,338	N/A	-	342,963,274	341,575,338	(1,387,936)
*	State Street	SWPC0MWQ7 CDS USD P V 03MEVENT 2 CCPCDX							
		74 Purchases	335,250,000	-	N/A	-	-	335,250,000	-
*	State Street	SWPC0NEX0 CDS USD R F 1.00000 1 CCPCDX							
		68 Sales	-	324,125,337	N/A	-	322,871,486	324,125,337	1,253,851
		37 Purchases	388,769,862	-	N/A	-	-	388,769,862	-
*	State Street	SWPC0NEX0 CDS USD R F 1.00000 1 CCPCDX							
		37 Sales	-	381,700,000	N/A	-	381,700,000	381,700,000	-
		68 Purchases	317,000,000	-	N/A	-	-	317,000,000	-
*	State Street	PIMCO FDS SHORT TERM FLTG NAV MUTUAL FUND							
		52 Sales	-	184,300,000	N/A	-	184,298,152	184,300,000	1,848
		113 Purchases	187,391,053	-	N/A	-	-	187,391,053	-

There were no category (i) (ii) or (iv) reportable transactions for the year ended December 31, 2025.

* 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(i) – Schedule of Assets (Held at End of Year)
December 31, 2025

(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				
	EURO	CURRENCY	$ 871,580	$ 872,044	0.02%
	JAPANESE	YEN	416,415	412,246	0.01%
	POUND	STERLING	381,958	387,416	0.01%
	AUSTRALIAN	DOLLAR	334,072	338,611	0.01%
	NORWEGIAN	KRONE	204,018	205,472	0.00%
	SWISS	FRANC	129,666	129,666	0.00%
	MEXICAN	PESO (NEW)	111,948	113,308	0.00%
	SINGAPORE	DOLLAR	4,142	4,179	0.00%
	CANADIAN	DOLLAR	380	388	0.00%
	SWEDISH	KRONA	304	317	0.00%
	NEW ZEALAND	DOLLAR	61	61	0.00%
	POLISH	ZLOTY	31	31	0.00%
	THAILAND	BAHT	26	26	0.00%
	POUND	STERLING	7	7	0.00%
	NEW ISRAELI	SHEQEL	1	1	0.00%
	US	DOLLAR	(8,225,999)	(8,225,999)	-0.14%
	TOTAL CASH		(5,771,390)	(5,762,226)	
	CASH EQUIVALENT				
*	SSC GOVERNMENT MM GVMXX	STIF-TYPE INSTRUMENT	12,853,996	12,853,996	0.23%
	TOTAL CASH AND CASH EQUIVALENTS		7,082,606	7,091,770	
	COMMON AND PREFERRED STOCKS				
	LONG DURATION CORP BD PORTFOLI MUTUAL FUNDS	MUTUAL FUNDS	1,017,208,603	1,094,168,407	19.21%
	BLACKROCK LONG TERM GOVT BD IN	MUTUAL FUNDS	439,000,000	436,210,042	7.66%
	PIMCO FDS SHORT TERM FLTG NAV MUTUAL FUND	MUTUAL FUNDS	3,132,417	3,132,417	0.05%
	INVESCO MORTGAGE CAPITAL REIT USD.01	REAL ESTATE INV TRST	5,593	1,035	0.00%
	TOTAL COMMON AND PREFERRED STOCKS		1,459,346,613	1,533,511,901	
	US, MUNICIPAL, AND INTERNATIONAL GOVERNMENT SECURITIES				
	US TREASURY N/B 05/55 4.75	GOVERNMENT ISSUES	77,739,330	77,284,547	1.36%
	US TREASURY N/B 08/45 4.875	GOVERNMENT ISSUES	67,658,109	67,094,630	1.18%
	US TREASURY N/B 08/55 4.75	GOVERNMENT ISSUES	62,864,281	62,143,375	1.09%
	US TREASURY N/B 11/55 4.625	GOVERNMENT ISSUES	31,867,240	31,383,028	0.55%
	US TREASURY N/B 05/55 4.75	GOVERNMENT ISSUES	24,163,902	23,950,313	0.42%
	US TREASURY N/B 08/46 2.25	GOVERNMENT ISSUES	21,475,701	21,083,906	0.37%
	UNITED MEXICAN STATES SR UNSECURED 05/55 7.375	GOVERNMENT ISSUES	16,975,338	17,985,900	0.32%
	US TREASURY N/B 02/49 3	GOVERNMENT ISSUES	16,193,989	15,817,024	0.28%
	REPUBLIC OF SOUTH AFRICA BONDS 02/35 8.875	GOVERNMENT ISSUES	11,835,271	14,857,239	0.26%
	US TREASURY N/B 08/54 4.25	GOVERNMENT ISSUES	13,889,528	13,712,688	0.24%
	US TREASURY N/B 02/44 4.5	GOVERNMENT ISSUES	13,573,022	13,496,031	0.24%
	US TREASURY N/B 11/45 4.625	GOVERNMENT ISSUES	12,071,610	11,906,684	0.21%
	US TREASURY N/B 11/49 2.375	GOVERNMENT ISSUES	10,026,921	10,130,793	0.18%
	US TREASURY N/B 11/35 4	GOVERNMENT ISSUES	9,160,975	9,122,448	0.16%
	TSY INFL IX N/B 02/44 1.375	GOVERNMENT ISSUES	8,383,345	8,353,715	0.15%
	UNITED KINGDOM GILT BONDS REGS 07/54 4.375	GOVERNMENT ISSUES	7,892,167	7,416,903	0.13%
	UNITED MEXICAN STATES SR UNSECURED 05/53 6.338	GOVERNMENT ISSUES	6,810,906	7,072,313	0.12%
	US TREASURY N/B 05/49 2.875	GOVERNMENT ISSUES	6,435,386	6,628,672	0.12%
	STRIP PRINC 05/45 0.00000	GOVERNMENT ISSUES	5,672,314	5,863,481	0.10%
	US TREASURY N/B 05/54 4.625	GOVERNMENT ISSUES	5,691,932	5,803,594	0.10%
	US TREASURY N/B 08/48 3	GOVERNMENT ISSUES	5,303,797	5,435,670	0.10%
	US TREASURY N/B 11/26 4.625	GOVERNMENT ISSUES	5,335,828	5,387,768	0.09%
	UNITED MEXICAN STATES SR UNSECURED 01/46 4.6	GOVERNMENT ISSUES	4,348,138	4,494,125	0.08%
	AUSTRALIAN GOVERNMENT SR UNSECURED REGS 06/35 2.75	GOVERNMENT ISSUES	3,968,604	3,910,200	0.07%
	HUNGARY SR UNSECURED 144A 09/55 6.75	GOVERNMENT ISSUES	3,552,444	3,761,128	0.07%
	STRIP PRINC 11/48 0.00000	GOVERNMENT ISSUES	3,477,494	3,659,633	0.06%
	UNITED MEXICAN STATES SR UNSECURED 05/37 6.875	GOVERNMENT ISSUES	3,286,602	3,521,100	0.06%
	UNITED MEXICAN STATES SR UNSECURED 05/54 6.4	GOVERNMENT ISSUES	3,586,928	3,467,405	0.06%
	STRIP PRINC 08/48 0.00000	GOVERNMENT ISSUES	3,106,972	3,322,110	0.06%

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, 2025

(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 05/41 4.375	GOVERNMENT ISSUES	3,091,030	3,106,014
	TSY INFL IX N/B 02/53 1.5	GOVERNMENT ISSUES	3,230,590	2,909,873
	ROMANIA SR UNSECURED 144A 02/37 7.5	GOVERNMENT ISSUES	2,786,692	2,870,143
	US TREASURY N/B 08/45 4.875	GOVERNMENT ISSUES	2,789,652	2,784,926
	SAUDI INTERNATIONAL BOND SR UNSECURED 144A 01/54 5.75	GOVERNMENT ISSUES	2,628,458	2,678,606
	TSY INFL IX N/B 02/54 2.125	GOVERNMENT ISSUES	2,829,276	2,483,303
	ROMANIA SR UNSECURED 144A 02/37 7.5	GOVERNMENT ISSUES	2,191,926	2,437,959
	REPUBLIC OF SOUTH AFRICA SR UNSECURED 144A 11/54 7.95	GOVERNMENT ISSUES	2,200,000	2,365,274
	US TREASURY N/B 05/51 2.375	GOVERNMENT ISSUES	2,338,554	2,351,906
	REPUBLIC OF PERU SR UNSECURED 144A 08/32 6.15	GOVERNMENT ISSUES	2,123,864	2,326,917
	CALIFORNIA ST CAS 11/40 FIXED 7.6	MUNICIPALS	2,234,457	2,282,795
	TSY INFL IX N/B 02/51 0.125	GOVERNMENT ISSUES	2,574,418	2,166,570
	UNITED MEXICAN STATES SR UNSECURED 05/32 4.4899	GOVERNMENT ISSUES	1,953,269	2,159,066
	CASSA DEPOSITI E PRESTIT SR UNSECURED 144A 04/29 5.875	GOVERNMENT ISSUES	1,983,220	2,107,176
	FED REPUBLIC OF BRAZIL SR UNSECURED 01/56 7.25	GOVERNMENT ISSUES	2,051,383	2,091,803
	REPUBLIC OF PERU SR UNSECURED REGS 08/34 5.4	GOVERNMENT ISSUES	1,945,453	2,073,115
	US TREASURY N/B 08/43 4.375	GOVERNMENT ISSUES	1,908,037	1,912,472
	DIST OF COLUMBIA WTR SWR AUT DISUTL 10/14 FIXED 4.814	MUNICIPALS	1,906,225	1,907,218
	UNIV OF CALIFORNIA REVENUES UNVHGR 12/99 FIXED 4.767	MUNICIPALS	1,892,062	1,889,857
	US TREASURY N/B 11/42 4	GOVERNMENT ISSUES	1,823,337	1,835,166
	ILLINOIS ST ILS 06/33 FIXED 5.1	MUNICIPALS	1,651,714	1,775,084
	PORT AUTH OF NEW YORK NEW JE PORTRN 10/62 FIXED 4.458	MUNICIPALS	1,726,711	1,738,694
	QUEENSLAND TREASURY CORP LOCAL GOVT G 144A REGS 08/32 1	GOVERNMENT ISSUES	1,543,935	1,560,377
	NEW S WALES TREASURY CRP LOCAL GOVT G REGS 03/34 1.75	GOVERNMENT ISSUES	1,517,097	1,497,449
	MARICOPA CNTY AZ INDL DEV AUTH MAREDU 10/29 FIXED 7.375	MUNICIPALS	1,420,000	1,489,617
	ROMANIA SR UNSECURED 144A 05/32 5.25	GOVERNMENT ISSUES	1,188,807	1,322,047
	SAUDI INTERNATIONAL BOND SR UNSECURED 144A 01/54 5.75	GOVERNMENT ISSUES	1,173,504	1,188,291
	UNITED MEXICAN STATES SR UNSECURED 09/35 5.625	GOVERNMENT ISSUES	1,194,384	1,183,200
	US TREASURY N/B 11/48 3.375	GOVERNMENT ISSUES	1,180,287	1,112,344
	REPUBLICA ORIENT URUGUAY SR UNSECURED 06/50 5.1	GOVERNMENT ISSUES	1,056,710	1,088,819
	STATE OF ISRAEL SR UNSECURED 03/54 5.75	GOVERNMENT ISSUES	1,055,604	1,057,542
	NEW JERSEY ST TURNPIKE AUTH TU NJSTRN 01/41 FIXED 7.102	MUNICIPALS	1,035,954	1,057,402
	REPUBLIC OF PERU SR UNSECURED REGS 08/31 6.95	GOVERNMENT ISSUES	790,834	925,615
	UNITED MEXICAN STATES SR UNSECURED 01/50 4.5	GOVERNMENT ISSUES	889,534	904,018
	US TREASURY N/B 05/48 3.125	GOVERNMENT ISSUES	850,155	838,965
	US TREASURY N/B 02/48 3	GOVERNMENT ISSUES	832,824	821,992
	TREASURY CORP VICTORIA LOCAL GOVT G REGS 09/33 2.25	GOVERNMENT ISSUES	781,224	763,303
	TSY INFL IX N/B 02/52 0.125	GOVERNMENT ISSUES	831,918	743,825
	UNITED MEXICAN STATES SR UNSECURED 03/33 5.375	GOVERNMENT ISSUES	697,438	693,700
	UNITED MEXICAN STATES SR UNSECURED 03/31 4.75	GOVERNMENT ISSUES	697,424	691,600
	US TREASURY N/B 08/35 4.25	GOVERNMENT ISSUES	653,601	653,066
	REPUBLIC OF SOUTH AFRICA BONDS 01/40 9	GOVERNMENT ISSUES	550,588	630,368
	REPUBLIC OF PERU SR UNSECURED 08/54 5.875	GOVERNMENT ISSUES	564,921	564,044
	MUNI ELEC AUTH OF GEORGIA MELPWR 04/57 FIXED 6.637	MUNICIPALS	489,257	500,711
	REPUBLIC OF SOUTH AFRICA BONDS 02/48 8.75	GOVERNMENT ISSUES	414,743	487,306
	US TREASURY N/B 08/53 4.125	GOVERNMENT ISSUES	518,088	484,560
	QUEENSLAND TREASURY CORP LOCAL GOVT G 144A REGS 08/35 4	GOVERNMENT ISSUES	445,790	436,836
	REPUBLIC OF SOUTH AFRICA BONDS 03/36 6.25	GOVERNMENT ISSUES	382,820	430,337
	NEW S WALES TREASURY CRP LOCAL GOVT G REGS 02/37 4.75	GOVERNMENT ISSUES	384,142	375,915
	US TREASURY N/B 02/54 4.25	GOVERNMENT ISSUES	352,852	340,518
	US TREASURY N/B 02/51 1.875	GOVERNMENT ISSUES	276,349	280,801
	REPUBLIC OF CHILE SR UNSECURED 01/52 4	GOVERNMENT ISSUES	246,807	261,344
	REPUBLIC OF PERU SR UNSECURED 144A 08/31 6.95	GOVERNMENT ISSUES	179,873	211,824
	REPUBLIC OF SOUTH AFRICA BONDS 01/44 8.75	GOVERNMENT ISSUES	75,312	86,589
	TOTAL US, MUNICIPAL, AND INTERNATIONAL GOVERNMENT SECURITIES		540,481,178	543,004,685

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, 2025

(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			
	AT+T INC SR UNSECURED 09/55 3.55	CORPORATE BONDS	14,691,691	15,728,411
	BEIGNET INVESTOR LLC SR SECURED 144A 05/49 6.581	CORPORATE BONDS	14,200,000	15,045,461
	WELLS FARGO BANK NA SUBORDINATED 01/38 6.6	CORPORATE BONDS	12,575,533	12,835,973
	CVS HEALTH CORP SR UNSECURED 03/38 4.78	CORPORATE BONDS	11,545,083	12,488,907
	CVS HEALTH CORP SR UNSECURED 03/48 5.05	CORPORATE BONDS	11,969,878	12,443,530
	ANHEUSER BUSCH CO/INBEV COMPANY GUAR 02/46 4.9	CORPORATE BONDS	11,644,097	12,115,085
	CITIGROUP INC SR UNSECURED 07/39 8.125	CORPORATE BONDS	10,747,190	11,494,134
	RTX CORP SR UNSECURED 06/42 4.5	CORPORATE BONDS	10,161,417	10,942,901
	HSBC BANK USA NA SUBORDINATED 01/39 7	CORPORATE BONDS	9,971,040	10,546,859
	GOLDMAN SACHS CAPITAL I LIMITD GUARA 02/34 6.345	CORPORATE BONDS	10,381,151	10,495,929
	BARRICK NA FINANCE LLC COMPANY GUAR 05/43 5.75	CORPORATE BONDS	9,437,497	9,742,210
	SAUDI ARABIAN OIL CO SR UNSECURED 144A 06/55 6.375	CORPORATE BONDS	9,333,439	9,709,886
	HESS CORP SR UNSECURED 02/41 5.6	CORPORATE BONDS	8,478,664	9,575,062
	META PLATFORMS INC SR UNSECURED 11/65 5.75	CORPORATE BONDS	8,840,147	8,464,921
	ENERGY TRANSFER LP SR UNSECURED 03/45 5.15	CORPORATE BONDS	7,569,489	8,412,411
	SCENTRE GROUP TRUST 2 COMPANY GUAR 144A 09/80 VAR	CORPORATE BONDS	8,035,206	8,363,016
	TIME WARNER CABLE LLC SR SECURED 07/38 7.3	CORPORATE BONDS	7,426,155	8,295,050
	OCCIDENTAL PETROLEUM COR SR UNSECURED 09/36 6.45	CORPORATE BONDS	7,697,350	8,262,279
	TAKEDA PHARMACEUTICAL SR UNSECURED 07/40 3.025	CORPORATE BONDS	7,664,198	8,257,737
	META PLATFORMS INC SR UNSECURED 11/55 5.625	CORPORATE BONDS	7,951,241	7,645,413
	PARAMOUNT GLOBAL COMPANY GUAR 03/62 VAR	CORPORATE BONDS	7,246,044	7,380,657
	GLENCORE FUNDING LLC COMPANY GUAR 144A 04/35 5.673	CORPORATE BONDS	6,500,772	6,841,872
	BANK OF AMERICA NA SUBORDINATED 10/36 6	CORPORATE BONDS	6,635,008	6,817,927
	CITIGROUP INC SR UNSECURED 03/56 VAR	CORPORATE BONDS	6,653,508	6,703,577
	ANHEUSER BUSCH INBEV WOR COMPANY GUAR 10/48 4.439	CORPORATE BONDS	6,470,325	6,605,842
	ORACLE CORP SR UNSECURED 07/46 4	CORPORATE BONDS	6,899,106	6,533,330
	TIME WARNER CABLE LLC SR SECURED 11/40 5.875	CORPORATE BONDS	6,095,053	6,255,007
	ENERGY TRANSFER LP SR UNSECURED 04/47 5.3	CORPORATE BONDS	5,763,984	6,138,571
	AT+T INC SR UNSECURED 06/60 3.85	CORPORATE BONDS	5,795,582	6,110,850
	ABBVIE INC SR UNSECURED 11/49 4.25	CORPORATE BONDS	5,861,072	5,976,199
	CVS HEALTH CORP SR UNSECURED 03/48 5.05	CORPORATE BONDS	5,630,954	5,885,453
	VERIZON COMMUNICATIONS SR UNSECURED 11/40 2.65	CORPORATE BONDS	5,679,883	5,775,778
	MICROSOFT CORP SR UNSECURED 06/50 2.525	CORPORATE BONDS	5,795,165	5,686,379
	AT+T INC SR UNSECURED 09/55 3.55	CORPORATE BONDS	5,314,027	5,622,781
	PACIFIC GAS + ELECTRIC 1ST MORTGAGE 08/35 6	CORPORATE BONDS	5,274,242	5,572,793
	CHARTER COMM OPT LLC/CAP SR SECURED 10/45 6.484	CORPORATE BONDS	5,350,595	5,548,537
	PETROLEOS MEXICANOS COMPANY GUAR 01/50 7.69	CORPORATE BONDS	5,183,321	5,512,158
	COMCAST CORP COMPANY GUAR 11/51 2.887	CORPORATE BONDS	5,674,254	5,510,881
	VERIZON COMMUNICATIONS SR UNSECURED 03/61 3.7	CORPORATE BONDS	5,168,266	5,347,739
	GOLDMAN SACHS GROUP INC SR UNSECURED 04/39 VAR	CORPORATE BONDS	4,700,172	5,341,269
	BROADCOM INC SR UNSECURED 144A 05/37 4.926	CORPORATE BONDS	4,596,385	5,262,848
	JPMORGAN CHASE + CO SR UNSECURED 11/41 VAR	CORPORATE BONDS	5,133,461	5,245,825
	LLOYDS BANKING GROUP PLC SR UNSECURED 11/35 VAR	CORPORATE BONDS	5,000,000	5,236,305
	BOEING CO SR UNSECURED 02/50 3.75	CORPORATE BONDS	4,980,150	5,219,413
	BANK OF AMERICA CORP SR UNSECURED 06/41 VAR	CORPORATE BONDS	4,933,084	5,158,462
	CHARTER COMM OPT LLC/CAP SR SECURED 03/50 4.8	CORPORATE BONDS	4,877,551	5,096,736
	HESS CORP SR UNSECURED 01/40 6	CORPORATE BONDS	4,877,438	5,040,033
	ENERGY TRANSFER LP SR UNSECURED 05/50 5	CORPORATE BONDS	5,144,577	4,975,277
	MORGAN STANLEY SR UNSECURED 04/36 VAR	CORPORATE BONDS	4,790,697	4,916,941
	KINDER MORGAN INC COMPANY GUAR 06/45 5.55	CORPORATE BONDS	4,461,665	4,884,364
	MPLX LP SR UNSECURED 04/38 4.5	CORPORATE BONDS	4,456,201	4,845,190
	CITIGROUP INC SUBORDINATED 05/46 4.75	CORPORATE BONDS	4,389,257	4,800,922
	BERKSHIRE HATHAWAY ENERG SR UNSECURED 01/49 4.45	CORPORATE BONDS	4,555,463	4,751,120
	NATIONWIDE MUTUAL INSURA SUBORDINATED 144A 04/50 4.35	CORPORATE BONDS	4,382,580	4,743,882
	AMGEN INC SR UNSECURED 05/45 4.4	CORPORATE BONDS	4,671,902	4,742,179
	JPMORGAN CHASE + CO SR UNSECURED 04/51 VAR	CORPORATE BONDS	4,416,117	4,676,576
	CARRIER GLOBAL CORP SR UNSECURED 04/40 3.377	CORPORATE BONDS	4,604,005	4,632,316
	HCA INC COMPANY GUAR 03/52 4.625	CORPORATE BONDS	4,341,932	4,553,858
	AMAZON.COM INC SR UNSECURED 06/50 2.5	CORPORATE BONDS	4,548,064	4,499,370
	KINDER MORGAN INC COMPANY GUAR 06/45 5.55	CORPORATE BONDS	4,125,119	4,394,473
	ASTRAZENECA PLC SR UNSECURED 09/37 6.45	CORPORATE BONDS	4,166,253	4,354,393
	FOUNDRY JV HOLDCO LLC SR SECURED 144A 01/39 6.3	CORPORATE BONDS	4,234,275	4,306,282
	ALPHABET INC SR UNSECURED 11/75 5.7	CORPORATE BONDS	4,317,854	4,298,899

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
	SAUDI ARABIAN OIL CO SR UNSECURED 144A 06/55 6.375	CORPORATE BONDS	4,027,963	4,289,928
	COMCAST CORP COMPANY GUAR 11/51 2.887	CORPORATE BONDS	4,385,487	4,256,884
	ELEVANCE HEALTH INC SR UNSECURED 08/44 4.65	CORPORATE BONDS	3,971,724	4,225,996
	ALPHABET INC SR UNSECURED 11/55 5.45	CORPORATE BONDS	4,256,336	4,221,910
	CHARTER COMM OPT LLC/CAP SR SECURED 04/51 3.7	CORPORATE BONDS	4,001,200	4,214,783
	ORACLE CORP SR UNSECURED 09/65 6.1	CORPORATE BONDS	4,687,616	4,179,074
	VOLKSWAGEN GROUP AMERICA COMPANY GUAR 144A 03/35 5.8	CORPORATE BONDS	3,991,260	4,146,980
	VERIZON COMMUNICATIONS SR UNSECURED 11/45 5.75	CORPORATE BONDS	4,083,067	4,084,143
	CENTENE CORP SR UNSECURED 10/30 3	CORPORATE BONDS	4,082,795	4,074,620
	CHILE ELECTRICITY LUX GOVT GUARANT 144A 10/35 5.58	CORPORATE BONDS	3,956,991	4,061,839
	BANK OF AMERICA CORP SR UNSECURED 04/42 VAR	CORPORATE BONDS	3,633,872	4,015,400
	ORACLE CORP SR UNSECURED 09/55 5.95	CORPORATE BONDS	4,455,900	4,003,928
	GREENSAIF PIPELINES BIDC SR SECURED 144A 08/42 6.1027	CORPORATE BONDS	3,720,045	3,891,508
	MARS INC SR UNSECURED 144A 05/55 5.7	CORPORATE BONDS	3,864,592	3,881,088
	ORACLE CORP SR UNSECURED 04/40 3.6	CORPORATE BONDS	3,708,918	3,842,721
	FMC CORP SUBORDINATED 11/55 VAR	CORPORATE BONDS	4,806,003	3,830,888
	PACIFIC GAS + ELECTRIC 1ST MORTGAGE 07/40 4.5	CORPORATE BONDS	3,294,114	3,802,161
	BANCO SANTANDER SA 01/35 6.033	CORPORATE BONDS	3,500,000	3,756,236
	BP CAP MARKETS AMERICA COMPANY GUAR 11/50 2.772	CORPORATE BONDS	3,737,194	3,727,506
	ELEVANCE HEALTH INC SR UNSECURED 05/50 3.125	CORPORATE BONDS	3,654,315	3,724,567
	COMCAST CORP COMPANY GUAR 11/56 2.937	CORPORATE BONDS	3,725,025	3,720,217
	DUKE ENERGY CORP SR UNSECURED 09/46 3.75	CORPORATE BONDS	3,414,015	3,716,411
	BARRICK INTL BARBADOS COMPANY GUAR 144A 10/36 6.35	CORPORATE BONDS	3,507,253	3,674,274
	AT+T INC SR UNSECURED 06/41 3.5	CORPORATE BONDS	3,340,546	3,652,272
	VICI PROPERTIES LP SR UNSECURED 11/31 5.125	CORPORATE BONDS	3,587,148	3,652,139
	IBM CORP SR UNSECURED 05/39 4.15	CORPORATE BONDS	3,351,028	3,651,526
	BANK OF AMERICA CORP SR UNSECURED 07/52 VAR	CORPORATE BONDS	3,461,202	3,649,929
	CLECO POWER LLC SR UNSECURED 144A 01/36 5.3	CORPORATE BONDS	3,591,972	3,637,329
	DIAMONDBACK ENERGY INC COMPANY GUAR 03/52 4.25	CORPORATE BONDS	3,492,204	3,605,957
	ORACLE CORP SR UNSECURED 02/53 5.55	CORPORATE BONDS	3,872,432	3,599,801
	CREDIT AGRICOLE SA 144A 01/36 VAR	CORPORATE BONDS	3,400,000	3,592,794
	DOMINION ENERGY INC SR UNSECURED 08/52 4.85	CORPORATE BONDS	3,332,667	3,589,860
	T MOBILE USA INC COMPANY GUAR 02/51 3.3	CORPORATE BONDS	3,423,205	3,585,706
	VERIZON COMMUNICATIONS SR UNSECURED 11/55 5.875	CORPORATE BONDS	3,608,704	3,584,960
	HA SUSTAINABLE INF CAP COMPANY GUAR 07/34 6.375	CORPORATE BONDS	3,495,345	3,571,592
	PACIFIC GAS + ELECTRIC 1ST MORTGAGE 10/55 6.1	CORPORATE BONDS	3,594,960	3,546,689
	BPCE SA 144A 01/36 VAR	CORPORATE BONDS	3,300,000	3,528,807
	HSBC HOLDINGS PLC SR UNSECURED 03/36 VAR	CORPORATE BONDS	3,400,000	3,514,394
	GOLDMAN SACHS GROUP INC SR UNSECURED 01/56 VAR	CORPORATE BONDS	3,443,185	3,493,651
	META PLATFORMS INC SR UNSECURED 05/53 5.6	CORPORATE BONDS	3,482,432	3,486,862
	PARAMOUNT GLOBAL COMPANY GUAR 03/43 4.375	CORPORATE BONDS	3,481,264	3,485,701
	CANADIAN NATL RESOURCES SR UNSECURED 12/34 5.4	CORPORATE BONDS	3,394,458	3,464,644
	MORGAN STANLEY SR UNSECURED 11/55 VAR	CORPORATE BONDS	3,470,058	3,461,071
	MITSUBISHI UFJ FIN GRP SR UNSECURED 01/36 VAR	CORPORATE BONDS	3,300,000	3,459,753
	SEMPRA SR UNSECURED 02/38 3.8	CORPORATE BONDS	3,164,139	3,419,170
	GOLDMAN SACHS GROUP INC SR UNSECURED 11/45 VAR	CORPORATE BONDS	3,377,596	3,398,136
	WELLS FARGO + COMPANY SR UNSECURED 12/35 VAR	CORPORATE BONDS	3,300,000	3,377,159
	PACIFIC GAS + ELECTRIC 1ST MORTGAGE 03/55 6.15	CORPORATE BONDS	3,389,800	3,377,089
	ORACLE CORP SR UNSECURED 11/37 3.8	CORPORATE BONDS	3,293,230	3,363,958
	DUKE ENERGY CORP SR UNSECURED 09/46 3.75	CORPORATE BONDS	2,957,297	3,343,628
	MPLX LP SR UNSECURED 09/55 6.2	CORPORATE BONDS	3,283,051	3,331,960
	SWEPCO STORM RECOVERY FU SR SECURED 09/41 4.88	CORPORATE BONDS	3,285,840	3,323,494
	GILEAD SCIENCES INC SR UNSECURED 02/45 4.5	CORPORATE BONDS	3,199,326	3,313,213
	NTT FINANCE CORP SR UNSECURED 144A 07/35 5.502	CORPORATE BONDS	3,210,531	3,298,770
	ROYALTY PHARMA PLC COMPANY GUAR 09/55 5.95	CORPORATE BONDS	3,162,192	3,290,151
	COMMONWEALTH EDISON CO 1ST MORTGAGE 03/48 4	CORPORATE BONDS	3,079,781	3,284,330
	ENTERPRISE PRODUCTS OPER COMPANY GUAR 02/53 3.3	CORPORATE BONDS	3,256,883	3,279,617
	ARTHUR J GALLAGHER + CO SR UNSECURED 02/55 5.55	CORPORATE BONDS	3,378,784	3,276,009
	RTX CORP SR UNSECURED 11/46 3.75	CORPORATE BONDS	3,019,819	3,264,957
	CIVITAS RESOURCES INC COMPANY GUAR 144A 07/28 8.375	CORPORATE BONDS	3,235,950	3,217,761
	ONEOK INC COMPANY GUAR 11/64 5.85	CORPORATE BONDS	3,389,732	3,200,944
	COMCAST CORP COMPANY GUAR 07/46 3.4	CORPORATE BONDS	3,078,792	3,193,247
	BOEING CO/THE SR UNSECURED 05/64 7.008	CORPORATE BONDS	2,802,802	3,191,883
	COX COMMUNICATIONS INC COMPANY GUAR 144A 09/54 5.95	CORPORATE BONDS	3,307,204	3,190,687

Kaiser Foundation Health Plan, Inc.
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	BALTIMORE GAS + ELECTRIC SR UNSECURED 06/53 5.4	CORPORATE BONDS	3,118,877	3,183,986
	UNITEDHEALTH GROUP INC SR UNSECURED 06/48 4.25	CORPORATE BONDS	3,208,876	3,175,798
	UNITEDHEALTH GROUP INC SR UNSECURED 08/39 3.5	CORPORATE BONDS	2,978,559	3,139,613
	AT+T INC SR UNSECURED 09/53 3.5	CORPORATE BONDS	2,801,382	3,131,957
	7 ELEVEN INC SR UNSECURED 144A 02/41 2.5	CORPORATE BONDS	2,914,288	3,116,643
	HUNTINGTON INGALLS INDUS COMPANY GUAR 01/35 5.749	CORPORATE BONDS	2,886,607	3,069,120
	ABBVIE INC SR UNSECURED 11/42 4.4	CORPORATE BONDS	2,850,497	3,068,704
	MPLX LP SR UNSECURED 04/48 4.7	CORPORATE BONDS	2,813,466	3,061,271
	BARCLAYS PLC SR UNSECURED 09/35 VAR	CORPORATE BONDS	3,000,000	3,055,188
	FREEPORT MCMORAN INC COMPANY GUAR 03/43 5.45	CORPORATE BONDS	2,847,545	3,054,087
	ABBVIE INC SR UNSECURED 11/39 4.05	CORPORATE BONDS	2,737,182	3,042,933
	SAN DIEGO G + E 1ST MORTGAGE 03/52 3.7	CORPORATE BONDS	2,944,001	3,042,638
	FARMERS EXCHANGE CAP II SUBORDINATED 144A 11/53 VAR	CORPORATE BONDS	2,935,664	3,013,091
	BMS IRELAND CAP FUNDING COMPANY GUAR 11/55 4.581	CORPORATE BONDS	2,984,540	2,979,646
	MIDAMERICAN ENERGY CO 1ST MORTGAGE 09/54 5.85	CORPORATE BONDS	2,924,885	2,939,564
	FIRST QUANTUM MINERALS L COMPANY GUAR 144A 02/34 7.25	CORPORATE BONDS	2,807,130	2,933,140
	NORTHWESTERN MUTUAL LIFE SUBORDINATED 144A 05/55 6.17	CORPORATE BONDS	2,868,782	2,912,430
	HARBOUR ENERGY PLC SR UNSECURED 144A 04/35 6.327	CORPORATE BONDS	2,872,671	2,911,089
	GLOBAL PAYMENTS INC SR UNSECURED 11/32 5.2	CORPORATE BONDS	2,896,462	2,904,417
	MORGAN STANLEY SR UNSECURED 04/42 VAR	CORPORATE BONDS	2,624,207	2,888,937
	VERIZON COMMUNICATIONS SR UNSECURED 03/41 3.4	CORPORATE BONDS	2,806,643	2,875,724
	AMGEN INC SR UNSECURED 06/51 4.663	CORPORATE BONDS	2,758,112	2,862,363
	PARAMOUNT GLOBAL COMPANY GUAR 10/40 5.9	CORPORATE BONDS	2,973,948	2,838,771
	COMMONSPIRIT HEALTH SR UNSECURED 09/55 5.662	CORPORATE BONDS	2,932,088	2,836,502
	COMCAST CORP COMPANY GUAR 11/56 2.937	CORPORATE BONDS	2,955,300	2,820,911
	PACIFIC GAS + ELECTRIC 1ST MORTGAGE 08/42 3.75	CORPORATE BONDS	2,349,127	2,808,650
	INDIANAPOLIS PWR + LIGHT 1ST MORTGAGE 144A 08/35 5.05	CORPORATE BONDS	2,761,938	2,797,471
	HOME DEPOT INC SR UNSECURED 09/51 2.75	CORPORATE BONDS	2,763,309	2,779,438
	PROLOGIS TARGETED US COMPANY GUAR 144A 01/36 4.75	CORPORATE BONDS	2,784,639	2,771,298
	BIOCON BIOLOGICS GLOBAL SR SECURED 144A 10/29 6.67	CORPORATE BONDS	2,692,178	2,765,427
	NATIONWIDE MUTUAL INSURA SUBORDINATED 144A 08/39 9.375	CORPORATE BONDS	2,467,239	2,760,657
	FOUNDRY JV HOLDCO LLC SR SECURED 144A 01/36 6.1	CORPORATE BONDS	2,665,024	2,745,798
	GOLDMAN SACHS GROUP INC SR UNSECURED 10/36 VAR	CORPORATE BONDS	2,745,000	2,731,031
	DIAMONDBACK ENERGY INC COMPANY GUAR 03/53 6.25	CORPORATE BONDS	2,622,638	2,721,995
	TAKEDA PHARMACEUTICAL SR UNSECURED 07/44 5.65	CORPORATE BONDS	2,704,084	2,721,129
	HOME DEPOT INC SR UNSECURED 04/43 4.2	CORPORATE BONDS	2,623,716	2,696,326
	ELEVANCE HEALTH INC SR UNSECURED 02/55 5.7	CORPORATE BONDS	2,688,830	2,687,134
	GOLDMAN SACHS GROUP INC SR UNSECURED 02/43 VAR	CORPORATE BONDS	2,322,518	2,670,982
	AT+T INC SR UNSECURED 11/54 5.7	CORPORATE BONDS	2,755,707	2,666,147
	APPLE INC SR UNSECURED 02/51 2.65	CORPORATE BONDS	2,688,672	2,663,912
	NOKIA OYJ SR UNSECURED 05/39 6.625	CORPORATE BONDS	2,530,959	2,659,807
	VENTURE GLOBAL PLAQUE SR SECURED 144A 06/34 6.5	CORPORATE BONDS	2,600,000	2,658,181
	VIPER ENERGY PARTNERS LL COMPANY GUAR 08/35 5.7	CORPORATE BONDS	2,590,536	2,653,378
	APPLE INC SR UNSECURED 02/46 4.65	CORPORATE BONDS	2,660,918	2,652,836
	RTX CORP SR UNSECURED 09/51 2.82	CORPORATE BONDS	2,504,538	2,644,507
	BERKSHIRE HATHAWAY ENERG SR UNSECURED 05/51 2.85	CORPORATE BONDS	2,415,131	2,642,060
	ENTERPRISE PRODUCTS OPER COMPANY GUAR 01/36 5.2	CORPORATE BONDS	2,571,357	2,630,880
	MORGAN STANLEY SR UNSECURED 01/52 VAR	CORPORATE BONDS	2,486,941	2,627,806
	JOHNSON + JOHNSON SR UNSECURED 03/46 3.7	CORPORATE BONDS	2,586,916	2,617,980
	TEACHERS INSUR + ANNUITY SUBORDINATED 144A 09/44 4.9	CORPORATE BONDS	2,365,375	2,617,796
	HORIZON MUTUAL HOLDINGS SR UNSECURED 144A 11/34 6.2	CORPORATE BONDS	2,664,073	2,607,421
	VIRGINIA ELEC + POWER CO SR UNSECURED 04/53 5.45	CORPORATE BONDS	2,445,806	2,590,648
	CONSTELLATION INSURC INC SR UNSECURED 144A 01/30 6.8	CORPORATE BONDS	2,544,627	2,589,983
	TIME WARNER CABLE LLC SR SECURED 09/42 4.5	CORPORATE BONDS	2,307,723	2,588,379
	PARAMOUNT GLOBAL COMPANY GUAR 02/57 VAR	CORPORATE BONDS	2,267,113	2,569,647
	BOEING CO SR UNSECURED 05/50 5.805	CORPORATE BONDS	2,473,786	2,563,649
	FORD MOTOR COMPANY SR UNSECURED 01/43 4.75	CORPORATE BONDS	2,354,988	2,552,958
	FRONTIER COMMUNICATIONS SECURED 144A 05/29 6.75	CORPORATE BONDS	2,553,619	2,551,174
	ANHEUSER BUSCH CO/INBEV COMPANY GUAR 02/36 4.7	CORPORATE BONDS	2,400,200	2,549,305
	BROADCOM INC COMPANY GUAR 02/41 3.5	CORPORATE BONDS	2,229,433	2,540,697
	VENTURE GLOBAL LNG INC SR SECURED 144A 02/32 9.875	CORPORATE BONDS	2,655,623	2,515,531
	NEXTERA ENERGY CAPITAL COMPANY GUAR 03/55 5.9	CORPORATE BONDS	2,391,079	2,471,022
	AEP TEXAS INC SR UNSECURED 01/50 3.45	CORPORATE BONDS	2,267,615	2,462,768
	HARBOUR ENERGY PLC SR UNSECURED 144A 04/35 6.327	CORPORATE BONDS	2,400,000	2,434,360

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, 2025

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	ROYALTY PHARMA PLC COMPANY GUAR 09/35 5.2	CORPORATE BONDS	2,361,535	2,427,135
	CSL FINANCE PLC COMPANY GUAR 144A 04/52 4.75	CORPORATE BONDS	2,428,596	2,407,652
	BERKSHIRE HATHAWAY ENERG SR UNSECURED 05/53 4.6	CORPORATE BONDS	2,198,287	2,385,039
	SHELL FINANCE US INC COMPANY GUAR 144A 11/51 3	CORPORATE BONDS	2,418,912	2,384,393
	CONOCOPHILLIPS COMPANY COMPANY GUAR 03/62 4.025	CORPORATE BONDS	2,322,422	2,368,347
	CI FINANCIAL CORP SR UNSECURED 144A 05/29 7.5	CORPORATE BONDS	2,369,831	2,356,773
	FARMERS EXCHANGE CAP III SUBORDINATED 144A 10/54 VAR	CORPORATE BONDS	2,222,059	2,355,308
	PFIZER INC SR UNSECURED 05/50 2.7	CORPORATE BONDS	2,390,100	2,310,544
	SAUDI ARABIAN OIL CO SR UNSECURED 144A 07/64 5.875	CORPORATE BONDS	2,133,385	2,301,948
	SOUTHERN CALIF GAS CO 1ST MORTGAGE 06/53 5.75	CORPORATE BONDS	2,225,230	2,273,989
	BRANDYWINE OPER PARTNERS COMPANY GUAR 04/29 8.875	CORPORATE BONDS	2,089,605	2,263,417
	META PLATFORMS INC SR UNSECURED 08/54 5.4	CORPORATE BONDS	2,417,573	2,253,871
	SOUTHERN CAL EDISON 1ST MORTGAGE 02/50 3.65	CORPORATE BONDS	2,155,328	2,246,667
	BRASKEM NETHERLANDS COMPANY GUAR 144A 10/34 8	CORPORATE BONDS	5,590,144	2,243,625
	MERCK + CO INC SR UNSECURED 05/44 4.9	CORPORATE BONDS	2,093,658	2,242,789
	WARNERMEDIA HOLDINGS INC COMPANY GUAR 03/42 5.05	CORPORATE BONDS	2,414,770	2,220,370
	HESS CORP SR UNSECURED 03/33 7.125	CORPORATE BONDS	2,060,132	2,219,938
	PACIFIC GAS + ELECTRIC 1ST MORTGAGE 03/55 6.15	CORPORATE BONDS	2,184,109	2,207,027
	DUKE ENERGY INDIANA LLC 1ST MORTGAGE 04/53 5.4	CORPORATE BONDS	2,093,387	2,200,253
	DEVON ENERGY CORPORATION SR UNSECURED 09/34 5.2	CORPORATE BONDS	2,199,252	2,196,284
	AVOLON HOLDINGS FNDG LTD COMPANY GUAR 144A 11/29 5.75	CORPORATE BONDS	2,083,053	2,180,068
	HEALTH CARE SERVICE CORP SR UNSECURED 144A 06/54 5.875	CORPORATE BONDS	2,243,048	2,172,904
	FEDEX CORP COMPANY GUAR 02/48 4.05	CORPORATE BONDS	2,130,877	2,171,283
	HEALTH CARE SERVICE CORP SR UNSECURED 144A 06/50 3.2	CORPORATE BONDS	2,187,568	2,153,861
	VICI PROPERTIES LP SR UNSECURED 04/35 5.625	CORPORATE BONDS	2,083,599	2,149,228
	FARMERS INS EXCH SUBORDINATED 144A 10/64 VAR	CORPORATE BONDS	2,090,000	2,144,382
	ENERGY TRANSFER LP SR UNSECURED 06/41 6.05	CORPORATE BONDS	2,040,715	2,140,860
	KRAFT HEINZ FOODS CO COMPANY GUAR 10/49 4.875	CORPORATE BONDS	2,084,952	2,131,022
	CANADIAN NATL RESOURCES SR UNSECURED 03/38 6.25	CORPORATE BONDS	1,923,300	2,125,660
	DOMINION ENERGY INC SR UNSECURED 04/41 3.3	CORPORATE BONDS	1,874,252	2,119,997
	WILLIAMS COMPANIES INC SR UNSECURED 06/44 5.75	CORPORATE BONDS	1,914,612	2,092,933
	ENI SPA SR UNSECURED 144A 05/54 5.95	CORPORATE BONDS	2,075,388	2,088,621
	OGLETHORPE POWER CORP 1ST MORTGAGE 04/47 4.5	CORPORATE BONDS	1,835,064	2,075,579
	ORACLE CORP SR UNSECURED 04/50 3.6	CORPORATE BONDS	2,277,084	2,060,726
	SAUDI ARABIAN OIL CO SR UNSECURED 144A 07/54 5.75	CORPORATE BONDS	2,046,723	2,048,624
	GLENCORE FUNDING LLC COMPANY GUAR 144A 10/33 6.5	CORPORATE BONDS	1,838,604	2,046,104
	MORGAN STANLEY SR UNSECURED 10/36 VAR	CORPORATE BONDS	2,030,000	2,016,535
	RTX CORP SR UNSECURED 11/48 4.625	CORPORATE BONDS	2,009,688	2,012,254
	LOWE S COS INC SR UNSECURED 10/50 3	CORPORATE BONDS	1,925,181	2,008,019
	META PLATFORMS INC SR UNSECURED 08/52 4.45	CORPORATE BONDS	1,987,027	1,991,758
	CVS HEALTH CORP SR UNSECURED 09/55 6.2	CORPORATE BONDS	1,947,972	1,987,471
	JPMORGAN CHASE + CO SR UNSECURED 04/42 VAR	CORPORATE BONDS	1,719,736	1,985,987
	ELEVANCE HEALTH INC SR UNSECURED 11/64 5.85	CORPORATE BONDS	2,004,131	1,980,208
	ALABAMA POWER CO SR UNSECURED 03/52 3	CORPORATE BONDS	1,900,202	1,977,962
	ORACLE CORP SR UNSECURED 09/55 5.95	CORPORATE BONDS	2,151,959	1,975,271
	CVS HEALTH CORP SR UNSECURED 03/38 4.78	CORPORATE BONDS	1,833,424	1,974,175
	CVS HEALTH CORP SR UNSECURED 08/40 2.7	CORPORATE BONDS	1,698,428	1,969,384
	PACIFICORP 1ST MORTGAGE 01/55 5.8	CORPORATE BONDS	2,087,379	1,965,505
	BURLINGTN NORTH SANTA FE SR UNSECURED 09/44 4.55	CORPORATE BONDS	2,026,241	1,964,994
	AON CORP/AON GLOBAL HOLD COMPANY GUAR 02/52 3.9	CORPORATE BONDS	1,903,955	1,963,733
	FIRST QUANTUM MINERALS L COMPANY GUAR 144A 06/31 8.625	CORPORATE BONDS	1,948,725	1,962,911
	BERKSHIRE HATHAWAY FIN COMPANY GUAR 03/52 3.85	CORPORATE BONDS	1,925,735	1,956,139
	AMAZON.COM INC SR UNSECURED 08/37 3.875	CORPORATE BONDS	1,837,022	1,948,664
	JPMORGAN CHASE + CO SR UNSECURED 11/48 VAR	CORPORATE BONDS	1,842,493	1,946,347
	GREENSAIF PIPELINES BIDC SR SECURED 144A 08/42 6.1027	CORPORATE BONDS	1,850,000	1,930,105
	STEPSTONE GROUP M 2 GMBH THE EUR TERM LOAN B	BANK LOAN	1,823,484	1,916,756
	PUBLIC SERVICE OKLAHOMA SR UNSECURED 01/36 5.45	CORPORATE BONDS	1,858,438	1,911,369
	DUKE ENERGY FLORIDA LLC 1ST MORTGAGE 07/48 4.2	CORPORATE BONDS	1,798,129	1,900,309
	NATIONWIDE MUTUAL INSURA SUBORDINATED 144A 04/50 4.35	CORPORATE BONDS	1,751,377	1,874,757
	ELECTRICITE DE FRANCE SA SR UNSECURED 144A 04/64 6	CORPORATE BONDS	1,747,582	1,873,728
	ORACLE CORP SR UNSECURED 09/54 5.375	CORPORATE BONDS	2,293,537	1,867,044
	AMGEN INC SR UNSECURED 03/53 5.65	CORPORATE BONDS	1,773,194	1,853,722
	PARAMOUNT GLOBAL COMPANY GUAR 04/36 6.875	CORPORATE BONDS	1,886,266	1,852,801
	HUMANA INC SR UNSECURED 04/54 5.75	CORPORATE BONDS	1,900,961	1,849,687

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December 31, 2025

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	ORACLE CORP SR UNSECURED 11/47 4	CORPORATE BONDS	2,100,671	1,827,967
	KEURIG DR PEPPER INC COMPANY GUAR 05/50 3.8	CORPORATE BONDS	1,806,130	1,826,589
	CITIGROUP INC SR UNSECURED 11/42 VAR	CORPORATE BONDS	1,605,938	1,819,555
	ORACLE CORP SR UNSECURED 05/45 4.125	CORPORATE BONDS	1,879,542	1,818,419
	SAN DIEGO G + E 1ST MORTGAGE 04/35 5.4	CORPORATE BONDS	1,745,726	1,814,406
	AMGEN INC SR UNSECURED 02/40 3.15	CORPORATE BONDS	1,564,505	1,810,286
	WALMART INC SR UNSECURED 09/51 2.65	CORPORATE BONDS	1,819,349	1,806,680
	NISOURCE INC SR UNSECURED 02/43 5.25	CORPORATE BONDS	1,658,025	1,801,145
	EXXON MOBIL CORPORATION SR UNSECURED 04/51 3.452	CORPORATE BONDS	1,795,978	1,788,803
	AT+T INC SR UNSECURED 06/44 4.65	CORPORATE BONDS	1,590,952	1,762,610
	HUMANA INC SR UNSECURED 05/55 6	CORPORATE BONDS	1,786,066	1,758,311
	CENTENE CORP SR UNSECURED 03/31 2.5	CORPORATE BONDS	1,578,934	1,752,563
	NTT FINANCE CORP SR UNSECURED 144A 07/28 VAR	CORPORATE BONDS	1,700,000	1,717,425
	ALPHABET INC SR UNSECURED 11/44 4	CORPORATE BONDS	1,712,649	1,711,415
	KRAFT HEINZ FOODS CO COMPANY GUAR 10/39 4.625	CORPORATE BONDS	1,641,107	1,707,544
	CENOVUS ENERGY INC SR UNSECURED 02/52 3.75	CORPORATE BONDS	1,635,996	1,704,916
	NATIONAL RURAL UTIL COOP COLLATERAL T 11/48 4.4	CORPORATE BONDS	1,558,512	1,696,257
	WAND NEWCO 3 INC SR SECURED 144A 01/32 7.625	CORPORATE BONDS	1,600,000	1,693,429
	TIME WARNER CABLE LLC SR SECURED 06/39 6.75	CORPORATE BONDS	1,539,189	1,692,790
	BURLINGTN NORTH SANTA FE SR UNSECURED 03/55 5.5	CORPORATE BONDS	1,698,264	1,684,281
	ALPHABET INC SR UNSECURED 11/64 4.375	CORPORATE BONDS	1,697,368	1,677,950
	FMC CORP SR UNSECURED 05/53 6.375	CORPORATE BONDS	2,052,153	1,677,623
	GENERAL MOTORS CO SR UNSECURED 10/43 6.25	CORPORATE BONDS	1,490,807	1,641,626
	JPMORGAN CHASE + CO JR SUBORDINA 02/27 VAR	CORPORATE BONDS	1,626,494	1,641,477
	CIGNA GROUP/THE COMPANY GUAR 08/38 4.8	CORPORATE BONDS	1,513,697	1,632,799
	CHILDREN S HOSPITAL MEDI SR UNSECURED 05/44 4.268	CORPORATE BONDS	1,545,490	1,627,500
	FRONTIER COMMUNICATIONS SECURED 144A 01/30 6	CORPORATE BONDS	1,593,775	1,625,041
	BROADCOM INC SR UNSECURED 144A 11/36 3.187	CORPORATE BONDS	1,621,760	1,610,588
	ORACLE CORP SR UNSECURED 05/55 4.375	CORPORATE BONDS	1,690,858	1,600,449
	AMS OSRAM AG SR UNSECURED 144A 03/29 12.25	CORPORATE BONDS	1,571,250	1,593,218
	KRAFT HEINZ FOODS CO COMPANY GUAR 06/46 4.375	CORPORATE BONDS	1,543,008	1,591,484
	EXELON CORP SR UNSECURED 04/46 4.45	CORPORATE BONDS	1,502,043	1,586,985
	TAKEDA PHARMACEUTICAL SR UNSECURED 07/50 3.175	CORPORATE BONDS	1,567,252	1,585,081
	T MOBILE USA INC COMPANY GUAR 06/55 5.25	CORPORATE BONDS	1,726,211	1,582,617
	ABBVIE INC SR UNSECURED 05/46 4.45	CORPORATE BONDS	1,508,801	1,581,673
	MORGAN STANLEY SR UNSECURED 04/35 VAR	CORPORATE BONDS	1,495,791	1,580,701
	STARBUCKS CORP SR UNSECURED 11/50 3.5	CORPORATE BONDS	1,558,097	1,580,427
	CROWN CASTLE INC SR UNSECURED 04/41 2.9	CORPORATE BONDS	1,425,103	1,578,928
	BNP PARIBAS 144A 01/33 VAR	CORPORATE BONDS	1,500,000	1,576,360
	CENOVUS ENERGY INC SR UNSECURED 11/39 6.75	CORPORATE BONDS	1,541,012	1,567,574
	CVS HEALTH CORP SR UNSECURED 09/65 6.25	CORPORATE BONDS	1,543,754	1,560,690
	NORTHROP GRUMMAN CORP SR UNSECURED 06/54 5.2	CORPORATE BONDS	1,628,878	1,551,462
	BOEING CO SR UNSECURED 08/59 3.95	CORPORATE BONDS	1,472,843	1,523,603
	HSBC HOLDINGS PLC SUBORDINATED 09/37 6.5	CORPORATE BONDS	1,458,267	1,522,238
	VOLKSWAGEN GROUP AMERICA COMPANY GUAR 144A 11/28 4.75	CORPORATE BONDS	1,511,790	1,515,810
	BASIN ELECTRIC PWR COOP 1ST MORTGAGE 144A 10/55 5.85	CORPORATE BONDS	1,508,551	1,475,943
	WARNERMEDIA HOLDINGS INC COMPANY GUAR 03/52 5.141	CORPORATE BONDS	1,397,337	1,468,577
	MIDAMERICAN ENERGY CO 1ST MORTGAGE 05/46 4.25	CORPORATE BONDS	1,355,658	1,466,565
	BURLINGTN NORTH SANTA FE SR UNSECURED 06/52 2.875	CORPORATE BONDS	1,498,846	1,456,213
	DUKE ENERGY INDIANA LLC 1ST MORTGAGE 07/43 4.9	CORPORATE BONDS	1,322,310	1,452,880
	TYSON FOODS INC SR UNSECURED 06/47 4.55	CORPORATE BONDS	1,297,669	1,452,046
	SOUTHWESTERN PUBLIC SERV 1ST MORTGAGE 08/47 3.7	CORPORATE BONDS	1,383,616	1,444,022
	PERNOD RICARD SA SR UNSECURED 144A 06/26 3.25	CORPORATE BONDS	1,345,736	1,413,980
	COX COMMUNICATIONS INC COMPANY GUAR 144A 10/50 2.95	CORPORATE BONDS	1,418,258	1,413,497
	MERCK + CO INC SR UNSECURED 12/51 2.75	CORPORATE BONDS	1,393,394	1,401,752
	FLORIDA POWER + LIGHT CO 1ST MORTGAGE 03/40 5.69	CORPORATE BONDS	1,303,717	1,385,750
	PETROLEOS MEXICANOS COMPANY GUAR 02/48 6.35	CORPORATE BONDS	1,017,984	1,381,407
	WALT DISNEY COMPANY/THE COMPANY GUAR 09/49 2.75	CORPORATE BONDS	1,330,024	1,380,301
	KELLANOVA SR UNSECURED 04/46 4.5	CORPORATE BONDS	1,271,088	1,379,311
	JBS USA HOLD/FOOD/LUX CO COMPANY GUAR 12/52 6.5	CORPORATE BONDS	1,226,912	1,371,137
	BRASKEM NETHERLANDS COMPANY GUAR 144A 01/50 5.875	CORPORATE BONDS	2,721,609	1,365,956
	ORACLE CORP SR UNSECURED 03/51 3.95	CORPORATE BONDS	1,535,917	1,364,702
	PACIFIC GAS + ELECTRIC SR SECURED 06/41 4.2	CORPORATE BONDS	1,358,473	1,363,176
	BOEING CO SR UNSECURED 11/48 3.85	CORPORATE BONDS	1,216,895	1,361,826

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	INTEL CORP SR UNSECURED 12/47 3.734	CORPORATE BONDS	1,363,902	1,354,973
	BERKSHIRE HATHAWAY FIN COMPANY GUAR 05/42 4.4	CORPORATE BONDS	1,302,832	1,354,508
	CISCO SYSTEMS INC SR UNSECURED 01/40 5.5	CORPORATE BONDS	1,301,662	1,340,403
	FLORIDA POWER + LIGHT CO 1ST MORTGAGE 10/49 3.15	CORPORATE BONDS	1,302,347	1,336,052
	PROGRESSIVE CORP SR UNSECURED 04/47 4.125	CORPORATE BONDS	1,299,206	1,335,093
	MERCK + CO INC SR UNSECURED 06/40 2.35	CORPORATE BONDS	1,277,485	1,334,890
	ENERGY TRANSFER LP SR UNSECURED 05/54 5.95	CORPORATE BONDS	1,393,322	1,332,744
	METLIFE INC SR UNSECURED 03/45 4.05	CORPORATE BONDS	1,237,068	1,319,777
	NOVARTIS CAPITAL CORP COMPANY GUAR 11/45 4	CORPORATE BONDS	1,309,286	1,317,683
	BROADCOM INC SR UNSECURED 02/38 4.9	CORPORATE BONDS	1,336,744	1,317,682
	MOLSON COORS BEVERAGE COMPANY GUAR 07/46 4.2	CORPORATE BONDS	1,260,830	1,316,807
	UTAH ACQUISITION SUB COMPANY GUAR 06/46 5.25	CORPORATE BONDS	1,208,384	1,310,425
	MERCK + CO INC SR UNSECURED 02/45 3.7	CORPORATE BONDS	1,291,041	1,308,270
	ENEL FINANCE AMERICA LLC COMPANY GUAR 144A 07/41 2.875	CORPORATE BONDS	1,102,317	1,306,881
	COMCAST CORP COMPANY GUAR 04/40 3.75	CORPORATE BONDS	1,182,488	1,305,805
	COMCAST CORP COMPANY GUAR 03/48 4	CORPORATE BONDS	1,333,961	1,294,192
	HUMANA INC SR UNSECURED 04/54 5.75	CORPORATE BONDS	1,369,301	1,293,554
	SPRINT CAPITAL CORP COMPANY GUAR 03/32 8.75	CORPORATE BONDS	1,238,969	1,289,587
	VITAL ENERGY INC COMPANY GUAR 144A 07/29 7.75	CORPORATE BONDS	1,280,181	1,282,091
	HILTON WORLDWIDE FIN LLC COMPANY GUAR 04/27 4.875	CORPORATE BONDS	1,220,800	1,280,579
	BP CAP MARKETS AMERICA COMPANY GUAR 06/51 2.939	CORPORATE BONDS	1,272,136	1,277,996
	EXELON CORP SR UNSECURED 04/50 4.7	CORPORATE BONDS	1,190,714	1,270,584
	XCEL ENERGY INC SR UNSECURED 12/49 3.5	CORPORATE BONDS	1,154,769	1,268,194
	BMS IRELAND CAP FUNDING COMPANY GUAR 11/45 4.289	CORPORATE BONDS	1,262,690	1,265,832
	BRISTOL MYERS SQUIBB CO SR UNSECURED 06/39 4.125	CORPORATE BONDS	1,131,889	1,264,652
	BROADCOM INC SR UNSECURED 10/34 4.8	CORPORATE BONDS	1,252,402	1,259,825
	BURLINGTN NORTH SANTA FE SR UNSECURED 04/54 5.2	CORPORATE BONDS	1,219,533	1,255,650
	FORD MOTOR CREDIT CO LLC SR UNSECURED 11/27 7.35	CORPORATE BONDS	1,260,771	1,252,685
	SUNCOR ENERGY INC SR UNSECURED 06/39 6.85	CORPORATE BONDS	1,105,166	1,250,702
	BURLINGTN NORTH SANTA FE SR UNSECURED 02/50 3.55	CORPORATE BONDS	1,194,777	1,250,039
	OGLETHORPE POWER CORP 1ST MORTGAGE 11/39 5.95	CORPORATE BONDS	1,256,545	1,247,844
	MIDAMERICAN ENERGY CO 1ST MORTGAGE 11/56 5.5	CORPORATE BONDS	1,245,362	1,232,114
	LYONDELLBASELL IND NV SR UNSECURED 02/55 4.625	CORPORATE BONDS	1,225,543	1,227,943
	CI FINANCIAL CORP SR UNSECURED 12/30 3.2	CORPORATE BONDS	1,200,574	1,209,550
	EASTERN ENERGY GAS SR UNSECURED 01/55 6.2	CORPORATE BONDS	1,155,615	1,203,540
	UNITEDHEALTH GROUP INC SR UNSECURED 05/51 3.25	CORPORATE BONDS	1,162,362	1,203,101
	ONEOK INC COMPANY GUAR 07/48 5.2	CORPORATE BONDS	1,083,205	1,202,715
	VALERO ENERGY CORP SR UNSECURED 06/37 6.625	CORPORATE BONDS	1,136,140	1,202,598
	VALE OVERSEAS LIMITED COMPANY GUAR 144A 02/56 VAR	CORPORATE BONDS	1,193,856	1,200,360
	DUKE ENERGY CORP SR UNSECURED 09/35 4.95	CORPORATE BONDS	1,201,048	1,197,216
	INTEL CORP SR UNSECURED 12/47 3.734	CORPORATE BONDS	1,221,860	1,189,262
	VERIZON COMMUNICATIONS SR UNSECURED 11/65 6	CORPORATE BONDS	1,199,436	1,188,981
	GEORGIA PACIFIC LLC SR UNSECURED 11/29 7.75	CORPORATE BONDS	1,161,909	1,185,276
	JAB HOLDINGS BV SR UNSECURED 144A 04/52 4.5	CORPORATE BONDS	1,099,236	1,181,799
	FRONTIER COMMUNICATIONS SECURED 11/29 5.875	CORPORATE BONDS	1,158,794	1,179,127
	MPLX LP SR UNSECURED 03/47 5.2	CORPORATE BONDS	1,041,070	1,174,482
	HCA INC COMPANY GUAR 06/47 5.5	CORPORATE BONDS	1,020,196	1,171,174
	CENTENE CORP SR UNSECURED 07/28 2.45	CORPORATE BONDS	1,161,575	1,170,578
	SOUTHERN CO GAS CAPITAL COMPANY GUAR 10/46 3.95	CORPORATE BONDS	1,102,678	1,170,172
	APPALACHIAN POWER CO SR UNSECURED 05/50 3.7	CORPORATE BONDS	1,104,368	1,168,885
	SOUTHERN CALIF GAS CO 1ST MORTGAGE 06/55 6	CORPORATE BONDS	1,114,734	1,163,149
	DUKE ENERGY INDIANA LLC 1ST MORTGAGE 08/38 6.35	CORPORATE BONDS	1,069,961	1,161,516
	BOEING CO SR UNSECURED 03/48 3.625	CORPORATE BONDS	1,036,638	1,160,649
	EXPEDIA GROUP INC COMPANY GUAR 02/28 3.8	CORPORATE BONDS	1,069,868	1,153,851
	CITIGROUP CAPITAL III COMPANY GUAR 12/36 7.625	CORPORATE BONDS	1,070,980	1,152,143
	KRAFT HEINZ FOODS CO COMPANY GUAR 01/39 6.875	CORPORATE BONDS	1,110,680	1,147,580
	TAKEDA PHARMACEUTICAL SR UNSECURED 07/64 5.8	CORPORATE BONDS	1,154,629	1,147,374
	CONSTELLATION EN GEN LLC SR UNSECURED 06/42 5.6	CORPORATE BONDS	1,036,237	1,147,010
	LEAR CORP SR UNSECURED 01/52 3.55	CORPORATE BONDS	1,062,224	1,147,010
	PARAMOUNT GLOBAL COMPANY GUAR 07/42 4.85	CORPORATE BONDS	995,386	1,134,737
	CON EDISON CO OF NY INC SR UNSECURED 11/53 5.9	CORPORATE BONDS	1,089,935	1,124,792
	SUNCOR ENERGY INC SR UNSECURED 11/47 4	CORPORATE BONDS	1,031,785	1,116,271
	COMMONSPIRIT HEALTH SR UNSECURED 09/35 4.975	CORPORATE BONDS	1,115,429	1,104,425
	BARRICK NA FINANCE LLC COMPANY GUAR 05/41 5.7	CORPORATE BONDS	1,050,376	1,103,785

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, 2025

(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
	BARCLAYS PLC SR UNSECURED 01/47 4.95	CORPORATE BONDS	988,700	1,099,069
	SUNCOR ENERGY INC SR UNSECURED 03/51 3.75	CORPORATE BONDS	1,026,768	1,088,994
	INDIANAPOLIS PWR + LIGHT 1ST MORTGAGE 144A 04/54 5.7	CORPORATE BONDS	1,091,834	1,084,522
	BAYER US FINANCE LLC COMPANY GUAR 144A 11/53 6.875	CORPORATE BONDS	992,580	1,083,708
	CHARTER COMM OPT LLC/CAP SR SECURED 04/48 5.75	CORPORATE BONDS	1,017,733	1,082,310
	VALE OVERSEAS LIMITED COMPANY GUAR 06/54 6.4	CORPORATE BONDS	1,062,017	1,081,730
	RTX CORP SR UNSECURED 09/51 2.82	CORPORATE BONDS	1,077,430	1,079,710
	MATTEL INC SR UNSECURED 11/41 5.45	CORPORATE BONDS	962,945	1,079,385
	CABOT CORP SR UNSECURED 06/32 5	CORPORATE BONDS	976,090	1,079,024
	VIRGINIA ELEC + POWER CO SR UNSECURED 01/43 4	CORPORATE BONDS	969,028	1,071,486
	HOME DEPOT INC SR UNSECURED 03/51 2.375	CORPORATE BONDS	1,058,073	1,067,802
	VMED O2 UK FINANCING I SR SECURED 144A 04/32 5.625	CORPORATE BONDS	1,072,876	1,062,748
	BARCLAYS PLC SR UNSECURED 11/42 VAR	CORPORATE BONDS	894,812	1,056,657
	NISOURCE INC SR UNSECURED 04/55 5.85	CORPORATE BONDS	1,052,320	1,055,711
	IBM CORP SR UNSECURED 05/49 4.25	CORPORATE BONDS	1,020,172	1,053,265
	AMGEN INC SR UNSECURED 03/53 4.875	CORPORATE BONDS	957,314	1,046,861
	HP ENTERPRISE CO SR UNSECURED 10/54 5.6	CORPORATE BONDS	1,103,468	1,045,422
	PUBLIC SERVICE COLORADO 1ST MORTGAGE 05/54 5.75	CORPORATE BONDS	1,037,369	1,044,880
	WHIRLPOOL CORP SR UNSECURED 06/46 4.5	CORPORATE BONDS	1,078,362	1,044,112
	HCA INC COMPANY GUAR 04/54 6	CORPORATE BONDS	1,038,970	1,042,462
	DUKE ENERGY PROGRESS LLC 1ST MORTGAGE 03/44 4.375	CORPORATE BONDS	985,158	1,038,777
	DUKE ENERGY CAROLINAS 1ST MORTGAGE 08/49 3.2	CORPORATE BONDS	996,703	1,038,766
	RWE FINANCE US LLC COMPANY GUAR 144A 09/55 5.875	CORPORATE BONDS	1,048,227	1,034,935
	VENTURE GLOBAL LNG INC SR SECURED 144A 02/32 9.875	CORPORATE BONDS	1,026,250	1,033,072
	HOME DEPOT INC SR UNSECURED 12/49 3.125	CORPORATE BONDS	986,746	1,032,884
	GENERAL MOTORS CO SR UNSECURED 04/49 5.95	CORPORATE BONDS	928,242	1,032,006
	TRANSPORT DE GAS PERU SR UNSECURED 144A 04/28 4.25	CORPORATE BONDS	977,550	1,027,350
	PIEDMONT NATURAL GAS CO SR UNSECURED 02/35 5.1	CORPORATE BONDS	988,030	1,016,895
	SOUTHERN CO GAS CAPITAL COMPANY GUAR 09/51 3.15	CORPORATE BONDS	969,968	1,016,149
	HOST HOTELS + RESORTS LP SR UNSECURED 04/35 5.5	CORPORATE BONDS	993,210	1,013,906
	AMEREN ILLINOIS CO 1ST MORTGAGE 03/55 5.625	CORPORATE BONDS	1,047,439	1,013,589
	HUMANA INC SR UNSECURED 06/38 8.15	CORPORATE BONDS	965,323	1,005,747
	WELLTOWER OP LLC COMPANY GUAR 01/32 2.75	CORPORATE BONDS	868,329	1,002,104
	OCCIDENTAL PETROLEUM COR SR UNSECURED 03/46 6.6	CORPORATE BONDS	994,794	999,523
	VERIZON COMMUNICATIONS SR UNSECURED 11/55 5.875	CORPORATE BONDS	996,070	990,868
	BOEING CO SR UNSECURED 05/50 5.805	CORPORATE BONDS	885,910	987,919
	META PLATFORMS INC SR UNSECURED 08/64 5.55	CORPORATE BONDS	1,045,464	977,362
	HSBC BANK USA NA SUBORDINATED 08/35 5.625	CORPORATE BONDS	888,278	975,162
	PACIFIC GAS + ELECTRIC 1ST MORTGAGE 08/40 3.3	CORPORATE BONDS	790,309	967,755
	FARMERS INS EXCH SUBORDINATED 144A 11/57 VAR	CORPORATE BONDS	937,987	964,414
	ANHEUSER BUSCH INBEV WOR COMPANY GUAR 01/39 8.2	CORPORATE BONDS	896,976	962,789
	AMERICA MOVIL SAB DE CV SR UNSECURED 07/42 4.375	CORPORATE BONDS	877,967	932,170
	SAN DIEGO G + E 1ST MORTGAGE 06/49 4.1	CORPORATE BONDS	913,123	924,584
	CSX CORP SR UNSECURED 05/37 6.15	CORPORATE BONDS	871,912	924,406
	NRG ENERGY INC SR SECURED 144A 10/35 5.407	CORPORATE BONDS	924,991	924,294
	ABBVIE INC SR UNSECURED 11/49 4.25	CORPORATE BONDS	900,308	909,242
	EBAY INC SR UNSECURED 07/42 4	CORPORATE BONDS	822,476	908,642
	RWE FINANCE US LLC COMPANY GUAR 144A 09/35 5.125	CORPORATE BONDS	905,077	907,277
	HSBC HOLDINGS PLC SR UNSECURED 03/44 VAR	CORPORATE BONDS	856,408	906,477
	DEVON ENERGY CORPORATION SR UNSECURED 06/45 5	CORPORATE BONDS	849,884	899,166
	AEP TEXAS INC SR UNSECURED 10/55 5.85	CORPORATE BONDS	905,486	896,861
	ARIZONA PUBLIC SERVICE SR UNSECURED 05/50 3.35	CORPORATE BONDS	803,712	893,969
	FOX CORP SR UNSECURED 01/49 5.576	CORPORATE BONDS	787,860	893,059
	BRISTOL MYERS SQUIBB CO SR UNSECURED 03/52 3.7	CORPORATE BONDS	827,352	884,604
	HOME DEPOT INC SR UNSECURED 04/40 3.3	CORPORATE BONDS	775,527	881,518
	DUKE ENERGY CAROLINAS 1ST REF MORT 09/42 4	CORPORATE BONDS	792,955	875,981
	VIATRIS INC COMPANY GUAR 06/50 4	CORPORATE BONDS	801,967	862,817
	DUKE ENERGY CAROLINAS 1ST MORTGAGE 12/41 4.25	CORPORATE BONDS	798,369	859,482
	WELLS FARGO + COMPANY SUBORDINATED 06/46 4.4	CORPORATE BONDS	786,831	858,820
	ONCOR ELECTRIC DELIVERY SR SECURED 05/50 3.7	CORPORATE BONDS	828,385	858,237
	FMC CORP SR UNSECURED 05/53 6.375	CORPORATE BONDS	1,018,878	845,891
	ENTERGY MISSISSIPPI LLC 1ST MORTGAGE 06/49 3.85	CORPORATE BONDS	797,511	841,962
	HCA INC COMPANY GUAR 06/49 5.25	CORPORATE BONDS	774,873	839,032
	PUBLIC SERVICE COLORADO 1ST MORTGAGE 06/52 4.5	CORPORATE BONDS	770,920	837,278

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
	SIEMENS FINANCIERINGSMAT COMPANY GUAR 144A 03/41 2.875	CORPORATE BONDS	768,702	837,131
	SHELL FINANCE US INC COMPANY GUAR 04/50 3.25	CORPORATE BONDS	868,089	826,892
	VISTRA OPERATIONS CO LLC SR SECURED 144A 12/34 5.7	CORPORATE BONDS	799,224	825,953
	TEVA PHARMACEUTICALS NE COMPANY GUAR 10/46 4.1	CORPORATE BONDS	703,595	824,263
	TUCSON ELECTRIC POWER CO SR UNSECURED 06/50 4	CORPORATE BONDS	782,493	823,393
	BELL CANADA COMPANY GUAR 04/48 4.464	CORPORATE BONDS	778,061	811,575
	DUKE ENERGY PROGRESS LLC 1ST MORTGAGE 08/50 2.5	CORPORATE BONDS	809,893	810,611
	ENTERPRISE PRODUCTS OPER COMPANY GUAR 02/45 5.1	CORPORATE BONDS	749,587	803,692
	OGLETHORPE POWER CORP 1ST MORTGAGE 09/50 5.25	CORPORATE BONDS	752,198	796,322
	BP CAP MARKETS AMERICA COMPANY GUAR 02/50 3	CORPORATE BONDS	773,256	795,560
	CATERPILLAR INC SR UNSECURED 05/41 5.2	CORPORATE BONDS	775,329	793,640
	INTEL CORP SR UNSECURED 08/41 2.8	CORPORATE BONDS	823,905	788,181
	INTEL CORP SR UNSECURED 11/49 3.25	CORPORATE BONDS	797,148	787,078
	LYB INT FINANCE III COMPANY GUAR 05/50 4.2	CORPORATE BONDS	781,258	780,647
	ORACLE CORP SR UNSECURED 07/34 4.3	CORPORATE BONDS	745,569	774,522
	BAYER US FINANCE LLC COMPANY GUAR 144A 11/33 6.5	CORPORATE BONDS	696,710	758,897
	TIME WARNER CABLE LLC SR SECURED 09/42 4.5	CORPORATE BONDS	692,877	758,384
	PUBLIC SERVICE COLORADO 1ST MORTGAGE 09/42 3.6	CORPORATE BONDS	671,517	749,992
	BRISTOL MYERS SQUIBB CO SR UNSECURED 11/40 2.35	CORPORATE BONDS	655,069	746,221
	BROWN FORMAN CORP SR UNSECURED 04/38 4	CORPORATE BONDS	692,901	744,149
	NEVADA POWER CO GENL REF MOR 04/36 6.65	CORPORATE BONDS	681,239	743,260
	HCA INC COMPANY GUAR 04/64 6.1	CORPORATE BONDS	740,381	741,071
	COMMONSPIRIT HEALTH SR UNSECURED 09/45 5.58	CORPORATE BONDS	750,000	735,414
	CENTENE CORP SR UNSECURED 02/30 3.375	CORPORATE BONDS	669,271	731,584
	AMGEN INC SR UNSECURED 06/51 4.663	CORPORATE BONDS	785,213	729,538
	VMED O2 UK FINANCING I SR SECURED 144A 04/32 7.75	CORPORATE BONDS	726,950	729,530
	PRUDENTIAL FINANCIAL INC SR UNSECURED 12/49 3.935	CORPORATE BONDS	683,224	719,080
	SOUTHWESTERN PUBLIC SERV 1ST MORTGAGE 05/50 3.15	CORPORATE BONDS	681,814	718,319
	MASS MUTUAL LIFE INS CO SUBORDINATED 144A 02/69 VAR	CORPORATE BONDS	679,865	717,075
	OCCIDENTAL PETROLEUM COR SR UNSECURED 04/46 4.4	CORPORATE BONDS	670,658	714,776
	ENTERGY CORP SR UNSECURED 06/50 3.75	CORPORATE BONDS	659,802	710,377
	WELLS FARGO BANK NA SUBORDINATED 02/37 5.85	CORPORATE BONDS	639,810	704,725
	PACIFIC GAS + ELECTRIC 1ST MORTGAGE 03/52 5.25	CORPORATE BONDS	647,142	700,141
	PETROLEOS MEXICANOS COMPANY GUAR 01/60 6.95	CORPORATE BONDS	508,212	696,056
	PLAINS ALL AMER PIPELINE SR UNSECURED 02/45 4.9	CORPORATE BONDS	609,082	693,814
	HASBRO INC SR UNSECURED 09/27 3.5	CORPORATE BONDS	641,499	687,886
	PARAMOUNT GLOBAL COMPANY GUAR 02/28 3.375	CORPORATE BONDS	623,511	679,611
	BURLINGTN NORTH SANTA FE SR UNSECURED 09/41 4.95	CORPORATE BONDS	633,027	677,834
	ALABAMA POWER CO SR UNSECURED 03/45 3.75	CORPORATE BONDS	633,606	674,779
	GREENSAIF PIPELINES BIDC SR SECURED 144A 02/42 6.51	CORPORATE BONDS	608,280	672,241
	EMERSON ELECTRIC CO SR UNSECURED 12/51 2.8	CORPORATE BONDS	655,325	663,904
	ONCOR ELECTRIC DELIVERY SR SECURED 06/54 5.55	CORPORATE BONDS	679,714	662,906
	ENTERGY TEXAS INC 1ST MORTGAGE 09/49 3.55	CORPORATE BONDS	622,766	662,208
	JEFFERIES FIN GROUP INC SR UNSECURED 01/36 6.25	CORPORATE BONDS	614,277	658,123
	INTEL CORP SR UNSECURED 08/51 3.05	CORPORATE BONDS	672,247	657,053
	3M COMPANY SR UNSECURED 08/49 3.25	CORPORATE BONDS	600,638	655,368
	BURLINGTN NORTH SANTA FE SR UNSECURED 04/44 4.9	CORPORATE BONDS	587,839	651,113
	CONOCOPHILLIPS COMPANY COMPANY GUAR 11/44 4.3	CORPORATE BONDS	629,450	648,432
	DUKE ENERGY CORP SR UNSECURED 06/51 3.5	CORPORATE BONDS	591,807	643,377
	JEFFERIES FIN GROUP INC SR UNSECURED 10/31 2.625	CORPORATE BONDS	559,077	643,218
	GLENCORE FINANCE CANADA COMPANY GUAR 144A 10/42 5.55	CORPORATE BONDS	578,751	635,578
	COMMONSPIRIT HEALTH SR UNSECURED 09/55 5.662	CORPORATE BONDS	650,000	630,334
	VERIZON COMMUNICATIONS SR UNSECURED 03/51 3.55	CORPORATE BONDS	593,138	626,699
	PIONEER NATURAL RESOURCE SR UNSECURED 08/30 1.9	CORPORATE BONDS	546,259	625,489
	WESTLAKE CORP SR UNSECURED 08/51 3.125	CORPORATE BONDS	602,240	614,663
	NEVADA POWER CO GENL REF MOR 08/50 3.125	CORPORATE BONDS	580,158	611,567
	MERCK + CO INC SR UNSECURED 02/45 3.7	CORPORATE BONDS	589,688	607,069
	ONEOK INC COMPANY GUAR 01/51 7.15	CORPORATE BONDS	567,012	605,989
	SOUTHWESTERN PUBLIC SERV 1ST MORTGAGE 06/54 6	CORPORATE BONDS	585,622	605,046
	PACIFICORP 1ST MORTGAGE 03/51 3.3	CORPORATE BONDS	578,274	604,701
	MYLAN INC COMPANY GUAR 11/43 5.4	CORPORATE BONDS	557,640	598,826
	COMCAST CORP COMPANY GUAR 01/31 1.95	CORPORATE BONDS	529,722	597,653
	UNITEDHEALTH GROUP INC SR UNSECURED 07/44 5.5	CORPORATE BONDS	592,852	597,199
	GILEAD SCIENCES INC SR UNSECURED 09/35 4.6	CORPORATE BONDS	552,768	594,190

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	AEP TRANSMISSION CO LLC SR UNSECURED 08/51 2.75	CORPORATE BONDS	539,372	586,966
	NATIONAL RURAL UTIL COOP COLLATERAL T 03/49 4.3	CORPORATE BONDS	541,461	585,149
	ONEOK INC COMPANY GUAR 04/45 5.05	CORPORATE BONDS	515,335	583,262
	LEAR CORP SR UNSECURED 09/27 3.8	CORPORATE BONDS	541,353	581,801
	KLA CORP SR UNSECURED 07/32 4.65	CORPORATE BONDS	545,564	579,222
	MEXICO CITY ARPT TRUST SR SECURED 144A 07/47 5.5	CORPORATE BONDS	524,700	577,817
	COX COMMUNICATIONS INC SR UNSECURED 144A 09/26 3.35	CORPORATE BONDS	539,296	576,962
	AETNA INC SR UNSECURED 11/42 4.125	CORPORATE BONDS	539,465	574,713
	ESSENTIAL UTILITIES INC SR UNSECURED 04/50 3.351	CORPORATE BONDS	507,232	562,513
	DUKE ENERGY CORP SR UNSECURED 06/41 3.3	CORPORATE BONDS	480,907	560,728
	ABBOTT LABORATORIES SR UNSECURED 05/40 5.3	CORPORATE BONDS	525,204	558,804
	JAB HOLDINGS BV COMPANY GUAR 144A 05/51 3.75	CORPORATE BONDS	478,013	558,025
	ENTERGY LOUISIANA LLC 1ST MORTGAGE 03/51 2.9	CORPORATE BONDS	529,522	556,798
	NORTHERN STATES PWR MINN 1ST MORTGAGE 11/39 5.35	CORPORATE BONDS	525,380	553,220
	KENTUCKY UTILITIES CO 1ST MORTGAGE 06/50 3.3	CORPORATE BONDS	529,470	549,151
	MARSH + MCLENNAN COS INC SR UNSECURED 01/47 4.35	CORPORATE BONDS	530,087	548,485
	UNITEDHEALTH GROUP INC SR UNSECURED 05/50 2.9	CORPORATE BONDS	528,168	548,265
	DUKE ENERGY FLORIDA LLC 1ST MORTGAGE 12/51 3	CORPORATE BONDS	521,533	541,737
	DOLLAR GENERAL CORP SR UNSECURED 04/50 4.125	CORPORATE BONDS	481,117	539,828
	DUKE ENERGY INDIANA LLC 1ST MORTGAGE 04/50 2.75	CORPORATE BONDS	546,332	539,095
	HOME DEPOT INC SR UNSECURED 03/45 4.4	CORPORATE BONDS	499,583	531,444
	VISA INC SR UNSECURED 12/45 4.3	CORPORATE BONDS	518,214	525,256
	UNITED PARCEL SERVICE SR UNSECURED 11/40 4.875	CORPORATE BONDS	505,089	520,417
	CUMMINS INC SR UNSECURED 10/43 4.875	CORPORATE BONDS	485,071	519,406
	COX COMMUNICATIONS INC SR UNSECURED 144A 06/51 3.6	CORPORATE BONDS	522,334	501,004
	CHARTER COMM OPT LLC/CAP SR SECURED 12/55 6.7	CORPORATE BONDS	519,126	500,151
	PARAMOUNT GLOBAL COMPANY GUAR 04/44 5.25	CORPORATE BONDS	487,628	499,715
	GLOBAL ATLANTIC FIN CO COMPANY GUAR 144A 03/54 6.75	CORPORATE BONDS	471,799	487,063
	WHIRLPOOL CORP SR UNSECURED 05/50 4.6	CORPORATE BONDS	516,292	485,370
	APPALACHIAN POWER CO SR UNSECURED 05/44 4.4	CORPORATE BONDS	432,182	484,011
	ONCOR ELECTRIC DELIVERY SR SECURED 09/38 7.5	CORPORATE BONDS	455,384	479,479
	JPMORGAN CHASE + CO JR SUBORDINA 02/27 VAR	CORPORATE BONDS	453,625	471,536
	EXELON CORP SR UNSECURED 04/46 4.45	CORPORATE BONDS	414,695	463,046
	ENTERPRISE PRODUCTS OPER COMPANY GUAR 02/53 3.3	CORPORATE BONDS	437,474	449,355
	ENTERPRISE PRODUCTS OPER COMPANY GUAR 02/41 5.95	CORPORATE BONDS	423,703	447,039
	CITIBANK NA SR UNSECURED 04/34 5.57	CORPORATE BONDS	437,703	444,935
	DUKE ENERGY CAROLINAS 1ST MORTGAGE 12/47 3.7	CORPORATE BONDS	441,628	443,386
	CON EDISON CO OF NY INC SR UNSECURED 11/52 6.15	CORPORATE BONDS	420,043	443,300
	TIME WARNER CABLE LLC SR SECURED 06/39 6.75	CORPORATE BONDS	381,060	440,936
	TIME WARNER CABLE LLC SR SECURED 09/41 5.5	CORPORATE BONDS	369,575	413,516
	SOUTHERN CAL EDISON 1ST MORTGAGE 12/53 5.875	CORPORATE BONDS	412,899	413,231
	CENTENE CORP SR UNSECURED 03/31 2.5	CORPORATE BONDS	410,718	410,082
	ALFA S.A. SR UNSECURED 144A 03/44 6.875	CORPORATE BONDS	333,864	405,765
	SAN DIEGO G + E 1ST MORTGAGE 04/50 3.32	CORPORATE BONDS	378,005	382,902
	CHARTER COMM OPT LLC/CAP SR SECURED 06/52 3.9	CORPORATE BONDS	341,090	371,964
	VIRGINIA ELEC + POWER CO SR UNSECURED 05/37 6	CORPORATE BONDS	345,704	371,494
	PARAMOUNT GLOBAL COMPANY GUAR 08/44 4.9	CORPORATE BONDS	328,426	370,760
	BRASKEM NETHERLANDS COMPANY GUAR 144A 01/30 4.5	CORPORATE BONDS	379,410	370,215
	DELL INT LLC / EMC CORP COMPANY GUAR 07/36 8.1	CORPORATE BONDS	339,861	364,287
	ABBVIE INC SR UNSECURED 03/44 5.35	CORPORATE BONDS	366,829	362,012
	UNITEDHEALTH GROUP INC SR UNSECURED 04/53 5.05	CORPORATE BONDS	365,371	357,701
	CONTINENTAL RESOURCES COMPANY GUAR 06/44 4.9	CORPORATE BONDS	351,199	351,216
	BALTIMORE GAS + ELECTRIC SR UNSECURED 06/54 5.65	CORPORATE BONDS	349,902	348,858
	OHIO EDISON CO SR UNSECURED 07/36 6.875	CORPORATE BONDS	317,343	343,649
	CHARTER COMM OPT LLC/CAP SR SECURED 06/41 3.5	CORPORATE BONDS	321,864	342,247
	INTEL CORP SR UNSECURED 05/47 4.1	CORPORATE BONDS	340,695	341,269
	COX COMMUNICATIONS INC COMPANY GUAR 144A 12/53 5.8	CORPORATE BONDS	349,970	338,059
	TIME WARNER CABLE LLC SR SECURED 09/41 5.5	CORPORATE BONDS	345,116	337,851
	TRAVELERS COS INC SR UNSECURED 04/50 2.55	CORPORATE BONDS	325,413	333,648
	EXELON CORP SR UNSECURED 04/50 4.7	CORPORATE BONDS	309,920	326,231
	CHARTER COMM OPT LLC/CAP SR SECURED 04/51 3.7	CORPORATE BONDS	308,758	325,429
	SOUTHWESTERN ELEC POWER SR UNSECURED 11/51 3.25	CORPORATE BONDS	299,846	320,091
	CHARTER COMM OPT LLC/CAP SR SECURED 06/34 6.55	CORPORATE BONDS	299,265	316,155
	DUKE ENERGY CAROLINAS 1ST MORTGAGE 12/41 4.25	CORPORATE BONDS	308,543	313,821

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, 2025

(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
	PACIFICORP 1ST MORTGAGE 03/51 3.3	CORPORATE BONDS	287,396	310,349
	PECO ENERGY CO 1ST MORTGAGE 09/49 3	CORPORATE BONDS	268,954	292,928
	PARAMOUNT GLOBAL COMPANY GUAR 09/43 5.85	CORPORATE BONDS	265,041	279,882
	FMC CORP SR UNSECURED 10/49 4.5	CORPORATE BONDS	307,175	277,307
	CROWN CASTLE INC SR UNSECURED 07/50 4.15	CORPORATE BONDS	260,265	277,101
	COMMONWEALTH EDISON CO 1ST MORTGAGE 03/49 4	CORPORATE BONDS	282,684	273,611
	COMMONWEALTH EDISON CO 1ST MORTGAGE 06/54 5.65	CORPORATE BONDS	273,218	273,594
	COMMONWEALTH EDISON CO 1ST MORTGAGE 03/52 3.85	CORPORATE BONDS	254,675	270,183
	VIRGINIA ELEC + POWER CO SR UNSECURED 11/37 6.35	CORPORATE BONDS	241,364	269,528
	VIRGINIA ELEC + POWER CO SR UNSECURED 11/51 2.95	CORPORATE BONDS	269,467	268,247
	BRISTOL MYERS SQUIBB CO SR UNSECURED 10/49 4.25	CORPORATE BONDS	263,140	266,403
	MASS MUTUAL LIFE INS CO SUBORDINATED 144A 04/50 3.375	CORPORATE BONDS	255,069	264,481
	RTX CORP SR UNSECURED 07/38 6.125	CORPORATE BONDS	250,332	263,059
	RTX CORP SR UNSECURED 05/45 4.15	CORPORATE BONDS	237,272	255,441
	ENTERPRISE PRODUCTS OPER COMPANY GUAR 02/52 3.2	CORPORATE BONDS	239,220	246,162
	OGLETHORPE POWER CORP 1ST MORTGAGE 06/54 5.8	CORPORATE BONDS	249,340	245,071
	DELL INT LLC / EMC CORP SR UNSECURED 07/46 8.35	CORPORATE BONDS	229,110	244,312
	AMERICAN ELECTRIC POWER SR UNSECURED 03/50 3.25	CORPORATE BONDS	218,985	233,003
	DUKE ENERGY INDIANA LLC 1ST MORTGAGE 05/46 3.75	CORPORATE BONDS	221,635	232,867
	BARRICK PD AU FIN PTY LT COMPANY GUAR 10/39 5.95	CORPORATE BONDS	215,979	226,450
	ENERGY TRANSFER LP SR UNSECURED 04/49 6.25	CORPORATE BONDS	202,966	223,374
	COMCAST CORP COMPANY GUAR 11/47 3.969	CORPORATE BONDS	222,044	221,687
	BURLINGTN NORTH SANTA FE SR UNSECURED 02/51 3.05	CORPORATE BONDS	218,264	214,936
	LAS VEGAS SANDS CORP SR UNSECURED 08/34 6.2	CORPORATE BONDS	199,738	210,529
	HESS CORP SR UNSECURED 04/47 5.8	CORPORATE BONDS	210,184	205,583
	EQUINIX EU 2 FINANCING C COMPANY GUAR 11/30 4.6	CORPORATE BONDS	199,866	200,780
	TEVA PHARMACEUTICALS NE COMPANY GUAR 10/26 3.15	CORPORATE BONDS	181,216	200,654
	ENERGY TRANSFER LP SR UNSECURED 04/47 5.3	CORPORATE BONDS	179,001	195,723
	ONCOR ELECTRIC DELIVERY 1ST MORTGAGE 11/51 2.7	CORPORATE BONDS	182,575	194,516
	DUKE ENERGY PROGRESS LLC 1ST MORTGAGE 04/52 4	CORPORATE BONDS	191,534	190,627
	DUKE ENERGY PROGRESS LLC 1ST MORTGAGE 05/42 4.1	CORPORATE BONDS	166,791	187,461
	BOEING CO/THE SR UNSECURED 05/54 6.858	CORPORATE BONDS	165,000	186,123
	DUKE ENERGY CORP SR UNSECURED 06/49 4.2	CORPORATE BONDS	172,387	185,706
	DISCOVERY COMMUNICATIONS COMPANY GUAR 06/40 6.35	CORPORATE BONDS	166,505	153,228
	ORACLE CORP SR UNSECURED 02/53 5.55	CORPORATE BONDS	183,127	149,818
	ABBVIE INC SR UNSECURED 06/44 4.85	CORPORATE BONDS	141,059	139,402
	PACIFIC GAS + ELECTRIC 1ST MORTGAGE 12/47 3.95	CORPORATE BONDS	133,098	138,019
	THAMES WATER SUPER SEN SR SECURED 144A 10/27 9.75	CORPORATE BONDS	102,171	134,222
	DUKE ENERGY CORP SR UNSECURED 08/47 3.95	CORPORATE BONDS	126,066	127,591
	UNITEDHEALTH GROUP INC SR UNSECURED 10/42 3.95	CORPORATE BONDS	128,315	124,554
	CHARTER COMM OPT LLC/CAP SR SECURED 05/47 5.375	CORPORATE BONDS	111,011	111,527
	ORACLE CORP SR UNSECURED 03/41 3.65	CORPORATE BONDS	116,813	109,759
	DUKE ENERGY INDIANA LLC 1ST MORTGAGE 10/49 3.25	CORPORATE BONDS	109,800	106,119
	MASS MUTUAL LIFE INS CO SUBORDINATED 144A 04/77 4.9	CORPORATE BONDS	83,229	80,786
	UNITEDHEALTH GROUP INC SR UNSECURED 11/41 4.625	CORPORATE BONDS	70,427	68,886
	WARNERMEDIA HOLDINGS INC COMPANY GUAR 03/52 5.141	CORPORATE BONDS	51,110	44,143
	VIRGINIA ELEC + POWER CO SR UNSECURED 12/50 2.45	CORPORATE BONDS	31,791	34,600
	WELLS FARGO BANK NA SUBORDINATED 08/36 5.95	CORPORATE BONDS	20,775	21,375
	FOUNDRY JV HOLDCO LLC SR SECURED 144A 01/39 6.3	CORPORATE BONDS	(440,528)	(443,074)
	TOTAL CORPORATE DEBT INSTRUMENTS		1,272,890,629	1,313,697,102
	AGENCY BONDS			
	FNMA TBA 30 YR 5.5 SINGLE FAMILY MORTGAGE	FNMA	18,557,951	18,651,497
	GNMA II TBA 30 YR 4 JUMBOS	GNMA II	9,005,625	9,067,100
	GNMA II TBA 30 YR 4.5 JUMBOS	GNMA II	2,133,914	2,144,485
	FNMA TBA 30 YR 4.5 SINGLE FAMILY MORTGAGE	FNMA	1,072,457	1,074,231
	FNMA TBA 30 YR 5 SINGLE FAMILY MORTGAGE	FNMA	(4,870,715)	(4,887,386)
	TOTAL AGENCY BONDS		25,899,232	26,049,927

Kaiser Foundation Health Plan, Inc.
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December 31, 2025

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	RISK PARITY			
	IVZ BALANCED RISK ALLOC. 10 FD MUTUAL FUND	MUTUAL FUNDS	937,268,453	1,124,511,117
	KPV MAN TARGETRISK	MUTUAL FUNDS	897,607,187	1,123,615,385
	TOTAL RISK PARITY		1,834,875,640	2,248,126,502
	ABSOLUTE RETURN AND OTHER INVESTMENTS			
	SWPC0NUQ7 CDS USD R F 1.00000 1 CCPCDX	CREDIT DEFAULT SWAP	329,663,745	329,725,905
	SWPC0NEX0 CDS USD R F 1.00000 1 CCPCDX	CREDIT DEFAULT SWAP	65,898,376	66,151,051
	SWPC44TD6 CDS EUR R F 5.00000 FIX ITRAXXTRANCHE	CREDIT DEFAULT SWAP	17,648,813	17,869,933
	BWU025TX1 IRS USD R V 12MSOFR SWUV25TX3 CCPOIS	INTEREST RATE SWAP	16,564,397	17,290,000
	SWPC44DR2 CDS EUR R F 5.00000 FIX ITRAXXTRANCHE	CREDIT DEFAULT SWAP	16,959,314	17,165,838
	SWPC44SD7 CDS EUR R F 5.00000 FIX ITRAXXTRANCHE	CREDIT DEFAULT SWAP	12,610,410	12,814,531
	SWPC0NUU8 CDS EUR R F 1.00000 1 CCPITRAXX	CREDIT DEFAULT SWAP	12,454,654	12,496,402
	BWU02G0R1 IRS USD R V 12MSOFR SWUV2G0R3 CCPOIS	INTEREST RATE SWAP	13,009,831	11,900,000
	SWU027521 IRS BRL R F 11.49576 SWU027521 CCPNDFPREDISWAP	INTEREST RATE SWAP	12,379,681	11,644,748
	BWU02K2I0 IRS BRL R V 00MBRCDI SWUV2K2I2 CCPNDFPREDISWAP	INTEREST RATE SWAP	11,666,389	11,515,124
	BWU02G3R8 IRS JPY R V 12MTONAR SWUV2G3R0 CCPOIS	INTEREST RATE SWAP	11,982,798	11,419,822
	SWU02HXN2 IRS BRL R F 13.92710 SWU02HXN2 CCPNDFPREDISWAP	INTEREST RATE SWAP	10,806,463	11,146,166
	SWPC44KD5 CDS EUR R F 5.00000 FIX ITRAXXTRANCHE	CREDIT DEFAULT SWAP	10,486,411	10,702,245
	BWU02MT06 IRS USD R V 12MSOFR SWUV2MT08 CCPOIS	INTEREST RATE SWAP	9,642,759	9,626,000
	SWPC40YU0 CDS EUR R F 5.00000 FIX ITRAXXTRANCHE	CREDIT DEFAULT SWAP	7,698,948	8,502,076
	SWU02JCH4 IRS BRL R F 13.40000 SWU02JCH4 CCPNDFPREDISWAP	INTEREST RATE SWAP	8,267,972	8,385,581
	SWU02D2D7 IRS AUD R F 4.50000 SWU02D2D7 CCPVANILLA	INTEREST RATE SWAP	6,264,189	6,356,239
	CCBOSZUS6 BOA CCPC COC CCBOSZUS6 BOA CCPC COC	NON-SECY ASSET-STOCK	6,202,000	6,202,000
	SWU02HXM4 IRS BRL R F 13.29140 SWU02HXM4 CCPNDFPREDISWAP	INTEREST RATE SWAP	5,922,593	6,114,379
	BWU025U43 IRS USD R V 12MSOFR SWUV25U45 CCPOIS	INTEREST RATE SWAP	4,825,120	5,100,000
	SWPC0NZ33 CDS EUR R F 1.00000 1 CCPCORPORATE	CREDIT DEFAULT SWAP	3,989,242	4,044,977
	BWU02MN69 IRS USD R V 12MSOFR SWUV2MN61 CCPOIS	INTEREST RATE SWAP	3,368,963	3,300,000
	SWPC0NU04 CDS USD R F 1.00000 1 CCPCORPORATE	CREDIT DEFAULT SWAP	2,846,756	2,844,308
	BWU02K2Z2 IRS BRL R V 00MBRCDI SWUV2K2Z4 CCPNDFPREDISWAP	INTEREST RATE SWAP	2,837,511	2,792,098
	MGCC CCBPGXUS1 LT USD FUTURES CASH COLLATERAL USD	NON-SECY ASSET-STOCK	2,615,000	2,615,000
	SWPC44SR6 CDS EUR R F 5.00000 FIX ITRAXXTRANCHE	CREDIT DEFAULT SWAP	2,384,553	2,408,005
	BWU02G745 IRS USD R V 12MSOFR SWUV2G747 CCPOIS	INTEREST RATE SWAP	2,400,000	2,400,000
	CCBOSHUS6 BANK OF AMERICA CCPC CCBOSHUS6 BANK OF AMERICA CCPC	NON-SECY ASSET-STOCK	2,344,000	2,344,000
	BWU0206W9 IRS USD R V 12MSOFR SWUV206W1 CCPOIS	INTEREST RATE SWAP	1,697,211	1,700,000
	BWU02GOY0 IRS USD R V 12MSOFR SWUV2GOY2 CCPOIS	INTEREST RATE SWAP	1,500,000	1,500,000
	BWU02GCR8 IRS USD R V 12MSOFR SWUV2GCR0 CCPOIS	INTEREST RATE SWAP	1,300,000	1,300,000
	BWU02K4O5 IRS USD R V 12MSOFR SWUV2K4O7 CCPOIS	INTEREST RATE SWAP	1,200,000	1,200,000
	SWU02HXE2 IRS BRL R F 13.92550 SWU02HXE2 CCPNDFPREDISWAP	INTEREST RATE SWAP	1,109,712	1,145,478
	SWAP CCPC BANK OF AMERICA COC SWAP CASH COLLATERAL	NON-SECY ASSET-STOCK	1,120,000	1,120,000
	SWU02E5V2 IRS EUR R F 2.22000 SWU02E5V2 CCPVANILLA	INTEREST RATE SWAP	935,460	1,001,854
	SWPC0NE77 CDS USD R F 1.00000 FIX CORPORATE	CREDIT DEFAULT SWAP	993,998	996,711
	SWU02I022 IRS BRL R F 13.35370 SWU02I022 CCPNDFPREDISWAP	INTEREST RATE SWAP	862,213	893,019
	SWPC0MV88 CDS EUR R F 5.00000 1 CCPCORPORATE	CREDIT DEFAULT SWAP	817,232	853,957
	BWU02I626 IRS USD R V 12MSOFR SWUV2I628 CCPOIS	INTEREST RATE SWAP	796,685	800,000
	SWU02GPZ6 IRS MXN R F 7.75000 SWU02GPZ6 CCPOIS	INTEREST RATE SWAP	719,455	798,862
	BWU02FNN7 IRS USD R V 12MSOFR SWUV2FNN9 CCPOIS	INTEREST RATE SWAP	790,000	790,000
	SWU02G3T4 IRS JPY R F 2.00000 SWU02G3T4 CCPOIS	INTEREST RATE SWAP	896,671	762,217
	SWU02HZY6 IRS BRL R F 14.00870 SWU02HZY6 CCPNDFPREDISWAP	INTEREST RATE SWAP	721,444	746,302
	BWU02GM63 IRS USD R V 12MSOFR SWUV2GM65 CCPOIS	INTEREST RATE SWAP	700,000	700,000
	BWU02GPP8 IRS USD R V 12MSOFR SWUV2GPP0 CCPOIS	INTEREST RATE SWAP	700,000	700,000
	SWU02HWT0 IRS BRL R F 13.32000 SWU02HWT0 CCPNDFPREDISWAP	INTEREST RATE SWAP	634,121	655,523
	CCSOGIUS9 SOCIETE GEN COC USD CCSOGIUS9 SOCIETE GEN SWAP COC	NON-SECY ASSET-STOCK	600,000	600,000
	BWU0239Y6 IRS GBP R V 12MSONIA SWUV239Y8 CCPOIS	INTEREST RATE SWAP	505,279	538,020
	SWU02G3U1 IRS JPY R F 2.00000 SWU02G3U1 CCPOIS	INTEREST RATE SWAP	601,827	476,409
	CCMBCIUS7 SWCC USD SWAP CASH COLLATERAL USD	NON-SECY ASSET-STOCK	270,000	270,000
	JANCHOR PARTNER B 216	LMTD PARTNRSHIP UNTS	289,606	221,138
	GOLDMAN SACHS BANK USA COC SWAP CASH COLLATERAL USD	NON-SECY ASSET-STOCK	130,000	130,000
	SWU02GEG0 IRS EUR R F 2.61000 SWU02GEG0 CCPVANILLA	INTEREST RATE SWAP	119,317	126,301
	31750S113 PIMCO FXVAN PUT USD KRW 1410.0000000	OP-FOREIGN CURRENCY	85,683	67,030
	31750S0G1 PIMCO FXVAN PUT USD KRW 1413.0000000	OP-FOREIGN CURRENCY	39,553	35,817
	BWU02JZS5 IRS EUR R V 06MEURIB SWUV2JZS7 CCPVANILLA	INTEREST RATE SWAP	34,437	35,234
	31750S162 PIMCO FXVAN PUT USD KRW 1415.0000000	OP-FOREIGN CURRENCY	20,733	17,343

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	31750S188 PIMCO FXVAN PUT USD KRW 1412.0000000	OP-FOREIGN CURRENCY	13,662	11,262
	31750S1A3 PIMCO FXVAN PUT USD KRW 1412.0000000	OP-FOREIGN CURRENCY	1,277	1,077
	317UB7ZA5 PIMCO SWAPTION 3.5475 CALL USD 20260	OP-FIXED INCOME	(5,368)	-
	31750RTH0 OTC ECAL FN 4.0 JAN26 97.375 CALL	OP-FIXED INCOME	(9,297)	-
	31750RTQ0 OTC ECAL FN 4.0 JAN26 97.375 CALL	OP-FIXED INCOME	(9,984)	-
	317UB9JA9 PIMCO SWAPTION 3.551 CALL USD 202601	OP-FIXED INCOME	(5,376)	(3)
	317UBA6A0 PIMCO SWAPTION 3.625 CALL USD 202601	OP-FIXED INCOME	(2,805)	(112)
	317UBA4A2 PIMCO SWAPTION 3.625 CALL USD 202601	OP-FIXED INCOME	(6,120)	(245)
	317UBBLA1 PIMCO SWAPTION 3.5775 CALL USD 20260	OP-FIXED INCOME	(5,060)	(280)
	31750S1B1 PIMCO FXVAN PUT USD KRW 1372.0000000	OP-FOREIGN CURRENCY	(423)	(287)
	317UBA5A1 PIMCO SWAPTION 3.925 PUT USD 2026010	OP-FIXED INCOME	(2,805)	(370)
	EURO-BUND OPTION FEB26C 130.5 EXP 01/23/2026	OP-FUTURE	(5,970)	(517)
	317UB7YA6 PIMCO SWAPTION 3.8475 PUT USD 202601	OP-FIXED INCOME	(5,368)	(727)
	317UBA3A3 PIMCO SWAPTION 3.925 PUT USD 2026010	OP-FIXED INCOME	(6,120)	(808)
	317UBC2A0 PIMCO SWAPTION 3.639 CALL USD 202601	OP-FIXED INCOME	(5,906)	(913)
	317UBCLA9 PIMCO SWAPTION 3.6475 CALL USD 20260	OP-FIXED INCOME	(6,216)	(1,431)
	317UBC0A2 PIMCO SWAPTION 3.919 PUT USD 2026011	OP-FIXED INCOME	(5,906)	(1,884)
	317UBCKA0 PIMCO SWAPTION 3.9275 PUT USD 202601	OP-FIXED INCOME	(6,216)	(2,153)
	31750S196 PIMCO FXVAN PUT USD KRW 1372.0000000	OP-FOREIGN CURRENCY	(4,500)	(2,999)
	317UBEXA2 PIMCO SWAPTION 3.622 CALL USD 202601	OP-FIXED INCOME	(4,916)	(3,018)
	317UB9IA0 PIMCO SWAPTION 3.831 PUT USD 2026010	OP-FIXED INCOME	(5,376)	(3,257)
	317UBBKA2 PIMCO SWAPTION 3.8775 PUT USD 202601	OP-FIXED INCOME	(5,060)	(3,337)
	31750S170 PIMCO FXVAN PUT USD KRW 1375.0000000	OP-FOREIGN CURRENCY	(7,027)	(4,417)
	317UBEWA3 PIMCO SWAPTION 3.882 PUT USD 2026012	OP-FIXED INCOME	(4,916)	(7,570)
	EURO-BUND OPTION FEB26P 127.5 EXP 01/23/2026	OP-FUTURE	(5,589)	(7,751)
	CCMYIIUS1 SWBC MORGAN STANLEY SWAP CASH COLLATERAL USD	NON-SECY ASSET-STOCK	(10,000)	(10,000)
	US 10YR FUT OPTN FEB26P 112 EXP 01/23/2026	OP-FUTURE	(6,875)	(10,625)
	31750S0H9 PIMCO FXVAN PUT USD KRW 1375.0000000	OP-FOREIGN CURRENCY	(13,575)	(10,684)
	US 10YR FUT OPTN FEB26P 111.5 EXP 01/23/2026	OP-FUTURE	(17,864)	(13,250)
	US 10YR FUT OPTN FEB26C 113.5 EXP 01/23/2026	OP-FUTURE	(28,357)	(15,969)
	31750S121 PIMCO FXVAN PUT USD KRW 1375.0000000	OP-FOREIGN CURRENCY	(33,833)	(21,899)
	CCBRCIUS4 SWBC BRC SWAP CASH COLLATERAL USD	NON-SECY ASSET-STOCK	(30,000)	(30,000)
	BWU02JZS5 IRS EUR P F 3.00000 SWU02JZS5 CCPVANILLA	INTEREST RATE SWAP	(34,919)	(33,447)
	SWU02GEG0 IRS EUR P V 06MEURIB SWUV2GEG2 CCPVANILLA	INTEREST RATE SWAP	(119,317)	(129,190)
	MORGAN STANLEY CAP SVCS BOC SWAP CASH COLLATERAL USD	NON-SECY ASSET-STOCK	(370,000)	(370,000)
	BWU0239Y6 IRS GBP P F 3.70000 SWU0239Y6 CCPOIS	INTEREST RATE SWAP	(505,300)	(531,291)
	SWU02G3U1 IRS JPY P V 12MTONAR SWUV2G3U3 CCPOIS	INTEREST RATE SWAP	(605,999)	(574,181)
	BWU02GPP8 IRS USD P F 3.65471 SWU02GPP8 CCPOIS	INTEREST RATE SWAP	(700,000)	(638,414)
	BWU02GM63 IRS USD P F 3.80662 SWU02GM63 CCPOIS	INTEREST RATE SWAP	(700,000)	(656,443)
	SWU02HWT0 IRS BRL P V 00MBRCDI SWUV2HWT2 CCPNDFPREDISWAP	INTEREST RATE SWAP	(634,121)	(656,964)
	SWPC0MV88 CDS EUR P V 03MEVENT 2 CCPCORPORATE	CREDIT DEFAULT SWAP	(667,230)	(704,670)
	SWU02HZY6 IRS BRL P V 00MBRCDI SWUV2HZY8 CCPNDFPREDISWAP	INTEREST RATE SWAP	(721,444)	(748,209)
	SWU02GPZ6 IRS MXN P V 01MTIEF SWUV2GPZ8 CCPOIS	INTEREST RATE SWAP	(718,855)	(795,350)
	BWU02FNN7 IRS USD P F 3.90750 SWU02FNN7 CCPOIS	INTEREST RATE SWAP	(790,000)	(799,659)
	BWU02I626 IRS USD P F 3.75000 SWU02I626 CCPOIS	INTEREST RATE SWAP	(800,000)	(808,501)
	SWU02G3T4 IRS JPY P V 12MTONAR SWUV2G3T6 CCPOIS	INTEREST RATE SWAP	(875,332)	(829,373)
	SWU02I022 IRS BRL P V 00MBRCDI SWUV2I024 CCPNDFPREDISWAP	INTEREST RATE SWAP	(862,213)	(894,201)
	SWPC0NE77 CDS USD P V 03MEVENT FLO CORPORATE	CREDIT DEFAULT SWAP	(1,000,000)	(1,000,000)
	SWU02E5V2 IRS EUR P V 06MEURIB SWUV2E5V4 CCPVANILLA	INTEREST RATE SWAP	(935,460)	(1,057,005)
	SWU02HXE2 IRS BRL P V 00MBRCDI SWUV2HXE4 CCPNDFPREDISWAP	INTEREST RATE SWAP	(1,109,712)	(1,149,687)
	BWU02K4O5 IRS USD P F 3.55100 SWU02K4O5 CCPOIS	INTEREST RATE SWAP	(1,200,000)	(1,177,083)
	BWU02GCR8 IRS USD P F 3.93000 SWU02GCR8 CCPOIS	INTEREST RATE SWAP	(1,300,000)	(1,317,863)
	BWU02GOY0 IRS USD P F 3.64159 SWU02GOY0 CCPOIS	INTEREST RATE SWAP	(1,500,000)	(1,364,692)
	BWU0206W9 IRS USD P F 3.50000 SWU0206W9 CCPOIS	INTEREST RATE SWAP	(1,700,000)	(1,506,579)
	SWPC44SR6 CDS EUR P V 03MEVENT FLO ITRAXXTRANCHE	CREDIT DEFAULT SWAP	(1,987,191)	(2,008,310)
	SWAP CITIBANK BOC SWAP CASH COLLATERAL USD	NON-SECY ASSET-STOCK	(2,030,000)	(2,030,000)
	SWAP BANK OF AMERICA BOC SWAP CASH COLLATERAL USD	NON-SECY ASSET-STOCK	(2,260,000)	(2,260,000)
	BWU02G745 IRS USD P F 3.89207 SWU02G745 CCPOIS	INTEREST RATE SWAP	(2,400,000)	(2,285,418)
	BWU02K2Z2 IRS BRL P F 13.00000 SWU02K2Z2 CCPNDFPREDISWAP	INTEREST RATE SWAP	(2,837,511)	(2,773,870)
	SWPC0NU04 CDS USD P V 03MEVENT 2 CCPCORPORATE	CREDIT DEFAULT SWAP	(2,800,000)	(2,800,000)
	SWAP BNP PARIBAS BOC SWAP CASH COLLATERAL USD	NON-SECY ASSET-STOCK	(2,820,000)	(2,820,000)
	BWU02MN69 IRS USD P F 3.97500 SWU02MN69 CCPOIS	INTEREST RATE SWAP	(3,300,000)	(3,185,401)
	SWAP JP MORGAN BOC SWAP CASH COLLATERAL USD	NON-SECY ASSET-STOCK	(3,990,000)	(3,990,000)
	SWPC0NZ33 CDS EUR P V 03MEVENT 2 CCPCORPORATE	CREDIT DEFAULT SWAP	(3,952,840)	(3,993,132)

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, 2025

(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
	BWU025U43 IRS USD P F 3.50000 SWU025U43 CCPOIS	INTEREST RATE SWAP	(5,100,000)	(4,518,314)
	SWU02HXM4 IRS BRL P V 00MBRCDI SWUV2HXM6 CCPNDFPREDISWAP	INTEREST RATE SWAP	(5,922,939)	(6,131,667)
	SWU02D2D7 IRS AUD P V 06MBBSW SWUV2D2D9 CCPVANILLA	INTEREST RATE SWAP	(6,182,294)	(6,468,443)
	SWPC40YU0 CDS EUR P V 03MEVENT FLO ITRAXXTRANCHE	CREDIT DEFAULT SWAP	(6,482,042)	(7,263,968)
	SWU02JCH4 IRS BRL P V 00MBRCDI SWUV2JCH6 CCPNDFPREDISWAP	INTEREST RATE SWAP	(8,269,078)	(8,376,295)
	SWPC44KD5 CDS EUR P V 03MEVENT FLO ITRAXXTRANCHE	CREDIT DEFAULT SWAP	(8,756,716)	(8,925,824)
	BWU02MT06 IRS USD P F 4.08500 SWU02MT06 CCPOIS	INTEREST RATE SWAP	(9,626,000)	(9,464,796)
	BWU02G0R1 IRS USD P F 3.25000 SWU02G0R1 CCPOIS	INTEREST RATE SWAP	(11,900,000)	(10,029,287)
	SWPC44SD7 CDS EUR P V 03MEVENT FLO ITRAXXTRANCHE	CREDIT DEFAULT SWAP	(10,547,436)	(10,687,500)
	BWU02G3R8 IRS JPY P F 1.25000 SWU02G3R8 CCPOIS	INTEREST RATE SWAP	(12,315,451)	(11,162,569)
	SWU02HXN2 IRS BRL P V 00MBRCDI SWUV2HXN4 CCPNDFPREDISWAP	INTEREST RATE SWAP	(10,805,914)	(11,186,642)
	BWU02K2I0 IRS BRL P F 13.01660 SWU02K2I0 CCPNDFPREDISWAP	INTEREST RATE SWAP	(11,666,389)	(11,443,507)
	SWU027521 IRS BRL P V 00MBRCDI SWUV27523 CCPNDFPREDISWAP	INTEREST RATE SWAP	(12,379,681)	(12,099,092)
	SWPC0NUU8 CDS EUR P V 03MEVENT 2 CCPITRAXX	CREDIT DEFAULT SWAP	(12,187,939)	(12,214,286)
	SWPC44DR2 CDS EUR P V 03MEVENT FLO ITRAXXTRANCHE	CREDIT DEFAULT SWAP	(14,162,796)	(14,316,552)
	SWPC44TD6 CDS EUR P V 03MEVENT FLO ITRAXXTRANCHE	CREDIT DEFAULT SWAP	(14,747,647)	(14,903,777)
	BWU025TX1 IRS USD P F 3.75000 SWU025TX1 CCPOIS	INTEREST RATE SWAP	(17,290,000)	(17,308,164)
	SWPC0NEX0 CDS USD P V 03MEVENT 2 CCPCDX	CREDIT DEFAULT SWAP	(64,700,000)	(64,700,000)
	SWPC0NUQ7 CDS USD P V 03MEVENT 2 CCPCDX	CREDIT DEFAULT SWAP	(322,425,000)	(322,425,000)
	TOTAL ABSOLUTE RETURN AND OTHER INVESTMENTS		21,984,870	25,400,860
	TOTAL INVESTMENTS		$ 5,162,560,768	$ 5,696,882,747

* 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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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	MKhinda Lombardo	10/15/2026	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 (2025)**
v. 250312

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**	32671
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**	26764
c	Other retired or separated participants entitled to future benefits	**6c**	2801
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	29565
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 Characteristic Codes in the instructions:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic 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 51
- **(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 2025 Form M-1 annual report. If the plan was not required to file the 2025 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 _____