

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

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024**

and ending **12/31/2024**

- A** This return/report is for:
- a multiemployer plan
 - a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
 - a single-employer plan
 - a DFE (specify) _____
 - the first return/report
 - the final return/report
 - an amended return/report
 - a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here. ►
- D** Check box if filing under:
- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Form 5558 | <input type="checkbox"/> automatic extension | <input type="checkbox"/> the DFVC program |
| <input type="checkbox"/> 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

KAISEL PERMANENTE RETIREMENT PLAN

| | |
|--|------------|
| 1b Three-digit plan number (PN) ► | 001 |
|--|------------|

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)

KAISEL FOUNDATION HEALTH PLAN, INC.

1c Effective date of plan

04/01/1958

2b Employer Identification Number (EIN)
94-1340523

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

2d Business code (see instructions)
621491

ONE KAISEL PLAZA, 20TH FLOOR

20B

OAKLAND, CA 94612

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

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

Form 5500 (2024)

v. 240311

| | | |
|---|--|--|
| 3a Plan administrator's name and address <input checked="" type="checkbox"/> 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: | | 4b EIN |
| a Sponsor's name c Plan Name | | 4d PN |
| 5 Total number of participants at the beginning of the plan year | | 5 197749 |
| 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) 135057 |
| a(2) Total number of active participants at the end of the plan year | | 6a(2) 140357 |
| b Retired or separated participants receiving benefits..... | | 6b 24028 |
| c Other retired or separated participants entitled to future benefits | | 6c 38882 |
| d Subtotal. Add lines 6a(2), 6b, and 6c | | 6d 203267 |
| e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | | 6e 1995 |
| f Total. Add lines 6d and 6e | | 6f 205262 |
| 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 2325 |
| 7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | | 7 |

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

1A

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

| | |
|---|---|
| 9a Plan funding arrangement (check all that apply) | 9b Plan benefit arrangement (check all that apply) |
| (1) <input type="checkbox"/> Insurance | (1) <input type="checkbox"/> Insurance |
| (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts | (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts |
| (3) <input checked="" type="checkbox"/> Trust | (3) <input checked="" type="checkbox"/> Trust |
| (4) <input type="checkbox"/> General assets of the sponsor | (4) <input type="checkbox"/> 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) **H** (Financial Information)
- (2) **I** (Financial Information – Small Plan)
- (3) **A** (Insurance Information) – Number Attached _____
- (4) **C** (Service Provider Information)
- (5) **D** (DFE/Participating Plan Information)
- (6) **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE SB**(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

OMB No. 1210-0110

2024**This Form is Open to Public
Inspection**For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

► Round off amounts to nearest dollar.

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

A Name of plan**KAISER PERMANENTE RETIREMENT PLAN****B** Three-digit
plan number (PN)**001****C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF**KAISER FOUNDATION HEALTH PLAN, INC.****D** Employer Identification Number (EIN)**94-1340523****E** Type of plan: Single Multiple-A Multiple-B **F** Prior year plan size: 100 or fewer 101-500 More than 500**Part I Basic Information****1** Enter the valuation date: Month **01** Day **01** Year **2024****2** Assets:

| | | |
|-------------------------------|-----------|--------------------|
| a Market value | 2a | 33435741771 |
| b Actuarial value..... | 2b | 35743494700 |

3 Funding target/participant count breakdown

| | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
|--|----------------------------|---------------------------|--------------------------|
| a For retired participants and beneficiaries receiving payment..... | 24843 | 4543673976 | 4543673976 |
| b For terminated vested participants..... | 37849 | 2874689555 | 2874689555 |
| c For active participants | 135057 | 13016810689 | 13667543505 |
| d Total..... | 197749 | 20435174220 | 21085907036 |

4 If the plan is in at-risk status, check the box and complete lines (a) and (b).....

| | | |
|---|-----------|--|
| a Funding target disregarding prescribed at-risk assumptions | 4a | |
| b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor | 4b | |

5 Effective interest rate**5** **5.27 %****6** Target normal cost

| | | |
|---|-----------|-------------------|
| a Present value of current plan year accruals..... | 6a | 1396249883 |
| b Expected plan-related expenses | 6b | 55225143 |
| c Target normal cost..... | 6c | 1451475026 |

Statement by Enrolled Actuary

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

**SIGN
HERE**

Signature of actuary

07/31/2025

Date

BLAKE P. MURPHY

Type or print name of actuary

23-05322

Most recent enrollment number

AON CONSULTING, INC.

Firm name

949-725-4500

Telephone number (including area code)

MSC# 17819, AON
P.O. BOX 19640
IRVINE, CA 92623

Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions **For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.****Schedule SB (Form 5500) 2024
v. 240311**

| Part II Beginning of Year Carryover and Prefunding Balances | | (a) Carryover balance | (b) Prefunding balance |
|---|--|-----------------------|------------------------|
| 7 | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) | 0 | 11987825429 |
| 8 | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) | 0 | 0 |
| 9 | Amount remaining (line 7 minus line 8) | 0 | 11987825429 |
| 10 | Interest on line 9 using prior year's actual return of <u>5.87</u> %..... | 0 | 703685353 |
| 11 | Prior year's excess contributions to be added to prefunding balance: | | |
| a | Present value of excess contributions (line 38a from prior year) | | 854964792 |
| b(1) | Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.40</u> % | | 46168099 |
| b(2) | Interest on line 38b from prior year Schedule SB, using prior year's actual return | | 0 |
| c | Total available at beginning of current plan year to add to prefunding balance | | 901132891 |
| d | Portion of (c) to be added to prefunding balance | | 901000000 |
| 12 | Other reductions in balances due to elections or deemed elections | 0 | 0 |
| 13 | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) | 0 | 13592510782 |

| Part III | Funding Percentages | | |
|-----------------|---|-----------|-----------------|
| 14 | Funding target attainment percentage..... | 14 | 105.05 % |
| 15 | Adjusted funding target attainment percentage | 15 | 169.51 % |
| 16 | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement..... | 16 | 118.84 % |
| 17 | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage..... | 17 | % |

Part IV Contributions and Liquidity Shortfalls

| | | |
|-----------|--|----------------------|
| 19 | Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: | |
| a | Contributions allocated toward unpaid minimum required contributions from prior years..... | 19a 0 |
| b | Contributions made to avoid restrictions adjusted to valuation date..... | 19b 0 |
| c | Contributions allocated toward minimum required contribution for current year adjusted to valuation date..... | 19c 658121978 |

20 Quarterly contributions and liquidity shortfalls:

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

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

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

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:

| | | | | |
|-------------------------|------------------------|------------------------|------------------------|---|
| a Segment rates: | 1st segment: 4.75 % | 2nd segment: 4.87 % | 3rd segment: 5.59 % | <input type="checkbox"/> N/A, full yield curve used |
|-------------------------|------------------------|------------------------|------------------------|---|

| | | |
|--|------------|---|
| b Applicable month (enter code) | 21b | 4 |
|--|------------|---|

| | | |
|---|-----------|----|
| 22 Weighted average retirement age | 22 | 64 |
|---|-----------|----|

| | | | |
|---|--|---|-------------------------------------|
| 23 Mortality table(s) (see instructions) | <input type="checkbox"/> Prescribed - combined | <input checked="" type="checkbox"/> Prescribed - separate | <input type="checkbox"/> Substitute |
|---|--|---|-------------------------------------|

Part VI Miscellaneous Items

| | | |
|---|---|-----------------------------|
| 24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|---|-----------------------------|

| | | |
|--|------------------------------|--|
| 25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
|--|------------------------------|--|

26 Demographic and benefit information

| | | |
|---|---|-----------------------------|
| a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|---|-----------------------------|

| | | |
|--|---|-----------------------------|
| b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment.... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
|--|---|-----------------------------|

| | | |
|---|-----------|--|
| 27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment..... | 27 | |
|---|-----------|--|

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

| | | |
|---|-----------|---|
| 28 Unpaid minimum required contributions for all prior years | 28 | 0 |
|---|-----------|---|

| | | |
|---|-----------|---|
| 29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... | 29 | 0 |
|---|-----------|---|

| | | |
|---|-----------|---|
| 30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29) | 30 | 0 |
|---|-----------|---|

Part VIII Minimum Required Contribution For Current Year**31 Target normal cost and excess assets (see instructions):**

| | | |
|---|------------|------------|
| a Target normal cost (line 6c) | 31a | 1451475026 |
|---|------------|------------|

| | | |
|--|------------|------------|
| b Excess assets, if applicable, but not greater than line 31a | 31b | 1065076882 |
|--|------------|------------|

| | | |
|--------------------------------------|---------------------|-------------|
| 32 Amortization installments: | Outstanding Balance | Installment |
|--------------------------------------|---------------------|-------------|

| | | |
|---|---|---|
| a Net shortfall amortization installment | 0 | 0 |
|---|---|---|

| | | |
|--|---|---|
| b Waiver amortization installment | 0 | 0 |
|--|---|---|

| | | |
|--|-----------|--|
| 33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount | 33 | |
|--|-----------|--|

| | | |
|--|-----------|-----------|
| 34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).... | 34 | 386398144 |
|--|-----------|-----------|

| | | | |
|--|-------------------|--------------------|---------------|
| | Carryover balance | Prefunding balance | Total balance |
|--|-------------------|--------------------|---------------|

| | | | |
|--|---|---|---|
| 35 Balances elected for use to offset funding requirement | 0 | 0 | 0 |
|--|---|---|---|

| | | |
|---|-----------|-----------|
| 36 Additional cash requirement (line 34 minus line 35) | 36 | 386398144 |
|---|-----------|-----------|

| | | |
|---|-----------|-----------|
| 37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) | 37 | 658121978 |
|---|-----------|-----------|

| | | | |
|---|--|--|--|
| 38 Present value of excess contributions for current year (see instructions) | | | |
|---|--|--|--|

| | | |
|--|------------|-----------|
| a Total (excess, if any, of line 37 over line 36) | 38a | 271723834 |
|--|------------|-----------|

| | | |
|---|------------|---|
| b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances | 38b | 0 |
|---|------------|---|

| | | |
|---|-----------|---|
| 39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) | 39 | 0 |
|---|-----------|---|

| | | |
|---|-----------|---|
| 40 Unpaid minimum required contributions for all years | 40 | 0 |
|---|-----------|---|

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

| | |
|--|--|
| 41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021 | |
|--|--|

**SCHEDULE C
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation**Service Provider Information**

OMB No. 1210-0110

2024**This Form is Open to Public
Inspection.**For calendar plan year 2024 or fiscal plan year beginning **01/01/2024**and ending **12/31/2024****A** Name of plan**KAISER PERMANENTE RETIREMENT PLAN****B** Three-digit
plan number (PN) ►**001****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)..... 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**(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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

| | |
|---|----------------------------------|
| Part III Termination Information on Accountants and Enrolled Actuaries (see instructions) (complete as many entries as needed) | |
| a Name: MOSS ADAMS, LLP | b EIN: 91-0189318 |
| c Position: AUDTOR | |
| d Address: 635 CAMPBELL TECHNOLOGY PKWY CAMPBELL, CA 95008 | e Telephone: 408-558-7500 |
| | |

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

**SCHEDULE D
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

OMB No. 1210-0110

2024

This Form is Open to Public Inspection.

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

| | |
|--|--|
| A Name of plan KAISER PERMANENTE RETIREMENT PLAN | B Three-digit plan number (PN) ► 001 |
| C Plan or DFE 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 on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: **KAISER PERMANENTE GROUP TRUST**

b Name of sponsor of entity listed in (a): **KAISER PERMANENTE MED CARE PROGRAM**

| | | | |
|---------------------------------------|-------------------------------|---|--------------------|
| c EIN-PN 94-6365467-101 | d Entity code E | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 33652207262 |
|---------------------------------------|-------------------------------|---|--------------------|

a Name of MTIA, CCT, PSA, or 103-12 IE: **VFTC INTEREST INCOME FUND**

b Name of sponsor of entity listed in (a): **VANGUARD FIDUCIARY TRUST COMPANY**

| | | | |
|---------------------------------------|-------------------------------|---|----------------|
| c EIN-PN 27-6715115-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 3794392 |
|---------------------------------------|-------------------------------|---|----------------|

a Name of MTIA, CCT, PSA, or 103-12 IE: **VANGUARD INSTITUTIONAL TOTAL BOND M**

b Name of sponsor of entity listed in (a): **VFTC INSTITUTIONAL TOTAL BOND MARKET INDEX TRUST**

| | | | |
|---------------------------------------|-------------------------------|---|----------------|
| c EIN-PN 81-6321044-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 3885005 |
|---------------------------------------|-------------------------------|---|----------------|

a Name of MTIA, CCT, PSA, or 103-12 IE: **VANGUARD INSTITUTIONAL TOTAL STOCK**

b Name of sponsor of entity listed in (a): **VFTC INSTITUTIONAL TOTAL STOCK MARKET INDEX TRUST**

| | | | |
|---------------------------------------|-------------------------------|---|----------------|
| c EIN-PN 81-6316167-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 7261492 |
|---------------------------------------|-------------------------------|---|----------------|

a Name of MTIA, CCT, PSA, or 103-12 IE: **JPMCB SMARTRETIRE 2020**

b Name of sponsor of entity listed in (a): **JPMORGAN CHASE BANK, N.A.**

| | | | |
|---------------------------------------|-------------------------------|---|----------------|
| c EIN-PN 26-1165037-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 3479537 |
|---------------------------------------|-------------------------------|---|----------------|

a Name of MTIA, CCT, PSA, or 103-12 IE: **JPMCB SMARTRETIRE 2025**

b Name of sponsor of entity listed in (a): **JPMORGAN CHASE BANK, N.A.**

| | | | |
|---------------------------------------|-------------------------------|---|----------------|
| c EIN-PN 26-1165154-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 3942774 |
|---------------------------------------|-------------------------------|---|----------------|

a Name of MTIA, CCT, PSA, or 103-12 IE: **JPMCB SMARTRETIRE 2030**

b Name of sponsor of entity listed in (a): **JPMORGAN CHASE BANK, N.A.**

| | | | |
|---------------------------------------|-------------------------------|---|----------------|
| c EIN-PN 26-1165198-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 4984173 |
|---------------------------------------|-------------------------------|---|----------------|

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

Schedule D (Form 5500) 2024
v. 240311

| | | | |
|---|--|---|----------------|
| a Name of MTIA, CCT, PSA, or 103-12 IE: | JPMCB SMARTRETIRE 2035 | | |
| b Name of sponsor of entity listed in (a): | JPMORGAN CHASE BANK, N.A. | | |
| c EIN-PN 26-1165348-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 6790337 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | JPMCB SMARTRETIRE 2040 | | |
| b Name of sponsor of entity listed in (a): | JPMORGAN CHASE BANK, N.A. | | |
| c EIN-PN 26-1165392-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 9254853 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | JPMCB SMARTRETIRE 2045 | | |
| b Name of sponsor of entity listed in (a): | JPMORGAN CHASE BANK, N.A. | | |
| c EIN-PN 26-1165449-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 8386579 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | JPMCB SMARTRETIRE 2050 | | |
| b Name of sponsor of entity listed in (a): | JPMORGAN CHASE BANK, N.A. | | |
| c EIN-PN 26-1165477-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 7048518 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | JPMCB SMARTRETIRE 2055 | | |
| b Name of sponsor of entity listed in (a): | JPMORGAN CHASE BANK, N.A. | | |
| c EIN-PN 45-5590883-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 3619508 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | JPMCB SMARTRETIRE 2060 | | |
| b Name of sponsor of entity listed in (a): | JPMORGAN CHASE BANK, N.A. | | |
| c EIN-PN 81-3239155-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 833152 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | JPMCB SMARTRETIRE INC | | |
| b Name of sponsor of entity listed in (a): | JPMORGAN CHASE BANK, N.A. | | |
| c EIN-PN 26-1164871-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 596970 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | JPMCB SMARTRETIRE 2065 | | |
| b Name of sponsor of entity listed in (a): | JPMORGAN CHASE BANK, N.A. | | |
| c EIN-PN 81-3239155-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 663639 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | VANGUARD INSTITUTIONAL TOTAL STOCK | | |
| b Name of sponsor of entity listed in (a): | VFTC INSTITUTIONAL TOTAL STOCK MARKET INDEX TRUST | | |
| c EIN-PN 81-6316167-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 0 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | | | |
| b Name of sponsor of entity listed in (a): | | | |
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | |

Part II | **Information on Participating Plans (to be completed by DFEs, other than DCGs)**

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

SCHEDULE H
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

► File as an attachment to Form 5500.

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

| | |
|---|--|
| A Name of plan KAISER PERMANENTE RETIREMENT PLAN | B Three-digit plan number (PN) ► 001 |
| 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) | 573000000 |
| (2) Participant contributions..... | 1b(2) | 1224 |
| (3) Other | 1b(3) | |
| c General investments: | | |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | |
| (2) U.S. Government securities | 1c(2) | |
| (3) Corporate debt instruments (other than employer securities): | | |
| (A) Preferred | 1c(3)(A) | |
| (B) All other..... | 1c(3)(B) | |
| (4) Corporate stocks (other than employer securities): | | |
| (A) Preferred | 1c(4)(A) | |
| (B) Common | 1c(4)(B) | |
| (5) Partnership/joint venture interests | 1c(5) | |
| (6) Real estate (other than employer real property) | 1c(6) | |
| (7) Loans (other than to participants)..... | 1c(7) | |
| (8) Participant loans | 1c(8) | 1779377 |
| (9) Value of interest in common/collective trusts | 1c(9) | 2033899 |
| (10) Value of interest in pooled separate accounts | 1c(10) | 66957934 |
| (11) Value of interest in master trust investment accounts | 1c(11) | 63943659 |
| (12) Value of interest in 103-12 investment entities | 1c(12) | 33652207262 |
| (13) Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 41046739 |
| (14) Value of funds held in insurance company general account (unallocated contracts)..... | 1c(14) | |
| (15) Other..... | 1c(15) | |

| | (a) Beginning of Year | (b) End of Year |
|--|-----------------------|-----------------|
| 1d Employer-related investments: | | |
| (1) Employer securities..... | 1d(1) | |
| (2) Employer real property..... | 1d(2) | |
| e Buildings and other property used in plan operation | 1e | |
| f Total assets (add all amounts in lines 1a through 1e)..... | 1f | 33538817099 |
| Liabilities | | |
| g Benefit claims payable | 1g | 11780806 |
| h Operating payables | 1h | |
| i Acquisition indebtedness..... | 1i | |
| j Other liabilities..... | 1j | |
| k Total liabilities (add all amounts in lines 1g through 1j)..... | 1k | 11780806 |
| Net Assets | | |
| l Net assets (subtract line 1k from line 1f)..... | 1l | 33527036293 |
| | | 34425715085 |

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) | 693014653 |
| (B) Participants | 2a(1)(B) | 11845201 |
| (C) Others (including rollovers)..... | 2a(1)(C) | 1618744 |
| (2) Noncash contributions..... | 2a(2) | |
| (3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2) | 2a(3) | 706478598 |
| b Earnings on investments: | | |
| (1) Interest: | | |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit)..... | 2b(1)(A) | |
| (B) U.S. Government securities | 2b(1)(B) | |
| (C) Corporate debt instruments | 2b(1)(C) | |
| (D) Loans (other than to participants) | 2b(1)(D) | |
| (E) Participant loans | 2b(1)(E) | 139638 |
| (F) Other | 2b(1)(F) | |
| (G) Total interest. Add lines 2b(1)(A) through (F)..... | 2b(1)(G) | 139638 |
| (2) Dividends: (A) Preferred stock..... | 2b(2)(A) | |
| (B) Common stock | 2b(2)(B) | |
| (C) Registered investment company shares (e.g. mutual funds)..... | 2b(2)(C) | 1301258 |
| (D) Total dividends. Add lines 2b(2)(A), (B), and (C) | 2b(2)(D) | 1301258 |
| (3) Rents | 2b(3) | |
| (4) Net gain (loss) on sale of assets: (A) Aggregate proceeds | 2b(4)(A) | |
| (B) Aggregate carrying amount (see instructions)..... | 2b(4)(B) | |
| (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result..... | 2b(4)(C) | |
| (5) Unrealized appreciation (depreciation) of assets: (A) Real estate | 2b(5)(A) | |
| (B) Other | 2b(5)(B) | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) | 2b(5)(C) | |

| | (a) Amount | (b) Total |
|---|---------------|------------|
| (6) Net investment gain (loss) from common/collective trusts..... | 2b(6) | 6790080 |
| (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) | 1368308658 |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | 4143902 |
| c Other income | 2c | |
| d Total income. Add all income amounts in column (b) and enter total..... | 2d | 2087162134 |

Expenses

| | | |
|--|---------------|------------|
| e Benefit payment and payments to provide benefits: | | |
| (1) Directly to participants or beneficiaries, including direct rollovers..... | 2e(1) | 1120205535 |
| (2) To insurance carriers for the provision of benefits | 2e(2) | |
| (3) Other..... | 2e(3) | 68277807 |
| (4) Total benefit payments. Add lines 2e(1) through (3) | 2e(4) | 1188483342 |
| f Corrective distributions (see instructions) | 2f | |
| g Certain deemed distributions of participant loans (see instructions)..... | 2g | |
| h Interest expense..... | 2h | |
| i Administrative expenses: | | |
| (1) Salaries and allowances | 2i(1) | |
| (2) Contract administrator fees | 2i(2) | |
| (3) Recordkeeping fees | 2i(3) | |
| (4) IQPA audit fees | 2i(4) | |
| (5) Investment advisory and investment management fees | 2i(5) | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | |
| (7) Actuarial fees | 2i(7) | |
| (8) Legal fees | 2i(8) | |
| (9) Valuation/appraisal fees | 2i(9) | |
| (10) Other trustee fees and expenses | 2i(10) | |
| (11) Other expenses..... | 2i(11) | |
| (12) Total administrative expenses. Add lines 2i(1) through (11) | 2i(12) | |
| j Total expenses. Add all expense amounts in column (b) and enter total..... | 2j | 1188483342 |

Net Income and Reconciliation

| | | |
|--|--------------|-----------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | 898678792 |
| l Transfers of assets: | | |
| (1) To this plan..... | 2l(1) | |
| (2) From this plan | 2l(2) | |

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: BAKER TILLY US, LLP

(2) EIN: 30-1413443

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

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

Part IV **Compliance Questions**

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

During the plan year:

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.)

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.).....

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.)

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.).....

e Was this plan covered by a fidelity bond?

f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?

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?

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?

i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)

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

k Were all the plan assets either distributed to participants or beneficiaries, transferred to another
see instructions for format requirements.)

plan, or brought under the control of the PBGC?

Has the plan failed to provide an annuity fit for an income under the plan?

m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2550.121-2.)

If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one

5e. Use a resolution to terminate the plan being adopted during the plan year or any prior plan year?

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No

If Yes, enter the amount of any plan assets that reverted to the employer this year

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 548316.

SCHEDULE R
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

► File as an attachment to Form 5500.

OMB No. 1210-0110

2024

This Form is Open to Public Inspection.

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

A Name of plan

KAISEL PERMANENTE RETIREMENT PLAN

B Three-digit plan number (PN) ►

001

C Plan sponsor's name as shown on line 2a of Form 5500

KAISEL FOUNDATION HEALTH PLAN, INC.

D Employer Identification Number (EIN)
94-1340523

Part I Distributions

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

- 1** Total value of distributions paid in property other than in cash or the forms of property specified in the instructions..... **1**
- 2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): **20-1932099**

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

- 3** Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** **2057**

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

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

- 5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

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

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

- 7** Will the minimum funding amount reported on line 6c be met by the funding deadline? Yes No N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A

Part III Amendments

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

| | | | | |
|----------|---|---------------------------------|---------------------------------|---|
| a | Name of contributing employer | | | |
| b | EIN | | | |
| c | Dollar amount contributed by employer | | | |
| d | Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____ | | | |
| e | Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).) | | | |
| (1) | Contribution rate (in dollars and cents) _____ | | | |
| (2) | Base unit measure: | <input type="checkbox"/> Hourly | <input type="checkbox"/> Weekly | <input type="checkbox"/> Unit of production |
| | <input type="checkbox"/> Other (specify): _____ | | | |
| a | Name of contributing employer | | | |
| b | EIN | | | |
| c | Dollar amount contributed by employer | | | |
| d | Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____ | | | |
| e | Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).) | | | |
| (1) | Contribution rate (in dollars and cents) _____ | | | |
| (2) | Base unit measure: | <input type="checkbox"/> Hourly | <input type="checkbox"/> Weekly | <input type="checkbox"/> Unit of production |
| | <input type="checkbox"/> Other (specify): _____ | | | |
| a | Name of contributing employer | | | |
| b | EIN | | | |
| c | Dollar amount contributed by employer | | | |
| d | Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____ | | | |
| e | Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).) | | | |
| (1) | Contribution rate (in dollars and cents) _____ | | | |
| (2) | Base unit measure: | <input type="checkbox"/> Hourly | <input type="checkbox"/> Weekly | <input type="checkbox"/> Unit of production |
| | <input type="checkbox"/> Other (specify): _____ | | | |
| a | Name of contributing employer | | | |
| b | EIN | | | |
| c | Dollar amount contributed by employer | | | |
| d | Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____ | | | |
| e | Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).) | | | |
| (1) | Contribution rate (in dollars and cents) _____ | | | |
| (2) | Base unit measure: | <input type="checkbox"/> Hourly | <input type="checkbox"/> Weekly | <input type="checkbox"/> Unit of production |
| | <input type="checkbox"/> Other (specify): _____ | | | |
| a | Name of contributing employer | | | |
| b | EIN | | | |
| c | Dollar amount contributed by employer | | | |
| d | Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____ | | | |
| e | Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).) | | | |
| (1) | Contribution rate (in dollars and cents) _____ | | | |
| (2) | Base unit measure: | <input type="checkbox"/> Hourly | <input type="checkbox"/> Weekly | <input type="checkbox"/> Unit of production |
| | <input type="checkbox"/> Other (specify): _____ | | | |

| | | | |
|-----------|--|--------------------------|--|
| 14 | Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for: | | |
| a | The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)..... | 14a | |
| b | The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)..... | 14b | |
| c | The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)..... | 14c | |
| 15 | Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to: | | |
| a | The corresponding number for the plan year immediately preceding the current plan year..... | 15a | |
| b | The corresponding number for the second preceding plan year | 15b | |
| 16 | Information with respect to any employers who withdrew from the plan during the preceding plan year: | | |
| a | Enter the number of employers who withdrew during the preceding plan year | 16a | |
| b | If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers..... | 16b | |
| 17 | If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment | <input type="checkbox"/> | |

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

| | | |
|-----------|--|--------------------------|
| 18 | If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment | <input type="checkbox"/> |
| 19 | If the total number of participants is 1,000 or more, complete lines (a) and (b): | |
| a | Enter the percentage of plan assets held as: Public Equity: <u>13.0</u> % Private Equity: <u>61.0</u> % Investment-Grade Debt and Interest Rate Hedging Assets: <u>0.0</u> % High-Yield Debt: <u>17.0</u> % Real Assets: <u>4.0</u> % Cash or Cash Equivalents: <u>0.0</u> % Other: <u>5.0</u> % | |
| b | Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets: <input type="checkbox"/> 0-5 years <input type="checkbox"/> 5-10 years <input type="checkbox"/> 10-15 years <input checked="" type="checkbox"/> 15 years or more | |
| 20 | PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20. | |
| a | Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| b | If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box: | |
| | <input type="checkbox"/> Yes. | |
| | <input type="checkbox"/> No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date. | |
| | <input type="checkbox"/> No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date. | |
| | <input type="checkbox"/> No. Other. Provide explanation. _____ | |

Part VII IRS Compliance Questions

| | | |
|------------|--|--|
| 21a | Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 21b | If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2). | |
| | <input type="checkbox"/> Design-based safe harbor method | |
| | <input type="checkbox"/> "Prior year" ADP test | |
| | <input type="checkbox"/> "Current year" ADP test | |
| | <input type="checkbox"/> N/A | |
| 22 | If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ____/____/____ (MM/DD/YYYY) and the Opinion Letter serial number _____. | |

Report of Independent Auditors and
Financial Statements with
Supplemental Schedule

**Kaiser Permanente Retirement Plan
Trust No. 14950 and No. 93210**

December 31, 2024 and 2023



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| Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) | 17 |

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

Report of Independent Auditors

The Investment Committee of
Kaiser Permanente Retirement Plan
Trust No. 14950 and No. 93210

Report on the Audit of the Financial Statements

Opinion

We have audited the financial statements of Kaiser Permanente Retirement 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, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

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 Permanente Retirement 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 Permanente Retirement 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 Schedule Required by ERISA

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

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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

Baker Tilly US, LLP

San Francisco, California

October 6, 2025

Financial Statements

Kaiser Permanente Retirement Plan
Statements of Net Assets Available for Benefits
December 31, 2024 and 2023

| | 2024 | 2023 |
|------------------------------------|--------------------------|--------------------------|
| Assets | | |
| Investments, at fair value | | |
| Investment in group trust | \$ 33,652,207,262 | \$ 32,874,959,047 |
| Collective investment funds | 63,943,659 | 66,957,934 |
| Mutual funds | <u>41,046,739</u> | <u>22,119,517</u> |
| Total investments | <u>33,757,197,660</u> | <u>32,964,036,498</u> |
| Receivables | | |
| Employer contribution | 693,000,000 | 573,000,000 |
| Participant contribution | 3,164 | 1,224 |
| Notes receivable from participants | <u>2,033,899</u> | <u>1,779,377</u> |
| Total assets | <u>34,452,234,723</u> | <u>33,538,817,099</u> |
| Liabilities | - | - |
| Net assets available for benefits | <u>\$ 34,452,234,723</u> | <u>\$ 33,538,817,099</u> |

See accompanying notes.

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

| | 2024 | 2023 |
|---|--------------------------|--------------------------|
| Additions | | |
| Investment income | | |
| Net appreciation in fair value of investments | \$ 1,083,595,742 | \$ 1,339,820,372 |
| Interest and dividends | <u>416,965,452</u> | <u>527,628,290</u> |
| Total investment income | <u>1,500,561,194</u> | <u>1,867,448,662</u> |
| Contributions | | |
| Employer | 693,014,653 | 899,011,292 |
| Participants | 11,845,201 | 11,425,218 |
| Rollovers | <u>1,618,744</u> | <u>611,135</u> |
| Total contributions | <u>706,478,598</u> | <u>911,047,645</u> |
| Interest income on notes receivable from participants | <u>139,638</u> | <u>99,576</u> |
| Total additions | <u>2,207,179,430</u> | <u>2,778,595,883</u> |
| Deductions | | |
| Retirement benefits paid | 1,105,466,703 | 1,022,034,492 |
| Annuity contract purchase (Note K) | 68,277,807 | - |
| Administrative expenses | <u>120,017,296</u> | <u>71,503,223</u> |
| Total deductions | <u>1,293,761,806</u> | <u>1,093,537,715</u> |
| Net increase | 913,417,624 | 1,685,058,168 |
| Net assets available for benefits | | |
| Beginning of year | <u>33,538,817,099</u> | <u>31,853,758,931</u> |
| End of year | <u>\$ 34,452,234,723</u> | <u>\$ 33,538,817,099</u> |

See accompanying notes.

Kaiser Permanente Retirement Plan

Notes to Financial Statements

Note A – Description of the Plan

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

General – The Plan is a defined benefit plan established effective April 1, 1958. The Kaiser Permanente Employees' Pension Plan was merged into and became a part of the Kaiser Permanente Retirement Plan (formerly the Kaiser Permanente Salaried Retirement Plan) effective December 31, 1991. The Plan covers different employee groups with various benefit levels. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Pension benefits and vesting – Employees with five or more years of service are entitled to monthly pension benefits beginning at normal retirement age (65) based on the participant's compensation and years of credited service. The Plan permits early retirement at various ages and years of service based on different employee groups. Refer to the Plan document for a more complete description of the Plan's pension benefit provisions

Benefits are payable via one of several forms of payment, including single life annuity, joint and survivor annuity, or lump sum.

Voluntary Contribution Account balance – Certain participating employees may make immediately vested voluntary after-tax contributions in increments of 1% up to a maximum of 10% of compensation.

A participant may withdraw all or a portion of their voluntary contributions account balance by written notice to the plan administrator.

An account is established for each participant for which voluntary contributions are credited. Participants may direct the investment of their voluntary contributions account in one or more investment funds. Investment gains and losses are reflected in each participant's account, by investment fund, in the ratio that the participant's account bears to the total balance of all accounts in the applicable investment fund. Total net assets available for benefits of the voluntary contribution account balance were \$107,027,461 and \$90,858,052 as of December 31, 2024 and 2023, respectively.

A participant may borrow up to the lesser of 50% of his or her account balance or \$50,000, reduced by the highest outstanding loan balances carried by the participant in this and/or all other Employer plans during the 12-month period prior to the new loan. The term of the loan is limited to not more than five years, except for residential loans which may be extended up to 15 years. The interest rate is "Prime Rate" plus 1%. Loan repayments are made through payroll deductions and are credited to the participant's account. As of December 31, 2024, the rates of interest on outstanding loans ranged from 4.25% to 9.50%, with various maturities through September 2037.

Trustees – State Street Bank & Trust Company (State Street) is the trustee of the Kaiser Permanente Group Trust (Group Trust, a 103-12 investment entity). The Group Trust holds the Defined Benefit Investment Fund (the Fund) for which the Plan participates together with other defined benefit plans sponsored by Kaiser Foundation Health Plan, Inc., independent medical groups, and a related party associated with the medical groups. Vanguard Fiduciary Trust Company (Vanguard) serves as the trustee for the mutual funds and collective investment funds, held under the Voluntary Contribution Account.

Kaiser Permanente Retirement Plan

Notes to Financial Statements

Note B – Significant Accounting Policies

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

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

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

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

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

Notes receivable from participants – Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. No allowance for loan losses has been recorded as of December 31, 2024 and 2023. If a participant ceases to make loan payments and the loan is deemed a distribution, based on the terms of the loan document, the participant's loan balance is reduced and a benefit payment is recorded.

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

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

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

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

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

Kaiser Permanente Retirement Plan

Notes to Financial Statements

Note C – Fair Value Measurements

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

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

Level 2 – Inputs to the valuation methodology include:

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

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

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

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

The following are descriptions of the valuation methodologies used for investments measured at fair value. There have been no changes in the methodologies used as of December 31, 2024 and 2023:

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

Kaiser Permanente Retirement Plan

Notes to Financial Statements

- Mutual funds are valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed actively traded.
- Collective investment funds are stated at fair value as determined by the NAV practical expedient of the issuers based on the unit values of the underlying investments. Unit values are determined by dividing the funds' net assets, which represent the unadjusted prices in active markets of the underlying investments, by the number of units outstanding at the valuation date. While not publicly traded, the funds are comprised primarily of underlying securities represented by a variety of asset classes that are publicly traded on exchanges or over the counter, and price quotes for the assets held by the funds are readily observable and available. Redemption requests on the collective investment funds must be received at least 10 business days prior to the specified valuation date of withdrawal. There are no unfunded commitments or other redemption restrictions on the collective investment funds.

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 methods are 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 at fair value as of December 31, 2024 and 2023:

| | Investments at Fair Value as of December 31, 2024 | | | |
|---|---|-------------|-------------|--------------------------|
| | Level 1 | Level 2 | Level 3 | Total |
| Mutual funds | \$ 41,046,739 | \$ - | \$ - | \$ 41,046,739 |
| Total assets in the fair value hierarchy | <u>\$ 41,046,739</u> | <u>\$ -</u> | <u>\$ -</u> | 41,046,739 |
| Investments measured at NAV practical expedient | | | | 33,716,150,921 |
| Investments, at fair value | | | | <u>\$ 33,757,197,660</u> |
| | Investments at Fair Value as of December 31, 2023 | | | |
| | Level 1 | Level 2 | Level 3 | Total |
| Mutual funds | \$ 22,119,517 | \$ - | \$ - | \$ 22,119,517 |
| Total assets in the fair value hierarchy | <u>\$ 22,119,517</u> | <u>\$ -</u> | <u>\$ -</u> | 22,119,517 |
| Investments measured at NAV practical expedient | | | | 32,941,916,981 |
| Investments, at fair value | | | | <u>\$ 32,964,036,498</u> |

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

Kaiser Permanente Retirement Plan

Notes to Financial Statements

Note D – Funding and Actuarial Matters

The following funding and actuarial information relates to the retirement benefit portion of the Plan (Trust No. 14950).

Employer contributions, as determined by an independent actuary, are made annually in amounts which satisfy the funding standards of ERISA. Employer contributions for the years ended December 31, 2024 and 2023 were \$693,000,000 and \$899,000,000, respectively, and have met the minimum funding requirements.

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

| | 2024 | 2023 |
|-------------------|--|--|
| Actuarial Method | Standard Unit Credit Method | Standard Unit Credit Method |
| Interest Rate | 5.3% per annum | 5.4% per annum |
| Mortality | Based upon the 2024 Generational Mortality Table for annuitant and nonannuitant rates. | Based upon the 2023 Static Mortality Table with separate annuitant and nonannuitant rates. |
| Turnover | Combined rates have been assumed to range from 20.8% at age 25 to 6.0% at age 60 for both male and female salaried employees; 17.5% at age 25 to 6.0% at age 60 for both male and female hourly employees. | Combined rates have been assumed to range from 20.8% at age 25 to 6.0% at age 60 for both male and female salaried employees; 17.5% at age 25 to 6.0% at age 60 for both male and female hourly employees. |
| Age at Retirement | Retirement is assumed to occur at various ages starting at age 55 with 100% retirement assumed at age 70. | Retirement is assumed to occur at various ages starting at age 55 with 100% retirement assumed at age 70. |

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

Kaiser Permanente Retirement Plan

Notes to Financial Statements

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

| | |
|--|--------------------------|
| Vested benefits | |
| Participants or beneficiaries currently receiving payments | \$ 4,543,673,976 |
| Other participants | <u>15,891,500,244</u> |
| Nonvested benefits | 20,435,174,220 |
| | <u>650,732,816</u> |
| Total actuarial present value of accumulated plan benefits | <u>\$ 21,085,907,036</u> |

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

| | |
|---|--------------------------|
| Actuarial present value of accumulated plan benefits as of December 31, 2022 | \$ 19,309,996,765 |
| Increase (decrease) during the year attributable to | |
| Interest accumulation | 1,015,559,580 |
| Benefits paid | (1,022,034,492) |
| Assumption changes | 492,216,095 |
| Other changes (1) | <u>1,290,169,088</u> |
| | 1,775,910,271 |
| Actuarial present value of accumulated plan benefits as of December 31, 2023 | <u>\$ 21,085,907,036</u> |

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

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

Note E – Plan Obligations

In accordance with GAAP, benefits due to terminated participants are included in the statements of net assets available for benefits. There were \$26,519,638 and \$11,780,806 of benefit payments due to terminated participants as of December 31, 2024 and 2023, respectively.

Kaiser Permanente Retirement Plan

Notes to Financial Statements

Note F – Party-in-Interest Transactions

Certain investments are managed by State Street and an affiliate of Vanguard. State Street and Vanguard are the trustees of the Plan. Vanguard also serves as the participant recordkeeper of the Voluntary Contribution Account. Transactions with the trustees and recordkeeper qualify as party-in-interest transactions.

Note G – Risk and Uncertainties

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

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

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

Note H – Plan Termination

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

Note I – Tax Status

The Plan obtained its latest determination letter dated April 23, 2014. The Internal Revenue Service (IRS) stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). Subsequent to this determination letter, the Plan was restated. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualifications. The Plan administrator believes the Plan is being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan, as restated, is qualified and the related trust is tax exempt.

Kaiser Permanente Retirement Plan

Notes to Financial Statements

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

Note J – Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per financial statements to Form 5500 as of December 31, 2024 and 2023:

| | 2024 | 2023 |
|--|--------------------------|--------------------------|
| Net assets available for benefits per financial statements | \$ 34,452,234,723 | \$ 33,538,817,099 |
| Amounts allocated to withdrawing participants | <u>(26,519,638)</u> | <u>(11,780,806)</u> |
| Net assets available for benefits per Form 5500 | <u>\$ 34,425,715,085</u> | <u>\$ 33,527,036,293</u> |

Amounts allocated to withdrawing participants are recorded on Form 5500 for benefit claims that have been processed and approved for payment prior to December 31 but not yet paid as of that date. Amounts allocated to withdrawing participants also represent lump sum benefits requested for payment by participants, processed and calculated by an actuary during the year, but paid subsequent to year-end.

Kaiser Permanente Retirement Plan

Notes to Financial Statements

The following is a reconciliation of the changes in net assets available for benefits per financial statements to Form 5500 for the years ended December 31, 2024 and 2023:

| | 2024 | | | | |
|--|--|---|---|-------------------------------|--------------------------|
| | Amounts per Financial Statements | End of Year Benefit Obligation Payable | Beginning of Year Benefit Obligation Payable | Form 5500 Reclassification | Amounts per Form 5500 |
| Net appreciation (depreciation) in fair value of investment | \$ 1,083,595,742 | \$ - | \$ - | \$ (1,083,595,742) | \$ - |
| Interest and dividends | 416,965,452 | - | - | (416,965,452) | - |
| Dividends from registered investment companies | - | - | - | 1,301,258 | 1,301,258 |
| Net investment gain (loss) from Common/collective trusts | - | - | - | 6,790,080 | 6,790,080 |
| 103-12 Investment entities | - | - | - | 1,368,308,658 | 1,368,308,658 |
| Registered investment companies | - | - | - | 4,143,902 | 4,143,902 |
| Retirement benefits paid | 1,105,466,703 | 26,519,638 | (11,780,806) | - | 1,120,205,535 |
| Administrative expenses | 120,017,296 | - | - | (120,017,296) | - |

| | 2023 | | | | |
|--|--|---|---|-------------------------------|--------------------------|
| | Amounts per Financial Statements | End of Year Benefit Obligation Payable | Beginning of Year Benefit Obligation Payable | Form 5500 Reclassification | Amounts per Form 5500 |
| Net appreciation (depreciation) in fair value of investment | \$ 1,339,820,372 | \$ - | \$ - | \$ (1,339,820,372) | \$ - |
| Interest and dividends | 527,628,290 | - | - | (527,628,290) | - |
| Dividends from registered investment companies | - | - | - | 916,671 | 916,671 |
| Net investment gain (loss) from Common/collective trusts | - | - | - | 9,667,303 | 9,667,303 |
| 103-12 Investment entities | - | - | - | 1,782,637,877 | 1,782,637,877 |
| Registered investment companies | - | - | - | 2,723,588 | 2,723,588 |
| Retirement benefits paid | 1,022,034,492 | 11,780,806 | (16,866,428) | - | 1,016,948,870 |
| Administrative expenses | 71,503,223 | - | - | (71,503,223) | - |

Note K – Annuity Contract Purchase

In 2024, the Plan Sponsor approved a purchase of a group annuity buy-out (the annuity contract) on behalf of the Plan. The annuity contract was purchased from Nationwide for \$68,277,807. As a result of the purchase, pension benefit obligations of 418 participants entitled to annuity payments from the Plan were transferred to Nationwide, who will assume the annuity payments.

Supplemental Schedule

Kaiser Permanente Retirement Plan
Employer Identification Number: 94-1340523, Plan Number: 001
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
December 31, 2024

| (a) | (b) | (c) | (d) | (e) |
|-----|---|---|-------------------|-------------------|
| | Identity of Issue, Borrower, Lessor, or Similar Party | Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value | Cost | Current Value |
| | Investment in group trust | | | |
| * | Defined Benefit Investment Fund | Investment in group trust | \$ 32,335,373,900 | \$ 33,652,207,262 |
| | Mutual funds | | | |
| * | Vanguard Cash Res Fed MM Adm | Mutual Fund | ** | 3,490 |
| * | Vanguard Core Bond Fund Admiral | Mutual Fund | ** | 2,563,368 |
| * | Vanguard Explorer Fund Admiral | Mutual Fund | ** | 1,192,388 |
| * | Vanguard FTSE Social Index Fund Institutional | Mutual Fund | ** | 5,067,385 |
| * | Vanguard Global ESG Select Stock Fund Admiral | Mutual Fund | ** | 302,435 |
| * | Vanguard International Growth Fund Admiral | Mutual Fund | ** | 3,305,831 |
| * | Vanguard PRIMECAP Fund Admiral | Mutual Fund | ** | 7,226,289 |
| * | Vanguard Total Stock Market Index Fund Institutional Select | Mutual Fund | ** | 21,022,834 |
| * | Self-Directed Brokerage Fund | Participant-Directed Brokerage Account | ** | 362,719 |
| | | | | 41,046,739 |
| | Collective investments funds | | | |
| | JPMorgan SmartRetirement Passive Blend 2020 Fund | Collective Investment Fund | ** | 3,479,537 |
| | JPMorgan SmartRetirement Passive Blend 2025 Fund | Collective Investment Fund | ** | 3,942,774 |
| | JPMorgan SmartRetirement Passive Blend 2030 Fund | Collective Investment Fund | ** | 4,984,173 |
| | JPMorgan SmartRetirement Passive Blend 2035 Fund | Collective Investment Fund | ** | 6,790,337 |
| | JPMorgan SmartRetirement Passive Blend 2040 Fund | Collective Investment Fund | ** | 9,254,853 |
| | JPMorgan SmartRetirement Passive Blend 2045 Fund | Collective Investment Fund | ** | 8,386,579 |
| | JPMorgan SmartRetirement Passive Blend 2050 Fund | Collective Investment Fund | ** | 7,048,518 |
| | JPMorgan SmartRetirement Passive Blend 2055 Fund | Collective Investment Fund | ** | 3,619,508 |
| | JPMorgan SmartRetirement Passive Blend 2060 Fund | Collective Investment Fund | ** | 833,152 |
| | JPMorgan SmartRetirement Passive Blend 2065 Fund | Collective Investment Fund | ** | 66,369 |
| | JPMorgan SmartRetirement Passive Blend Income Fund | Collective Investment Fund | ** | 596,970 |
| | KP Interest Income Fund | Collective Investment Fund | ** | 3,794,392 |
| * | Vanguard Institutional Total Bond Market Index Trust | Collective Investment Fund | ** | 3,885,005 |
| * | Vanguard Institutional Total International Stock Market Index Trust | Collective Investment Fund | ** | 7,261,492 |
| | | | | 63,943,659 |
| | Total investments per financial statements | | | 33,757,197,660 |
| * | Notes receivable from participants | Interest rates ranging from 4.25% to 9.50% and mature through September 2037 | | 2,033,899 |
| | Total investments per Form 5500 | | | \$ 33,759,231,559 |

*Investments in party-in-interest as defined under ERISA.

**Information is not required as investments are participant-directed

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

Schedule SB Attachment (Form 5500)—2024 Plan Year
Kaiser Permanente Retirement Plan
EIN: 94-1340523 PN: 001

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

| Date | Amount | Interest Rate | Days to Discount to 1/1/2024 | Interest Adjusted Contribution |
|---------------------------|-----------------------|---------------|------------------------------|--------------------------------|
| January 3, 2025 | \$ 693,000,000 | 5.27% | 361 | \$ 658,121,978 |
| Total Contribution | \$ 693,000,000 | | | \$ 658,121,978 |

Schedule SB Attachment (Form 5500)—2024 Plan Year
Kaiser Permanente Retirement Plan
EIN: 94-1340523 PN: 001

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

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

| (a) Age | (b) Rate | (c) Weight | (d) Product (a) x (b) x (c) |
|-------------------------|--------------------|----------------------|--|
| 55.5 | 4.00% | 1.0000 | 2.22 |
| 56.5 | 4.00% | 0.9600 | 2.17 |
| 57.5 | 4.00% | 0.9216 | 2.12 |
| 58.5 | 4.00% | 0.8847 | 2.07 |
| 59.5 | 4.50% | 0.8493 | 2.27 |
| 60.5 | 6.00% | 0.8111 | 2.94 |
| 61.5 | 9.00% | 0.7624 | 4.22 |
| 62.5 | 11.00% | 0.6938 | 4.77 |
| 63.5 | 12.00% | 0.6175 | 4.71 |
| 64.5 | 22.00% | 0.5434 | 7.71 |
| 65.5 | 31.00% | 0.4239 | 8.61 |
| 66.5 | 28.00% | 0.2925 | 5.45 |
| 67.5 | 25.00% | 0.2106 | 3.55 |
| 68.5 | 25.00% | 0.1580 | 2.71 |
| 69.5 | 25.00% | 0.1185 | 2.06 |
| 70.0 | 100.00% | 0.0889 | 6.22 |
| Weighted Average | | | 63.80 |

Schedule SB Attachment (Form 5500)—2024 Plan Year
Kaiser Permanente Retirement Plan
EIN: 94-1340523 PN: 001

Schedule SB, line 24—Change in Actuarial Assumptions

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

| | |
|---------------------------|--|
| Expected Return on Assets | Changed from 6.25% as of January 1, 2023 to 6.50% as of January 1, 2024. |
|---------------------------|--|

Since this change to a non-prescribed assumption did not result in reduction in funding shortfall, IRS approval was not required.

Schedule SB Attachment (Form 5500)—2024 Plan Year
 Kaiser Permanente Retirement Plan
 EIN: 94-1340523 PN: 001

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

Number of Participants and Average Compensation

| Attained Age | Years of Credited Service | | | | | | | | | |
|--------------|---------------------------|--------------------|--------------------|--------------------|--------------------|--------------------|------------------|------------------|------------------|-----------------|
| | <1 | 1-4 | 5-9 | 10-14 | 15-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40+ |
| <25 | 647 \$59,886 | 642 \$69,830 | 4 | | | | | | | |
| 25-29 | 1,467 \$98,582 | 3,058 \$96,420 | 499 \$82,162 | 3 | | | | | | |
| 30-34 | 2,142 \$109,426 | 5,957 \$112,514 | 3,180 \$100,720 | 282 \$84,555 | 6 | | | | | |
| 35-39 | 1,978 \$115,751 | 6,472 \$124,401 | 5,482 \$119,348 | 1,557 \$114,222 | 457 \$95,139 | 11 | | | | |
| 40-44 | 1,413 \$117,230 | 5,308 \$128,490 | 5,728 \$129,193 | 2,951 \$131,787 | 1,965 \$125,188 | 333 \$94,947 | 10 | | | |
| 45-49 | 1,020 \$116,897 | 3,849 \$132,311 | 4,792 \$130,780 | 3,173 \$142,139 | 3,017 \$144,760 | 1,339 \$127,409 | 169 \$103,575 | 4 | | |
| 50-54 | 809 \$109,661 | 2,897 \$132,101 | 4,131 \$133,166 | 3,162 \$141,548 | 3,352 \$149,378 | 2,054 \$138,513 | 531 \$117,976 | 110 \$93,337 | 1 | |
| 55-59 | 514 \$102,135 | 1,684 \$128,240 | 2,782 \$128,765 | 2,255 \$134,987 | 2,708 \$139,173 | 1,938 \$134,447 | 675 \$123,191 | 371 \$107,618 | 74 \$95,071 | 1 |
| 60-64 | 326 \$97,111 | 928 \$126,247 | 1,933 \$126,560 | 1,726 \$130,595 | 2,109 \$131,731 | 1,577 \$126,030 | 686 \$122,711 | 415 \$115,746 | 181 \$112,521 | 37 \$102,255 |
| 65-69 | 125 \$102,428 | 298 \$136,505 | 718 \$126,789 | 631 \$130,129 | 743 \$135,900 | 507 \$135,679 | 239 \$121,339 | 174 \$121,766 | 71 \$122,513 | 38 \$111,028 |
| 70+ | 27 \$91,129 | 80 \$136,315 | 138 \$127,568 | 155 \$138,352 | 194 \$129,155 | 119 \$126,862 | 50 \$126,047 | 31 \$150,801 | 25 \$123,232 | 17 |

Excludes active transfers

N-113262

Schedule SB Attachment (Form 5500)—2024 Plan Year
 Kaiser Permanente Retirement Plan
 EIN: 94-1340523 PN: 001

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

| Plan Year | Active Participants | Terminated Vested Participants | Retire Participants & Beneficiaries | | Total |
|-----------|---------------------|--------------------------------|-------------------------------------|---------------|-------|
| | | | Receiving Payments | | |
| 2024 | 71,623,957 | 64,968,959 | 425,931,924 | 562,524,840 | |
| 2025 | 162,798,428 | 78,488,259 | 415,490,738 | 656,777,424 | |
| 2026 | 251,641,310 | 91,943,759 | 404,192,611 | 747,777,681 | |
| 2027 | 337,324,138 | 105,086,590 | 392,764,399 | 835,175,127 | |
| 2028 | 420,254,980 | 117,291,599 | 381,593,875 | 919,140,454 | |
| 2029 | 499,782,089 | 129,033,351 | 370,327,698 | 999,143,138 | |
| 2030 | 575,124,969 | 140,707,570 | 358,932,782 | 1,074,765,321 | |
| 2031 | 646,841,175 | 151,368,309 | 346,943,799 | 1,145,153,282 | |
| 2032 | 714,800,315 | 162,331,668 | 333,999,526 | 1,211,131,509 | |
| 2033 | 779,256,565 | 171,495,672 | 320,961,792 | 1,271,714,029 | |
| 2034 | 840,858,723 | 181,979,000 | 307,375,819 | 1,330,213,542 | |
| 2035 | 900,646,983 | 191,926,003 | 294,065,021 | 1,386,638,007 | |
| 2036 | 957,406,599 | 202,019,676 | 279,695,963 | 1,439,122,238 | |
| 2037 | 1,010,616,301 | 210,245,018 | 264,135,724 | 1,484,997,043 | |
| 2038 | 1,060,620,815 | 217,683,767 | 247,932,237 | 1,526,236,819 | |
| 2039 | 1,107,657,146 | 223,900,326 | 232,155,652 | 1,563,713,124 | |
| 2040 | 1,150,290,965 | 229,028,432 | 216,631,660 | 1,595,951,057 | |
| 2041 | 1,186,879,430 | 232,847,189 | 200,588,086 | 1,620,314,706 | |
| 2042 | 1,217,450,335 | 235,752,578 | 184,012,279 | 1,637,215,192 | |
| 2043 | 1,241,860,730 | 237,708,714 | 166,975,467 | 1,646,544,912 | |
| 2044 | 1,261,019,308 | 238,479,553 | 151,033,434 | 1,650,532,295 | |
| 2045 | 1,274,147,208 | 238,793,063 | 136,200,941 | 1,649,141,212 | |
| 2046 | 1,281,617,331 | 237,130,978 | 121,823,722 | 1,640,572,031 | |
| 2047 | 1,283,527,782 | 234,926,696 | 107,912,873 | 1,626,367,350 | |
| 2048 | 1,279,273,870 | 231,429,414 | 94,963,415 | 1,605,666,698 | |
| 2049 | 1,268,502,643 | 226,623,384 | 82,906,012 | 1,578,032,039 | |
| 2050 | 1,252,287,549 | 221,487,503 | 71,787,734 | 1,545,562,786 | |
| 2051 | 1,229,860,673 | 215,596,661 | 61,697,901 | 1,507,155,235 | |
| 2052 | 1,201,579,081 | 207,641,623 | 52,566,540 | 1,461,787,244 | |
| 2053 | 1,168,368,315 | 199,474,732 | 44,405,045 | 1,412,248,092 | |
| 2054 | 1,130,762,657 | 190,759,696 | 37,225,987 | 1,358,748,340 | |
| 2055 | 1,088,968,622 | 181,551,459 | 31,230,881 | 1,301,750,962 | |
| 2056 | 1,043,789,502 | 171,865,357 | 26,136,407 | 1,241,791,267 | |
| 2057 | 995,781,674 | 162,160,147 | 21,862,028 | 1,179,803,849 | |
| 2058 | 945,209,544 | 152,060,269 | 18,318,741 | 1,115,588,554 | |
| 2059 | 892,670,201 | 142,069,405 | 15,413,786 | 1,050,153,392 | |
| 2060 | 839,067,813 | 132,029,801 | 13,054,991 | 984,152,605 | |
| 2061 | 785,009,670 | 122,162,840 | 11,154,186 | 918,326,696 | |
| 2062 | 730,948,717 | 112,577,085 | 9,630,063 | 853,155,865 | |
| 2063 | 677,454,857 | 103,288,347 | 8,410,455 | 789,153,659 | |
| 2064 | 624,935,554 | 94,374,803 | 7,431,454 | 726,741,811 | |
| 2065 | 573,825,006 | 85,857,837 | 6,640,249 | 666,323,092 | |
| 2066 | 524,432,084 | 77,764,082 | 5,993,040 | 608,189,206 | |
| 2067 | 477,025,166 | 70,107,965 | 5,454,473 | 552,587,604 | |
| 2068 | 431,817,672 | 62,899,786 | 4,996,690 | 499,714,147 | |
| 2069 | 388,957,229 | 56,146,065 | 4,598,276 | 449,701,570 | |
| 2070 | 348,560,033 | 49,849,830 | 4,243,174 | 402,653,037 | |
| 2071 | 310,706,385 | 44,010,651 | 3,919,663 | 358,636,699 | |
| 2072 | 275,442,755 | 38,624,936 | 3,619,530 | 317,687,222 | |
| 2073 | 242,784,934 | 33,686,058 | 3,337,332 | 279,808,323 | |

Schedule SB Attachment (Form 5500)—2024 Plan Year
Kaiser Permanente Retirement Plan
EIN: 94-1340523 PN: 001

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

For ERISA and ASC 960 Requirements

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

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

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

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

Lump Sum Interest Rate Same as funding interest rates above.

Salary Increases Sample annual increases in salary are shown below:

| Age | Salaried | Hourly |
|------------|-----------------|---------------|
| 25 | 8.25% | 7.00% |
| 30 | 6.05% | 5.80% |
| 35 | 5.30% | 4.60% |
| 40 | 4.60% | 4.35% |
| 45 | 4.35% | 4.06% |
| 50 | 4.10% | 3.91% |
| 55 | 3.85% | 3.76% |
| 60 | 3.60% | 3.60% |
| 65 | 3.25% | 3.50% |

Rates are 1.50-2.50% higher for certain Hourly Employees for 2024.

Schedule SB Attachment (Form 5500)—2024 Plan Year
Kaiser Permanente Retirement Plan
EIN: 94-1340523 PN: 001

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

Optional Payment Form Election Percentage

| | |
|--------------------------------|--|
| KPRP | Lump sum: 60%. Joint and survivor pop-up annuity or equivalent: 10%. Life annuity or equivalent: 30%. |
| KPWDBP | Same as KPRP. |
| KPS | It is assumed that all married participants elect a 50% joint and survivor annuity and all single participants elect a life annuity. |
| Retirement Age | |
| Active Participants | |
| KPRP | See Table A. |
| KPWDBP | Same as KPRP salaried participants for frozen participants and KPRP hourly participants for non-frozen participants. |
| KPS | Same as KPRP salaried participants. |
| Terminated Vested Participants | |
| KPRP | Age 63 if eligible for early retirement, 65 for all others |
| KPWDBP | Age 65. |
| KPS | Age 62. |
| Mortality Rates | |
| Healthy and Disabled | 2024 generational mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(b). |
| Withdrawal Rates | |
| KPRP | See Table B. |
| KPWDBP | Same as KPRP hourly participants. |
| KPS | Same as KPRP salaried participants. |
| Disability Rates | See Table C. |

Schedule SB Attachment (Form 5500)—2024 Plan Year
Kaiser Permanente Retirement Plan
EIN: 94-1340523 PN: 001

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

Surviving Spouse Benefit

| | |
|---|---|
| KPRP | It is assumed that 75% of males and 65% of females have an eligible spouse. Wives are assumed to be two years younger than their husbands. |
| KPWDBP | Same as KPRP. |
| KPS | Same as KPRP. |
| Benefit and Compensation Limits | Benefits and compensation are limited by the current IRC section 415 maximum benefit of \$275,000 and the 401(a)(17) compensation limit of \$345,000. |
| Valuation of Plan Assets | 3-year smoothed value. |
| Expected Return on Assets | |
| 2022 plan year | 6.25%, limited to 5.92%. |
| 2023 plan year | 6.25%, limited to 5.74%. |
| 2024 plan year | 6.50%, limited to 5.59%. |
| Trust Expenses Included in Target Normal Cost | 105% of the prior year's administrative expenses (including the prior year's PBGC premiums). The amount for 2024 is \$55,225,143. |
| Actuarial Method | Standard unit credit. |
| Valuation Date | January 1, 2024. |

Schedule SB Attachment (Form 5500)—2024 Plan Year
Kaiser Permanente Retirement Plan
EIN: 94-1340523 PN: 001

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

Table A

Retirement Rates

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

| Age | Salaried | Hourly |
|------------|-----------------|---------------|
| 55-57 | 7.50% | 4.00% |
| 58 | 8.00% | 4.00% |
| 59 | 11.00% | 4.50% |
| 60 | 11.00% | 6.00% |
| 61 | 15.00% | 9.00% |
| 62 | 16.00% | 11.00% |
| 63 | 18.00% | 12.00% |
| 64 | 22.00% | 22.00% |
| 65 | 28.00% | 31.00% |
| 66 | 25.00% | 28.00% |
| 67-69 | 25.00% | 25.00% |
| 70+ | 100.00% | 100.00% |

Table B

Probabilities of Withdrawal

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

| Age | Salaried | Hourly |
|------------|-----------------|---------------|
| 25 | 6.93% | 5.00% |
| 30 | 6.43% | 4.00% |
| 35 | 4.80% | 3.00% |
| 40 | 4.50% | 2.50% |
| 45 | 4.80% | 2.00% |
| 50 | 4.80% | 2.50% |
| 55 | 4.80% | 2.50% |
| 60 | 6.00% | 6.00% |

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

| Years of Service | Salaried | Hourly |
|-------------------------|-----------------|---------------|
| Less than 1 | 300% | 350% |
| 1, but less than 2 | 200% | 225% |
| 2, but less than 3 | 175% | 175% |
| 3, but less than 4 | 175% | 150% |
| 4, but less than 5 | 150% | 125% |

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

Table C

Probabilities of Disability

Sample disability rates applied to supplements that have a disability benefit are as follows:

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

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Schedule SB, Part V—Summary of Plan Provisions

Summary of Plan Changes

Changes in Plan Provisions since December 31, 2022 based on Plan Amendments and Benefit Change Forms received.

| Amendment | Supplement | BCF or Clarification | Description |
|------------------|------------|----------------------|--|
| 02-KPSRP | | | |
| 39th Amendment | | BCF 420 | <p>1. Supplement 1-A, Kaiser Permanente Salaried Retirement Plan (02-KPSRP) section 2.2, Eligible Employee is amended to add a new subsection, lettered accordingly, to the end thereof:</p> <p>(ddd) Through June 3, 2023, Employees classified as Home Health/Hospice Administrative Services Coordinator II and Operations Coordinators in the Northern California Region who became represented by SEIU-UHW and reclassified as Clerk G5 and Clerk G6.</p> |
| 03-KPEPP | | | |
| 39th Amendment | | BCF 420 | <p>2. Supplement 2-A, Kaiser Permanente Employees Pension Plan (03-KPEPP), section 2.2 Eligible Employee (a), is amended to add a new subsection, numbered accordingly, to the end thereof:</p> <p>(viii) Effective June 4, 2023, an Employee who is classified as a Home Health/Hospice Administrative Services Coordinator II or an Operations Coordinator in the Northern California Region and represented by SEIU-UHW and reclassified as Clerk G5 and Clerk G6 pursuant to an agreement ratified on February 24, 2023.</p> |
| 09-KPHEPP | | | |
| 39th Amendment | | BCF 418 | <p>3. Supplement 8-B, Kaiser Permanente Hawaii Employees Pension Plan (09-KPHEPP) section 2.1 Eligible Employee is amended to add a new subsection, lettered accordingly, to the end thereof:</p> <p>(c) Effective April 2, 2023, the Eligible Employee classification under this Supplement 8-B includes an Employee of the Hawaii region who is classified as an Inventory Management Associate – SURG represented by UNITE HERE Local 5.</p> |
| 09-KPHEPP | | | |
| 39th Amendment | | BCF 418 | <p>4. Supplement 8-D, Kaiser Permanente Hawaii Employees Pension Plan (09-KPHEPP) section 2.1 Eligible Employee is amended to add a new subsection, lettered accordingly, to the end thereof:</p> <p>(g) Through April 1, 2023, the Eligible Employee classification under this Supplement 8-D includes an Employee of the Hawaii region who is classified as an Inventory Management Associate – SURG represented by UNITE HERE Local 5.</p> |
| 09-KPHEPP | | | |
| 40th Amendment | | BCF 421 | <p>1. Supplement 4-A, Kaiser Permanente Southern California Employees Pension Plan (05-KPSCEPP), section 2.3 Eligible Employee, is amended to add the following new subsection, numbered accordingly, which shall read as follows:</p> <p>2.3 Eligible Employee. The Eligible Employee classifications under Plan Section 2.31 for this Supplement are an hourly Employee in the Southern California region represented by:</p> <p>(k) Effective January 1, 2024, Kaiser Foundation Hospital Employees at the Moreno Valley Medical Center who are represented by Service Employees International Union - UHW-West in the Southern California region.</p> |

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Schedule SB, Part V—Summary of Plan Provisions

Summary of Plan Changes

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| Amendment | Supplement | BCF or Clarification | Description |
|-------------------|------------|----------------------|--|
| 05-KPSCEPP | | | |
| 40th Amendment | BCF 421 | | <p>2. Supplement 4-E, Kaiser Permanente Southern California Employees Pension Plan (05-KPSCEPP), section 2.2 Eligible Employee, subsection (b), in its entirety to read as follows:</p> <p>(b) Moreno Valley Service Employees International Union, United Healthcare Workers-West through December 31, 2023.</p> |
| 09-KPHEPP | | | |
| 41st Amendment | BCF 424 | | <p>1. Supplement 8-C, Kaiser Permanente Hawaii Employees Pension Plan (09-KPHEPP), section 3.1 is amended in its entirety to read as follows:</p> <p>3.1 Hours of Vesting Service.</p> <p>(a) An Eligible Employee receives Hours of Vesting Service for periods of employment with American Optical Company's Honolulu branch for four former American Optical employees hired September 1, 1981 as a result of the acquisition of American Optical Company by Kaiser Foundation Health Plan, Inc.</p> <p>(b) Absences. An Eligible Employee who is represented by HNHP-Respiratory Therapists or HNHP-Home Health Nurses receives Hours of Vesting Service for the following periods of approved unpaid absence that begin on or after January 1, 2023:</p> <p>(i) For periods of Long-Term Union Leave as described in Plan Section 3.2(c)(ii).</p> <p>(ii) For periods of Elected Official Union Leave as described in Plan Section 3.2(c)(iii).</p> <p>(iii) For periods of Short-Term Union leave as described in Plan Section 3.2(c)(iv)</p> <p>(c) Imputed Service. An Eligible Employee who is represented by HNHP-Respiratory Therapists or HNHP-Home Health Nurses receives Hours of Vesting Service for the following periods of approved unpaid absence that begin on or after January 1, 2023:</p> <p>(i) For periods of Long-Term Union Leave that begin on or after January 1, 2023, as described in Plan Section 3.2(d)(ii)(B).</p> <p>(ii) For periods of Elected Official Union Leave that begin on or after January 1, 2023, as described in Plan Sections 3.2(d)(ii)(C).</p> <p>(iii) For periods of Short-Term Union Leave that begin on or after January 1, 2023, as described in Plan Section 3.2(d)(ii)(D).</p> |

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Schedule SB, Part V—Summary of Plan Provisions

Summary of Plan Changes

Changes in Plan Provisions since December 31, 2022 based on Plan Amendments and Benefit Change Forms received.

| Amendment | Supplement | BCF or Clarification | Description |
|------------------|------------|----------------------|--|
| 09-KPHEPP | | | |
| 41st Amendment | | BCF 424 | <p>2. Supplement 8-C, Kaiser Permanente Hawaii Employees Pension Plan (09- KPHEPP), a new section 3.5, Hours of Credited Service is added and shall read as follows:</p> <p>3.5 Hours of Credited Service. An Eligible Employee who is represented by HNHPRespiratory Therapists or HNHP-Home Health Nurses receives Hours of Credited Service for the following:</p> <p>(a) Absences. An Eligible Employee who is represented by HNHPRespiratory Therapists or HNHP-Home Health Nurses receives Hours of Credited Service for the following periods of absences:</p> <p>(i) For periods of Long-Term Union Leave that begin on or after January 1, 2023, as described in Plan Section 3.1(c)(ii).</p> <p>(ii) For periods of Elected Official Union Leave that begin on or after January 1, 2023, as described in Plan Section 3.1(c)(iii).</p> <p>(b) Imputed Service. An Eligible Employee who is represented by HNHPRespiratory Therapists or HNHP-Home Health Nurses receives Hours of Credited Service for the following:</p> <p>(i) For periods of Long-Term Union Leave that begin on or after January 1, 2023, as described in Plan Section 3.1(d)(ii)(B).</p> <p>(ii) For periods of Elected Official Union Leave that begin on or after January 1, 2023, as described in Plan Section 3.1(d)(ii)(C).</p> |
| 47-KPREPP | | | |
| 41st Amendment | | BCF 424 | <p>3. Supplement 15-E, Kaiser Permanente Represented Employees' Pension Plan (47-KPREPP), section 3.1(a) is amended in its entirety to read as follows:</p> <p>3.1 Hours of Credited Service. An Eligible Employee receives Hours of Credited Service for the following:</p> <p>(a) Absences. An Eligible Employee receives Hours of Credited Service for the following periods of absences:</p> <p>(i) For periods of a disability absence as described in Plan Section 3.1(c)(i).</p> <p>(ii) For Eligible Employees who are represented by UNAC- United Therapists of California, UNAC- United Pharmacists of Hawaii and UNAC- United Therapists of Hawaii, Hours of Credited Service are granted for the following periods of absence that begin on or after January 1, 2023:</p> <p>a. For periods of Long-Term Union Leave as described in Plan Section 3.1(c)(ii).</p> <p>b. For periods of Elected Official Union Leave as described in Plan Section 3.1(c)(iii).</p> |

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Schedule SB, Part V—Summary of Plan Provisions

Summary of Plan Changes

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| Amendment | Supplement | BCF or Clarification | Description |
|------------------|------------|----------------------|---|
| 47-KPREPP | | | |
| 41st Amendment | BCF 424 | | <p>4. Supplement 15-E, Kaiser Permanente Represented Employees' Pension Plan (47-KPREPP), section 3.1(b) is amended to add the following new subsections to the end thereof:</p> <p>3.1 Hours of Credited Service. * * *</p> <p>(b) Imputed Service. An Eligible Employee receives Hours of Credited Service for the following: * * *</p> <p>(vii) For Eligible Employees who are represented by UNAC- United Therapists of California, UNAC- United Pharmacists of Hawaii and UNAC- United Therapists of Hawaii, periods of Long-Term Union Leave that begin on or after January 1, 2023, as described in Plan Section 3.1(d)(ii)(B).</p> <p>(viii) For Eligible Employees who are represented by UNAC- United Therapists of California, UNAC- United Pharmacists of Hawaii and UNAC- United Therapists of Hawaii, periods of Elected Official Union Leave that begin on or after January 1, 2023, as described in Plan Section 3.1(d)(ii)(C).</p> |
| 47-KPREPP | | | |
| 41st Amendment | BCF 424 | | <p>5. Supplement 15-E, Kaiser Permanente Represented Employees' Pension Plan (47-KPREPP), section 3.2(a) is amended in its entirety to read as follows:</p> <p>3.2 Hours of Vesting Service. An Eligible Employee receives Hours of Vesting Service for the following:</p> <p>(a) Absences. An Eligible Employee receives Hours of Vesting Service for the following periods of approved unpaid absence:</p> <p>(i) For periods of disability absence as described in Plan Section 3.2(c)(i). (ii) For Eligible Employees who are represented by UNAC- United Therapists of California, UNAC- United Pharmacists of Hawaii and UNAC- United Therapists of Hawaii, Hours of Credited Service are granted for the following periods of absence that begin on or after January 1, 2023:</p> <p>a. For periods of Long-Term Union Leave as described in Plan Section 3.2(c)(ii). b. For periods of Elected Official Union Leave as described in Plan Section 3.2(c)(iii). c. For periods of Short-Term Union leave as described in Plan Section 3.2(c)(iv)</p> |

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Schedule SB, Part V—Summary of Plan Provisions

Summary of Plan Changes

Changes in Plan Provisions since December 31, 2022 based on Plan Amendments and Benefit Change Forms received.

| Amendment | Supplement | BCF or Clarification | Description |
|------------------|------------|----------------------|---|
| 47-KPREPP | | | |
| 41st Amendment | BCF 424 | | <p>6. Supplement 15-E, Kaiser Permanente Represented Employees' Pension Plan (47-KPREPP), section 3.2(b) is amended to add the following new subsections to the end thereof:</p> <p>3.2 Hours of Vesting Service. * * *</p> <p>(b) Imputed Service. An Eligible Employee receives Hours of Vesting Service for the following: * * *</p> <p>(xi) For Eligible Employees who are represented by UNAC- United Therapists of California, UNAC- United Pharmacists of Hawaii and UNAC- United Therapists of Hawaii, periods of Long-Term Union Leave that begin on or after January 1, 2023, as described in Plan Section 3.2(d)(ii)(B).</p> <p>(xii) For Eligible Employees who are represented by UNAC- United Therapists of California, UNAC- United Pharmacists of Hawaii and UNAC- United Therapists of Hawaii, periods of Elected Official Union Leave that begin on or after January 1, 2023, as described in Plan Section 3.2(d)(ii)(C).</p> <p>(xiii) For Eligible Employees who are represented by UNAC-United Therapists of California, UNAC-United Pharmacists of Hawaii and UNAC- United Therapists of Hawaii, periods of Short-Term Union Leave that begin on or after January 1, 2023, as described in Plan Section 3.2(d)(ii)(D).</p> |
| 00-KPRP | | | |
| 42nd Amendment | BCF 429 | | <p>1. Section 17.6(a) is amended in its entirety to read as follows:</p> <p>(a) Time Limitations for Benefit Claims. Any claim for benefits under the Plan, pursuant to this Section, must be filed with the Plan Administrator by the latest of:</p> <p>(i) Two years following the date a Participant has a Termination of Employment; and</p> <p>(ii) Two years following the date the Participant is provided with written notice (including electronic information made available to the Participant by the Plan) of the Participant's Vested status and/or the components of his benefit payment as applicable to the claim.</p> |
| 02-KPSRP | | | |
| 42nd Amendment | BCF 429 | | <p>2. Supplement 1-A, Kaiser Permanente Salaried Retirement Plan (02-KPSRP), Section 2.2 Eligible Employee, subsection (vv), is amended in its entirety to read as follows:</p> <p>(vv) Through December 31, 2022, Employees classified as physical, occupational or speech therapists and represented by UNAC – United Therapist of Northern California in the Northern California Region pursuant to an agreement ratified December 8, 2021.</p> |

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Schedule SB, Part V—Summary of Plan Provisions

Summary of Plan Changes

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| Amendment | Supplement | BCF or Clarification | Description |
|-------------------|------------|--|---|
| 05-KPSCEPP | | | |
| 42nd Amendment | BCF 429 | 3. Supplement 4-A, Kaiser Permanente Southern California Employees Pension Plan (05-KPSCEPP) | <p>3. Supplement 4-A, Kaiser Permanente Southern California Employees Pension Plan (05-KPSCEPP)</p> <p>(05-KPSCEPP), Section 2.3 Eligible Employee, subsection (i) as added by the Twenty-Sixth Amendment to the Plan, subsection (j) as added by the Twenty-Seventh Amendment to the Plan, subsection (j) as amended by the Twenty-Eighth Amendment to the Plan, subsection (k) as added by the Twenty-Eighth Amendment to the Plan, and subsection (k) as added by the Fortieth Amendment to the Plan, are amended in their entirety to correct the misnumbering of such subsections and are hereby renumbered as subsections 2.3(i) through 2.3(l), effective as of the date of such prior amendments, as follows:</p> <p>(i) Effective March 22, 2020, Associate IT Support Technicians, Desktop Support Associates, Desktop Support Intermediates, Desktop Support Leads, and Desktop Support Seniors in the Southern California region represented by SEIU-UHW.</p> <p>(j) Effective June 14, 2020, Employees classified as Case Manager RN in San Diego (PICC Nurses) represented by United Nurses Associations of California/Union of Health Care Professionals ("UNAC/UHCP") in the Southern California Region pursuant to an agreement ratified March 4, 2020.</p> <p>(k) Effective November 1, 2020, Employees classified as Healthplan Representatives or Senior Healthplan Representatives in the Southern California Region who became represented by the Office and Professional Employees International Union, Local 30 ("OPEIU L30") pursuant to an agreement ratified on July 31, 2020."</p> <p>(l) Effective January 1, 2024, Kaiser Foundation Hospital Employees at the Moreno Valley Medical Center who are represented by Service Employees International Union - UHW-West in the Southern California Region.</p> |
| 42nd Amendment | BCF 427 | 4. Supplement 4F, Kaiser Permanente Southern California Employees Pension Plan (05-KPSCEPP) | <p>4. Supplement 4F, Kaiser Permanente Southern California Employees Pension Plan (05-KPSCEPP), Section 2.2 Eligible Employee, is amended effective January 1, 2024 to change the reference to National Union of Healthcare Workers ("NUHW") - Health Care Professionals to UNAC-DASH Dieticians, Audiologists, Speech, Health Educators (formerly NUHW- Health Care Professionals)</p> |
| 42nd Amendment | BCF 427 | 5. Supplement 4F, Kaiser Permanente Southern California Employees Pension Plan (05-KPSCEPP), effective January 1, 2024, Section 3.1(A) Absences, is amended in its entirety to read as follows: | <p>5. Supplement 4F, Kaiser Permanente Southern California Employees Pension Plan (05-KPSCEPP), effective January 1, 2024, Section 3.1(A) Absences, is amended in its entirety to read as follows:</p> <p>(A) Absences. An Eligible Employee receives Hours of Credited Service for the following periods of absences:</p> <p>(i) For periods of disability absence that begin on or after the Effective Date, as described in Plan Section 3.1(c)(i).</p> <p>(ii) For Eligible Employees represented by UNAC-DASH Dieticians, Audiologists, Speech, Health Educators periods of Long-term Union Leave, that begin on or after January 1, 2024, as described in Plan Section 3.1(c)(ii).</p> <p>(iii) For Eligible Employees represented by UNAC-DASH Dieticians, Audiologists, Speech, Health Educators periods of Elected Union Official Leave that begin on or after January 1, 2024, as described in Plan Section 3.1(c)(iii).</p> <p>(iv) For Eligible Employees represented by UNAC-DASH Dieticians, Audiologists, Speech, Health Educators periods of Short-term Union Leave that begin on or after January 1, 2024, as described in Plan Section 3.1(c)(iv).</p> |

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Summary of Plan Changes

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| Amendment | Supplement | BCF or Clarification | Description |
|-------------------|------------|----------------------|---|
| 05-KPSCEPP | | | |
| 42nd Amendment | BCF 427 | | 6. Supplement 4F, Kaiser Permanente Southern California Employees Pension Plan (05-KPSCEPP), Section 3.2 Hours of Vesting Service (A) Absences, is amended in its entirety to read as follows: (B) Absences. An Eligible Employee receives Hours of Credited Service for the following periods of absences: (v) For periods of disability absence that begin on or after the Effective Date, as described in Plan Section 3.2(c)(i). (vi) For Eligible Employees represented by UNAC-DASH Dieticians, Audiologists, Speech, Health Educators periods of Long-term Union Leave, that begin on or after January 1, 2024, as described in Plan Section 3.2(c)(ii). (vii) For Eligible Employees represented by UNAC-DASH Dieticians, Audiologists, Speech, Health Educators periods of Elected Union Official Leave that begin on or after January 1, 2024, as described in Plan Section 3.2(c)(iii). (viii) For Eligible Employees represented by UNAC-DASH Dieticians, Audiologists, Speech, Health Educators periods of Short-term Union Leave that begin on or after January 1, 2024, as described in Plan Section 3.2(c)(iv). |
| 42nd Amendment | BCF 427 | | 7. Supplement 4F, Kaiser Permanente Southern California Employees Pension Plan (05-KPSCEPP), Section 3.3 Year of Credited Service (A) is amended in its entirety to read as follows: 3.3 Year of Credited Service (A) An Eligible Employee is credited with a Year of Credited Service pursuant to Plan Section 3.4(a)(i) (2,000 Hour Rule), and a fractional Year of Credited Service determined pursuant to Plan Section 3.4(b)(i) (Proportional Credit for less than 2,000). Effective January 1, 2024, for an Eligible Employee who is represented by UNAC-DASH Dieticians, Audiologists, Speech, Health Educators is credited with a Year of Credited Service pursuant to Plan Section 3.4(a)(iii) (1,800 Hour Rule), and a fractional Year of Credited Service determined pursuant to Plan Section 3.4(b)(v) (Proportional Credit for less than 1,800). |
| 42nd Amendment | BCF 427 | | 8. Supplement 4F, Kaiser Permanente Southern California Employees Pension Plan (05-KPSCEPP), is amended to add a new Section 3.5 titled, Workers Compensation Hours, which shall read as follows: 3.5 Workers Compensation Hours. Plan Section 3.3 applies to any Workers Compensation Leave that begins on and after January 1, 2024 for an Eligible Employee represented by UNAC-DASH Dieticians, Audiologists, Speech, Health as of his Termination of Employment. |

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| Amendment | Supplement | BCF or Clarification | Description |
|-----------------|------------|----------------------|---|
| 08-KPNPP | | | |
| 42nd Amendment | BCF 429 | | <p>9. Supplement 7-C, Kaiser Permanente Northwest Pension Plan (08-KPNPP), Section 2.2 Eligible Employee, subsection (iv) as added by the Thirty-First Amendment to the Plan and subsection (iv) as added by the Thirty-Fourth Amendment to the Plan, are amended in their entirety to correct the misnumbering of such subsections and are hereby renumbered as subsections 2.2(iv) and 2.2(v), effective as of the date of such prior amendments, as follows:</p> <p>(iv) Effective November 14, 2021, Tumor Registry Employees classified as Tumor Registry Team Lead, Tumor Registry Tech I, II, SR and Tumor Registry Clinical Coordinator in the Northwest Region who became represented by the Service Employee International Union Local 49 ("SEIU L49"), pursuant to an arrangement ratified July 1, 2021.</p> <p>(v) Effective June 26, 2022, Employees classified as Print/Copy Production Coordinator and Printing/Graphic Services Coordinator who became represented by the SEIU, Local 49 in the Northwest Region pursuant to an agreement ratified April 3, 2022.</p> |
| 42nd Amendment | BCF 429 | | <p>10. Supplement 7-G, Kaiser Permanente Northwest Pension Plan (08-KPNPP), Section 2.2 Eligible Employee, subsection (a)(iii) as added by the Twenty-Eighth Amendment to the Plan and subsection (a)(iii) as added by the Thirty-First Amendment to the Plan, are amended in their entirety to correct the misnumbering of such subsections and are hereby renumbered as subsections 2.2(a)(iii) and 2.2(a)(iv), effective as of the date of such prior amendments, as follows:</p> <p>(iii) Through March 6, 2021, Employees classified as Community Health Navigator, Patient Care 1 Navigator, Clinical Quality and Population Health Navigator, Community Member Navigator, Medicaid Member Navigator, or Medicaid Navigator Lead in the Northwest Region (together "Patient Navigators") who became represented by the Oregon Federation of Nurse and Health Professionals, Local 5017, OFNHP-AFL-CIO, Technical Employees ("OFNHP L5017 TE") pursuant to an agreement ratified on September 12, 2020.</p> <p>(iv) Through November 13, 2021, Tumor Registry Employees classified as Tumor Registry Tech I, II, SR and Tumor Registry Clinical Coordinator in the Northwest Region who became represented by the Service Employee International Union Local 49 (SEIU L49), pursuant to an agreement ratified July 1, 2021.</p> |

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| Amendment | Supplement | BCF or Clarification | Description |
|-------------------|------------|----------------------|---|
| 09-KPHEPP | | | |
| 42nd Amendment | | BCF 429 | 11. Supplement 8-B, Kaiser Permanente Hawaii Employees Pension Plan (09- KPHEPP) , Section 5 Retirement Income Formula, is amended to remove Section 5.3 Retirement Income Retirement Income Formula for UNITE HERE Local 5 in its entirety. |
| 42nd Amendment | | BCF 429 | 12. Supplement 8-C, Kaiser Permanente Hawaii Employees Pension Plan (09- KPHEPP) , Section 2.1 Eligible Employee, subsection (e) as added by the Twenty-Eighth Amendment to the Plan and subsections (e) and (g) as added by the Thirty-Fourth Amendment to the Plan, are amended in their entirety to correct the misnumbering of such subsections and are hereby renumbered as subsections (e) through (g), effective as of the date of such prior amendments, as follows: (e) Effective September 1, 2020, Employees classified as Registered Nurses and Nurse Practitioners in the Hawaii Region who became represented by the Hawaii Nurses and Healthcare Professionals (HNHP). (f) Effective January 1, 2023, Employees classified as Respiratory Therapists who became represented by the Kaiser Hawaii Therapists/ UNAC (previously represented by HNA) in the Hawaii Region pursuant to an agreement ratified December 8, 2021. (g) Effective January 1, 2023, Employees classified as Home Health NSE – Oahu, Home Health Nurse – NSI, SHR – Home Health NSE – Oahu – Call In Employees Only and Home Health Nurse NI – Maui who became represented by Hawaii Nurses and Healthcare Professionals (“HNHP”) in the Hawaii Region pursuant to an agreement ratified December 13, 2021. |
| 42nd Amendment | | BCF 429 | 13. Supplement 8-C, Kaiser Permanente Hawaii Employees Pension Plan (09- KPHEPP) , Section 2.1 Eligible Employee, subsection (f), is amended in its entirety to read as follows: (f) Effective January 1, 2023, Employees classified as Respiratory Therapists who became represented by HNHP in the Hawaii Region pursuant to an agreement ratified December 6, 2021. |
| 12-KPCPEPP | | | |
| 42nd Amendment | | BCF 429 | 14. Supplement 11-A, Kaiser Permanente Colorado Professional Employees Pension Plan (12-KPCPEPP) , Section 2.2 Eligible Employee, subsection (g) as added by the Twenty-Eighth Amendment to the Plan and subsection (g) as added by the Thirty-Seventh Amendment to the Plan, are amended in their entirety to correct the misnumbering of such subsections and are hereby renumbered as subsections 2.2(g) and 2.2(h), effective as of the date of such prior amendments, as follows: (g) Effective November 1, 2020, Employees classified as Post-Acute Utilization Management Care Coordinator RN (“Post-Acute UM”) in the Colorado Region who became represented by the United Food and Commercial Workers, Local 7 Professional and Healthcare Division (“UFCW L7 PHC”) pursuant to an agreement ratified July 28, 2020. (h) Effective February 19, 2023, Employees classified as Continuing Care Coordinators who became represented by the UFCW Local 7 Professionals in the Colorado Region. |

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| Amendment | Supplement | BCF or Clarification | Description |
|------------------|------------|--|--|
| 14-KPPERP | | | |
| 42nd Amendment | BFC 429 | 15. Supplement 13-A, Kaiser Permanente Physicians and Employees Retirement Plan (14-KPPERP) , Section 3.3 Year of Credited Service, is amended in its entirety to read as follows: | <p>3.3 Year of Credited Service. An Eligible Employee is credited with a Year of Credited Service pursuant to Plan Section 3.4(a)(i) (2,000 Hour Rule) and a fractional Year of Credited Service determined pursuant to Plan Section 3.4(b)(ii) (Proportional Credit for 1,000 to 2,000) and 3.4(b)(iii) (Proportional Credit for <1,000 but scheduled hours > 20 based on 2,000).</p> |
| 42nd Amendment | BFC 429 | 16. Supplement 13-B, Kaiser Permanente Physicians and Employees Retirement Plan (14-KPPERP) , Section 3.3 Year of Credited Service, is amended in its entirety to read as follows: | <p>3.3 Year of Credited Service. An Eligible Employee is credited with a Year of Credited Service pursuant to Plan Section 3.4(a)(i) (2,000 Hour Rule) and a fractional Year of Credited Service determined pursuant to Plan Section 3.4(b)(ii) (Proportional Credit for 1,000 to 2,000) and 3.4(b)(iii) (Proportional Credit for <1,000 but scheduled hours > 20 based on 2,000).</p> |
| 42nd Amendment | BFC 429 | 17. Supplement 13-C, Kaiser Permanente Physicians and Employees Retirement Plan (14-KPPERP) , Section 3.4 Year of Credited Service, is amended in its entirety to read as follows: | <p>3.4 Year of Credited Service. An Eligible Employee is credited with a Year of Credited Service pursuant to Plan Section 3.4(a)(i) (2,000 Hour Rule) and a fractional Year of Credited Service determined pursuant to Plan Section 3.4(b)(ii) (Proportional Credit for 1,000 to 2,000) and 3.4(b)(iii) (Proportional Credit for <1,000 but scheduled hours > 20 based on 2,000).</p> |
| 42nd Amendment | BFC 429 | 18. Supplement 13-D, Kaiser Permanente Physicians and Employees Retirement Plan (14-KPPERP), Section 3.4 Year of Credited Service, is amended in its entirety to read as follows: | <p>3.4 Year of Credited Service. An Eligible Employee is credited with a Year of Credited Service pursuant to Plan Section 3.4(a)(i) (2,000 Hour Rule) and a fractional Year of Credited Service determined pursuant to Plan Section 3.4(b)(ii) (Proportional Credit for 1,000 to 2,000) and 3.4(b)(iii) (Proportional Credit for <1,000 but scheduled hours > 20 based on 2,000).</p> |
| 47-KPREPP | | | |
| 42nd Amendment | BFC 429 | 19. Supplement 15-E, Kaiser Permanente Represented Employees Pension Plan (47-KPREPP) , Section 2.2 Eligible Employee, subsection (c), is amended in its entirety to read as follows: | <p>(c) Effective January 1, 2023, Employees classified as physical, occupational or speech therapists and represented by UNAC – United Therapists of Northern California in the Northern California Region pursuant to an agreement ratified December 8, 2021.</p> |
| 42nd Amendment | BFC 429 | 20. Supplement 15-E, Kaiser Permanente Represented Employees Pension Plan (47-KPREPP) , Section 2.2 Eligible Employee, subsection (e), is amended to replace "Kaiser Hawaii Therapists/UNAC" with "United Therapists of Hawaii (UNAC)," as follows: | <p>(e) Effective January 1, 2023, Employees who became represented by the United Therapists of Hawaii (UNAC) in the Hawaii Region pursuant to an agreement ratified December 8, 2021.</p> |

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Schedule SB, Part V—Summary of Plan Provisions

Summary of Plan Changes

Changes in Plan Provisions since December 31, 2022 based on Plan Amendments and Benefit Change Forms received.

| Amendment | Supplement | BCF or Clarification | Description |
|---------------------|------------|----------------------|--|
| 51-KPEPP-CNA | | | |
| 42nd Amendment | | BCF 422 | <p>19. Supplement 16-A, Kaiser Permanente Employees Pension Plan for California Nurses Association, Sections 3.1(A)(II), 3.1(B)(II), 3.2(A)(II) and 3.2(B)(II) are amended to add the following to the end thereof:</p> <p>Notwithstanding any provision in the Plan to the contrary, Elected Union Official Leaves shall be limited to the length of one term. One term is no more than three (3) consecutive years.</p> |
| 102-MHS | | | |
| 42nd Amendment | | BCF 423 | <p>Supplement 18-A, Kaiser Permanente MHS Salaried Retirement Plan, Section 2.1 is amended to add a new subsection (c) to the end thereof:</p> <p>(c) Employees hired or rehired on and after January 1, 2024, shall not be an Eligible Employee.</p> |
| 42nd Amendment | | BCF 423 | <p>20. Supplement 18-A, Kaiser Permanente MHS Salaried Retirement Plan, Section 4 is amended to add the following to the end thereof:</p> <p>Employees hired or rehired on and after January 1, 2024, shall not be eligible to participate in the Plan.</p> |
| 00-KPRP | | | |
| 43rd Amendment | | BCF 430 | <p>1. Effective January 1, 2026, the introduction paragraph of Section 7.5(a) is amended in its entirety to read as follows:</p> <p>(a) Commencement Before Normal Retirement Date. If a Participant who satisfies the requirements of Section 9.4(b) elects to begin receiving his Deferred Vested Retirement Benefit before his Normal Retirement Date, his Deferred Vested Retirement Benefit equals the amount calculated according to the rule in this subsection specifically provided in the applicable Supplement. Notwithstanding anything in this Section 7.5(a) or any Supplement to the contrary, effective January 1, 2026, if an Eligible Employee who is described in, and satisfies the requirements of, Section 9.4(c) elects to begin receiving his Deferred Vested Retirement Benefit before satisfying the requirements under Section 9.4(b) as specifically identified in the applicable Supplement, his Deferred Vested Retirement Benefit equals the amount determined under Section 7.5(a)(i) (Actuarial Equivalent).</p> |
| 43rd Amendment | | BCF 430 | <p>2. Effective January 1, 2026, Section 9.4 is amended by adding a new subsection (c) to the end thereof which reads as follows:</p> <p>(c) Immediate Eligibility for Non-represented Employees. Effective January 1, 2026, notwithstanding anything in this Section 9.4 or any applicable Supplement to the contrary, this subsection shall apply to any Eligible Employee who is not represented by a union identified in any applicable Supplement at the time of his Termination of Employment. A Participant who is eligible for a Deferred Vested Retirement Benefit and has a Termination of Employment before his Normal Retirement Date may elect a Benefit Commencement Date that is before his Normal Retirement Date and before he satisfies the requirements in Section 9.3 and Section 9.4(b) that are specifically identified in the applicable Supplement.</p> |

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Summary of Plan Changes

Changes in Plan Provisions since December 31, 2022 based on Plan Amendments and Benefit Change Forms received.

| Amendment | Supplement | BCF or Clarification | Description |
|---------------------|------------|----------------------|---|
| 02-KPSRP | | | |
| 43rd Amendment | | BCF 426 | <p>3. Supplement 1-A, Kaiser Permanente Salaried Retirement Plan (02-KPSRP), Section 2.2 Eligible Employee, is amended to add a new subsection (eee) or the next lettered subsection to the end thereof:</p> <p>(eee) Through December 31, 2023, Employees classified as salaried or exempt Hawaii Integrated Behavioral Health and Inpatient Medical Social Workers who became represented by NUHW in the Hawaii Region pursuant to an agreement ratified February 18, 2023.</p> |
| 05-KPSCCPP | | | |
| 43rd Amendment | | Clarification | <p>4. Supplement 4-F, Kaiser Permanente Southern California Employees Pension Plan (05-KPSCCPP), effective January 1, 2024, Section 3.1(A) Absences, is amended in its entirety to read as follows:</p> <p>(A) Absences. An Eligible Employee receives Hours of Credited Service for the following periods of absences:</p> <ul style="list-style-type: none"> (i) For periods of disability absence that begin on or after the Effective Date, as described in Plan Section 3.1(c)(i). (ii) For Eligible Employees represented by UNAC-DASH Dieticians, Audiologists, Speech, Health Educators periods of Long-term Union Leave, that begin on or after January 1, 2024, as described in Plan Section 3.1(c)(ii). (iii) For Eligible Employees represented by UNAC-DASH Dieticians, Audiologists, Speech, Health Educators periods of Elected Union Official Leave that begin on or after January 1, 2024, as described in Plan Section 3.1(c)(iii). |
| 09-KPHEPP | | | |
| 43rd Amendment | | BCF 426 | <p>5. Supplement 8-D, Kaiser Permanente Hawaii Employees Pension Plan (09- KPHEPP), section 2.1 Eligible Employee is amended to add a new subsection (g) to the end thereof:</p> <p>(g) Through December 31, 2023, Employees classified as hourly or nonexempt Hawaii Integrated Behavioral Health and Inpatient Medical Social Workers who became represented by NUHW in the Hawaii Region pursuant to an agreement ratified February 18, 2023.</p> |
| 09-KPHEPP | | | |
| 43rd Amendment | | BCF 426 | <p>6. Effective January 1, 2024, a new Supplement 8-E, Kaiser Permanente Hawaii Employees Pension Plan (09-KPHEPP), is added to the Plan in the form attached hereto as Exhibit A.</p> |
| 51-KPEPP-CNA | | | |
| 43rd Amendment | | BCF 422 | <p>7. Supplement 16-A, Kaiser Permanente Employees Pension Plan for California Nurses Association, Sections 3.1(A)(II), 3.1(B)(II), 3.2(A)(II) and 3.2(B)(II) are amended to add the following to the end thereof:</p> <p>Notwithstanding any provision in the Plan to the contrary, effective January 1, 2023, Elected Union Official Leaves shall be limited to the length of one term. One term is no more than three (3) consecutive years.</p> |

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

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

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Schedule SB, Part V—Summary of Plan Provisions

Kaiser Permanente Retirement Plan—KPRP

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

| | |
|------------------------------|---|
| Effective Date | April 1, 1958. |
| Most Recent Amendment | Amendment 43 to the September 1, 2015 plan restatement, signed on December 18, 2023. |
| Eligible Employees | Supplements to the plan detail eligible employees for each supplement. |
| Participation | Supplements to the plan detail participation requirements for each supplement. |
| Normal Retirement | |
| Eligibility | Age 65. |
| Monthly Benefit | Each supplement to the plan details the monthly benefit calculation for eligible employees. |
| | The monthly benefit will be reduced for any benefits payable from another plan(s) sponsored by certain organizations and medical care organizations listed in an appendix to KPRP for which credited service for the same period is included in both plans. |
| Early Retirement | |
| Eligibility | Each supplement to the plan details eligibility for early retirement benefits. |
| Monthly Benefit | Each supplement to the plan details the monthly benefit payable on early retirement. |
| Postponed Retirement | |
| Eligibility | Termination after normal retirement date. |
| Monthly Benefit | Unless a suspension of benefits is given, the benefit is calculated as the greater of the accrued normal retirement benefit earned to the participant's termination date or actuarially adjusted age 65 normal retirement benefit. |

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Kaiser Permanente Retirement Plan
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Schedule SB, Part V—Summary of Plan Provisions

Kaiser Permanente Retirement Plan—KPRP

Deferred Vested Retirement

| | |
|-----------------|---|
| Eligibility | 5 years of service or age 65 or older. |
| Monthly Benefit | The accrued normal retirement benefit earned to the participant's termination date, payable at age 65. |
| | A participant who terminates after completing the supplement specific early retirement eligibility requirements may elect to receive a reduced benefit beginning after eligibility for early retirement. The benefit is reduced in the same manner as the early retirement benefit. |
| | Effective January 1, 2026, a non-represented terminated participant who has not met supplement specific early retirement eligibility requirements may elect to receive an actuarially equivalent benefit prior to age 65. |

In Service Death Benefits

| | |
|-----------------|---|
| Eligibility | Any vested participant who is married and who is employed within the controlled group at the date of death. |
| Monthly Benefit | A percentage determined by supplement of the participant's accrued benefit at the time of death, adjusted for the joint and survivor annuity form of payment, payable on the first day of month following the participant's normal retirement date. If the survivor elects early commencement, the benefit is further reduced in the same manner as the early retirement benefit. Domestic partner must commence benefits within one year of the date of death of the participant. |

Pre-Retirement Death Benefits

| | |
|-----------------|---|
| Eligibility | Any vested participant who is married at the time of death. |
| Monthly Benefit | 50% of the participant's accrued benefit at the time of death, adjusted for the 50% joint and survivor annuity form of payment, payable on the first day of month following the participant's normal retirement date. If the survivor elects early commencement, the benefit is further reduced in the same manner as the early retirement benefit. |

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Schedule SB, Part V—Summary of Plan Provisions

Kaiser Permanente Retirement Plan—KPRP

Normal Form of Payment

| | |
|---------------------------|---|
| Unmarried | Life annuity. |
| Married | 50% joint and survivor annuity (actuarially reduced). |
| Optional Forms of Payment | <ul style="list-style-type: none">(1) Life annuity;(2) Joint and survivor annuity with 50%, 66-2/3%, or 75% continuation to the survivor;(3) Life annuity with 60, 120, 180, or 240 monthly payments guaranteed;(4) Level income option which is reduced after Social Security payments begin to provide a level income throughout retirement (available as a life annuity or life annuity with a guaranteed period certain);(5) Lump sum; and(6) 100% joint and survivor annuity with 15-year guaranteed period and pop-up. |

Additional optional forms available under some supplements.

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

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Schedule SB, Part V—Summary of Plan Provisions

Kaiser Permanente Retirement Plan—KPRP

Definitions

| | |
|----------------------------|--|
| Actuarial Equivalence | For time of payment, actuarial equivalence is based on a 6% interest rate and the UP-1984 Mortality Table set back 5 years for participants and 2 years for beneficiaries. |
| | For form of payment, actuarial equivalence is based on the Revenue Code 417(e) applicable mortality table and applicable interest rate for the month which is two months before the benefit commencement date. |
| Credited Service | Each supplement details the credited service requirements for employees covered by the supplement. |
| | Special rules apply for transfers between supplements or from another plan(s) sponsored by the employer or an organization listed in the Medical Care Organizations Appendix. |
| Final Average Compensation | Each supplement details the calculation of final average compensation for the supplement. |
| Participating Companies | Kaiser Foundation Health Plan, Inc. Kaiser Foundation Health Plan of Colorado Kaiser Foundation Health Plan of Connecticut, Inc. Kaiser Foundation Health Plan of Georgia, Inc. Kaiser Foundation Health Plan of Kansas City Kaiser Foundation Health Plan of Massachusetts, Inc. Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. Kaiser Foundation Health Plan of New York Kaiser Foundation Health Plan of North Carolina Kaiser Foundation Health Plan of the Northwest Kaiser Foundation Health Plan of Ohio (before October 1, 2013) Kaiser Foundation Health Plan of Texas (until 12/31/98) Kaiser Foundation Hospitals (excluding CareTouch, Inc.) Kaiser Permanente International Kaiser Permanente Advisory Services KP OnCall LLC (effective November 27, 2001) Community Health Plan, for Employees formerly employed by Kaiser Foundation Health Plan of Massachusetts or Kaiser Foundation Health Plan of New York, Inc. Camp Bowie Service Center (effective 1/1/99) |

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Schedule SB, Part V—Summary of Plan Provisions

Kaiser Permanente Retirement Plan—KPRP

Definitions (continued)

| | |
|-------------------------------------|---|
| Participating Companies (continued) | Permanente Advantage, LLC (effective July 11, 2022) |
| Service | Each supplement details the service requirements for employees covered by the supplement. |
| | Special rules apply for transfers between supplements or from another plan(s) sponsored by the employer or an organization listed in the Medical Care Organizations Appendix. |
| | Special rules apply for service with Group Health Cooperative prior to January 31, 2017. |
| | Special rules apply for service with Moreno Valley Community Hospital prior to June 20, 2008. |
| | Special rules apply for service with OnCall HealthCare Communications (or Med America) prior to November 27, 2001. |
| | Special rules apply for service with Group Health after January 1, 1997 and prior to March 1, 2001. |
| | Special rules apply for service with CHP Companies and Community Health Plan prior to July 22, 1996. |

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Schedule SB, Part V—Summary of Plan Provisions

Kaiser Permanente Salaried Retirement Plan Supplement (02-KPSRP)

Effective Date

KPSRP April 1, 1958.

Supplements 1-A, 17-A and 21-A.

Eligible Employees

Supplement 1-A Employees of adopting employers in the following employee categories:

- (a) A nonunion salaried Employee of a Participating Company, excluding an Employee of Camp Bowie Service Center and an Employee of Maui Health System, a Kaiser Foundation Hospitals LLC (MHS).
- (b) A non-union hourly Employee of the Mid-Atlantic region.
- (c) Effective December 17, 1995, a Class 07 Employee of Kaiser Foundation Health Plan of the Northwest who was reclassified from a salaried status to a non-union, non-exempt Employee.
- (d) Effective July 1, 2001, a physical or occupational therapist of Kaiser Foundation Hospital in Northern California Region who was classified as a non-union, non-exempt Employee.
- (e) Effective January 1, 2004, an Employee of Kaiser Foundation Health Plan of the Northwest or Kaiser Foundation Hospitals in the Northwest Region who is categorized as Administrative Confidential I and who was classified as hourly Employees on January 1, 2004.
- (f) A non-union Employee of Kaiser Foundation Health Plan of Colorado.
- (g) An Employee in the Hawaii region of Kaiser Foundation Health Plan, Inc. (i) who is a non-union, exempt Employee, or (ii) who was reclassified as a non-union, non-exempt Employee pursuant to federal law and was participating in the Kaiser Permanente Salaried Retirement Plan as of the date of reclassification. Notwithstanding the foregoing, an Employee of MHS is not an Eligible Employee.

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Schedule SB, Part V—Summary of Plan Provisions

Kaiser Permanente Salaried Retirement Plan Supplement (02-KPSRP)

- Eligible Employees (continued)**
- (h) A non-union Employee of National Functions – Program Office
 - (h)(1) Effective March 20, 2022, a non-union Employee of National Functions – KPIT (A) who is an executive; (B) who does not reside in the KPWA service area; or (C) who resides in the KPWA service area and who was originally hired and established such residency prior to June 1, 2017. These employees are considered to be grandfathered. This residency grandfathered status will be lost if the Participant moves outside of the KPWA service area after June 1, 2017.
 - (h)(2) Through March 19, 2022, a non-union Employee of National Functions - KPIT.
 - (i) Before October 1, 2013, a non-union Employee of Kaiser Foundation Health Plan of Ohio, excluding non-union, non-exempt Emergency Department Registered Nurses.
 - (j) Effective July 21, 2003, a Theater Performer of Northern California.
 - (k) From August 3, 2013 through December 31, 2013, a Midwife Wound Ostomy registered nurse (KPMWON) represented by UNAC/UHCP.

From August 3, 2013 through December 31, 2013, a Specialty Care Nurse of Southern California (SCNSC) represented by UNAC/UHCP.
 - (l) Effective May 1, 2003, a non-union Employee of the Northern California Region of Kaiser Foundation Health Plan, Inc. excluding Followers of L250, Followers of CNA, and resident physicians.
 - (m) A non-union Employee of the Southern California Region of Kaiser Foundation Health Plan, Inc., excluding lifestyle educators, Research Nurses, physician assistants (in Baldwin Park and Downey), Los Angeles hourly (research), students, trainees, and interns and fellows.

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Kaiser Permanente Salaried Retirement Plan Supplement (02-KPSRP)

- Eligible Employees (continued)**
- (n) Effective as of September 21, 2016, through December 31, 2017, an Associate Staff Assistant, Staff Assistant and Sr. Staff Assistant, Pharmacy Marketing Assistant, Health Plan Representative, Sr. Health Plan Representative, Team Lead Member Services Facilities, and Health Education Assistant represented by SEIU-UHW.
 - (o) Until June 30, 2017, an Employee who is a Population Management Support Coordinator represented by UFCW (Kern County Administrative) Local 770.
 - (p) Until August 31, 2017, an Employee who is an Administrative Assistant III represented by SEIU Local 49 and who either on December 17, 1995 was a Class 07 Employee of Kaiser Foundation Health Plan of the Northwest who was reclassified from a salaried status to a non-union, non-exempt Employee or an Employee of Kaiser Foundation Health Plan of the Northwest or Kaiser Foundation Hospitals in the Northwest Region who is categorized as Administrative Confidential I and who was classified as an hourly Employee on January 1, 2004.
 - (q) Through December 31, 2017, an Employee who is a Claims Resolution Representative, Lead Claims Resolution Representative, Health Plan Representative, Sr. Health Plan Representative, Member Outreach Specialist, Sr. Member Outreach Specialist, Member Services Coordinator or Patient Coordinator represented by Office and Professional Employees International Union Local 29.
 - (r) Effective as of from date of ratification or such later date set forth in a letter of agreement through December 31, 2017, an Employee who is an Associate Staff Assistant, Staff Assistant, or Senior Staff Assistant represented by SEIU-UHW.
 - (s) Through December 31, 2017, an Employee who is a Bereavement Counselor represented by OFNHP, Local 5017, classified as a Professional Employee.

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Kaiser Permanente Salaried Retirement Plan Supplement (02-KPSRP)

- Eligible Employees (continued)**
- (t) Through December 31, 2017, an Employee who is a Member Outreach Specialist, Senior Member Outreach Specialist or Member Engagement Specialist represented by SEIU-UHW.
 - (u) Through December 31, 2017, an Employee who is a Coordinator, Quality/Utilization Management Home Health/Infusion; Coordinator, Placement Skilled Nursing Facility/Long Term Acute Care Hospitals; Care Coordinator, Inpatient – Dual Certification (Washington and Oregon); Coordinator, Population Health Care; Consultant, Stroke Care; Care Manager, Inpatient; Program Manager, Cardiovascular Nursing Intermacs Coordinator; Consultant, Regional Simulation Nurse; Clinical Nurse Specialist; Diabetic Nurse Educator; Case Manager, Exception Needs; Care Coordinator, Inpatient Lead – Dual Certification (Washington and Oregon); Coordinator, Skilled Nursing Care; or Care Coordinator, Exceptional Needs represented by OFNHP, Local 5017, classified as a Professional Employee.
 - (v) Through February 17, 2018, an Employee who is an Administrative Specialist III or Administrative Specialist IV reclassified as a Staff Assistant or Senior Staff Assistant, respectively, in the Northern California Region and represented by SEIU UHW-West effective December 24, 2017 pursuant to the Settlement Agreement signed September 12, 2017.
 - (w) Through June 2, 2018, an Employee who is a Healthplan Representative, Sr. Healthplan Representative, Health Education Assistant, Administrative Specialist III, or Outside Case Management Clerk in the Southern California Region and represented by UFCW Local 770 – Kern County pursuant to an agreement signed on February 26, 2018.
 - (x) Through July 21, 2018 an Employee who is a Patient Care Coordinator Manager or Patient Care Coordinator RN in the Northern California Region and represented by the California Nurses Association pursuant to an agreement ratified on April 23, 2018.

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- Eligible Employees (continued)**
- (y) Through July 28, 2018, an Employee who is a Patient Care Coordinator, Clinical Care Coordinator, or Lead Patient Care Coordinator in the Hawaii Region and represented by the Hawaii Nurses Association pursuant to an agreement ratified on April 27, 2018.
CD Clinical-ED and CD Perinatal-Inpt job categories are also included.
 - (z) Through October 13, 2018, an Employee who is a National Claims Administration Appeals Specialist I, II, or Lead Appeals Specialist in the Northern California Region and represented by OPEIU Local 29 pursuant to an agreement signed on July 9, 2018.
 - (aa) Through November 3, 2018, an Employee who is a Coordinators Outside Referral (ACS), Health Plan Representative, Sr. Health Plan Representative, Health Education Assistant, Medical Transportation Analyst, Population Management Support Coordinator, Staffing Clerk ACS, Administrative Specialist I, II, III, IV, or Administrative Services Coordinator I, II in the Southern California Region and represented by Service Employees International Union (SEIU) United Healthcare Workers (UHW) pursuant to an agreement signed August 3, 2018.
 - (bb) Through January 19, 2019, an Employee who is a Stockton Medicare Call Center Medicare Telesales Representative in the Northern California Region and represented by SEIU-UHW-West pursuant to an agreement ratified on August 15, 2018.
 - (cc) Through December 15, 2018, an Employee who is a Clinical Nurse Specialist RN or Implantable Cardiac Device Nurse Specialist I, II, or III in the Southern California Region and represented by UNAC/UHCP – Kaiser Permanente Midwives and Wound Ostomy Nurses (KPMWON) pursuant to an agreement ratified on September 14, 2018.

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Kaiser Permanente Salaried Retirement Plan Supplement (02-KPSRP)

- Eligible Employees (continued)**
- (dd) Through February 2, 2019, an Employee who is a Clinical Pharmacy Specialist, Clinical Pharmacy Specialist 2, Clinical Pharmacy Specialist – Emg-AC Care, Clinical Pharmacy Specialist – Oncology, Clinical Pharmacy Specialist – Pediatric Oncology and Clinical Pharmacy Specialist – Pain Management in the Mid-Atlantic States Region and represented by Office and Professional Employees International Union Local 2, Optometrists and Pharmacists pursuant to an agreement signed October 30, 2018.
 - (ee) Through May 4, 2019, an Employee who is a Program Coordinator, VAD in the Northwest Region and represented by OFNHP Local 5017 Professionals pursuant to an agreement ratified on January 29, 2019.
 - (ff) Through May 4, 2019, an Employee who is a Product and Project Specialist in the Northwest Region and represented by SEIU Local 49 pursuant to an agreement ratified on January 31, 2019.
 - (gg) Through September 7, 2019, an Employee who is an EMC Senior Analytic Specialists in the Colorado Region and represented by United Food and Commercial Workers Local 7, Professional and Healthcare Division and who will be re-classified as Resource Stewardship Senior Analytic Specialists.
 - (hh) Through November 2, 2019, an Employee who is a CT/Biomedical Tech (ROC) in the Georgia Region and represented by United Food and Commercial Workers, Local 1996 pursuant to an agreement ratified on July 26, 2019.
 - (ii) Through November 2, 2019, an Employee who is a Drug Supply coordinator in the Northwest Region and represented by the United Food and Commercial Workers, Local 555 Non-Registered Drug Services pursuant to an agreement ratified on August 27, 2019.

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Kaiser Permanente Salaried Retirement Plan Supplement (02-KPSRP)

- Eligible Employees (continued)**
- (jj) Through February 22, 2020, an Employee who is a Health Plan Representative, Sr. Health Plan Representative, Population Management Support Coordinator, Administrative Specialist I, II, III, IV and Administrative Services Coordinator I and II (all known as "Status 5") in the Southern California Region and represented by United Steel, Paper and Forestry, Rubber, Manufacturing, Energy Allied Industrial and Service Workers International Union, AFL-CIO-CLC (USW Local 7600) pursuant to an agreement ratified on August 30, 2019.
 - (kk) Through December 31, 2021, a Kaiser Foundation Hospitals Employee who is a Home Health Speech Therapist, Home Health Physical Therapist and Home Health Occupational Therapist in the Northern California region and represented by IFPTE AFL-CIO & CLC Local 20 pursuant to an agreement ratified on October 30, 2019.
 - (ll) Through May 16, 2020, Employees classified as Utilization Analysts in Kaiser Foundation Hospitals who became represented by Service Employees International Union, United Healthcare Workers West (SEIU-UHW) pursuant to an agreement ratified March 7, 2020.
 - (mm) Through June 13, 2020, Employees classified as Case Manager RN in San Diego (PICC Nurses) represented by United Nurses Associations of California/Union of Health Care Professionals (UNAC/UHCP) in the Southern California region pursuant to an agreement ratified March 4, 2020.
 - (nn) Through March 21, 2020, Employees classified as Associate IT Support Technicians, Desktop Support Associates, Desktop Support Intermediates, Desktop Support Leads, and Desktop Support Seniors in Kaiser Foundation Hospitals and the Program Office/IT region represented by SEIU UHW.

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Kaiser Permanente Salaried Retirement Plan Supplement (02-KPSRP)

- Eligible Employees** (continued)
- (oo) Through October 31, 2020, Employees classified as Post-Acute Utilization Management Care Coordinator RN (Post-Acute UM) in the Colorado Region who became represented by the United Food and Commercial Workers, Local 7 Professional and Healthcare Division (UFCW L7 PHC) pursuant to an agreement ratified July 28, 2020.
 - (pp) Through October 31, 2020, Employees classified as Healthplan Representatives or Senior Healthplan Representatives in the Southern California Region who became represented by the Office and Professional Employees International Union, Local 30 (OPEIU L30) pursuant to an agreement ratified on July 31, 2020.
 - (rr) Through November 13, 2021, Tumor Registry Employee classified as Tumor Registry Team Lead in the Northwest Region who became represented by the Service Employee International Union Local 49 (SEIU L49), pursuant to an agreement ratified July 1, 2021.
 - (ss) Through December 11, 2021, Employees classified as Nuclear Medicine Technologists in the Northwest Region who became represented by the United Food and Commercial Workers Union Local 555 Imaging Services, ("UFCW L555 Img"), pursuant to an agreement ratified on September 10, 2021.
 - (tt) Through January 1, 2022, Employees classified as Patient Financial Services Follow-up Collections Specialists, Patient Financial Services Follow-up Collections Coordinators, Financial Counselors I, Patient Financial Services Cash Receipts Coordinators, Cash Operations Supt-Quality Coordinators, Cash Operations Team Lead, Patient Financial Services Billing Specialist, Patient Financial Services Cash Receipts Specialists, MFA Specialist, Cash Operations Specialist, and Patient Financial Services COB Specialist in the Mid-Atlantic Region who became represented by Office and Professional Employees International Union Local 2, AFL-CIO ("OPEIU L2"), pursuant to an agreement ratified on September 17, 2021.

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Schedule SB, Part V—Summary of Plan Provisions

Kaiser Permanente Salaried Retirement Plan Supplement (02-KPSRP)

- Eligible Employees** (continued)
- (uu) Through December 24, 2022, Employees classified as KPIT Enterprise Support Services in the Georgia region, specifically Non-represented KFH IT Support Technicians, IT Support Analysts, and Lead IT Support Analysts who became UFCW L1996 represented KFHP, Inc. Intermediate Desktop Support, Senior Desktop Support, and Lead Desktop Support, respectively and Associate Desktop Support, who became represented by the United Food and Commercial Workers Union Local 1996 ("UFCW L1996") pursuant to an agreement ratified on October 6, 2021.
 - (vv) Through December 31, 2022, Employees classified as physical, occupational or speech therapists and represented by UNAC – United Therapists of Northern California in the Northern California region pursuant to an agreement ratified December 8, 2021.
 - (ww) Through December 31, 2022, Employees classified as Pharmacist, Clin Pharm Spec Oncology I, Clin Pharm Spec Oncology II, Pharm Lead, Clin Pharm Spec-Amb Care Pharm, Pharm Clin I-Inpt who became represented by the United Pharmacists of Hawaii/ UNAC in the Hawaii Region pursuant to an agreement ratified December 8, 2021.
 - (xx) Through June 25, 2022, Employees classified as Print/Copy Production Coordinator and Printing/Graphic Services Coordinator who became represented by the SEIU Local 49 in the Northwest Region pursuant to an agreement ratified April 3, 2022.
 - (yy) Through December 31, 2022, Employees classified as Home Health Nurse NI- Maui who became represented by Hawaii Nurses and Healthcare Professionals ("HNHP") in the Hawaii Region pursuant to an agreement ratified December 13, 2021.
 - (zz) Through December 31, 2022, Employees who became represented by the Kaiser Hawaii Therapists/ UNAC in the Hawaii Region pursuant to an agreement ratified December 8, 2021.

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Kaiser Permanente Retirement Plan
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Schedule SB, Part V—Summary of Plan Provisions

Kaiser Permanente Salaried Retirement Plan Supplement (02-KPSRP)

Eligible Employees (continued) (aaa) Effective July 11, 2022, Employees of Permanente Advantage, LLC

(bbb) Through October 8, 2022, Employees classified as NCAL Clinical Services Supervisor-Home Health/Hospice in Santa Clara who became represented by the California Nurses Association (CNA) and reclassified as Home Health Staff Nurse II in the Northern California Region.

(ccc) Through February 18, 2023, Employees classified as Continuing Care Coordinators in the Colorado Region who became represented by the UFCW Local 7 Professionals.

(ddd) Through June 3, 2023, Employees classified as Home Health/Hospice Administrative Services Coordinator II and Operations Coordinators in the Northern California Region who became represented by SEIU-UHW and reclassified as Clerk G5 and Clerk G6.

(eee) Through December 31, 2023, Employees classified as salaried or exempt Hawaii Integrated Behavioral Health and Inpatient Medical Social Workers who became represented by NUHW in the Hawaii Region pursuant to an agreement ratified February 18, 2023.

Supplement 17-A Employees of Health Care Management Solutions, LLC.

Supplement 21-A Employees of Permanente Advantage, LLC.

Participation Participation begins on the first anniversary of hire if the eligible employee has at least 1,000 hours of employment during the preceding 12 months. Otherwise, participation begins on the first day of the plan year in which the eligible employee has 1,000 hours of employment.

Any employee hired or rehired on or after January 1, 2021, who is classified as Executive Vice President, Senior Vice President, Vice president, or any similar executive level role, is not eligible to participate in the plan.

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Schedule SB, Part V—Summary of Plan Provisions

Kaiser Permanente Salaried Retirement Plan Supplement (02-KPSRP)

Normal Retirement

| | |
|-----------------|---|
| Eligibility | Age 65. |
| Monthly Benefit | The sum of the amounts determined under (1) and (2) below: (1) The greater of the amounts under (a) or (b) below: (a) 1.5% of final average compensation times years of credited service, or (b) \$17.50 times years of credited service. (2) 0.25% of final average compensation times years of credited service prior to January 1, 1968 with certain organizations. The monthly benefit will be reduced for any benefits payable from another plan(s) sponsored by certain organizations and medical care organizations listed in an appendix to KPRP for which credited service for the same period is included in both this plan and the other plan(s). |
| | For certain Permanente Advantage, LLC. employees who transferred into the plan on July 11, 2022, benefit accruals earned for credited service prior to July 11, 2022, cannot be less than those earned under the prior plan as a Permanente Advantage employee. |

Early Retirement

| | |
|-----------------|--|
| Eligibility | Age 55 and 15 years of service, or the sum of years of age plus years of service equals at least 75. Special rules apply for employees participating in the plan on December 31, 1968. |
| Monthly Benefit | The accrued normal retirement benefit earned to the participant's termination date, reduced actuarially based on the participant's age when the benefit commences. The benefit reduces 3% for each year from age 60 to 65 and 5% for each year from age 55 through 60. |

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Schedule SB, Part V—Summary of Plan Provisions

Kaiser Permanente Salaried Retirement Plan Supplement (02-KPSRP)

Postponed Retirement

| | |
|-----------------|---|
| Eligibility | Termination after normal retirement date. |
| Monthly Benefit | Greater of the accrued normal retirement benefit earned to the participant's termination date or actuarially adjusted age 65 normal retirement benefit. |

In-Service Retirement

| | |
|-----------------|---|
| Eligibility | Participant may elect to begin receipt of retirement benefits while active after age 65. |
| Monthly Benefit | The accrued normal retirement benefit earned to the participant's In-Service retirement date. |
| | A participant continues to accrue benefits after commencing In-Service Retirement. When the participant's Service ends, the recalculated Postponed Retirement benefit will be offset by the actuarial equivalent of the Retirement Income received during the participant's continued employment. |

Deferred Vested Retirement

| | |
|-----------------|--|
| Eligibility | 5 years of service and one hour of employment after January 1, 1989 or have one year of service and still actively employed at age 65 or older. |
| Monthly Benefit | The accrued normal retirement benefit earned to the participant's termination date, payable at age 65. |
| | A participant who terminates after completing at least 15 years of service, but before age 55, may elect to receive a reduced benefit beginning as early as age 55, or when the participant's years of age plus years of service equal at least 75. The benefit is reduced in the same manner as the early retirement benefit. |

In Service Death Benefits

| | |
|-----------------|---|
| Eligibility | Any vested participant who is married or has a domestic partner and who is employed within the controlled group at the date of death. |
| Monthly Benefit | 66-2/3% of the participant's accrued benefit at the time of death, adjusted for the 66-2/3% joint and survivor annuity form of payment, payable on the first day of month following the participant's normal retirement date. If the survivor elects early commencement, the benefit is further reduced in the same manner as the early retirement benefit. |
| | Domestic partner must commence benefits within one year of the date of death of the participant. |

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Schedule SB, Part V—Summary of Plan Provisions

Kaiser Permanente Salaried Retirement Plan Supplement (02-KPSRP)

Pre-Retirement Death Benefits

| | |
|-----------------|---|
| Eligibility | Any vested participant who is married or has a domestic partner at the time of death. |
| Monthly Benefit | 50% of the participant's accrued benefit at the time of death, adjusted for the 50% joint and survivor annuity form of payment, payable on the first day of month following the participant's normal retirement date. If the survivor elects early commencement, the benefit is further reduced in the same manner as the early retirement benefit. |
| | Domestic partner must commence benefits within one year of the date of death of the participant. |

Normal Form of Payment

| | |
|-----------|---|
| Unmarried | Life annuity. |
| Married | 50% joint and survivor annuity (actuarially reduced). |

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

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

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

Kaiser Permanente Salaried Retirement Plan Supplement (02-KPSRP)

Definitions

Actuarial Equivalence

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

For form of payment, actuarial equivalence is based on the Revenue Code 417(e) applicable mortality table and applicable interest rate for the month which is two months before the benefit commencement date.

Credited Service

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

For certain participants of the California Region, excluding Resident Physicians (250 minimum sick leave), Northwest Region (0 minimum sick leave), KPIT and Program Offices (250 minimum sick leave) who are vested at the time of termination, hours of accumulated sick leave are included in hours of employment for purposes of determining credited service. For some employee groups, a minimum of 250 or 500 hours of sick leave may apply.

Special rules apply for certain leaves of absence prior to 1976, for training at the Kaiser Foundation School of Nursing, for certain employees in the Ohio Region retiring on September 1, 1993, for periods of disability on Employer's disability plan, for certain employees hired before January 1, 1982, and for certain service before 1976.

Notwithstanding the foregoing, certain hours of employment are not counted as credited service (for example, hours for which the employer has made a contribution on behalf of an employee to an IRA, a defined contribution plan, or a Section 403(b) plan or hours in a plan year in which an employee voluntarily declined participation in the plan).

Hours of Employment for periods during which a Participant is disabled and eligible to receive disability income benefits as provided by the Employer's short-term or long-term disability insurance program. Hours so credited are based on the rate of scheduled hours on the last day worked preceding disability.

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Schedule SB, Part V—Summary of Plan Provisions

Kaiser Permanente Salaried Retirement Plan Supplement (02-KPSRP)

Definitions (continued)

Final Average Compensation

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

Monthly compensation is the monthly rate of base pay on the first compensated hour of the month. Monthly compensation does not include overtime, bonuses, or other special allowances. Monthly compensation includes the monthly amount contributed under salary reduction agreements to plans under IRC Sections 403(b), 401(k), 129, 125, and 132(f)(4). Monthly compensation for part-time employment or periods when the participant receives reduced sick pay is determined at the full-time rate. Terminal vacation pay is deemed paid over the period for which payment is made. Other special rules also apply.

Service

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

Special rules apply for years before 1976 when a participant has fewer than 1,000 hours of employment, for certain employees hired before January 1, 1982, and for service with certain organizations.

Special rules apply for service with Buenaventura Medical Group prior to January 1, 2007.

Special rules apply for service with St. Dominic's prior to November 1, 2004.

Special rules apply for service with Moreno Valley Community Hospital prior to June 20, 2008.

Special rules apply for service with OnCall HealthCare Communications (or Med America) prior to November 27, 2001.

Hours of Employment for periods during which a Participant is disabled and eligible to receive disability income benefits as provided by the Employer's short-term or long-term disability insurance program. Hours so credited are based on the rate of scheduled hours on the last day worked preceding disability.

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

Kaiser Permanente Employees Pension Plan Supplement (03-KPEPP)

Effective Date

KPEPP April 1, 1964.

Supplements 2-A, 2-B, 2-C, 2-D, 2-E, 2-F, 2-G, 2-H and 2-I.

Eligible Employees

Supplement 2-A Hourly employees in the Northern California region in the following employee categories:

- (a) An Employee represented by the Service Employees International Union, UHW-West (Health Care Workers) (formerly the SEIU Local 250, Hospital and Institutional Workers Union).
- (b) An Employee represented by the Office and Professional Employees International Union, Local 29 (Clerical Workers).
- (c) Effective January 1, 2018, an Employee who is a Claims Resolution Representative, Lead Claims Resolution Representative, Health Plan Representative, Sr. Health Plan Representative, Member Outreach Specialist, Sr. Member Outreach Specialist, Member Services Coordinator or Patient Coordinator represented by Office and Professional Employees International Union Local 29.
- (d) Effective January 1, 2018, an Employee who is an Associate Staff Assistant, Staff Assistant, Senior Staff Assistant, Pharmacy Marketing Assistant, Health Plan Representative, Senior Health Plan Representative, Team Lead Member Services Facilities, Health Education Assistant, Member Outreach Specialist, Senior Member Outreach Specialist, and Member Engagement Specialist represented by SEIU-UHW-West.
- (e) Effective February 18, 2018 an Employee who is an Administrative Specialist III or Administrative Specialist IV reclassified as a Staff Assistant or Senior Staff Assistant, respectively, in the Northern California Region and represented by SEIU UHW-West effective December 24, 2017 pursuant to the Settlement Agreement signed September 12, 2017.
- (f) Effective October 14, 2018, an Employee who is a National Claims Administration Appeals Specialist I, II, or Lead Appeals Specialist in the Northern California Region and represented by OPEIU Local 29 pursuant to an agreement signed on July 9, 2018.

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

Kaiser Permanente Employees Pension Plan Supplement (03-KPEPP)

Eligible Employees (continued)

Supplement 2-A (continued)

- (g) Effective January 20, 2019, an Employee who is a Stockton Medicare Call Center Medicare Telesales Representative in the Northern California Region and represented by SEIU-UHW-West pursuant to an agreement ratified on August 15, 2018.
- (h) Effective June 4, 2023, an Employee who is classified as a Home Health/Hospice Administrative Services Coordinator II or an Operations Coordinator in the Northern California Region and represented by SEIU-UHW and reclassified as Clerk G5 and Clerk G6

Supplement 2-B

An hourly Employee in the Northern California region who is a follower of an hourly Employee in that region represented by the Service Employees International Union, UHW-West (Health Care Workers) (formerly the SEIU Local 250, Hospital and Institutional Workers Union) excluding registered dietitians.

Supplement 2-C

Hourly employees in the Northern California region in the following employee categories:

- (a) An Employee represented by the Service Employees International Union, UHW-West (Medical Social Workers) (formerly the Social Services Local 535).
- (b) An Employee represented by the California Nurses Association if such Employee elected to remain a Participant on December 31, 1975, provided that if he terminates employment after December 31, 1975, such Participant is reemployed within 90 days of the termination date and continues in this new employment for at least one year.
- (c) An Employee represented by the California Nurses Association if such Employee is a Kaiser Permanente post-acute care registered nurse who elected to remain a participant on December 31, 1975 and who is an Employee of Kaiser Foundation Hospitals (excluding Care Touch).

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Schedule SB, Part V—Summary of Plan Provisions

Kaiser Permanente Employees Pension Plan Supplement (03-KPEPP)

Eligible Employees (continued)

| | |
|----------------|--|
| Supplement 2-D | Hourly employees in the Northern California region in the following employee categories: |
| | (a) Before October 1, 2000, an Employee represented by the National Union of Healthcare Workers - Optical Workers (NUHW-Optical Workers) (formerly known as SEIU Local 535 - Optical Workers Unit) who is a contact lens assistant, contact lens fitter trainee or contact lens fitter, who was: (i) First hired as such by a Participating Company before November 1, 1990. (ii) Hired as such by a Participating Company, had a Controlled Group Termination or a Termination of Employment and is rehired as such by a Participating Company before November 1, 1990. |
| | (b) Effective October 1, 2000, an Employee represented by the National Union of Healthcare Workers - Optical Workers (NUHW-Optical Workers) (formerly known as SEIU Local 535 - Optical Workers Unit), (including, but not limited to, a contact lens assistant, contact lens fitter trainee or contact lens fitter). |
| Supplement 2-E | An hourly Employee in the Northern California region represented by the International Union of Operating Engineers, Stationary Local 39, AFL-CIO who became an Eligible Employee and Participant before June 1, 1972. |
| Supplement 2-F | An hourly Employee in the Northern California region who is a follower of an hourly Employee in that region represented by the California Nurses Association. |
| Supplement 2-G | Effective June 6, 2000, an hourly Employee in the Northern California region represented by the Guild for Professional Pharmacists. Effective January 1, 2010, Eligible Employee does not include an hourly Employee represented by the Guild for Professional Pharmacists who: (a) Had less than five Years of Vesting Service on June 1, 2009 and did not timely make a one-time irrevocable election to participate in the Plan; or (b) Is hired by or who Transfers to a Participating Company on or after June 1, 2009. |

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Schedule SB, Part V—Summary of Plan Provisions

Kaiser Permanente Employees Pension Plan Supplement (03-KPEPP)

Eligible Employees (continued)

Supplement 2-H

Hourly employees in the Northern California region in the following employee categories:

- (a) Before July 1, 2001, an Employee who is a Physical and Occupational Therapist and elected to remain as Participant.
 - (b) An Employee who is a Follower of SEIU Local 250. (Health Care Workers Union)
 - (c) From January 1, 1987 through July 20, 2003, Theater Performers.
 - (d) Excludes an hourly Employee in the Northern California region not covered by a collective bargaining agreement classified as a “contact lens fitter” who was not a Participant as of July 1, 1991.

Supplement 2-I

Effective January 1, 2022, Home Health Speech Therapists, Home Health Physical Therapists and Home Health Occupational Therapists in the Northern California region represented by IFPTE AFL-CIO & CLC Local 20 pursuant to an agreement ratified on October 30, 2019

Participation

Participation begins on the first anniversary of hire if the eligible employee has at least 1,000 hours of employment. Otherwise, participation begins on the first day of the plan year in which the eligible employee has 1,000 hours of employment.

Participant Contributions

Participants may elect to contribute from 1% to 10% of pay through payroll deductions to the plan.

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Schedule SB, Part V—Summary of Plan Provisions

Kaiser Permanente Employees Pension Plan Supplement (03-KPEPP)

Normal Retirement

| | |
|-----------------|---|
| Eligibility | Age 65. |
| Monthly Benefit | 1.2% of final average compensation times years of credited service. For certain collectively bargained employees ¹ , 1.45% of final average compensation times years of credited service. |
| | The monthly benefit will be reduced for any benefits payable from another plan(s) sponsored by certain organizations and medical care organizations listed in an appendix to KPRP for which credited service for the same period is included in both this plan and the other plan(s). |

Early Retirement

| | |
|-----------------|---|
| Eligibility | Age 55 and 10 years of service. |
| Monthly Benefit | The accrued normal retirement benefit earned to the participant's termination date, reduced actuarially using the UP-1984 mortality table set back five years in age and a 6% interest rate. For certain collectively bargained employees ¹ , the accrued normal retirement benefit earned to the participant's termination date, reduced 5% for each year by which the benefit starting date precedes age 65 |
| | |

Postponed Retirement

| | |
|-----------------|---|
| Eligibility | Termination after normal retirement date. |
| Monthly Benefit | Greater of the accrued normal retirement benefit earned to the participant's termination date or actuarially adjusted age 65 normal retirement benefit. |

¹ When the term "certain collectively bargained employees" is used, it refers to:
▪ California Nurses Association who on December 31, 1975 elected to stay in the Plan in lieu of establishing Individual Retirement Accounts
▪ Engineers and Scientists of California IFPTE (MEBA), Local 20, (Lab Scientists)
▪ OPEIU Local 29 (Clerical)
▪ SEIU Local 535 (Medical Social Workers)
▪ SEIU Local 535 (Optical Workers)
▪ SEIU Local 250 (Health Care Workers Union) except Registered Dietitians
▪ Effective June 1, 2006, Guild for Professional Pharmacists

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Schedule SB, Part V—Summary of Plan Provisions

Kaiser Permanente Employees Pension Plan Supplement (03-KPEPP)

Disability Retirement

Eligibility Termination after 10 years of retirement eligibility service if SSA determines the participant became disabled on or before date of termination and determines the participant is eligible to receive disability income benefits under Title II of the Social Security Act.

Monthly Benefit The accrued normal retirement benefit earned to the participant's disability retirement date with no reduction.

Deferred Vested Retirement Eligibility 5 years of service or age 65 or older.

Monthly Benefit

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

A participant who terminates after completing at least 10 years of service, but before age 55, may elect to receive a reduced benefit beginning as early as age 55. The benefit is reduced in the same manner as the early retirement benefit.

Pre-Retirement Death Benefits

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

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

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Schedule SB, Part V—Summary of Plan Provisions

Kaiser Permanente Employees Pension Plan Supplement (03-KPEPP)

Qualified Dependent Benefit

Eligibility For certain collectively bargained vested participant who at the date of death:

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

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

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

Normal Form of Payment

Unmarried Life annuity.

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

Optional Forms of Payment

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

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

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Schedule SB, Part V—Summary of Plan Provisions

Kaiser Permanente Employees Pension Plan Supplement (03-KPEPP)

Definitions

Actuarial Equivalence

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

For form of payment, actuarial equivalence is based on the Revenue Code 417(e) applicable mortality table and applicable interest rate for the month which is two months before the benefit commencement date.

Credited Service

Each calendar year in which a participant has 2,000 or more hours of employment is counted as a year of credited service. Proportional credited service based on a 2,000-hour year is counted for any complete or partial year in which the participant has 1,000 or more, but fewer than 2,000 hours of employment. If a participant works less than 1,000 hours in a calendar year, proportional credited service based on a 2,000-hour year is granted for all hours worked.

For certain collectively bargained employees, each calendar year beginning January 1, 2003 in which a participant has 1,800 or more hours of employment is counted as a year of credited service. Proportional credited service based on a 1,800-hour year is counted for any complete or partial year in which the participant has fewer than 1,800 hours of employment. (Each calendar year before January 1, 2003 in which a participant has 2,000 or more hours of employment is counted as a year of credited service. Proportional credited service based on a 2,000-hour year is counted for any complete or partial year in which the participant has fewer than 2,000 hours of employment.)

For Guild for Professional Pharmacists, effective June 1, 2006, each calendar year in which a participant has 1,800 or more hours of employment is counted as a year of credited service. Proportional credited service based on a 1,800-hour year is counted for any complete or partial year in which the participant has fewer than 1,800 hours of employment if scheduled to work 1,000 hours. (Each calendar year before June 1, 2006 in which a participant has 2,000 or more hours of employment is counted as a year of credited service. Proportional credited service based on a 2,000-hour year is counted for any complete or partial year in which the participant has fewer than 2,000 hours of employment.)

For IFPTE AFL-CIO & CLC Local 20 (Home Therapists), each calendar year in which a participant has 1,800 or more hours of employment is counted as a year of credited service. Proportional credited service based on a 1,800-hour year is counted for any complete or partial year in which the participant has fewer than 1,800 hours of employment.

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Schedule SB, Part V—Summary of Plan Provisions

Kaiser Permanente Employees Pension Plan Supplement (03-KPEPP)

Definitions (continued)

Credited Service (continued)

Special rules apply for the year of termination of employment.

For employees represented by certain collective bargaining agreements and nonunion hourly employees classified as Homemakers, Nurse Permittees and followers of Local 250, credited service includes certain pre-2006 hours for accumulated sick leave. Minimum 250 hours banked sick leave for non-represented employees, for Guild for Professional Pharmacists and LMP unions employees who terminate as deferred vested participants.

Effective January 1, 2010 Credited Service does not include certain post-2005 (traditional sick leave programs) or post-2009 (extended sick leave programs) hours of accumulated sick leave as provided in the Reopener Memorandum of Agreement dated September 12, 2008.

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

For certain employees represented by Local 20 Clinical Lab Scientists, certain hours are counted in determining past credited service (up to 3 years).

Notwithstanding the foregoing, certain hours of employment are not counted as credited service (for example, hours for which the employer has made a contribution on behalf of an employee to an IRA, a defined contribution plan, or a Section 403(b) plan), hours in a plan year in which an employee voluntarily declined participation in the plan, or hours for which the employee received a premium in lieu of benefits (for employees who terminated before January 1, 1990).

Unvested participants in the Northern California region represented by the Guild for Professional Pharmacists who are excluded from the Plan effective January 1, 2010 will not accrue any additional Credited Service on and after January 1, 2010.

Credited Service will be granted for unpaid release time for a maximum of 12 Pharmacists who are part of the union bargaining committee and participate in joint bargaining sessions. Credited Service for any day will not exceed the Pharmacist's regularly scheduled hours and the total Credited Service granted will not exceed 30 days for any employee.

Schedule SB Attachment (Form 5500)—2024 Plan Year
Kaiser Permanente Retirement Plan
EIN: 94-1340523 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

Kaiser Permanente Employees Pension Plan Supplement (03-KPEPP)

Definitions (continued)

Final Average Compensation

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

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

Qualified Dependent

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

Service

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

For employees represented by certain bargaining units, special rules apply for rehires or workers' compensation leaves of absence. For employees represented by certain collectively bargained agreements, service includes up to one year for long term union leaves and up to two years for elected union official leaves.

Effective June 1, 2006 for employees represented by Guild for Professional Pharmacists, service for short-term leaves (30 days or less) and for long-term leaves of up to one year.

Special rules apply for service with St. Dominic's prior to November 1, 2004.

Unvested participants in the Northern California region represented by the Guild for Professional Pharmacists who are excluded from the Plan effective January 1, 2010 will continue to accrue Service for eligibility and vesting.

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

Kaiser Permanente Fontana Pension Plan Supplement (04-KPFPP)

Effective Date

KPFPP November 1, 1966.

Supplement 3-A.

Eligible Employees

An hourly Employee in the Southern California region represented by United Steelworkers of America, AFL-CIO, Local 7600.

Effective February 23, 2020, an Employee classified as a Health Plan Representative, Sr. Health Plan Representative, Population Management Support Coordinator, Administrative Specialist I, II, III, IV and Administrative Services Coordinator I and II (all known as "Status 5") in the Southern California region who became represented by United Steel, Paper and Forestry, Rubber, Manufacturing, Energy Allied Industrial and Service Workers International Union, AFL-CIO-CLC (USW Local 7600) pursuant to an agreement ratified on August 30, 2019.

Participation

Participation begins on the date of employment.

Normal Retirement

Eligibility Age 65.

Monthly Benefit Effective March 1, 2003, 1.45% of final average compensation times years of credited service. (After November 1, 1995 and before March 1, 2003, 1.4% of final average compensation times years of credited service.)

The monthly benefit will be reduced for any benefits payable from another plan(s) sponsored by certain organizations and medical care organizations listed in an appendix to KPRP for which credited service for the same period is included in both this plan and the other plan(s).

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

Kaiser Permanente Fontana Pension Plan Supplement (04-KPFPP)

Early Retirement

| | |
|-----------------|--|
| Eligibility | Age 55 and 15 years of service. |
| Monthly Benefit | The accrued normal retirement benefit earned to the participant's termination date, reduced 5% for each year by which the benefit starting date precedes age 65. |

Postponed Retirement

| | |
|-----------------|--|
| Eligibility | Termination after normal retirement date. |
| Monthly Benefit | Greater of the accrued normal retirement benefit earned to the participant's termination date, or actuarially adjusted age 65 accrued benefit. |

Disability Retirement

| | |
|-----------------|---|
| Eligibility | Termination due to disability after 10 years of retirement eligibility service if the participant receives disability income benefits under Title II of the Social Security Act. |
| Monthly Benefit | The normal retirement benefit accrued through December 31, 1992 unreduced, plus the normal retirement benefit accrued on or after January 1, 1993 reduced in the same manner as the early retirement benefit. |

Deferred Vested Retirement

| | |
|-----------------|--|
| Eligibility | 5 years of service or age 65 or older. |
| Monthly Benefit | The accrued normal retirement benefit earned to the participant's termination date, payable at age 65. |
| | A participant who terminates after completing at least 15 years of service, but before age 55, may elect to receive a reduced benefit beginning as early as age 55. The benefit is reduced in the same manner as the early retirement benefit. |

Pre-Retirement Death Benefits

| | |
|-----------------|--|
| Eligibility | Any vested participant who is married or has a domestic partner at the time of death. |
| Monthly Benefit | 50% of the participant's accrued benefit at the time of death, adjusted for the 50% joint and survivor annuity form of payment, payable at the participant's normal retirement date. If the survivor elects early commencement, the benefit is further reduced in the same manner as the early retirement benefit. A domestic partner must commence benefits within one year of the date of death of the participant. |

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

Kaiser Permanente Fontana Pension Plan Supplement (04-KPFPP)

Qualified Dependent Benefit

Eligibility Any vested participant represented by the USW, Local 7600 who at the date of death:

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

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

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

Normal Form of Payment

Unmarried Life annuity.

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

Optional Forms of Payment

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

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

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

Kaiser Permanente Fontana Pension Plan Supplement (04-KPFPP)

Definitions

Actuarial Equivalence

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

For form of payment, actuarial equivalence is based on the Revenue Code 417(e) applicable mortality table and applicable interest rate for the month which is two months before the benefit commencement date.

Credited Service

Each calendar year beginning January 1, 2003 in which a participant has 1,800 or more hours of employment is counted as a year of credited service. Proportional credited service based on a 1,800-hour year is counted for any complete or partial year in which the participant has fewer than 1,800 hours of employment. (Each calendar year before January 1, 2003 in which a participant has 2,000 or more hours of employment is counted as a year of credited service. Proportional credited service based on a 2,000-hour year is counted for any complete or partial year in which the participant has fewer than 2,000 hours of employment.)

Special rules apply for credited service before 1993, and for the year of termination of employment.

Credited service includes certain hours of accumulated sick leave.

Effective January 1, 2010 Credited Service does not include certain post-2005 hours of accumulated sick leave as provided in the Reopener Memorandum of Agreement dated September 12, 2008.

Credited service includes union business and stipend hours.

Special rules apply for official union business between October 1, 2000 and December 31, 2004.

Beginning January 1, 2005, employees who request and receive approval for official union business will maintain active status.

Notwithstanding the foregoing, certain hours of employment are not counted as credited service (i.e., hours for which the employer has made a contribution on behalf of an employee to an IRA, a defined contribution plan, or a Section 403(b) plan or hours in a plan year in which an employee voluntarily declined participation in the plan).

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

Kaiser Permanente Fontana Pension Plan Supplement (04-KPFPP)

Definitions (continued)

Final Average Compensation

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

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

Qualified Dependent

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

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

Kaiser Permanente Fontana Pension Plan Supplement (04-KPFPP)

Definitions (continued)

| | |
|---------|---|
| Service | Each calendar year in which an employee has 1,000 or more hours of employment is counted as a year of service. Proportional credited service based on a 1,000-hour year is counted for any complete or partial year in which the participant has fewer than 1,000 hours of employment. Special rules apply for service before January 1, 1993. |
| | For employees represented by the USW, Local 7600, special rules apply for workers' compensation leaves of absence. Service includes union business and stipend hours and Canyon General Hospital service prior to 1979. |
| | Special rules apply for official union business between October 1, 2000 and December 31, 2004. |
| | Beginning January 1, 2005, employees who request and receive approval for official union business will maintain active status. |
| | Special rules apply for service with Moreno Valley Community Hospital prior to June 20, 2008. |
| | Special rules apply for service with OnCall HealthCare Communications (or Med America) prior to November 27, 2001. |

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

**Kaiser Permanente Southern California Employees Pension Plan
Supplement (05-KPSCEPP)**

Effective Date

KPSCEPP January 1, 1967.

Supplements 4-A, 4-B, 4-C, 4-D, 4-E, 4-F, 4-G.

Eligible Employees

Supplement 4-A Hourly Employees in the Southern California region in the following Employee categories:

- (a) An Employee represented by SEIU United HealthCare Workers—West (formerly Local 399).
- (b) An Employee represented by OPEIU Local 30—California Service Center.
- (c) An Employee represented by California Nurses Association, Los Angeles Medical Center, Inpatient, Home Health, Hospice and Palliative Care Registered Nurses (CNA—LAMC), formerly SEIU—UHW—American Federation of Nurses—Sunset Local 535 (effective January 1, 2018).

Prior to coverage by CNA—LAMC these employees were covered by KPSCEPP as members of the National Union of Healthcare Workers (NUHW), Sunset (Registered Nurses).

- (d) An Employee represented by OPEIU Local 30—San Diego.
- (e) An Employee represented by UNAC RNs, Los Angeles, Bakersfield, San Diego, Woodland Hills and Riverside.
- (f) An Employee represented by UNAC Physician Assistants, Woodland Hills (effective March 3, 2014).

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

**Kaiser Permanente Southern California Employees Pension Plan
Supplement (05-KPSCEPP)**

Eligible Employees (continued)

Supplement 4-A (continued)

- (g) Effective November 4, 2018, an Employee represented by SEIU United Healthcare Works – West – Southern California Region who is a Coordinators Outside Referral (ACS), Health Plan Representative, Sr. Health Plan Representative, Health Education Assistant, Medical Transportation Analyst, Population Management Support Coordinator, Staffing Clerk ACS, Administrative Specialist I, II, III, IV, or Administrative Services Coordinator I, II.
- (h) Effective May 17, 2020, Utilization Analysts in Kaiser Foundation Hospitals who are represented by Service Employees International Union, United Healthcare Workers West (SEIU-UHW).
- (i) Effective March 22, 2020, Associate IT Support Technicians, Desktop Support Associates, Desktop Support Intermediates, Desktop Support Leads, and Desktop Support Seniors in the Southern California region represented by SEIU UHW.
- (j) Effective June 14, 2020, Employees classified as Case Manager RN in San Diego (PICC Nurses) represented by United Nurses Associations of California/Union of Health Care Professionals (UNAC/UHCP) in the Southern California region pursuant to an agreement ratified March 4, 2020.
- (k) Effective November 1, 2020, Employees classified as Healthplan Representatives or Senior Healthplan Representatives in the Southern California Region who became represented by the Office and Professional Employees International Union, Local 30 (OPEIU L30) pursuant to an agreement ratified on July 31, 2020.
- (l) Effective January 1, 2024, Kaiser Foundation Hospital Employees at the Moreno Valley Medical Center who are represented by Service Employees International Union - UHW-West in the Southern California region.

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

**Kaiser Permanente Southern California Employees Pension Plan
Supplement (05-KPSCEPP)**

Eligible Employees (continued)

Supplement 4-B

Hourly Employees in the Southern California region in the following Employee categories:

- (a) An Employee represented by UFCW (Bakersfield—Clerical/Service/Patient Care).
- (b) An Employee represented by UFCW (Kern County Administrative) Local 770 (effective November 19, 2009).
- (c) Effective July 1, 2017, an Employee who is a Population Management Support Coordinator represented by UFCW (Kern County Administrative) Local 770.
- (d) Effective June 3, 2018, an Employee who is a Healthplan Representative, Sr. Healthplan Representative, Health Education Assistant, Administrative Specialist III, or Outside Case Management Clerk represented by UFCW Local 770 – Kern County.

Supplement 4-C

Hourly Employees in the Southern California region in the following Employee categories:

- (a) An Employee represented by SEIU, Local 121 RN or SEIU, UHW—West Moreno Valley Medical Center (subject to final union agreement) (effective June 20, 2008).

Effective January 1, 2015, coverage for these employees changes from Supplement 4-C to Supplement 4-E.

- (b) An Employee who is a non-union Employee of Moreno Valley (effective June 20, 2008).
- (c) An Employee who is not covered by another qualified retirement plan or Supplement.

Supplement 4-D

Effective June 1, 2014, an hourly Employee in the Southern California region represented by, United Therapists of Southern California (UTSC) physical, occupational and recreational therapists.

Prior to the effective date these employees were non-union and covered by KPSCEPP.

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Schedule SB, Part V—Summary of Plan Provisions

**Kaiser Permanente Southern California Employees Pension Plan
Supplement (05-KPSCEPP)**

Eligible Employees (continued)

Supplement 4-E

Hourly Employees in the Southern California region in the following Employee categories:

- (a) Effective January 1, 2015, an Employee represented by Service Employees International Union (SEIU), Local 121RN.
- (b) Moreno Valley Service Employees International Union, United Healthcare Workers-West through December 31, 2023.

Supplement 4-F

Effective January 1, 2015, an hourly Employee in the Southern California region represented by NUHW—Health Care Professionals (formerly SEIU, Local 535, Kaiser Permanente Southern California Professionals) who was hired or rehired on or before December 31, 2014 and who remains an Employee through January 1, 2015. Effective January 1, 2015, an Employee represented by the UNAC-DASH Dieticians, Audiologists, Speech, Health Educators (formerly NUHW – Health Care Professionals), Health Care Professionals who is hired or rehired on or after January 1, 2015 is not eligible for the Plan.

For this purpose, a rehire is anyone whose rehire date is more than 31 days after his termination of employment as shown in the official payroll records.

Supplement 4-G

Effective January 1, 2014, an hourly Employee represented by Teamsters Union Local 166, IBOT, AFL-CIO.

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Schedule SB, Part V—Summary of Plan Provisions

**Kaiser Permanente Southern California Employees Pension Plan
Supplement (05-KPSCEPP)**

Participation

Participation begins on the date of employment.

Normal Retirement

Eligibility

Age 65.

Monthly Benefit

- (1) 1.4% of final average compensation times years of credited service.
- (2) For certain collectively bargained employees¹, 1.45% of final average compensation times years of credited service. (Effective date varies by group.)
- (3) Special rules apply for employees represented by the United Brotherhood of Carpenters and Joiners of America for credited service before January 1, 1968.

The monthly benefit will be reduced for any benefits payable from another plan(s) sponsored by certain organizations and medical care organizations listed in an appendix to KPRP for which credited service for the same period is included in both this plan and the other plan(s).

Early Retirement

Eligibility

Age 55 and 15 years of service.

Monthly Benefit

The accrued normal retirement benefit earned to the participant's termination date, reduced actuarially for all employees other than certain collectively bargained employees¹. With varying effective dates for these collectively bargained employees the reduction is 5% for each year by which the benefit starting date precedes age 65.

¹ When the term "certain collectively bargained employees" is used, it refers to:
▪ United Nurses Associations of California/Union of Health Care Professionals, NUHHCE, AFSCME, AFL-CIO (UNAC/UHCP)
▪ The Office and Professional Employees International Union Local 30, AFL-CIO, CLC (excluding CSC) (OPEIU, Local 30)
▪ The Office and Professional Employees International Union Local 30, AFL-CIO, CLC-California Service Center (OPEIU, Local 30-CSC)
▪ United Healthcare Workers-West (UHW-West)
▪ California Nurses Association, Los Angeles Medical Center, CNA-LAMC
▪ United Food and Commercial Workers International Union, Bakersfield (UFCW-Bakersfield)
▪ UFCW (Kern County-Administrative) Local 770
▪ United Therapists of Southern California, UTSC
▪ SEIU Local 121RN
▪ SEIU-UHW-West (Moreno Valley Medical Center)
▪ UNAC-DASH (formerly NUHW-Health Care Professionals)
▪ Teamsters Union Local 166, IBOT, AFL-CIO

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Schedule SB, Part V—Summary of Plan Provisions

**Kaiser Permanente Southern California Employees Pension Plan
Supplement (05-KPSCEPP)**

Postponed Retirement

| | |
|-----------------|---|
| Eligibility | Termination after normal retirement date. |
| Monthly Benefit | Greater of the accrued normal retirement benefit earned to the participant's termination date or actuarially adjusted age 65 benefit. |

Disability Retirement

| | |
|-----------------|--|
| Eligibility | Termination due to disability after 10 years of retirement eligibility service if the participant receives disability income benefits under Title II of the Social Security Act. |
| Monthly Benefit | The accrued normal retirement benefit earned to the participant's disability retirement date, reduced in the same manner as the early retirement benefit. |

In-Service Distribution

| | |
|-----------------|--|
| Eligibility | Effective January 1, 2015, a participant represented by NUHW—Health Care Professionals or by United Therapists of Southern California (UTSC) and effective January 1, 2018, a participant represented by California Nurses Association, Los Angeles Medical Center (CNA—LAMC) may elect to begin receipt of retirement benefits while active after age 65. |
| Monthly Benefit | The accrued normal retirement benefit earned to the participant's In-Service distribution date. |
| | A participant continues to accrue benefits after commencing In-Service Distribution. When the participant's Service ends, the recalculated Postponed Retirement benefit will be offset by the actuarial equivalent of the Retirement Income received during the participant's continued employment. |

Deferred Vested Retirement

| | |
|-----------------|--|
| Eligibility | 5 years of service or age 65 or older. |
| Monthly Benefit | The accrued normal retirement benefit earned to the participant's date of termination, payable at age 65. |
| | A participant who terminates after completing at least 15 years of service, but before age 55, may elect to receive a reduced benefit beginning as early as age 55. The benefit is reduced in the same manner as the early retirement benefit. |

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Schedule SB, Part V—Summary of Plan Provisions

**Kaiser Permanente Southern California Employees Pension Plan
Supplement (05-KPSCEPP)**

Pre-Retirement Death Benefits

| | |
|-----------------|--|
| Eligibility | Any vested participant who is married or has a domestic partner at the time of death. |
| Monthly Benefit | 50% of the participant's accrued benefit at the time of death, adjusted for the 50% joint and survivor annuity form of payment, payable at the participant's normal retirement date. If the survivor elects early commencement, the benefit is further reduced in the same manner as the early retirement benefit. |

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

Qualified Dependent Benefit

| | |
|-------------|--|
| Eligibility | Any vested participant represented by certain collective bargaining agreements who at the date of death: |
| | (1) Is unmarried or does not have a domestic partner; |
| | (2) Has a qualified dependent; and |
| | (3) Is employed within the controlled group. |

Monthly Benefit

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

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

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Kaiser Permanente Retirement Plan
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Schedule SB, Part V—Summary of Plan Provisions

**Kaiser Permanente Southern California Employees Pension Plan
Supplement (05-KPSCEPP)**

Normal Form of Payment

| | |
|---------------------------|---|
| Unmarried | Life annuity. |
| Married | 50% joint and survivor annuity (actuarially reduced). |
| Optional Forms of Payment | <ul style="list-style-type: none">(1) Life annuity;(2) Joint and survivor annuity with 50%, 66-2/3%, or 75% continuation to the survivor;(3) Life annuity with 60, 120, 180, or 240 monthly payments guaranteed;(4) Level income option which is reduced after Social Security payments begin to provide a level income throughout retirement (available as a life annuity or life annuity with a guaranteed period certain);(5) Lump sum; and(6) 100% joint and survivor annuity with 15-year guaranteed period and pop-up. |

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

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Schedule SB, Part V—Summary of Plan Provisions

**Kaiser Permanente Southern California Employees Pension Plan
Supplement (05-KPSCEPP)**

Definitions

Actuarial Equivalence

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

For form of payment, actuarial equivalence is based on the Revenue Code 417(e) applicable mortality table and applicable interest rate for the month which is two months before the benefit commencement date.

Credited Service

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

For certain collectively bargained employees, each calendar year beginning January 1, 2003 in which a participant has 1,800 or more hours of employment is counted as a year of credited service. Proportional credited service based on a 1,800-hour year is counted for any complete or partial year in which the participant has fewer than 1,800 hours of employment. (Each calendar year before January 1, 2003 in which a participant has 2,000 or more hours of employment is counted as a year of credited service. Proportional credited service based on a 2,000-hour year is counted for any complete or partial year in which the participant has fewer than 2,000 hours of employment.)

Effective November 19, 2009, employees represented by UFCW (Kern County—Administrative) Local 770 will have a year of credited service for each year in which a participant has 1,800 or more hours of employment.

For employees represented by UTSC or by NUHW—HCP, each calendar year in which a participant has 2,000 or more hours of employment is counted as a year of credited service. Proportional credited service based on a 2,000-hour year is counted for any complete or partial year in which the participant has fewer than 2,000 hours of employment.

Effective January 1, 2019, employees represented by UTSC will have a year of credited service for each year in which a participant has 1,800 or more hours of employment. Proportional credited service based on an 1,800-hour year is counted for any complete or partial year in which the participant has fewer than 1,800 hours of employment.

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Schedule SB, Part V—Summary of Plan Provisions

**Kaiser Permanente Southern California Employees Pension Plan
Supplement (05-KPSCEPP)**

Definitions (continued)

Credited Service (continued)

Effective July 17, 2003, employees represented by Teamsters Union Local 166, IBOT, AFL-CIO will have a year of credited service for each year in which a participant has 1,800 or more hours of employment. Proportional credited service based on an 1,800-hour year is counted for any complete or partial year in which the participant has fewer than 1,800 hours of employment.

Effective January 1, 2024, for employees represented by UNAC-DASH Dieticians, Audiologists, Speech, Health Educators will have a year of credited service for each year in which a participant has 1,800 or more hours of employment. Proportional credited service based on an 1,800-hour year is counted for any complete or partial year in which the participant has fewer than 1,800 hours of employment.

Special rules apply for the year of termination of employment.

For employees represented by certain collective bargaining agreements¹ and other employee categories, credited service includes certain hours for accumulated sick leave provided the required applicable minimum hours requirement are met.

Effective January 1, 2010, for certain collectively bargained employees Credited Service does not include certain post-2005 (traditional sick leave programs) hours of accumulated sick leave as provided in the Reopener Memorandum of Agreement dated September 12, 2008.

Effective January 1, 2015, employees represented by Kaiser Foundation Hospital Employees at the Moreno Valley Medical Center who are represented by Service Employees International Union – UHW-West in the Southern California region will have a year of credited service for each year in which a participant has 1,800 or more hours of employment. Proportional credited service based on an 1,800-hour year is counted for any complete or partial year in which the participant has fewer than 1,800 hours of employment.

When the term "certain collectively bargained employees" is used, it refers to:

- United Nurses Associations of California/Union of Health Care Professionals, NUHCE, AFSCME, AFL-CIO (UNAC/UHCP)
- The Office and Professional Employees International Union Local 30, AFL-CIO, CLC (excluding CSC) (OPEIU, Local 30)
- The Office and Professional Employees International Union Local 30, AFL-CIO, CLC-California Service Center (OPEIU, Local 30-CSC)
- United Healthcare Workers-West (UHW-West)
- California Nurses Association, Los Angeles Medical Center, CNA-LAMC
- United Food and Commercial Workers International Union, Bakersfield (UFCW-Bakersfield)
- UFCW (Kern County-Administrative) Local 770
- United Therapists of Southern California, UTSC
- SEIU Local 121RN
- SEIU-UHW-West (Moreno Valley Medical Center)
- UNAC-DASH (formerly NUHW-Health Care Professionals)
- Teamsters Union Local 166, IBOT, AFL-CIO

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

**Kaiser Permanente Southern California Employees Pension Plan
Supplement (05-KPSCEPP)**

Definitions (continued)

Credited Service (continued)

Effective January 1, 2018, for participants represented by CNA-LAMC, who are vested at the time of termination, pre-2006 Banked Sick Leave Balance hours as of the day before termination are included in hours of employment for purposes of determining Credited Service. A minimum of 250 hours of sick leave (including only pre-2006 Banked Sick Leave hours) applies to participants who do not meet the KPSCEPP requirements for retirement at the time of termination.

For participants represented by UTSC, who are vested at the time of termination, pre-ESL hours of accumulated sick leave as of the first pay period in January 2015 are included in hours of employment for purposes of determining Credited Service. A minimum of 250 hours of sick leave (including both pre-ESL and post-ESL) applies.

For employees represented by certain collectively bargained agreements¹, (except for UHW-West) Credited Service includes up to one year for long term union leaves and up to two years for elected union official leaves. Effective March 21, 2003, for employees represented by UHW-West, Credited Service includes up to two years for union leave.

For employees represented by the following: UHW-West; UNAC/UHCP; OPEIU, Local 30 (including CSC); UFCW-Bakersfield, Credited Service includes stipend hours.

Notwithstanding the foregoing, certain hours of employment are not counted as credited service (for example, hours for which the employer has made a contribution on behalf of an employee to an IRA, a defined contribution plan, or a Section 403(b) plan or hours in a plan year in which an employee voluntarily declined participation in the plan).

¹ When the term "certain collectively bargained employees" is used, it refers to:

- United Nurses Associations of California/Union of Health Care Professionals, NUHHCE, AFSCME, AFL-CIO (UNAC/UHCP)
- The Office and Professional Employees International Union Local 30, AFL-CIO, CLC (excluding CSC) (OPEIU, Local 30)
- The Office and Professional Employees International Union Local 30, AFL-CIO, CLC-California Service Center (OPEIU, Local 30-CSC)
- United Healthcare Workers-West (UHW-West)
- California Nurses Association, Los Angeles Medical Center, CNA-LAMC
- United Food and Commercial Workers International Union, Bakersfield (UFCW-Bakersfield)
- UFCW (Kern County-Administrative) Local 770
- United Therapists of Southern California, UTSC
- SEIU Local 121RN
- SEIU-UHW-West (Moreno Valley Medical Center)
- UNAC-DASH (formerly NUHW-Health Care Professionals)
- Teamsters Union Local 166, IBOT, AFL-CIO

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Schedule SB, Part V—Summary of Plan Provisions

**Kaiser Permanente Southern California Employees Pension Plan
Supplement (05-KPSCEPP)**

Definitions (continued)

Final Average Compensation

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

Monthly compensation is the base hourly wage rate for the first compensated hour of employment in each month multiplied by 173.33. Monthly compensation does not include differential pay for temporary work in a higher classification, shift differential, meal allowance, on-call pay, overtime and other special bonuses and allowances. Monthly compensation includes the monthly amount contributed under salary reduction agreements to plans under IRC Sections 403(b), 401(k), 129, 125, and 132(f)(4).

Monthly compensation for part-time employment or periods when the participant receives reduced sick pay is determined at the full-time rate. Terminal vacation pay is deemed paid over the period for which payment is made. Other special rules also apply.

Qualified Dependent

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

The qualified dependent benefit only applies to participants represented by certain collective bargaining agreements.

Service

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

Special rules apply for service before May 1, 1979 with Canyon General Hospital, service before 1989, and service for certain leaves of absence for participants represented by certain bargaining units. Special rules apply for service before December 31, 2006 with Buenaventura Medical Group. Special rules apply for service with San Diego Health Association.

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Schedule SB, Part V—Summary of Plan Provisions

**Kaiser Permanente Southern California Employees Pension Plan
Supplement (05-KPSCEPP)**

Definitions (continued)

Service (continued)

Special rules apply for service with Moreno Valley Community Hospital before June 20, 2008.

Special rules apply for service with OnCall HealthCare Communications (or Med America) prior to November 27, 2001.

For employees represented by certain bargaining units¹ (see below for list of unions), special rules apply for workers' compensation leaves of absence, up to one year for long term union leaves and up to two years for elected union official leaves. Effective March 21, 2003, for employees represented by UHW-West, Service includes up to two years for union leave.

For employees represented by the following: UHW-West; UNAC/UHCP; OPEIU, Local 30 (including CSC); UFCW-Bakersfield, Service includes stipend hours.

Special rules apply for periods of industrial leave for Painters Council 36 and 48; UHW-West; UHW-Moreno Valley Community Hospital; SEIU, L121 (Moreno Valley); and the Nonunion Hourly Groups, which includes the following: Lifestyle Educators and Research Nurses; Physician Assistants in Baldwin Park, and Bellflower; Physical, Occupational and Recreational Therapists in job codes not represented by UTSC; Los Angeles and Bakersfield Hourly, Nonunion-Moreno Valley; Registered Nurses; and Public Health Nurses; Research Clerks.

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- ¹ When the term "certain collectively bargained employees" is used, it refers to:
- United Nurses Associations of California/Union of Health Care Professionals, NUHHCE, AFSCME, AFL-CIO (UNAC/UHCP)
 - The Office and Professional Employees International Union Local 30, AFL-CIO, CLC (excluding CSC) (OPEIU, Local 30)
 - The Office and Professional Employees International Union Local 30, AFL-CIO, CLC-California Service Center (OPEIU, Local 30-CSC)
 - United Healthcare Workers-West (UHW-West)
 - California Nurses Association, Los Angeles Medical Center, CNA-LAMC
 - United Food and Commercial Workers International Union, Bakersfield (UFCW-Bakersfield)
 - UFCW (Kern County-Administrative) Local 770
 - United Therapists of Southern California, UTSC
 - SEIU Local 121RN
 - SEIU-UHW-West (Moreno Valley Medical Center)
 - UNAC-DASH (formerly NUHW-Health Care Professionals)
 - Teamsters Union Local 166, IBOT, AFL-CIO

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Schedule SB, Part V—Summary of Plan Provisions

**Kaiser Permanente Southern California Social Services Pension Plan
Supplement (06-KPSCSSPP)**

Effective Date

KPSCSSPP January 1, 1977.

Supplement 5-A.

Eligible Employees Employees in the Southern California region represented by:

- (a) Before February 1, 1998, the National Union of Healthcare Workers (NUHW), Psych-Social, formerly United Healthcare Workers-West, Kaiser Psych-Social Chapter (formerly SEIU UHW, Social Services Union, Local 535), excluding Employees at the San Diego location.
- (b) Effective February 1, 1998, the National Union of Healthcare Workers (NUHW), Psych-Social, formerly United Healthcare Workers-West, Kaiser Psych-Social Chapter (formerly SEIU UHW, Social Services Union, Local 535), including Employees at the San Diego location.
- (c) Effective January 1, 2015, an employee represented by the National Union of Healthcare Workers (NUHW), Psych-Social hired or rehired on or after January 1, 2015 is not eligible for the Plan. For this purpose, a rehire is anyone whose rehire date is more than 31 days after his termination of employment as shown in the official payroll records.

Participation Participation begins on the date of employment.

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Schedule SB, Part V—Summary of Plan Provisions

**Kaiser Permanente Southern California Social Services Pension Plan
Supplement (06-KPSCSSPP)**

Normal Retirement

| | |
|-----------------|---|
| Eligibility | Age 65. |
| Monthly Benefit | Effective March 1, 2003, 1.45% of final average compensation times years of credited service. (Before March 1, 2003, 1.4% of final average compensation times years of credited service.) |
| | The monthly benefit will be reduced for any benefits payable from another plan(s) sponsored by certain organizations and medical care organizations listed in an appendix to KPRP for which credited service for the same period is included in both this plan and the other plan(s). |

Early Retirement

| | |
|-----------------|--|
| Eligibility | Age 55 and 15 years of service. |
| Monthly Benefit | The accrued normal retirement benefit earned to the participant's termination date, reduced 5% for each year by which the benefit starting date precedes age 65. |

Postponed Retirement

| | |
|-----------------|--|
| Eligibility | Termination after normal retirement date. |
| Monthly Benefit | Greater of the accrued normal retirement benefit earned to the participant's termination date, or actuarially adjusted age 65 accrued benefit. |

Disability Retirement

| | |
|-----------------|--|
| Eligibility | Termination due to disability after 10 years of retirement eligibility service if the participant receives disability income benefits under Title II of the Social Security Act. |
| Monthly Benefit | The accrued normal retirement benefit earned to the participant's disability retirement date, reduced in the same manner as the early retirement benefit. |

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Schedule SB, Part V—Summary of Plan Provisions

Kaiser Permanente Southern California Social Services Pension Plan Supplement (06-KPSCSSPP)

In-Service Distribution

| | |
|-----------------|---|
| Eligibility | Effective January 1, 2015, a participant may elect to begin receipt of retirement benefits while active after age 65. |
| Monthly Benefit | The accrued normal retirement benefit earned to the participant's In-Service distribution date. |
| | A participant continues to accrue benefits after commencing In-Service Distribution. When the participant's Service ends, the recalculated Postponed Retirement benefit will be offset by the actuarial equivalent of the Retirement Income received during the participant's continued employment. |

Deferred Vested Retirement

| | |
|-----------------|---|
| Eligibility | 5 years of service or age 65 or older. |
| Monthly Benefit | The accrued normal retirement benefit earned to the participant's date of termination, payable at age 65. A participant who terminates after completing at least 15 years of service, but before age 55, may elect to receive a reduced benefit beginning as early as age 55. The benefit is reduced in the same manner as the early retirement benefit. |

Pre-Retirement Death Benefits

| | |
|-----------------|--|
| Eligibility | Any vested participant who is married or has a domestic partner at the time of death. |
| Monthly Benefit | 50% of the participant's accrued benefit at the time of death, adjusted for the 50% joint and survivor annuity form of payment, payable at the participant's normal retirement date. If the survivor elects early commencement, the benefit is further reduced in the same manner as the early retirement benefit. |
| | A domestic partner must commence benefits within one year of the date of death of the participant. |

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Schedule SB, Part V—Summary of Plan Provisions

**Kaiser Permanente Southern California Social Services Pension Plan
Supplement (06-KPSCSSPP)**

Qualified Dependent Benefit

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

Normal Form of Payment

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

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

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**Kaiser Permanente Southern California Social Services Pension Plan
Supplement (06-KPSCSSPP)**

Definitions

Actuarial Equivalence

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

For form of payment, actuarial equivalence is based on the Revenue Code 417(e) applicable mortality table and applicable interest rate for the month which is two months before the benefit commencement date.

Credited Service

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

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

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

Special rules apply for the year of termination of employment.

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

Effective January 1, 2010 Credited Service does not include post-2009 (extended sick leave programs) hours of accumulated sick leave as provided in the Reopener Memorandum of Agreement dated September 12, 2008.

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**Kaiser Permanente Southern California Social Services Pension Plan
Supplement (06-KPSCSSPP)**

Definitions (continued)

Credited Service (continued)

Two ESL banks were created as follows: a pre-ESL sick bank will contain unused ESL hours as of December 31, 2009. The post-ESL bank will capture ESL hours beginning January 1, 2010. Upon termination, an employee with at least 250 hours in their pre-ESL bank will have those hours converted to Credited Service for pension purposes. However, if the employee qualifies for Early, Normal or Deferred Retirement, all unused pre-ESL hours will be converted to Credited Service with no minimum.

Credited service includes up to one year for long term union leaves and up to two years for elected union official leaves.

Notwithstanding the foregoing, certain hours of employment are not counted as credited service (for example, hours for which the employer has made a contribution on behalf of an employee to an IRA, a defined contribution plan, or a Section 403(b) plan or hours in a plan year in which an employee voluntarily declined participation in the plan).

Final Average Compensation

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

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

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**Kaiser Permanente Southern California Social Services Pension Plan
Supplement (06-KPSCSSPP)**

Definitions (continued)

Qualified Dependent

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

Service

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

Special rules apply for service with Canyon General Hospital before 1979, with Buenaventura Medical Group before 2007, and for workers' compensation leaves of absence.

Service includes up to one year for long term union leaves and up to two years for elected union official leaves.

Special rules apply for service with Moreno Valley Community Hospital prior to June 20, 2008.

Special rules apply for service with OnCall HealthCare Communications (or Med America) prior to November 27, 2001.

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Schedule SB, Part V—Summary of Plan Provisions

**Kaiser Permanente Southern California Pharmacists Pension Plan
Supplement (07-KPSCPPP)**

Effective Date

KPSCPPP January 1, 1982.

Supplement 6-A.

Eligible Employees

An hourly Employee in the Southern California region who is represented by Southern California UNAC/UHCP Pharmacists (formerly known as the Guild for Professional Pharmacists) hired or rehired before January 1, 2014.

Participation

Effective January 1, 2014, participation in this supplement was frozen to new participants and benefits for Eligible Employees who were not at least 65 with 20 years of Service were frozen.

Effective July 1, 2015, Eligible Employees whose benefits were frozen as of January 1, 2014, resumed accruing benefits if they met all three of the following requirements:

- (1) In a Southern California UNAC/UHCP Pharmacists bargaining unit position on June 30, 2015, and
- (2) Hired into a Southern California UNAC/UHCP Pharmacists bargaining unit position before January 1, 2014, and
- (3) Benefits under KPRP-KPSCPPP were frozen on December 31, 2013.

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**Kaiser Permanente Southern California Pharmacists Pension Plan
Supplement (07-KPSCPPP)**

Normal Retirement

| | |
|---|---|
| Eligibility | Age 65. |
| Monthly Benefit | 1.4% of final average compensation times years of credited service. Effective October 1, 2009, 1.45% of final average compensation times years of credited service. |
| The monthly benefit will be reduced for any benefits payable from another plan(s) sponsored by certain organizations and medical care organizations listed in an appendix to KPRP for which credited service for the same period is included in both this plan and the other plan(s). | |

Early Retirement

| | |
|-----------------|--|
| Eligibility | Age 55 and 15 years of service. |
| Monthly Benefit | Effective January 1, 2014, the accrued normal retirement benefit earned to the Frozen Participant's termination date, reduced 5% for each year by which the benefit starting date precedes age 65. |
| | For retirements before January 1, 2014, the accrued normal retirement benefit earned to the participant's termination date, reduced actuarially using the UP-1984 mortality table set back five years in age and a 6% interest rate. |

In-Service Retirement

| | |
|-----------------|--|
| Eligibility | Effective January 1, 2014, a participant may elect to begin receipt of retirement benefits while active after age 65. |
| Monthly Benefit | The accrued normal retirement benefit earned to the participant's In-Service retirement date. |
| | A Participating Pharmacist continues to accrue benefits after commencing In-Service Retirement. When the participant's Service ends, the recalculated Postponed Retirement benefit will be offset by the actuarial equivalent of the Retirement Income received during the participant's continued employment. |

Postponed Retirement

| | |
|-----------------|---|
| Eligibility | Termination after normal retirement date. |
| Monthly Benefit | Greater of the accrued normal retirement benefit earned to the participant's termination date or the actuarially adjusted age 65 normal retirement benefit. |

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**Kaiser Permanente Southern California Pharmacists Pension Plan
Supplement (07-KPSCPPP)**

Disability Retirement

| | |
|-----------------|--|
| Eligibility | Termination due to disability after 10 years of retirement service if the participant receives disability income benefits under Title II of the Social Security Act. |
| Monthly Benefit | The accrued normal retirement benefit earned to the participant's disability retirement date, reduced in the same manner as the early retirement benefit. |

Deferred Vested Retirement

| | |
|-----------------|--|
| Eligibility | 5 years of service or age 65 or older. |
| Monthly Benefit | The accrued normal retirement benefit earned to the participant's date of termination, payable at age 65. |
| | A participant who terminates after completing at least 15 years of service, but before age 55, may elect to receive a reduced benefit beginning as early as age 55. The benefit is reduced in the same manner as the early retirement benefit. |

Pre-Retirement Death Benefits

| | |
|-----------------|--|
| Eligibility | Any vested participant who is married or has a domestic partner at the time of death. |
| Monthly Benefit | 50% of the participant's accrued benefit at the time of death, adjusted for the 50% joint and survivor annuity form of payment, payable at the participant's normal retirement date. If the survivor elects early commencement, the benefit is further reduced in the same manner as the early retirement benefit. A domestic partner must commence benefits within one year of the date of the death of the participant. |

Qualified Dependent Benefit

| | |
|-------------|---|
| Eligibility | Effective April 1, 2007, any vested participant who at the date of death: |
| | (1) Is unmarried or does not have a domestic partner; |
| | (2) Has a qualified dependent; and |
| | (3) Is employed within the controlled group. |

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**Kaiser Permanente Southern California Pharmacists Pension Plan
Supplement (07-KPSCPPP)**

Qualified Dependent Benefit (continued)

Monthly Benefit

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

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

Normal Form of Payment

Unmarried

Life annuity.

Married

50% joint and survivor annuity (actuarially reduced).

Optional Forms of Payment

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

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

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**Kaiser Permanente Southern California Pharmacists Pension Plan
Supplement (07-KPSCPPP)**

Definitions

Actuarial Equivalence

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

For form of payment, actuarial equivalence is based on the Revenue Code 417(e) applicable mortality table and applicable interest rate for the month which is two months before the benefit commencement date.

Credited Service

Frozen Participants will not accrue any additional Credited Service after December 31, 2013 (the Freeze Date).

Previously Frozen Participants will not accrue any additional Credited service between January 1, 2014 and June 30, 2015.

Each calendar year beginning January 1, 2016 or later in which a Participating Pharmacist or Previously Frozen Participant has 1,800 or more hours of employment is counted as a year of credited service. Proportional credited service based on a 1,800-hour year is counted for any complete or partial year in which the Participating Pharmacist or Previously Frozen Participant has fewer than 1,800 hours of employment.

Each calendar year beginning January 1, 2014 and ending December 31, 2015 in which a Participating Pharmacist or, after June 30, 2015, a Previously Frozen Participant, has 2,000 or more hours of employment is counted as a year of credited service. Proportional credited service based on a 2,000-hour year is counted for any complete or partial year in which the Participating Pharmacist or Previously Frozen Participant has fewer than 2,000 hours of employment.

Each calendar year beginning January 1, 2009 and ending December 31, 2013 in which a participant has 1,800 or more hours of employment is counted as a year of credited service. Proportional credited service based on a 1,800-hour year is counted for any complete or partial year in which the participant has fewer than 1,800 hours of employment.

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**Kaiser Permanente Southern California Pharmacists Pension Plan
Supplement (07-KPSCPPP)**

Definitions (continued)

Credited Service (continued)

Each calendar year before January 1, 2009 in which a participant has 2,000 or more hours of employment is counted as a year of credited service. Proportional credited service based on a 2,000-hour year is counted for any complete or partial year in which the participant has fewer than 2,000 hours of employment.

If a pharmacist is vested and has a pre-2014 ESL bank at termination of employment, hours in the pre-2014 ESL bank will be counted as additional hours of Credited Service.

For long term union leave and/or elected official union leave that began on or after January 1, 2016, Credited Service includes up to one year for long term union leaves and up to two years for elected union official leaves.

Special rules apply for the year of termination of employment and other special circumstances.

Final Average Compensation

A Frozen Participant's average monthly compensation for the highest 60 consecutive months of employment in the last 120 months of employment through December 31, 2013 (the Freeze Date).

A Participating Pharmacist's or Previously Frozen Participant's average monthly compensation for the highest 60 consecutive months of employment in the last 120 months of employment.

The total monthly compensation included in final average compensation for any 12-month period is limited in accordance with IRC Section 401(a)(17).

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

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**Kaiser Permanente Southern California Pharmacists Pension Plan
Supplement (07-KPSCPPP)**

Definitions (continued)

| | |
|-------------------------------|---|
| Freeze Date | December 31, 2013. |
| Frozen Participant | A participant on January 1, 2014 who does not meet the requirements of either a Participating Pharmacist or a Previously Frozen Participant. These participants do not earn any Credited Service after December 31, 2013. |
| Participating Pharmacist | A participant who has completed 20 or more years of Service and has attained age 65 on or before January 1, 2014. |
| Previously Frozen Participant | A participant on January 1, 2014 who does not meet the requirements of a Participating Pharmacist, and who was in a Southern California UNAC/UHCP Pharmacist bargaining unit position on June 30, 2015, and whose benefits were frozen on December 31, 2013. These participants do not earn any Credited Service for the period of January 1, 2014 through June 30, 2015. |
| Qualified Dependent | The biological or legally adopted child of the employee who is 18 years of age or younger on the date of the employee's death. Otherwise, if there are no minor children, a qualified dependent, on the date of the employee's death, must (1) be claimed as a dependent on the employee's tax return and (2) live in the home of the employee, or be enrolled and actively attending school. |
| Service | Each calendar year in which an employee has 1,000 or more hours of employment is counted as a year of service. Proportional service based on a 1,000-hour year is counted for any complete or partial year in which the participant has fewer than 1,000 hours of employment. |
| | Effective January 1, 2016, special rules apply for worker's compensation leaves of absence, up to one year for long term union leaves and up to two years for elected union official leaves. |
| | Special rules apply for service before 1989. Special rules apply for service with Canyon General Hospital before 1979. |
| | Special rules apply for service with Moreno Valley Community Hospital prior to June 20, 2008. |
| | Special rules apply for service with OnCall HealthCare Communications (or Med America) prior to November 27, 2001. |

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

Kaiser Permanente Northwest Pension Plan Supplement (08-KPNPP)

Effective Date

KPNPP

Predecessor plans effective January 1, 1964 and January 1, 1972.

Supplements

7-A, 7-B, 7-C, 7-D, 7-E, 7-F, 7-G.

Eligible Employees

Supplement 7-A

An hourly Employee in the Northwest region in the following employee categories:

- (a) Effective November 1, 2003, an Employee represented by OFNHP Local 5017 Registered Nurses (formerly Oregon Federation of Nurses (OFN)).
 - (b) A registered nurse represented by OFNHP Local 5017 (formerly Oregon Federation of Nurses (OFN)) employed before September 1, 1988 and who did not elect to cease accruals under the Plan as of such date, as provided in the applicable collective bargaining agreement.

Supplement 7-B

An hourly Employee in the Northwest region in the following employee categories:

- (a) Effective November 1, 2003, an hourly Employee represented by OFNHP Local 5017 Technical Employees.
 - (b) An OFNHP Technical Employee, provided that such Employee was either hired before January 1, 1994 and did not elect to cease participation in the plan, or the sum of such Employee's age and service as of January 1, 1994 was 60 or more.
 - (c) Effective November 1, 2003, an Employee represented by OFNHP, Local 5017, Registered Dental Hygienists.
 - (d) An OFNHP Dental Hygienist, provided that such Employee was either hired before January 1, 1994 and did not elect to cease participation in the plan, or the sum of such Employee's age and service as of January 1, 1994 was 60 or more.

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

Kaiser Permanente Northwest Pension Plan Supplement (08-KPNPP)

Eligible Employees (continued)

| | |
|----------------------------|--|
| Supplement 7-B (continued) | (e) Effective March 7, 2021, Employees classified as Community Health Navigator, Patient Care 1 Navigator, Clinical Quality and Population Health Navigator, Community Member Navigator, Medicaid Member Navigator, or Medicaid Navigator Lead in the Northwest Region (together "Patient Navigators") who became represented by the Oregon Federation of Nurse and Health Professionals, Local 5017, OFNHP-AFL-CIO, Technical Employees (OFNHP L5017 TE) pursuant to an agreement ratified on September 12, 2020. |
| Supplement 7-C | An hourly Employee in the Northwest region in the following employee categories: (a) An Employee represented by SEIU, Local 49. (b) Effective September 1, 2017, an Employee who is an Administrative Assistant III represented by SEIU Local 49. (c) Effective May 5, 2019, an Employee represented by SEIU Local 49 and classified as a Product and Project Specialist. (d) Effective November 14, 2021, Tumor Registry Employees classified as Tumor Registry Team Lead, Tumor Registry Tech I, II, SR and Tumor Registry Clinical Coordinator in the Northwest Region who became represented by the Service Employee International Union Local 49 (SEIU L49), pursuant to an agreement ratified July 1, 2021. (e) Effective June 26, 2022, Employees classified as Print/Copy Production Coordinator and Printing/Graphic Services Coordinator who became represented by the SEIU Local 49 in the Northwest Region pursuant to an agreement ratified April 3, 2022. |
| Supplement 7-D | An hourly Employee in the Northwest region represented by Guild for Professional Pharmacists who was first hired or rehired by a Participating Company on or before December 31, 2013. |

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

Kaiser Permanente Northwest Pension Plan Supplement (08-KPNPP)

Eligible Employees (continued)

- | | |
|----------------|--|
| Supplement 7-E | An hourly Employee in the Northwest region in the following employee categories: (a) A registered nurse represented by Oregon Nurses Association (ONA) hired before September 1, 1988 and who did not elect to cease accruals in KPNPP. (b) Effective November 1, 2003, an Employee represented by Oregon Nurses Association (ONA). |
| Supplement 7-F | Effective January 1, 2005, an hourly Employee in the Northwest region represented by ILWU, Local 28 (Security Personnel). |
| Supplement 7-G | An hourly Employee in the Northwest region in the following employee categories: (a) An Employee who is not covered under a collective bargaining agreement (CBA). (b) Until August 31, 2017, an Employee who is an Administrative Assistant III represented by SEIU Local 49 and who is neither a Class 07 Employee of Kaiser Foundation Health Plan of the Northwest who became a non-union, non-exempt Employee on December 17, 1995 nor an Employee of Kaiser Foundation Health Plan of the Northwest or Kaiser Foundation Hospitals in the Northwest Region who is categorized as Administrative Confidential I and who was classified as an hourly Employee on January 1, 2004. (c) Through March 6, 2021, Employees classified as Community Health Navigator, Patient Care 1 Navigator, Clinical Quality and Population Health Navigator, Community Member Navigator, Medicaid Member Navigator, or Medicaid Navigator Lead in the Northwest Region (together "Patient Navigators") who became represented by the Oregon Federation of Nurse and Health Professionals, Local 5017, OFNHP-AFL-CIO, Technical Employees (OFNHP L5017 TE) pursuant to an agreement ratified on September 12, 2020. (d) Through November 13, 2021, Tumor Registry Employees classified as Tumor Registry Tech I, II, SR and Tumor Registry Clinical Coordinator in the Northwest Region who became represented by the Service Employee International Union Local 49 (SEIU L49), pursuant to an agreement ratified July 1, 2021. |

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

Kaiser Permanente Northwest Pension Plan Supplement (08-KPNPP)

Participation

Participation begins on the first anniversary of hire if the eligible employee has at least 1,000 hours of employment. Otherwise, participation begins on the first day of the plan year in which the eligible employee has 1,000 hours of employment.

Normal Retirement

| | |
|-----------------|---|
| Eligibility | Age 65. |
| Monthly Benefit | <ul style="list-style-type: none">(1) 1.2% of final average compensation times years of credited service.(2) Effective March 1, 2003, for employees represented by SEIU, Local 49, 1.45% of final average compensation times years of credited service.(3) Effective May 1, 2009, for employees represented by the Guild for Professional Pharmacists, 1.45% of final average compensation times years of credited service.(4) Effective November 1, 2003, for employees represented by ONA, or OFNHP, 1.45% of final average compensation times years of credited service.(5) Effective January 1, 2005, for employees represented by ILWU, Local 28, 1.45% of final average compensation times years of credited service. |

However, the minimum monthly normal retirement benefit is \$8.50 times years of credited service for employees represented by SEIU, Local 49 and for hourly employees not represented by a collective bargaining agreement and \$7.50 times years of credited service for employees represented by ONA or OFN.

The monthly benefit will be reduced for any benefits payable from another plan(s) sponsored by certain organizations and medical care organizations listed in an appendix to KPRP for which credited service for the same period is included in both this plan and the other plan(s).

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

Kaiser Permanente Northwest Pension Plan Supplement (08-KPNPP)

Early Retirement

| | |
|-----------------|---|
| Eligibility | Age 55 and 10 years of service, or the sum of years of age plus years of service equals at least 75. |
| Monthly Benefit | The accrued normal retirement benefit earned to the participant's termination date, reduced actuarially using the UP-1984 mortality table set back five years in age and a 6% interest rate. |
| | For SEIU, Local 49, ONA, OFNHP, or ILWU, Local 28, the accrued normal retirement benefit earned to the participant's termination date, reduced 5% for each year by which the benefit starting date precedes age 65. |
| | Effective January 1, 2012 for employees represented by the Guild for Professional Pharmacists, the accrued normal retirement benefit earned to the participant's termination date, reduced 5% for each year by which the benefit starting date precedes age 65. |

Postponed Retirement

| | |
|-----------------|---|
| Eligibility | Termination after normal retirement date. |
| Monthly Benefit | Greater of the accrued normal retirement benefit earned to the participant's termination date, actuarially adjusted age 65 accrued benefit. |

Disability Retirement

| | |
|-----------------|---|
| Eligibility | Termination due to disability after 10 years of retirement eligibility service if the participant receives disability income benefit under Title II of the Social Security Act. |
| Monthly Benefit | The accrued normal retirement benefit earned to the participant's disability retirement date with no reduction. |

Deferred Vested Retirement

| | |
|-----------------|---|
| Eligibility | 5 years of service or age 65 or older. |
| Monthly Benefit | The accrued normal retirement benefit earned to the participant's date of termination, payable at age 65. |
| | A participant who terminates after completing at least 10 years of service, but before age 55, may elect to receive a reduced benefit beginning as early as age 55, or when the participant's years of age plus years of service equals at least 75. The benefit is reduced in the same manner as the early retirement benefit. |

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

Kaiser Permanente Northwest Pension Plan Supplement (08-KPNPP)

Pre-Retirement Death Benefits

| | |
|-----------------|--|
| Eligibility | Any vested participant who is married, or who has a domestic partner, at the time of death. |
| Monthly Benefit | 50% of the participant's accrued benefit at the time of death, adjusted for the 50% joint and survivor annuity form of payment, payable at the participant's normal retirement date. If the survivor elects early commencement, the benefit is further reduced in the same manner as the early retirement benefit. A domestic partner must commence benefits within one year of the date of the death of the participant. |

Qualified Dependent Benefit

| | |
|-----------------|--|
| Eligibility | Any vested participant represented by OFN Local 5017 (registered nurses), OFNHP, Local 5017 (Technical and Hygienists), SEIU, Local 49, ILWU Local 28 and ONA. Effective May 1, 2006 Guild for Professional Pharmacists who on the date of death: (1) Is unmarried or does not have a domestic partner; (2) Has a qualified dependent; and (3) Is employed within the controlled group. |
| Monthly Benefit | A monthly benefit for 120 months payable to the qualified dependent, determined as if the participant retired on the day before death, elected a life annuity with 120 monthly payments guaranteed, and designated the qualified dependent as the beneficiary. If the participant is survived by both a spouse or a domestic partner and a qualified dependent and the surviving spouse dies before the tenth anniversary of the participant's date of death, the qualified dependent will receive a qualified dependent monthly benefit that will end in the month of the tenth anniversary of the participant's death. This benefit is limited in accordance with IRC Section 401(a)(9)(B). |

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

Kaiser Permanente Northwest Pension Plan Supplement (08-KPNPP)

Normal Form of Payment

| | |
|---------------------------|---|
| Unmarried | Life annuity. |
| Married | 50% joint and survivor annuity (actuarially reduced). |
| Optional Forms of Payment | <ul style="list-style-type: none">(1) Life annuity;(2) Joint and survivor annuity with 50%, 66-2/3%, or 75% continuation to the survivor;(3) Life annuity with 60, 120, 180, or 240 monthly payments guaranteed;(4) Level income option which is reduced after Social Security payments begin to provide a level income throughout retirement (available as a life annuity or life annuity with a guaranteed period certain);(5) Lump sum; and(6) 100% joint and survivor annuity with 15-year guaranteed period and pop-up. |

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

Definitions

| | |
|-----------------------|--|
| Actuarial Equivalence | For time of payment, actuarial equivalence is based on a 6% interest rate and the UP-1984 Mortality Table set back 5 years for participants and 2 years for beneficiaries. |
| | For form of payment, actuarial equivalence is based on the Revenue Code 417(e) applicable mortality table and applicable interest rate for the month which is two months before the benefit commencement date. |

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

Kaiser Permanente Northwest Pension Plan Supplement (08-KPNPP)

Definitions (continued)

Credited Service

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

For SEIU, Local 49 employees and with various effective dates¹, for ONA, OFNHP and ILWU, Local 28 employees each calendar year in which a participant has 1,800 or more hours of employment is counted as a year of credited service. Proportional credited service based on a 1,800-hour year is counted for any complete or partial year in which the participant has fewer than 1,800 hours of employment.

Effective January 1, 2012, for employees represented by the Guild for Professional Pharmacists, each calendar year in which a participant has 1,800 or more hours of employment is counted as a year of Credited Service. Between January 1, 2008 and January 1, 2012 each calendar year in which a participant has 2,000 or more hours of employment is counted as a year of Credited Service. Proportional Credited Service based on a 2,000-hour year is counted for any year in which the Participant has 1,000-1,999 Hours of Employment. Prior to January 1, 2008 proportional Credited Service for all hours worked, based on a 2,000-hour year is counted for any complete or partial year in which a participant has fewer than 2,000 Hours of Employment.

Special rules apply for the year in which the employee terminates employment.

For all employees, credited service includes certain pre-2006 hours for accumulated sick leave. No minimum sick leave bank required.

Effective January 1, 2010 Credited Service for union employees does not include certain post-2005 (traditional sick leave programs) or post-2009 (extended sick leave programs) hours of accumulated sick leave as provided in the Reopener Memorandum of Agreement dated September 12, 2008.

¹ Effective November 1, 2003 – ONA, OFNHP L5017 (Registered Nurses, Technical Employees, Registered Dental Hygienist)
Effective January 1, 2005 – ILWU L28

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

Kaiser Permanente Northwest Pension Plan Supplement (08-KPNPP)

Definitions (continued)

Credited Service (continued)

Effective January 1, 2006, employees represented by OFNHP Local 5017 (Registered Nurses), OFNHP Local 5017 (Registered Dental Hygienists), OFNHP Local 5017 (Technical Employees), ONA (who did not elect in 1994 to cease accruing benefits in this Plan) will be granted up to an additional three years of credited service. For certain employees, the additional years of service are based on 2006, 2007, 2008 service.

One year credited service is counted for Long-term union leaves and a maximum of two years credited service is counted for Elected Union Official Leaves.

Notwithstanding the foregoing, certain hours of employment are not counted as credited service (for example, hours for which the employer has made a contribution on behalf of an employee to an IRA, a defined contribution plan, or a Section 403(b) plan, hours in a plan year in which an employee voluntarily declined participation in the plan, or hours after a certain date in which certain collective bargaining employees elected to cease accruals under this plan.)

Final Average Compensation

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

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

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

Kaiser Permanente Northwest Pension Plan Supplement (08-KPNPP)

Definitions (continued)

Qualified Dependent

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

Service

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

If an employee represented by SEIU, Local 49 has less than 1,000 hours of employment during a calendar year, each month in which he has 150 or more hours of employment is counted as 1/12 of a year of service. For years of service on or after May 1, 2003 and before January 1, 2013 the years of service may not be less than the amount calculated under the administration system.

Special rules apply for certain employees represented by a collective bargaining agreement for workers' compensation leaves of absence.

One year credited service is counted for Long-term union leaves and a maximum of two years credited service is counted for Elected Union Official Leaves.

Schedule SB Attachment (Form 5500)—2024 Plan Year
Kaiser Permanente Retirement Plan
EIN: 94-1340523 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

**Kaiser Permanente Hawaii Employees Pension Plan Supplement
(09-KPHEPP)**

Effective Date

KPHEPP May 1, 1969.

Supplements 8-A, 8-B, 8-C, 8-D, 8-E.

Eligible Employees

- | | |
|----------------|--|
| Supplement 8-A | An hourly Employee in the Hawaii region represented by the International Longshoremen's and Warehousemen's Union, Local 142 ("ILWU Local 142") or who is a non-union, non-exempt call-in Employee who is a follower of ILWU Local 142 ("ILWU Local 142 Follower"), and who was first hired or rehired by a Controlled Group Company on or before December 31, 2014. |
| Supplement 8-B | An Employee in the Hawaii region represented by Hotel Employees and Restaurant Employees Union, Local 5. <ul style="list-style-type: none">(a) Effective August 27, 2017, an Employee who is classified as a Certified Ophthalmic Technician, Ophthalmic Assistants-Certified and Ophthalmic Assistant. (From July 6 to August 26, 2017 these employees were covered by Supplement 8-D.)(b) Effective April 21, 2019, an Employee who is classified as a Customer Service Representative. (From January 17 through April 20, 2019 these employees were covered by Supplement 8-D.)(c) Effective April 2, 2023, the Eligible Employee classification under this Supplement 8-B includes an Employee of the Hawaii region who is classified as an Inventory Management Associate – SURG represented by UNITE HERE Local 5. |

Schedule SB Attachment (Form 5500)—2024 Plan Year
Kaiser Permanente Retirement Plan
EIN: 94-1340523 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

**Kaiser Permanente Hawaii Employees Pension Plan Supplement
(09-KPHEPP)**

Eligible Employees (continued)

Supplement 8-C

Hourly employees in the Hawaii region in the following employee categories:

- (a) Represented by the Hawaii Nurses Association.
- (b) Effective January 1, 2010, who is an Oahu Home Health Nurse represented by the Hawaii Nurses Association.
- (c) Effective January 1, 2018, who is a Respiratory Therapist represented by the Hawaii Nurses Association.
- (d) Effective July 29, 2018, Patient Care Coordinators, Clinical Care Coordinators, and Lead Patient Care Coordinators represented by Hawaii Nurses Association.
- (e) Effective September 1, 2020, Employees classified as Registered Nurses and Nurse Practitioners in the Hawaii Region who became represented by the Hawaii Nurses and Healthcare Professionals (HNHP).
- (f) Effective January 1, 2023, Employees classified as Respiratory Therapists who became represented by HNHP in the Hawaii Region pursuant to an agreement ratified December 6, 2021.
- (g) Effective January 1, 2023, Employees classified as Home Health NSE – Oahu, Home Health Nurse – NSI, SHR – Home Health NSE – Oahu – Call In Employees Only and Home Health Nurse NI- Maui who became represented by HNHP in the Hawaii Region pursuant to an agreement ratified December 13, 2021.

Supplement 8-D

Hourly employees in the Hawaii region in the following employee categories:

- (a) An Employee not covered by a collective bargaining agreement.
- (b) Excluded from coverage is an Employee who is reclassified as non-union non-exempt Employee pursuant to federal law and who continues to be covered by Supplement 1 (formerly the Kaiser Permanente Salaried Retirement Plan Supplement to the Kaiser Permanente Retirement Plan).
- (c) Excluded from coverage is an Employee of Maui Health System (MHS).

Schedule SB Attachment (Form 5500)—2024 Plan Year
Kaiser Permanente Retirement Plan
EIN: 94-1340523 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

**Kaiser Permanente Hawaii Employees Pension Plan Supplement
(09-KPHEPP)**

Eligible Employees (continued)

Supplement 8-D (continued)

- (d) Effective July 6, 2017 through August 26, 2017, an Employee who is classified as a Certified Ophthalmic Technician, Ophthalmic Assistants-Certified and Ophthalmic Assistant represented by Hotel Employees and Restaurant Employees Union, Local 5.
- (e) Effective August 15, 2017 through December 31, 2017, an Employee who is classified as a Respiratory Therapist represented by the Hawaii Nurses Association.
- (f) Effective January 17, 2019 through April 20, 2019, an Employee classified as a Customer Service Representative represented by UNITE HERE Local 5.
- (g) Through April 1, 2023, the Eligible Employee classification under this Supplement 8-D includes an Employee of the Hawaii region who is classified as an Inventory Management Associate – SURG represented by UNITE HERE Local 5.
- (h) Through December 31, 2023, Employees classified as hourly or nonexempt Hawaii Integrated Behavioral Health and Inpatient Medical Social Workers who became represented by NUHW in the Hawaii Region pursuant to an agreement ratified February 18, 2023.

Supplement 8-E

Effective January 1, 2024, an Employee in the Hawaii Region represented by the National Union of Healthcare Workers (“NUHW”) – Integrated Behavioral Health and Inpatient Medical Social Worker bargaining unit.

Participation

Participation begins on the first anniversary of hire if the eligible employee has at least 1,000 hours of employment during preceding 12 months. Otherwise, participation begins on the first day of the plan year in which the eligible employee has 1,000 hours of employment.

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

**Kaiser Permanente Hawaii Employees Pension Plan Supplement
(09-KPHEPP)**

Normal Retirement

| | |
|-----------------|--|
| Eligibility | Age 65. |
| Monthly Benefit | 1.45% of final average compensation times years of credited service for participants represented by certain collective bargaining units: (1) Hawaii Nurses Association (HNA) participants, including Oahu Home Health Nurses (2) UNITE HERE Local 5 participants in the Hawaii Region (3) Supplements 8-B and 8-E |
| | 1.40% of final average compensation times years of credited service for all other participants. |

The monthly benefit will be reduced for any benefits payable from another plan(s) sponsored by certain organizations and medical care organizations listed in an appendix to KPRP for which credited service for the same period is included in both this plan and the other plan(s).

Early Retirement

| | |
|-----------------|---|
| Eligibility | A participant who has a Termination of Employment before his/her Normal Retirement date, age 55 and 15 years of service, or the sum of years of age plus years of service equals at least 70. |
| Monthly Benefit | The accrued normal retirement benefit earned to the participant's termination date, reduced actuarially using the UP-1984 mortality table set back five years in age and a 6% interest rate. |

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

**Kaiser Permanente Hawaii Employees Pension Plan Supplement
(09-KPHEPP)**

In-Service Retirement

Eligibility Participants of certain groups¹ are eligible to elect (a one-time in-service distribution) to begin receipt of retirement benefits while active at or after age 65.

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

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

Postponed Retirement

Eligibility Termination after normal retirement date.

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

¹ Effective January 1, 2015 for ILWU Local 142 participants and followers of ILWU.
Effective January 1, 2017 for HERE Local 5 participants.
Effective August 27, 2017 for HERE Local 5 (Certified Ophthalmic Technician, Ophthalmic Assistants-Certified, and Ophthalmic Assistant) participants.
Effective April 21, 2019 for HERE Local 5 (Customer Service Representatives).

Schedule SB Attachment (Form 5500)—2024 Plan Year
Kaiser Permanente Retirement Plan
EIN: 94-1340523 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

**Kaiser Permanente Hawaii Employees Pension Plan Supplement
(09-KPHEPP)**

Disability Retirement

| | |
|-----------------|---|
| Eligibility | Termination due to disability after 10 years of retirement service if the participant receives disability income benefit under Title II of the Social Security Act. |
| Monthly Benefit | The accrued normal retirement benefit earned to the participant's disability retirement date, reduced in the same manner as the early retirement benefit. |

Deferred Vested Retirement

| | |
|-----------------|--|
| Eligibility | 5 years of service and one hour of employment after January 1, 1989 or age 65 or older. |
| Monthly Benefit | The accrued normal retirement benefit earned to the participant's date of termination, payable at age 65. |
| | A participant who terminates after completing at least 15 years of service, but before age 55, may elect to receive a reduced benefit beginning as early as age 55, or when the participant's years of age plus years of service equal at least 70. The benefit is reduced in the same manner as the early retirement benefit. |

Pre-Retirement Death Benefits

| | |
|-----------------|--|
| Eligibility | Any vested participant who is married at the time of death. |
| | A vested participant of certain groups ¹ , who has a domestic partner at the time of death. |
| Monthly Benefit | 50% of the participant's accrued benefit at the time of death, adjusted for the 50% joint and survivor annuity form of payment, payable 1st day of month following the participant's normal retirement date. If the survivor elects early commencement, the benefit is further reduced in the same manner as the early retirement benefit. |
| | Domestic partner must commence benefits within one year of the date of death of the participant. |

¹ Effective February 16, 2009 for HNA participants.
Effective September 1, 2013 for HNA (Oahu Home Health Care Nurse) participants.
Effective January 1, 2017 for HERE Local 5 participants.
Effective August 27, 2017 for HERE Local 5 (Certified Ophthalmic Technician, Ophthalmic Assistants-Certified, and Ophthalmic Assistant) participants.
Effective January 1, 2018 for HNA (Respiratory Therapist) participants.
Effective July 29, 2018 for HNA (Patient Care Coordinators, Clinical Care Coordinators, CD Clinical-ED, CD Perinatal-Inpt, and Lead Patient Care Coordinators) participants.
Effective April 21, 2019 for HERE Local 5 (Customer Service Representatives).
Any additional eligible employees covered by Supplement 8-C not listed above.

Schedule SB Attachment (Form 5500)—2024 Plan Year
Kaiser Permanente Retirement Plan
EIN: 94-1340523 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

**Kaiser Permanente Hawaii Employees Pension Plan Supplement
(09-KPHEPP)**

Qualified Dependent Benefit

Eligibility A vested participant of certain groups¹ who at the date of death:

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

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

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

¹ Effective January 1, 2017 for HERE Local 5 participants.
Effective August 27, 2017 for HERE Local 5 (Certified Ophthalmic Technician, Ophthalmic Assistants-Certified, and Ophthalmic Assistant) participants.
Effective April 21, 2019 for HERE Local 5 (Customer Service Representatives).
Any additional eligible employees covered by Supplement 8-C not listed above.

Schedule SB Attachment (Form 5500)—2024 Plan Year
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EIN: 94-1340523 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

**Kaiser Permanente Hawaii Employees Pension Plan Supplement
(09-KPHEPP)**

Normal Form of Payment

| | |
|---------------------------|---|
| Unmarried | Life annuity. |
| Married | 50% joint and survivor annuity (actuarially reduced). |
| Optional Forms of Payment | <ul style="list-style-type: none">(1) Life annuity;(2) Joint and survivor annuity with 50%, 66-2/3%, or 75% continuation to the survivor;(3) Life annuity with 60, 120, 180, or 240 monthly payments guaranteed;(4) Level income option which is reduced after Social Security payments begin to provide a level income throughout retirement (available as a life annuity or life annuity with a guaranteed period certain);(5) Lump sum; and(6) 100% joint and survivor annuity with 15-year guaranteed period and pop-up. |

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

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

**Kaiser Permanente Hawaii Employees Pension Plan Supplement
(09-KPHEPP)**

Definitions

Actuarial Equivalence

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

For form of payment, actuarial equivalence is based on the Revenue Code 417(e) applicable mortality table and applicable interest rate for the month which is two months before the benefit commencement date.

Credited Service

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

For hourly participants not covered under a collective bargaining agreement (excluding followers of HNA and ILWU) and for participants represented by Hotel Employees and Restaurant Employees Union, Local 5, the following shall apply:

- (1) Effective January 1, 2006, each calendar year in which a participant has 1,900 or more hours of employment is counted as a year of credited service. Proportional credited service based on a 1,900-hour year is counted for any complete or partial year in which the participant has fewer than 1,900 hours of employment.
- (2) Effective January 1, 2007¹, each calendar year in which a participant has 1,800 or more hours of employment is counted as a year of credited service. Proportional credited service based on a 1,800-hour year is counted for any complete or partial year in which the participant has fewer than 1,800 hours of employment.

Notwithstanding the foregoing, certain hours of employment are not counted as credited service (for example, hours for which the employer has made a contribution on behalf of an employee to an IRA, a defined contribution plan, or a Section 403(b) plan, not pursuant to a salary reduction agreement or hours in a plan year in which an employee voluntarily declined participation in the plan).

¹c Assistants-Certified, and Ophthalmic Assistant) participants.

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

**Kaiser Permanente Hawaii Employees Pension Plan Supplement
(09-KPHEPP)**

Definitions (continued)

Credited Service (continued)

Effective January 1, 2018, an employee in the Hawaii region represented by Hotel Employees and Restaurant Employees Union, Local 5, credited service includes one year for long term union leaves and up to two years for elected union official leaves.

Effective January 1, 2023, an employee represented by HNHP-Respiratory Therapists or HNHP-Home Health Nurses, credited service includes one year for long term union leaves and up to two years for elected union official leaves.

Final Average Compensation

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

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

Qualified Dependent

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

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Schedule SB, Part V—Summary of Plan Provisions

**Kaiser Permanente Hawaii Employees Pension Plan Supplement
(09-KPHEPP)**

Definitions (continued)

Service

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

Special prior service credits apply for certain employees.¹

For employees of certain groups², up to 1,000 hours of worker's compensation leave(s) may be used.

Effective January 1, 2018, an employee in the Hawaii region represented by Hotel Employees and Restaurant Employees Union, Local 5, service includes up to 30 days for short term union leaves, one year for long term union leaves and up to two years for elected union official leaves.

Effective January 1, 2023, an employee represented by HNHP-Respiratory Therapists or HNHP-Home Health Nurses, credited service includes one year for long term union leaves, up to two years for elected union official leaves and periods of short term leaves.

¹ Hours of Employment with American Optical Company's Honolulu branch for 4 former American Optical Company employees hired September 1, 1981.

² Effective January 1, 2010 for Hawaii Nurses Association (HNA) employees.
Effective September 1, 2013 for eligible Hawaii Nurses Association (Oahu Home Health Care Nurses) employees. Effective January 1, 2017 for Hotel Employees and Restaurant Employees, Local 5 (HERE Local 5) employees.

Effective August 27, 2017 for HERE Local 5 (Certified Ophthalmic Technician, Ophthalmic Assistants-Certified, and Ophthalmic Assistant) employees.

Effective January 1, 2018 for HNA (Respiratory Therapist) employees.

Effective July 29, 2018 for HNA (Patient Care Coordinators, Clinical Care Coordinators, CD Clinical-ED, CD Perinatal-Inpt, and Lead Patient Care Coordinators) employees.

Effective April 21, 2019 for HERE Local 5 (Customer Service Representatives).

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

**Kaiser Permanente Ohio Employees Pension Plan Supplement
(10-KPOEPP)**

Effective Date

KPOEPP January 1, 1976.

Supplements 9-A, 9-B, 9-C, 9-D, 9-E.

Eligible Employees
Hourly employees in the Ohio region in the following employee categories:

Supplement 9-A An Employee represented by Office and Professional Employees International Union, AFL-CIO Local 17.

Supplement 9-B An Employee represented by the Ohio Nurses Association (Medical Office Unit).

Supplement 9-C Before April 1, 2002, an Employee represented by the Service Employees International Union, Local 47.

Supplement 9-D Before January 1, 2014, an Employee represented by Local 244 and affiliated with IBT who is an RN employed 20 hours or more per week in the Operating Room, Ambulatory Surgery Center, Post-Anesthesia Care Unit, Clinical Decision Unit, Emergency Department, and Member Service Center at the Kaiser Permanente facility in Parma and/or Brooklyn Heights, OH.

Supplement 9-E An Employee in the Ohio region represented by the Ohio Nurses Association (formerly non-union emergency department registered nurses).

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

**Kaiser Permanente Ohio Employees Pension Plan Supplement
(10-KPOEPP)**

Participation

Participation begins on the first anniversary of hire if the eligible employee has at least 1,000 hours of employment. Otherwise, participation begins on the first day of the plan year in which the eligible employee has 1,000 hours of employment.

Effective January 1, 2014, participation is frozen effective January 1, 2014 for employees represented by the International Brotherhood of Teamsters Local 244 (IBT Local 244). Employees represented by IBT Local 244 hired on or after January 1, 2014 shall not be eligible to participate. Employees represented by IBT Local 244 who are participating in the plan and have not completed 15 or more years of Service and have not attained age 55 on or before December 31, 2013 shall continue to participate but their accrued benefits shall be frozen as of December 31, 2013. Employee represented by IBT Local 244 who are participating and have completed 15 or more years of Service and have attained age 55 on or before December 31, 2013 shall continue to accrue benefits under the Plan.

Normal Retirement

Eligibility

Age 65.

Monthly Benefit

- (1) For employees represented by OPEIU, AFL-CIO Local 17 and for hourly employees not represented by a collective bargaining agreement who follow Local 17, 1.4% of final average compensation times years of credited service.
- (2) For employees represented by SEIU, Local 47, the greater of the amounts determined under (a) and (b) below:
 - (a) 1.0% of final average compensation times years or partial years of credited service, or
 - (b) The sum of accruals for all years in which a participant has credited service. The accrual for each year is the fraction of a year of credited service accrued in that year times the following:
 - (i) For each year before 1970, 1.25% of 1969 compensation, and
 - (ii) For each year after 1969, 1.25% of compensation in that year.

(Effective March 31, 2002 all positions covered by SEIU, Local 47 were eliminated.)

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Schedule SB, Part V—Summary of Plan Provisions

**Kaiser Permanente Ohio Employees Pension Plan Supplement
(10-KPOEPP)**

Normal Retirement (continued)

Monthly Benefit (continued)

- (3) For medical office nurses represented by the ONA, 1.2% of final average compensation times years of credited service and partial years of credited service.

Effective October 1, 2012 the benefit multiplier will increase from 1.2% to 1.4%.

- (4) For ambulatory services nurses represented by ONA, 1.1% of final average compensation times years of credited service and partial years of credited service.

(All ambulatory services nurses positions were eliminated in the early 1990's.)

- (5) For nurses employed not represented by a collective bargaining agreement, 1.1% of final average compensation times years of credited service and partial years of credited service.

(Effective May 20, 2011 all Non-Union ED RN Nurses are covered by ONA.)

- (6) Effective January 1, 2005, for registered nurses represented by IBT Local 244, 1.2% of final average compensation times years of credited service and partial years of credited service.

Effective January 1, 2014 the benefit multiplier will increase from 1.2% to 1.3% for IBT Local 244 employees who have completed 15 or more years of service and have attained age 55 on or before December 31, 2013.

- (7) Effective January 1, 2009, for Emergency Department Registered Nurses not represented by a collective bargaining agreement, 1.2% of final average compensation times years of credited service and partial years of credited service.

(Effective May 20, 2011 all Emergency Department Registered Nurses are covered by ONA, item (8) below.)

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Schedule SB, Part V—Summary of Plan Provisions

**Kaiser Permanente Ohio Employees Pension Plan Supplement
(10-KPOEPP)**

Normal Retirement (continued)

Monthly Benefit (continued)

- (8) Effective May 20, 2011, for Emergency Department Registered Nurses represented by ONA (EDRN-ONA), 1.2% of final average compensation times years of credited service and partial years of credited service.

Effective October 1, 2012 the benefit multiplier will increase from 1.2% to 1.4%.

The monthly benefit will be reduced for any benefits payable from another plan(s) sponsored by certain organizations and medical care organizations listed in an appendix to KPRP for which credited service for the same period is included in both this plan and the other plan(s).

Early Retirement

Eligibility

Age 55 and 10 years of service.

Monthly Benefit

The accrued normal retirement benefit earned to the participant's termination date, reduced actuarially using the UP-1984 mortality table set back five years in age and a 6% interest rate.

For OPEIU, AFL-CIO, Local 17, the accrued normal retirement benefit earned to the participant's termination date, reduced 5% for each year by which the benefit starting date precedes age 65.

Postponed Retirement

Eligibility

Termination after normal retirement date.

Monthly Benefit

Greater of the accrued normal retirement benefit earned to the participant's termination date, or actuarially adjusted age 65 accrued benefit.

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Schedule SB, Part V—Summary of Plan Provisions

**Kaiser Permanente Ohio Employees Pension Plan Supplement
(10-KPOEPP)**

Disability Retirement

| | |
|-----------------|---|
| Eligibility | Termination due to disability after 10 years of retirement service if the participant receives disability income benefits under Title II of the Social Security Act. |
| Monthly Benefit | The accrued normal retirement benefit earned to the participant's disability retirement date, reduced in the same manner as the early retirement benefit. |
| | For OPEIU, AFL-CIO, Local 17, the accrued normal retirement benefit earned to the participant's disability retirement date, reduced in the same manner as the early retirement benefit—5% for each year by which the benefit starting date precedes age 65. |

Deferred Vested Retirement

| | |
|-----------------|---|
| Eligibility | 5 years of service or age 65 or older. |
| Monthly Benefit | The accrued normal retirement benefit earned to the participant's date of termination, payable at age 65. |
| | A participant, who terminates after completing at least 10 years of service, but before age 55, may elect to receive a reduced benefit beginning as early as age 55. The benefit is reduced in the same manner as the early retirement benefit. |

Pre-Retirement Death Benefits

| | |
|-----------------|--|
| Eligibility | Any vested participant who is married, or for a vested participant who is eligible ¹ for the qualified dependent benefit who has a domestic partner, at the time of death. |
| Monthly Benefit | 50% of the participant's accrued benefit at the time of death, adjusted for the 50% joint and survivor annuity form of payment, payable at the participant's normal retirement date. If the survivor elects early commencement, the benefit is further reduced in the same manner as the early retirement benefit. A domestic partner must commence benefits within one year of the date of the death of the participant. |

¹ 1) Effective October 1, 2000, participants represented by: Office and Professional Employees International Union, AFL-CIO Local 17.

2) Effective October 1, 2005, participants represented by ONA (Medical Office Unit).

3) Effective May 20, 2011, emergency department nurses represented by ONA (EDRN-ONA).

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Schedule SB, Part V—Summary of Plan Provisions

**Kaiser Permanente Ohio Employees Pension Plan Supplement
(10-KPOEPP)**

Qualified Dependent Benefit

Eligibility Any vested participant represented by certain collective bargaining agreements¹ who at the date of death:

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

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

Normal Form of Payment

Unmarried Life annuity.

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

Optional Forms of Payment

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

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

¹ 1) Effective October 1, 2000, participants represented by: Office and Professional Employees International Union, AFL-CIO Local 17.

2) Effective October 1, 2005, participants represented by ONA (Medical Office Unit).

3) Effective May 20, 2011, emergency department nurses represented by ONA (EDRN-ONA).

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**Kaiser Permanente Ohio Employees Pension Plan Supplement
(10-KPOEPP)**

Definitions

Actuarial Equivalence

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

For form of payment, actuarial equivalence is based on the Revenue Code 417(e) applicable mortality table and applicable interest rate for the month which is two months before the benefit commencement date.

Credited Service

Effective January 1, 2014, employees represented by IBT Local 244 who have not completed 15 or more years of Service and have not attained age 55 on or before December 31, 2013 shall not accrue any additional Credited Service after December 31, 2013.

Each calendar year in which a participant has 2,000 or more hours of employment is counted as a year of credited service. Proportional credited service based on a 2,000-hour year is counted for any complete or partial year in which the participant has 1,000 or more, but fewer than 2,000 hours of employment. If a participant works less than 1,000 hours in a calendar year, proportional credited service based on a 2,000 hour year is granted for all hours worked at an employment rate of 1,000 or more hours per year.

Effective January 1, 2006, for employees represented by OPEIU Local 17 and ONA (Medical Office Union) who terminate employment on or after becoming eligible for Early, Disability or Normal Retirement, credited service includes certain hours for accumulated sick leave.

Effective January 1, 2010 Credited Service does not include certain post-2005 hours of accumulated sick leave as provided in the Reopener Memorandum of Agreement dated September 12, 2008.

For OPEIU, Local 17, credited service includes up to one year for long term union leaves and up to two years for elected union official leaves. Effective October 1, 2005, for ONA (Medical Office Unit), and effective May 20, 2011 for EDRN-ONA, credited service includes up to one year for long term leaves and up to two years for elected union official leaves.

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**Kaiser Permanente Ohio Employees Pension Plan Supplement
(10-KPOEPP)**

Definitions (continued)

Final Average Compensation

Effective January 1, 2014, Final Average Compensation for Employees represented by IBT Local 244 who have not completed 15 or more years of Service and have not attained age 55 on or before December 31, 2013, shall include only their average monthly compensation for the highest 60 consecutive months of employment in their last 120 months of employment through December 31, 2013.

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

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

Qualified Dependent

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

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**Kaiser Permanente Ohio Employees Pension Plan Supplement
(10-KPOEPP)**

Definitions (continued)

Service

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

Employment at Pavilion Nursing Home is counted as 1/12 of a year of Service and Credited Service for each Employee represented by SEIU, Local 47, and employed by an Employer on September 1, 1979.

Special rules for workers' compensation leaves of absence apply for employees represented by a collective bargaining agreement.¹

Effective October 1, 2000, for employees represented by OPEIU, Local 17, service includes up to one year for long term union leaves and up to two years for elected union official leaves. Effective October 1, 2005, for ONA (Medical Office Unit), and May 20, 2011 for EDRN-ONA, service includes up to one year for long term leaves and up to two years for elected union official leaves.

¹ 1) OPEIU L17.

2) ONA (Medical Office Unit) – effective October 1, 2005.

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Kaiser Permanente Colorado Pension Plan Supplement (11-KPCPP)

Effective Date

KPCPP January 1, 1973.

Supplement 10-A.

Eligible Employees

An Employee in the Colorado region represented by the Service Employees International Union, AFL-CIO, Local 105.

Participation

Participation begins on the first anniversary of hire if the eligible employee has at least 1,000 hours of employment. Otherwise, participation begins on the first day of the plan year in which the eligible employee has 1,000 hours of employment.

Normal Retirement

Eligibility Age 65.

Monthly Benefit Effective March 1, 2003, 1.45% of final average compensation times years of credited service.

The monthly benefit will be reduced for any benefits payable from another plan(s) sponsored by certain organizations and medical care organizations listed in an appendix to KPRP for which credited service for the same period is included in both this plan and the other plan(s).

Early Retirement

Eligibility Age 55 and 15 years of service.

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

Postponed Retirement

Eligibility Termination after normal retirement date.

Monthly Benefit Greater of the accrued normal retirement benefit earned to the participant's termination date, or actuarially adjusted age 65 accrued benefit.

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Schedule SB, Part V—Summary of Plan Provisions

Kaiser Permanente Colorado Pension Plan Supplement (11-KPCPP)

Disability Retirement

Eligibility

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

Monthly Benefit

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

Deferred Vested Retirement

Eligibility

5 years of service or age 65 or older.

Monthly Benefit

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

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

Pre-Retirement Death Benefits

Eligibility

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

Monthly Benefit

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

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

Qualified Dependent Benefit

Eligibility

Any vested participant who at the date of death:

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

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Kaiser Permanente Colorado Pension Plan Supplement (11-KPCPP)

Qualified Dependent Benefit (continued)

Monthly Benefit

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

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

Normal Form of Payment

Unmarried

Life annuity.

Married

50% joint and survivor annuity (actuarially reduced).

Optional Forms of Payment

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

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

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Schedule SB, Part V—Summary of Plan Provisions

Kaiser Permanente Colorado Pension Plan Supplement (11-KPCPP)

Definitions

Actuarial Equivalence

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

For form of payment, actuarial equivalence is based on the Revenue Code 417(e) applicable mortality table and applicable interest rate for the month which is two months before the benefit commencement date.

Credited Service

Each calendar year beginning January 1, 2003 in which a participant has 1,800 or more hours of employment is counted as a year of credited service. Proportional credited service based on a 1,800-hour year is counted for any complete or partial year in which the participant has 1,000 or more, but fewer than 1,800 hours of employment.

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

If a Participant works less than 1,000 hours in a calendar year, proportional Credited Service based on a 1,800 hour year or 2,000 hour year prior to 2003 is granted for all hours worked at an employment rate of 1,000 or more hours per year.

Effective January 1, 2006, Credited Service includes certain hours of accumulated sick leave as provided in the National Agreement entered in October 1, 2005.

Effective January 1, 2010 Credited Service does not include certain post-2005 hours of accumulated sick leave as provided in the Reopener Memorandum of Agreement dated September 12, 2008.

Notwithstanding the foregoing, certain hours of employment are not counted as credited service (for example, hours for which the employer has made a contribution on behalf of an employee to an IRA, a defined contribution plan, or a Section 403(b) plan or hours in a plan year in which an employee voluntarily declined participation in the plan).

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Kaiser Permanente Colorado Pension Plan Supplement (11-KPCPP)

Definitions (continued)

Final Average Compensation

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

Monthly compensation is the base hourly wage rate for the first compensated hour of employment in each month multiplied by 173.33. Monthly compensation does not include differential pay for temporary work in a higher classification, shift differential, meal allowance, on-call pay, overtime, and other special bonuses and allowances.

Monthly compensation includes the monthly amount contributed under salary reduction agreements to plans under IRC Sections 403(b), 401(k), 129, 125, and 132(f)(4). Monthly compensation for part-time employment or periods when the participant receives reduced sick pay is determined at the full-time rate. Monthly compensation during leave of absence is computed at the rate then in effect. Terminal vacation pay is deemed paid over the period for which payment is made. Other special rules also apply.

Qualified Dependent

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

Service

Each calendar year in which an employee has 1,000 or more hours of employment is counted as a year of service. Certain participants may receive up to 1,000 hours of service for a workers' compensation leave of absence.

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Schedule SB, Part V—Summary of Plan Provisions

**Kaiser Permanente Colorado Professional Employees Pension Plan
Supplement (12-KPCPEPP)**

Effective Date

KPCPEPP January 1, 1981.

Supplement 11-A.

Eligible Employees An hourly Employee in the Colorado region who is:

- (a) Represented by United Food & Commercial Workers International Union AFL-CIO, Local 7 (Professional Health Care Employees).
- (b) Represented by United Food & Commercial Workers International Union AFL-CIO, Local 7 (Opticians).
- (c) Represented by United Food & Commercial Workers International Union AFL-CIO, Local 7 (Mental Health Workers).
- (d) Effective July 19, 2012, chemical dependency counselors represented by United Food & Commercial Workers International Union, AFL-CIO, Local 7 (Mental Health Workers).
- (e) Effective January 1, 2015, represented by International Union of Operating Engineers, Local 1.
- (f) Effective September 8, 2019, Resource Stewardship Senior Analytic Specialists represented by United Food and Commercial Workers Local 7, Professional and Healthcare Division.
- (g) Effective November 1, 2020, Employees classified as Post-Acute Utilization Management Care Coordinator RN (Post-Acute UM) in the Colorado Region who became represented by the United Food and Commercial Workers, Local 7 Professional and Healthcare Division (UFCW L7 PHC) pursuant to an agreement ratified July 28, 2020.
- (h) Effective February 19, 2023, Employees classified as Continuing Care Coordinators who became represented by the UFCW Local 7 Professionals in the Colorado Region.

Schedule SB Attachment (Form 5500)—2024 Plan Year
Kaiser Permanente Retirement Plan
EIN: 94-1340523 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

**Kaiser Permanente Colorado Professional Employees Pension Plan
Supplement (12-KPCPEPP)**

Participation

Participation begins on the first anniversary of hire if the eligible employee has at least 1,000 hours of employment. Otherwise, participation begins on the first day of the plan year in which the eligible employee has 1,000 hours of employment.

Normal Retirement

| | |
|-----------------|---|
| Eligibility | Age 65. |
| Monthly Benefit | The greater of the amounts determined under (1) or (2) below: (1) 1.5% of final average compensation times years of credited service, or (2) \$17.50 times years of credited service. |

The monthly benefit will be reduced for any benefits payable from another plan(s) sponsored by certain organizations and medical care organizations listed in an appendix to KPRP for which credited service for the same period is included in both this plan and the other plan(s).

Early Retirement

| | |
|-----------------|--|
| Eligibility | Age 55 and 15 years of service, or the sum of years of age plus years of service equals at least 75. Special rules apply for participants in the Kaiser Permanente Salaried Retirement Plan on December 31, 1968. ¹ |
| Monthly Benefit | The accrued normal retirement benefit earned to the participant's termination date, reduced based on the participant's age when the benefit commences. The benefit reduces 3% for each year from age 60 to 65 and 5% for each year from age 55 through 60. |

Postponed Retirement

| | |
|-----------------|---|
| Eligibility | Termination after normal retirement age. |
| Monthly Benefit | The accrued normal retirement benefit earned to the participant's termination date. |

¹ Early pension after attaining age 55 and completing 10 or more years of Service.

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

**Kaiser Permanente Colorado Professional Employees Pension Plan
Supplement (12-KPCPEPP)**

Deferred Vested Retirement

| | |
|-----------------|--|
| Eligibility | 5 years of service or age 65 or older. |
| Monthly Benefit | The accrued normal retirement benefit earned to the participant's date of termination, payable at age 65. |
| | A participant who terminates after completing at least 15 years of service, but before age 55, may elect to receive a reduced benefit beginning as early as age 55, or when the participant's years of age plus years of service equal at least 75. The benefit is reduced in the same manner as the early retirement benefit. |

Pre-Retirement Death Benefits

| | |
|-----------------|--|
| Eligibility | Any vested participant who is married or has a domestic partner at the time of death. |
| Monthly Benefit | 50% of the participant's accrued benefit at the time of death, adjusted for the 50% joint and survivor annuity form of payment, payable at the participant's normal retirement date. If the survivor elects early commencement, the benefit is further reduced in the same manner as the early retirement benefit. A domestic partner must commence benefits within one year of the date of death of the participant. |

Qualified Dependent Benefit

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

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Schedule SB, Part V—Summary of Plan Provisions

**Kaiser Permanente Colorado Professional Employees Pension Plan
Supplement (12-KPCPEPP)**

Normal Form of Payment

| | |
|---------------------------|---|
| Unmarried | Life annuity. |
| Married | 50% joint and survivor annuity (actuarially reduced). |
| Optional Forms of Payment | <ul style="list-style-type: none">(1) Life annuity;(2) Joint and survivor annuity with 50%, 66-2/3%, or 75% continuation to the survivor;(3) Life annuity with 60, 120, 180, or 240 monthly payments guaranteed;(4) Level income option which is reduced after Social Security payments begin to provide a level income throughout retirement (available as a life annuity or life annuity with a guaranteed period certain);(5) Lump sum;(6) 100% joint and survivor annuity with 15-year guaranteed period and pop-up; and(7) Equal monthly installments for a fixed number of months, not exceeding 360. |

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

Definitions

| | |
|-----------------------|--|
| Actuarial Equivalence | For time of payment, actuarial equivalence is based on a 6% interest rate and the UP-1984 Mortality Table set back 5 years for participants and 2 years for beneficiaries. For form of payment, actuarial equivalence is based on the Revenue Code 417(e) applicable mortality table and applicable interest rate for the month which is two months before the benefit commencement date. |
|-----------------------|--|

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

**Kaiser Permanente Colorado Professional Employees Pension Plan
Supplement (12-KPCPEPP)**

Definitions (continued)

Credited Service

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

Effective January 1, 2006, credited service includes certain hours of accumulated sick leave as provided in the National Agreement entered in October 1, 2005.

Effective January 1, 2010 Credited Service does not include certain post-2005 hours of accumulated sick leave as provided in the Reopener Memorandum of Agreement dated September 12, 2008.

One year credited service is counted for Long-term union leaves and a maximum of two years credited service is counted for Elected Union Official Leaves.

Final Average Compensation

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

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

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

**Kaiser Permanente Colorado Professional Employees Pension Plan
Supplement (12-KPCPEPP)**

Definitions (continued)

Qualified Dependent

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

Service

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

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

**Kaiser Permanente Mid-Atlantic Employees Pension Plan Supplement
(13-KPMAEPP)**

Effective Date

KPMAEPP June 1, 1980.

Supplement 12-A.

Eligible Employees An hourly Employee in the Mid-Atlantic region who is:

- (a) Represented by Office and Professional Employees International Union, Local 2, Baltimore, and Office and Professional Employees International Union, Local 2, Washington D.C.
- (b) Represented by United Food & Commercial Workers, Local 27.
- (c) Represented by United Food & Commercial Workers, Local 400.
- (d) Effective May 1, 2012, represented by Office and Professional Employees International Union, Local 2, who is classified as material coordinators and coders.
- (e) Effective January 1, 2013, represented by Office and Professional Employees International Union, Local 2, who are classified as member assistance resource specialists.
- (f) Effective May 17, 2015, represented by Office and Professional Employees International Union, Local 2, who is classified as Health Information Correspondents Technicians and Leads (HICT).
- (g) Effective January 2, 2022, Employees classified as Patient Financial Services Follow-up Collections Specialists, Patient Financial Services Follow-up Collections Coordinators, Financial Counselors I, Patient Financial Services Cash Receipts Coordinators, Cash Operations Supt-Quality Coordinators, Cash Operations Team Lead, Patient Financial Services Billing Specialist, Patient Financial Services Cash Receipts Specialists, MFA Specialist, Cash Operations Specialist, and Patient Financial Services COB Specialist in the Mid-Atlantic Region who became represented by Office and Professional Employees International Union Local 2, AFL-CIO ("OPEIU L2"), pursuant to an agreement ratified on September 17, 2021.

Schedule SB Attachment (Form 5500)—2024 Plan Year
Kaiser Permanente Retirement Plan
EIN: 94-1340523 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

**Kaiser Permanente Mid-Atlantic Employees Pension Plan Supplement
(13-KPMAEPP)**

Participation

Participation begins on the first anniversary of hire if the eligible employee has at least 1,000 hours of employment. Otherwise, participation begins on the first day of the plan year in which the eligible employee has 1,000 hours of employment.

Normal Retirement

| | |
|-----------------|---|
| Eligibility | Age 65. |
| Monthly Benefit | 1.40% ¹ of final average compensation times years or partial years of credited service. The monthly benefit will be reduced for any benefits payable from another plan(s) sponsored by certain organizations and medical care organizations listed in an appendix to KPRP for which credited service for the same period is included in both this plan and the other plan(s). |

Early Retirement

| | |
|-----------------|--|
| Eligibility | Age 55 and 15 years of service. |
| Monthly Benefit | The accrued normal retirement benefit earned to the participant's termination date, reduced 5% for each year by which the benefit starting date precedes age 65. |

Postponed Retirement

| | |
|-----------------|---|
| Eligibility | Termination after normal retirement date. |
| Monthly Benefit | The accrued normal retirement benefit earned to the participant's termination date. |

¹ Effective January 1, 2020, the multiplier is 1.45% for the following union groups:
OPEIU Local 2 Washington D.C./Baltimore

Schedule SB Attachment (Form 5500)—2024 Plan Year
Kaiser Permanente Retirement Plan
EIN: 94-1340523 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

**Kaiser Permanente Mid-Atlantic Employees Pension Plan Supplement
(13-KPMAEPP)**

Disability Retirement

| | |
|-----------------|--|
| Eligibility | Termination due to disability after 10 years of retirement eligibility service if the participant receives disability income benefits under Title II of the Social Security Act. |
| Monthly Benefit | The accrued normal retirement benefit earned to the participant's disability retirement date, reduced in the same manner as the early retirement benefit. |

Deferred Vested Retirement

| | |
|-----------------|--|
| Eligibility | 5 years of service or age 65 or older. |
| Monthly Benefit | The accrued normal retirement benefit earned to the participant's date of termination, payable at age 65. |
| | A participant who terminates after completing at least 15 years of service, but before age 55, may elect to receive a reduced benefit beginning as early as age 55. The benefit is reduced in the same manner as the early retirement benefit. |

Pre-Retirement Death Benefits

| | |
|-----------------|--|
| Eligibility | Any vested participant who is married or has a domestic partner at the time of death. |
| Monthly Benefit | 50% of the participant's accrued benefit at the time of death, adjusted for the 50% joint and survivor annuity form of payment, payable at the participant's normal retirement date. If the survivor elects early commencement, the benefit is further reduced in the same manner as the early retirement benefit. A domestic partner must commence benefits within one year of the date of death of the participant. |

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Schedule SB, Part V—Summary of Plan Provisions

**Kaiser Permanente Mid-Atlantic Employees Pension Plan Supplement
(13-KPMAEPP)**

Qualified Dependent Benefit

| | |
|-------------|---|
| Eligibility | Any vested participant who at the date of death: |
| | (1) Is unmarried or does not have a domestic partner; |
| | (2) Has a qualified dependent; and |
| | (3) Is employed within the controlled group. |

Monthly Benefit

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

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

Normal Form of Payment

| | |
|---------------------------|---|
| Unmarried | Life annuity. |
| Married | 50% joint and survivor annuity (actuarially reduced). |
| Optional Forms of Payment | <ul style="list-style-type: none">(1) Life annuity;(2) Joint and survivor annuity with 50%, 66-2/3%, or 75% continuation to the survivor;(3) Life annuity with 60, 120, 180, or 240 monthly payments guaranteed;(4) Level income option which is reduced after Social Security payments begin to provide a level income throughout retirement (available as a life annuity or life annuity with a guaranteed period certain);(5) Lump sum; and(6) 100% joint and survivor annuity with 15-year guaranteed period and pop-up. |

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

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Schedule SB, Part V—Summary of Plan Provisions

**Kaiser Permanente Mid-Atlantic Employees Pension Plan Supplement
(13-KPMAEPP)**

Definitions

| | |
|----------------------------|--|
| Actuarial Equivalence | For time of payment, actuarial equivalence is based on a 6% interest rate and the UP-1984 Mortality Table set back 5 years for participants and 2 years for beneficiaries. |
| | For form of payment, actuarial equivalence is based on the Revenue Code 417(e) applicable mortality table and applicable interest rate for the month which is two months before the benefit commencement date. |
| Credited Service | Each calendar year in which a participant has 2,000 or more hours of employment is counted as a year of credited service. Proportional credited service based on a 2,000-hour year is counted for any complete or partial year in which the participant has 1,000 or more, but fewer than 2,000 hours of employment. If a participant works less than 1,000 hours in a calendar year, proportional credited service based on a 2,000 hour year is granted for all hours worked at an employment rate of 1,000 or more hours per year. Credited service includes certain hours of accumulated sick leave for certain groups covered under a collective bargaining agreement. ¹ |
| | Effective January 1, 2010 Credited Service does not include certain post-2005 hours of accumulated sick leave as provided in the Reopener Memorandum of Agreement dated September 12, 2008. |
| Final Average Compensation | A participant's average monthly compensation for the highest 60 consecutive months of employment in the last 120 months of employment. The total monthly compensation included in final average compensation for any 12-month period is limited in accordance with IRC Section 401(a)(17). Monthly compensation is the base hourly wage rate for the first compensated hour of employment in each month multiplied by 173.33. Monthly compensation does not include differential pay for temporary work in a higher classification, shift differential, meal allowance, on-call pay, overtime, and other special bonuses and allowances. Monthly compensation includes the monthly amount contributed under salary reduction agreements to plans under IRC Sections 403(b), 401(k), 129, 125, and 132(f)(4). Monthly compensation for part-time employment or periods when the participant receives reduced sick pay is determined at the full-time rate. Terminal vacation pay is deemed paid over the period for which payment is made. Other special rules also apply. |

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Schedule SB, Part V—Summary of Plan Provisions

**Kaiser Permanente Mid-Atlantic Employees Pension Plan Supplement
(13-KPMAEPP)**

Definitions (continued)

Qualified Dependent

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

Service

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

Special rules apply for prior service for certain employees and for workers' compensation leaves of absence.

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

Kaiser Permanente Physicians and Employees Retirement Plan
Supplement (14-KPPERP)

Effective Date

KPPERP May 1, 1989.

Supplements 13-A, 13-B, 13-C, 13-D.

Eligible Employees

Supplement 13-A A salaried or hourly non-union employee of Kaiser Foundation Health Plan of Georgia.

Through March 16, 2022, Employees classified as Complex Case Managers in the Georgia Region who became represented by the United Food and Commercial Workers Union Local 1996 pursuant to an agreement ratified on November 19, 2021.

Supplement 13-B Employees of adopting employers in the following employee categories:

- (a) Effective January 1, 1990, a regular full-time and regular part-time technical employee, service and maintenance employee who is a member of the OPEIU, Local 153, AFL-CIO.
- (b) Effective January 1, 1990, a regular full-time and part-time pharmacist, staff and telephone advice registered nurse who is a member of OPEIU, Local 153, AFL-CIO.
- (c) Effective December 17, 1997, a member of the UFCW, Local 204, who is an employee of the Kaiser Foundation Health Plan of North Carolina.

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Schedule SB, Part V—Summary of Plan Provisions

**Kaiser Permanente Physicians and Employees Retirement Plan
Supplement (14-KPPERP)**

Eligible Employees (continued)

| | |
|-----------------|--|
| Supplement 13-C | Employees of adopting employers in the following employee categories: |
| | (a) Effective January 1, 2003, an employee of Kaiser Foundation Health Plan of Georgia who is a member of the UFCW Local 1996 (Clerical, Technical, and Professional). |
| | (b) Effective November 3, 2019 CT/Biomedical Tech (ROC) employees of Kaiser Foundation Health Plan of Georgia, Inc. who are represented by UFCW Local 1996 pursuant to an agreement ratified July 26, 2019. |
| | (c) Effective March 17, 2022, Complex Case Managers in the Georgia region who became represented by the United Food and Commercial Workers Union Local 1996 pursuant to an agreement ratified on November 19, 2021. |
| | (d) Effective December 25, 2022, KPIT Enterprise Support Services employees in the Georgia region, specifically Non-represented KFH IT Support Technicians, IT Support Analysts, and Lead IT Support Analysts who became UFCW L1996 represented KFHP, Inc. Intermediate Desktop Support, Senior Desktop Support, and Lead Desktop Support, respectively and Associate Desktop Support who became represented by the United Food and Commercial Workers Union Local 1996 ("UFCW L1996") pursuant to an agreement ratified on October 6, 2021. |

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Kaiser Permanente Retirement Plan
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Schedule SB, Part V—Summary of Plan Provisions

**Kaiser Permanente Physicians and Employees Retirement Plan
Supplement (14-KPPERP)**

Eligible Employees (continued)

Supplement 13-D

Employees of adopting employers in the following employee categories:

- (a) Effective October 1, 2009 an employee of Kaiser Health Plan of Kansas City, Inc. who is a member of the Technical Clerical Unit of the SEIU, Local 96.
- (b) Effective October 1, 2009 an employee of Kaiser Health Plan of Kansas City, Inc. who is a member of the Professional Unit of the SEIU, Local 96.

Participation

Participation begins on the first anniversary of hire if the eligible employee has at least 1,000 hours of employment. Otherwise, participation begins on the first day of the plan year in which the eligible employee has 1,000 hours of employment.

Normal Retirement

Eligibility

Age 65.

Monthly Benefit

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

- (1) 1.3% of final average compensation up to the participant's covered compensation times years of credited service; and
- (2) 1.95% of final average compensation in excess of the participant's covered compensation times years of credited service (not to exceed 35 years).

Effective January 1, 2020, participants represented by UFCW Local 1996, 1.45% of final average compensation times years of credited service.

Participants who were eligible employees (on or before December 31, 2002) represented by UFCW Local 1996, the greater of the amount determined under (1) & (2) above and the amount determined under 1.40% of final average compensation times years of credited service.

The monthly benefit will be reduced for any benefits payable from another plan(s) sponsored by certain organizations and medical care organizations listed in an appendix to KPRP for which credited service for the same period is included in both this plan and the other plan(s).

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Schedule SB, Part V—Summary of Plan Provisions

**Kaiser Permanente Physicians and Employees Retirement Plan
Supplement (14-KPPerP)**

Early Retirement

| | |
|-----------------|---|
| Eligibility | Age 55 and 15 years of service. |
| Monthly Benefit | The accrued normal retirement benefit earned to the participant's termination date, reduced actuarially using the UP-1984 mortality table set back five years in age and a 6% interest rate. Effective January 1, 2003, for participants represented by UFCW Local 1996, the reduction is 5% for each year by which the benefit starting date precedes age 65. |
| | |

Postponed Retirement

| | |
|-----------------|--|
| Eligibility | Termination after normal retirement date. |
| Monthly Benefit | Greater of the accrued normal retirement benefit earned to the participant's termination date, or actuarially adjusted age 65 accrued benefit. |

Deferred Vested Retirement

| | |
|-----------------|--|
| Eligibility | 5 years of service or age 65 or older. Northeast region participants employed on or before January 1, 1999 are 100% vested. |
| Monthly Benefit | In connection with the certain sales of Kaiser facilities (for example, Kaiser Foundation Health of Texas, North Carolina, and Kansas), certain participants are 100% vested. |
| | The accrued normal retirement benefit earned to the participant's date of termination, payable at age 65. A participant, who terminates after completing at least 15 years of service, but before age 55, may elect to receive a reduced benefit beginning as early as age 55. The benefit is reduced in the same manner as the early retirement benefit. |

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Kaiser Permanente Retirement Plan
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Schedule SB, Part V—Summary of Plan Provisions

**Kaiser Permanente Physicians and Employees Retirement Plan
Supplement (14-KPPerP)**

In Service Death Benefits

| | |
|-----------------|--|
| Eligibility | Any vested participant who is married (or for certain collective bargaining employees and salaried and nonunion hourly employees of KFHP Georgia, has a domestic partner ¹) and is employed within the controlled group at date of death. |
| Monthly Benefit | 100% of the participant's accrued benefit at the time of death, adjusted for the 100% joint and survivor annuity form of payment, payable at the participant's normal retirement date. If the survivor elects early commencement, the benefit is further reduced in the same manner as the early retirement benefit. |

Pre-Retirement Death Benefits

| | |
|-----------------|--|
| Eligibility | Any vested participant who at the date of death is unmarried (or for certain collective bargaining employees, does not have a domestic partner ²), and who is not employed within the controlled group at the date of death. |
| Monthly Benefit | 50% of the participant's accrued benefit at the time of death, adjusted for the 50% joint and survivor annuity form of payment, payable at the participant's normal retirement date. If the survivor elects early commencement, the benefit is further reduced in the same manner as the early retirement benefit. A domestic partner must commence benefits within one year of the date of death of the participant. |

¹ 1) Effective October 1, 2000 – SEIU L96 Kansas City.
2) Effective January 1, 2003 – UFCW L1996 Georgia.
3) Effective January 1, 2008 – Salaried non-union EEs in Georgia.

² Same as footnote 1.

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**Kaiser Permanente Physicians and Employees Retirement Plan
Supplement (14-KPPERP)**

Qualified Dependent Benefit

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

Normal Form of Payment

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

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

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

**Kaiser Permanente Physicians and Employees Retirement Plan
Supplement (14-KPPERP)**

Definitions

| | |
|----------------------------|--|
| Actuarial Equivalence | For time of payment, actuarial equivalence is based on a 6% interest rate and the UP-1984 Mortality Table set back 5 years for participants and 2 years for beneficiaries. |
| Covered Compensation | The average of the Social Security taxable wage bases for the 35-year period ending with the last day of the year in which the participant attains (or will attain) Social Security retirement age. Special rules apply after the 35-year period. |
| Credited Service | Each calendar year in which a participant has 2,000 or more hours of employment is counted as a year of credited service. Proportional credited service based on a 2,000-hour year is counted for any complete or partial year in which the participant has fewer than 2,000 hours of employment. If a participant works less than 1,000 hours in a calendar year, proportional credited service based on a 2,000 hour year is granted for all hours worked at an employment rate of 1,000 or more hours per year. Effective January 1, 2006, for employees represented by certain collective bargaining agreements ¹ and who terminates employment on or after becoming eligible for Early or Normal Retirement, Credited Service includes certain pre-2006 hours for sick leave. |
| Final Average Compensation | A participant's average monthly compensation for the highest 60 consecutive months of employment in the last 120 months of employment. The total monthly compensation included in final average compensation for any 12-month period is limited in accordance with IRC Section 401(a)(17). |

¹ Collective bargained groups who entered the LMP on or after October 1, 2005.

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Kaiser Permanente Retirement Plan
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Schedule SB, Part V—Summary of Plan Provisions

**Kaiser Permanente Physicians and Employees Retirement Plan
Supplement (14-KPPERP)**

Definitions (continued)

Final Average Compensation (continued)

Monthly compensation is the participant's monthly rate of base pay as of the first compensated hour of employment in each month, exclusive of amounts classified by the Administrative Committee as overtime, bonuses, or special allowances. If the employee is compensated on an hourly basis, monthly compensation is the participant's base hourly wage rate for the first compensated hour of employment in each month, multiplied by 173.33. Monthly compensation does not include differential pay for temporary work in a higher classification, shift differential, meal allowance, on-call pay, overtime, and other special bonuses and allowances.

Monthly compensation includes the monthly amount contributed under salary reduction agreements to plans under IRC Sections 403(b), 401(k), 129, 125, and 132(f)(4). Monthly compensation for part-time employment or periods when the participant receives reduced sick pay is determined at the full-time rate. Terminal vacation pay is deemed paid over the period for which payment is made. Other special rules also apply.

Qualified Dependent

An individual or individuals who, at the time of the participant's death, meets the definition of dependent in Section 152(a)(1) of the Internal Revenue Code.

Special definitions apply for participants represented by SEIU, Local 96, Clerical and Technical, Kansas City, SEIU, Local 96, Professionals, Kansas City, or OPEIU, Local 277, Consolidated Service Center, Texas.

Service

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

In addition, each year of employment with an organization listed in Appendices B and C of the KPPERP supplement immediately prior to employment with an adopting employer is counted as a year of service if an employee had 1,000 or more hours of employment in that year.

Special rules apply for certain collective bargaining employees¹ for certain workers' compensation leaves of absence.

¹ LOA on or after October 1, 2000: SEIU 96 Clerical & Technical; SEIU 96 Professional.
LOA on or after January 1, 2003: UFCW Local 96.

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

**Retirement Plan for Kaiser Permanente Employees Supplement
(15-RPKPE)**

Effective Date

RPKPE

April 1, 1998. This supplement was previously a supplement to Kaiser Permanente Physicians and Employees Retirement Plan (KPPERP).

Supplement

14-A.

Eligible Employees

- (a) An Employee of an adopting employer employed on or after April 1, 1998.
- (b) An Employee represented by the Office or Professional Employees International Union, Local 153, AFL-CIO who is a regular full-time or part-time pharmacist, staff or telephone advice registered nurse.

Participation

Participation begins on the first anniversary of hire if the eligible employee has at least 1,000 hours of employment. Otherwise, participation begins on the first day of the plan year in which the eligible employee has 1,000 hours of employment.

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

**Retirement Plan for Kaiser Permanente Employees Supplement
(15-RPKPE)**

Normal Retirement

| | |
|-----------------|---|
| Eligibility | Age 65. |
| Monthly Benefit | 1.0% or final average compensation times years of credited service unless (1) or (2) below apply. |

- (1) Effective for retirement dates from April 1, 1998 through March 31, 2003 (or November 1, 1998 through October 31, 2003 for certain OPEIU, Local 153 collectively bargained employees) for participants who participated in KPPERP on March 31, 1998 (or October 31, 1998 for certain OPEIU, Local 153 collectively bargained employees) and who on April 1, 1998 (or November 1, 1998 for certain OPEIU, Local 153 collectively bargained employees) were either (1) age 60 or older or (2) age 50 or older with at least 10 years of service in KPPERP will receive the following benefit, which is the greater of (a) and (b):
 - (a) The sum of (i) or (ii), as applicable, and (iii) converted into a lump sum value:
 - (i) For retirement dates from April 1, 1998 (or November 1, 1998 for certain OPEIU, Local 153 collectively bargained employees) through December 31, 2000, the amount of normal retirement benefit calculated pursuant to D-1 of KPPERP, using credited service while a participant in KPPERP (before April 1, 1998 or November 1, 1998 for certain OPEIU, Local 153 collectively bargained employees).

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Schedule SB, Part V—Summary of Plan Provisions

**Retirement Plan for Kaiser Permanente Employees Supplement
(15-RPKPE)**

Normal Retirement (continued)

Monthly Benefit (continued)

- (ii) For retirement dates from January 1, 2001 through March 31, 2003 (or December 31, 2003, for certain OPEIU, Local 153 collectively bargained employees) the amount of normal retirement benefit calculated pursuant to C-1 of KPPERP, which is the sum of the amounts determined under (A) and (B), using credited service while a participant in KPPERP (before April 1, 1998 or November 1, 1998 for certain OPEIU, Local 153 collectively bargained employees):
 - (A) 1.3% of final average compensation up to the participant's covered compensation times years of credited service.
 - (B) 1.95% of final average compensation in excess of the participant's covered compensation times years of credited service (not to exceed 35 years).
- (iii) 1.0% of final average compensation times years of credited service for credited service on and after April 1, 1998 (or November 1, 1998 for certain OPEIU, Local 153 collectively bargained employees).

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Schedule SB, Part V—Summary of Plan Provisions

**Retirement Plan for Kaiser Permanente Employees Supplement
(15-RPKPE)**

Normal Retirement (continued)

Monthly Benefit (continued)

(b) The difference of (i) or (ii), as applicable, and (iii):

- (i) For retirement dates from April 1, 1998 (or November 1, 1998 for certain OPEIU, Local 153 collectively bargained employees) through December 31, 2000, the lump sum value of the normal retirement benefit calculated pursuant to D-1 of KPPERP, using credited service while participating in both KPPERP and RPKPE.
- (ii) For retirement dates from January 1, 2001 through March 31, 2003 (or December 31, 2003, for certain OPEIU, Local 153 collectively bargained employees) the lump sum value of the normal retirement benefit calculated pursuant to C-1 of KPPERP, which is the sum of the amounts determined under (A) and (B), using credited service while participating in both KPPERP and RPKPE:
 - (A) 1.3% of final average compensation up to the participant's covered compensation times years of credited service.
 - (B) 1.95% of final average compensation in excess of the participant's covered compensation times years of credited service (not to exceed 35 years).
- (iii) The portion of the balance of the participant's Kaiser Permanente Tax Sheltered Annuity Plan Employer Contribution Account that is attributable to nonelective employer contributions that are neither employer matching contributions nor the earnings on employer matching contributions, as the earlier of his or her death or termination.

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Schedule SB, Part V—Summary of Plan Provisions

**Retirement Plan for Kaiser Permanente Employees Supplement
(15-RPKPE)**

Normal Retirement (continued)

Monthly Benefit (continued)

- (2) Effective for retirement dates on or after April 1, 2003 (or November 1, 2003 for certain OPEIU, Local 153 collectively bargained employees) for participants who participated in KPPERP on March 31, 1998 (or October 31, 1998 for certain OPEIU, Local 153 collectively bargained employees) and who on April 1, 1998 (or November 1, 1998 for certain OPEIU, Local 153 collectively bargained employees) were either (1) age 60 or older or (2) age 50 or older with at least 10 years of service in KPPERP receive the following benefit, which is the greater of (a) and (b):
- (a) The sum of (i) and (ii) converted into a lump sum value:
- (i) The amount of normal retirement benefit calculated pursuant to C-1 of KPPERP, which is the sum of the amounts determined under (A) and (B), using credited service while a participant in KPPERP (before April 1, 1998 or November 1, 1998 for certain OPEIU, Local 153 collectively bargained employees):
- (A) 1.3% of final average compensation up to the participant's covered compensation times years of credited service.
- (B) 1.95% of final average compensation in excess of the participant's covered compensation times years of credited service (not to exceed 35 years).
- (ii) 1.0% of final average compensation times years of credited service for credited service on and after April 1, 1998 (or November 1, 1998 for certain OPEIU, Local 153 collectively bargained employees).

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Schedule SB, Part V—Summary of Plan Provisions

**Retirement Plan for Kaiser Permanente Employees Supplement
(15-RPKPE)**

Normal Retirement (continued)

Monthly Benefit (continued)

(b) The difference between (i) and (ii):

- (i) As of March 31, 2003 (or October 31, 2003 for certain OPEIU, Local 153 collectively bargained employees), the lump sum value of the normal retirement benefit calculated pursuant to C-1 of KPPERP, which is the sum of the amounts determined under (A) and (B), assuming that employment ended on March 31, 2003 (or October 31, 2003 for certain OPEIU, Local 153 collectively bargained employees), or if employment actually ended earlier, the actual termination date, using credited service while participating in both KPPERP and RPKPE:
 - (A) 1.3% of final average compensation up to the participant's covered compensation times years of credited service.
 - (B) 1.95% of final average compensation in excess of the participant's covered compensation times years of credited service (not to exceed 35 years).
- (ii) The portion of the balance of the participant's Kaiser Permanente Tax Sheltered Annuity Plan Employer Contribution Account that is attributable to nonelective employer contributions that are neither employer matching contributions nor the earnings on employer matching contributions, as of March 31, 2003 (or October 31, 2003 for certain OPEIU, Local 153 collectively bargained employees).

The monthly benefit will be reduced for any benefits payable from another plan(s) sponsored by certain organizations and medical care organizations listed in an appendix to KPRP for which credited service for the same period is included in both this plan and the other plan(s).

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Schedule SB, Part V—Summary of Plan Provisions

**Retirement Plan for Kaiser Permanente Employees Supplement
(15-RPKPE)**

Early Retirement

| | |
|-----------------|---|
| Eligibility | Age 55 and 15 years of service. |
| Monthly Benefit | The accrued normal retirement benefit earned to the participant's termination date, reduced actuarially using the UP-1984 mortality table set back five years and a 6% interest rate. |

Postponed Retirement

| | |
|-----------------|---|
| Eligibility | Termination after normal retirement date. |
| Monthly Benefit | The accrued normal retirement benefit earned to the participant's termination date. |

Deferred Vested Retirement

| | |
|-----------------|---|
| Eligibility | 5 years of service or age 65 or older. |
| Monthly Benefit | In connection with the close of the business and/or the sale of the Northeast divisions of the Kaiser Foundation Health Plan, affected participants who terminated on or after January 1, 1999 or certain disabled participants who were disabled before January 1, 1999 are 100% vested. |
| Monthly Benefit | The accrued normal retirement benefit earned to the participant's date of termination, payable at age 65. |

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

In Service Death Benefits

| | |
|-----------------|--|
| Eligibility | Any vested participant who is married and who is employed within the controlled group at date of death. |
| Monthly Benefit | 100% of the participant's accrued benefit at the time of death, adjusted for the 100% joint and survivor annuity form of payment, payable at the participant's normal retirement date. If the survivor elects early commencement, the benefit is further reduced in the same manner as the early retirement benefit. |

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Schedule SB, Part V—Summary of Plan Provisions

**Retirement Plan for Kaiser Permanente Employees Supplement
(15-RPKPE)**

Pre-Retirement Death Benefits

| | |
|-----------------|--|
| Eligibility | Any vested participant who is married and is not employed within the controlled group at date of death. |
| Monthly Benefit | 50% of the participant's accrued benefit at the time of death, adjusted for the 50% joint and survivor annuity form of payment, payable at the participant's normal retirement date. If the survivor elects early commencement, the benefit is further reduced in the same manner as the early retirement benefit. |

Qualified Dependent Benefit

| | |
|-----------------|--|
| Eligibility | Any vested participant who is unmarried, who has a qualified dependent, and who is employed within the controlled group at the date of death. |
| Monthly Benefit | A monthly benefit for 120 months payable to the qualified dependent, determined as if the participant had retired on the day before death, elected a life annuity with 120 monthly payments guaranteed, and designated the qualified dependent as the beneficiary. If the participant is survived by both a spouse or a domestic partner and a qualified dependent and the surviving spouse dies before the tenth anniversary of the participant's date of death, the qualified dependent will receive a qualified dependent monthly benefit that will end in the month of the tenth anniversary of the participant's death. This benefit is limited in accordance with IRC Section 401(a)(9)(B). |

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Schedule SB, Part V—Summary of Plan Provisions

**Retirement Plan for Kaiser Permanente Employees Supplement
(15-RPKPE)**

Normal Form of Payment

| | |
|---------------------------|---|
| Unmarried | Life annuity. |
| Married | 50% joint and survivor annuity (actuarially reduced). |
| Optional Forms of Payment | <ul style="list-style-type: none">(1) Life annuity;(2) Joint and survivor annuity with 50%, 66-2/3%, or 75% continuation to the survivor;(3) Life annuity with 60, 120, 180, or 240 monthly payments guaranteed;(4) Level income option which is reduced after Social Security payments begin to provide a level income throughout retirement (available as a life annuity or life annuity with a guaranteed period certain);(5) Lump sum; and(6) 100% joint and survivor annuity with 15-year guaranteed period and pop-up. |

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

Definitions

| | |
|-----------------------|--|
| Actuarial Equivalence | For time of payment, actuarial equivalence is based on a 6% interest rate and the UP-1984 Mortality Table set back 5 years for participants and 2 years for beneficiaries. For form of payment, actuarial equivalence is based on the Revenue Code 417(e) applicable mortality table and applicable interest rate for the month which is two months before the benefit commencement date. |
|-----------------------|--|

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**Retirement Plan for Kaiser Permanente Employees Supplement
(15-RPKPE)**

Definitions (continued)

Covered Compensation

The average of the Social Security taxable wage bases for the 35-year period ending with the last day of the year in which the participant attains (or will attain) Social Security retirement age. Special rules apply after the 35-year period.

Credited Service

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

Final Average Compensation

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

Monthly compensation is the participant's monthly rate of base pay as of the first compensated hour of employment in each month, exclusive of amounts classified by the Administrative Committee as overtime, bonuses, or special allowances. For employees compensated on an hourly basis, monthly compensation is the monthly rate of base pay on the first compensated hour of the month multiplied by 173.33. Monthly compensation does not include differential pay for temporary work in a higher classification, shift differential, meal allowance, on-call pay, overtime, or other special bonuses and allowances.

Monthly compensation includes the monthly amount contributed under salary reduction agreements to plans under IRC Sections 403(b), 401(k), 129, 125, and 132(f)(4). Monthly compensation for part-time employment or periods when the participant receives reduced sick pay is determined at the full-time rate. Terminal vacation pay is deemed paid over the period for which payment is made. Other special rules also apply.

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Schedule SB, Part V—Summary of Plan Provisions

**Retirement Plan for Kaiser Permanente Employees Supplement
(15-RPKPE)**

Definitions (continued)

| | |
|---------------------|--|
| Qualified Dependent | An individual or individuals who, at the time of the participant's death, meets the definition of dependent in Section 152(a)(1) of the Internal Revenue Code. |
| Service | Each calendar year in which an employee has 1,000 or more hours of employment is counted as a year of service. |
| | Each year of employment with an organization listed in Appendix B of the RPKPE supplement immediately prior to employment with an adopting employer is counted as a year of service if an employee had 1,000 or more hours of employment in that year. |

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Schedule SB, Part V—Summary of Plan Provisions

**Kaiser Permanente Represented Employees Pension Plan Supplement
(47-KPREPP)**

Effective Date

KPREPP August 13, 2001.
Supplements 15-A, 15-B, 15-C, 15-D, 15-E, 15-F.

Eligible Employees

Supplement 15-A Effective January 29, 2003, an Employee in the Northern California region represented by SEIU, Local 250, Health Care Worker's Union, classified as a Registered Dietitian.

Supplement 15-B An Enterostomal Therapist or Chronic Conditions Care/Case Manager who is represented by California Nurses Association and who on October 1, 2003 was employed by Kaiser Foundation Hospitals. The term Chronic Conditions Care/Case Manager includes Diabetes, Multifit, Complex Chronic, Chronic Pain, Congestive Heart Failure, Asthma and Cholesterol classifications.

Supplement 15-C Effective June 21, 2004, an Employee represented by the National Union of Healthcare Workers (NUHW), Health Care Professionals (formerly SEIU, Local 535, Kaiser Permanente Southern California Professionals).

Effective January 1, 2015, an Employee ceases to be an Eligible Employee under this Supplement and instead is eligible for Supplement 4-F, Kaiser Permanente Southern California Employees Pension Plan.

Also effective January 1, 2015, an Employee represented by the National Union of Healthcare Workers (NUHW), Health Care Professionals who is hired or rehired on or after January 1, 2015 is not eligible for the Plan.

Schedule SB, Part V—Summary of Plan Provisions

**Kaiser Permanente Represented Employees Pension Plan Supplement
(47-KPREPP)**

Eligible Employees (continued)

Supplement 15-D

Employees of adopting employers in the following employee categories:

- (a) Effective August 13, 2001, an Employee in the Northwest Region, represented by OFNHP, Local 5017, classified as a Laboratory Professional.
- (b) Effective February 25, 2002, an Employee in the Northwest Region, represented by OFNHP, Local 5017, classified as a Professional Employee.
- (c) Effective September 6, 2007, an Employee in the Mid-Atlantic Region, represented by OPEIU, Local 2, classified as an Optometrist.
- (d) Effective June 22, 2009, an Employee of Kaiser Foundation Health Plan of the Mid-Atlantic States Inc., represented by OPEIU, Local 2, and classified as a clinical pharmacist, admixture pharmacist, ambulatory care pharmacist or staff pharmacist.
- (e) Effective January 1, 2018, an Employee who is a Bereavement Counselor represented by OFNHP, Local 5017, classified as a Professional Employee.

These employees are part of the Northwest region.

- (f) Effective January 1, 2018, an Employee who is a Coordinator, Quality/Utilization Management Home Health/Infusion; Coordinator, Placement Skilled Nursing Facility/Long Term Acute Care Hospitals; Care Coordinator, Inpatient – Dual Certification (Washington and Oregon); Coordinator, Population Health Care; Consultant, Stroke Care; Care Manager, Inpatient; Program Manager, Cardiovascular Nursing Intermacs Coordinator; Consultant, Regional Simulation Nurse; Clinical Nurse Specialist; Diabetic Nurse Educator; Case Manager, Exception Needs; Care Coordinator, Inpatient Lead – Dual Certification (Washington and Oregon); Coordinator, Skilled Nursing Care; or Care Coordinator, Exceptional Needs represented by OFNHP, Local 5017, classified as a Professional Employee.

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Schedule SB, Part V—Summary of Plan Provisions

**Kaiser Permanente Represented Employees Pension Plan Supplement
(47-KPREPP)**

Eligible Employees (continued)

Supplement 15-D (continued)

- (g) Effective February 3, 2019, an Employee of Kaiser Foundation Health Plan of the Mid-Atlantic States Inc., represented by OPEIU, Local 2, Optometrists and Pharmacists and classified as a Clinical Pharmacy Specialist, Clinical Pharmacy Specialist 2, Clinical Pharmacy Specialist – Emg-AC Care, Clinical Pharmacy Specialist – Oncology, Clinical Pharmacy Specialist – Pediatric Oncology and Clinical Pharmacy Specialist – Pain Management.
- (h) Effective May 5, 2019, an Employee of Kaiser Foundation Health Plan of the Northwest, Inc. represented by OFNHP Local 5017 Professionals and classified as a Program Coordinator, VAD.

Supplement 15-E

Employees of adopting employers in the following employee categories:

- (a) Effective January 1, 2014, an Employee in the Southern California Region, represented by UNAC/UHCP (KPMWON and SCNSC), and classified as a case manager registered nurse, coordinator emergency prospective review program registered nurse, patient educator registered nurse, lactation consultant registered nurse, staff educator registered nurse or midwife wound ostomy registered nurse.
- (b) Effective December 16, 2018, an Employee who is a Clinical Nurse Specialist RN or Implantable Cardiac Device Nurse Specialist I, II, or III in the Southern California Region and represented by UNAC/UHCP – Kaiser Permanente Midwives and Wound Ostomy Nurses (KPMWON) pursuant to an agreement ratified on September 14, 2018.
- (c) Effective January 1, 2023, Employees classified as physical, occupational or speech therapists and represented by UNAC- United Therapists of Northern California in the Northern California region pursuant to an agreement ratified December 8, 2021.

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Schedule SB, Part V—Summary of Plan Provisions

**Kaiser Permanente Represented Employees Pension Plan Supplement
(47-KPREPP)**

Eligible Employees (continued)

Supplement 15-E (continued)

- (d) Effective January 1, 2023, Employees classified as Pharmacist, Clin Pharm Spec Oncology I, Clin Pharm Spec Oncology II, Pharm Lead, Clin Pharm Spec-Amb Care Pharm, Pharm Clin I-Inpt who became represented by the United Pharmacists of Hawaii/ UNAC in the Hawaii Region pursuant to an agreement ratified December 8, 2021.
- (e) Effective January 1, 2023, Employees who became represented by the United Therapists of Hawaii (UNAC) in the Hawaii Region pursuant to an agreement ratified December 8, 2021.

Supplement 15-F

Effective September 1, 2015, an Employee represented by Service Employees International Union (SEIU), United Health Care Workers, Desktop Support Workers.

These employees are part of the NBU region.

Participation

Participation begins on the first anniversary of hire if the eligible employee has at least 1,000 hours of employment. Otherwise, participation begins on the first day of the plan year in which the eligible employee has 1,000 hours of employment.

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Schedule SB, Part V—Summary of Plan Provisions

**Kaiser Permanente Represented Employees Pension Plan Supplement
(47-KPREPP)**

Normal Retirement

| | |
|---|--|
| Eligibility | Age 65. |
| Monthly Benefit | The sum of the amounts determined under (1) and (2) below: (1) The greater of the amounts under (a) or (b) below: (a) 1.5% of final average compensation times years of credited service, or (b) \$17.50 times years of credited service. (2) 0.25% of final average compensation times years and partial years of credited service prior to January 1, 1968 with certain organizations. |
| The monthly benefit will be reduced for any benefits payable from another plan(s) sponsored by certain organizations and medical care organizations listed in an appendix to KPRP for which credited service for the same period is included in both this plan and the other plan(s). | |

Early Retirement

| | |
|-----------------|--|
| Eligibility | Age 55 and 15 years of service, or the sum of years of age plus years of service equals at least 75. Special rules apply for employees participating in the plan on December 31, 1968. ¹ |
| Monthly Benefit | The accrued normal retirement benefit earned to the participant's termination date, reduced actuarially based on the participant's age when the benefit commences. The benefit reduces 3% for each year from age 60 to 65 and 5% for each year from age 55 through 60. |

Postponed Retirement

| | |
|-----------------|--|
| Eligibility | Termination after normal retirement date. |
| Monthly Benefit | Greater of the accrued normal retirement benefit earned to the participant's termination date, or actuarially adjusted age 65 accrued benefit. |

¹ Participant is entitled to Early Pension after attaining age 55 and completing 10 years of Service.

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Schedule SB, Part V—Summary of Plan Provisions

**Kaiser Permanente Represented Employees Pension Plan Supplement
(47-KPREPP)**

In-Service Distribution

| | |
|-----------------|--|
| Eligibility | Effective January 1, 2014, Southern California Region participants represented by UNAC/UHCP may elect to begin receipt of retirement benefits while active on or after age 65. |
| Monthly Benefit | Effective January 1, 2015, a former participant represented by NUHW—Health Care Professionals may elect to begin receipt of retirement benefits while active after age 65. |
| Monthly Benefit | The accrued normal retirement benefit earned to the participant's In-Service distribution date. |

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

Deferred Vested Retirement

| | |
|-----------------|--|
| Eligibility | 5 years of service or have one year of service and still actively employed at age 65 or older. |
| Monthly Benefit | The accrued normal retirement benefit earned to the participant's termination date, payable at age 65. |

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

In Service Death Benefits

| | |
|-----------------|--|
| Eligibility | Any vested participant who is married or has a domestic partner and who is employed within the controlled group at the date of death. |
| Monthly Benefit | 66-2/3% of the participant's accrued benefit at the time of death, adjusted for the 66-2/3% joint and survivor annuity form of payment, payable at the participant's normal retirement date. If the survivor elects early commencement, the benefit is further reduced in the same manner as the early retirement benefit. |

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

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Schedule SB, Part V—Summary of Plan Provisions

**Kaiser Permanente Represented Employees Pension Plan Supplement
(47-KPREPP)**

Pre-Retirement Death Benefits

| | |
|-----------------|--|
| Eligibility | Any vested participant who is married or has a domestic partner at the time of death. |
| Monthly Benefit | 50% of the participant's accrued benefit at the time of death, adjusted for the 50% joint and survivor annuity form of payment, payable at the participant's normal retirement date. If the survivor elects early commencement, the benefit is further reduced in the same manner as the early retirement benefit. |
| | A domestic partner must commence benefits within one year of the date of death of the participant. |

Normal Form of Payment

| | |
|---------------------------|--|
| Unmarried | Life annuity. |
| Married | 50% joint and survivor annuity (actuarially reduced). |
| Optional Forms of Payment | <ul style="list-style-type: none">(1) Life annuity;(2) Joint and survivor annuity with 50%, 66-2/3%, or 75% continuation to the survivor;(3) Life annuity with 60, 120, 180, or 240 monthly payments guaranteed;(4) Level income option which is reduced after Social Security payments begin to provide a level income throughout retirement (available as a life annuity or life annuity with a guaranteed period certain) this option is not available for in-service retirement;(5) Lump sum;(6) 100% joint and survivor annuity with 15-year guaranteed period and pop-up; and(7) Installments for a fixed number of months, not exceeding 360. |

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

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Schedule SB, Part V—Summary of Plan Provisions

**Kaiser Permanente Represented Employees Pension Plan Supplement
(47-KPREPP)**

Definitions

Actuarial Equivalence

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

For form of payment, actuarial equivalence is based on the Revenue Code 417(e) applicable mortality table and applicable interest rate for the month which is two months before the benefit commencement date.

Credited Service

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

Special rules apply for the year of termination of employment.

Hours of Employment for which an Employee was paid by an organization listed in Appendix I, II and IX of the Kaiser Permanente Salaried Retirement Plan.

Hours of Employment for periods during which a Participant is disabled and eligible to receive disability income benefits provided by the Employer's short-term or long-term disability insurance program, including Salary Continuance.

Hours of Employment for periods during which an Employee served Health Plan members as a partner physician.

A Participant is granted 2,000 Hours of Employment for each school year completed at Kaiser Foundation School of Nursing.

Excluding employees represented by OPEIU, Local 2, proportional Credited Service based on a 2,000 hour year is counted for accumulated sick leave converted to Hours of Employment on an hour-to-hour basis for purposes of Credited Service, if, on the day before the Participant's Termination of Employment, the Participant is Vested.¹

¹ 1) California region with an extended sick leave balance of at least 250 hours.
2) Northwest region, no minimum sick leave balance.

Schedule SB Attachment (Form 5500)—2024 Plan Year
Kaiser Permanente Retirement Plan
EIN: 94-1340523 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

**Kaiser Permanente Represented Employees Pension Plan Supplement
(47-KPREPP)**

Definitions (continued)

Credited Service (continued)

For SCNSC and KPMWON participants of the Southern California Region represented by UNAC/UHCP, who are vested at the time of termination, pre-ESL hours of accumulated sick leave as of the first pay period in August 2013 are included in hours of employment for purposes of determining Credited Service. A minimum of 250 hours of sick leave (including both pre-ESL and post-ESL) applies.

Effective January 1, 2010 Credited Service does not include certain post-2005 (traditional sick leave programs) or post-2009 (extended sick leave programs) hours of accumulated sick leave as provided in the Reopener Memorandum of Agreement dated September 12, 2008.

For employees represented by OFNHP, Credited Service includes up to one year for long term union leaves and up to two years for elected union official leaves.

For employees represented by UNAC- United Therapists of California, UNAC- United Pharmacists of Hawaii and UNAC-United Therapists of Hawaii, Credited Service includes up to one year for long term union leaves and up to two years for elected union official leaves.

Notwithstanding the foregoing, certain hours of employment are not counted as credited service (for example, hours for which the employer has made a contribution on behalf of an employee to an IRA, a defined contribution plan, or a Section 403(b) plan; hours in a plan year in which an employee voluntarily declined participation in the plan; or hours with certain organizations.)

Schedule SB Attachment (Form 5500)—2024 Plan Year
Kaiser Permanente Retirement Plan
EIN: 94-1340523 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

**Kaiser Permanente Represented Employees Pension Plan Supplement
(47-KPREPP)**

Definitions (continued)

Final Average Compensation

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

Monthly compensation is the monthly rate of base pay on the first compensated hour of the month. Monthly compensation does not include overtime, bonuses, or other special allowances. Monthly compensation includes the monthly amount contributed under salary reduction agreements to plans under IRC Sections 403(b), 401(k), 129, 125, and 132(f)(4). Monthly compensation for part-time employment or periods when the participant receives reduced sick pay is determined at the full-time rate. Terminal vacation pay is deemed paid over the period for which payment is made. Other special rules also apply.

Service

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

Special rules apply for years before 1976 when a participant has fewer than 1,000 hours of employment and for service with certain organizations.

Hours of Employment for which an Employee was paid by an organization listed in Appendix I, II and IX of the Kaiser Permanente Salaried Retirement Plan.

Hours of Employment for periods during which a Participant is disabled and eligible to receive disability income benefits provided by the Employer's short-term or long-term disability insurance program, including Salary Continuance.

Hours of Employment for periods during which an Employee served Health Plan members as a partner physician.

A Participant is granted 2,000 Hours of Employment for each school year completed at Kaiser Foundation School of Nursing.

For employees represented by OFNHP, Service includes up to one year for long term union leaves and up to two years for elected union leaves.

Schedule SB Attachment (Form 5500)—2024 Plan Year
Kaiser Permanente Retirement Plan
EIN: 94-1340523 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

**Kaiser Permanente Represented Employees Pension Plan Supplement
(47-KPREPP)**

Definitions (continued)

Service (continued)

For employees represented by UNAC- United Therapists of California, UNAC- United Pharmacists of Hawaii and UNAC-United Therapists of Hawaii, Credited Service includes up to one year for long term union leaves, up to two years for elected union official leaves and period of short term leaves.

Special rules apply for service with Moreno Valley Community Hospital prior to June 20, 2008.

Special rules apply for service with OnCall HealthCare Communications (or Med America) prior to November 27, 2001.

Schedule SB Attachment (Form 5500)—2024 Plan Year
Kaiser Permanente Retirement Plan
EIN: 94-1340523 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

**Kaiser Permanente Employees Pension Plan Supplement
(51-KPEPP-CNA)**

Effective Date

KPEPP CNA January 1, 2003.

Supplement 16-A.

Eligible Employees

- (a) An hourly Employee in the Northern California region represented by the California Nurses Association.
- (b) Effective July 22, 2018, an Employee who is a Patient Care Coordinator Case Manager or Patient Care Coordinator RN represented by the California Nurses Association.
- (c) Effective October 9, 2022, Employees classified as NCAL Clinical Services Supervisor-Home Health/Hospice in Santa Clara who became represented by the California Nurses Association (CNA) and reclassified as Home Health Staff Nurse II in the Northern California Region.

Excluded are Employees who elected on December 31, 1975 to remain as a Participant in either the Kaiser Permanente Employees Pension Plan Supplement to Kaiser Permanente Retirement Plan or Kaiser Permanente Employees Pension Plan for the Permanente Medical Group, Inc., in lieu of establishing an Individual Retirement Account.

Participation

Participation begins on the first anniversary of hire if the eligible employee has at least 1,000 hours of employment. Otherwise, participation begins on the first day of the plan year in which the eligible employee has 1,000 hours of employment.

Schedule SB Attachment (Form 5500)—2024 Plan Year
Kaiser Permanente Retirement Plan
EIN: 94-1340523 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

**Kaiser Permanente Employees Pension Plan Supplement
(51-KPEPP-CNA)**

Normal Retirement

| | |
|-----------------|--|
| Eligibility | Age 65. |
| Monthly Benefit | 1.4% of final average compensation multiplied by years of credited service. For terminations on or after 1/1/07 benefit formula is 1.45% of final average compensation multiplied by years of credited service. The monthly benefit will be reduced for any benefits payable from another plan(s) sponsored by certain organizations and medical care organizations listed in an appendix to KPRP for which credited service for the same period is included in both this plan and the other plan(s). |

Early Retirement

| | |
|-----------------|--|
| Eligibility | Age 55 and 10 years of service. |
| Monthly Benefit | The accrued normal retirement benefit earned to the participant's termination date, reduced 5% for each year by which the benefit starting date precedes age 65. |

Postponed Retirement

| | |
|-----------------|--|
| Eligibility | Termination after normal retirement date. |
| Monthly Benefit | Greater of the accrued normal retirement benefit earned to the participant's termination date, or actuarially adjusted age 65 accrued benefit. |

Disability Retirement

| | |
|-----------------|---|
| Eligibility | Termination after 10 years of retirement eligibility service if SSA determines the participant became disabled on or before the date of termination and determines the participant is eligible to receive disability income benefits under Title II of the Social Security Act. |
| Monthly Benefit | The accrued normal retirement benefit earned to the participant's disability retirement date with no reduction. |

Schedule SB, Part V—Summary of Plan Provisions

**Kaiser Permanente Employees Pension Plan Supplement
(51-KPEPP-CNA)**

Deferred Vested Retirement

| | |
|-----------------|--|
| Eligibility | 5 years of service or age 65 or older. |
| Monthly Benefit | The accrued normal retirement benefit earned to the participant's termination date, payable at age 65. |
| | A participant who terminates after completing at least 10 years of service, but before age 55, may elect to receive a reduced benefit beginning as early as age 55. The benefit is reduced in the same manner as the early retirement benefit. |

Pre-Retirement Death Benefits

| | |
|-----------------|--|
| Eligibility | Any vested participant who is married or has a domestic partner at the time of death. |
| Monthly Benefit | 50% of the participant's accrued benefit at the time of death, adjusted for the 50% joint and survivor annuity form of payment, payable at the participant's normal retirement date. If the survivor elects early commencement, the benefit is further reduced in the same manner as the early retirement benefit. Domestic partner must commence benefit within one year of participant's death. |

Qualified Dependent Benefit

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

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

**Kaiser Permanente Employees Pension Plan Supplement
(51-KPEPP-CNA)**

Normal Form of Payment

| | |
|---------------------------|---|
| Unmarried | Life annuity. |
| Married | 50% joint and survivor annuity (actuarially reduced). |
| Optional Forms of Payment | <ul style="list-style-type: none">(1) Life annuity;(2) Joint and survivor annuity with 50%, 66-2/3%, or 75% continuation to the survivor;(3) Life annuity with 60, 120, 180, or 240 monthly payments guaranteed;(4) Level income option which is reduced after Social Security payments begin to provide a level income throughout retirement (available as a life annuity or life annuity with a guaranteed period certain);(5) Lump sum; and(6) 100% joint and survivor annuity with 15-year guaranteed period and pop-up. |

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

Definitions

| | |
|-----------------------|--|
| Actuarial Equivalence | For time of payment, actuarial equivalence is based on a 6% interest rate and the UP-1984 Mortality Table set back 5 years for participants and 2 years for beneficiaries. |
| | For form of payment, actuarial equivalence is based on the Revenue Code 417(e) applicable mortality table and applicable interest rate for the month which is two months before the benefit commencement date. |

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

**Kaiser Permanente Employees Pension Plan Supplement
(51-KPEPP-CNA)**

Definitions (continued)

Credited Service

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

Effective January 1, 2003, each calendar year in which a participant has 1,800 or more hours of employment is counted as a year of credited service. Proportional credited service based on a 1,800 hour year is counted for any year in which the participant has less than 1,800 hours of employment.

Certain hours of accumulated sick leave is counted in determining credited service. Effective for retirements on or after 1/1/08, sick leave banked prior to 1/1/07, is converted to credited service and post 12/31/06 accrued sick leave converted at 50% to vacation, amount of credited service yet to be determined. For deferred vested terminations, all banked sick leave converted to credit service if minimum sick leave of 250 hours.

For certain employees, certain hours are counted in determining past credited service (up to 3 years). Hours of employment worked as Short-Hour, Temporary or Casual Nurse prior to 1/1/03 are excluded from credited service.

Effective January 1, 2008, for certain employees, certain hours are counted in determining past credited service (up to 1 year).

Effective January 1, 2003, credited service for up to one year for long term union leaves.

Effective January 1, 2023, credited service earned for elected union official leaves, limited to no more than one (3 consecutive year) term.

Final Average Compensation

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

Schedule SB Attachment (Form 5500)—2024 Plan Year
Kaiser Permanente Retirement Plan
EIN: 94-1340523 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

**Kaiser Permanente Employees Pension Plan Supplement
(51-KPEPP-CNA)**

Definitions (continued)

Final Average Compensation (continued)

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

Qualified Dependent

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

Service

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

Special rules apply for rehires or workers' compensation leaves of absence.

Effective January 1, 2003, service for up to one year for long term union leaves.

Effective January 1, 2023, service earned for elected union official leaves, limited to no more than one (3 consecutive year) term. Special rules apply for service with St. Dominic's Hospital of Manteca prior to November 1, 2005.

Schedule SB Attachment (Form 5500)—2024 Plan Year
Kaiser Permanente Retirement Plan
EIN: 94-1340523 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

**Kaiser Permanente Maui Health System Pension Plan Supplement
(102-MHS, 109-MHS)**

Effective Date

| | |
|-------------|----------------|
| MHS | July 1, 2017. |
| Supplements | 18-A and 18-B. |

Eligible Employees

| | |
|--------------------------|---|
| Supplement 18-A (MHSSRP) | Employees in the following categories: (a) A nonrepresented Employee of MHS. (b) Through December 31, 2020, Security Officers in Maui Health System (MHS), a Kaiser Foundation Hospitals LLC, represented by International Union, Security, Police and Fire Professionals of America (SPFPA). On January 1, 2021, these participants move to Supplement 18-B. (c) Employees hired or rehired on or after January 1, 2024, shall not be eligible employees. |
| Supplement 18-B (MHSEPP) | Employees in the following categories: (a) A union-represented Employee of MHS. (b) An Employee represented by United Nurses Association of California/Union of Health Care Professionals (UNAC/UHCP) in MHS. (c) Effective January 1, 2021, Security Officers in Maui Health System (MHS), a Kaiser Foundation Hospitals LLC, represented by International Union, Security, Police and Fire Professionals of America (SPFPA) and any Eligible Employee who transfers into the SPFPA on or after January 1, 2021 with an original hire date prior to January 1, 2021. Prior to January 1, 2021, these participants were in Supplement 18-A. |

Schedule SB Attachment (Form 5500)—2024 Plan Year
Kaiser Permanente Retirement Plan
EIN: 94-1340523 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

**Kaiser Permanente Maui Health System Pension Plan Supplement
(102-MHS, 109-MHS)**

Eligible Employees (continued)

Supplement 18-B (MHSEPP) continued

- (d) Effective January 1, 2021, Eligible Employees represented by United Public Workers, AFSME, Local 646, AFL-CIO (UPW) in Maui Health System and any Eligible Employee who transfers into UPW on or after January 1, 2021 with an original hire date prior to January 1, 2021.
- (e) Employees hired on or after January 1, 2020 who are represented by UNAC/UHCP in MHS are not eligible to participate.
- (f) Employees hired on or after January 1, 2021 who are represented by SPFPA are not eligible to participate.
- (g) Employees hired on or after January 1, 2021 who are represented by UPW are not eligible to participate.

Participation

Participation begins on the first anniversary of hire if the eligible employee has at least 1,000 hours of employment during preceding 12 months. Otherwise, participation begins on the first day of the plan year in which the eligible employee has 1,000 hours of employment.

Normal Retirement

Eligibility

Age 65.

Monthly Benefit

1.0%¹ of final average compensation times years of credited service.

The monthly benefit will be reduced for any benefits payable from another plan(s) sponsored by certain organizations and medical care organizations listed in an appendix to KPRP for which credited service for the same period is included in both this plan and the other plan(s).

¹ Effective July 1, 2017, 1.2% of final average compensation times years of credited service for employees represented by UNAC/UHCP, SPFPA, or UPW

Schedule SB Attachment (Form 5500)—2024 Plan Year
Kaiser Permanente Retirement Plan
EIN: 94-1340523 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

**Kaiser Permanente Maui Health System Pension Plan Supplement
(102-MHS, 109-MHS)**

Early Retirement

| | |
|-----------------|--|
| Eligibility | A participant who has a Termination of Employment before his/her Normal Retirement date, age 55 and 15 years of service, or, for nonrepresented employees, the sum of years of age plus years of service equals at least 75. |
| Monthly Benefit | The accrued normal retirement benefit earned to the participant's termination date, reduced actuarially using the UP-1984 mortality table set back five years in age and a 6% interest rate. |

In-Service Retirement

| | |
|-----------------|---|
| Eligibility | Nonrepresented participants are eligible to elect (a one-time in-service distribution) to begin receipt of retirement benefits while active at or after age 65. |
| Monthly Benefit | The accrued normal retirement benefit earned to the participant's In-Service retirement date. |

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

Postponed Retirement

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

Deferred Vested Retirement

| | |
|-----------------|---|
| Eligibility | 5 years of service or age 65 or older. |
| Monthly Benefit | The accrued normal retirement benefit earned to the participant's date of termination, payable at age 65. |

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

Schedule SB Attachment (Form 5500)—2024 Plan Year
Kaiser Permanente Retirement Plan
EIN: 94-1340523 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

**Kaiser Permanente Maui Health System Pension Plan Supplement
(102-MHS, 109-MHS)**

Disability Retirement

| | |
|-----------------|--|
| Eligibility | Participants represented by UNAC/UHCP, SPFPA, or UPW who terminate after 10 years of retirement eligibility service if SSA determines the participant became disabled on or before date of termination and determines the participant is eligible to receive disability income benefits under Title II of the Social Security Act. |
| Monthly Benefit | The accrued normal retirement benefit earned to the participant's disability retirement date, reduced in the same manner as the early retirement benefit. |

In Service Death Benefits

| | |
|-----------------|---|
| Eligibility | Any nonrepresented vested participant who is married or has a domestic partner and who is employed within the controlled group at the date of death. (Represented vested participants receive the Pre-Retirement Death Benefits listed below regardless of the participant's employment status at death.) |
| Monthly Benefit | 66-2/3% of the participant's accrued benefit at the time of death, adjusted for the 66-2/3% joint and survivor annuity form of payment, payable on the first day of month following the participant's normal retirement date. If the survivor elects early commencement, the benefit is further reduced in the same manner as the early retirement benefit. Domestic partner must commence benefits within one year of the date of death of the participant. |

Pre-Retirement Death Benefits

| | |
|-----------------|---|
| Eligibility | Any vested represented participant who is married at the time of death. A domestic partner of a UNAC/UHCP, SPFPA or UPW represented participant is also covered. |
| Monthly Benefit | Any vested nonrepresented participant who is married or has a domestic partner at the time of death. 50% of the participant's accrued benefit at the time of death, adjusted for the 50% joint and survivor annuity form of payment, payable on the first day of month following the participant's normal retirement date. If the survivor elects early commencement, the benefit is further reduced in the same manner as the early retirement benefit. Domestic partner must commence benefits within one year of the date of death of the participant. |

Schedule SB Attachment (Form 5500)—2024 Plan Year
Kaiser Permanente Retirement Plan
EIN: 94-1340523 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

**Kaiser Permanente Maui Health System Pension Plan Supplement
(102-MHS, 109-MHS)**

Normal Form of Payment

| | |
|---------------------------|--|
| Unmarried | Life annuity. |
| Married | 50% joint and survivor annuity (actuarially reduced). |
| Optional Forms of Payment | <ul style="list-style-type: none">(1) Life annuity;(2) Joint and survivor annuity with 50%, 66-2/3%, or 75% continuation to the survivor;(3) Life annuity with 60, 120, 180, or 240 monthly payments guaranteed;(4) Level income option which is reduced after Social Security payments begin to provide a level income throughout retirement (available as a life annuity or life annuity with a guaranteed period certain);(5) Lump sum;(6) 100% joint and survivor annuity with 15-year guaranteed period and pop-up; and(7) For nonrepresented participants, installments for a fixed number of months, not exceeding 360. |

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

Schedule SB Attachment (Form 5500)—2024 Plan Year
Kaiser Permanente Retirement Plan
EIN: 94-1340523 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

**Kaiser Permanente Maui Health System Pension Plan Supplement
(102-MHS, 109-MHS)**

Definitions

| | |
|-----------------------|---|
| Actuarial Equivalence | For time of payment, actuarial equivalence is based on a 6% interest rate and the UP-1984 Mortality Table set back 5 years for participants and 2 years for beneficiaries. |
| | For form of payment, actuarial equivalence is based on the Revenue Code 417(e) applicable mortality table and applicable interest rate for the month which is two months before the benefit commencement date. |
| Credited Service | Each calendar year in which a participant has 2,000 or more hours of employment is counted as a year of credited service. |
| | For nonrepresented participants and UNAC/UHCP, UPW or SPFPA represented participants, proportional credited service based on a 2,000-hour year is counted for any complete or partial year in which the participant has fewer than 2,000 hours of employment. |
| | For represented participants, other than UNAC/UHCP, UPW or SPFPA represented participants, proportional credited service based on a 2,000 hour year is counted for any complete or partial year in which the participant has 1,000 or more hours of employment. |
| | Notwithstanding the foregoing, certain hours of employment are not counted as credited service (for example, hours for which the employer has made a contribution on behalf of an employee to an IRA, a defined contribution plan, or a Section 403(b) plan, not pursuant to a salary reduction agreement or hours in a plan year in which an employee voluntarily declined participation in the plan). |
| | For nonrepresented participants, hours of employment for periods during which a Participant is disabled and eligible to receive disability income benefits as provided by the Employer's short-term or long-term disability insurance program. Hours so credited are based on the rate of scheduled hours on the last day worked preceding disability. |

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

**Kaiser Permanente Maui Health System Pension Plan Supplement
(102-MHS, 109-MHS)**

Definitions (continued)

Final Average Compensation

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

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

Service

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

For UNAC/UHCP, UPW, or SPFPA represented participants, proportional service is counted for any complete or partial year in which the participant has fewer than 1,000 hours of employment.

An Eligible Employee who was employed by Maui Regional Heath System (MRHS) as of June 30, 2017 and who became an Eligible Employee on July 1, 2017, is credited with Vesting Service for employment with MRHS prior to July 1, 2017 based on the greater of the employment period with MRHS using employee provided evidence or the additional years of vesting Service listed in Appendix A of the Supplement plan document.

Schedule SB Attachment (Form 5500)—2024 Plan Year
Kaiser Permanente Retirement Plan
EIN: 94-1340523 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

**Kaiser Permanente Washington Defined Benefit Plan Supplement
(81-KPWDBP)**

Effective Date

KPWDBP July 1, 1961.

Supplement 19-A.

Eligible Employees

The plan was closed to new entrants in 2016. Participants include the following employee groups:

- (a) Certain employees represented by the International Union of Operating Engineers, Local 286, who were hired prior to January 1, 2010 and elected to participate in the plan.

Note that no Operating Engineers were employees after August 8, 2011.
- (b) Certain employees represented by the Office and Professional Employees International Union, AFL-CIO, Local 8, who were hired prior to February 1, 2016 and elected to participate in the plan.
- (c) Certain employees represented by the United Food and Commercial Workers, Local 3000, AFL-CIO, who were hired prior to January 29, 2016 and elected to participate in the plan.
- (d) Certain employees represented by Service Employee International Union (SEIU) Healthcare 1199NW, who were hired prior to February 9, 2016 and elected to participate in the plan.
- (e) Certain employees represented by Social Workers Employee Association, affiliated with SEIU Healthcare 1199NW, who were hired prior to March 20, 2003 and elected to participate in the plan.
- (f) Certain nonunion employees whose benefits were frozen as of January 1, 2014.

Schedule SB Attachment (Form 5500)—2024 Plan Year
Kaiser Permanente Retirement Plan
EIN: 94-1340523 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

**Kaiser Permanente Washington Defined Benefit Plan Supplement
(81-KPWDBP)**

Participation The plan was closed to new entry effective January 1, 2016.

Participant Contributions Certain employee groups were required to make after tax contributions for compensation earned prior to September 22, 2012.

Normal Retirement

Eligibility Age 65.

Monthly Benefit The sum of (1), (2) and (3) below:

- (1) A basic accrual of 2.6% of Certified Earnings for each year of participation after January 1, 1976.
- (2) A past service accrual of 2.6% of basic earnings for each year of participation from July 1, 1961 to January 1, 1976.
- (3) A past service benefit of 2.6% of basic earnings as of July 1, 1961 for each year of service prior to July 1, 1961.

Early Retirement

Eligibility Age 55; 3 years of service needed to reach partial vesting.

Monthly Benefit

The accrued normal retirement benefit earned to the participant's termination date, reduced based on the participant's age when the benefit commences. The benefit reduces 6.67% for each year from age 60 to 65 and 3.33% for each year from age 55 through 60.

Schedule SB Attachment (Form 5500)—2024 Plan Year
Kaiser Permanente Retirement Plan
EIN: 94-1340523 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

**Kaiser Permanente Washington Defined Benefit Plan Supplement
(81-KPWDBP)**

Late Retirement

| | |
|-----------------|---|
| Eligibility | Termination after normal retirement eligibility. |
| Monthly Benefit | Greater of the accrued normal retirement benefit earned to the participant's termination date or actuarially adjusted age 65 normal retirement benefit. |
| | For participants retiring before January 1, 2017, a different actuarial increase method applied. For participants over age 65 on January 1, 2017 and retiring after January 1, 2017, a combination of actuarial increase methods applies. |

Disability Retirement

| | |
|-----------------|--|
| Eligibility | Termination due to disability when not eligible for a retirement benefit. |
| Monthly Benefit | The accrued normal retirement benefit earned to the participant's disability retirement date, reduced in the same manner as the early retirement benefit, with no additional reduction for commencement before age 55. |

Vested Termination

Eligibility Vesting percentage by years of service as follows:

| Service | Vesting |
|---------|---------|
| 0-2 | 0% |
| 3 | 50% |
| 4 | 60% |
| 5 | 70% |
| 6 | 80% |
| 7+ | 100% |

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

A participant may elect to receive a reduced benefit beginning as early as age 55. The vested benefit is reduced in the same manner as the early retirement benefit.

Schedule SB Attachment (Form 5500)—2024 Plan Year
Kaiser Permanente Retirement Plan
EIN: 94-1340523 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

**Kaiser Permanente Washington Defined Benefit Plan Supplement
(81-KPWDBP)**

Pre-Retirement Death Benefits

| | |
|-----------------|---|
| Eligibility | Any participant who is married at the time of death. |
| Monthly Benefit | The greater of the actuarial equivalent of the participant's accrued benefit at the time of death or accrued benefit at the time of death adjusted for the joint and survivor annuity form of payment, payable at the participant's normal retirement date. If the survivor elects early commencement, the benefit is further reduced in the same manner as the early retirement benefit. |

Qualified Dependent Benefit

| | |
|-----------------|---|
| Eligibility | Vested participants who at the date of death are unmarried or have elected (with spouse consent) to designate an alternative beneficiary. |
| Monthly Benefit | The actuarial equivalent of the accrued benefit payable at age 65 payable as a lump sum, installment or an annuity. |

Normal Form of Payment

| | |
|---------------------------|---|
| Unmarried | Life annuity. |
| Married | 100% joint and survivor annuity (actuarially reduced). |
| Optional Forms of Payment | <ul style="list-style-type: none">(1) Life annuity;(2) Joint and survivor annuity with 50%, 75%, or 100% continuation to the spouse or domestic partner;(3) Life annuity with 120 monthly payments guaranteed;(4) Level income option which is reduced after Social Security payments begin to provide a level income throughout retirement; and(5) Lump sum or installment payments. |

All optional forms of payment have the same actuarial value as the life annuity.

Schedule SB Attachment (Form 5500)—2024 Plan Year
Kaiser Permanente Retirement Plan
EIN: 94-1340523 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

**Kaiser Permanente Washington Defined Benefit Plan Supplement
(81-KPWDBP)**

Definitions

Actuarial Equivalence

For lump sums and installment payments, mortality based on the applicable mortality table for the calendar year of distribution and the applicable interest rate determined as of November of the year preceding the distribution.

For annuity forms of payment, mortality based on the Unisex Pension-1984 Mortality Table with 3 year age setback for the participant and no age setback for joint annuitants and a 7% interest rate.

For late retirement actuarial increases, preretirement mortality is not applied.

Credited Service

Participants do not accrue plan benefits prior to January 1, 1976 nor for plan years prior to their first year of participation.

Between January 1, 1978 and December 31, 2016, one hour of service as a participant and qualified employee was required for benefit accrual for the plan year.

Beginning on January 1, 2017, participants must complete 500 hours as a participant and qualified employee for benefit accrual for the plan year.

Employer

Group Health Cooperative (GHC).
Kaiser Foundation Health Plan of Washington effective February 1, 2017.

Certified Earnings

All regular compensation, including commissions received, before any and all deductions, but exclusive of overtime, bonus, or contingent compensation.

Service

Effective January 1, 2017, each plan year during which the employee has at least 500 hours of service.

Prior to January 1, 2017, each plan year during which the employee has at least one hour of service.

Service during a period when the employee was eligible to join the plan but declines to do so is excluded.

Schedule SB Attachment (Form 5500)—2024 Plan Year
Kaiser Permanente Retirement Plan
EIN: 94-1340523 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

**Kitsap Physicians Service Employees' Retirement Plan Supplement
(82-KPS)**

Effective Date

KPS September 1, 1954.

Supplement

19-B.

Eligible Employees

The plan was closed to new entrants after February 28, 2009. Participants include non-represented former employees KPS Health Plans, which dissolved in December of 2015.

Participation

The plan was closed to new entry after February 28, 2009.

Normal Retirement

Eligibility

The later of age 62 or 5th anniversary of hire date.

Monthly Benefit

The plan benefits were frozen on February 28, 2009. The benefit formula, based on final average compensation and credited service as of February 28, 2009, is the greater of the amounts determined under (a) or (b) below:

- (a) 2.0% of final average compensation times years of credited service up to 25 years, or
- (b) \$15.00 times years of credited service.

Early Retirement

Eligibility

Age 55 and 10 years of service.

Monthly Benefit

The accrued normal retirement benefit earned to the participant's termination date, reduced based on the participant's age when the benefit commences. The benefit reduces 4% for each year prior to the normal retirement date.

Late Retirement

Eligibility

Termination after normal retirement eligibility.

Monthly Benefit

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

Schedule SB Attachment (Form 5500)—2024 Plan Year
Kaiser Permanente Retirement Plan
EIN: 94-1340523 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

**Kitsap Physicians Service Employees' Retirement Plan Supplement
(82-KPS)**

Vested Termination

Eligibility 5 years of service (1 year of service for employees on January 1, 2001).

Two partial plan terminations: 100% vested if either terminated between 1/1/2009 and 4/30/2000 inclusive or terminated on or after 5/13/2010.

Monthly Benefit

The accrued normal retirement benefit earned to the participant's termination date, payable at age 62.

A participant, who terminates before age 55, may elect to receive a reduced benefit beginning as early as age 55. The benefit is reduced in the same manner as the early retirement benefit.

Pre-Retirement Death Benefits

Eligibility Any vested participant who is married at the time of death.

Monthly Benefit

The actuarial equivalent of the amount payable to a surviving spouse under the 50% joint and survivor annuity form, payable on the first day of month following the participant's date of death reduced in the same manner as the early retirement benefit. The benefit may be paid as a lump sum or an annuity.

If the surviving spouse elects, the payment may be deferred as late as the participant's normal retirement date. The benefit may be paid as a lump sum or annuity. If deferred more than 5 years after the participant's normal retirement date, the benefit will be paid as an annuity.

Qualified Dependent Benefit

Eligibility Any vested participant is unmarried at the time of death

Monthly Benefit

50% of the participant's accrued benefit at the time of death, payable on the first day of month following the participant's date of death reduced in the same manner as the early retirement benefit. The benefit is paid as a lump sum.

Schedule SB Attachment (Form 5500)—2024 Plan Year
Kaiser Permanente Retirement Plan
EIN: 94-1340523 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

**Kitsap Physicians Service Employees' Retirement Plan Supplement
(82-KPS)**

Normal Form of Payment

| | |
|---------------------------|---|
| Unmarried | Life annuity. |
| Married | 50% joint and survivor annuity (no reduction). |
| Optional Forms of Payment | <ul style="list-style-type: none">(1) Life annuity;(2) 50% Joint and survivor annuity (no reduction);(3) 75% Joint and survivor annuity; and(4) Life annuity with 120 monthly payments guaranteed. |

The 50% joint and survivor annuity and the 75% joint and survivor annuity have a greater actuarial value than the life annuity. All other optional forms of payment have the same actuarial value as the life annuity.

Definitions

| | |
|----------------------------|---|
| Actuarial Equivalence | For lump sums, mortality based on the applicable mortality table and the applicable interest rate as of the distribution date. For annuity forms of payment, mortality based on the Unisex Pension-1984 Mortality Table and a 6% interest rate. |
| Credited Service | No credited service is granted after February 28, 2009. Credited service is based on elapsed time to the nearest month beginning at the later of age 21 or the first anniversary of hire. Years except for the first and last, with less than 1,000 hours are excluded. |
| Employer | Group Health Options, Inc. (GHO). Kaiser Foundation Health Plan of Washington Options, Inc. effective February 1, 2017. |
| Final Average Compensation | No compensation is recognized after February 28, 2009. A participant's average monthly compensation for the highest 36 consecutive months of employment, with prorated calendar year compensation if needed. The total monthly compensation included in final average compensation for any 12-month period is limited in accordance with IRC Section 401(a)(17). |
| Service | Each calendar year in which an employee has 1,000 or more hours of employment is counted as a year of service. |

Schedule SB Attachment (Form 5500)—2024 Plan Year
Kaiser Permanente Retirement Plan
EIN: 94-1340523 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

**Kaiser Permanente Union Employees Pension Plan Supplement
(05-KPUEPP)**

Effective Date

KPUEPP January 1, 2021.

Supplement Supplement 20-A.

Eligible Employees

Desktop Support Workers represented by SEIU-UHW (KPIT SEIU-UHW IT Workers – Inland Empire) in the KPIT Market.

Participation

Participation begins on the date of employment.

Normal Retirement

Eligibility Age 65.

Monthly Benefit 1.45% of final average compensation times years of credited service.

The monthly benefit will be reduced for any benefits payable from another plan(s) sponsored by certain organizations and medical care organizations listed in an appendix to KPRP for which credited service for the same period is included in both this plan and the other plan(s).

Early Retirement

Eligibility Age 55 and 15 years of service.

Monthly Benefit The accrued normal retirement benefit earned to the participant's termination date, reduced 5% for each year by which the benefit starting date precedes age 65 and actuarially for years prior to age 55.

Postponed Retirement

Eligibility Termination after normal retirement date.

Monthly Benefit Greater of the accrued normal retirement benefit earned to the participant's termination date or actuarially adjusted age 65 benefit.

Disability Retirement

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

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

Schedule SB Attachment (Form 5500)—2024 Plan Year
Kaiser Permanente Retirement Plan
EIN: 94-1340523 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

**Kaiser Permanente Union Employees Pension Plan Supplement
(05-KPUEPP)**

Deferred Vested Retirement

| | |
|-----------------|--|
| Eligibility | 5 years of service or age 65 or older. |
| Monthly Benefit | The accrued normal retirement benefit earned to the participant's date of termination, payable at age 65. A participant who terminates after completing at least 15 years of service, but before age 55, may elect to receive a reduced benefit beginning as early as age 55. The benefit is reduced in the same manner as the early retirement benefit. |

Pre-Retirement Death Benefits

| | |
|-----------------|--|
| Eligibility | Any vested participant who is married or has a domestic partner at the time of death. |
| Monthly Benefit | 50% of the participant's accrued benefit at the time of death, adjusted for the 50% joint and survivor annuity form of payment, payable at the participant's normal retirement date. If the survivor elects early commencement, the benefit is further reduced in the same manner as the early retirement benefit. A domestic partner must commence benefits within one year of the date of death of the participant. |

Qualified Dependent Benefit

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

Schedule SB Attachment (Form 5500)—2024 Plan Year
Kaiser Permanente Retirement Plan
EIN: 94-1340523 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

**Kaiser Permanente Union Employees Pension Plan Supplement
(05-KPUEPP)**

Normal Form of Payment

Unmarried

Life annuity.

Married

50% joint and survivor annuity (actuarially reduced).

Optional Forms of
Payment

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

100% joint and survivor annuity with 15-year guaranteed period and pop-up.

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

Schedule SB Attachment (Form 5500)—2024 Plan Year
Kaiser Permanente Retirement Plan
EIN: 94-1340523 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

**Kaiser Permanente Union Employees Pension Plan Supplement
(05-KPUEPP)**

Definitions

| | |
|-----------------------|--|
| Actuarial Equivalence | For time of payment, actuarial equivalence is based on a 6% interest rate and the UP-1984 Mortality Table set back 5 years for participants and 2 years for beneficiaries. |
| | For form of payment, actuarial equivalence is based on the Revenue Code 417(e) applicable mortality table and applicable interest rate for the month which is two months before the benefit commencement date. |
| Credited Service | Each calendar year beginning January 1, 2003 in which a participant has 1,800 or more hours of employment is counted as a year of credited service. Proportional credited service based on a 1,800-hour year is counted for any complete or partial year in which the participant has fewer than 1,800 hours of employment. |
| | Each calendar year before January 1, 2003 in which a participant has 2,000 or more hours of employment is counted as a year of credited service. Proportional credited service based on a 2,000-hour year is counted for any complete or partial year in which the participant has fewer than 2,000 hours of employment. |
| | For union leaves that begin after March 1, 2003, credited service includes up to 30 days for short term union leaves, up to one year for long term union leaves and up to two years for elected union official leaves. |
| | Credited service in the year of termination for a participant who is not retirement eligible includes accumulated sick leave if the participant has at least 250 hours of accumulated sick leave on his termination of employment. Credited service in the year of termination for a retirement eligible participant includes hours of accumulated sick leave credited as of December 31, 2005 remaining at his termination of employment. |
| | Notwithstanding the foregoing, certain hours of employment are not counted as credited service (for example, hours for which the employer has made a contribution on behalf of an employee to an IRA, a defined contribution plan, or a Section 403(b) plan or hours in a plan year in which an employee voluntarily declined participation in the plan). |

Schedule SB Attachment (Form 5500)—2024 Plan Year
Kaiser Permanente Retirement Plan
EIN: 94-1340523 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

**Kaiser Permanente Union Employees Pension Plan Supplement
(05-KPUEPP)**

Definitions (continued)

Final Average Compensation

A participant's average monthly compensation for the highest 60 consecutive months of employment in the last 120 months of employment. The total monthly compensation included in final average compensation for any 12-month period is limited in accordance with IRC Section 401(a)(17). Monthly compensation is the base hourly wage rate for the first compensated hour of employment in each month multiplied by 173.33. Monthly compensation does not include differential pay for temporary work in a higher classification, shift differential, meal allowance, on-call pay, overtime and other special bonuses and allowances. Monthly compensation includes the monthly amount contributed under salary reduction agreements to plans under IRC Sections 403(b), 401(k), 129, 125, and 132(f)(4).

Monthly compensation for part-time employment or periods when the participant receives reduced sick pay is determined at the full-time rate. Terminal vacation pay is deemed paid over the period for which payment is made. Other special rules also apply.

Qualified Dependent

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

Service

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

Special rules apply for periods of industrial leaves of absence.

For union leaves that begin after March 1, 2003, service includes up to 30 days for short term union leaves, up to one year for long term union leaves and up to two years for elected union official leaves.

Special rules apply for service before May 1, 1979 with Canyon General Hospital, for service before December 31, 2006 with Buenaventura Medical Group and for service with San Diego Health Association.

SCHEDULE SB
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

OMB No. 1210-0110

2024

**This Form is Open to Public
Inspection**

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

► Round off amounts to nearest dollar.

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

A Name of plan

KAISER PERMANENTE RETIREMENT PLAN

B Three-digit
plan number (PN)

► 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF

KAISER FOUNDATION HEALTH PLAN, INC.

D Employer Identification Number (EIN)

94-1340523

E Type of plan: Single Multiple-A Multiple-B

F Prior year plan size: 100 or fewer 101-500 More than 500

Part I Basic Information

1 Enter the valuation date: Month **01** Day **01** Year **2024**

2 Assets:

| | | |
|-------------------------------|-----------|----------------|
| a Market value..... | 2a | 33,435,741,771 |
| b Actuarial value..... | 2b | 35,743,494,700 |

3 Funding target/participant count breakdown

| | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
|--|----------------------------|---------------------------|--------------------------|
| a For retired participants and beneficiaries receiving payment..... | 24,843 | 4,543,673,976 | 4,543,673,976 |
| b For terminated vested participants | 37,849 | 2,874,689,555 | 2,874,689,555 |
| c For active participants..... | 135,057 | 13,016,810,689 | 13,667,543,505 |
| d Total..... | 197,749 | 20,435,174,220 | 21,085,907,036 |

4 If the plan is in at-risk status, check the box and complete lines (a) and (b).....

| | |
|---|-----------|
| a Funding target disregarding prescribed at-risk assumptions | 4a |
| b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor | 4b |

5 Effective interest rate.....

5 **5.27%**

6 Target normal cost

| | | |
|--|-----------|---------------|
| a Present value of current plan year accruals | 6a | 1,396,249,883 |
| b Expected plan-related expenses | 6b | 55,225,143 |
| c Target normal cost | 6c | 1,451,475,026 |

Statement by Enrolled Actuary

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

| | | | |
|----------------------|-----------------|---|------------|
| SIGN HERE | Blake P. Murphy |  | 07/31/2025 |
|----------------------|-----------------|---|------------|

Signature of actuary

Blake P. Murphy

Date

Type or print name of actuary

2305322

AON CONSULTING, INC.

Most recent enrollment number

Firm name

949-725-4500

Telephone number (including area code)

MSC# 17819, AON
P.O. BOX 19640
IRVINE CA 92623

Address of the firm

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

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

Schedule SB (Form 5500) 2024
v. 240311

Part II Beginning of Year Carryover and Prefunding Balances

| | (a) Carryover balance | (b) Prefunding balance |
|---|-----------------------|------------------------|
| 7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year) | 0 | 11,987,825,429 |
| 8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year) | 0 | 0 |
| 9 Amount remaining (line 7 minus line 8) | 0 | 11,987,825,429 |
| 10 Interest on line 9 using prior year's actual return of <u>5.87%</u> | 0 | 703,685,353 |
| 11 Prior year's excess contributions to be added to prefunding balance: | | |
| a Present value of excess contributions (line 38a from prior year) | | 854,964,792 |
| b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.40%</u> | | 46,168,099 |
| b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return | | 0 |
| c Total available at beginning of current plan year to add to prefunding balance..... | | 901,132,891 |
| d Portion of (c) to be added to prefunding balance | | 901,000,000 |
| 12 Other reductions in balances due to elections or deemed elections | 0 | 0 |
| 13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)..... | 0 | 13,592,510,782 |

Part III Funding Percentages

| | | |
|---|-----------|----------|
| 14 Funding target attainment percentage..... | 14 | 105.05 % |
| 15 Adjusted funding target attainment percentage..... | 15 | 169.51 % |
| 16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement..... | 16 | 118.84 % |
| 17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage..... | 17 | % |

Part IV Contributions and Liquidity Shortfalls

| | | |
|-----------|--|------------------------|
| 19 | Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: | |
| a | Contributions allocated toward unpaid minimum required contributions from prior years..... | 19a |
| b | Contributions made to avoid restrictions adjusted to valuation date..... | 19b |
| c | Contributions allocated toward minimum required contribution for current year adjusted to valuation date..... | 19c 658,121,978 |

20 Quarterly contributions and liquidity shortfalls:

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

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

c If line 20a is “Yes,” complete the following table as applicable.

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:

| | | | | |
|-------------------------|--------------------------|--------------------------|--------------------------|---|
| a Segment rates: | 1st segment: 4 . 75 % | 2nd segment: 4 . 87 % | 3rd segment: 5 . 59 % | <input type="checkbox"/> N/A, full yield curve used |
|-------------------------|--------------------------|--------------------------|--------------------------|---|

| | | |
|---|------------|---|
| b Applicable month (enter code)..... | 21b | 4 |
|---|------------|---|

| | | |
|---|-----------|----|
| 22 Weighted average retirement age | 22 | 64 |
|---|-----------|----|

| | | | |
|---|--|---|-------------------------------------|
| 23 Mortality table(s) (see instructions) | <input type="checkbox"/> Prescribed - combined | <input checked="" type="checkbox"/> Prescribed - separate | <input type="checkbox"/> Substitute |
|---|--|---|-------------------------------------|

Part VI Miscellaneous Items

| | | |
|---|---|-----------------------------|
| 24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|---|-----------------------------|

| | | |
|---|------------------------------|--|
| 25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
|---|------------------------------|--|

26 Demographic and benefit information

| | | |
|--|---|-----------------------------|
| a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
|--|---|-----------------------------|

| | | |
|--|---|-----------------------------|
| b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
|--|---|-----------------------------|

| | | |
|---|-----------|--|
| 27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment..... | 27 | |
|---|-----------|--|

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

| | | |
|---|-----------|---|
| 28 Unpaid minimum required contributions for all prior years | 28 | 0 |
|---|-----------|---|

| | | |
|---|-----------|---|
| 29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... | 29 | 0 |
|---|-----------|---|

| | | |
|--|-----------|---|
| 30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)..... | 30 | 0 |
|--|-----------|---|

Part VIII Minimum Required Contribution For Current Year**31 Target normal cost and excess assets (see instructions):**

| | | |
|--|------------|---------------------|
| a Target normal cost (line 6c)..... | 31a | 1 , 451 , 475 , 026 |
|--|------------|---------------------|

| | | |
|--|------------|---------------------|
| b Excess assets, if applicable, but not greater than line 31a | 31b | 1 , 065 , 076 , 882 |
|--|------------|---------------------|

| | | |
|--------------------------------------|---------------------|-------------|
| 32 Amortization installments: | Outstanding Balance | Installment |
|--------------------------------------|---------------------|-------------|

| | | |
|---|---|---|
| a Net shortfall amortization installment | 0 | 0 |
|---|---|---|

| | | |
|--|---|---|
| b Waiver amortization installment | 0 | 0 |
|--|---|---|

| | | |
|---|-----------|--|
| 33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount | 33 | |
|---|-----------|--|

| | | |
|--|-----------|-----------------|
| 34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).... | 34 | 386 , 398 , 144 |
|--|-----------|-----------------|

| | | | |
|--|-------------------|--------------------|---------------|
| | Carryover balance | Prefunding balance | Total balance |
|--|-------------------|--------------------|---------------|

| | | | |
|--|---|---|---|
| 35 Balances elected for use to offset funding requirement | 0 | 0 | 0 |
|--|---|---|---|

| | | |
|--|-----------|-----------------|
| 36 Additional cash requirement (line 34 minus line 35)..... | 36 | 386 , 398 , 144 |
|--|-----------|-----------------|

| | | |
|--|-----------|-----------------|
| 37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... | 37 | 658 , 121 , 978 |
|--|-----------|-----------------|

| | | | |
|---|--|--|--|
| 38 Present value of excess contributions for current year (see instructions) | | | |
|---|--|--|--|

| | | |
|--|------------|-----------------|
| a Total (excess, if any, of line 37 over line 36) | 38a | 271 , 723 , 834 |
|--|------------|-----------------|

| | | |
|---|------------|---|
| b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances | 38b | 0 |
|---|------------|---|

| | | |
|--|-----------|---|
| 39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)..... | 39 | 0 |
|--|-----------|---|

| | | |
|---|-----------|---|
| 40 Unpaid minimum required contributions for all years | 40 | 0 |
|---|-----------|---|

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

| | |
|--|--|
| 41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021 | |
|--|--|

Kaiser Permanente Retirement Plan
Employer Identification Number: 94-1340523, Plan Number: 001
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
December 31, 2024

| (a) | (b) | (c) | (d) | (e) |
|-----|---|---|-------------------|-------------------|
| | Identity of Issue, Borrower, Lessor, or Similar Party | Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value | Cost | Current Value |
| | Investment in group trust | | | |
| * | Defined Benefit Investment Fund | Investment in group trust | \$ 32,335,373,900 | \$ 33,652,207,262 |
| | Mutual funds | | | |
| * | Vanguard Cash Res Fed MM Adm | Mutual Fund | ** | 3,490 |
| * | Vanguard Core Bond Fund Admiral | Mutual Fund | ** | 2,563,368 |
| * | Vanguard Explorer Fund Admiral | Mutual Fund | ** | 1,192,388 |
| * | Vanguard FTSE Social Index Fund Institutional | Mutual Fund | ** | 5,067,385 |
| * | Vanguard Global ESG Select Stock Fund Admiral | Mutual Fund | ** | 302,435 |
| * | Vanguard International Growth Fund Admiral | Mutual Fund | ** | 3,305,831 |
| * | Vanguard PRIMECAP Fund Admiral | Mutual Fund | ** | 7,226,289 |
| * | Vanguard Total Stock Market Index Fund Institutional Select | Mutual Fund | ** | 21,022,834 |
| * | Self-Directed Brokerage Fund | Participant-Directed Brokerage Account | ** | 362,719 |
| | | | | 41,046,739 |
| | Collective investments funds | | | |
| | JPMorgan SmartRetirement Passive Blend 2020 Fund | Collective Investment Fund | ** | 3,479,537 |
| | JPMorgan SmartRetirement Passive Blend 2025 Fund | Collective Investment Fund | ** | 3,942,774 |
| | JPMorgan SmartRetirement Passive Blend 2030 Fund | Collective Investment Fund | ** | 4,984,173 |
| | JPMorgan SmartRetirement Passive Blend 2035 Fund | Collective Investment Fund | ** | 6,790,337 |
| | JPMorgan SmartRetirement Passive Blend 2040 Fund | Collective Investment Fund | ** | 9,254,853 |
| | JPMorgan SmartRetirement Passive Blend 2045 Fund | Collective Investment Fund | ** | 8,386,579 |
| | JPMorgan SmartRetirement Passive Blend 2050 Fund | Collective Investment Fund | ** | 7,048,518 |
| | JPMorgan SmartRetirement Passive Blend 2055 Fund | Collective Investment Fund | ** | 3,619,508 |
| | JPMorgan SmartRetirement Passive Blend 2060 Fund | Collective Investment Fund | ** | 833,152 |
| | JPMorgan SmartRetirement Passive Blend 2065 Fund | Collective Investment Fund | ** | 66,369 |
| | JPMorgan SmartRetirement Passive Blend Income Fund | Collective Investment Fund | ** | 596,970 |
| | KP Interest Income Fund | Collective Investment Fund | ** | 3,794,392 |
| * | Vanguard Institutional Total Bond Market Index Trust | Collective Investment Fund | ** | 3,885,005 |
| * | Vanguard Institutional Total International Stock Market Index Trust | Collective Investment Fund | ** | 7,261,492 |
| | | | | 63,943,659 |
| | Total investments per financial statements | | | 33,757,197,660 |
| * | Notes receivable from participants | Interest rates ranging from 4.25% to 9.50% and mature through September 2037 | | 2,033,899 |
| | Total investments per Form 5500 | | | \$ 33,759,231,559 |

*Investments in party-in-interest as defined under ERISA.

**Information is not required as investments are participant-directed

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

**This Form is Open to Public
Inspection**

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024**

and ending **12/31/2024**

- A** This return/report is: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
B This return/report is: a single-employer plan a DFE (specify _____)
 the first return/report the final return/report
 an amended return/report a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here ►
D Check box if filing under: Form 5558 automatic extension the DFVC program
 special extension (enter description)
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ►

Part II Basic Plan Information - enter all requested information

1a Name of plan

KAISER PERMANENTE RETIREMENT PLAN

1b Three-digit plan number (PN) ►

001

1c Effective date of plan
04/01/1958

2b Employer Identification Number (EIN)
94-1340523

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

2d Business code (see instructions)
621491

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

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

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

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

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

Form 5500 (2024)
v. 240311

3a Plan administrator's name and address 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:

a Sponsor's name

c Plan Name

5 Total number of participants at the beginning of the plan year

5

197749

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) 135057 |
| a(2) Total number of active participants at the end of the plan year | 6a(2) 140357 |
| b Retired or separated participants receiving benefits | 6b 24028 |
| c Other retired or separated participants entitled to future benefits | 6c 38882 |
| d Subtotal. Add lines 6a(2) , 6b , and 6c | 6d 203267 |
| e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | 6e 1995 |
| f Total. Add lines 6d and 6e | 6f 205262 |
| 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 2325 |

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)

7

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

1A

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

9a Plan funding arrangement (check all that apply)

- (1) Insurance
- (2) Code section 412(e)(3) insurance contracts
- (3) Trust
- (4) General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) Insurance
- (2) Code section 412(e)(3) insurance contracts
- (3) 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) H (Financial Information)
- (2) I (Financial Information - Small Plan)
- (3) A (Insurance Information) - Number Attached _____
- (4) C (Service Provider Information)
- (5) D (DFE/Participating Plan Information)
- (6) G (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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

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

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

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

Receipt Confirmation Code _____