



LAPRA

Benefits Guide 2025/26

July 1, 2025 – June 30,
2026

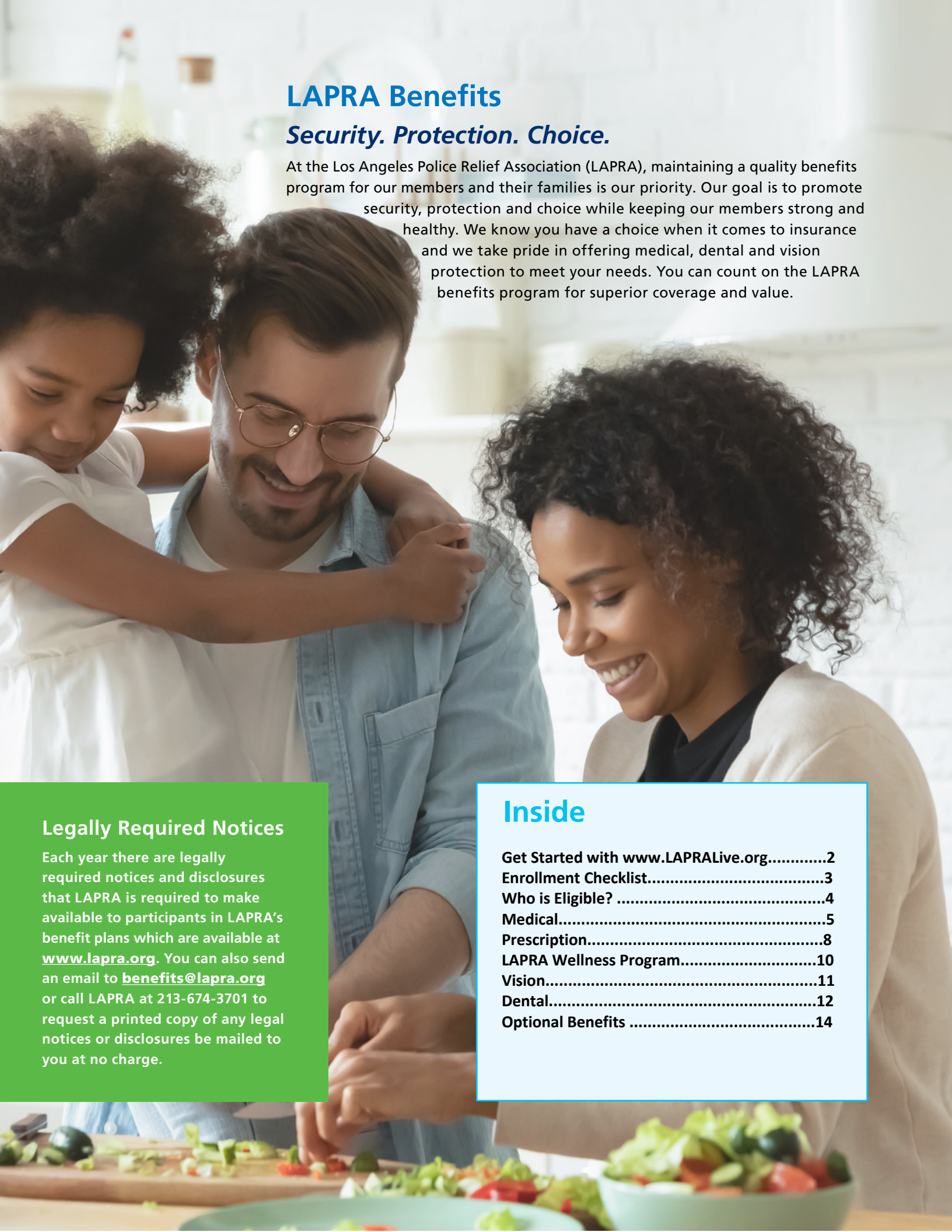
New Recruits

Los Angeles Police Relief Association

LAPRA Benefits

Security. Protection. Choice.

At the Los Angeles Police Relief Association (LAPRA), maintaining a quality benefits program for our members and their families is our priority. Our goal is to promote security, protection and choice while keeping our members strong and healthy. We know you have a choice when it comes to insurance and we take pride in offering medical, dental and vision protection to meet your needs. You can count on the LAPRA benefits program for superior coverage and value.



Legally Required Notices

Each year there are legally required notices and disclosures that LAPRA is required to make available to participants in LAPRA's benefit plans which are available at www.lapra.org. You can also send an email to benefits@lapra.org or call LAPRA at 213-674-3701 to request a printed copy of any legal notices or disclosures be mailed to you at no charge.

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Welcome to the Los Angeles Police Relief Association!

This guide is an overview of your health and welfare benefit options.
More information is available on www.lapra.org and www.LAPRALive.org.

You may enroll starting the day after orientation.
You must complete your enrollment by the first day of Recruit Class at the Academy.

As a recruit employed by the City of Los Angeles to become a sworn Police Officer in the Los Angeles Police Department, you will be automatically enrolled in LAPRA Membership with the following benefits:

- **LAPRA Basic Life Insurance:**
 - \$12,000 death benefit.
- **United Healthcare (UHC) Basic Life and AD&D Insurance:**
 - \$15,000 of Basic Life and \$15,000 of Basic AD&D coverage.
- **Long Term Care Insurance (LTC):**
 - Insurance that helps pay for services to assist with daily living activities; \$1500/month benefit.

You are also eligible to enroll in the following optional benefits:

- **UHC Optional Life and ADD Insurance**
- **UHC Long Term Disability**
- **Optional Buy-Up LTC**

Additional Benefits Available to Members

- **LAPRAF Emergency Relief**
- **Off-Payroll & Military Leave Benefits Assistance**

There is no cost for LAPRA membership while you are in the Academy. Once you are sworn in, LAPRA dues will be deducted from your paycheck in the amount of \$1.50 per pay period. You can cancel your membership any time after you are sworn in.

Get Started on www.LAPRALive.org

Access www.LAPRALive.org to enroll or make changes to your benefits, update personal information, update beneficiary designations and more.

- 1) Open your web browser and delete your browser history/cookies. Then go to www.LAPRALive.org.
- 2) The first time you log in, click on the **REGISTER** button.
- 3) For Company Key, enter **LAPRA**. Then enter your **Social Security Number** and **date of birth**.
- 4) Click the **CONTINUE** button.
- 5) Fill in the information requested to create your account including a **user name** and **password**. Complete the three security questions and click the **CONTINUE** button.
- 6) On the Confirm screen, click the **CONTINUE** button.
- 7) Enter your user name and password and click on the **LOGIN** button.
- 8) Follow the onscreen instructions and complete the information requested.

How to Upload Documents on www.LAPRALive.org

1. Message Center


Select HELP at the top of the menu.

2. Select file(s) for upload:
Choose Files | No file chosen
Supported formats are: '.rtf', '.txt', '.doc', '.docx', '.pdf', '.jpg', '.jpeg', '.tiff', '.tif', '.bmp', '.png', '.gif'

Upload the files and click Submit.



Benefits Enrollment Steps

- Enroll in coverage by logging onto www.LAPRALive.org the day after your orientation. Complete your enrollment by the first day of Recruit Class at the Academy.
- Email the supporting documentation (i.e. birth certificate, marriage certificate, etc.) for your dependents to benefits@lapra.org or submit them via www.LAPRALive.org using the  Help icon.

Medical Insurance

Select the medical plan of your choice. LAPRA offers you and your family three medical options:

- **Anthem Blue Cross PPO**
- **Anthem Blue Cross HMO (for California Residents only)**
- **Kaiser HMO (for California Residents only)**

You can view a side-by-side comparison of the plans on page 5 and a summary of prescription benefits on page 8.

LAPRA Wellness Program

All members and their adult dependents who are enrolled in a LAPRA medical plan are automatically enrolled in the LAPRA Wellness Program. See page 10 for information.

Vision Insurance

When you enroll in the Anthem Blue Cross PPO or the Anthem Blue Cross HMO you will automatically receive vision coverage through Vision Service Plan (VSP). Members who enroll in the Kaiser HMO will access their vision benefit through Kaiser. See page 8 for more detailed information.

Dental Insurance

Select the dental plan of your choice. Two options are available:

- **Anthem Blue Cross PPO Dental Plan**
- **Anthem Blue Cross HMO Dental Plan (for California Residents only)**

You can view side-by-side comparison of the plans on page 12 of this booklet.

Important: If you enroll in a LAPRA dental plan (Anthem Dental), you must waive your dental coverage with LAPPL (Delta Dental). If not, you cannot be enrolled in a LAPRA dental plan. To waive your LAPPL contact the League at (800) 736-7070.

UHC Optional Life and ADD Insurance

In addition to the Basic Life/ADD benefit paid 100% by LAPRA, you can purchase additional coverage which also includes a dependent death benefit. See more information on page 14.

Long Term Disability

You can purchase LTD coverage which will offer you income replacement if you experience an illness or injury that prevents you from working. See more information on page 14.

Long Term Care Buy-Up

In addition to the Core LTC benefit paid 100% by LAPRA, you can purchase a buy-up LTC benefit which covers care for someone who needs assistance performing Basic Activities of Daily Living. See more information on page 14.

LAPRA Optional Benefits Overview

UHC Optional Life and ADD Insurance

LAPRA provides Basic Life and AD&D Insurance to active members (see page 1). In addition to this benefit, you can purchase additional coverage which also includes a dependent death benefit. The table below shows the available plans. If you enroll during your first 31 days of employment, you are not required to completed Evidence of Insurability form.

How do I enroll in Optional Life and ADD Insurance?

Log onto LAPRALive and in the UHC Optional Life and ADD screen, select the plan of your choice. You will need to designate your beneficiaries for this plan.

Active Member (under age 70)	ACT Opt Life Plan 1	ACT Opt Life Plan 2	ACT Opt Life Plan 3	ACT Opt Life Plan 4	ACT Opt Life Plan 5	ACT Opt Life Plan 6
Death Benefit	\$5,700	\$36,300	\$60,400	\$86,300	\$172,500	\$225,000
AD&D Coverage	\$5,700	\$36,300	\$60,400	\$86,300	\$172,500	\$225,000
Dependent Death Benefit	\$0	\$6,900	\$6,900	\$6,900	\$6,900	\$6,900
AD&D Coverage	\$0	\$6,900	\$6,900	\$6,900	\$6,900	\$6,900
Cost Per Pay Period	\$0.81	\$4.25	\$6.04	\$8.62	\$15.97	\$22.75

Long Term Disability

The LTD plan will offer you income replacement if you are medically deemed totally disabled due to illness or injury. You can purchase LTD coverage, administered through United HealthCare, which will provide a monthly benefit of \$600 after an elimination period of 30 consecutive days. It also has a Survivor Benefit of \$1,800 if you die while receiving LTD benefits.

The cost is \$1.15 per pay period. If you enroll during your first 31 days of employment, you are not required to completed Evidence of Insurability form.

How do I enroll in LTD?

Log onto LAPRALive and in the Long Term Disability screen, select the plan of your choice. You will need to designate beneficiaries for this plan.

Optional Buy-up Long Term Care Benefits

There are three LTC plans that you can choose from. For the plan you select, you will need to choose a monthly benefit amount and benefit duration. Remember, the Core LTC Benefit paid by LAPRA is Plan 1 with a \$1,500 monthly benefit amount and 2 year benefit duration.

How do I enroll in Buy-Up LTC?

Request enrollment forms by sending an email to benefits@lapra.org. You can also visit www.lapra.org and download the Active Member Benefit Election form. If you apply for a benefits above \$6,500 or Lifetime Duration, you will need to complete a health questionnaire.

Plan Feature	Plan 1	Plan 2	Plan 3
Inflation Protection	None	5% Simple Inflation	5% Compound Inflation
Monthly Benefit	\$1,500 to \$8,500		
Duration	2 years, 5 years or Lifetime		

Who Is Eligible?

Employees

All full-time employees working 30 or more hours per week who are:

- Recruits employed by the City of Los Angeles to become sworn police officers;
- Sworn police officers of the LAPD; or
- Employees of the Los Angeles Police Relief Association, the Los Angeles Retired Fire and Police Association or the Los Angeles Police Protective League.

Dependents

The following dependents of enrolled plan members:

- Legal spouse or legally registered domestic partner registered with a city, county or state.
- Children under age 26, and children of any age who are incapable of sustaining employment due to a physical or mental disability who became disabled before age 26.

If you enroll an eligible dependent when you are first eligible to enroll in the program or within 31 days following an event or during each year's Annual Enrollment period, you must provide a valid Social Security number for your dependent. Also, you will have 60 days from the dependent's effective date of coverage to submit proof of dependent status, such as a copy of a certified marriage certificate, copy of a certified birth certificate, or commemorative hospital birth certificate that lists the names of one or both parents. If you fail to submit the required proof within the 60-day period, your dependent's coverage will automatically be canceled retroactively to the initial effective date of coverage. You may be responsible to pay for any services incurred prior to coverage being canceled. You will then be required to wait until the next Annual Enrollment period to re-enroll your dependent and submit proof of dependent status. Any medical or dental expenses your dependent incurs after coverage is canceled will be your responsibility.

Dual Coverage

If your parent, spouse or domestic partner is also a sworn active or retired LAPD officer, you each must choose to enroll either as a member or as a dependent, but not both under the same plan. Contact LAPRA for more information.

Adding a Domestic Partner

You may add a registered domestic partner within 31 days of:

- Your hire date or
- Legal and valid registration of a domestic partner or
- Approval of a Domestic Partnership Declaration by City of Los Angeles our hire

You may also add your domestic partner during each year's Annual Enrollment period. Proof of the legal registration or the written approval by the City of Los Angeles must also be submitted.

Contact the Employee Benefits Division at 213-978-1655 for information on attaining approval.



Medical

LAPRA offers you and your family three medical options:

- Anthem PPO
- Anthem HMO
- Kaiser HMO

All three plans provide coverage for preventive care, office visits, hospitalization, surgery and prescription drugs. The plans differ in co-payments, coinsurance, out-of-pocket costs, and provider choice.

Anthem PPO Plan

www.anthem.com/ca

The Anthem PPO Plan is a Preferred Provider Organization (PPO) that gives you the option to see any provider (participating providers or non-participating providers) whenever you need care. If saving health care dollars is important to you, you will want to stay in-network by using only PPO doctors and hospitals. The Prudent Buyer PPO network is the largest provider network in California.

PPO Network Providers

PPO network providers are doctors, hospitals, pharmacies, labs, etc. that participate in the Anthem Blue Cross Prudent Buyer PPO network and have agreed to provide services at pre-negotiated reduced rates. When you use PPO network providers, you receive the highest level of benefits at the lowest possible cost. You are not required to choose a primary care physician and you can see doctors and specialists within the network without a referral. PPO providers file all claims for you.

See [page 9](#) for instructions on how to find Anthem PPO network providers.

How It Works

After the applicable calendar year deductible is met, the plan pays 90% of most covered services.

When the deductible and other out-of-pocket expenses for covered services total the applicable calendar year out-of-pocket maximum, the plan begins to pay covered charges at the 100% level for

Need Help?

Want to change doctors? Need an ID card? Call Anthem at the toll-free number listed on the back cover of this Guide if you want to change doctors, request a new ID card, or have your claim or benefit questions answered. For questions regarding eligibility, send an email to benefits@lapra.org or call 213-674-3701. If you are new to the plan, you will receive an identification card shortly after you enroll. If you need care before your card arrives, make an appointment and explain that you are a new plan member.

the remainder of the year. There are separate out-of-pocket maximums for medical charges and for prescription drug expenses.

As shown in the comparison charts on [pages 6](#) and [7](#), deductible amounts and out-of-pocket maximums differ for individual or family coverage, and are higher for non-network providers than for network providers.

IMPORTANT: If services are received from a non-participating provider, you may be billed by the provider for the difference between their charges and your plan's maximum allowed amount. The maximum allowed amount is the total reimbursement payable under your plan for covered services you receive from providers.



Anthem HMO

www.anthem.com/ca

The Anthem HMO offers comprehensive coverage for a wide range of health care services. Benefits are payable only when you use Anthem HMO providers and facilities.* There are no deductibles and no claim forms. You pay a \$20 co-pay for most services. The calendar year out-of-pocket co-pay maximum is \$1,000 per person and \$3,000 per family.

You must choose a primary care physician (PCP) from a Participating Medical Group or Independent Practice Association (IPA) in the Anthem HMO network. See [page 9](#) for instructions on how to search for a PCP on the Anthem website.

You have the right to designate any PCP who participates in the network and who is available to accept you or your family members. For children, you may designate a pediatrician as the PCP. You do not need authorization to obtain access to obstetrical or gynecological care from a health care professional in the network who specializes in obstetrics or gynecology. Your PCP manages all of your medical care, refers you to specialists as needed, and can help you take advantage of special wellness programs. If you do not list a PCP when you enroll on your enrollment form, Anthem Blue Cross will automatically assign one to you within 30 miles from your home address. You can change your PCP at anytime by calling Anthem Blue Cross Customer Service at 800-289-2250.

This plan is only available to California residents.

Anthem Blue Cross Guest Membership Program

Your eligible dependents living outside of California may be eligible to enroll in HMO coverage with a partner Blue Cross and Blue Shield plan under the Guest Membership Program. The program is for members who will be temporarily residing outside of California for a minimum of 90 days.

Call 800-827-6422 for a list of states that participate in the program, verify provider availability and request a Guest Membership application.

Kaiser HMO

www.kp.org

Kaiser HMO benefits are payable only when you use Kaiser providers, facilities and pharmacies. You must select a primary care physician (PCP) to manage your health care, including referrals to specialists. You may self-refer to another Kaiser physician for routine and preventive care, well baby visits or OB/Gyn care. If you'd like a second opinion, you can ask to see another Kaiser physician. You may change your Kaiser physician at any time for any reason. For children, you may designate a pediatrician as the PCP.

With the Kaiser HMO, there are no deductibles and no claim forms. You pay a \$15 co-pay for most services. The annual out-of-pocket maximum is \$1,500 per person and \$3,000 per family. Worldwide emergency benefits are available when you travel away from home.

This plan is only available to California residents.

* You have the option to choose providers outside of the Anthem HMO network for certain outpatient services and still receive limited benefits up to a maximum of \$1,000 for those services. Refer to the section titled "Your Plus Benefits" in the Anthem HMO Evidence of Coverage for details.



2025/26 LAPRA Medical Plans At-a-Glance

The table below provides an overview of the key benefits provided through the LAPRA medical plans. Please refer to the Anthem PPO or HMO, or Kaiser HMO materials on the LAPRA website (www.lapra.org) for a complete description of benefits including terms of coverage, exclusions and limitations.

Benefit Feature	Anthem PPO		Anthem HMO (California Residents Only)	Kaiser HMO (California Residents Only)
	PPO Network	Non-PPO Network ¹	HMO Providers Only ³	HMO Providers Only
Providers				
Calendar Year Deductible	\$350 per person \$700 per family	\$750 per person \$1,500 per family	N/A	N/A
Calendar Year Out-of-Pocket Maximum (includes deductibles and co-pays; excludes co-pays for infertility benefits)	Medical Charges: \$2,000 per person \$6,000 per family (not to exceed \$2,000 for any one person) See page 7 for prescription drug out-of-pocket maximum.	Medical Charges: \$4,000 per person \$12,000 per family (not to exceed \$4,000 for any one person) See page 7 for prescription drug out-of-pocket maximum.	Medical and Prescription Drug Charges: \$1,000 per person \$3,000 per family	Medical and Prescription Drug Charges: \$1,500 per person \$3,000 per family
Lifetime Max	Unlimited		Unlimited	Unlimited
Office Visit	90% ²	70% ²	\$20 co-pay	\$15 co-pay
Hospitalization	90% ²	70% ^{2,4,5}	100%	100%
Emergency Room	90% ² after a \$150 co-pay (waived if admitted)		\$150 co-pay (waived if admitted)	\$150 co-pay (waived if admitted)
Urgent Care	90% ²	70% ²	\$20 co-pay	\$15 co-pay
Maternity Care	90% ²	70% ²	Doctor visits: \$20 co-pay (initial visit only) Facility charges: 100%	Doctor visits: 100% Facility charges: 100%
Well Baby/ Child Care	100% (up to age 7; not subject to deductible)	70% ² (up to age 7; not subject to deductible)	100% (up to age 7)	100% (up to age 2)
Routine Physical	100% (adults & children over age 7; not subject to deductible)	70% ²	100% (adults & children over age 7)	100%
Diagnostic X-ray & Lab Tests	90% ²	70% ²	100%	100%
Body Scans (not subject to deductible)	100% (no co-pay) up to \$500 every 2 years for enrollee and spouse or registered domestic partner		Not Covered	Not Covered
Physical & Occupational Therapy and Chiropractic Services (additional services may be authorized)	90% ² (24 visits per calendar yr combined PPO Network & Non-PPO Network)	70% ² (24 visits per calendar yr combined PPO Network & Non-PPO Network)	\$20 co-pay (limited to a 60-day period of care after illness or injury; additional visits available when approved by the medical group)	\$15 co-pay (Chiropractic up to 40 visits per year)
Acupuncture	90% ² (24 visits per calendar yr combined PPO Network & Non-PPO Network)	70% ² (24 visits per calendar yr combined PPO Network & Non-PPO Network)	\$20 co-pay	\$15 co-pay (Must be referred by your primary care physician)
Mental Health/ Chemical Dependency				
• Outpatient	90% ²	70% ²	\$20 co-pay	\$15 co-pay individual therapy/ group therapy; \$7 co-pay mental health, \$5 co-pay chem dep
• Inpatient	90% ²	70% ^{2,4,5}	100%	100%

¹ You may be responsible for paying the difference between the maximum allowed amount and the amount the non-participating provider or other health care provider charges. This amount can be significant. Choosing a participating provider will likely result in lower out of pocket costs to you.

² Subject to calendar year deductible.

³ Your primary care physician can refer you to a specialist when necessary and must approve all care you receive except in the event of an emergency.

⁴ Failure to obtain pre-service authorization may result in a \$350 penalty.

⁵ Covered expense is reduced by 25% for services and supplies provided by a non-contracting hospital.

Your Cost for Medical Per Pay Period

Your cost for Medical is based on your selected plan and coverage category as well as the amount of the City of Los Angeles subsidy. The table below reflects the member cost per pay period effective July 1, 2025.

Coverage Category	Anthem PPO	Anthem HMO (California Residents Only)	Kaiser HMO (California Residents Only)
Single	\$0.00	\$0.00	\$0.00
2-Party	\$0.00	\$0.00	\$0.00
Family	\$65.05	\$120.18	\$0.00

When You Need a Prescription

When you enroll in a LAPRA medical plan, you automatically receive prescription drug coverage as shown in the table below.

Prescription Drugs	Anthem PPO	Anthem HMO (California Residents Only)	Kaiser HMO (California Residents Only)
Prescription Benefit Manager (PBM)	IngenioRx	IngenioRx	Kaiser Permanente
Calendar Year Prescription Drug Out-of-Pocket Maximum	\$4,850 per person \$7,700 per family (not to exceed \$4,850 for any one person)	N/A	N/A
Retail Pharmacy			
• Generic	\$15 co-pay ¹	\$15 co-pay ¹	\$15 co-pay ¹
• Brand	\$25 co-pay ^{1,2}	\$25 co-pay ^{1,2}	\$30 co-pay
• Non-formulary	\$40 co-pay	\$40 co-pay	\$30 co-pay
• Maintenance Drugs ³	2 co-pays (90-day supply)	2 co-pays (90-day supply)	Generic \$15 co-pay, Brand \$30 co-pay (30-day supply)
• Specialty Drugs ⁴	20% co-pay, max \$150/prescription	20% co-pay, max \$150/prescription	\$30 co-pay
• Retail Supply	Up to 30 days (90 days for maintenance drugs ³)	Up to 30 days (90 days for maintenance drugs ³)	Up to 30 days
Mail Order	1-30 day supply / 31-90 day supply	1-30 day supply / 31-90 day supply	1-30 day supply / 31-90 day supply
• Generic	\$15 co-pay ¹ / \$30 co-pay ¹	\$15 co-pay ¹ / \$30 co-pay ¹	\$15 co-pay / \$30 co-pay ¹
• Brand	\$25 co-pay ^{1,2} / \$50 co-pay ^{1,2}	\$25 co-pay ^{1,2} / \$50 co-pay ^{1,2}	\$30 co-pay / \$60 co-pay
• Non-formulary	\$40 co-pay / \$80 co-pay	\$40 co-pay / \$80 co-pay	\$30 co-pay / \$60 co-pay
• Specialty Drugs ⁴	20% co-pay, max / 20% co-pay, max \$150/prescription / \$300/prescription	20% co-pay, max / 20% co-pay, max \$150/prescription / \$300/prescription	Availability varies by item
• Mail Order Supply	Up to 90 days	Up to 90 days	Up to 100 days

¹ \$0 co-pay for women's prescription contraceptives.

² Under the Anthem PPO and HMO plans, you will have to pay the co-pay for the generic drug plus the difference in cost between the prescription drug maximum allowed amount for the generic drug and the brand name drug, but not more than 50% of the average cost for the tier that the brand name drug is in.

³ Maintenance drugs are those used to treat chronic conditions and are typically taken on a regular basis. To determine if your medication qualifies as a maintenance drug, contact IngenioRx at the telephone number on the back of your Anthem medical ID card. Maintenance drugs do not include any controlled substances, smoking cessation or weight management medications.

⁴ 20% co-pay does not apply to insulin. Regular co-pays apply.

How to Find an Anthem Blue Cross Medical and/or Dental Provider

Go to www.anthem.com/ca in your web browser and click on **FIND CARE**. For a **personalized search**, click on Log In to Find Care. For a **basic search** without logging in, enter your **ID number or Prefix** from your Member ID card under **Use Member ID** for Basic Search. To **search as a guest**, follow the steps below to find a PPO or HMO medical provider.

- 1 Under "Select the type of plan or network," select **Medical Plan or Network or Dental Plan or Network**.
- 2 Under "Select the state where the plan or network is offered.", choose **California from the dropdown list**.
- 3 Under "Select how you get health insurance", select **Medical (Employer Sponsored)**.
- 4 Under "Select a plan or network", choose one of the **LAPRA medical or dental plan networks** listed below and click **Continue**.

Medical Plans
Prudent Buyer CA Only <i>California residents</i>
National PPO (BlueCard PPO) <i>if you live outside of California</i>
Blue Cross HMO (CACare) – Large Group <i>if you live in California</i>
Dental Plans
Dental Blue Complete <i>PPO Dental except for Idaho residents</i>
Dental PPO <i>PPO Dental for Idaho residents</i>
Dental Net HMO <i>HMO Dental for California residents</i>

- 5 Select "**Update Location**" and enter your zip code, current location or address. If you know the provider's name or specialty, enter the information in the Search box and press **Enter** to search.
- 6 You can also search by type of care provider. Click on the **type of care provider you are looking for** (Primary Care, Behavioral Health, Lab, Imaging or Hospital).

For more information on a provider, such as skills and training, [click on the care provider's name](#).

Basic search as a guest

Select the type of plan or network

1 Medical Plan or Network (may also include dental, vision...)

Care Providers for Behavioral Health & Substance Use Disorder Services are listed under Medical plan or network.

Select the state where the plan or network is offered. (For employer-sponsored plans, select the state where your employer's plan is contracted in. Most of the time, it's where the headquarters is located.)

2 California

Select how you get health insurance

3 Medical (Employer-Sponsored)

Select a plan or network

4 Prudent Buyer CA Only

Cancel Continue

Find Care

5 City, County, or ZIP Search by doctor (name or specialty), hospi...

Search by address

Find a testing center near you with our COVID-19 Test Site Finder

Finding care in Prudent Buyer CA Only Plan Network

Change Plan

Search by Care Provider

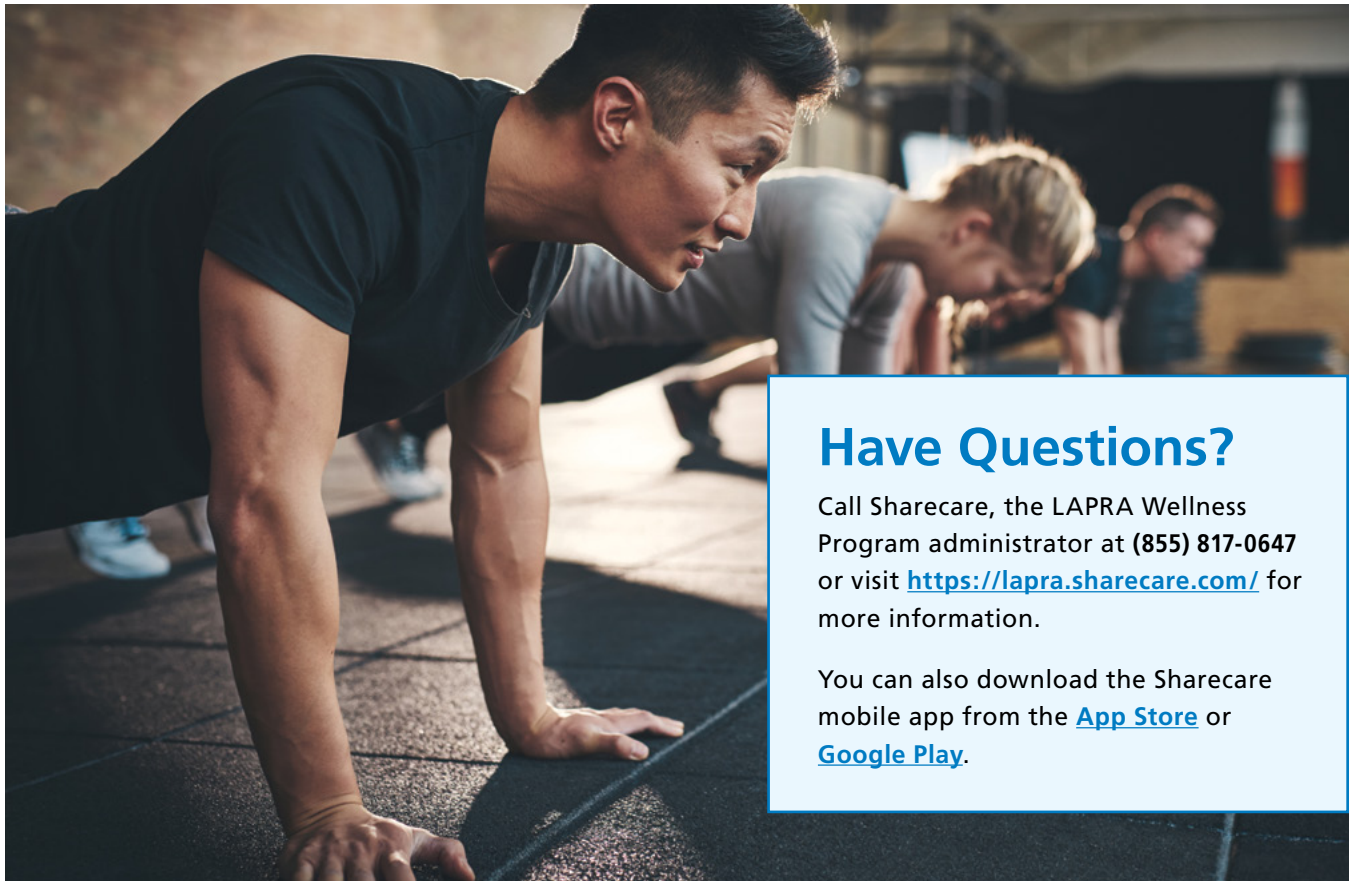
6 Primary Care Behavioral Health Lab (Blood Work) Imaging (MRI or X-ray) Hospital

LAPRA Wellness Program

We want you to be healthy in all aspects of your life! The LAPRA Wellness Program is free for active and retired members and their adult dependents who are enrolled in a LAPRA medical plan. The program is administered by Sharecare and is designed to help you develop healthy habits for a lifetime.

Check out some of these great tools on the Sharecare platform for living your healthiest, happiest and most productive life:

- **A free gym membership at more than 11,000 Prime fitness centers across the country.** Go to lapra.org/laprawellness.html and click on the LAPRA Wellness Program banner on the left side of your web browser to register or log in to Sharecare. From there you can access your membership card and find a participating gym near you.
- **Reveal your RealAge.** Take the RealAge® test to find out your body's "actual" age and how your lifestyle choices help you stay young - or make you age faster - than your calendar age.
- **Connect with a health coach.** A health coach can help you lose weight, be more active, quit smling, manage your stress and more.
- **Take your health to the next level.** Once you register for Sharecare, you'll unlock highly personalized content and resources basd on your health and well-being.
- **Quarterly wellness challenges.** The LAPRA Wellness Program offers quarterly challenges to motivate and help you to create healthy habits.
- **Unlock your rewards.** Earn points by visiting a gym, participating in health coaching or completing a wellness challenge.



Have Questions?

Call Sharecare, the LAPRA Wellness Program administrator at (855) 817-0647 or visit <https://lapra.sharecare.com/> for more information.

You can also download the Sharecare mobile app from the [App Store](#) or [Google Play](#).

Vision

www.vsp.com

LAPRA members who enroll in the Anthem PPO or the Anthem HMO automatically receive vision coverage through Vision Service Plan (VSP) Choice Plan.

You may use any vision provider for vision care; however, when you use a VSP Choice provider, you'll save money on exams and eyewear and there are no claim forms. VSP also offers discounts on glasses and sunglasses, contact lenses, and laser vision correction. Most services are provided every 12 months. For more information and to find a member doctor, visit the VSP website at www.vsp.com.



2025/26 LAPRA Vision Plan At-a-Glance

Benefit Feature	Coverage from VSP Choice Network Provider	Non-VSP Choice Network Reimbursement Amounts ¹
Eye Exam Once every 12 months	\$20 co-pay	\$45 reimbursement
Frames Once every 12 months	Plan pays up to \$115 (20% discount on out-of-pocket expense above \$115)	\$47 reimbursement
Lenses Once every 12 months • Single vision lens • Lined bifocal lens • Lined trifocal lens	Plan pays 100% Plan pays 100% Plan pays 100%	\$45 reimbursement \$65 reimbursement \$85 reimbursement
Contact Lenses & Fitting Exam Once every 12 months (in lieu of lenses and frames)	\$120 allowance	\$105 reimbursement

¹ You must submit claim forms when you use non-VSP Choice Network providers.

Vision Benefits for Kaiser HMO Members

www.kp2020.org

If you enroll in the Kaiser HMO, vision care is provided through Kaiser. You can only use your optical benefit at a Kaiser Permanente Optical Center.

Benefit Feature	Coverage
Eye Exam No limit on frequency	Covered in full
Eyeglasses and Contact Lenses Once every 24 months	\$350 allowance toward the purchase price of any of the following: • Prescription eyeglasses. At least one of the two lenses requires a prescription • Contact lenses, fitting and dispensing

2025/26 LAPRA Dental Plans At-a-Glance

The table below provides an overview of the key benefits and bi-weekly contributions provided through the LAPRA Dental Plans. Refer to the Anthem PPO Dental Plan or HMO Dental Plan materials on the LAPRA website at www.lapra.org for a complete description of the LAPRA dental benefits including terms of coverage, exclusions and limitations.

Benefit Feature	Anthem PPO Dental Plan		Anthem HMO Dental Plan (California Residents Only)
	Network Providers	Non-Network Providers*	HMO Dental Providers Only
Calendar Year Deductible	None	\$25 per person \$50 per family (waived for Preventive & Diagnostic)	None
Calendar Year Maximum	\$2,500 per person (excluding Orthodontia)		None
Preventive & Diagnostic • Cleanings • Exams • X-rays • Sealants	100% (3/year) 100% 100% 100%	100% (3/year) 100% 100% 100%	No Charge No Charge No Charge \$10 co-pay per tooth
Basic • Extractions • Fillings • Root Canal • Oral Surgery	90% 90% 90% 90%	80% 80% 80% 80%	No Charge No Charge \$0-\$180 co-pay per tooth \$0-\$200 co-pay per tooth
Major • Crowns & Bridges • Dentures • Implants • Night Guards (\$2,000 max benefit)	60% 60% 60% 60%	60% 60% 60% 60%	\$100-\$200 co-pay per tooth \$150-\$200 co-pay per tooth N/A N/A
Orthodontia (including adults and children)	50%	50%	\$1,750 co-pay (child or adult) (Services exceeding a 24-month treatment period will require additional co-pays.)
Orthodontia Lifetime Maximum	\$2,500 per person (Includes \$300 for pre-orthodontic visit and treatment plan)		Up to 24 months for standard orthodontic care

* For non-network providers, benefits are based on the customary and reasonable charge. You are responsible for any difference between the amount charged and the customary and reasonable charge, plus any deductible and/or coinsurance amount.

Your Cost for Dental Per Pay Period

Your cost for Dental is based on your selected plan and coverage category as well as the amount of the City of Los Angeles subsidy. The table below reflects the member cost per pay period effective July 1, 2025.

Coverage Category	Anthem PPO Dental Plan	Anthem HMO Dental Plan (California Residents Only)
Single	\$4.06	\$0.00
2-Party	\$21.38	\$0.00
Family	\$24.18	\$1.20

The Anthem PPO Dental Plan Has its Advantages

It's important to know your dental options and make the choice that works best for you and your family. Below is a side-by-side comparison of LAPRA's Anthem PPO plan and Los Angeles Police Protective League's dental plan.

Benefits highlighted in **YELLOW** indicate the greater benefit between the two plans.

Benefit Feature	LAPRA		LAPPL	
	Anthem Blue Cross PPO Dental Plan		Delta Dental PPO Plan	
	In Network	Non-Network	In Network	Non-Network
Providers	In Network	Non-Network	In Network	Non-Network
Calendar Year Maximum	\$2,500 per person	\$2,500 per person	\$2,500 per person	\$1,250 per person
Calendar Year* Deductible	None	\$25 per person \$50 per family	None	\$70 per person \$210 per family
Preventive & Diagnostic				
<i>Cleanings</i>	100% (3 per year)	100% (3 per year)	100% (3 per year)	80% (3 per year)
<i>Exams</i>	100%	100%	100%	80%
<i>X-rays</i>	100%	100%	100%	80%
<i>Sealants</i>	100%	100%	100%	80%
Basic				
<i>Extractions</i>	90%	80%	90%	80%
<i>Fillings</i>	90%	80%	90%	80%
<i>Root Canal</i>	90%	80%	90%	80%
<i>Oral Surgery</i>	90%	80%	90%	80%
Major				
<i>Crowns</i>	60%	60%	60%	60%
<i>Bridges</i>	60%	60%	60%	60%
<i>Dentures</i>	60%	60%	60%	60%
<i>Implants</i>	60%	60%	60%	60%
<i>Mouth Guard</i>	60%	40%	80%	80%
Lifetime TMJ-MPD Maximum (per person)	Covered under medical plan.			\$500
Orthodontia	50%			50%
Orthodontia Life Maximum	\$2,500 per person		\$2,250 per person	\$1,000 per person

This is a summary of PPO dental benefits. In the event of any discrepancies between this summary and the actual plan documents that govern the plans, the actual plan documents will prevail.

*Waived for Preventative & Diagnostic services.

Important: If you enroll in a LAPRA dental plan (Anthem Dental), you must waive your dental coverage with LAPPL (Delta Dental). If not, you cannot be enrolled in a LAPRA dental plan. To waive your LAPPL dental plan, log onto www.LAPPLbenefits.com. You can also contact LAPPL at (800) 736-7070 or send an email to benefits@lappl.org.

