

2026/27

Annual Enrollment Bulletin

Active Members



Choose Your Benefits for 2026/27

Annual Enrollment is Here!

Annual Enrollment is your once-a-year opportunity to evaluate your health care needs and make any changes to your medical or dental coverage and add or remove dependents.

2026/27 Annual Enrollment is May 1-31, 2026.

Enroll in Your 2026/27 Benefits on www.LAPRALive.org

Starting May 1, you can choose your benefits on www.LAPRALive.org. Once you are registered on the website, you can update information about yourself and your dependents, view your current benefits, enroll or make changes to your benefits and view and update your beneficiary designations for any life insurance you have through LAPRA. You will also find information about your benefits along with access to LAPRA benefit forms.

Do You Need to Enroll?

If you are not making any changes to your LAPRA medical or dental benefits and you have no changes to your covered dependents, **no action is required during Annual Enrollment**. Your current medical and dental coverage will continue at the new rates starting July 1, 2026.

After Annual Enrollment ends, you will only be able to make changes to your benefits during the year if you experience a qualifying event such as marriage, divorce, birth of a child or a dependent losing other medical coverage.

See page 5 for step-by-step instructions to get started on www.LAPRALive.org.





What You Need to Know for 2026/27

Medical Plan Premiums

The per pay period cost for family coverage under the Anthem PPO and Anthem HMO are increasing in 2026/27 as shown below. The amount you pay depends on the plan and coverage tier you elect and the City of Los Angeles subsidies starting July 1, 2026.

Your Cost for Medical Per Pay Period

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	\$73.45	\$135.65	\$0.00

No Changes to Medical Benefits

For 2026/27, there are no changes to medical benefits. This means deductibles, copays and coinsurance will remain the same. Vision benefits have been enhanced. See page 3.



Enhanced Family Building Benefits

With the passage of California SB729, LAPRA's medical plans will provide more comprehensive coverage for fertility treatments starting July 1, 2026. The medical plans through Anthem Blue Cross and Kaiser will now include:

- **IVF coverage** including up to 3 complete egg retrievals and unlimited embryo transfers.
- **Donors and surrogate services** including procurement and retrieval of donor sperm, oocytes and embryos.
- **Cryopreservation coverage** for those who need to preserve embryos or sperm.

Refer to the 2026/27 Benefits Guide available on www.lapra.org or www.LAPRALive.org for details.



2026/27 Medical Plans At-a-Glance

Benefit Feature	Anthem PPO		Anthem HMO (CA Residents Only)	Kaiser HMO (CA Residents Only)
	PPO Network	Non-PPO Network ¹	HMO Providers Only ³	HMO Providers Only
Providers	PPO Network	Non-PPO Network ¹	HMO Providers Only ³	HMO Providers Only
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 Benefits Guide 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 Benefits Guide 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
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)
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

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.



2026/27 Vision Plan At-a-Glance

Benefit Feature	VSP Choice Network Provider	Non-VSP Choice Network Provider Reimbursement Amounts ¹
Eye Exam Once every 12 months	\$20 co-pay	\$45 reimbursement
Frames Once every 12 months	Plan pays up to \$200 (20% discount on out-of-pocket expense above \$200)	\$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 (in lieu of lenses and frames) Once every 12 months	\$175 allowance	\$104 reimbursement

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

Vision Benefits for Kaiser HMO Members

There are no changes to vision coverage through Kaiser for 2026/27. If you enroll in the Kaiser HMO, vision care is provided through Kaiser. There is no charge for eye exams to determine the need for vision correction. In addition, members receive a \$350 allowance for prescription eyeglasses or contact lenses once every 24 months.



2026/27 Dental Plans At-a-Glance

Benefit Feature	Anthem PPO Dental Plan		Anthem HMO Dental Plan (CA Residents Only)
Providers	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% (3/year) 100% 100%	No Charge No Charge \$10 co-pay per tooth
Basic • Extractions/Fillings • Root Canal • Oral Surgery	90% 90% 90%	80% 80% 80%	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% 80%	60% 60% 60% 80%	\$100-\$200 co-pay per tooth \$150-\$200 co-pay per tooth N/A N/A
Orthodontia (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)		N/A

* 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.

Changes to Dental Plan Premiums

Dental plan premiums for the Anthem PPO Dental Plan and family coverage for the Anthem HMO Dental Plan are **decreasing** for 2026/27.

**Lower Dental
Plan Premiums
in 2026/27!**

Your Cost for Dental Per Pay Period

Coverage Category	Anthem PPO Dental Plan	Anthem HMO Dental Plan (California Residents Only)
Single	\$3.82	\$0.00
2-Party	\$21.06	\$0.00
Family	\$24.10	\$0.00

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.

Need Help Accessing www.LAPRALive.org?

Call LAPRA at (213) 674-3701 or (888) 252-7721 for assistance.

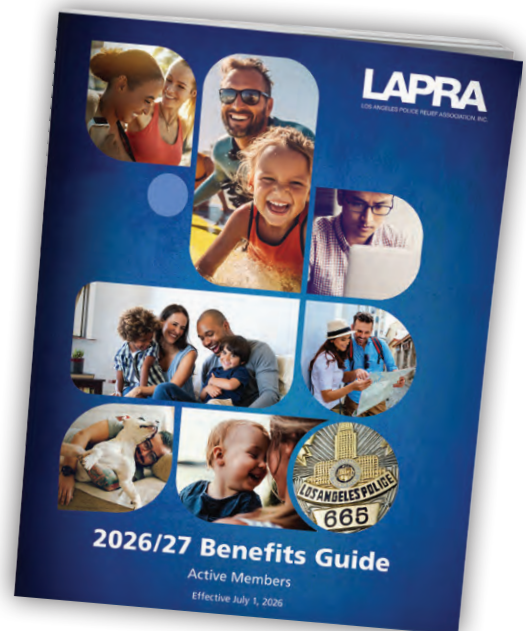


Benefits Information Available Online

The 2026/27 Benefits Guide is available on the LAPRA website at www.lapra.org or at www.LAPRALive.org.

In addition, legally required notices and disclosures including Summaries of Benefits and Coverage (SBCs), Evidence of Coverage (EOCs) and a variety of other disclosures are available on the LAPRA website at www.lapra.org or at www.LAPRALive.org.

You can also email benefits@lapra.org or call LAPRA at (213) 674-3701 or (888) 252-7721 to request a printed copy of any notice or legal disclosure be mailed to you at no charge.



The information contained in this Bulletin is designed to provide you with an overview of certain aspects of your 2026/27 medical, vision and dental options through the Los Angeles Police Relief Association, Inc. (LAPRA). This Bulletin does not include all program rules and details, including limitations and exclusions. The terms of your benefit plans are governed by legal documents, including insurance contracts. Should there be any inconsistencies between this Bulletin and the legal plan documents, the legal plan documents and insurance contracts are the final authority.



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V1 Active



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