

# PREMIUMS – RETIREE



LOS ANGELES FIREMEN'S  
RELIEF ASSOCIATION

## RELIEF PPO MEDICAL PLAN

City Code		Per Month Cost	City Subsidy	Your Cost
<b>EARLY RETIREES</b>				
10	Member Only	\$1,246.33	\$1,246.33	\$0.00
11	Member + 1	\$2,015.97	\$2,015.97	\$0.00
12	Family	\$2,551.54	\$2,523.00	\$28.54
11a	Member + 1 Dependent	\$2,015.97	\$2,015.97	\$0.00
12a	Member + Dependents	\$2,551.54	\$2,523.00	\$28.54
<b>MEDICARE (A, B, D) – MEMBER ONLY</b>				
30	Member Only	\$870.16	\$633.08	\$237.08
31	Member + 1 (Spouse under 65)	\$1,639.80	\$1,402.72	\$237.08
33j	Member + 1 (Spouse over 65)	\$1,639.80	\$1,026.55	\$613.25
31c	Member + 1 Dep. Child	\$1,639.80	\$1,402.72	\$237.08
34	Family	\$2,175.37	\$1,938.29	\$237.08
34b	Family	\$2,175.37	\$1,938.29	\$237.08
09	Surviving Spouse	\$870.16	\$633.08	\$237.08
03	Surviving Spouse + 1	\$1,639.80	\$633.08	\$1,006.72
03e	Surviving Spouse – Family	\$2,175.37	\$633.08	\$1,542.29
<b>MEDICARE (A, B, D) – MEMBER &amp; SPOUSE</b>				
33	Member + 1	\$1,263.63	\$1,026.55	\$237.08
35	Family	\$1,799.20	\$1,562.12	\$237.08
<b>MEDICARE (A, B, D) – MEMBER &amp; DEPENDENT</b>				
33e	Member + 1 Dependent Child	\$1,263.63	\$1,026.55	\$237.08
35e	Family (spouse under 65)	\$1,799.20	\$1,562.12	\$237.08
03d	Surviving Spouse + 1	\$1,263.63	\$633.08	\$630.55
<b>MEDICARE (A, B, D) – MEMBER, SPOUSE &amp; DEPENDENT</b>				
36	Family	\$1,423.03	\$1,185.95	\$237.08



Subsidies for Retirees vary by retirement date, age and years of service. Subsidies shown assume the maximum number of service years. Any reference to Medicare Part D indicates that you are enrolled in Medicare Part D through LAFRA, not directly with Medicare.

### Important Information for Retired Members

In order to receive the lower premium rates shown in the Retired Member Premiums and Subsidies table, you must be enrolled in Medicare Part B and provide a copy of your Medicare card to LAFRA by July 1, 2026 if there are changes to your Medicare card or you haven't already provided a copy of your card. Otherwise, you may have to pay the higher premium rates for Retired Members without Medicare. In addition, your medical pension subsidy could be suspended by the Pension Department until proof of Medicare Part B enrollment is provided.

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MEDICARE – MEMBER ONLY		MEMBER			Per Month Cost	City Subsidy	Your Cost
		A	B	D			
30a	Member Only	•	•		\$912.08	\$633.08	\$279.00
37	Member Only	•		•	\$1,018.59	\$0.00	\$1,018.59
37a	Member Only	•			\$1,060.51	\$0.00	\$1,060.51
20a	Member Only		•		\$1,097.90	\$1,055.98	\$41.92
20	Member Only		•	•	\$1,055.98	\$1,055.98	\$0.00
38F	Member + 1	•			\$1,830.15	\$0.00	\$1,830.15
31a	Member + 1	•	•		\$1,681.72	\$1,402.72	\$279.00
38g	Member + 1	•		•	\$1,788.23	\$0.00	\$1,788.23
25a	Member + 1		•		\$1,867.54	\$1,825.62	\$41.92
25	Member + 1		•	•	\$1,825.62	\$1,825.62	\$0.00
21e	Member + 1 (Spouse over 65)		•	•	\$1,825.62	\$1,825.62	\$0.00
25b	Member + 1		•	•	\$1,825.62	\$1,825.62	\$0.00
34a	Family (Spouse under 65)	•	•		\$2,217.29	\$1,938.29	\$279.00
39b	Family (Spouse under 65)	•		•	\$2,323.80	\$0.00	\$2,323.80
26a	Family (Spouse under 65)		•		\$2,403.11	\$2,361.19	\$41.92
26	Family (Spouse under 65)		•	•	\$2,361.19	\$2,361.19	\$0.00
03c	Surviving Spouse	•			\$1,060.51	\$0.00	\$1,060.51
03b	Surviving Spouse	•		•	\$1,018.59	\$0.00	\$1,018.59
08	Surviving Spouse		•	•	\$1,055.98	\$1,055.98	\$0.00
08a	Surviving Spouse		•		\$1,097.90	\$1,055.98	\$41.92
09a	Surviving Spouse	•	•		\$912.08	\$633.08	\$279.00
03a	Surviving Spouse + 1	•	•		\$1,681.72	\$633.08	\$1,048.64
04	Surviving Spouse + 1		•	•	\$1,825.62	\$1,055.98	\$769.64
04a	Surviving Spouse + 1		•		\$1,867.54	\$1,055.98	\$811.56

# PREMIUMS – RETIREE



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## RELIEF PPO MEDICAL PLAN

MEDICARE – SPOUSE ONLY		SPOUSE			Per Month Cost	City Subsidy	Your Cost
		A	B	D			
A6	Member (over 65) + 1	•	•	•	\$1,639.80	\$0.00	\$1,639.80
22c	Member + 1	•			\$1,830.15	\$1,639.80	\$190.35
22a	Member + 1	•	•		\$1,681.72	\$1,639.80	\$41.92
22	Member + 1	•	•	•	\$1,639.80	\$1,639.80	\$0.00
22b	Member + 1	•		•	\$1,788.23	\$1,639.80	\$148.43
24a	Member + 1		•		\$1,867.54	\$1,825.62	\$41.92
24	Member + 1		•	•	\$1,825.62	\$1,825.62	\$0.00
27b	Family	•			\$2,365.72	\$2,175.37	\$190.35
27a	Family	•	•		\$2,217.29	\$2,175.37	\$41.92
27c	Family	•		•	\$2,323.80	\$2,175.37	\$148.43
27	Family	•	•	•	\$2,175.37	\$2,175.37	\$0.00
29a	Family		•		\$2,403.11	\$2,361.19	\$41.92
29	Family		•	•	\$2,361.19	\$2,361.19	\$0.00

MEDICARE – DEPENDENT ONLY		DEPENDENT			Per Month Cost	City Subsidy	Your Cost
		A	B	D			
22d	Member + 1	•	•		\$1,681.72	\$1,639.80	\$41.92
22e	Member + 1	•	•	•	\$1,639.80	\$1,639.80	\$0.00
27d	Family	•	•	•	\$2,175.37	\$2,175.37	\$0.00
27e	Family	•	•		\$2,217.29	\$2,175.37	\$41.92

# PREMIUMS – RETIREE



LOS ANGELES FIREMEN'S  
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## RELIEF PPO MEDICAL PLAN

MEDICARE		MEMBER			SPOUSE			Per Month Cost	City Subsidy	Your Cost
		A	B	D	A	B	D			
33i	Member + 1	•			•	•	•	\$1,453.98	\$0.00	\$1,453.98
33a	Member + 1	•	•		•	•	•	\$1,305.55	\$1,026.55	\$279.00
33h	Member + 1	•	•		•			\$1,495.90	\$1,026.55	\$469.35
33c	Member + 1	•	•		•	•		\$1,347.47	\$1,026.55	\$320.92
32c	Member + 1	•	•			•		\$1,533.29	\$1,212.37	\$320.92
32b	Member + 1	•	•			•	•	\$1,491.37	\$1,212.37	\$279.00
33g	Member + 1	•	•	•	•			\$1,453.98	\$1,026.55	\$427.43
33b	Member + 1	•	•	•	•	•		\$1,305.55	\$1,026.55	\$279.00
31b	Member + 1	•	•	•	•		•	\$1,412.06	\$1,026.55	\$385.51
32a	Member + 1	•	•	•		•		\$1,491.37	\$1,212.37	\$279.00
32	Member + 1	•	•	•		•	•	\$1,449.45	\$1,212.37	\$237.08
33d	Member + 1	•		•	•	•	•	\$1,412.06	\$0.00	\$1,412.06
21c	Member + 1		•		•	•		\$1,533.29	\$1,449.45	\$83.84
21b	Member + 1		•		•	•	•	\$1,491.37	\$1,449.45	\$41.92
23c	Member + 1		•			•		\$1,719.11	\$1,635.27	\$83.84
23b	Member + 1		•			•	•	\$1,677.19	\$1,635.27	\$41.92
21G	Member + 1		•	•	•			\$1,639.80	\$1,449.45	\$190.35
21a	Member + 1		•	•	•	•		\$1,639.80	\$1,449.45	\$190.35
21d	Member + 1		•	•	•		•	\$1,597.88	\$1,449.45	\$148.43
21	Member + 1		•	•	•	•	•	\$1,449.45	\$1,449.45	\$0.00
23a	Member + 1		•	•		•		\$1,677.19	\$1,635.27	\$41.92
23	Member + 1		•	•		•	•	\$1,635.27	\$1,635.27	\$0.00

# PREMIUMS – RETIREE



LOS ANGELES FIREMEN'S  
RELIEF ASSOCIATION

## RELIEF PPO MEDICAL PLAN

MEDICARE		MEMBER			SPOUSE			DEPENDENT			Per Month Cost	City Subsidy	Your Cost
		A	B	D	A	B	D	A	B	D			
21f	Member + 1		.	.				.	.	.	\$1,449.45	\$1,449.45	\$0.00
33f	Member + 1 Dependent Child	.	.	.				.	.		\$1,305.55	\$1,026.55	\$279.00
35h	Family	.	.					.	.	.	\$1,841.12	\$1,562.12	\$279.00
35c	Family	.	.		.	.					\$1,883.04	\$1,562.12	\$320.92
35b	Family	.	.		.	.	.				\$1,841.12	\$1,562.12	\$279.00
36c	Family	.	.		.	.	.	.	.		\$1,506.87	\$1,185.95	\$320.92
36b	Family	.	.		.	.	.	.	.	.	\$1,464.95	\$1,185.95	\$279.00
35a	Family	.	.	.	.	.					\$1,841.12	\$1,562.12	\$279.00
36a	Family	.	.	.	.	.	.	.	.		\$1,464.95	\$1,185.95	\$279.00
35i	Family	.	.	.	.						\$1,989.55	\$1,562.12	\$427.43
35f	Family	.	.	.	.		.				\$1,947.63	\$1,562.12	\$385.51
35g	Family	.	.	.		.	.				\$1,985.02	\$1,747.94	\$237.08
35d	Family	.	.	.				.	.		\$1,841.12	\$1,562.12	\$279.00
39a	Family	.		.	.						\$2,137.98	\$0.00	\$2,137.98
39c	Family	.		.	.	.	.	.	.	.	\$1,571.46	\$0.00	\$1,571.46
26b	Family		.	.	.	.	.				\$1,985.02	\$1,985.02	\$0.00
26d	Family		.	.	.		.				\$2,133.45	\$1,985.02	\$148.43
26c	Family		.	.		.	.				\$2,170.84	\$2,170.84	\$0.00

### NO MEDICARE

37b	Member Only (over 65)										\$1,246.33	\$0.00	\$1,246.33
A5	Member + 1 (both over 65)										\$2,015.97	\$0.00	\$2,015.97
A4	Member (over 65) + 1 (under 65)										\$2,015.97	\$0.00	\$2,015.97
B5	Family (member over 65)										\$2,551.54	\$0.00	\$2,551.54
B6	Family (both over 65)										\$2,551.54	\$0.00	\$2,551.54
01	Surviving Child - Retiree										\$1,238.13	\$0.00	\$1,238.13
09c	Surviving Spouse (over 65)										\$1,246.33	\$0.00	\$1,246.33
06	Surviving Spouse (under 65)										\$1,246.33	\$1,161.91	\$84.42
07	Surviving Spouse + 1 (under 65)										\$2,015.97	\$1,161.91	\$854.06
07a	Surviving Spouse Family (under 65)										\$2,551.54	\$1,161.91	\$1,389.63

# PREMIUMS – RETIREE



LOS ANGELES FIREMEN'S  
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## KAISER PERMANENTE HMO PLAN

City Code		Per Month Cost	City Subsidy	Your Cost
<b>EARLY RETIREES</b>				
10	Member Only	\$1,131.14	\$1,131.14	\$0.00
11	Member + 1	\$2,226.10	\$2,226.10	\$0.00
12	Family	\$2,806.46	\$2,523.00	\$283.46
<b>MEDICARE (A, B, D) – MEMBER ONLY</b>				
40	Member Only	\$244.14	\$244.14	\$0.00
41	Member + 1 (Spouse under 65)	\$1,339.10	\$1,339.10	\$0.00
41a	Member + 1 Dependent Child	\$1,339.10	\$1,339.10	\$0.00
44	Family	\$1,919.46	\$1,919.46	\$0.00
<b>MEDICARE (A, B, D) – MEMBER &amp; SPOUSE</b>				
43	Member + 1	\$452.10	\$452.10	\$0.00
45	Family	\$1,032.46	\$1,032.46	\$0.00
<b>MEDICARE (A, B, D) – MEMBER, SPOUSE &amp; DEPENDENT</b>				
46	Family	\$658.88	\$658.88	\$0.00

		MEMBER			SPOUSE			DEPENDENT			Per Month Cost	City Subsidy	Your Cost
MEDICARE		A	B	D	A	B	D	A	B	D			
62	Member + 1		U		•	•	•				\$1,339.10	\$764.10	\$575.00
72b	Member + 1	•	•	•	U	U					\$1,339.10	\$452.10	\$887.00
47	Member + 1	•	•	•	U						\$1,339.10	\$452.10	\$887.00
42	Member + 1	•	•	•		•	•				\$764.10	\$764.10	\$0.00
51	Member + 1		•	•	•	•	•				\$764.10	\$764.10	\$0.00
53	Member + 1		•	•		•	•				\$1,076.10	\$1,076.10	\$0.00
79	Family	U			•	•	•	None			\$1,919.46	\$0.00	\$1,919.46
45a	Family	U	U		•	•	•	None			\$1,919.46	\$1,032.46	\$887.00
58	Family		•	•	•	•	•	None			\$1,344.46	\$1,344.46	\$0.00

U = unassigned

# PREMIUMS – RETIREE



LOS ANGELES FIREMEN'S  
RELIEF ASSOCIATION

## KAISER PERMANENTE HMO PLAN

		Per Pay Cost	City Subsidy	Your Cost
<b>NO MEDICARE</b>				
65	Member Only (over 65)	\$1,131.14	\$0.00	\$1,131.14
A4	Member (over 65) + 1 (under 65)	\$2,226.10	\$0.00	\$2,226.10
59	Member (under 65) + 1 (over 65)	\$2,226.10	\$1,339.10	\$887.00
B5	Family (member over 65)	\$2,806.46	\$0.00	\$2,806.46

		MEMBER			Per Month Cost	City Subsidy	Your Cost
<b>MEDICARE – MEMBER ONLY</b>		A	B	D			
50	Member Only		•	•	\$556.14	\$556.14	\$0.00
66	Member Only	U			\$1,131.14	\$0.00	\$1,131.14
60	Member Only	U	U		\$1,131.14	\$244.14	\$887.00
69	Member + 1	U			\$2,226.10	\$0.00	\$2,226.10
61	Member + 1		U		\$2,226.10	\$1,651.10	\$575.00
55	Member + 1		•	•	\$1,651.10	\$1,651.10	\$0.00
77	Family (Spouse under 65)	U			\$2,806.46	\$0.00	\$2,806.46
78	Family (Spouse under 65)		U		\$2,806.46	\$2,231.46	\$575.00
56	Family (Spouse under 65)		•	•	\$2,231.46	\$2,231.46	\$0.00

		SPOUSE			Per Month Cost	City Subsidy	Your Cost
<b>MEDICARE – SPOUSE ONLY</b>		A	B	D			
71SR	Member (over 65) + 1	•	•	•	\$1,339.10	\$0.00	\$1,339.10
52	Member (under 65) + 1	•	•	•	\$1,339.10	\$1,339.10	\$0.00
68	Member (under 65) + 1	U			\$2,226.10	\$1,339.10	\$887.00
73	Member (under 65) + 1	U	U		\$2,226.10	\$2,226.10	\$0.00
54	Member (under 65) + 1		•	•	\$1,651.10	\$1,651.10	\$0.00
57	Family (Member under 65)	•	•	•	\$1,919.46	\$1,919.46	\$0.00

U = unassigned