



2026 UFLAC BENEFITS GUIDE



Mike Meadows

**UFLAC BENEFITS TRUST HERE FOR YOU
AND YOUR FAMILY**

NEW FOR JANUARY 1ST, 2026



MEDICAL PLAN CHANGES

HSA-Eligible PPO Plan Changes:

- Annual Deductibles, which are combined between in-network and out-of-network providers will increase to (Individual on a Family Plan):
 - Combined: \$3,400
- Annual Out-of-Pocket Maximums will increase to (Individual/Individual on a Family Plan):
 - In-Network: \$3,500/\$3,500
 - For reference purposes only, Family Annual Out-of-Pocket Maximum will remain at \$5,000

VISION PLAN CHANGES

Vision PPO Plan Changes:

- In-network Retail Frames Allowance and Elective Contact Lens Allowance will increase to \$180
- In-network Repair/Replacement Benefit will be available at \$0 copay and subject to the same plan frequency timeframes
- In-network Adult Polycarbonate Lenses will be covered-in-full
- Plan frequencies for exams and materials will change from a rolling 12 or 24 months to a calendar year basis

ACTIVE MEMBERS 2026 OPEN ENROLLMENT



For eligibility and enrollment questions visit: www.uflacbenefitenrollment.com
or call the UFLAC Benefits Office at (213) 977-9014, extension 2

ACTIVE MEMBERS 2026 OPEN ENROLLMENT



SEPTEMBER 15TH - OCTOBER 31ST, 2025

(EFFECTIVE JANUARY 1, 2026)

Please refer to Page 2 and the Benefit Summaries included in this Benefits Guide for more information on the changes effective January 1st, 2026.

ENROLL OR MAKE CHANGES TO: MEDICAL, DENTAL, SUPPLEMENTAL LIFE/AD&D, AND LEGAL PLANS!

MEDICAL: UFLAC OFFERS TWO ACTIVE ANTHEM MEDICAL PLANS:

- **HSA-Eligible PPO:** The PPO plan with special tax benefits that uses the Anthem PPO network of providers! Enrolled members are eligible to open a HEALTH SAVINGS ACCOUNT (HSA) and your contributions reduce your federal income tax, earn tax-free interest, and your withdrawals for qualified medical expenses are tax-free. **Plus, the City will contribute up to \$300 per month (\$3,600 per year) into your HSA account (if you receive a comprehensive physical)!**
- **Select HMO:** Low cost managed care medical plan using the Anthem Select HMO network. No deductibles, only fixed copays for services and you must select a primary care provider.

Both medical plans include: gym membership, Body Scan, Mobile Health app, and VSP Vision

DENTAL: UFLAC OFFERS TWO METLIFE DENTAL PLANS:

- **MetLife DHMO**
 - The option with predictable copays and no annual maximum
- **MetLife DPPO**
 - See any dentist you choose with the highest annual maximum at \$5,000 per individual

SUPPLEMENTAL LIFE/AD&D: THIS IS YOUR CHANCE TO INCREASE YOUR COVERAGE!

- Enroll in or increase member coverage by \$50,000 (1 Unit) up to \$250,000 (Guaranteed Issue) without a medical exam (EOI)
- Enroll in or increase spouse coverage by \$10,000 (1 Unit) up to \$80,000 (Guaranteed Issue) without a medical exam
- You must be actively at work to increase coverage

LEGAL PLAN:

- This is your chance to enroll in the MetLife Legal plan which provides you and your eligible dependents with counsel!

As a UFLAC member, you are eligible for an Anthem Blue Cross medical and MetLife dental plan. Although you may be enrolled in a LAFRA or LA City plan, Health Care Reform law and California's Senate Bill 1008 requires that we send you information on how to obtain a UFLAC Summary of Benefits and Coverage (SBC) and Summary of Dental Benefits and Coverage (SDBC) for each plan in order to make an informed choice. The SBCs and SDBC summarize important information about your health and dental coverage options in a standard format, to help you compare options. SBCs and SDBC are available on the web at: www.uflacbenefitenrollment.com. Once on the site, sign in or register an account using your UFLAC credentials and navigate to the Reference Center on the home page. Paper copies are also available, free of charge, by calling the UFLAC Benefits Team at 213-977-9014, extension 2.

Certain benefits may be subject to state or federal taxes based on the imputed value, as determined by your employer, and are subject to change.

RETIRED MEMBERS 2026 OPEN ENROLLMENT



SEPTEMBER 15TH - OCTOBER 31ST, 2025

(EFFECTIVE JANUARY 1, 2026)

Please refer to Page 2 and the Benefit Summaries included in this Benefits Guide for more information on the changes effective January 1st, 2026.

ENROLL OR MAKE CHANGES TO: MEDICAL, DENTAL, AND LEGAL PLANS!

MEDICAL: UFLAC OFFERS SEVERAL RETIREE ANTHEM MEDICAL PLANS:

NON-MEDICARE RETIREES:

- **UFLAC HSA-Eligible PPO:** The PPO plan with special tax benefits that uses the same Anthem PPO network of providers! Enrolled members are eligible to open a HEALTH SAVINGS ACCOUNT (HSA) and your contributions earn tax-free interest.
 - Enrolled retirees may contribute to their HSA directly from their LAFPP pension check.
- **UFLAC HMO:** Low cost managed care medical plan using the Anthem Select HMO network. No deductibles, only fixed copays for services. You must select a primary care provider under this plan.

MEDICARE RETIREES:

- **Anthem Medicare Advantage HMO**
- **Anthem Medicare Advantage PPO**
 - Medicare Advantage, also called Medicare Part C, includes all the benefits of Part A & B, prescription drug coverage, and other benefits.
 - These plans are only available to members/dependents who are enrolled in Medicare Part A & B.
 - You must visit a Medicare provider for services to be covered.
- Are you 65 and older, enrolled in Medicare and made contributions to an HSA? Although you can no longer contribute to your HSA, you can use the money, tax-free for qualified Medicare Advantage plans, long-term care, and COBRA premiums as well as other qualified medical expenses!

Both medical plans include: gym membership and VSP Vision

DENTAL: UFLAC OFFERS SEVERAL METLIFE DENTAL PLANS:

- **MetLife DHMO Plan**
 - The option with predictable copays and no annual maximum
- **MetLife DPPO Plan**
 - See any dentist you choose with the highest annual maximum at \$5,000 per individual
- **MetLife Basic DPPO Plan**
 - **NEW!** Cost-effective DPPO plan, designed exclusively for retirees.

LEGAL PLAN:

- This is your chance to enroll in the MetLife Legal plan which provides you and your eligible dependents with counsel!

As a UFLAC member, you are eligible for an Anthem Blue Cross medical and MetLife dental plan. Although you may be enrolled in a LAFRA or LA City plan, Health Care Reform law and California's Senate Bill 1008 requires that we send you information on how to obtain a UFLAC Summary of Benefits and Coverage (SBC) and Summary of Dental Benefits and Coverage (SDBC) for each plan in order to make an informed choice. The SBCs and SDBCs summarize important information about your health and dental coverage options in a standard format, to help you compare options. SBCs and SDBCs are available on the web at: www.uflacbenefitenrollment.com. Once on the site, sign in or register an account using your UFLAC credentials and navigate to the Reference Center on the home page. Paper copies are also available, free of charge, by calling the UFLAC Benefits Team at 213-977-9014, extension 2.

2026 OVERVIEW



PLEASE REFER TO PAGE 2 AND THE BENEFIT SUMMARIES INCLUDED IN THIS BENEFITS GUIDE FOR MORE INFORMATION ON THE CHANGES EFFECTIVE JANUARY 1ST, 2026.

MEDICAL/VISION

UFLAC sponsors two types of medical plans through Anthem Blue Cross for Active Members and Non-Medicare Retirees, including our HSA-Eligible PPO Plan!

Medicare Retirees have access to the Anthem PPO and HMO Medicare Advantage plans!

All medical plans automatically include VSP vision coverage, and gym memberships for members and enrolled dependents age 18 and over.

DENTAL

UFLAC continues to offer dental plans to meet every member's needs, including a \$0 monthly premium cost for Actives through MetLife.

LIFE/AD&D

Our comprehensive and affordable Life and AD&D insurance coverage is available for Active Members up to \$1.145M total coverage (subject to EOI), and spouses up to \$300K (subject to EOI)!

LTD

UFLAC continues to offer a fully-insured Long Term Disability (LTD) plan!

LEGAL PLAN

This Legal plan provides you and your eligible dependents with convenient, professional legal counsel.

CRITICAL ILLNESS AND ACCIDENT

Two plans designed specifically for our firefighters and families to protect against unexpected medical costs.

Certain benefits may be subject to state or federal taxes based on the imputed value, as determined by your employer, and are subject to change.



Mike Meadows

For eligibility and enrollment questions visit: www.uflacbenefitenrollment.com
or call the UFLAC Benefits Office at (213) 977-9014, extension 2

ONLINE ENROLLMENT



UFLAC MEMBERS ARE PROVIDED WITH ONLINE ACCESS TO A FULLY CUSTOMIZED WEBSITE THAT ALLOWS YOU TO ENROLL, MAKE CHANGES, AND LEARN ABOUT ALL UFLAC BENEFITS.

WWW.UFLACBENEFITENROLLMENT.COM *company key: uflac*

ACCESS ONLINE ENROLLMENT TO:

- Get help on selecting the best medical plan for you and your family
- Change your health plans (Active Members only)
- Change your dependents (Active Members only)
- Estimate your costs
- View plan details...and much more!

Scan The Code
With Your Phone



UFLAC BENEFITS

Here for You and Your Family



Welcome

Fields marked with an asterisk (*) are required

User Name *

Don't have an account?

Register to create your user name and password.

Already a UFLAC Member?

Please register or log in to the left.

If using a mobile device, please select "View Full Version" at the bottom of the page if you experience any difficulty viewing or selecting content.

Considering UFLAC Benefits?

[Learn more about your 2025 benefit options](#)



Questions

UFLAC Benefits Staff
1-800-252-8352 Ext. 2

Available Monday - Friday, 7 a.m. - 3 p.m.

UFLAC MEDICAL PLANS AT-A-GLANCE



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UFLAC ACTIVE MEMBER BENEFITS



MEDICAL PLANS

UFLAC offers two different Anthem medical plans for you to choose from, including our HSA - Eligible PPO plan:

ANTHEM HEALTH SAVINGS ACCOUNT HSA - ELIGIBLE PPO

- \$0 monthly premium for you and your family
- Receive up to \$3,600 from the City (\$300 monthly) into your HSA account (once you complete the required physical)
- Please note, even if you are not enrolled in the HSA-eligible PPO plan - all members who complete a required physical will receive up to a pensionable 1.5% premium for up to 12 months!
- The HSA is TAX-FREE and owned by you
- Your contributions reduce your federal income tax
- TAX-FREE withdrawals for qualified medical expenses including: doctor's visits, hospital expenses, dental services, and more!
- Utilizes large Anthem PPO Network of providers
- Freedom to see in or out-of-network providers
- 2026 HSA Contribution Limits:
 - Single: \$4,400 - Family: \$8,750

ANTHEM SELECT HMO

- The low-cost, managed care option
- Predictable costs when you go to the doctor
- A select network of providers with low monthly premium costs

ALL UFLAC ANTHEM MEDICAL PLANS INCLUDE:

GYM MEMBERSHIPS

- For enrolled members and dependents age 18 and over
- Access to over 10,000 fitness centers across the country
- Popular fitness centers include: LA Fitness, Curves, Gold's Gym, Anytime Fitness, and many more!
(Gym membership may be taxable)

COMPREHENSIVE BODY SCAN

- Comprehensive scan is covered once every 24 months for members, including those under age 25, and spouses
- 3D, non-invasive scan for early disease detection and an overall health consultation
- Call (877) 274-5577 to schedule your Body Scan
- Please note, the Body Scan benefit is not available to retirees and dependents enrolled in a UFLAC Anthem Medicare Advantage plan.

VISION

- **NEW!** Covered lenses and elective contact lenses are available once every calendar year
- **NEW!** Frames are available once every 2 calendar years
- **NEW!** Vision exams are available once every calendar year with NO COPAY
- **NEW!** Retail Frame Allowance and Elective Contact Lens Allowance will increase to \$180!

LASIK

- \$1,500 lifetime benefit per eye

COMPREHENSIVE PHYSICAL

- ANNUAL MEDICAL EVALUATION
- UFLAC Active Medical Plans cover this exam at no charge to you!

Certain benefits may be subject to state or federal taxes based on the imputed value, as determined by your employer, and are subject to change.

If you are enrolled in the UFLAC Active HSA PPO and get the physical exam, you receive up to \$300 per month from the City into your HSA

2026 UFLAC MEDICAL PLANS COMPARISON CHART



For eligibility and enrollment questions visit: www.uflacbenefitenrollment.com
or call the UFLAC Benefits Office at (213) 977-9014, extension 2

ACTIVE MEDICAL PLANS



	ANTHEM HSA - Eligible PPO (In-Network Provider)	ANTHEM SELECT HMO (In-Network Provider)
ANNUAL DEDUCTIBLE*	\$2,000 single \$3,400 individual on family plan*** \$4,000 family	\$0
ANNUAL OUT-OF-POCKET MAXIMUM*	\$3,500 single*** \$3,500 individual on family plan*** \$5,000 family	\$1,000 per person (Maximum of 3 per family)
PREVENTIVE CARE	No charge	No charge
PRIMARY OFFICE VISIT**	20%	\$10
LAB AND X-RAY**	20%	\$10
HOSPITAL INPATIENT**	20%	\$1,000 per admit
OUTPATIENT SURGERY**	20%	\$500 per admit
VSP VISION COVERAGE	Included	Included
LASIK	Included	Included
BODY SCAN	Included	Included
CHIROPRACTIC/ACUPUNCTURE (SUBJECT TO VISIT LIMITATIONS)	20%	\$5 for chiro (self-referred) No acupuncture coverage
RETAIL PRESCRIPTION DRUGS		
GENERIC	\$10**	\$10
BRAND NAME FORMULARY	\$30**	\$30
BRAND NAME NON-FORMULARY	\$50**	\$45
SPECIALTY	30%* (up to \$150)	20% (up to \$150)

* Deductibles and out-of-pocket maximums based on calendar year.

**Applies to HSA-Eligible PPO plan after deductible has been met.

***Benefit change effective January 1, 2026, out-of-network changes may apply as well.

	TIER	TOTAL MONTHLY RATE	LA CITY MONTHLY SUBSIDY*	MONTHLY MEMBER COST
HSA PPO	Member Only	\$1,206.68	\$1,206.68	\$0.00
	2-Party	\$1,842.52	\$1,842.52	\$0.00
	Family	\$1,841.69	\$1,841.69	\$0.00
SELECT HMO	Member Only	\$1,316.86	\$1,316.86	\$0.00
	2-Party	\$1,966.12	\$1,956.19	\$9.93
	Family	\$2,171.33	\$1,956.19	\$215.14

*Monthly subsidy as of 7/1/25; pending approval and may be subject to change.

This is a summary of benefits only. Refer to the actual policy for details.

CURRENT UFLAC RETIREE BENEFITS



MEDICAL PLANS

NON-MEDICARE RETIREES CAN CHOOSE FROM THE FOLLOWING PLANS:

- Anthem HSA-Eligible PPO
- Anthem Select HMO

MEDICARE RETIREES CAN CHOOSE FROM THE FOLLOWING PLANS:

- Anthem Medicare Advantage PPO
- Anthem Medicare Advantage HMO

ALL RETIREE ANTHEM MEDICAL PLANS INCLUDE:

- Gym memberships and VSP Vision



Mike Meadows

UFLAC NON-MEDICARE RETIREE MEDICAL PLANS



ANTHEM HSA-ELIGIBLE PPO

The PPO plan with special tax benefits that uses the same Anthem PPO network of providers! Enrolled members are eligible to open a HEALTH SAVINGS ACCOUNT (HSA) and your contributions earn tax-free interest. Refer to Active Medical Plan chart for more information.

ANTHEM SELECT HMO

Low cost managed care medical plan using the Anthem Select HMO network. No deductibles, only fixed copays for services. You must select a primary care provider under this plan. Refer to Active Medical Plan chart for more information.

UNFROZEN RETIREES WITHOUT MEDICARE:	TIER	TOTAL MONTHLY RATE	MONTHLY LAFPP SUBSIDY	MONTHLY MEMBER COST
ANTHEM HSA – ELIGIBLE PPO	Member Only	\$1,400.68	\$1,400.68	\$0.00
	2-Party	\$1,531.52	\$1,531.52	\$0.00
	Family	\$1,727.39	\$1,727.39	\$0.00
ANTHEM SELECT HMO	Member Only	\$1,339.26	\$1,339.26	\$0.00
	2-Party	\$2,255.38	\$2,255.38	\$0.00
	Family	\$2,628.49	\$2,398.29	\$230.20

Retiree subsidies illustrated above assume the maximum LAFPP unfrozen non-Medicare medical subsidy effective 7/1/25. Subsidy amounts differ based on retirement date, age, and years of service. The unfrozen non-Medicare retiree maximum subsidy changes every July 1st and the Medicare retiree maximum subsidy changes every January 1st.

FROZEN RETIREES WITHOUT MEDICARE:	TIER	TOTAL MONTHLY RATE	MONTHLY LAFPP SUBSIDY	MONTHLY MEMBER COST
ANTHEM HSA – ELIGIBLE PPO	Member Only	\$1,400.68	\$1,097.41	\$303.27
	2-Party	\$1,531.52	\$1,097.41	\$434.11
	Family	\$1,727.39	\$1,097.41	\$629.98
ANTHEM SELECT HMO	Member Only	\$1,339.26	\$1,097.41	\$241.85
	2-Party	\$2,255.38	\$1,097.41	\$1,157.97
	Family	\$2,628.49	\$1,097.41	\$1,531.08

Retiree subsidies illustrated above assume the maximum LAFPP frozen non-Medicare medical subsidy effective 7/1/11. Subsidy amounts differ based on retirement date, age, and years of service. The frozen non-Medicare retiree and frozen Medicare retiree maximum subsidies do not change for members who chose not to opt in during the designated period.

UFLAC MEDICARE RETIREE



MEDICARE ADVANTAGE PLANS

- These plans are available to retirees (and dependents) over the age of 65 who have Medicare Parts A and B, or persons who are disabled and Medicare eligible, or with End-Stage Renal Disease (ESRD)
- You must continue to pay your Part B premium
- You must see a provider who agrees to accept Medicare
- You cannot be enrolled in a Medicare Supplement plan (Medigap). Enrollment in an individual Medicare plan will automatically end your enrollment in the UFLAC Anthem Medicare Advantage plan
- Medicare Advantage, also called Medicare Part C, includes all the benefits of Parts A, B, and D (prescription drug coverage)
- Includes VSP vision coverage and Silver Sneakers fitness program
- Please note, the Body Scan benefit is not available to retirees or dependents enrolled in a UFLAC Anthem Medicare Advantage plan.

	MEDICARE ADVANTAGE HMO	MEDICARE ADVANTAGE PPO
BENEFIT	IN-NETWORK	IN AND OUT-OF-NETWORK
ANNUAL DEDUCTIBLE*	\$0	\$100
ANNUAL OUT-OF-POCKET MAXIMUM*	\$3,400 (Does not apply to Rx)	\$3,400 (Does not apply to Rx)
OFFICE VISIT COPAY	\$5 copay/primary care \$25 copay/specialist	\$10 copay/primary care \$25 copay/specialist
HOSPITAL INPATIENT	\$150 copay per admission (\$450 hospital out-of-pocket maximum)	\$0 copay after deductible
RETAIL PRESCRIPTION DRUGS: SELECT GENERICS GENERIC PREFERRED BRAND NON-PREFERRED BRAND (INCLUDING SPECIALTY)	\$0 copay \$10 copay \$20 copay \$40 copay Includes extra covered drugs (Cough, cold, vitamins, minerals, lifestyle drugs)	\$0 copay \$10 copay \$20 copay \$40 copay Includes extra covered drugs (Cough, cold, vitamins, minerals, lifestyle drugs)
OTHER BENEFITS INCLUDED	Hearing aids, LiveHealth online visits, SilverSneakers fitness program, and more	Hearing aids, LiveHealth online visits, SilverSneakers fitness program, and more

*Deductibles and out-of-pocket maximums based on calendar year.

This is a summary of benefits only. Refer to the Anthem Medicare Advantage materials for additional details per CMS guidelines.

UFLAC UNFROZEN RETIREE MEDICAL RATES



2026 RETIREE MEDICAL TOTAL MONTHLY PREMIUM 2026 UFLAC RETIREE MEDICAL RATES

UNFROZEN RETIREES WITH MEDICARE:	TIER	TOTAL MONTHLY RATE	MONTHLY LAFPP SUBSIDY	MONTHLY MEMBER COST
ANTHEM MEDICARE ADVANTAGE HMO	Retiree Only	\$404.24	\$404.24	\$0.00
	2-Party	\$778.39	\$778.39	\$0.00
ANTHEM MEDICARE ADVANTAGE PPO	Retiree Only	\$554.72	\$554.72	\$0.00
	2-Party	\$1,077.63	\$1,077.63	\$0.00

UNFROZEN RETIREES WITH MEDICARE AND NON-MEDICARE DEPENDENT(S):	TIER	TOTAL MONTHLY RATE	MONTHLY LAFPP SUBSIDY	MONTHLY MEMBER COST
ANTHEM MEDICARE ADVANTAGE HMO	One Over 65, One Under 65	\$1,501.88	\$1,501.88	\$0.00
	One Over 65, Two or More Under 65	\$1,806.08	\$1,799.11	\$6.97
	Two Over 65, One or More Under 65	\$1,725.69	\$1,725.69	\$0.00
ANTHEM MEDICARE ADVANTAGE PPO	One Over 65, One Under 65	\$1,633.48	\$1,633.48	\$0.00
	One Over 65, Two or More Under 65	\$1,937.27	\$1,937.27	\$0.00
	Two Over 65, One or More Under 65	\$1,749.22	\$1,749.22	\$0.00

Retiree subsidies illustrated above assume the maximum LAFPP unfrozen medical Medicare subsidy effective 1/1/25. Subsidy amounts differ based on retirement date, age, and years of service. The unfrozen non-Medicare retiree maximum subsidy changes every July 1st and the Medicare retiree maximum subsidy changes every January 1st.

UFLAC FROZEN RETIREE MEDICAL RATES



2026 RETIREE MEDICAL TOTAL MONTHLY PREMIUM 2026 UFLAC RETIREE MEDICAL RATES

FROZEN RETIREES WITH MEDICARE	TIER	TOTAL MONTHLY RATE	MONTHLY LAFPP SUBSIDY	MONTHLY MEMBER COST
ANTHEM MEDICARE ADVANTAGE HMO	Retiree Only	\$404.24	\$404.24	\$0.00
	2-Party	\$778.39	\$498.23	\$280.16
ANTHEM MEDICARE ADVANTAGE PPO	Retiree Only	\$554.72	\$480.41	\$74.31
	2-Party	\$1,077.63	\$618.55	\$459.08

FROZEN RETIREES WITH MEDICARE AND NON-MEDICARE DEPENDENT(S):	TIER	TOTAL MONTHLY RATE	MONTHLY LAFPP SUBSIDY	MONTHLY MEMBER COST
ANTHEM MEDICARE ADVANTAGE HMO	One Over 65, One Under 65	\$1,501.88	\$498.23	\$1,003.65
	One Over 65, Two or More Under 65	\$1,806.08	\$498.23	\$1,307.85
	Two Over 65, One or More Under 65	\$1,725.69	\$498.23	\$1,227.46
ANTHEM MEDICARE ADVANTAGE PPO	One Over 65, One Under 65	\$1,633.48	\$618.55	\$1,014.93
	One Over 65, Two or More Under 65	\$1,937.27	\$618.55	\$1,318.72
	Two Over 65, One or More Under 65	\$1,749.22	\$618.55	\$1,130.67

Retiree subsidies illustrated above assume the maximum LAFPP frozen medical Medicare subsidy effective 7/1/11. Subsidy amounts differ based on retirement date, age, and years of service. The frozen non-Medicare retiree and frozen Medicare retiree maximum subsidies do not change for members who chose not to opt in during the designated period.

UFLAC DENTAL PLANS



METLIFE DHMO PLAN The low-cost, managed care option

IS COST YOUR PRIORITY? MetLife DHMO premium is NO COST for the whole family, for active members

METLIFE DPPO PLAN The freedom and flexibility option

IS A RICH BENEFIT WHAT MATTERS MOST? MetLife DPPO offers a \$5,000 annual maximum per member

METLIFE BASIC DPPO PLAN The essential coverage option, **exclusively for Retirees**

IS ESSENTIAL COVERAGE WITHOUT COMPROMISE YOUR GOAL? MetLife Basic DPPO Plan provides dependable dental coverage at a lower cost and better out-of-network benefits.

DHMO PLAN DESIGN	
SERVICES	COPAY
Annual Exam & Cleaning	\$0
Fillings	Varies, usually \$0
Crowns	Varies, usually \$0
Orthodontia	\$0 for 24 months of treatment, \$250 copay for records

BASIC DPPO PLAN DESIGN (RETIREEES ONLY)	
BENEFIT	IN-NETWORK
Calendar Year Deductible	\$50
Diagnostic & Preventive Services	100%
Basic Services	80%
Major Services	50%
Annual Maximum Benefit	\$5,000

DPPO PLAN DESIGN	
BENEFIT	IN-NETWORK
Calendar Year Deductible	\$0
Diagnostic & Preventive Services	100%
Basic Services	100%
Major Services	80%
Orthodontia	50% (\$2,500 lifetime max)
Annual Maximum Benefit	\$5,000

UFLAC DENTAL RATES



2026 ACTIVE & RETIREE DENTAL TOTAL MONTHLY PREMIUM 2026 UFLAC ACTIVE & RETIREE DENTAL RATES

ACTIVE MONTHLY RATES	TIER	TOTAL MONTHLY RATE	MONTHLY LA CITY SUBSIDY*	MONTHLY MEMBER COST
METLIFE DHMO	Member Only	\$88.00	\$88.00	\$0.00
	2-Party	\$88.00	\$88.00	\$0.00
	Family			
METLIFE DPPO	Member Only	\$94.00	\$94.00	\$0.00
	2-Party	\$130.02	\$97.00	\$33.02
	Family	\$190.16	\$97.00	\$93.16

*Monthly subsidy as of 7/1/25; pending approval and may be subject to change.

RETIREE MONTHLY RATES	TIER	TOTAL MONTHLY RATE	MONTHLY LAFPP SUBSIDY	MONTHLY RETIREE COST
METLIFE DHMO	Retiree Only	\$42.41	\$42.41	\$0.00
	2-Party	\$81.30	\$42.41	\$38.89
	Family			
METLIFE DPPO	Retiree Only	\$80.29	\$42.93	\$37.36
	2-Party	\$126.75	\$42.93	\$83.82
	Family	\$191.44	\$42.93	\$148.51
METLIFE BASIC DPPO	Retiree Only	\$59.16	\$49.23	\$16.23
	2-Party	\$92.80	\$42.93	\$49.87
	Family	\$139.64	\$42.93	\$96.71

Retiree subsidies illustrated above assume the maximum LAFPP dental subsidy (over age 55 with 25 YOS), effective 1/1/25. Subsidy amounts differ based on retirement date, age, and years of service. The retiree maximum LAFPP dental subsidy changes every January 1st.

UFLAC VOLUNTARY BENEFITS



LIFE/AD&D

- Basic coverage of \$145,000 is available at NO COST for active firefighters
- Up to \$1,000,000 of supplemental coverage is available (subject to EOI), for \$1,145,000 total maximum coverage
- Dependent coverage is available, up to \$300,000 for spouses and \$40,000 for children (spouse coverage subject to EOI)
- New retirees can retain coverage after retirement, up to \$1,000,000 (subject to EOI) for amounts over \$250,000
- For information and to calculate your rates visit: www.uflacbenefitenrollment.com or refer to the tables below and on the next page

METLIFE ACTIVE MEMBER COVERAGE* SUPPLEMENTAL LIFE AND AD&D RATES PER PAY PERIOD EFFECTIVE 1/1/2026 (RATES INCLUDE MATCHING AD&D)

AGE	0-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$50,000	\$1.25	\$1.35	\$1.50	\$1.65	\$1.75	\$2.30	\$3.10	\$5.45	\$7.60	\$14.80	\$15.95
\$100,000	\$2.50	\$2.70	\$3.00	\$3.30	\$3.50	\$4.60	\$6.20	\$10.90	\$15.20	\$29.60	\$31.90
\$150,000	\$3.75	\$4.05	\$4.50	\$4.95	\$5.25	\$6.90	\$9.30	\$16.35	\$22.80	\$44.40	\$47.85
\$200,000	\$5.00	\$5.40	\$6.00	\$6.60	\$7.00	\$9.20	\$12.40	\$21.80	\$30.40	\$59.20	\$63.80
\$250,000	\$6.25	\$6.75	\$7.50	\$8.25	\$8.75	\$11.50	\$15.50	\$27.25	\$38.00	\$74.00	\$79.75
\$300,000	\$7.50	\$8.10	\$9.00	\$9.90	\$10.50	\$13.80	\$18.60	\$32.70	\$45.60	\$88.80	\$95.70
\$350,000	\$8.75	\$9.45	\$10.50	\$11.55	\$12.25	\$16.10	\$21.70	\$38.15	\$53.20	\$103.60	\$111.65
\$400,000	\$10.00	\$10.80	\$12.00	\$13.20	\$14.00	\$18.40	\$24.80	\$43.60	\$60.80	\$118.40	\$127.60
\$450,000	\$11.25	\$12.15	\$13.50	\$14.85	\$15.75	\$20.70	\$27.90	\$49.05	\$68.40	\$133.20	\$143.55
\$500,000	\$12.50	\$13.50	\$15.00	\$16.50	\$17.50	\$23.00	\$31.00	\$54.50	\$76.00	\$148.00	\$159.50
\$550,000	\$13.75	\$14.85	\$16.50	\$18.15	\$19.25	\$25.30	\$34.10	\$59.95	\$83.60	\$162.80	\$175.45
\$600,000	\$15.00	\$16.20	\$18.00	\$19.80	\$21.00	\$27.60	\$37.20	\$65.40	\$91.20	\$177.60	\$191.40
\$650,000	\$16.25	\$17.55	\$19.50	\$21.45	\$22.75	\$29.90	\$40.30	\$70.85	\$98.80	\$192.40	\$207.35
\$700,000	\$17.50	\$18.90	\$21.00	\$23.10	\$24.50	\$32.20	\$43.40	\$76.30	\$106.40	\$207.20	\$223.30
\$750,000	\$18.75	\$20.25	\$22.50	\$24.75	\$26.25	\$34.50	\$46.50	\$81.75	\$114.00	\$222.00	\$239.25
\$800,000	\$20.00	\$21.60	\$24.00	\$26.40	\$28.00	\$36.80	\$49.60	\$87.20	\$121.60	\$236.80	\$255.20
\$850,000	\$21.25	\$22.95	\$25.50	\$28.05	\$29.75	\$39.10	\$52.70	\$92.65	\$129.20	\$251.60	\$271.15
\$900,000	\$22.50	\$24.30	\$27.00	\$29.70	\$31.50	\$41.40	\$55.80	\$98.10	\$136.80	\$266.40	\$287.10
\$950,000	\$23.75	\$25.65	\$28.50	\$31.35	\$33.25	\$43.70	\$58.90	\$103.55	\$144.40	\$281.20	\$303.05
\$1,000,000	\$25.00	\$27.00	\$30.00	\$33.00	\$35.00	\$46.00	\$62.00	\$109.00	\$152.00	\$296.00	\$319.00

*Please note, the coverage amounts above do not include the \$145,000 Basic Life/AD&D benefit available at NO COST for active firefighters. This is not a complete list of all UFLAC Life/AD&D plan volumes and rates; for more information, including dependent rates, please visit www.uflacbenefitenrollment.com or contact the UFLAC Benefits Office at 213-977-9014, extension 2.

Certain benefits may be subject to state or federal taxes based on the imputed value, as determined by your employer, and are subject to change.

UFLAC VOLUNTARY BENEFITS



METLIFE NEW RETIREE COVERAGE* SUPPLEMENTAL LIFE AND AD&D RATES PER MONTH EFFECTIVE 1/1/2026 (RATES INCLUDE MATCHING AD&D)

AGE	0-44	45-49	50-54	55-59	60-64	65-69	70-74
\$62,500	\$7.75	\$10.81	\$15.88	\$27.06	\$42.13	\$79.83	\$197.50
\$87,500	\$10.85	\$15.14	\$22.23	\$37.89	\$58.98	\$111.48	\$276.50
\$112,500	\$13.95	\$19.46	\$28.58	\$48.71	\$75.83	\$143.33	\$355.50
\$137,500	\$17.05	\$23.79	\$34.93	\$59.54	\$92.68	\$175.18	\$434.50
\$162,500	\$20.15	\$28.11	\$41.28	\$70.36	\$109.53	\$207.03	\$513.50
\$187,500	\$23.25	\$32.44	\$47.63	\$81.19	\$126.38	\$238.88	\$592.50
\$212,500	\$26.35	\$36.76	\$53.98	\$92.01	\$143.23	\$270.73	\$671.50
\$237,500	\$29.45	\$41.09	\$60.33	\$102.84	\$160.08	\$302.58	\$750.50
\$250,000	\$31.00	\$43.25	\$63.50	\$108.25	\$168.50	\$318.50	\$790.00
\$300,000	\$37.20	\$51.90	\$76.20	\$129.90	\$202.20	\$382.20	\$948.00
\$350,000	\$43.40	\$60.55	\$88.90	\$151.55	\$235.90	\$445.90	\$1,106.00
\$400,000	\$49.60	\$69.20	\$101.60	\$173.20	\$269.60	\$509.60	\$1,264.00
\$450,000	\$55.80	\$77.85	\$114.30	\$194.85	\$303.30	\$573.30	\$1,422.00
\$500,000	\$62.00	\$86.50	\$127.00	\$216.50	\$337.00	\$637.00	\$1,580.00
\$550,000	\$68.20	\$95.15	\$139.70	\$238.15	\$370.70	\$700.70	\$1,738.00
\$600,000	\$74.40	\$103.80	\$152.40	\$259.80	\$404.40	\$764.40	\$1,896.00
\$650,000	\$80.60	\$112.45	\$165.10	\$281.45	\$438.10	\$828.10	\$2,054.00
\$700,000	\$86.80	\$121.10	\$177.80	\$303.10	\$471.80	\$891.80	\$2,212.00
\$750,000	\$93.00	\$129.75	\$190.50	\$324.75	\$505.50	\$955.50	\$2,370.00
\$800,000	\$99.20	\$138.40	\$203.20	\$346.40	\$539.20	\$1,019.20	\$2,528.00
\$850,000	\$105.40	\$147.05	\$215.90	\$368.05	\$572.90	\$1,082.90	\$2,686.00
\$900,000	\$111.60	\$155.70	\$228.60	\$389.70	\$606.60	\$1,146.60	\$2,844.00
\$950,000	\$117.80	\$164.35	\$241.30	\$411.35	\$640.30	\$1,210.30	\$3,002.00
\$1,000,000	\$124.00	\$173.00	\$254.00	\$433.00	\$674.00	\$1,274.00	\$3,160.00

*Please note, the monthly rates above apply to members under the age of 75 who retire on or after January 1st, 2022. Current retirees may not increase their Supplemental Life/AD&D coverage and may be subject to age-reductions at age 70 or 75. This is not a complete list of all UFLAC Life/AD&D plan volumes and rates; for more information, including dependent rates, please visit www.uflacbenefitenrollment.com or contact the UFLAC Benefits Office at 213-977-9014, extension 2.

Certain benefits may be subject to state or federal taxes based on the imputed value, as determined by your employer, and are subject to change.

UFLAC VOLUNTARY BENEFITS



UFLAC OFFERS A FULLY-INSURED LTD PLAN

LONG TERM DISABILITY

UFLAC offers a fully-insured LTD plan through MetLife that covers you for injuries and illnesses you sustain on-duty or off-duty.

LTD BENEFITS	VOLUNTARY LTD PLAN
PERCENTAGE OF COVERED EARNINGS	N/A
MAXIMUM MONTHLY BENEFIT	\$3,000
MINIMUM MONTHLY BENEFIT	\$100
ELIMINATION/WAITING PERIOD	IOD – the greater of 90 days or the end of IOD and State Rate Non-IOD – 90 days
MUSCULOSKELETAL LIMITATION (PER DISABILITY)	24 months
OWN OCCUPATION COVERAGE	24 months
ACTIVE OFFSETS	Yes
SERVICE PENSION OFFSET	No
DISABILITY PENSION OFFSET	No
MAXIMUM BENEFIT DURATION (PER DISABILITY)	IOD: 5 Years Non-IOD: Social Security Normal Retirement Age (SSNRA)
SURVIVOR BENEFIT	Included
MEMBER COST	\$92.50 per pay period

UFLAC has designed this plan with LA City Firefighters in mind, taking into account income offsets such as vacation time and other disability plans. Our plan coordinates with common sources of disability income, such as Workers' Compensation. This means that your benefit payment from MetLife may be reduced if you are receiving any of these types of income.

UFLAC VOLUNTARY BENEFITS



METLIFE LEGAL PLAN

This Legal plan provides you and your eligible dependents with convenient, professional legal counsel.

The MetLife Legal Plan will include four hours of network attorney time and services for non-covered matters.

Please note: Any time and services for non-covered matters from an in-network attorney, beyond four hours, will be at your own expense

EXAMPLES OF COVERED CATEGORIES INCLUDE:

- Family & Personal
- Financial Matters
- Vehicle & Driving
- Civil Lawsuit Defense
- Home & Real Estate
- Elder Care Issues
- Protecting your Future/Estate
- Adoption

\$18 PER MONTH COVERS YOU AND YOUR ELIGIBLE DEPENDENTS

- Once enrolled, you must remain on the plan for 12 months
- For more information visit www.uflacbenefitenrollment.com or call MetLife Legal at 800.821.6400



UFLAC VOLUNTARY BENEFITS



CRITICAL ILLNESS PLAN

- Coverage available in \$10k, \$15k or \$25k amounts
- Lump-sum benefit paid upon diagnosis
- Annual wellness benefit of \$50
- Dependent coverage available

This benefit protects your family against unexpected costs due to illnesses, when you need it the most. This pays above and beyond your medical coverage and can be used at your own discretion.

COVERED ILLNESSES INCLUDE:

- Cancer
- Heart Attack
- Stroke
- Paralysis
- Organ Transplants
- and others



CRITICAL ILLNESS MONTHLY RATES*

MEMBER AGE	\$10,000 COVERAGE	\$15,000 COVERAGE	\$25,000 COVERAGE
0-29	\$5.60	\$8.40	\$14.00
30-34	\$7.10	\$10.65	\$17.75
35-39	\$8.50	\$12.75	\$21.25
40-44	\$11.00	\$16.50	\$27.50
45-49	\$14.70	\$22.05	\$36.75
50-54	\$21.10	\$31.65	\$52.75
55-59	\$29.60	\$44.40	\$74.00
60-64	\$43.40	\$65.10	\$108.50
65-69	\$69.50	\$104.25	\$173.75
70-74	\$91.90	\$137.85	\$229.75
75-79	\$113.40	\$170.10	\$283.50
80-84	\$145.50	\$218.25	\$363.75
85+	\$175.30	\$262.95	\$438.25

*Please note, the rates shown above are on a monthly basis, actual deductions are taken on a per pay period basis and rate rounding may apply to the nearest \$0.01.

UFLAC VOLUNTARY BENEFITS



This benefit provides lump sum payments for accidents. This pays above and beyond your medical coverage and can be used at your own discretion.

ACCIDENT INSURANCE PLAN

This plan may help offset your deductible on the HSA PPO medical plan!

COVERED ACCIDENTS INCLUDE:

- Dislocations
- Fracture
- ER Treatment
- Hospital Confinement
- Burns

TWO COVERAGE LEVELS AVAILABLE

- The High Plan pays higher benefits than the Low Plan, for example: If you are admitted to the hospital, the Low Plan pays you \$1,000 and the High Plan pays you \$1,500
- You can cover the whole family

ACCIDENT INSURANCE MONTHLY RATES

	LOW PLAN	HIGH PLAN
MEMBER ONLY	\$6.68	\$10.86
MEMBER AND SPOUSE	\$13.36	\$21.74
MEMBER AND CHILD(REN)	\$15.76	\$25.64
FAMILY	\$18.84	\$30.64



Mike Meadows

LEGAL NOTIFICATIONS

IMPORTANT LEGAL NOTIFICATIONS FOR YOU AND YOUR FAMILIES.



HIPAA - SPECIAL ENROLLMENT NOTICE

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan at a later date if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Finally, you and/or your dependents may have special enrollment rights if coverage is lost under Medicaid or a state health insurance ("SCHIP") program, or when you and/or your dependents gain eligibility for state premium assistance. You have 60 days from the occurrence of one of these events to notify the company and enroll in the plan.

NEWBORN AND MOTHERS HEALTH PROTECTION ACT

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable).

In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

WOMEN'S HEALTH AND CANCER RIGHTS ACT

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under each plan. If you would like more information on WHCRA benefits, call your plan administrator at (213) 977-9014, extension 2.

PATIENT PROTECTION DISCLOSURE

Anthem Blue Cross generally requires the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. Until you make this designation, Anthem designates one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the UFLAC Benefits Office at (213) 977-9014, extension 2.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from Anthem Blue Cross or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the UFLAC Benefits Office at (213) 977-9014, extension 2.

UFLAC BENEFITS CONTACT INFORMATION



	PHONE	WEBSITE
UFLAC BENEFITS OFFICE	(213) 977-9014, extension 2	www.uflacbenefitenrollment.com
WEALTHCARE SAVER HSA CUSTODIAN SERVICES	(866) 287-2520	www.anthem-qa.wealthcareportal.com/Authentication/Handshake
VSP VISION	(800) 877-7195	www.vsp.com
BODY SCAN INTERNATIONAL	(877) 274-5577	www.bodyscanintl.com
SHARECARE/PRIME FITNESS GYM MEMBERSHIP	(877) 528-3522	www.sharecare.com www.primemember.com
SILVER SNEAKERS GYM MEMBERSHIP	(855) 741-4985	www.silversneakers.com
ANTHEM BLUE CROSS MEDICAL		
SELECT HMO	(833) 913-2237	www.anthem.com/ca
HSA-ELIGIBLE PPO	(844) 860-3535	
MEDICARE ADVANTAGE	(833) 848-8730	www.anthem.com/medicare/medicare-advantage-plans.html
METLIFE		
DENTAL	(800) 942-0854	www.mybenefits.metlife.com
LEGAL	(800) 821-6400	www.mybenefits.metlife.com
LIFE/AD&D	(800) 638-6420	www.metlife.com/lifeclaims
ACCIDENT	(866) 626-3705	www.mybenefits.metlife.com
CRITICAL ILLNESS	(866) 626-3705	www.mybenefits.metlife.com
LTD	(800) 638-2242	www.mybenefits.metlife.com



UFLAC BENEFITS

UNITED FIREFIGHTERS OF LOS ANGELES CITY BENEFITS OFFICE

1571 Beverly Boulevard, Suite 101
Los Angeles, CA 90026-5704
(213) 977-9014, extension 2

UFLAC TRUSTEES:

Freddy Escobar, Chairman
David Riles, Vice Chairman
Dreon S. Brown, Trustee
Shawn Connolly, Trustee
Jonith Johnson, Trustee
Kent Koffler, Trustee
Jason Powell, Trustee
Alexander Prince, Trustee
Richard Ramirez, Trustee
Robert Steinbacher, Trustee

If you have questions or need to make changes
to your benefit elections, please contact the
UFLAC Benefits Office at:

(213) 977-9014, extension 2
uflacbenefits@uflac.org
www.uflac.org
www.uflacbenefitenrollment.com

To view your plan's Benefit Summary, Evidence of Coverage, Summary of Benefits and Coverage, or other plan materials, please visit www.uflacbenefitenrollment.com and click on Reference Center.

Disclaimer:

This Open Enrollment Guide provides an overview of the UFLAC medical plans effective January 1, 2026. This is a summary of benefits only. Refer to the actual policy for details. In case of any discrepancy between this guide and the actual plan documents and insurance contracts, the plan documents and insurance contracts will prevail. If you have any questions about the information presented, please contact UFLAC Benefits at (213) 977-9014, extension 2.



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