



2026 LCASE HRA Settlement Supplement

The 2026 Open Enrollment process for your LLNS retiree medical plan benefits has closed, and the new plan year has begun. This summary provides details about the Settlement Supplement that Class Members will receive for eligible expenses as of the start of the plan year, January 1, 2026. This Settlement Supplement helps offset a portion of your out-of-pocket costs (i.e., premiums and eligible unreimbursed medical expenses) for the health care coverage option you selected during the 2026 LLNS Open Enrollment period.

As we enter the sixth year of the LLNL Retiree Class Action Settlement program, the professionals responsible for the management and administration of the LCASE HRA Settlement Supplement have re-evaluated the current Supplement levels, taking into account the performance of the trust which funds the LCASE HRA, healthcare inflation, the underlying cost to Class Members of the LLNS medical plans offered, and the level of subsidy provided by LLNS (i.e., the \$2,450 HRA for Medicare-eligible members which has remained the same since 2016). As a result of our evaluation, we are pleased to announce that we have increased the LCASE HRA Settlement Supplement for 2026 by **9.5%**. Please see the chart below for the amount of the Settlement Supplement by option for 2026.

Enrolling in a Medical Plan

To be eligible for the Settlement Supplement, you must have elected medical coverage as of the start of the plan year (1/1/2026) under one of the **LLNS-sponsored plans**. For ***Medicare-eligible Class Members***, this means selecting an option with *Via Benefits (either a Medicare Supplement or Medicare Advantage plan) or Kaiser Senior Advantage (through Empyrean)*. For the ***non-Medicare eligible Class Members***, this means choosing coverage under one of the *Anthem Blue Cross plans offered or through Kaiser (also through Empyrean)*. Their contact information is listed below.

The amount of the Settlement Supplement differs depending on the plan option and your family coverage category (e.g., retiree-only, retiree plus spouse).

If you do not receive a Supplement but believe you are eligible to receive one, please contact ARCHER as soon as possible. ARCHER will request that you provide proof that you have made a valid health care plan election, as described above. Valid forms of proof are (1) a confirmation statement showing that you have enrolled through LLNS in a qualified medical plan or (2) a premium statement showing that you have been paying premiums beginning 1/1/2026.

Help with LLNS Benefit-Related Questions

There are several options to obtain help with questions during and after Open Enrollment. Depending upon your eligibility group, the LLNS medical plans are administered by either Via Benefits or Empyrean. You can contact them with questions regarding detailed plan

benefits and coverage. If you are (1) not Medicare-eligible or (2) in Kaiser Senior Advantage, contact Empyrean representatives at (844) 750-5567. Their website is <https://compass.empyreanbenefits.com/llns>. The Via Benefits toll-free number is (866) 682-4841; their website is <https://my.viabenefits.com/LLNS>. If you cannot reach Via Benefits or Empyrean, the LLNS Benefits department can be reached at (925) 422-9955 and by email at llnl-benefits@llnl.gov.

We understand that in some circumstances Class Members may need extra assistance. We ask that you please start with the providers, but if you have further requests or do not receive a satisfactory response, contact us by calling the ARCHER toll-free number 1-800-978-8522 or email us at llnlretireesettlement@archersystems.com. **Email communication is preferred to provide the most accurate and timely response.**

Important Note: Empyrean, LLNS Via Benefits and the LLNS Benefits Department will not have information about the Settlement Supplement – which is separate from LLNS. Questions regarding the Settlement Supplement should be **directed to LCASE Via Benefits** through the website at <https://my.viabenefits.com/lcase> or by phone at 833-939-1210. Please remember when speaking with a Via Benefits representative to refer specifically to the **LCASE HRA Supplement**.

Considerations if you are Medicare-eligible

If you are Medicare-eligible and elect your Medical/Rx plan under Via Benefits, the 2026 annual Settlement Supplement provides \$1,115 per Class Member. The Settlement Supplement can be used to offset the premiums for the coverage you elect. It can also be used to reimburse yourself for eligible medical expenses.

For those electing Kaiser Senior Advantage, your 2026 annual premium for coverage is \$3,810.60, an increase of 9.5% from 2025. Assuming you had 20+ years of service at retirement, you would receive \$2,450 from LLNS, and your 2026 annual Settlement Supplement will be \$1,131 *per Member* for a total of \$3,581. You can apply this to your premium, *which would pay 94% of your premium cost for 2026.*

A note about examples—

All dollar amounts in the examples assume you have 20 or more years of LLNS service at retirement. If you have fewer than 20 years of service, your LLNS HRA contribution will be prorated, but your LCASE HRA Settlement Supplement amount will remain the same, subject to your specific plan election.

Considerations if you are Non-Medicare eligible

If you are non-Medicare eligible, key considerations include how expenses are reimbursed under each option and how much you must pay to purchase the coverage. Below is a link to the page with all of the applicable plans for your reference: <https://www.llnl.gov/join-our-team/benefits/retirees/medical-plan-options>. You can also find links to other available benefit

plans.

Once you review the available options, you can compare the premium amounts for each coverage to see how the Settlement Supplement provides additional funds for your medical coverage purchase. For example, assume you are a Class Member 65 or older, with 20+ years of service upon retirement and electing retiree-only coverage. The table below shows your net out-of-pocket cost for the premium *after you utilize the Settlement Supplement*.

Important: How REIMBURSEMENT works—

You will pay the full monthly premium amount to LLNS for your medical coverage. The LCASE HRA Settlement Supplement is not applied directly to your LLNS medical premium billing statements; instead, premium payments will be reimbursed to you separately, after you submit these eligible expenses to Via Benefits which manages the LCASE HRA. You must have sufficient funds available to pay your premiums until you receive reimbursement.

Plan Option (Retiree Only)	Annualized Premium Cost	Annual Settlement Supplement	Net Premium Cost ¹
Kaiser	\$6,120	\$4,071	\$2,049
Anthem Blue Cross Plus	\$11,436	\$11,287	\$149
Anthem Blue Cross PPO	\$6,492	\$6,340	\$152
Anthem Blue Cross Core Value	\$1,224	\$32	\$1,192
Anthem Blue Cross Core HDHP	\$2,256	\$64	\$2,192
Anthem Blue Cross EPO	\$5,016	\$4,136	\$880

¹You will still pay the entire premium to LLNS for coverage. The Settlement Supplement will be reimbursed separately as expenses are incurred.

The second column (“Annualized Premium Cost”) is the annual amount you would pay **without** the Settlement Supplement. The third column (“Annual Settlement Supplement”) is the Settlement Supplement you would receive depending on the option chosen. The last column (“Net Premium Cost”) shows your final premium cost for coverage with the Settlement Supplement.

The above example shows that for a Class Member who is comparing the Blue Cross PPO Plan to the Blue Cross EPO plan, the person would pay \$152 for the Blue Cross PPO plan and \$880 for the EPO plan after receiving the Settlement Supplement.

Note: Please keep in mind that a larger Settlement Supplement does not necessarily mean you will have the lowest out-of-pocket premium costs. The Settlement Supplement is intended solely to offset a portion of the underlying cost of the plan.

Settlement Supplement Availability

The Settlement Supplement is scheduled to be available by the end of February 2026. Please note that ***any eligible unreimbursed expenses incurred on or after January 1, 2026, will be reimbursable with proper documentation.***

Via Benefits requires that you provide bank account information to receive reimbursement. If you have not provided this information, please visit the Via Benefits website at <https://my.viabenefits.com/lcase> or call 833-939-1210.

<u>For questions about...</u>	<u>Contact</u>	<u>Phone / Website or Email</u>
If you are (1) not Medicare-eligible or (2) enrolled in Kaiser Senior Advantage	Empyrean	(844) 750-5567 https://compass.empyreanbenefits.com/llns
LLNS HRA	Via Benefits	(866) 682-4841 https://my.viabenefits.com/LLNS
If you cannot reach Via Benefits or Empyrean	LLNS Benefits Department	(925) 422-9955 llnl-benefits@llnl.gov
LCASE HRA Settlement Supplement	Via Benefits	(833) 939-1210 https://my.viabenefits.com/lcase
Settlement Administrator	ARCHER Systems	(800) 978-8522 lnlretireesettlement@archersystems.com https://www.llnlretireesettlement.com

For additional information, please see our Frequently Asked Questions:
<http://www.llnlretireesettlement.com/faq.php>

LCASE HRA Settlement Supplements Effective January 2026

Medicare Eligible Class Members

1. Members electing plans through Via Benefits - \$1,115 per member per year
2. Members electing Kaiser Senior Advantage - \$1,131 per member per year

Non-Medicare Eligible Class Members

2026 Non-Medicare 65 and Over Annual Retiree Supplemental Payment						
Coverage Category	Kaiser	Anthem Blue Cross PLUS	Anthem Blue Cross PPO	Anthem Blue Cross Core Value	Anthem Blue Core HDHP	Anthem Blue Cross EPO
Retiree only	\$4,071	\$11,287	\$6,340	\$32	\$64	\$4,136
Spouse only	\$4,507	\$11,458	\$6,948	\$58	\$117	\$4,601
Retiree + Spouse	\$8,578	\$23,705	\$13,288	\$68	\$136	\$8,712
Retiree + Children	\$7,367	\$20,301	\$11,386	\$60	\$122	\$7,490
Spouse + Children	\$7,777	\$21,444	\$12,045	\$96	\$193	\$7,953
Retiree + Spouse + Child	\$11,873	\$32,719	\$18,362	\$107	\$215	\$12,066
Children only	\$117	\$8,318	\$5,486	\$1,122	\$2,246	\$4,229

2026 Non-Medicare Pre-65 Annual Retiree Supplemental Payment						
Coverage Category	Kaiser	Anthem Blue Cross PLUS	Anthem Blue Cross PPO	Anthem Blue Cross Core Value	Anthem Blue Core HDHP	Anthem Blue Cross EPO
Retiree only	\$149	\$10,407	\$6,837	\$1,417	\$2,834	\$5,082
Spouse only	\$158	\$12,430	\$7,525	\$1,567	\$3,135	\$5,860
Retiree + Spouse	\$306	\$21,852	\$14,388	\$2,983	\$5,967	\$11,135
Retiree + Children	\$266	\$19,605	\$12,322	\$2,563	\$5,126	\$9,554
Spouse + Children	\$247	\$19,763	\$13,012	\$2,701	\$5,404	\$10,088
Retiree + Spouse + Child	\$424	\$31,155	\$19,846	\$4,118	\$8,238	\$15,412
Children only	\$117	\$8,318	\$5,486	\$1,122	\$2,246	\$4,229

Each year, the trustees will decide the supplement amount to be provided. Please note that future payment amount(s) may be modified to increase or decrease the supplemental payment in future years based on actual costs, market trends, or other relevant information.

Expense Reimbursement Proper Documentation Checklist

When submitting supporting documentation for premium expenses:

Provide a supporting document that shows this information:

- Premium coverage period (e.g., 01/01/2020 – 12/31/2020)
- Premium type (e.g., Medical, Medicare Part B)
- Carrier (e.g., Humana, N/A for Medicare Part B)
- Individual serviced (e.g., John Doe)
- Monthly amount (e.g., \$200.00)

When submitting supporting documentation for out-of-pocket expenses:

Provide a supporting document that shows this information:

- Date of service (e.g., 01/01/2020)
- Expense type (e.g., Copay)
- Provider (e.g., Dr. Smith, CVS)
- Individual serviced (e.g., John Doe)
- Amount (e.g., \$100.00)

Please note, for Class Members enrolled in **Kaiser Senior Advantage**, reimbursement documentation requirements have been streamlined for Class Members seeking reimbursement from their LCASE Health Reimbursement Account (HRA) Settlement Supplement. **Please see the UPDATED Billing Services Statement examples below**. Follow these steps for a simplified reimbursement experience:

- Contact Empyrean at (844) 750-5567 and request your Billing Services Statement.
- Submit the top portion and the payment coupon details using the Via Benefits Accounts mobile app, the Via Benefits website (my.viabenefits.com/lcase), or submit by mail using your member-specific claim form.

Remember, you cannot submit the same reimbursement expense under the LLNS HRA and LCASE HRA.

If you have any questions or want more information, please contact Via Benefits at 1-833-939-1210 (TTY:711) Monday through Friday, 5:00 a.m. to 4:00 p.m. Pacific Time, or visit my.viabenefits.com/lcase.



[Redacted]

[Redacted]:

This is a Premium Payment Notice. Your premiums for the following plans are due and required to be paid no later than the date shown in the attached Premium Payment Coupon. If you are already setup for recurring ACH payments, no additional action is needed.

<u>Plan Name</u>	<u>Coverage Level</u>	<u>Premium Amount</u>
LEGAL-Base Plan	EE Only	\$12.30
Kaiser Permanente North Senior Advantage Medical	EE + Spouse	\$0.00
Total Premium Amount:		\$12.30
Total Balance Forward:		\$2,756.42
Credit Balance:		(\$543.54)
Total Amount Due:		\$2,225.18

If you are not setup to pay your premiums with a recurring ACH payment, please detach and return the Premium Payment Coupon with your payment. To ensure accurate posting of your payment, it is required that you return this Premium Payment Coupon with your payment. Failure to send payments timely may result in termination of coverage and you may not be able to re-enroll in benefits.

Did you know you can set up scheduled ACH for your payments? ACH is a safe, fast and secure way to ensure your payment is made on time, every time. To sign up for ACH, access the Billing Services website and click on the Recurring Payments or Payment Info tab to enroll on-line. If you set up recurring payments using the on-line functionality, the total to pay through the current month will be taken in the first ACH debit from your account. Or if you are invoiced monthly and you choose to set up recurring payments by submitting a paper form to Billing Services, the total to pay through the current month should be sent in the form of a check or money order.

You may also set-up recurring payments by submitting a paper ACH form to Empyrean Billing Services by including a check or money order for the total payment amount invoiced as of the date you are mailing your ACH form. If you receive an additional invoice after you have mailed your ACH form and payment, the invoiced premium amount will be deducted with the first ACH withdrawal.

If you sign up for recurring ACH payments, you will continue to receive a monthly invoice showing the amount that will be deducted from your account as payment for the billing period.

Your Billing Account at your Fingertips!

An integral part of our broad service offering is our Member Self Service Portal (Member Portal). We have designed the Member Portal to be a secure website empowering you with the tools and information to efficiently and accurately manage your billing account. We encourage you to leverage the tools contained in the Member Portal.

To access your Billing Services Member Portal log onto www.lnsretireebenefits.com and click on Billing Services under *Additional Items to Explore*. This will log you directly into your billing services member account where you can sign up for ACH and/or review your monthly premium billing.

If you have any questions please contact us at (844) 750-5567 during business hours; 7:00 am to 7:00 pm Central time, Monday through Friday.



Sincerely,

Empyrean Billing Services

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PREMIUM PAYMENT COUPON

Member	Premium Amount	Remit To
[REDACTED]	Due Date: 2/1/2026 Amount Due: \$2,225.18	Billing Services PO Box 2617 Omaha, NE 68103-2617





[Redacted]

[Redacted] Family:

This is a Premium Payment Notice. Your premiums for the following plans are due and required to be paid no later than the date shown in the attached Premium Payment Coupon. If you are already setup for recurring ACH payments, no additional action is needed.

<u>Plan Name</u>	<u>Coverage Level</u>	<u>Premium Amount</u>
LEGAL-Base Plan	EE Only	\$12.30
Kaiser Permanente South Senior Advantage Medical	EE + Spouse	\$635.10
Total Premium Amount:		\$647.40

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Sincerely,



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PREMIUM PAYMENT COUPON

Member
[REDACTED]

Premium Amount
Due Date: 3/1/2026 Amount Due: \$647.40

Remit To
Billing Services PO Box 2617 Omaha, NE 68103-2617

