



Kaiser Permanente San Leandro Medical Center

2025 Community Benefits Plan

HCAI License Number: 106014337

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1. Introduction

a. Kaiser Permanente's Mission Statement

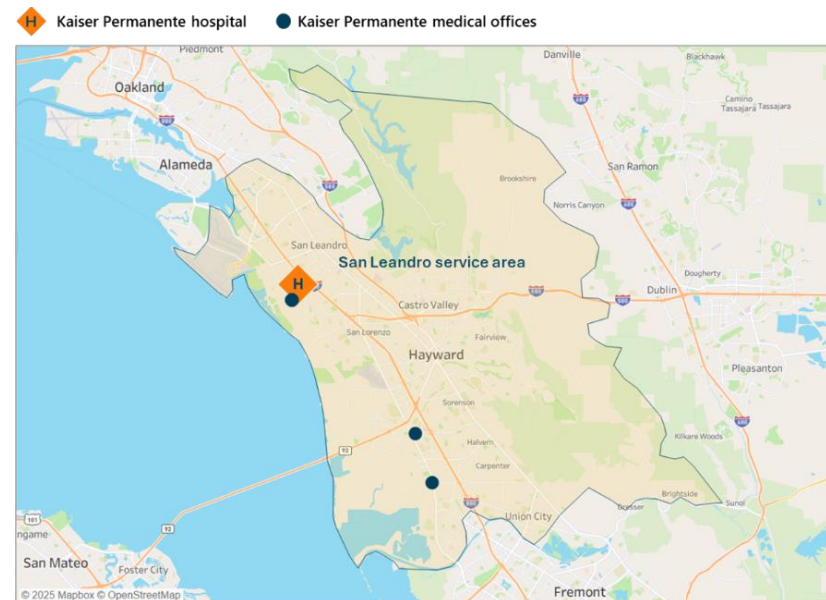
Kaiser Permanente is an integrated health care delivery system comprised of Kaiser Foundation Hospitals, Kaiser Foundation Health Plan, and physicians in the Permanente Medical Groups. We are recognized as one of America's leading health care providers and nonprofit health plans.

Founded in 1945, Kaiser Permanente has a mission to provide high-quality, affordable health care services and to improve the health of our members and the communities we serve. We currently serve nearly 12.6 million members in 8 states and the District of Columbia.

Care for members and patients is focused on their total health and guided by their personal Permanente Medical Group physicians, specialists, and team of caregivers. Our expert and caring medical teams are empowered and supported by industry-leading technology advances and tools for health promotion, disease prevention, state-of-the-art care delivery, and world-class chronic disease management. Kaiser Permanente is dedicated to care innovations, clinical research, health education, and the support of community health.

b. Definition of the Community

Kaiser Permanente defines the community served by a hospital as those individuals residing within its hospital service area. The Kaiser Permanente San Leandro Medical Center hospital service area includes residents in a defined geographic area surrounding the hospital and does not exclude low-income or underserved populations.



2. Community Health Needs Assessment (CHNA)

a. Approach to CHNA

Every three years Kaiser Permanente San Leandro Medical Center conducts a community health needs assessment (CHNA). The CHNA process is driven by Kaiser Permanente's commitment to improve health equity and is intended to be transparent, rigorous, and collaborative. Our Community Health team has identified and prioritized needs unique to our service area, based on community-level quantitative data and input from those who represent the broad interests of the community. We prioritize health equity in our CHNA process — including the data collection and analysis stages — and we are committed to gathering community perspectives on the impact of social health factors and health disparities. To meet this commitment, we engage with other hospitals, public health, and community organizations committed to advancing health for vulnerable populations.

To view or download the Kaiser Permanente San Leandro Medical Center CHNA report and three-year Implementation Strategy (IS), please refer to Kaiser Permanente Community Health Needs Assessments (<https://www.kp.org/chna>). The IS also will be filed with the Internal Revenue Service using Form 990, Schedule H.3.

b. Community Engagement in Development of the Plan

Kaiser Permanente's approach to CHNA prioritizes collecting qualitative data primarily through key informant interviews with individuals representing the broad interests of the community, including expertise in public health and knowledge about challenges affecting those disadvantaged by their social or economic status, geographic location, and environment. The key informant selection process aims to represent a range of community voices across all populations in that community, especially vulnerable populations. In the most recent CHNA process key informants included leaders from organizations representing local, state, and/or tribal public health, key sectors engaged in solutions (e.g., housing, economic opportunity), and those serving specific communities (e.g., people with disabilities, people who are unhoused).

As part of the CHNA process, Kaiser Permanente considers both quantitative and qualitative data to inform the prioritization of health needs for a community. Community voice through qualitative data is weighed highly in the prioritization process, above quantitative measures. In addition, Kaiser Permanente is committed to partnering with hospitals, local and tribal public health agencies, and community organizations to understand needs and advance health and health equity in the communities we serve.

Kaiser Permanente also developed a free, web-based data platform that provides access to a core set of 85 publicly available indicators using the County Health Rankings population health framework, which emphasizes social and environmental determinants

of health. The public is able to view and download information from the [Community Health data platform \(https://public.tableau.com/app/profile/kp.chna.data.platform/viz/2025CommunityHealthNeedsDashboard/1a_StartHere\)](https://public.tableau.com/app/profile/kp.chna.data.platform/viz/2025CommunityHealthNeedsDashboard/1a_StartHere).

Kaiser Permanente San Leandro Medical Center participates in an Alameda County CHNA collaboration.

Hospitals that collaborated on the CHNA: Sutter Eden Medical Center, St. Rose Hospital, University of California — San Francisco Benioff Children's Hospital, Kaiser Permanente Fremont Medical Center, Kaiser Permanente Oakland Medical Center, Kaiser Permanente Walnut Creek Medical Center

Other organizations that collaborated on the CHNA: Public health agencies: Alameda County Public Health; Other organizations: Actionable Insights, LLC

For a full list of consulted community stakeholders, refer to Appendix B. Community Input of the 2025 CHNA.

c. List of Prioritized Needs

In the 2022 Implementation Strategies, Kaiser Permanente San Leandro Medical Center prioritized the following significant health needs, in priority order:

1. Mental & behavioral health: Mental health affects all areas of life, including a person's physical well-being, ability to work and perform well in school and to participate fully in family and community activities. People in the San Leandro service area have a high need for access to mental and behavioral health services that combat opioid overdose and mental health issues resulting in deaths of despair, especially vulnerable populations. Specifically, opioid overdose death rates are twice as high for vulnerable populations than the San Leandro service area overall. Deaths of despair, those due to suicide, drug overdose, and alcoholism are higher for certain residents of the San Leandro service area compared to other racial and ethnic groups for which data are available, as well as for the San Leandro service area generally. According to key informants, youth are experiencing harassment and bullying, and are experiencing trauma and over policing. The COVID-19 pandemic increased isolation, loneliness, and hate crimes which can compromise both mental and behavioral health.

2. Access to care: Access to comprehensive, quality health care services — including having insurance, local care options, and a usual source of care — is important for ensuring quality of life for everyone. The San Leandro service area experiences better outcomes across many measures of access to care. These include higher rates of insured populations compared to California and

other measures such as infant mortality, which are on par with Alameda County. However, rates of these measures differ across racial and ethnic groups and ZIP codes. Vulnerable populations in the San Leandro service area experience higher rates of infant mortality than the service area generally. COVID-19 death rates were highest among vulnerable populations, compared to all other groups and the San Leandro service area overall. In addition, the ZIP code with the highest proportion of vulnerable populations had the highest rate of uninsured, both for total population and for children. Key informants described three main barriers to accessing care in the San Leandro service area: cost, logistics in accessing appointments, and quality of care.

3. Income & employment: Economic opportunity provides individuals with jobs, income, a sense of purpose, and opportunities to improve their economic circumstances over time. San Leandro service area residents in the labor force often need to travel out of the service area for employment and key informants reported that the San Leandro service area lacks jobs that pay livable wages. Additionally, the San Leandro service area has higher rates of students eligible for free and reduced-price lunch than the state; an indicator of the prevalence of families finding it difficult to make ends meet. San Leandro service area neighborhoods with relatively high vulnerable populations also experience lower median income levels. Key informants highlighted that some populations are impacted more (e.g., communities that face discrimination when applying for jobs), such as people who are LGBTQ (especially transgender), youth, formerly incarcerated, older adults, and people with undocumented status.

d. Health Needs Identified but Not Addressed

The significant health need identified in the 2022 CHNA that Kaiser Permanente San Leandro Medical Center does not plan to address is shown below, along with the reasons for not addressing that need.

Reasons Housing and Community Safety were not selected:

- Less feasibility to make an impact on this need
- Less ability for Kaiser Permanente to leverage expertise or assets to address this need
- This need is incorporated into other needs selected
- Aspect of this need will be addressed in strategies for other needs

For information about the process and criteria used to select these health needs and the health needs that were not selected (and the rationale), please review the [2022 CHNA Report and the 2023-2025 Implementation Strategy Report](http://www.kp.org/chna) (<http://www.kp.org/chna>).

e. Activities Taken to Address the Needs of the Community

The following are the health needs Kaiser Permanente San Leandro Medical Center addressed during the 2023-2025 Implementation Strategy period.

All Kaiser Foundation Hospitals planned for and drew on a broad array of resources and strategies to improve the health of our communities. Resources and strategies deployed to address the identified health needs of communities include grantmaking, in-kind resources, and collaborations with community-based organizations such as local health departments and other hospital systems. Kaiser Permanente also leverages internal programs such as Medicaid, charitable health coverage, medical financial assistance, health professional education, and research to address needs prioritized in communities. Grants to community-based organizations are a key part of the contributions Kaiser Permanente makes each year to address identified health needs, and we prioritize work intended to reduce health disparities and improve health equity. In addition to contributing financial resources, we leveraged assets from across Kaiser Permanente to help us achieve our mission to improve the health of communities. The table below highlights a partial list of key grantmaking, collaborations, and partnership activities undertaken in 2025 to address community needs identified in the 2023–2025 Implementation Strategy period. Refer to the table in the Financial Summary section for financial investments made towards addressing the prioritized community needs. Additionally, Kaiser Permanente NCAL provided significant contributions to the East Bay Community Foundation (EBCF) in the interest of funding effective long-term, strategic community benefit initiatives. These EBCF-managed funds are not included in the financial totals for 2025.

Mental & Behavioral Health			
Name of Community Partner	Title of Grant/Partnership	Service Areas Impacted	Description
Hayward Unified School District	HUSD Thrives: Strengthening School-based, Trauma-Informed Mental Health and Wellness Services for Hayward Students and Families	San Leandro	Hayward Unified School District's HUSD Thrives initiative strengthened district-wide mental health and wellness capacity by conducting a Thriving Schools Integrated Assessment, delivering trauma-informed care workshops for parents, hosting annual Wellness Resource Fairs and developing culturally responsive programs.
New Haven Schools Foundation	Mental Health Services for New Haven Unified School District Students	San Leandro	New Haven Unified School District's partnership with Daybreak Health provided convenient, timely, and affordable mental health services to students and families.

4Cs (Community Child Care Coordinating)	Strength in Connection: Thriving Through Stress, Adversity, and Trauma	San Leandro	4Cs of Alameda County's Strength in Connection project delivered bilingual parent engagement workshops in English and Spanish to caregivers across Southern Alameda County.
Side by Side	Our Space Mental Health Intervention for Youth	San Leandro	Side by Side's Our Space program delivered school and community-based mental health workshops, family support, individual crisis intervention, and educator training to high-need middle and high school students in Hayward.
Filipino Advocates for Justice	FAJ Youth & Young Adult Mental Health Services Program	San Leandro	Filipino Advocates for Justice provided culturally rooted mental health services and wellness advocacy training to Filipino and other youth and young adults in Southern Alameda County, using the Kapwa framework of community interdependence.
Eden United Church of Christ	Eden Power Collective: A Promotora Powered Initiative to Build Emotional Wellness in Unincorporated Alameda County	San Leandro	Eden Power Collective's Strong Minds, Strong Communities program deployed trained promotoras to deliver group psychoeducational interventions, individual mental health support, and community wellness workshops throughout unincorporated Alameda County.

Access to Care			
Name of Community Partner	Title of Grant/Partnership	Service Areas Impacted	Description
San Lorenzo Unified School District	Increasing Access to Care Through Partnerships at the Wilma Chan Family Resource Center	San Leandro	San Lorenzo Unified School District and La Familia partnered to expand access to care for families in San Lorenzo, Hayward Acres, and surrounding unincorporated areas of Alameda County by providing culturally responsive benefits enrollment support, resource navigation, and wellness workshops at the Wilma Chan Family Resource Center.
The Davis Street Center Incorporated	Increasing Access to Care	San Leandro	Davis Street expanded access to medical, dental, and behavioral health services for low-

			income residents across San Leandro, San Lorenzo, Castro Valley, Ashland, and Cherryland through targeted community outreach, health fairs, and a comprehensive safety net of clinical and social support services.
Vietnamese American Community Center of the East Bay	VACCEB's Health Future: Access for All 2.0 (AFA) Program	San Leandro	VACCEB's Access for All program improved healthcare access for low-income seniors in the San Leandro area by providing Medi-Cal enrollment assistance, healthcare literacy workshops and navigation support.
Eden I&R	Ensuring Continued Access to Healthcare Coverage in Alameda County	San Leandro	Eden I&R's Benefits Outreach Renewal Project ensured low-income residents across Alameda County could maintain or secure healthcare coverage by providing personalized Medi-Cal enrollment and renewal assistance through its Benefits Outreach Specialist and 211 program.
East Bay Agency for Children (EBAC)	EBAC's Hayward Family Resource Center Supports Families in Overcoming Challenges to Accessing Health Care	San Leandro	East Bay Agency for Children's Hayward Family Resource Center improved healthcare coverage for low-income uninsured and underinsured families in Hayward by providing health insurance education, eligibility screening, enrollment assistance, and community outreach.
Glad Tidings Community Development Corporation	Glad Tidings CHWs Expanding Access to Care in South Hayward	San Leandro	Glad Tidings CDC's Community Health Worker program provided health education, navigation, screening, and individualized advocacy to residents of South Hayward, one of Alameda County's most economically disadvantaged communities, connecting seniors and low-income families to healthcare services, social supports, and nutrition programs.
Medi-Cal Kaiser Permanente provides coverage to Medi-Cal members in 22 counties in California through both direct contracts with the Department of Health Care Services (DHCS), and through delegated arrangements with other Medi-Cal managed care plans (MCPs). Kaiser Permanente also provides subsidized health care on a fee-for-service basis for Medi-Cal beneficiaries not enrolled			

as KFHP members. Reimbursement for some services is usually significantly below the cost of care and is considered subsidized care to non-member Medi-Cal fee-for-service patients.

Community Health Coverage Program (CHCP)

Kaiser Permanente’s CHCP provides health care coverage to people who have low-income and don’t have access to other public or private health coverage. CHCP enrolls qualifying individuals in a Kaiser Permanente Individual and Family Health Plan. Through CHCP, members’ monthly premiums are subsidized, and members do not have to pay copay or out-of-pocket costs for most care at Kaiser Permanente facilities. Through CHCP, members have a medical home that includes comprehensive coverage, preventive services and consistent access through the “front door” of the health delivery system.

Medical Financial Assistance (MFA)

Kaiser Permanente’s Medical Financial Assistance program (MFA) improves health care access for people with limited incomes and resources and is fundamental to Kaiser Permanente’s mission. Our MFA program helps patients who are low-income, uninsured, or underinsured cover the costs of care. The program provides temporary financial assistance or free care to patients who receive health care services from our providers, regardless of whether they have health coverage or can’t afford to pay.

Income & Employment			
Name of Community Partner	Title of Grant/Partnership	Service Areas Impacted	Description
Chabot-Las Positas Community College District: Chabot College	Chabot College Fresh Success Employment and Training Expansion	San Leandro	Chabot College's Fresh Success Employment and Training program provided low-income students, including formerly incarcerated RISE students, with case management, career workshops, and direct financial support for transportation, uniforms and supplies.
First Presbyterian Church Hayward	South Hayward Parish Food Pantry	San Leandro	South Hayward Parish's food pantry distributed millions of pounds of recovered and donated food annually to low-income and food-insecure families across Hayward, Castro Valley, and Union City.
San Leandro Boys & Girls Club	Culinary Pathways Initiative: Hospitality and Restaurant Management Training	San Leandro	Boys and Girls Club of San Leandro's Culinary Pathways Initiative equipped teens in San Leandro with culinary training, food handler certification, financial literacy, and internship experience.
San Lorenzo Family Help Center	Food equity, nutrition and community access	San Leandro	San Leandro Family Help Center expanded food access for low-income families, seniors,

			and unhoused individuals in the greater San Lorenzo and Eden area by operating a food recovery and redistribution program.
Mandela Partners	E14th Eatery + Kitchen – Building Community Health and Wealth Through Food	San Leandro	Mandela Partners' E14th Eatery and Kitchen advanced food access and economic opportunity for low-income Ashland residents by operating weekly community produce stands.

3. 2026 Community Benefits Plan

a. 2026-2028 Implementation Strategies

Kaiser Permanente San Leandro Medical Center has developed an implementation strategy (IS) for the priority needs it will address over the next three years [2026-2028], considering both Kaiser Permanente's and the community's assets and resources.

Kaiser Permanente San Leandro Medical Center Community Health has identified the strategic focus, strategies, and expected impact for each priority health need, described in the tables below. While we recognize that IS strategies can address multiple health needs, each strategy is associated with the needs where we expect to see the greatest impact. Included with each strategy are expected outcomes and examples of available Kaiser Permanente resources and planned collaborations.

1. Access to care
2. Income and employment
3. Mental and behavioral health
4. Housing
5. Community Safety

Access to care

Strategy	Expected outcomes	Available resources and planned collaboration
<p>Increase equitable access to care and affordability of care for low-income community residents.</p>	<ul style="list-style-type: none"> • Increase access to care and coverage • Increase utilization of clinical and social care • Improve health outcomes 	<ul style="list-style-type: none"> • Resources: Charitable contributions, and subsidized care and coverage programs such as Medical Financial Assistance, Charitable Health Coverage, and Medicaid/Medi-Cal • Planned collaboration: Government agencies, including local and state public health departments, community organizations, and safety net clinics
<p>Grow a culturally competent health care workforce in order to improve equitable access to health care services.</p>	<ul style="list-style-type: none"> • Decrease health care workforce shortages • Improve cultural competency • Improve health outcomes 	<ul style="list-style-type: none"> • Resources: Charitable contributions, health professions education and training programs, and health care career exposure programs • Planned collaboration: National organizations, community organizations, and safety net providers
<p>Increase access to and quality of resources that improve social and environmental factors by investing in community organizations, schools, districts, or other public entities and by enhancing coordination between community and health care.</p>	<ul style="list-style-type: none"> • Improve access to and quality of resources provided by community organizations providing social care <ul style="list-style-type: none"> • Improve health outcomes 	<ul style="list-style-type: none"> • Resources: Charitable contributions, and technical assistance • Planned collaboration: Government agencies, including local and state public health departments, community organizations, schools and

		school districts, and other hospitals
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Income and employment

Strategy	Expected outcomes	Available resources and planned collaboration
Grow a diverse, culturally competent health care workforce in order to improve equitable access to health care services.	<ul style="list-style-type: none"> • Decrease health care workforce shortages • Improve cultural competency • Improve health outcomes 	<ul style="list-style-type: none"> • Resources: Charitable contributions, health professions education and training programs, and health care career exposure programs • Planned collaboration: National organizations, community organizations, and safety net providers
Improve food and nutrition security and address diet-related health conditions by increasing equitable access to and affordability of nutritious and culturally relevant food options.	<ul style="list-style-type: none"> • Improve access to and quality of resources provided by community organizations providing social care • Improve health outcomes 	<ul style="list-style-type: none"> • Resources: Charitable contributions • Planned collaboration: Food banks and pantries, community organizations, and government agencies
Increase access to and quality of resources that improve social and environmental factors by investing in community organizations, schools, districts, or other public entities and by enhancing coordination between community and health care.	<ul style="list-style-type: none"> • Improve access to and quality of resources provided by community organizations providing social care • Improve health outcomes 	<ul style="list-style-type: none"> • Resources: Charitable contributions, and technical assistance • Planned collaboration: Government agencies, including local and state public health departments, community organizations, schools and school districts, and other hospitals

Mental and behavioral health

Strategy	Expected outcomes	Available resources and planned collaboration
<ul style="list-style-type: none"> Increase access to and quality of resources that improve social and environmental factors by investing in community organizations, schools, districts, or other public entities and by enhancing coordination between community and health care. 	<ul style="list-style-type: none"> Improve access to and quality of resources provided by community organizations providing social care Improve health outcomes 	<ul style="list-style-type: none"> Resources: Charitable contributions, and technical assistance Planned collaboration: Government agencies, including local and state public health departments, community organizations, schools and school districts, and other hospitals

Housing

Strategy	Expected outcomes	Available resources and planned collaboration
<p>Implement strategies to improve the health of homeless populations and reduce housing insecurity by strengthening the availability and coordination of community and health care resources.</p>	<ul style="list-style-type: none"> Improve access to and quality of resources provided by community organizations providing social care Improve health outcomes 	<ul style="list-style-type: none"> Resources: Charitable contributions, and technical assistance Planned collaboration: Government agencies, including local and state public health departments, community organizations, schools and school districts, and other hospitals
<p>Increase access to and quality of resources that improve social and environmental factors by investing in community organizations, schools, districts, or other public entities and by enhancing coordination between community and health care.</p>	<ul style="list-style-type: none"> Improve access to and quality of resources provided by community organizations providing social care Improve health outcomes 	<ul style="list-style-type: none"> Resources: Charitable contributions, and technical assistance Planned collaboration: Government agencies, including local and state public health departments, community organizations, schools and school districts, and other hospitals

Community safety

Strategy	Expected outcomes	Available resources and planned collaboration
Increase access to and quality of resources that improve social and environmental factors by investing in community organizations, schools, districts, or other public entities and by enhancing coordination between community and health care.	<ul style="list-style-type: none">• Improve access to and quality of resources provided by community organizations providing social care• Improve health outcomes	<ul style="list-style-type: none">• Resources: Charitable contributions, and technical assistance• Planned collaboration: Government agencies, including local and state public health departments, community organizations, schools and school districts, and other hospitals

b. Evaluation of the Community Benefit Plan's Effectiveness

Kaiser Permanente San Leandro Medical Center will monitor and evaluate the strategies listed above to assess progress and document the impact of those strategies on expected outcomes. Evaluation of the impact includes monitoring grantee progress (how many people were reached) and measuring short and intermediate term outcomes (e.g., what was the impact on the individuals served). Additionally, for each prioritized health need, the number of grants made, the number of dollars invested, and the number of community-based organizations supported are tracked.

In addition to the strategies developed as part of the CHNA and three-year IS process, many health needs are addressed by Kaiser Permanente business practices that contribute to community well-being, including environmentally responsible purchasing, waste reduction, and purchase of clean energy for facilities. We also conduct high-quality health research and disseminate findings intended to contribute to the literature by enhancing understanding of the impact of interventions designed to improve health outcomes.

4. Financial Summary

a. Explanation of Methodology Used to Determine Cost

Total Community Benefit expenditures are reported as follows:

- Medical care services for vulnerable populations include unreimbursed inpatient costs for participation in Kaiser Permanente-subsidized and government-sponsored health care insurance programs.
- Since 2006, figures for subsidized products have been reported on a cost-basis (e.g., the difference of total revenues collected for services less direct and indirect expenses).
- Grant and donations are recorded in the general ledger in the appropriate amount and accounting period on an accrual, not cash basis. The amount reported reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures are not available, dollars are allocated to each hospital based on the percentage of KFHP members.
- The unreimbursed portion of medical, nursing, and other health care professional education and training costs are included.

Resource allocations are reported as follows:

- Financial expenditures are reported in exact amounts, if available, by hospital service area.
- If exact financial expenditure amounts are not available by hospital service area, then regional expenses are allocated proportionally based on KFHP membership or other quantifiable data.

b. Kaiser Permanente San Leandro Medical Center Community Benefits Provided in 2025

This report outlines the hospital's net community benefit expenditures categorized into the following framework: medical care services, other services for vulnerable populations, other services for the broader community, and health research, education and training programs. Kaiser Permanente generates a range of nonquantifiable benefits, including community engagement through volunteerism, environmental stewardship, supplier diversity, and partnerships with community organizations, municipal leaders, and public health champions that address community needs.

Financial Assistance and Means-Tested Government Programs	Vulnerable Population	Broader Community	Total
Traditional Charity Care	\$ 25,851,709		\$ 25,851,709
Medi-Cal	\$ 40,391,864		\$ 40,391,864
Other Means-Tested Government (Indigent Care)	\$ 0		\$ 0
Sum Financial Assistance and Means-Tested Government Program	\$ 66,243,573		\$ 66,243,573
Other Benefits			
Community Health Improvement Services	\$ 254,467	\$ 0	\$ 254,467
Community Benefit Operations	\$ 0	\$ 313,212	\$ 313,212
Health Professions Education	\$ 1,034,646	\$ 258,662	\$ 1,293,308
Subsidized Health Services	\$ 0	\$ 0	\$ 0
Research	\$ 1,436,537	\$ 740,034	\$ 2,176,572
Cash and in-kind Contributions for Community Benefits	\$ 762,255	\$ 64,110	\$ 826,365
Other Community Benefits	\$ 0	\$ 51,816	\$ 51,816
Total Other Benefits	\$ 3,487,905	\$ 1,427,835	\$ 4,915,740

Community Benefits Spending			
Total Community Benefits*	\$ 69,731,478	\$ 1,427,835	\$ 71,159,313
Medicare (non-IRS)	\$ 158,593,192		\$ 158,593,192
Total Community Benefits with Medicare	\$ 228,324,670	\$ 1,427,835	\$ 229,752,505

*Sum of Financial assistance, Means-Tested Government Programs and Other Benefits.

5. Certification Statement

Kaiser Permanente leadership reviewed and attested to the validity of the hospital Community Benefit Plan. The data and information reported is true, correct, and completed as required by Health and Safety Code sections 127340-127360 and Article 2 of Chapter 8.2 of Division 7 of Title 22 of the California Code of Regulations requiring all non-profit hospitals report on the community benefits they provide.

- Yvette Radford, Vice President, External & Community Affairs
- Mike Bowers, Senior Vice President, Operations Kaiser Foundation Health Plan/ Hospitals