

Administered by:
Benefit Programs Administration
1200 Wilshire Blvd., Fifth Floor
Los Angeles, CA 90017-1906



Phone: (800) 828-0223
Fax: (562) 463-5894
E-mail: santamonicacity@bpabenefits.com
Website: www.smcecbt.org

SUMMARY OF MATERIAL MODIFICATIONS

TO: All Participants in the Premium Reimbursement Plan for Retirees
of the Santa Monica City Employees Coalition Benefit Trust

FROM: Board of Trustees, Santa Monica City Employees Coalition Benefit Trust

RE: **Benefit Amount Increase – Effective July 1st, 2021**

DATE: June 3, 2021

This Summary of Material Modifications contains important information about your rights and benefits under the Medical Premium Reimbursement Plan (“Plan”) of the Santa Monica City Employees Coalition Benefit Trust (“Trust”).

The Santa Monica City Employees Coalition Benefit Trust is pleased to inform you that the Board of Trustees of the Santa Monica City Employees Coalition Benefit Trust recently approved an increase to the monthly Benefit Amount for reimbursement of Premiums.

- **Maximum Benefit Amount.** After meeting with a professional actuary to study the Trust’s financial health and projected earnings, the Trustees decided to increase the monthly maximum Benefit Amount of the Plan Beneficiaries. Based upon the actuarial projections, the Trustees decided to increase the maximum Benefit Amount from \$350 per month to \$400 per month. This increase will increase the individual monthly Benefit Amount available to reimburse Premiums for all current and future Beneficiaries, effective for premium expenses incurred on or after July 1st, 2021.

Effective July 1st, 2021, the Trust Office will automatically increase your monthly premium reimbursement amount from \$350 to \$400 provided that you have already certified a monthly premium expense that equals or exceeds \$400 a month by completing the 2021 Annual verification Form that was due on April 1st, 2021, and attaching documentation for Premiums equal to or exceeding \$400 per month.

If you certified a monthly premium expense of less than \$400, and you have additional premium expenses to submit in order to reach the \$400 monthly Benefit Amount, you must submit a completed Recurring Benefit Claim Form along with written documentation from the insurance carrier showing coverage type, effective date, and premium amount, and proof of payment of the additional premiums. If you are unsure if you need to submit additional documentation, contact the Trust Office at the number provided below.

The Trustees of the Santa Monica City Employees Coalition Benefit Trust will continue to review the financial stability of the Plan and reserve the right to modify the Benefit Amount up or down as necessary to preserve the financial soundness of the Plan.

If you have any questions regarding this matter do not hesitate to call the Trust Office at (800) 828-0223.

***NOTE:** This Notice serves as the Summary of Material Modifications, as required by Employee Retirement Income Security Act of 1974 (ERISA), and as such, is designed to explain recent changes made to the Santa Monica City Employees Coalition Benefit Retiree Medical Plan. Please keep this Notice with your Summary Plan Description, as an amendment to that document.*

{14069/A0611323.1}

1200 Wilshire Blvd. 5th Floor, Los Angeles, CA 90017