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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, 2024**

DATE: June 12, 2024

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

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

- **Monthly 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 Benefit Amount for Plan Beneficiaries. Based upon the actuarial projections, the Trustees decided to increase the Benefit Amount from \$400 per month to \$425 per month. This increase is applicable to all current and future Beneficiaries, and effective for Premium expenses incurred on or after July 1st, 2024.

Effective July 1st, 2024, the Trust Office will automatically increase your monthly Premium reimbursement amount from \$400 to \$425, as long as you have already provided documentation of monthly insurance premium expenses equal to or exceeding \$425 per month. This documentation was collected with the 2024 Annual Verification Form that was due on before January 25th, 2024.

If you provided documentation of monthly premium expenses less than \$425, and you have additional premium expenses to submit in order to reach the \$425 monthly Benefit Amount, you must submit a new completed and signed Recurring Benefit Claim Form along with written documentation from the insurance carrier showing coverage type, effective date, premium amount, and proof of payment of the additional premiums. If you are unsure whether you need to submit additional documentation, please 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, please 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. The exact specifications of the Plan are provided in the “Premium Reimbursement Plan for Retirees of the Santa Monica City Employees Coalition Benefit Trust,” effective February 1, 2018, and as amended thereafter, which will prevail in case of conflict with this notice.*

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