

**RETIREE MEDICAL PLAN OF THE SANTA MONICA POLICE OFFICERS'
ASSOCIATION REIMBURSEMENT TRUST**

Administered By: Benefit Programs Administration
Telephone: (562) 463-5050 Fax: (562) 463-5894 E-Mail: smpoatrust@bpabenefits.com www.smpoatrust.org

**Summary of Material Modifications
to the
Summary Plan Description (SPD) dated September 1, 2022
(Please review this notice and keep it with your SPD).**

As you may know, the Santa Monica Police Officers' Association Trust (Trust) instituted an **Annual Verification Program** ("Annual Verification Program" or "Program") to automate members' reimbursement for Premiums.

The Board of Trustees adopted Amendment no. 1 (enclosed) to provide that Beneficiaries who are not otherwise eligible to enroll in the Annual Verification Program, and who submit claims within a quarter shall receive reimbursement for properly documented and substantiated claims once per quarter. If such Beneficiaries choose to receive reimbursement more than once a quarter, an administrative fee of \$25 shall be deducted from each subsequent reimbursement within such a quarter, or they can elect to receive reimbursement for the additional claims that they submitted in conjunction with the following quarter's payment. This plan amendment is effective January 1, 2024.

In your SPD, a new subsection is inserted under section VIII. F on page 5, which will read, as follows, effective January 1, 2024:

VIII. Participation, Eligibility and Reimbursements

...

F. Annual Verification Program

...

3. Notwithstanding the foregoing, effective January 1, 2024, Beneficiaries, who are not otherwise eligible to enroll in the above Annual Verification Program, and who submit claims within a quarter shall receive reimbursement for properly documented and substantiated claims once per quarter. If such Beneficiaries choose to receive reimbursement more than once a quarter, an administrative fee of \$25 shall be deducted from each subsequent reimbursement within such a quarter, or they can elect to receive reimbursement for the additional claims that they submitted in conjunction with the following quarter's payment.

*** End of Revision to SPD ***

As always, maintaining the viability and efficiency of the Plan is a top priority, especially when it comes to Plan expenses. As such, the Trustees reserve the right, in their sole discretion, and at any time and from time to time, to make any changes to the Plan.

Example. To give you an example, say your monthly reimbursement level is \$500 per month. For the period of January to March 5, 2024, you submit eligible claims of \$1,400 by March 10th for which the Trust Office issues you a check of \$1,400 by March 31. On April 5, you submit an additional medical claim of \$100 incurred on March 31, 2024.

You can elect to: (1) receive a second reimbursement check of \$100 (less the \$25 administrative fee) for the first quarter of 2024; or (2) receive reimbursement of the \$100 with your next reimbursement check for the quarter of April to June 2024. Assuming you elect the latter, you will not be charged the \$25 administrative fee if you receive only one reimbursement check per quarter.

We appreciate your continued support.

Sincerely,

Board of Trustees
SMPOA Reimbursement Trust