AMENDMENT NO. 10
TO THE
PREMIUM REIMBURSEMENT PLAN FOR RETIREES
OF THE
SANTA MONICA CITY EMPLOYEES COALITION BENEFIT TRUST

The Board of Trustees of the Santa Monica City Employees Coalition Benefit Trust (the "Trust") does hereby amend the "Premium Reimbursement Plan for Retirees, restated effective February 1, 2018," and as amended thereafter (the "Plan"), as follows:

1. Definition of "Premium" Expanded to Allow Taxable Benefit Payments. Section 1.18 is revised to provide that the Plan will reimburse a Beneficiary for an insurance premium payment made on behalf of a Beneficiary with pre-tax income, as a taxable event for the Beneficiary with an IRS Form 1099 issued by the Trust Office. Effective retroactive for Premiums paid on or after January 1, 2024, **Section 1.18** is deleted and revised to read as follows:

> **"1.18 'Premium'** means an insurance premium payment paid on behalf of a Beneficiary to a health plan (*e.g.*, medical, dental, vision or pharmacy insurance plan), which qualifies as medical care under Code Section 213(d) and for coverage of the Beneficiary in effect while the Beneficiary is eligible for benefits under this Plan. Long-term care insurance premiums are considered Premiums to the extent the insurance premium payments are deductible under Code Section 7702B. Premium also includes payments that would qualify under this definition except that the payments were made with pre-tax income, provided that reimbursement of such Premiums paid with pre-tax income will result in taxable income to the Beneficiary."

2. Recoupment of Benefits Paid by the Plan. In order to clarify that the Trust's right to recoupment applies not only to overpayments, but also to payments not substantiated as required by Subsections 3.5(a) through 3.5(c), Subsection 3.1(d) related to recoupment is revised to read as follows, effective January 1, 2025:

> "(d) Recoupment of Overpaid Benefits. If the Trust overpays benefits to a Beneficiary, or if a Beneficiary does not timely submit a completed claim form and documentation required under Subsections 3.5(a) through 3.5(c) for reimbursement of Premiums, the Trust Office, as directed by the Trustees, shall have the right to request repayment of the overpayments or unsubstantiated reimbursements from the Beneficiary. If the Beneficiary fails to repay the Trust for the amount of the overpayment or unsubstantiated reimbursement, the Trust Office, as directed by the Trustees, shall have the right to recoup the overpaid or unsubstantiated amount from the Beneficiary's future benefit payments or request direct repayment from the Beneficiary. The Beneficiary shall be obligated to repay the Trust for the overpaid benefits, including unsubstantiated reimbursements, as requested by the Trust Office and allowed by law. Effective for Premiums for 2025 insurance coverage, if a Beneficiary submits the claim form and documentation required by Subsections 3.5(a) through 3.5(c) late, but otherwise in compliance with those Subsections, the Trustees may at their sole discretion forego recoupment of all or some of the overpaid benefits that were substantiated late."

3. Documentation for Monthly Verification of Premium Reimbursement Claims. A new Subsection 3.5(c) is added to provide a comprehensive explanation of the premium documentation

process. Former Subsection (c) is renumbered as Subsection (b). In order to group all documentation requirements together (as subsections (a) through (c)), former Subsection (b) is renumbered as Subsection (d). All subsequent subsections of 3.5 are renumbered and references modified throughout the Plan accordingly. After these revisions, Subsections 3.5(a) through 3.5(c) relating to the premium documentation process read as follows, effective January 1, 2025:

"(a) Basic Claim Documentation. To make a claim for Plan benefits, Beneficiaries must present a completed claim form approved by the Trustees and documentation of the following:

(1) Date of insurance coverage;

(2) Type of healthcare insurance coverage, e.g., medical, dental, vision, pharmacy, or long-term care insurance; and

(3) Proof of the Beneficiary's payment of each monthly Premium, which complies with the standards of Subsection 3.5(b) below, and on the applicable schedule pursuant to Subsection 3.5(c)(2) through (4) below.

Prior to issuing a claim payment, the Trust Office shall review such proof and determine whether to grant or deny coverage under the Plan. Documentation of a recurring monthly Premium that is the same each month must be submitted as indicated in Subsection 3.5(c). If documentation of recurring Premiums is not sufficient, or monthly proof of payment is not received by the annual deadline in Subsection 3.5(c)(2), the Trust Office will suspend recurring benefit payments until sufficient documentation is received, and the Trustees have the right to recoup overpayments made due to insufficient documentation, pursuant to Section 3.1(d) hereof.

(b) Proof of Payment of Premiums. As determined by the Trustees in their sole discretion, proof of payment of Premiums under Subsection 3.5(a)(3) shall include, but not be limited to:

(1) Canceled check drawn to the name of the medical insurance provider;

(2) Credit card or bank statement showing proof of payment to the insurance carrier;

(3) Receipt for payment from the medical insurance provider;

(4) Written confirmation of electronic payment to the insurance provider;

(5) Annual Social Security Administration or Railroad Retirement Board statement showing Medicare premium payment deduction; or

(6) Pension plan statement, including CalPERS statement, showing premium payment deduction.

(c) Documentation Necessary for Recurring Premium Reimbursement. If a Beneficiary is paying Premiums monthly, there are two separate deadlines: January 31 of the Plan year of insurance coverage for items listed in Subsection (1) below; and January 31 of the Plan year following insurance coverage for items listed in Subsection (2) below. See Subsection 3.5(c)(3) for required proof of payment of Medicare Premiums. See Subsection 3.5(c)(4) for Premiums paid annually.

(1) Documentation Due By January 31st of Plan Year of Insurance Coverage: Prior to First Monthly Premium Reimbursement of the Plan Year. The following items must be received by the Trust Office by January 31 of the Plan year of the insurance coverage in order to initiate recurring monthly Premium reimbursement for the Plan year:

a. Completed and signed claim form;

b. Third-party documentation of the items in Subsection 3.5(a)(1) and (2); and

c. Proof of payment of January Premiums or annual Premium payment (see Subsection (4) below).

If sufficient documentation is not received by the deadline, claims payment will be suspended until sufficient documentation is received. After sufficient documentation is received, the Trust Office will initiate recurring monthly Premium reimbursement and retroactively pay prior monthly benefits for the current Plan year, as needed. If a Beneficiary's Premium amount changes during the Plan year, the Beneficiary must notify the Trust Office and submit the above-listed items for the new Premium, including proof of payment of the first month's Premium.

(2) Documentation Due By January 31st of Plan Year Following Insurance Coverage: Proof of Payment of Remaining Eleven Months of Premiums. For Premiums for insurance coverage in effect on or after January 1, 2025, for each monthly Premium reimbursed by the Plan, except Medicare Premiums substantiated pursuant to Subsection 3.5(c)(3) below, the Trust Office must receive documentation of proof of payment of Premium(s), satisfying the requirements of Subsection 3.5(b), showing proof of the Beneficiary's payment of the same monthly Premium(s) amount that the Beneficiary claimed and documented pursuant to the annual documentation requirements in Subsection 3.5(c)(1) above. This documentation of proof of payment of all remaining 11 months of Premiums reimbursed in a Plan year must be received by the Trust Office no later than January 31 of the Plan year following the insurance coverage. If Premiums are paid quarterly or semi-annually, the Trust Office must receive proof of payment of each Premium that provides coverage for the remainder of the year, i.e., quarterly would require proof of 4 payments and semi-annually would require proof of 2 payments

(3) Documentation of Medicare Premiums. Subsection 3.5(c)(2) does not apply to Medicare premiums paid through deduction from social security or railroad retirement payments. For monthly reimbursement of recurring monthly Medicare Premiums deducted from the Beneficiary's social security or railroad retirement payments, the Trust Office must receive, at least annually, by the deadline in Subsection 3.5(c)(1), the Beneficiary's annual Social Security Administration or Railroad Retirement Board statement showing the amounts deducted for Medicare premiums.

(4) Premiums Paid Annually. Subsection 3.5(c)(2) does not apply to Premiums paid in a single annual payment. Claims for annual Premium payments are subject to the requirements and deadlines in Subsection 3.5(c)(1) and paid from the monthly Benefit Amount of each month of coverage, pursuant to Subsection 3.1(b) hereof."

4. Increased Benefit Amount. The table of Benefit Amounts in Appendix A is revised to read as follows, effective for benefits paid on or after July 1, 2024:

For Benefits Paid on or after	Benefit Amount*
July 1, 2006	$200
July 1, 2007	$250
July 1, 2010	$275
July 1, 2013	$300
July 1, 2014	$325
July 1, 2016	$350
July 1, 2021	$400
July 1, 2024	$425

Adopted by the Board of Trustees on November 7, 2024, and effective as stated above.

For the BOARD OF TRUSTEES,
SANTA MONICA CITY EMPLOYEES COALITION BENEFIT TRUST

DocuSigned by:
Carl Olson
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Trustee

Carl Olson

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Mary Ann Yurkonis
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Trustee

Mary Ann Yurkonis

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