

# California Firefighters Benefit Trust

(Formerly Southern California Firefighters Benefit Trust)

Administered By: Benefit Programs Administration

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## NOTICE TO PARTICIPANTS: SUMMARY OF MATERIAL MODIFICATIONS

**TO:** All Participants in the Medical Expense Reimbursement Plan of the California Firefighters Benefit Trust

**FROM:** Board of Trustees, California Firefighters Benefit Trust

**RE:** Changes to Plan: Monthly Proof of Premium Payment for Claims; Retiree Contributions (Plan Amendment No. 13)

**DATE:** August 18, 2022

**This Summary of Material Modifications contains important information about your rights and benefits under the Medical Expense Reimbursement Plan (“Plan”) of the California Firefighters Benefit Trust (“Trust”). Please file it with your important documents.**

A. Documentation Needed Monthly: Proof of Payment of Premium. As you are likely aware, the Trust Office is now collecting documentation of your premiums monthly – prior to reimbursement of each monthly premium. Clarification from the IRS on the premium documentation requirements indicates that the Plan can collect proof of your payment of premiums for each month and collect the other documentation annually, provided your proof of payment shows payment of the same premium amount as claimed on your claim form. You need to submit documentation showing proof of payment of the premium by a Beneficiary of the Plan and the amount must match your prior submitted claim form. This proof could be a cancelled check, a bank statement or credit card statement showing payment of the premium, or a pension statement showing deduction of premiums.

B. Documentation Needed Annually: Third-Party Insurance Documentation and Claim Form. The annual claim form will advise the Trust Office of the premium amount that you will be paying for the upcoming year, and the amount that you are claiming for reimbursement from the Plan for those monthly premiums. If you have a change in premium amount before the next annual collection date (e.g., due to eligibility for Medicare or adding/deleting a family member to/from your policy), then you need to submit a new claim form to the Trust Office. Along with the annual claim form, you will need to submit documentation prepared by a third party showing the type of insurance coverage, coverage period, and premium amount. This annual process is the same as in the past, and the third-party insurance documentation is no longer required to be provided monthly. You only need to submit proof of payment of your premium monthly.

C. Option to Batch Your Proof of Premium Payment Submissions and Receive Premium Reimbursement for More than One Month. You can also submit proof of premium payments in batches, such as quarterly or annually, but your reimbursement payment will be paid on the same frequency. We cannot pay your claim for reimbursement of a monthly premium until we receive proof of payment of that month's premium. In batching your claims, please note the annual claim deadline, which is March 31<sup>st</sup> for all Covered Expenses paid in the prior calendar year.<sup>1</sup>

D. **Employer Contributions to Trust for Retirees.** The Trust has received a request from an employer to make contributions to the Trust after retirement on behalf of retirees. This employer contribution must be mandatory pursuant to a Memorandum of Understanding (MOU) between the employer and the Association. These monthly or lump sum employer contributions to the Trust will be deposited to the Retiree's individual account (Employee Account). The Retiree can use his or her Employee Account balance for reimbursement of premiums on any healthcare insurance plan, including medical, dental, vision and long-term care insurance plans, or for reimbursement of medical expenses, such as deductibles, copays, and prescription drugs.

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If you have any questions about this Notice or would like a copy of the Summary Plan Description, or the full Plan, please contact the Trust Office at phone: 844.353.7839 or email [cfbt@bpabenefits.com](mailto:cfbt@bpabenefits.com).

Please keep this Summary of Material Modifications with your Summary Plan Description for future reference.

*NOTE: This Summary of Material Modifications, as required by the Employee Retirement Income Security Act of 1974, as amended (ERISA), is designed to explain recent changes made to the Medical Expense Reimbursement Plan. However, it does not provide all the details and limitations of the Plan. Exact specifications are provided in the "Medical Expense Reimbursement Plan of the California Firefighters Benefit Trust," restated effective March 1, 2021, and as amended thereafter, which will prevail in case of conflict with this Notice. Please keep this Notice with your Summary Plan Description, as an update to that document.*

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<sup>1</sup> This claim deadline is currently extended for up to one year or 60 days after the declared end of the COVID-19 National Emergency, whichever comes first.