Plan Amendment and Summary of Material Modification ("SMM") for The Fund Retiree Health & Wellness San Antonio Fire and Police

Effective January 1, 2025

The Plan Document and Summary Plan Description is hereby amended as follows:

1. **The following language will be ADDED to the EXCLUSIONS section:**

Complications of Non-Covered Services. That are required as a result of complications from a service not covered under the Plan, unless expressly stated otherwise.

2. **The following language will be DELETED from the EXCLUSIONS section:**

Cosmetic Procedures that are incurred in connection with the care and/or treatment of Surgical Procedures which are performed for plastic, reconstructive or cosmetic purposes or any other service or supply which are primarily used to improve, alter or enhance appearance, whether or not for psychological or emotional reasons, except to the extent where it is needed for: (a) repair or alleviation of damage resulting from an Accident; (b) because of infection or Illness; (c) because of congenital disease, developmental condition or anomaly of a covered Dependent Child which has resulted in a functional defect. A treatment will be considered cosmetic for either of the following reasons: (a) its primary purpose is to beautify or (b) there is no documentation of a clinically significant impairment, meaning decrease in function or change in physiology due to injury, illness or congenital abnormality. The term "cosmetic services" includes those services which are described in IRS Code Section 213(d)(9).

And is REPLACED by the following:

Cosmetic Procedures that are incurred in connection with the care and/or treatment of Surgical Procedures which are performed for plastic, reconstructive or cosmetic purposes or any other service or supply which are primarily used to improve, alter or enhance appearance, whether or not for psychological or emotional reasons, except to the extent where it is needed for: (a) repair or alleviation of damage resulting from an Accident; (b) because of infection or Illness; (c) because of congenital disease, developmental condition or anomaly of a covered Dependent Child which has resulted in a functional defect. A treatment will be considered cosmetic for either of the following reasons: (a) its primary purpose is to beautify or (b) there is no documentation of a clinically significant impairment, meaning decrease in function or change in physiology due to injury, illness or congenital abnormality. This exclusion includes complications of non-covered services. The term "cosmetic services" includes those services which are described in IRS Code Section 213(d)(9).

All other sections of the Plan remain unchanged.