

# **SANTA MONICA UNITE HERE HEALTH BENEFIT TRUST FUND**

Administered By: Benefit Programs Administration  
Telephone • (866) 345-5189 • (562) 463-5075 • FAX (562) 463-5894  
[www.santamonicauniteherefunds.org](http://www.santamonicauniteherefunds.org)

**NOVEMBER 2016**

## **SUMMARY ANNUAL REPORT**

### **FOR THE PLAN YEAR ENDED DECEMBER 31, 2015 SANTA MONICA UNITE HERE HEALTH BENEFIT FUND**

#### **INSURANCE INFORMATION**

The Plan has contracted with Employee Health Systems, Inc. and Kaiser Permanente providing for hospital, medical and surgical care and with Express Scripts for prescription drug coverage.

The Plan also has a contract with United Concordia to provide dental care as specified.

The total premiums paid for the Plan period ending December 31, 2015 was \$22,706,858.

#### **BASIC FINANCIAL STATEMENT**

The value of Plan Assets, after subtracting Liabilities of the Plan was \$27,932,244 as of December 31, 2015, compared to \$18,345,294 as of the beginning of the year. During the Plan Year the Plan experienced an increase in its net assets of \$9,586,950. This increase includes unrealized appreciation or depreciation in the value of Plan assets. During the Plan Year the Plan had total income of \$37,205,028 including employer contributions of \$37,227,960, participant contributions of \$41,558 loss from investments of (\$73,185) and other income of \$8,692. Plan expenses were \$28,375,082. These expenses include \$803,686 in operating expenses. \$27,571,396 was paid to provide benefits for participants and beneficiaries. •

#### **YOUR RIGHTS TO ADDITIONAL INFORMATION**

You have the right to receive a copy of the full Annual Report, or any part thereof, on request. The items listed below are included in the report.

1. An Accountant's report
2. Financial information and information on payments to service providers
3. Assets held for Investment
4. Transactions in excess of 5 percent of Plan assets

To obtain a copy of the full Annual Report, or any part thereof, write or call the office of the Santa Monica UNITE HERE Health Benefit Fund, 13191 Crossroads Parkway North, Suite 205, City of Industry, California 91746-3434, telephone (866) 345-5189, or (562) 463-5075. The charge to cover copying costs will be charged for each page but not more than 25¢ per page or any part thereof.

You also have the right to receive from the Plan Administrator, on request and at no charge, a statement of assets and liabilities of the Plan and accompanying notes, or a statement of income and expenses of the Plan and accompanying notes or both. If you request a copy of the full Annual Report from the Plan Administrator, these two statements and accompanying notes will be included as part of that report. The charge to cover copying costs given above does not include a charge for the copying of these portions of the report because these portions are furnished without charge.

You also have the legally protected right to examine the Annual Report at the main office of the Plan, 13191 Crossroads Parkway North, Suite 205, City of Industry, California 91746-3434, and at the U. S. Department of Labor in Washington, D.C. or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Request to the Department should be addressed to Public Disclosure Room N4677, Pension and Welfare Benefit Programs, U. S. Department of Labor, 200 Constitution Avenue, N. W., Washington, D.C. 20216.

[13191 Crossroads Parkway North, Suite 205, City of Industry, CA 91746-3434](http://13191%20Crossroads%20Parkway%20North,%20Suite%20205,%20City%20of%20Industry,%20CA%2091746-3434)