

SANTA MONICA UNITE HERE HEALTH BENEFIT TRUST FUND

Administered By: Benefit Programs Administration
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SUMMARY ANNUAL REPORT

FOR SANTA MONICA UNITE HERE HEALTH BENEFIT PLAN

This is a summary of the annual report of the Santa Monica UNITE HERE Health Benefit Plan, E.I.N. 95-6035138, Plan No. 501, for the year ended December 31, 2018. The annual report has been filed with the Employee Benefits Security Administration, U.S. Department of Labor, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Insurance Information

The plan has contracts with United Concordia Dental Plans of California, Inc., Kaiser Foundation Health Plan, Inc., Employees Health Systems Medical Group, Inc., Beacon Health Options, HealthNet and Delta Dental to provide certain benefits incurred under the terms of the plan. The total premiums paid for the plan year ended December 31, 2018 was \$38,412,207.

Costs are affected by, among other things, the number and size of claims. Of the total insurance premiums paid for the plan year ended December 31, 2018, the premiums paid under such "experience-rated" contracts were \$1,009,127 and the total of all benefit claims paid under these experience-rated contracts during the plan year was \$522,993.

Basic Financial Statement

The value of plan assets, after subtracting liabilities of the plan, was \$59,722,448 as of December 31, 2018, compared to \$51,829,765 as of January 1, 2018. During the plan year, the plan experienced an increase in its net assets of \$7,892,683. This increase includes unrealized appreciation or depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year, or the cost of assets acquired during the year. During the plan year, the plan had total income of \$57,369,275 including employer contributions of \$58,503,099, participant contributions of \$18,471, loss from investments of \$1,152,295.

Plan expenses were \$49,476,592. These expenses included \$1,244,036 in administrative expenses and \$48,232,556 in benefits paid to or 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 that report:

1. An independent auditors' report;
2. financial information and information on payments to service providers;
3. assets held for investment;
4. transactions in excess of 5% of the plan assets; and
5. insurance information, including sales commissions paid by insurance carriers.

To obtain a copy of the full annual report, or any part thereof, write or call the office of Benefit Programs Administration, who is the contract administrator, 1200 Wilshire Boulevard, Fifth Floor, Los Angeles, CA 90017, (562) 463-5000. The charge to cover copying costs will be 25 cents per page.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the 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 (1200 Wilshire Boulevard, Fifth Floor, Los Angeles, CA 90017) 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. Requests to the Department should be addressed to: Public Disclosure Room, Room N1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.