



For UNITE HERE HEALTH

This is a summary of the annual report of UNITE HERE HEALTH, EIN 23-7385560, Plan No. 501, for the period of April 1, 2018 through March 31, 2019. 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).

The trustees of UNITE HERE HEALTH have committed to pay from the Trust Fund certain medical, dental, prescription drug, vision, death and disability benefit claims incurred under the terms of the plan.

Insurance Information

The plan had contracts with Dearborn National Life Insurance Company, Nevada Dental Benefits, Ltd., UnitedHealthcare Insurance Company, Kaiser Foundation Health Plan Inc., Kaiser Foundation Health Plan of the Mid-Atlantic, Cigna Health and Life Insurance Company, Davis Vision, Liberty Dental Plan of California, American Alternative Insurance Corporation and Vision Service Plan to pay certain health, dental, stop loss and life insurance claims incurred under the terms of the plan. The total premiums paid for the plan year ending March 31, 2019 were \$154,564,924.

Because the plan contracts with Group Health Incorporated and Atlantic Southern Dental Foundation are "experience-rated" contracts, the premium costs are affected by, among other things, the number and size of claims. Of the total insurance premiums paid for the plan year ending March 31, 2019, the premiums paid under such "experience-rated" contracts were \$5,888,072 and the total of all benefit claims paid under these experience-rated contracts during the year was \$4,604,606.

Basic Financial Statement

The value of plan assets, after subtracting liabilities of the plan, was \$901,250,530 as of March 31, 2019, compared to \$814,198,693 as of April 1, 2018. During the plan year the plan experienced an increase in its net assets of \$87,051,837, which includes addition of \$10,603,208 from a plan merger. This increase includes unrealized appreciation and 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 \$1,157,280,900 including employer contributions of \$1,081,674,079, employee contributions of \$28,808,255, realized gain of \$856,579 from the sale of assets, earnings from investments of \$32,538,869, and other income of \$13,403,118.

Plan expenses were \$1,080,832,271. These expenses included \$90,950,988 in administrative expenses, and \$989,881,283 in benefits paid to 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 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 the plan assets;
5. insurance information, including sales commissions paid by insurance carriers;
6. information regarding any common or collective trusts, pooled separate accounts, master trusts or 103-12 investment entities in which the plan participates.

To obtain a copy of the full annual report, or any part thereof, write or call the office of UNITE HERE HEALTH, 711 North Commons Drive, Aurora, IL 60504-4197, 630- 236-5100. The charge to cover copying costs will be \$0.25 per page.

You also have the right to receive from the plan administrator, on request and at no charge, a



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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, 711 North Commons Drive, Aurora, IL 60504-4197, 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 N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes

that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average less than one minute per notice (approximately 3 hours and 11 minutes per plan). Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Office of the Chief Information Officer, Attention: Departmental Clearance Officer, 200 Constitution Avenue, N.W., Room N-1301, Washington, DC 20210 or email DOL_PRA_PUBLIC@dol.gov and reference the OMB Control Number 1210-0040.

OMB Control Number 1210-0040 (expires 06/30/2022)