

SUMMARY ANNUAL REPORT

For LOCAL NO. 1 HEALTH FUND

This is a summary of the annual report of the LOCAL NO. 1 HEALTH FUND, EIN 36-2525603, Plan No. 501, for period July 01, 2017 through June 30, 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 Eye Med Vision Care, Blue Care Dental HMO, Blue Care Dental PPO and Union Health Service Inc. to pay health, dental and vision claims incurred under the terms of the plan. The total premiums paid for the plan year ending June 30, 2018 were \$13,769,931.

Basic Financial Statement

The value of plan assets, after subtracting liabilities of the plan, was \$83,435,981 as of June 30, 2018, compared to \$92,375,428 as of July 01, 2017. During the plan year the plan experienced a decrease in its net assets of \$8,939,447. This decrease 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 \$61,993,804, including employer contributions of \$54,594,354, employee contributions of \$3,153,610, realized gains of \$533,487 from the sale of assets, earnings from investments of \$3,632,421, and other income of \$79,932.

Plan expenses were \$70,933,251. These expenses included \$2,168,379 in administrative expenses, and \$68,764,872 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:

- an accountant's report;
- financial information;
- information on payments to service providers;
- assets held for investment;
- transactions in excess of 5% of the plan assets;
- insurance information, including sales commissions paid by insurance carriers;
- 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 LOCAL 1 HEALTH FUND at 1431 OPUS PLACE SUITE 350, DOWNERS GROVE, IL 60515, or by telephone at (630) 288-6868. 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 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 (LOCAL 1 HEALTH FUND, 1431 OPUS PLACE SUITE 350, DOWNERS GROVE, IL 60515) 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.