

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 1, 2019 through June 30, 2020. 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, 2020 were \$14,916,372.

Basic Financial Statement

The value of plan assets, after subtracting liabilities of the plan, was \$90,908,757 as of June 30, 2020, compared to \$85,541,913 as of July 1, 2019. During the plan year the plan experienced an increase in its net assets of \$5,366,844. 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 \$77,193,168, including employer contributions of \$66,743,917, employee contributions of \$3,725,187, realized gains of \$801,233 from the sale of assets, earnings from investments of \$5,879,218, and other income of \$43,613.

Plan expenses were \$71,826,324. These expenses included \$2,257,957 in administrative expenses, and \$69,568,367 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 NW, Washington, DC 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 displays a currently valid OMB control number. Sec 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 NW, Room N1301, Washington, DC 20210 or email DOL_PRA_PUBLIC@dol.gov and reference the OMB Control Number 1210-0040.