

## SUMMARY ANNUAL REPORT

### TEAMSTERS MANAGED HEALTH CARE TRUST FUND

This is a summary of the annual report of the Teamsters Managed Health Care Trust Fund, EIN 94-3138272, for the year ended December 31, 2018. The annual report has been filed with the Department of Labor, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

#### Insurance Information

The plan has contracts with Kaiser Foundation Health Plan, Inc., United HealthCare of California and United HealthCare Insurance Company to pay certain medical claims incurred under the terms of the plan. Life insurance and accidental death and dismemberment benefits are provided through a group insurance contract with The Prudential Insurance Company of America. Certain vision benefits are provided through contracts with Vision Service Plan. Dental benefits are provided through contracts with Delta Dental of California and Liberty Dental Plan of California, Inc. The total premiums paid for the plan year ending December 31, 2018 were \$85,350,917.

Because one of the contracts with United Healthcare of California is a so called “experience-rated” contract, 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 December 31, 2018, the premiums paid under such “experience-rated” contract were \$13,320,498 and the total of all benefit claims paid under the experience-rated contract during the plan year was \$9,741,340.

#### Basic Financial Statement

The value of plan assets, after subtracting liabilities of the plan, was \$25,028,121 as of December 31, 2018, compared to \$22,541,643 as of January 1, 2018. During the plan year the plan experienced an increase in its net assets of \$2,486,478. 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 \$92,200,554, including employer contributions of \$90,900,741, employee contributions of \$1,243,378, loss from investments of \$201,058 and other income of \$257,493.

Plan expenses were \$89,714,076. These expenses included \$2,061,506 in administrative expenses and \$87,652,570 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% of 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 DMC Insurance Administrators, Inc., who is the contract administrator at P.O. Box 757, Pleasanton, California 94566, telephone (925) 426-3555. The charge to cover copying costs will be \$22.00 for the full annual report, or \$.25 per page for any part thereof.

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 at 1181 Quarry Lane, Suite 400, Pleasanton, California, and at the U.S. Department of Labor in Washington, DC 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, N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, DC 20210.