

SUMMARY ANNUAL REPORT
FOR OPERATING ENGINEERS HEALTH AND WELFARE FUND

This is a summary of the annual report of the Operating Engineers Health and Welfare Fund ("Fund"), E.I.N. 95-6034886, Plan No. 501, for the year ended 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).

The Board of Trustees of the Fund has committed itself to pay certain hospital-medical, dental, vision, prescription drug, life, accidental death and dismemberment, and disability benefits incurred under the terms of the plan.

Insurance Information

The Fund has contracts with Blue Cross of California, Health Plan of Nevada/Sierra Health & Life, Kaiser Foundation Health Plan Inc, Sierra Health and Life Insurance Company, Inc., HCC Life Insurance Company, Delta Dental of California, Safeguard Health Plans, Inc., a California Corporation, United Concordia Insurance Company, and United Concordia Dental Plans of California, Inc., to pay certain hospital, medical, vision, accidental death, dental, disability and stop loss claims incurred under the terms of the plan. The total premiums paid for the plan year ended June 30, 2020 was \$88,185,637.

Because two are so called "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 ended June 30, 2020, the premiums paid under such "experience-rated" contracts were \$2,080,181 and the total of all benefit claims paid under these experience-rated contracts during the plan year was \$1,401,158.

Basic Financial Statement

The value of plan assets, after subtracting liabilities of the plan, was \$4,057,848 as of June 30, 2020, compared to (\$6,263,037) as of July 1, 2019. During the plan year, the plan experienced an increase in its net assets of \$10,320,885. 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 \$262,526,574 including employer contributions of \$240,626,592, participant contributions of \$20,342,245, earnings from investments of \$1,042,507 and other income of \$515,230.

Plan expenses were \$252,205,689. These expenses included \$12,518,687 in administrative expenses and \$239,687,002 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;
5. information regarding the common/collective trusts in which the plan participates; and
6. 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 the Trust Fund, 100 Corson Street, Suite 100, Pasadena, California 91103, (866) 400-5200. The charge to cover copying costs will be \$14.25 for the full annual report, or 25 cents per page for any part thereof.

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Your Rights To Additional Information (Continued)

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 (100 Corson Street, Suite 100, Pasadena, California 91103) 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.

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 Office, Attention: Departmental Clearance Officer, 200 Constitution Avenue, N.W., Room N-1301, Washington, D.C. 20210 or email DOL_PRA_PUBLIC@dol.gov and reference the OMB Control Number 1210-0040.