SUMMARY ANNUAL REPORT FOR
UNIVERSITY OF SAN FRANCISCO WELFARE BENEFIT PLAN

This is a summary of the annual report of the UNIVERSITY OF SAN FRANCISCO WELFARE BENEFIT PLAN, a health, life insurance, dental, vision, long-term disability and death benefits plan (Employer Identification Number 94-1156628, Plan Number 501), for the plan year 01/01/2017 through 12/31/2017. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Insurance Information

The plan has insurance contracts with KAISER FOUNDATION HEALTH PLAN INC., VISION SERVICE PLAN, CONCERN EAP, NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA, LIFE INSURANCE COMPANY OF NORTH AMERICA, CIGNA HEALTH AND LIFE INSURANCE COMPANY, KAISER FOUNDATION HEALTH PLAN OF THE MID-ATLANTIC And KAISER FOUNDATION HEALTH PLAN OF COLORADO to pay certain Health, Prescription drug, HMO contract, Vision, Employee Assistance Program, Accidental Death & Dismemberment, Paralysis, Life insurance, Long-term disability, Accidental Death & Dismemberment, Dental, Evacuation claims incurred under the terms of the plan. The total premiums paid for the plan year ending 12/31/2017 were $10,465,477.

Because they 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 ending 12/31/2017, the premiums paid under such "experience-rated" contracts were $193,003 and the total of all benefit claims paid under these experience-rated contracts during the plan year was $155,427.

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. 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 Martha A. Peugh-Wade, who is a representative of the plan administrator, at 2130 FULTON STREET LONE MOUNTAIN MAIN, ROOM 339, SAN FRANCISCO, CA 94117 and phone number, 415-422-2442. The charge to cover copying costs will be $2.50 for the full annual report, or $.30 per page for any part thereof.

You also have the legally protected right to examine the annual report at the main office of the plan: 2130 FULTON STREET LONE MOUNTAIN MAIN, ROOM 339, SAN FRANCISCO, CA 94117, 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.