

SUMMARY ANNUAL REPORT

TEAMSTERS HEALTH & WELFARE FUND OF PHILADELPHIA & VICINITY

This is a summary of the annual report of the Teamsters Health & Welfare Fund of Philadelphia & Vicinity, a health, dental, vision, temporary disability, and death benefits plan (Employer Identification Number 23-1392600, Plan No. 501), for the plan year of January 1, 2022 through December 31, 2022. The Annual Report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

The Board of Trustees of the Teamsters Health & Welfare Fund of Philadelphia & Vicinity has committed itself to pay certain dental, prescription, vision, medical and disability claims incurred under the terms of the plan.

Insurance Information

The plan has a contract with Dearborn National Life Insurance Company to pay life insurance and accidental death & dismemberment claims incurred under the terms of the plan and a group policy. The total premiums paid for the plan year ending December 31, 2022 were \$453,363.69. All other benefits are self-insured and paid directly from the Trust Fund.

Basic Financial Statement

The value of plan assets, after subtracting liabilities of the plan, was \$141,474,796 as of December 31, 2022, compared to \$166,614,803 as of January 1, 2022. During the plan year the plan experienced a decrease in its net assets of \$25,140,007. 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 \$90,936,963, including employer contributions of \$114,111,822, employee contributions of \$219,427, realized gains of \$2,118,604 from the sale of assets, and loss from investments of (\$25,512,890).

Plan expenses were \$116,076,970. These expenses included \$4,290,816 in administrative expenses, \$4,864,777 in benefit administrative expenses (paid to carriers) and \$106,921,377 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;
- 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 Fund office at 2500 McClellan Avenue Suite 140, Pennsauken, NJ 08109, Attention: Plan Administrator, and phone number, (856) 382-2400. The charge to cover copying costs will be \$5.00 for the full Annual Report, or \$0.10 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: 2500 McClellan Avenue Suite 140, Pennsauken, NJ 08109, 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.

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

OMB Control Number 1210-0040 (expires 07/31/2023)