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## **Summary Annual Report for UA Local 190 Health and Welfare Plan**

This is a summary of the annual report for UA Local 190 Health and Welfare Plan (“Plan”), Employer Identification Number 38-6065578, plan number 501, a self-insured health care fund, for period June 1, 2021 to May 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 Joint Board of Trustees has committed itself to pay certain medical, surgical and other health care claims incurred under the terms of the Plan.

### **Insurance Information**

The Plan has a contract with Metropolitan Life Insurance Company to pay active life and accidental death claims, incurred under the terms of the Plan. Total premiums paid during the plan year were \$35,906. The Plan has a contract with Blue Cross Blue Shield of Michigan to pay medical claims once total claims for a covered family exceed a certain level. This is called “stop-loss” insurance. Total premiums paid during the plan year were \$654,342.

### **Basic Financial Statement**

The value of Plan assets, after subtracting liabilities, was \$29,932,676 as of May 31, 2022, compared to \$32,119,252 as of June 1, 2021. During the plan year, the Plan experienced a decrease in its net assets of \$2,186,576. This decrease 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. The Plan had total income of \$16,837,417, which included employer contributions of \$17,459,457, employee contributions of \$1,261,314, realized gains of \$0 from the sale of assets, and earnings (loss) from investments of \$(1,883,354).

Plan expenses were \$19,023,993. These expenses included \$1,187,646 in administrative expenses and \$17,836,347 in benefits paid to participants and beneficiaries.

This financial information applies to both the UA Local 190 Health and Welfare Plan and the UA Local 190 Medicare Retiree Health and Welfare Plan.

### **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. Insurance information including sales commissions paid by insurance carriers;
4. Information regarding any common or collective trusts, pooled separate accounts, master trusts or 103-12 investment entities in which the plan participates; and
5. Assets held for investment.

To obtain a copy of the full annual report, or any part thereof, write or call the office of TIC International Corporation, which is the administrative manager and the Joint Board of Trustees of the UA Local 190 Health and Welfare Plan, which is the plan sponsor and plan administrator, 30700 Telegraph Road, Suite 2400, Bingham Farms, Michigan 48025, or 1-888-390-7473. The charge to cover copying costs will be \$10.00, 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, 30700 Telegraph Road, Suite 2400, Bingham Farms, Michigan 48025 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, 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 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 Officer, Attention: Departmental Clearance Officer, 200 Constitution Avenue, N.W., Room N-1301, Washington, DC 20210 or email [DOL\\_PRA\\_PUBLIC@dol.gov](mailto:DOL_PRA_PUBLIC@dol.gov) and reference the OMB Control Number 1210-0040.

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