

## **SUMMARY ANNUAL REPORT**

### **For The University of Chicago Health Care Plan**

This is a summary of the annual report of the The University of Chicago Health Care Plan, EIN 36-2177139, Plan No. 510, for period January 1, 2023 through December 31, 2023. 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 University of Chicago has committed itself to pay certain medical benefits incurred under the terms of the plan.

#### **Insurance Information**

The plan has contracts with Bluecross Blueshield of Illinois, Vision Service Plan, Massachusetts Mutual Life Insurance Company, Aetna Life Insurance Company and affiliates and Metropolitan Life Insurance Company to pay certain health, dental, vision, life insurance and PPO claims incurred under the terms of the plan. The total premiums paid for the plan year ending December 31, 2023 were \$107,527,087.

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 December 31, 2023, the premiums paid under such "experience-rated" contracts were \$96,315,739 and the total of all benefit claims paid under these contracts during the plan year was \$92,318,366.

#### **Basic Financial Statement**

The value of plan assets, after subtracting liabilities of the plan, was \$108,889,660 as of December 31, 2023, compared to \$92,608,980 as of January 1, 2023. During the plan year the plan experienced an increase in its net assets of \$16,280,680. This increase 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 \$201,599,044, including employer contributions of \$131,071,799, employee contributions of \$52,072,897, earnings from investments of \$16,075,771, and other contribution of \$2,378,577.

Plan expenses were \$185,318,364. These expenses included \$89,076 in administrative expenses, and \$185,229,288 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;
- Assets held for investment;
- Transactions in excess of 5% of the plan assets;
- 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 University of Chicago in care of Elizabeth Walls who is Plan Administrator at Benefits Office, 6054 S Drexel Ave.,

Chicago, IL 60637, or by telephone at (773) 702-9634. The charge to cover copying costs will be \$0.25 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 (The University of Chicago, Benefits Office, 6054 S Drexel Ave., Chicago, IL 60637) 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](mailto:DOL_PRA_PUBLIC@dol.gov) and reference the OMB Control Number 1210-0040.

OMB Control Number 1210-0040 (expires 03/31/2026)