**SUMMARY ANNUAL REPORT FOR**

**ALASKA PUBLIC BROADCASTING HEALTH TRUST HEALTH & WELFARE BENEFIT PLAN**

This is a summary of the annual report of the ALASKA PUBLIC BROADCASTING HEALTH TRUST HEALTH & WELFARE BENEFIT PLAN, a health, life insurance, dental and vision plan (Employer Identification Number 81-7104348, 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).

ALASKA PUBLIC BROADCASTING HEALTH TRUST has committed itself to pay certain claims incurred under the terms of the plan.

**Insurance Information**

The plan has insurance contracts with PREMERA BLUE CROSS BLUE SHIELD OF ALASKA, INC. and SYMETRA LIFE INSURANCE COMPANY to pay certain health, dental, vision, prescription drug, life insurance, and AD&D claims incurred under the terms of the plan. The total premiums paid for the plan year ending 12/31/2017 were $1,322,399.

**Basic Financial Statement**

The value of plan assets, after subtracting liabilities of the plan, was $134,297 as of the end of plan year, compared to $16,689 as of the beginning of the plan year. During the plan year the plan experienced a change in its net assets of $117,608. During the plan year, the plan had total income of $1,454,215 including employer contributions of $1,441,660 and employee contributions of $12,555. Plan expenses were $1,336,607. These expenses included $14,207 in administrative expenses, $1,322,400 in premium payments, and $0 in other expenses.

**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.

To obtain a copy of the full annual report, or any part thereof, write or call the office of Kim Pigg, who is a representative of the plan administrator, at 135 CORDOVA ST, ANCHORAGE, AK 99501-2407 and phone number, 907-277-6300. The charge to cover copying costs will be $5.00 for the full annual report, or $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: 135 CORDOVA ST, ANCHORAGE, AK 99501-2407, 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.