As required by the Employee Retirement Income Security Act of 1974 (ERISA), Summary Annual Reports for plans maintained by Yale University, EIN 06-0646973, provide participants and their beneficiaries certain information included in the Annual Report for the plan filed with the Employee Benefits Security Administration for the 2020 calendar year. Financial details specifically required by the government are listed below. Additional information that may be of interest to participants is also included in this report.

Benefits Planning has prepared the Summary Annual Report for the following University benefits plan:

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Common Name</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Plan 525: Yale University Welfare and Fringe Benefit Plan</strong></td>
<td>Same</td>
</tr>
</tbody>
</table>

The Plan Administrator for the plan is:

Yale University  
c/o Benefits Planning  
221 Whitney Avenue  
New Haven, CT 06511  
(203) 432-5552

The plan is a welfare benefit plan offering medical, dental, vision, health flexible spending account, life insurance, accidental death and dismemberment, long-term disability and employee assistance program benefits. Yale University has committed itself to pay certain medical and all health flexible spending account claims incurred under the terms of the plan.

**Insurance Information:**

The plan has contracts with the following insurance carriers to pay certain claims incurred under the terms of the plan. The total premiums paid for the plan year ending December 31, 2020 were as follows:

<table>
<thead>
<tr>
<th>Insurance Carrier:</th>
<th>Aetna Life Insurance Company</th>
</tr>
</thead>
</table>
| Contract# 04694420-50-00099 | Health/Vision  
$235,637  
$0  
$235,637 |
| Contract# 04694420-51-00099 |

<table>
<thead>
<tr>
<th>Insurance Carrier:</th>
<th>CIGNA Health and Life Insurance Company</th>
</tr>
</thead>
</table>
| Contract # 3220836 | Dental Insurance  
$90,530 |

<table>
<thead>
<tr>
<th>Insurance Carrier:</th>
<th>Hartford Life and Accident</th>
</tr>
</thead>
</table>
| Contract #ADDS02009 | Supplemental AD&D Insurance  
$17,046 |

<table>
<thead>
<tr>
<th>Insurance Carrier:</th>
<th>Colonial Life and Accident Ins. Co.</th>
</tr>
</thead>
</table>
| Contract #E4525267 | Group Accident  
$232,247 |
Insurance Carrier: Magellan Healthcare
Contract #YALE0-001
Employee Assistance Program
Total Premium Paid: $557,152

Insurance Carrier: Standard Insurance Company of NY
Contract #647343
State Disability
Total Premium Paid: $ 0

Insurance Carrier: EyeMed Vison care
Contract #
Total Premium Paid:

Insurance Carrier: National Union Fire Co. of Pittsburgh
Contract #91559502
Life Insurance AD&D
Total Premium Paid: $ 102

The following contracts are so called “experience-rated” contracts, which means the premium costs are affected by, among other things, the number and size of claims. The premiums paid and the total of all benefit claims paid under these experience-rated contracts during the plan year were as follows:

Insurance Carrier: Standard Insurance Company
Contract # 642971
Long Term Disability/Life Insurance
Total Premium: $ 10,739,474
Total Claims Charged: $ 7,520,894
Total Retention: $ 3,607,339
Claim Reserves: $ 32,532,330

Insurance Carrier: Delta Dental of NJ
Contract # 4630
Dental
Total Premium: $ 10,144,037

Your Right to Additional Information:
Any questions you may have concerning this Summary Annual Report, or any other aspects of the plan, should be directed to the Plan Administrator.

You have a right to receive a copy of the full annual report, or any part thereof, on request. The item listed below is included in that report:

• insurance information, including sales commissions paid by insurance carriers.

To obtain a copy of the full annual report, or any part thereof, please contact Employee Services at (203) 432-5552 or by e-mail at employee.services@yale.edu.

Plan participants and beneficiaries have the legally protected right to examine the annual report at the Benefits Planning Office at the address above, 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. If you have any questions concerning your personal participation in the plan, please contact Employee Services at (203) 432-5552 or by e-mail at employee.services@yale.edu.