SUMMARY ANNUAL REPORT FOR
ELON UNIVERSITY FULLY INSURED HEALTH AND WELFARE PLAN

This is a summary of the annual report of the ELON UNIVERSITY FULLY INSURED HEALTH AND WELFARE PLAN, a health, life insurance, dental, vision, temporary disability, long-term disability and death benefits plan (Employer Identification Number 56-0532303, Plan Number 505), for the plan year 01/01/2018 through 12/31/2018. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Insurance Information

The plan has insurance contracts with HARTFORD LIFE & ACCIDENT INSURANCE COMPANY, DELTA DENTAL OF NORTH CAROLINA, VISION SERVICE PLAN, COMPSYH, THE LINCOLN NATIONAL LIFE INSURANCE COMPANY, AFLAC and CONTINENTAL AMERICAN INSURANCE COMPANY to pay certain Health, Prescription drug, Dental, Vision, Employee Assistance Program, Life insurance, Dependent Life, Spouse and Child Optional Life, Long-term disability, Accidental Death & Dismemberment; Temporary disability. Voluntary Benefits claims incurred under the terms of the plan. The total premiums paid for the plan year ending 12/31/2018 were $2,387,827.

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 12/31/2018, the premiums paid under such "experience-rated" contracts were $896,135 and the total of all benefit claims paid under these experience-rated contracts during the plan year was $0.

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. 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 plan administrator, at CAMPUS BOX 2070, ELON, NC 27244 and phone number, 336-278-5560. 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 legally protected right to examine the annual report at the main office of the plan: CAMPUS BOX 2070, ELON, NC 27244, 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.