

Summary Annual Report  
for  
DSRA BENEFIT TRUST PLAN

This is a summary of the annual report for the DSRA BENEFIT TRUST PLAN, (Employer Identification No. 26-4594868, Plan No. 501) for the period January 1, 2017 to December 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).

INSURANCE INFORMATION

The plan has contracts with Blue Cross Blue Shield of Michigan, Express Scripts, Inc., Hartford Life and Accident, Metropolitan Life Insurance Company, and Reliance Standard Life Insurance Company to pay the following types of claims incurred under the terms of the plan.

All health, life, ad&d, dental, and vision claims

The total premiums paid for the plan year beginning January 1, 2017 and ending December 31, 2017 were \$21,470,997.

Because it is a so called "experience-rated" contract, 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, 2017, the premiums paid under such "experience-rated" contract were \$17,614,304 and the total of all benefit claims paid under the "experience-rated" contract during the plan year was \$14,085,240.

BASIC FINANCIAL STATEMENT

The value of plan assets, after subtracting liabilities of the plan, was \$1,410,789 as of December 31, 2017 compared to \$1,555,477 as of January 1, 2017. During the plan year the plan experienced a decrease in its net assets of \$144,688. 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. During the plan year, the plan had total income of \$22,261,976. This income included employee contributions of \$21,887,553 and earnings from investments of \$202,852. Plan expenses were \$22,406,664. These expenses included \$1,188,942 in administrative expenses and \$21,217,722 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:

1. An accountant's report;
2. Assets held for investment;
3. Transactions in excess of 5 percent of the plan assets; and
4. Insurance information including sales commissions paid by insurance carriers.
5. Information regarding any common or collective trust, pooled separate accounts, master trusts or 103-12 investment entities in which the plan participates

To obtain a copy of the full annual report, or any part thereof, write or call the office of the Plan Sponsor

Delphi Salaried Retirees Association  
Benefit Trust  
Plan Sponsor  
150 Bastian Road  
Rochester, NY 14623  
26-4594868 (Employer Identification Number)  
585-424-2079

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. These portions of the report are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the plan:

Delphi Salaried Retirees Association  
Benefit Trust  
150 Bastian Road  
Rochester, NY 14623

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: U.S. Department of Labor, Employee Benefits Security Administration, Public Disclosure Room, 200

Constitution Avenue, NW, Suite N-1513, Washington, D.C.  
20210.