

SUMMARY ANNUAL REPORT
FOR SOUTHERN CALIFORNIA DRUG BENEFIT FUND

This is a summary of the annual report of the Southern California Drug Benefit Fund, EIN 95-6474516, Plan No. 501, for the year ended June 30, 2007. The annual report has been filed with the Employee Benefits Security Administration, U.S. Department of Labor, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

The Board of Trustees has committed itself to pay certain medical, chemical dependency treatment, dental, orthodontic, psychiatric, prescription, predictive medicine, vision, hearing aid, orthopedic appliances, podiatry, prosthesis, supplemental unemployment and disability, death and industry vacation benefits incurred under the terms of the plan.

Insurance Information

The plan has contracts with Kaiser Foundation Health Plans, Inc., Health Net, PacifiCare of California and United Concordia Dental Plans of California, Inc. to provide certain medical and dental benefits incurred under the terms of the plan. The total premiums paid for the plan year ending June 30, 2007 was \$30,595,142.

Because one 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 ended June 30, 2007, the premiums paid under such "experience-rated" contract were \$456,283 and the total of all benefit claims paid under this experience-rated contract during the plan year was \$232,504.

Basic Financial Statement

The value of plan assets, after subtracting liabilities of the plan, was \$47,543,872 as of June 30, 2007, compared to \$30,230,248 as of July 1, 2006. During the plan year the plan experienced an increase in its net assets of \$17,313,624. This increase 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 \$84,510,409 including employer contributions of \$80,480,900, participant contributions of \$1,244,135, realized losses of \$16,773 from the sale of assets, and earnings from investments of \$2,802,147.

Plan expenses were \$67,196,785. These expenses included \$4,498,602 in administrative expenses and \$62,698,183 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 independent auditors' report;
2. financial information and information on payments to service providers;
3. assets held for investment;
4. transactions in excess of 5% of the plan assets; and
5. 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 Tracy Shannon, who is the administrative manager, 2220 Hyperion Avenue, Los Angeles, CA 90027-4710, (323) 666-8910. The charge to cover copying costs will be \$4.00 for the full annual report, or 05 cents 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 (2220 Hyperion Avenue, Los Angeles, CA 90027-4710) 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 N1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.