SUMMARY ANNUAL REPORT
For AURA INC GROUP HEALTH PLAN

This is a summary of the annual report of the AURA INC GROUP HEALTH PLAN, EIN 86-0138043, Plan No. 509, for period 01/01/2018 through 12/31/2018. 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).

Insurance Information

The plan has contracts with CIGNA HEALTH AND LIFE INSURANCE COMPANY AND AFFILIATES to pay Medical claims incurred under the terms of the plan. The total premiums paid for the plan year ending 12/31/2018 were $5,497,307.

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 $3,707,684 and the total of all benefit claims paid under these contracts during the plan year was $3,254,816.

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:

- 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 ASSOCIATION OF UNIVERSITIES FOR RESEARCH IN ASTRONOMY INC at PO BOX 26732, 950 N CHERRY AVENUE, TUCSON, AZ, 857266732 or by telephone at 520-318-8158.

You also have the legally protected right to examine the annual report at the main office of the plan (ASSOCIATION OF UNIVERSITIES FOR RESEARCH IN ASTRONOMY INC, PO BOX 26732, 950 N CHERRY AVENUE, TUCSON, AZ, 857266732) 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.

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection
displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average less than one minute per notice (approximately 3 hours and 11 minutes per plan). Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor; Office of the Chief Information Officer, Attention: Departmental Clearance Officer, 200 Constitution Avenue, N.W., Room N-1301, Washington, DC 20210 or email DOL_PRA_PUBLIC@dol.gov and reference the OMB Control Number 1210-0040.

OMB Control Number 1210-0040 (expires 06/30/2022)
SUMMARY ANNUAL REPORT

For DENTAL CARE PLAN FOR EMPLOYEES OF AURA INC

This is a summary of the annual report of the DENTAL CARE PLAN FOR EMPLOYEES OF AURA INC, EIN 86-0138043, Plan No. 507, for period 01/01/2018 through 12/31/2018. 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).

Insurance Information

The plan has contracts with METROPOLITAN LIFE INSURANCE COMPANY to pay Dental claims incurred under the terms of the plan. The total premiums paid for the plan year ending 12/31/2018 were $295,454.

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:

- 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 ASSOCIATION OF UNIVERSITIES FOR RESEARCH IN ASTRONOMY INC at PO BOX 26732, 950 N CHERRY AVENUE, TUCSON, AZ, 857266732 or by telephone at 520-318-8158.

You also have the legally protected right to examine the annual report at the main office of the plan (ASSOCIATION OF UNIVERSITIES FOR RESEARCH IN ASTRONOMY INC, PO BOX 26732, 950 N CHERRY AVENUE, TUCSON, AZ, 857266732) 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.

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penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

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OMB Control Number 1210-0040 (expires 06/30/2022)
SUMMARY ANNUAL REPORT
For AURA INC GROUP LIFE INSURANCE

This is a summary of the annual report of the AURA INC GROUP LIFE INSURANCE, EIN 86-0138043, Plan No. 510, for period 01/01/2018 through 12/31/2018. 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).

Insurance Information

The plan has contracts with LIFE INSURANCE COMPANY OF NORTH AMERICA to pay Life Insurance and Accidental Death and Dismemberment claims incurred under the terms of the plan. The total premiums paid for the plan year ending 12/31/2018 were $246,787.

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:

- insurance information, including sales commissions paid by insurance carriers;

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3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

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OMB Control Number 1210-0040 (expires 06/30/2022)
This is a summary of the annual report of the AURA INC VISION PLAN, EIN 86-0138043, Plan No. 514, for period 01/01/2018 through 12/31/2018. 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).

Insurance Information

The plan has contracts with UNITEDHEALTHCARE INSURANCE COMPANY to pay Vision claims incurred under the terms of the plan. The total premiums paid for the plan year ending 12/31/2018 were $28,914.

Your Rights To Additional Information

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- insurance information, including sales commissions paid by insurance carriers;

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OMB Control Number 1210-0040 (expires 06/30/2022)
SUMMARY ANNUAL REPORT
For AURA INC GROUP TOTAL DISABILITY PLAN

This is a summary of the annual report of the AURA INC GROUP TOTAL DISABILITY PLAN, EIN 86-0138043, Plan No. 505, for period 01/01/2018 through 12/31/2018. 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).

Insurance Information

The plan has contracts with LIFE INSURANCE COMPANY OF NORTH AMERICA to pay Short-term Disability and Long-term Disability claims incurred under the terms of the plan. The total premiums paid for the plan year ending 12/31/2018 were $266,223.

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:

- insurance information, including sales commissions paid by insurance carriers;

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You also have the legally protected right to examine the annual report at the main office of the plan (ASSOCIATION OF UNIVERSITIES FOR RESEARCH IN ASTRONOMY INC, PO BOX 26732, 950 N CHERRY AVENUE, TUCSON, AZ, 857266732) 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.

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3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

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OMB Control Number 1210-0040 (expires 06/30/2022)
SUMMARY ANNUAL REPORT
For AURA INC GROUP TRAVEL INSURANCE

This is a summary of the annual report of the AURA INC GROUP TRAVEL INSURANCE, EIN 86-0138043, Plan No. 501, for period 02/01/2018 through 01/31/2019. 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).

Insurance Information

The plan has contracts with HARTFORD LIFE AND ACCIDENT to pay Business Travel Accident claims incurred under the terms of the plan. The total premiums paid for the plan year ending 01/31/2019 were $0.

Your Rights To Additional Information

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- insurance information, including sales commissions paid by insurance carriers;

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