



Summary Annual Report

Below are the SCL Health benefit plans' Summary Annual Reports for the 2021 plan year. You are receiving this information because our records indicate you were a participant in at least one of these plans during the 2021 Plan Year. This report is provided for your information only. **There is no action required on your part.** Remember, you can always find information about your plans in your latest Benefits Guide. You can access the Benefits Guide—as well as benefit updates, network provider directories and other valuable information—on www.sclhealthbenefits.org, SCL Health's benefits website. Be sure to take advantage of all of the plans, programs and services offered by SCL Health to help you live a healthier life!

FOR ASSOCIATES OF SCL HEALTH

Sister of Charity of Leavenworth Health Systems ("SCL Health") sponsors a variety of benefit plans to provide financial protection and security for you and your family. The following report contains summary financial information for the SCL Health benefit plans. Your receipt of this report does not indicate that you were covered by any or every plan described in this report. If you have any questions regarding these plans, please contact a representative at the HR Service Center at 1-855-412-3701.

This is a summary annual report for the following plans:

- SCL Health Associate Health Benefit Plan
- SCL Health Associate Welfare Benefit Plan

SCL HEALTH ASSOCIATE HEALTH BENEFIT PLAN

This is a summary of the annual report of the SCL Health Associate Health Benefit Plan, Employer Identification Number 23-7379161, Plan Number 521, for the plan year January 1, 2021 through December 31, 2021. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Sister of Charity of Leavenworth Health Systems ("SCL Health") has committed itself to pay certain health, dental, and EAP claims incurred under the terms of the plan.

Insurance Information

The plan has insurance contracts with EyeMed Vision Care and Kaiser Foundation Health Plan of Colorado to pay certain vision, health and HMO contract claims incurred under the terms of the plan. The total premiums paid for the plan year ending December 31, 2021 were \$2,035,671.

Your Rights to Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. Insurance information, including sales commissions paid by insurance carriers, is included in that report.

To obtain a copy of the full annual report, or any part thereof, write to SCL Health - Associate Benefit Plans, at 500 Eldorado Blvd. Suite 4300, Broomfield, CO 80021 or call 303-813-5000. The charge to cover copying costs will be \$2.75 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: SCL Health, 500 Eldorado Blvd. Suite 4300, Broomfield, CO 80021, 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.

SCL HEALTH ASSOCIATE WELFARE BENEFIT PLAN

This is a summary of the annual report of the SCL Health Associate Welfare Benefit Plan, Employer Identification Number 23-7379161, Plan Number 522, for the plan year January 1, 2021 through December 31, 2021. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Sister of Charity of Leavenworth Health Systems ("SCL Health") has committed itself to pay certain short-term disability claims incurred under the terms of the plan.

Insurance Information

The plan has insurance contracts with MetLife Legal Plans, Life Insurance Company of North America and Lincoln National Life Insurance Company to pay certain pre-paid legal, accidental death & dismemberment, life insurance, accidental death & disability, long-term disability and temporary disability claims incurred under the terms of the plan. The total premiums paid for the plan year ending December 31, 2021 were \$7,951,165.

Your Rights to Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. Insurance information, including sales commissions paid by insurance carriers, is included in that report.

To obtain a copy of the full annual report, or any part thereof, write to SCL Health - Associate Benefit Plans, at 500 Eldorado Blvd. Suite 4300, Broomfield, CO 80021 or call 303-813-5000. The charge to cover copying costs will be \$5.75 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: SCL Health, 500 Eldorado Blvd. Suite 4300, Broomfield, CO 80021, 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.

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 07/31/2023)