

FACTS YOU SHOULD KNOW ABOUT THE PLAN

1. **Name of Plan:** Mount Saint Vincent Medical Plan (Kaiser)

The Plan is part of the SCL Health Associate Health Benefit Plan

The SCL Associate Health Benefit Plan and the Evidence of Coverage together are the formal plan document for the Plan. The Evidence of Coverage and this attachment are the summary plan description for the Plan.

2. **Name and address of Plan Sponsor and Plan Administrator:**

SCL Health
500 Eldorado Blvd., Suite 4300
Broomfield, CO 80021
(303) 813-5250

3. **Employer Identification No. (EIN) of the Plan Sponsor:** 23-7379161

4. **Type of Plan:** Welfare benefit plan providing medical benefits

5. **Plan No.:** 521

6. **Type of Administration:** Insurer Administration

7. **The name and address of the person designated as agent for service of legal process and address at which process may be served.**

SCL Health
Attn: Senior Vice President, Chief Human Resources Officer
500 Eldorado Blvd., Suite 4300
Broomfield, CO 80021

8. **Sources of Contributions:** Premiums are paid by contributions made by the employer and employees.

9. **Plan Year:** January 1 – December 31

10. **Amendment of the Plan:** The Plan Sponsor reserves the right at any time and from time to time to modify or amend, in whole or in part, any or all of the provisions of the Plan or to terminate the Plan, at any time, as follows:

(a) The Board of Directors of the Plan Sponsor, in its sole discretion, may amend or modify the Plan, in whole or in part, at any time. The Board of Directors of the Plan Sponsor shall have exclusive authority to amend the Plan to the extent such amendment constitutes a material change in the benefits design or philosophy of the Plan Sponsor or results in a material increase in costs to the Plan Sponsor.

(b) The President/Chief Executive Officer of the Plan Sponsor, in his or her sole discretion, may amend or modify the Plan to the extent such amendment or modification would not constitute a material change in the benefits design or

philosophy of the Plan Sponsor or result in a material increase in costs to the Plan Sponsor; provided, however, that the President/Chief Executive Officer of the Plan Sponsor shall make any Plan amendment reasonably requested by Mount Saint Vincent Home solely with respect to its Participants, to the extent such amendment is permitted by law, does not result in adverse tax consequences and is administratively practicable. In determining whether an amendment constitutes a material change or would result in a material cost increase for purposes of this subsection (b), the determination of the President/Chief Executive Officer will be binding on the Plan Sponsor and the Plan.

- (c) The Senior Vice President, Chief Human Resources Officer, of the Plan Sponsor, or the person from time to time performing such function, may amend or modify the Plan at any time to the extent such amendment or modification is routine, required by law or where circumstances make it impracticable for action by the President/Chief Executive Officer of the Plan Sponsor.

11. **Eligibility:** For purposes of Section I.A.1. of the Evidence of Coverage (EOC), except as specifically noted, all employees of Mount Saint Vincent Home with a payroll status of Full Time Equivalency (FTE) of 0.5 or above are eligible to participate in the Plan. The following Mount Saint Vincent Home associates are not eligible to participate in the Plan: individuals classified as "PRN," "Per Diem," "Temporary," student interns, volunteers, or any person classified as an independent contractor or a leased employee, regardless of whether such individual is subsequently determined by a court of competent jurisdiction or governmental agency or authority to have been a common law employee.

Additionally, the following dependents are eligible to participate in the Plan:

- The associate's lawful spouse
- The associate's child who is:
 - less than 26 years old.
 - 26 or more years old, unmarried, and primarily supported by the associate and incapable of self-sustaining employment by reason of mental or physical disability which has been determined to be a disability by the Social Security Administration (SSA) and which arose while the child was covered as a dependent under this Plan, or while covered as a dependent under a prior plan, with no break in coverage.

The associate must provide the child's SSA Certificate of Disability from time to time, but not more frequently than once a year, and you may be required to provide proof of the continuation of such condition and dependence.

The term "child" means the associate's natural or legally adopted child. It also includes a stepchild or a child for whom the associate is the legal guardian.

12. **Effective Date of Coverage:** For purposes of Section I.B.1. of the EOC, coverage of eligible associates of Mount Saint Vincent Home (and their eligible dependents) becomes effective on the first day of the calendar month following his or her date of hire,

provided he or she makes an election for coverage within 31 days of his or her date of hire.

Before the beginning of each plan year, eligible associates of Mount Saint Vincent Home will have the opportunity to add or drop coverage under the Plan, or change coverage options, for himself or herself and his or her eligible dependents. Elections made during annual open enrollment will be effective as of the first day of the following plan year (January 1).

Generally, an associate cannot make changes to his or her coverage, such as dropping his or her coverage or adding a dependent to coverage, during the plan year. Most coverage changes may be made only during an annual open enrollment, to be effective for the following plan year. There are some circumstances, however, such as marriage or the birth of a new dependent, in which mid-year changes to coverage under the Plan may be permitted, provided you request a change within 31 days of the event. These are explained in the SCL Health Flexible Benefits Plan. You may obtain a copy of the SCL Health Flexible Benefits Plan from the SCL Health Human Resources Department or by calling (855) 412-3701.

Coverage may continue during any approved leave of absence in accordance with the Employer's leave of absence policy. To the extent coverage is extended, the associate may be required to continue paying premiums for coverage while on such leave.

RIGHTS AND PROTECTIONS UNDER ERISA

As a participant in this Plan, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA).

Receive Information About Your Plan and Benefits

ERISA provides that all Plan participants will be entitled to:

- Examine, without charge, at the plan administrator's office and at other specified locations, such as worksites and union halls, all documents governing the plan, including insurance contracts and collective bargaining agreements, and a copy of the latest annual report (Form 5500 series) filed by the Plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration.
- Obtain, upon written request to the plan administrator, copies of documents governing the operation of the plan, including insurance contracts and collective bargaining agreements, and copies of the latest annual report (Form 5500 Series) and updated summary plan description. The administrator may make a reasonable charge for the copies.

Send written requests to:

HR Benefits Department
500 Eldorado Blvd., Suite 4600
Broomfield, CO 80021

- Receive a summary of the plan's annual financial report. The plan administrator is required by law to furnish each participant with a copy of this summary annual report.

- Continue health care coverage for yourself, spouse or dependents if there is a loss of coverage under the plan as a result of a qualifying event. You or your dependents may have to pay for such coverage. Review this summary plan description and the documents governing the plan on the rules governing your COBRA continuation coverage rights.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for plan participants ERISA imposes duties upon the people who are responsible for the operation of the employee benefit plan. The people who operate your plan, called “fiduciaries” of the plan, have a duty to do so prudently and in the interest of you and other plan participants and beneficiaries. No one, including your employer, your union, or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a welfare benefit or exercising your rights under ERISA.

Enforce Your Rights

If your claim for a welfare benefit is denied in whole or in part you have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules.

Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request materials from the plan and do not receive them within 30 days, you may file suit in a federal court. In such a case, the court may require the plan administrator to provide the materials and pay up to \$110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the administrator. If you have a claim for benefits that is denied or ignored, in whole or in part, you may file suit in a state or federal court. In addition, if you disagree with the plan’s decision or lack thereof concerning the qualified status of a domestic relations order or a medical child support order, you may file suit in a Federal court. If it should happen that plan fiduciaries misuse the plan’s money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a Federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim is frivolous.

Assistance with Your Questions

If you have any questions about the plan, you should contact the plan administrator. If you have any questions about this statement or about the rights under ERISA, or if you need assistance in obtaining documents from the plan administrator, you should contact the nearest area office of the Employee Benefits Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue NW, Washington, D.C. 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.