

**SUMMARY PLAN DESCRIPTION**

**RENOWN HEALTH**

**RETIREMENT SAVINGS PLAN**

**September 2020**

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## **SUMMARY PLAN DESCRIPTION**

### **RENOWN HEALTH RETIREMENT SAVINGS PLAN**

#### **INTRODUCTION**

Renown Health established the Renown Health Retirement Savings Plan (the “Plan”) effective November 17, 1985. The Plan is maintained for the exclusive benefit of eligible employees to help them save for retirement. The Plan allows you and other eligible employees to contribute a portion of your pay pre-tax to an Account established for you in the Plan, receive employer Matching Contributions and invest your funds in various investment options. The amount of retirement income you will receive is determined by the contributions that are made to the Plan on your behalf and the investment earnings on those contributions.

This Summary Plan Description (“SPD”) is meant to describe the major features of the Plan in understandable language. It is not meant to be a complete description of the Plan, nor is it meant to interpret, extend or change the provisions of the Plan in any way. If there is a conflict between this SPD and the Plan, the provisions of the Plan will control. Copies of the Plan and related documents are posted on the Renown Health Intranet site, “Inside Renown,” where you can review them at your convenience. Also, no provision of the Plan or this SPD is intended to give you the right to continued employment or to prohibit changes in the terms or conditions of your employment.

If you have any questions that are not addressed in this summary, you may contact the Administrator (who is identified in the next section) during normal business hours.

#### **BASIC PLAN INFORMATION**

The following contains definitions of some of the capitalized terms used in this SPD and other important information about your Plan:

##### **Employer and Plan Sponsor:**

Renown Health  
1155 Mill Street  
Reno, Nevada 89502  
Telephone: (775) 982-4961

**Employer/Plan Sponsor’s Tax Identification Number:** 94-2972845

The following subsidiaries of Renown Health have adopted the Plan and are included as participating Employers. Employees of each Employer listed below are eligible to participate in the Plan in accordance with the Eligibility section of this SPD.

<b>Participating Employer Name</b>	<b>Federal Tax Identification Number</b>
Renown Regional Medical Center	88-0213754
Renown South Meadows Medical Center	46-0517825
Renown Network Services	88-0231828

The participating Employers other than Renown Health may change from time to time. Any changes will be posted on Inside Renown.

**Name of Plan:** Renown Health Retirement Savings Plan

**Plan Number:** 002

The Plan Number is assigned by Renown Health to identify the Plan.

**Plan Year:** The 12-month period ending on December 31.

**Type of Plan:**

The Plan is a defined contribution profit-sharing plan that contains a 401(k) cash or deferred arrangement. Once you are eligible to participate, you can contribute to the Plan on a tax deferred basis by payroll deduction.

**Administrator:**

Renown Health Employee Benefits Review Committee  
Renown Health  
1155 Mill Street  
Reno, Nevada 89502  
Telephone: (775) 982-4861

The Renown Health Employee Benefits Review Committee is the Plan Administrator. The members of the Committee are appointed by the Board of Directors of Renown Health. The Administrator is responsible for the operation of the Plan in accordance with the Plan document and applicable law. The Administrator has exclusive authority and discretion to interpret and construe the terms of the Plan and to determine all questions that arise under the Plan, including questions regarding eligibility for benefits. The Administrator's determinations are final and binding on all persons.

**Agent for Service of Process:**

The Plan's agent for service of legal process is the Plan Administrator.

You must exhaust the Plan's claims procedures (see the Section entitled "Claims Procedure") before you can bring a legal action against the Plan.

**Trustee:**

Vanguard Fiduciary Trust Company  
P.O. Box 2600  
Valley Forge, Pennsylvania 19482-2600

The Trustee is responsible for holding the Plan's assets. The Trustee's duties are described in a trust agreement between the Trustee and Renown Health.

**Third Party Administrator and Recordkeeper:**

The Vanguard Group, Inc.  
P.O. Box 2600  
Valley Forge, Pennsylvania 19482-2600  
[www.vanguard.com](http://www.vanguard.com)

The Vanguard Group manages the day-to-day operations of the Plan on behalf of the Administrator.

**Account:**

An Account is established by the Trustee for each Participant to record contributions made to the Plan on your behalf and any related income, expenses, gains or losses. Your Account may include (but is not limited to) the following sub-accounts: an Elective Contributions Account; a Matching Contributions Account; and a Rollover Contributions Account.

**Employee:**

An Employee is an individual who is classified and reported by the Employer as a common law employee for employment tax purposes.

**ERISA:**

The Employee Retirement Income Security Act of 1974 ("ERISA") describes the rights of participants and beneficiaries covered by a qualified retirement plan.

**Participant:**

A Participant is an eligible Employee who has satisfied the eligibility and entry date requirements of the Plan or a formerly eligible Employee who has an Account balance remaining in the Plan.

## **ELIGIBILITY**

### **Elective Contributions**

You will become eligible to participate in the Elective Contributions portion of the Plan on the first day of the calendar month after completing 30 consecutive days of employment, provided that you are an Employee and not employed in an excluded class on that date.

### **Matching Contributions**

You will become eligible to participate in the Matching Contributions portion of the Plan on the first day of the first payroll period that coincides with or next follows the date on which you complete at least 1,000 hours of service within a consecutive 12-month period, provided that you are an Employee and not employed in an excluded class on that date. An “hour of service” means an hour for which you are paid or entitled to payment for performance of services for your Employer. To receive Matching Contributions, you must make Elective Contributions.

### **Excluded Classes**

Individuals in the following classes are excluded from participation in the Plan:

1. Employees of any affiliate of Renown Health that has not adopted the Plan.
2. Employees whose employment is governed by a collective bargaining agreement in which retirement benefits were the subject of good faith bargaining and that does not provide for participation in the Plan.
3. Employees who are paid on a per diem basis.
4. “Leased employees” as defined in the Plan.
5. Employees who are participants in the Renown Health Retirement Income Plan.
6. Employees who are participants in the Renown Health 457 Deferred Compensation Plan and the Renown Health 457(f) Deferred Compensation Plan.
7. Self-employed individuals.
8. Individuals who are not classified and reported by the Employer as common law employees for employment tax purposes, even if a government agency or a court later determines that the individual should be reclassified as a common law employee.

### **Enrollment**

To make Elective Contributions to the Plan, you must enroll and complete a salary reduction agreement with the Administrator through Vanguard. This process is handled by Vanguard online

at [www.vanguard.com](http://www.vanguard.com) or by telephone at (800) 523-1188. In the salary reduction agreement you indicate the amount you want withheld from your compensation and contributed by your Employer to the Plan on your behalf. See the section below entitled “Your Contributions” for limitations on the amounts you may contribute.

When you enroll you will also be asked to choose the investments in which your contributions will be invested and to select one or more beneficiaries to receive your benefits under the Plan in the event of your death before all benefits are paid to you.

## **YOUR CONTRIBUTIONS**

### **Elective Contributions**

You may elect a payroll deduction in any whole percentage from 2% to 75% of your compensation. You can make your contribution election on the date you first become eligible to participate in the Plan or on any date after you become eligible. Your election will be effective on the first day of the next pay period after your properly completed salary reduction agreement is received and processed by the Administrator. Your election will apply to all pay periods until you change it.

Your Elective Contributions are paid into the Plan’s Trust with Vanguard and credited to your Elective Contributions Account.

### **Limits on Elective Contributions**

Federal tax law limits the dollar amount of your Elective Contributions in each calendar year. For 2020, the maximum deferral amount is \$19,500. (This dollar limit also includes the amount of any similar contributions you made to a retirement plan sponsored by any other employer for the same calendar year.) The maximum deferral amount may be increased in future years for cost-of-living adjustments.

### **Age 50 and Over Catch-Up Contributions**

If you have attained or will attain age 50 in the current year and have contributed the maximum amount permitted by law or by the terms of the Plan, you can make additional contributions called catch-up contributions in excess of the dollar limits on Elective Contributions described above. Catch-Up Contributions are subject to a separate calendar year dollar limit. The limit for 2020 is \$6,500. For example, if you turn age 50 in 2020, you may make Elective Contributions up to \$26,000 for 2020 (\$19,500 as the maximum deferral amount plus an additional \$6,500 as the catch-up amount). The maximum catch-up amount may be increased in future years for cost-of-living adjustments.

### **What Is Counted in Your Compensation**

In general, you can make Elective Contributions from all of the compensation that is paid or made available to you by your Employer during the Plan Year for services you performed while eligible

to participate in the Plan and reported on IRS Form W-2. Your compensation also includes your Elective Contributions to this Plan and elective contributions to certain other plans, including a section 125 (cafeteria) plan. Compensation does not include Employer contributions to any benefit program (except elective deferrals made on your behalf), severance payments or expense reimbursements. Compensation for all Plan purposes is limited to an annual amount set by law, which for the 2020 Plan Year is \$265,000. This limit may be increased in future years for cost-of-living adjustments.

### **Changing Your Elective Contributions**

You may make changes to your Elective Contribution rate at any time by going online to [www.vanguard.com](http://www.vanguard.com) or by contacting Vanguard by telephone at (800) 523-1188. You can also cancel your salary reduction agreement through Vanguard at any time; Vanguard will then provide notice to the Administrator. Changes to your contribution election will be effective as of the next payroll period. If your employment terminates, your salary reduction agreement will expire.

### **Other Limitations on Elective Contributions**

Elective Contributions are subject to year-end nondiscrimination testing. Contributions by highly compensated employees may be limited if the Administrator determines that such contributions will cause the Plan to fail nondiscrimination testing. Also, if the Plan should fail such nondiscrimination testing and you are a highly compensated employee, part or all of your Elective Contributions may be returned to you. A highly compensated employee (“HCE”) is an employee who has exceeded a certain salary threshold (adjusted for cost of living increases) during the preceding Plan Year. The salary threshold for the 2020 Plan Year is \$130,000. For example, if you earned more than \$130,000 in 2019, you would be considered an HCE for the 2020 Plan Year.

### **Rollover Contributions**

If you participated in another retirement plan, you may be permitted to roll over any distribution you receive from the other plan to this Plan if all legal requirements (and any requirements imposed by the Administrator) are satisfied. Specifically, you may roll over amounts from the following types of plans:

- 401(a) or 403(a) plan
- 403(b) annuity contract
- 457(b) governmental plan
- Individual retirement accounts or annuities (IRAs)

For information regarding how to make a Rollover Contribution to the Plan, contact Vanguard online at [www.vanguard.com](http://www.vanguard.com) or by telephone at (800) 523-1188

### **Vesting of Your Contributions**

Your Elective Contributions (including any catch-up contributions), your Rollover Contributions and the earnings on those contributions are always 100% vested and nonforfeitable.

## **YOUR EMPLOYER'S CONTRIBUTIONS**

### **Discretionary Matching Contributions**

Your Employer will determine from time to time in its sole discretion what amounts, if any, it will contribute to the Plan as discretionary Matching Contributions. In 2020 the Employer is making Matching Contributions at the rate of 100% of the first 3% of the eligible compensation that you contribute to the Plan as Elective Contributions, and 50% of the next 2% of compensation you contribute. This results in a total Matching Contribution of 4% if you contribute 5% or more of your compensation to the Plan. Matching Contributions are made for each payroll period. Catch-up contributions are not matched.

Any Matching Contributions will be paid by the Employer directly to the Plan's trust with Vanguard and credited to your Matching Contributions Account.

The Employer has the right to change or stop Matching Contributions at any time.

The Plan also authorizes your Employer to contribute discretionary Nonelective Contributions (contributions that do not depend on your making Elective Contributions). These contributions are not required, and the Employer does not intend to make such contributions.

The Employer may make other contributions to the Plan if required in order to pass certain required testing.

### **Requirements to Receive Matching Contributions**

To be eligible to receive Matching Contributions, you must meet the service requirement (see the section entitled "Eligibility Requirements" above), and you must be making Elective Contributions to the Plan.

### **Combined Limit on Contributions**

In addition to the dollar limits on Elective Contributions and catch-up contributions, there is a combined limit that applies to your Elective Contributions and any Employer Matching Contributions and Nonelective Contributions for each Plan Year. The limit is \$57,000 (or if less, 100% of your compensation) for the 2020 Plan Year. The dollar limit may be increased in future years for cost-of-living adjustments. This limit does not apply to catch-up or Rollover Contributions.

### **Vesting of Employer Contributions**

If your employment terminates due to your death, Disability or retirement (attainment of age 65), Matching Contributions and Nonelective Contributions (if any) and the earnings on those contributions will become 100% vested. You are considered to be disabled if you are unable to perform your duties due to a physical or mental condition that is expected to last for more than six months or to result in death, as determined by the Administrator based on the written certification

of a physician acceptable to the Administrator, or if you are the eligible to receive Social Security disability payments.

If your employment terminates for any other reason, your vested (nonforfeitable) interest in Matching Contributions and Nonelective Employer Contributions (if any) will be determined according to the following schedule:

<b>Years of Service</b>	<b>Vested Percentage</b>	<b>Forfeited Percentage</b>
Less than 2	0%	100%
2, but less than 3	25%	75%
3, but less than 4	50%	50%
4, but less than 5	75%	25%
5 or more	100%	0%

A “year of service” means a whole year of service with the Employer. Nonconsecutive periods of service shall be aggregated on the basis of 365 days of employment equals a whole year of service, whether or not those periods are consecutive. Service prior to becoming eligible to participate and service prior to the effective date of this Plan shall count as service for vesting. In addition, service with certain predecessor employers during specific periods of time will count as service for vesting. Contact the Administrator for more information.

### **Forfeitures**

If you terminate employment and are less than 100% vested in your Matching Contributions Account, you may forfeit the unvested portion of your Matching Contributions Account. A forfeiture will occur in the Plan Year that you receive a distribution of your entire vested Account, or if you do not receive a distribution, at the close of the fifth consecutive Plan Year in which you do not complete 501 hours of service with the Employer.

If you experience a forfeiture and later return to employment, you may have the forfeited amount reinstated by repaying to the Plan the amount of your previously vested Account balance that was distributed to you. Repayment must be made before the earlier of (1) five years after your rehire date, or (2) the close of the fifth consecutive year in which you do not complete 501 hours of service with the Employer.

If you were 0% vested at the time you terminated employment and therefore did not receive a distribution, the Plan will assume that upon your rehire you have repaid the 0% vested amount, and the previously unvested portion of your Account balance that was forfeited will be reinstated. Reinstatement of forfeited balances will not reflect increases for earnings (or decreases for losses) from the time of forfeiture to the time of reinstatement.

Forfeitures are retained in the Plan and used to reduce future Matching Contributions.

## **INVESTMENT OF PLAN CONTRIBUTIONS**

### **Participant Direction of Investments**

The funds that are contributed to the Plan on your behalf are held in a trust by the Trustee. You are permitted to direct the investment of the funds credited to your Account among the various investment options offered by the Plan.

You direct the investment of your Account by going online to Vanguard at [www.vanguard.com](http://www.vanguard.com) or via telephone at (800) 523-1188. Your Account will be invested by the Trustee according to your directions.

ERISA imposes certain duties on the parties who are responsible for the operation of the Plan. These parties, called fiduciaries, have a duty to invest Plan assets in a prudent manner. However, an exception exists for plans that comply with ERISA Section 404(c) and permit participants to exercise independent control over the assets in their Account and choose from a broad range of investment alternatives. This Plan is intended to be an ERISA Section 404(c) plan. This means that if you direct the investment of the assets in your Account, you are responsible for the investment decisions you make and the Plan fiduciaries (including the Employer, Administrator and Trustee) are not responsible for any losses resulting from your investment instructions.

### **Investment Information Made Available to You**

To assist you in making informed investment decisions, information including prospectuses about the investment options offered by the Plan, along with certain disclosures required by the Department of Labor's participant disclosure regulation, is available by going online to Vanguard's website at [www.vanguard.com](http://www.vanguard.com). The different investment options provide a range of risk, liquidity and investment return opportunities. Options include target date funds that automatically adjust the asset mix and allocation of investment options over a time period that is based on your age and when you want to retire. Financial planning services and a managed account program are also available through Vanguard.

### **Changing Your Investment Direction**

You may change the investment direction of future and previously allocated contributions on any business day. For more information, please go online to [www.vanguard.com](http://www.vanguard.com) or call (800) 523-1188.

## **DISTRIBUTION OF BENEFITS**

### **When Payment of Your Benefits May Begin**

You (or your beneficiary) may request a distribution of your vested Account balance based on either of the following events:

- Termination of your employment with all employers affiliated with Renown Health.
- Death. If you die, your beneficiary will receive the value of your vested Account balance. If you are married, your spouse is your beneficiary unless your spouse consents in writing to another beneficiary.

To request a distribution, you or your beneficiary must make a written application to Vanguard at [www.vanguard.com](http://www.vanguard.com)

### **When Payment of Your Benefits Must Begin**

Unless you elect to delay payment, the payment of your benefits will commence no later than the 60<sup>th</sup> day after the close of the Plan Year in which the later of the following events occurs:

- Your attainment of normal retirement age (age 65); or
- Your termination of employment with Renown Health and all its affiliated employers.

If the value of your Account exceeds \$5,000, determined without regard to any Rollover Contributions and the earnings on such contributions, you may defer payment of your benefits. However, by law you must begin to receive required minimum distributions (“RMDs”) from the Plan no later than April 1 of the calendar year following the calendar year you turn the RMD age or terminate your employment, whichever is later. The RMD age is 72 (unless you turned age 70-1/2 before 2020, in which case the RMD age is 70-1/2). Your RMD will be paid to you in a lump sum unless you request payment in equal monthly, quarterly, semi-annual or annual installments. Under legislation passed in response to the COVID-19 pandemic, you may elect to delay for one year any RMDs that would otherwise be required in 2020.

### **Form of Payment**

Your vested Account balance will be paid to you (or to your spouse or other beneficiary in the case of your death) in one of the following forms of cash payment:

- Lump sum: You may elect to receive your vested Account balance in one lump sum. This is the only form of distribution available if your vested Account balance is \$5,000 or less.
- Direct rollover: You may elect to roll over your vested Account balance to another eligible retirement plan or to an IRA.
- Direct rollover and lump sum: You may elect to roll over a portion of your vested Account and take the balance as a lump sum distribution to you.
- Partial payments: You may elect to receive your vested Account balance in amounts that you request from time to time.

## **Timing of Payment**

If you terminate employment and request a distribution, payment will be made or commence as soon as administratively feasible after the Administrator receives and processes your properly completed distribution election form. If you die before your Account is fully distributed, the Trustee will distribute your Account balance to your beneficiary at the time and in the form elected by your beneficiary, subject to required minimum distribution requirements set by law.

## **Cash-Out of Small Accounts**

If you terminate employment and your vested Account balance is \$5,000 or less, your vested Account balance will be paid to you automatically in a lump sum. Your Rollover Contribution Account balance will not be counted in determining whether your Account balance is \$5,000 or less. You will be given the opportunity to elect a direct rollover of the automatic distribution.

If the amount of the automatic payment exceeds \$1,000 and you do not elect to have the amount paid directly to you or rolled over into another qualified plan or an IRA, the payment will be rolled over into a traditional IRA chosen by the Administrator and established in your name with Vanguard. The assets rolled over to the IRA be invested in a type of investment designed to preserve principal and provide you with a reasonable rate of return and liquidity (for example, an interest bearing account, certificate of deposit or money market fund). All fees and expenses associated with the establishment and maintenance of the IRA will be charged to the IRA. The fees and expenses charged to the IRA will be comparable to the fees and expenses charged by Vanguard for its other IRAs.

## **Designating a Beneficiary**

If you are unmarried, you can name anyone to be your beneficiary. If you are married, by law your spouse is your beneficiary, unless you have properly designated another person or persons, your spouse has consented in writing to that designation and your spouse's signature has been witnessed by a notary public or Plan representative. The term "spouse" means the person to whom you are legally married at the time of your death.

If you fail to name a beneficiary, your spouse (if any) will be your beneficiary for purposes of the Plan. If you are not married, your beneficiary will be your estate.

# **DISTRIBUTIONS AND WITHDRAWALS WHILE EMPLOYED**

## **Financial Hardship Withdrawals**

As long as you are an Employee, you can request a hardship withdrawal to pay for an immediate and heavy financial need caused by one or more of the following circumstances:

- Costs directly related to the purchase of your principal residence (excluding mortgage payments);

- Payment of tuition and related educational fees for the next 12 months of post-secondary education for you, your spouse, children or other dependents;
- Certain medical expenses for you, your spouse or dependents;
- Payments to prevent your eviction from or foreclosure on your principal residence;
- Burial or funeral expenses for your deceased parent, spouse, children or dependents; and
- Expenses for repair of damage to your principal residence that would qualify for the casualty deduction under Code section 165 (determined without regard to whether the loss exceeds 10% of your adjusted gross income).

### **Requirements for Financial Hardship Withdrawals**

The following rules apply to hardship withdrawals.

- A hardship withdrawal may be made only if you have no other resources available to meet the immediate and heavy financial need (excluding loans and hardship distributions from this Plan or any other plan(s) maintained by your Employer in which you are a participant).
- The amount of the hardship withdrawal may not exceed the amount necessary to meet the need, but may include amounts necessary to pay federal, state or local income taxes and penalties resulting from the withdrawal.
- The withdrawal must be made from your Elective Contributions Account, including earnings.
- A hardship withdrawal cannot be rolled over to another qualified employer plan or an IRA.

### **Taxation of Financial Hardship Withdrawals**

Hardship withdrawals are subject to ordinary income tax. In addition, prior to your attainment of age 59-1/2, a 10% federal tax penalty will be assessed on any withdrawal that is taxable to you unless the withdrawal is made on account of your death, disability, retirement, termination of employment after age 55, or medical expenses to the extent they are deductible for federal income tax purposes. Contact the Administrator or your tax advisor for more information.

### **Withdrawal of Rollover Contributions**

You can request a withdrawal of all or any portion of your Elective Contributions Account and your Rollover Contributions Account (including PERS Rollover Contributions) at any time while you are still employed.

## **Qualified Reservist Distribution**

If you have been called to active military duty for more than 179 days or for an indefinite period, you may elect to withdraw your Elective Contributions during your active duty period. The withdrawal will not be subject to the 10% federal tax penalty for early withdrawals. You may repay the qualified reservist distribution to an IRA within two years following the end of your active duty.

## **Coronavirus-Related Distributions**

If you are a “qualified individual,” you may apply for a “coronavirus-related distribution” of up to \$100,000 from your vested Account balance. You are a “qualified individual” if:

- You or your spouse or dependent is diagnosed with SARS or COVID-19 by a CDC-approved test; or
- You experience adverse financial consequences as a result of being quarantined, being furloughed or laid off, or having your hours reduced due to such virus or disease, or being unable to work due to lack of child care.

The distribution must be made between January 1 and December 31, 2020. Contact the Administrator or Vanguard at [www.vanguard.com](http://www.vanguard.com) for further details.

## **PARTICIPANT LOANS**

### **Availability of Plan Loans**

If you are a Participant with a vested Account balance and an active Employee or on an approved leave of absence, you may borrow from your vested Plan Account with the approval of the Administrator. You may apply for a loan by calling Vanguard at (800) 523-1188 or by going online at [www.vanguard.com](http://www.vanguard.com).

### **Requirements for Loans**

All loans will be made in accordance with the Participant Loan Administration Policy established by Vanguard on behalf of the Administrator. You can obtain a copy of the Loan Administration Policy from the Administrator or from Vanguard at [www.vanguard.com](http://www.vanguard.com).

Key elements of the Loan Administration Policy include:

- The minimum loan amount is \$500.
- The maximum loan amount is the lesser of (i) \$50,000 reduced by the highest balance of any outstanding loan(s) you have under all qualified retirement plans sponsored by your

Employer for the 12-month period prior to the date of your loan application, or (ii) 50% of your vested interest in all your Accounts.

- You may have only one general purpose loan and one principal residence loan outstanding at any time.
- The term of a general purpose loan may not exceed five years. The term of a principal interest loan may be up to 30 years.
- Interest will accrue on the outstanding balance of your loan at a rate set by the Administrator. Contact Vanguard for the interest rate currently being charged for Participant loans.
- Loan repayments will be made through after-tax salary deduction or by personal check if the Participant is on an unpaid leave of absence.
- Loan processing fees will apply. See Appendix A.

See the Participant Loan Administration Policy for more information.

### **Special Rules for Coronavirus-Related Loans**

Special rules apply to loans made between January 1 and September 23, 2020 to Participants who are “qualified individuals” (as defined in “Coronavirus-Related Distributions,” above). The maximum loan amount is increased to the lesser of (i) \$100,000 reduced by the highest balance of any outstanding loan(s) under all qualified retirement plans sponsored by the Employer for the 12-month period prior to the date of the loan application, or (ii) 100% of the Participant’s vested Account. Participants with outstanding loans may ask the Administrator to suspend loan repayments that were otherwise due from March 27, 2020 through December 31, 2020. Interest on suspended loans will continue to accrue. At the end of the suspension period, the loan will be reamortized and the term of the loan will be extended for one year beyond the original end date. Except with these modifications, all other loan requirements will continue to apply. Contact the Administrator or Vanguard at [www.vanguard.com](http://www.vanguard.com) for further details.

## **CLAIMS PROCEDURE**

### **Benefit Claims**

If you believe that you are entitled to rights or benefits that you are not receiving from the Plan, you can file a claim with the Administrator. The claim must be in writing and must be submitted within 90 days from the date of occurrence of the event on which your claim is based. For example, if you believe that the amount of the benefit paid to you from the Plan upon your termination of employment is incorrect, you must submit a claim to the Administrator within 90 days after you received the payment.

If your claim is denied, the Administrator will notify you in writing within 90 days after it receives your claim (45 days if your claim is for a Disability benefit). If special circumstances require additional time to process your claim, the Administrator will notify you in writing within the initial 90 (or 45) day period that additional time to review your claim is necessary. The extension notice will describe the circumstances requiring a delay and the date that a decision is expected to be made, and will describe any additional information needed from you to resolve any unresolved issues. Unless the Administrator requires additional information to process the claim, and the time within which to review your claim may be extended for an additional 90 days beyond the initial 90-day period (the time may be extended for up to two successive 30-day extensions beyond the initial 45-day period in the case of a claim for Disability benefits).

### **Denial of Claim**

If the Administrator denies the claim, the Administrator's written notice to the claimant shall (i) state the reasons for the denial, (ii) include specific reference to the provisions of the Plan on which the denial is based, (iii) describe any additional material or information necessary for the claimant to present a thorough appeal and an explanation of why such material or information is needed, and (iv) include an explanation of the claims appeal procedure and time limits applicable to the procedure, including your right to bring a civil action under ERISA section 502 after a denial on appeal.

### **Appeal of Denied Claim**

If your claim is denied, you may appeal the decision in writing to the Administrator and receive a full and fair review of your claim and its denial. You or your authorized representative must file the appeal with the Administrator within 90 days after your receipt of the notice of denial (180 days for a Disability benefit claim denial). The written appeal must include the issues and comments you believe are relevant to permit the Administrator to review all facts and make a final determination of the claim. The Administrator will make a decision within 60 days of receipt of a written appeal (45 days for a Disability benefit claim) unless special circumstances make rendering a decision within that time period unfeasible and the Administrator notifies you of that fact within the original 60 (or 45)-day period. In any event, the Administrator must render a decision within 120 days after receipt of the appeal (within 90 days for a Disability benefit appeal). In the case of a Disability appeal, if the original claim denial was based on a medical judgment, no deference will be given to the original decision on the claim, and the appeal will be reviewed by a person or persons who are neither the decision maker on the original claim or the supervisor of such person.

The Administrator will notify you in writing of its decision on your appeal. The notice will include an explanation of the decision, specific references to any applicable Plan provisions on which the decision was based and a statement of your right to bring an action under section 502(a) of ERISA.

### **Disability-Related Claims and Appeals**

Additional requirements for notices and review procedures will apply if your claim is for a Disability-related benefit. These requirements are set forth in the Plan document. For more information or a copy of the Plan document, please contact the Administrator.

## **Exhaustion Required**

You must exhaust all remedies under the Plan's claims review procedures before filing suit against the Plan or the Administrator. Any lawsuit must be brought within four years after the occurrence of the event on which your claim is based, or if earlier, the date of the Administrator's denial of your appeal.

## **GENERAL PROVISIONS**

### **How Benefits May Be Lost**

Although the funds contributed to your Account are held in trust, there are a few situations that will cause you to lose your Account balance or to have your balance reduced.

- Your Account will share in losses, as well as gains and income, of the investment funds in which you have elected to invest your Accounts, as described under "Investments."
- If you terminate employment before you become 100% vested, then you may lose the portion of your Matching Contributions that were not vested at your termination of employment, as described under "Vesting."
- A qualified domestic relations order, or "QDRO," may direct that all or a portion of your Account be paid to your spouse, former spouse, children or other dependents. A QDRO is typically a court order resulting from a divorce proceeding that grants a Participant's former spouse the right to receive a portion of the Participant's Account(s). The Administrator will determine whether a court order is qualified based on procedures adopted by the Plan. You may obtain a copy of the QDRO procedures from the Administrator.
- Nondiscrimination tests required by federal law may require that some Elective Contributions be returned to Participants. You will be notified if you are affected.

### **Fees and Expenses That May Be Charged to Your Account**

A description of the fees for individual expenses, including Participant loans and hardship distributions, is attached as Appendix A.

A share of certain Plan administrative expenses may be charged to Participants' Accounts to the extent not paid by the Employer. See Appendix A. Such charges, if applicable, will be disclosed in compliance with Department of Labor Regulations.

There are expense ratios and other costs associated with each investment choice you select as detailed in the investment and fee disclosure provided to you when you enroll in the Plan, and at the Vanguard website at [www.vanguard.com](http://www.vanguard.com).

## **Benefits Not Insured**

Your Account is not insured by the Pension Benefit Guaranty Corporation (“PBGC”) because the insurance provisions of ERISA do not apply to 401(k) plans. All benefits payable under this Plan will be paid or provided for solely from the Trust.

## **Plan Amendment and Termination**

Although the Plan Sponsor intends for the Plan to be permanent, the Plan Sponsor reserves the right to amend or terminate the Plan at any time. If the Plan is terminated, all Participants’ Accounts will become 100% vested as of the Plan termination date.

## **YOUR RIGHTS UNDER ERISA**

As a Participant in the Plan, you are entitled to certain rights and protections under ERISA.

### **Right to Receive Information About Your Plan and Benefits**

ERISA provides that all Participants are entitled to examine, without charge, at the Administrator’s office or other specified locations, all documents governing the Plan, including insurance contracts and collective bargaining agreements, if applicable, and a copy of the latest annual report (Form 5500 Series) filed by the Plan with the U.S. Department of Labor (this report is available at the Public Disclosure Room of the Employee Benefits Security Administration). You may also obtain copies of above-listed material upon written request to the Administrator. The Administrator may make a reasonable charge for making copies of the above-listed material.

You are also entitled to receive, free of charge, the current summary plan description, a summary of the Plan’s annual financial report, or “summary annual report,” and a copy of the Plan’s procedures regarding qualified domestic relations orders. The Plan Administrator is required by law to furnish each Participant with a copy of the summary annual report after the close of each Plan Year.

### **Prudent Actions by Fiduciaries**

In addition to creating rights for you, ERISA imposes duties upon the individuals who are responsible for the operation of the Plan. The designated representatives of the Employer who operate your Plan are called “Fiduciaries” and they have a duty to do so prudently for all Plan Participants and beneficiaries. No one, including your Employer or any other person may fire you or otherwise discriminate against you in any way to prevent you from obtaining a qualified retirement plan benefit to which you are entitled or for exercising your rights under ERISA.

## **Enforce Your Rights**

If your claim for a benefit is denied, in whole or in part, you have the right to know the basis for the decision, 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 a copy of Plan documents or the latest summary annual report from the Plan and do not receive them within 30 days, you may file suit in a Federal court. In such case, the court may require the Plan Administrator to provide the materials and pay you up to \$110 a day until your request is met, unless the materials were not sent because of reasons beyond the control of the Plan Administrator.

If you have a claim for benefits which 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, you may file suit in a Federal court.

If it should happen that Plan fiduciaries misuse the Plan's assets, 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 your case is successful, the court may order the individual(s) you have sued to pay these costs and fees. If your case is not successful, the court may order you to pay these costs and fees if, for example, it determines your claim to be frivolous.

## **Assistance with Your Questions**

If you have any questions about this Plan, you should contact the Plan Administrator. If you have any questions about this statement or about your 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 or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the Employee Benefits Security Administration at (866) 444-3272 or visiting the Employee Benefits Security Administration website at [www.dol.gov/ebsa](http://www.dol.gov/ebsa).

**SUMMARY PLAN DESCRIPTION  
RENOWN HEALTH RETIREMENT SAVINGS PLAN**

**APPENDIX A**

**PLAN EXPENSE ALLOCATIONS**

Plan administrative expenses include charges for services such as legal, accounting, auditing, investment advisor, third party administrator and recordkeeping expenses. These expenses may be paid partly from Plan assets and partly by Renown Health as the Plan Sponsor from its general assets. Expenses that are paid from Plan assets will be shared by Participants either on a pro-rata basis or a per capita basis, as determined by the Administrator in its sole discretion. If the expense is paid on a pro-rata basis, an amount will be allocated to Participants' Accounts based on the assets in each Participant's Account relative to total assets. If the expense is paid on a per capita basis, the expense is divided by the number of Participants and the same dollar amount is allocated to each Participant's Account.

The Plan will assess the Participant's Account for individual expenses that are incurred by or attributable to the particular Participant who takes advantage of certain Plan features, as follows:

1. A fee in the amount of \$150.00 will be charged for processing hardship distributions. This fee includes preparation of documents, distribution expense, and tax reporting forms.
2. A fee in the amount of \$90.00 (\$40.00 if the application is made online) will be charged for Participant loan setup, including processing of the loan request, documentation and check preparation. An annual loan maintenance fee in the amount of \$25.00 will also be charged.

The foregoing fees are subject to change from time to time.

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