

SUMMARY ANNUAL REPORT FOR SOUTHWEST BENEFIT PLAN

This is a summary of the annual report of the SOUTHWEST BENEFIT PLAN, a health, life insurance, dental, vision, temporary disability, long-term disability and death benefits plan (Employer Identification Number 34-1455141, Plan Number 525), for the plan year 01/01/2023 through 12/31/2023. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

SOUTHWEST COMMUNITY HEALTH SYSTEM has committed itself to pay certain Health claims incurred under the terms of the plan.

Insurance Information

The plan has insurance contracts with UNUM LIFE INSURANCE COMPANY OF AMERICA, CIGNA HEALTH AND LIFE INSURANCE COMPANY AND AFFILIATES, VISION SERVICE PLAN, METROPOLITAN LIFE INSURANCE COMPANY, PROVIDENT LIFE AND ACCIDENT and LINCOLN NATIONAL LIFE INSURANCE COMPANY to pay certain Indemnity Contract, ACCIDENT, CRITICAL ILLNESS, HOSPITAL, Dental, PREPAID DENTAL, Vision, Life insurance, Temporary disability, ACCIDENT, Long-term disability, ACCIDENTAL DEATH AND DISMEMBERMENT claims incurred under the terms of the plan. The total premiums paid for the plan year ending 12/31/2023 were \$2,324,243.

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. 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 DARREL CASTRICONE, who is a representative of the plan administrator, at 18697 BAGLEY ROAD, MIDDLEBURG HEIGHTS, OH 44130 and phone number, 440-816-8000. The charge to cover copying costs will be \$5.00 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: 18697 BAGLEY ROAD, MIDDLEBURG HEIGHTS, OH 44130, 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.,

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Washington, D.C. 20210. The annual report is also available online at the Department of Labor website www.efast.dol.gov.

Additional Explanation

Health Benefits are self-insured and not subject to SAR reporting requirements. Contact your plan administrator for details.