

WESTERN HEALTHCARE INSURANCE TRUST

SUMMARY PLAN DESCRIPTION

(per DOL reg. 2520.102-3)

April 2022

HIGHLIGHTS OF THE PLAN:

- Purpose of the Trust. The Western Healthcare Insurance Trust (“Trust”) offers several employee benefit programs, including dental, vision, life, accident, disability, and an employee assistance program. Your employer has subscribed with the Trust to participate in one or more of these employee benefit programs.
- Benefits. The insurance carriers or providers of each benefit program will issue certificates or booklets to the participants of the plan, which will provide a full description of the eligibility rules, benefits available, and the circumstances under which benefits may terminate.
- Change of Address, Spouse or Dependent. If you move or have a change in mailing address, it is your responsibility to update the mailing address on file with your employer. It is also your responsibility to update the information on file with your employer if you have a change in spouse or dependents. Failure to notify your employer may result in loss or delay of benefits.
- Trust Office. The Trust Office is a valuable resource for participating employees and provides important services to the Trust. The Trust Office may be contacted at the following and can refer you to someone who will be able to answer your question:

Western Healthcare Insurance Trust
c/o Vimly Benefit Solutions, Inc.
12121 Harbour Reach Drive, Suite 105
Mukilteo, WA 98275
(206) 859-2600

NOTE: In case of a conflict between the questions and answers in this Summary Plan Description, and the certificate of coverage or provider booklet concerning benefits available, participation, or eligibility rules, the certificate or booklet will prevail.

SUMMARY PLAN DESCRIPTION

1. Who can participate? Who is eligible for benefits?

The rules for participation, enrollment and eligibility for the various insurance programs are described in the booklets or certificates issued by the insurance carrier or program provider. Please contact your employer for that material, or feel free to contact the Trust Office, which can deliver a copy to you or help you obtain it from the insurance carrier or program provider.

2. What are the benefits from the programs offered by the Trust?

The specific benefits offered by each insurance program are described in the booklets or certificates issued by the insurance carrier or program provider and are incorporated herein by reference. Please contact your employer for that material or contact the Trust Office or the insurer contact listed below for a copy of the program booklet. You may also contact the insurer and provider contacts listed below for questions about your benefits. Currently, the Trust offers the following benefit programs. Your employer may have decided to offer and endorse one or more of these programs for its employees.

| Benefit | Insurance Carrier | Contact |
|---|--------------------------------|---|
| Dental | WashingtonDental Service (WDS) | Alexis Dwyer 206.528.7363 adwyer@deltadentalwa.com |
| Managed Dental | Willamette Dental | Kimberly Bolden kbolden@willametedental.com 360.790.5618 |
| Vision | Vision Service Plan (VSP) | Ross San 916.858.7305 ross.san@vsp.com |
| <ul style="list-style-type: none"> • Basic Life/AD&D • Long Term Disability • Voluntary/additional Life • Voluntary AD&D (Voluntary AD&D) | Standard Insurance Company | Michele Scaglia 425.283.1064 msscaglia@standard.com |
| Employee Assistance Program (EAP) | First Choice Health | Darci Freeman 206.268.240 dafreema@fchn.com |

3. What should I do if I change my address?

It is the employee's responsibility to notify his or her Employer of any change in mailing address. Note that it is important to keep this type of information updated so that notices related to the Programs may be sent to you. Failure to notify your employer of such changes may result in the loss or delay of benefits under this Plan.

4. How do I make a claim for benefits or appeal a denial of benefits?

Each insurance carrier or provider sets forth and administers its claim and appeal procedures. Check your booklet/certificate for details, such description is incorporated herein by reference. If you have questions, the Trust Office may be able to assist you in contacting the correct persons at the insurance carrier or provider. If you have a complaint against the Trust unrelated to a benefit determination, you can request a copy of the Trust's Complaint Procedures from the Trust Office.

5. What are the circumstances that might result in ineligibility or denial of benefits or amendment or termination of the program?

Circumstances which may result in disqualification, ineligibility, denial, or the loss of benefits include failure to meet the eligibility requirements, failure of your employer to timely pay premiums, limitations and exclusions in the programs, death, and termination of the program. See the booklet/certificate for more details.

6. What is the name of the Trust? What type of trust is WHIT?

The Trust name is the Western Healthcare Insurance Trust ("Trust"). The Trust is a Group Insurance Arrangement ("GIA"), as defined in federal tax law.¹ Group Insurance Arrangement or GIA is an IRS term, which signifies a program that provides welfare benefits to the employees of two or more unaffiliated employers through use of a trust as a conduit for purchase of insurance contracts and payment of premiums. The purpose of the Trust is to provide unique and preferred employee benefit programs that participating employers may not be able to access on their own.

The insured health and welfare programs offered by the Trust include dental, vision, basic life/accidental injury and death, dependent life, supplemental life, long-term disability, employee assistance program (EAP), and voluntary accident benefit programs. The participating employers generally are health care providers (*e.g.*, hospitals, clinics) in the Pacific Northwest.

The Trust is also a multiple employer welfare arrangement ("MEWA") under the Employee Retirement Income Security Act ("ERISA").² As a MEWA, the Trust retains fiduciary responsibility to the participating employers, but each participating employer is the plan fiduciary of its own benefit plan in relation to its own participating employees. For more detail, see question 7 below.

¹ See *Internal Revenue Service, Instructions for Form 5500, Section 5.*

² ERISA Sec. 3(40), 29 USC 1003(40)

7. What duties does the Trust have toward participating employees; and what duties does the Employer retain?

As a GIA, each of the participating employers in the Trust is the Plan Administrator of the Trust programs in which the employer has subscribed and has fiduciary responsibility to its participating employees for those programs. However, applicable law (ERISA, 29 USC 1001 et seq.) permits the participating employers to delegate their administration duties to the Trust. Therefore, for ease in operation and administration, each participating employer in the Trust has signed a Subscription Agreement delegating certain program administration to the Trust. The Subscription Agreement is incorporated here by reference. Your employer has agreed to retain certain responsibilities.

The Program administrative duties have been assigned as follows:

| | Duties/Areas of Administration |
|-------------------------|---|
| Participating Employers | 1) Distribute Summary Plan Description/SMM notice/benefit booklets 2) COBRA notices and administration 3) Distribute HIPAA privacy notices 4) Distribute Summary Annual Report 5) Report employee eligibility to Trust and changes in eligibility |
| Trust | 1) Write Summary Plan Description 2) Provide Summary Annual Report to Employer 3) File tax documents and Form 5500 4) Collect program eligibility information for employees from employer and provide enrollment to carriers or providers 5) Provide customer service to employers regarding programs 6) Process premium payments from employers to carriers |
| Insurance Carriers | 1) Write Benefit Booklets and notices of material modification of benefits and provide to Employers 2) Make Benefit and Eligibility Determinations 3) Hear appeals of benefit denials 4) HIPAA compliance |

Participants and beneficiaries may receive from the Trust Office, upon written request, information as to whether a particular employer is a sponsor of the plan and, if the employer is a plan sponsor, the sponsor's address.

The following contract administrator, serving as the Trust Office, will assist the Trust in performing the duties delegated to the Trust in the above chart:

Vimly Benefit Solutions, Inc.
 12121 Harbour Reach Drive, Suite 105

Mukilteo, WA 98275
(206) 859-2600

8. Who are the Trustees?

The Trust Administrator (fiduciary) is the Board of Trustees of the Western Healthcare Insurance Trust, which has fiduciary responsibility to the participating employers. The names, addresses and telephone numbers of the members of the Board of Trustees of Western Healthcare Insurance Trust are as follows:

Board of Trustees

Lane Savitch, Chairperson
637 - 11th Avenue
Kirkland, WA 98033
(509) 942-2709

Grace Henley, Vice-Chairperson
15715 - 4th Avenue, #4
Burien, WA 98166
(206) 248-4629

Kimberly Washburn
20364 Murphy Road
Bend, OR 97702
(509) 575-8000

Lisa McDaniel
PO Box 815
Moses Lake, WA 98837
(509) 793-9611

9. Is there any other information about this Plan that I should know?

a) Name, Address and Telephone Number of Organization that Established Trust

The Trust was originally established by the Washington State Hospitals Association, whose address and phone number is:

Washington State Hospitals Association
300 Elliott Avenue West, Suite 300
Seattle, WA 98119
(206) 281-7211

The Trust is no longer affiliated with the Washington State Hospitals Association. The Board of Trustees administers the Trust in coordination with the Participating Employers and the insurance carriers and program providers.

b) Tax Identification Number of the Trust

The Employer Tax Identification Number assigned to the Trust by the Internal Revenue Service is 91-0971187. The Plan number is 501.

c) Name and Address of Agent for Service of Process

Each member of the Board of Trustees is an agent for purposes of accepting service of legal process on behalf of the Trust. Service of legal process may be made upon a Trustee at the addresses set forth in Section 8 above, or on the Trust Office named in Section 7 above. If legal process involves a claim for benefits under one or more of the various programs sponsored by the Trust, additional legal process must be served on the insurance carrier.

d) Description of Bargaining Agreements

Some employees participate in the Trust pursuant to a collective bargaining agreement with their employer. If you have a question whether you participate under a collective bargaining agreement, or would like to see a copy of it, please contact your employer or the Trust Office.

e) Information regarding COBRA

Continued participation in a group health plan is a right governed by federal law, known as the Consolidated Omnibus Budget Reconciliation Act of 1985, commonly referred to as your “COBRA” right. If you are covered by this Trust, you may have the right to make contributions to the Trust (through your employer), in order to receive coverage in certain instances where coverage under this Trust would otherwise end. **Your employer, not the Trust, is responsible to administer COBRA.**

NOTE: COBRA rights will not apply to all insurance programs of the Trust, nor to all employers in the Trust. Dental and vision programs are subject to COBRA, but life, disability and accident insurance programs are not. Employers with fewer than twenty employees may not be subject to COBRA (a federal law), but may be subject to similar state law. On the effective date of this Summary Plan Description, Oregon was the only state in the Pacific Northwest with a COBRA law for small employers (less than 20 employees). However, the Oregon COBRA law may or may not apply to your insurance program. Please check with your employer on whether COBRA applies to your insurance programs.

f) The procedures governing Qualified Medical Child Support Order Determinations (QMCSO).

Beneficiaries can obtain, without charge, a copy of such procedures from the Trust Office.

g) Source of Contributions

Contributions to the Trust are made by the Employer and/or employees. Contributions for the employee assistance program are made exclusively by employers.

h) Methods Used for Accumulation of Assets

Contributions are received by and held in trust by the Trust until the Trust transfers them to the insurance carriers and program providers for premium payment.

i) Trust's Plan Year

The Trust's plan year runs from January 1st to December 31st.

j) Information regarding the Family Medical Leave Act.

If a covered Employee ceases active employment due to an Employer-approved family or medical leave of absence in accordance with the requirements of the Family and Medical Leave Act (Public Law 103-3), or in accordance with any state or local law which provides a more generous medical or family leave and requires continuation of coverage during the leave, coverage under some Trust programs may be continued under the same terms and conditions which would have applied had the Employee continued in active employment, provided the Employee continues to pay his contribution share toward the cost of coverage, if any contribution is required. Contributions will remain at the same Employer/Employee levels as were in effect on the date immediately prior to the leave (unless contribution levels change for other Employees in the same classification).

An FMLA leave will be deemed to terminate on the earlier of the following dates:

- The date the Employee uses up his FMLA leave entitlement.
- The date the Employee informs the Employer of his intent not to return from leave.

Please contact your employer if you go on FMLA leave and would like to find out if the FMLA applies to your program and how you can take advantage of your right to self-pay contributions under FMLA.

k) Information regarding Uniformed Services Employment and Reemployment Rights Act - Veterans' Rights.

Employees going into or returning from military service may have plan rights mandated by the Uniformed Services Employment and Reemployment Rights Act of 1994. These rights include up to 24 months of extended health care coverage upon payment of the entire cost of coverage by the former employee, plus a reasonable administration fee and immediate coverage upon return from service. These rights apply only to Employees and their eligible family members covered under the Plan before leaving for military service. If you are a leaving or returning military service member, please check with your Employer or the Trust Office regarding your rights.

l) Statement of Legal Rights

- **Rights of Trust Participants.** Beneficiaries of the Western Healthcare Insurance Trust are entitled to certain rights and protection under the Employee Retirement Income Security Act of 1974 (ERISA). ERISA provides that all Trust participants shall be entitled to:
 - Examine without charge at the Trust Administrator’s office and at other specified locations, such as worksites and union halls, all documents governing this Trust, including collective bargaining agreements, insurance contracts and a copy of the latest annual report filed by the Trust 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 Trust Administrator, copies of documents governing the operation of this Trust, including, insurance contracts, collective bargaining agreements, a copy of the latest annual report and an updated Summary Plan Description. The Trust Administrator may make a reasonable charge for the copies.
 - Receive a summary of the Trust’s annual financial report. The Trust Administrator is required by law to furnish each enrollee with a copy of this summary annual report.
 - If there is a loss of coverage under the Trust 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 General COBRA Notice provided by your employer for the rules governing your COBRA continuation coverage rights.
- **Prudent Actions by Trust Fiduciaries.** In addition to creating rights for Trust beneficiaries, ERISA imposes obligations upon the persons who are responsible for the operation of this employee welfare benefit Trust.
 - These persons who operate your Trust and programs, are called “fiduciaries” in the law. Fiduciaries must act solely in the interest of the Trust Beneficiaries and they must exercise reasonable prudence in the performance of their Trust and program duties. Fiduciaries who violate ERISA may be removed and required to make good any losses they have caused the Trust. No one, including an employer, may fire or otherwise discriminate against employees to prevent them from obtaining a welfare benefit or exercising their rights under ERISA.
- **Enforce Your Rights.** If a claim for a welfare benefit is denied or ignored, in whole or in part, Beneficiaries have a right to know why this was done, 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 that can be taken to enforce the above rights. For instance, if you request a copy of Trust documents or the latest annual report from the Trust and do not receive them within thirty (30) days, you may file suit in a Federal court. In such a case, the court may require the Trust Administrator to provide the materials and pay you 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 which is denied or ignored, in whole or in part, you may file suit in a state or Federal court after exhausting the insurance carrier's administrative procedures. If a Trust fiduciary misuses the Trust'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 the court finds your claim to be frivolous.

- **Assistance with Your Questions.** If you have any questions about this Trust, you should contact the Trust Office. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the Trust Administrator, you should contact the nearest 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 N.W., 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 at (866) 444-EBSA (3272).

- **HIPAA.** The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires special precautions of health benefit plans to protect the privacy of "protected health information." Your employer or the insurance carrier should have provided you with the required HIPAA privacy notices for Trust programs subject to HIPAA privacy requirements. If you would like more details about your privacy rights, please contact the Trust Office.

NOTE: This Summary Plan Description has been designed to provide you with key information about the Western Healthcare Insurance Trust but it does not provide all of the details and limitations of the benefit programs. Exact specifications are provided by the insurance carriers and program providers in the benefit booklets. If you have trouble reaching a carrier, contact the Trust Office or your employer.