

SUMMARY PLAN DESCRIPTION

For the Retirement Savings Plan For Employees of West Penn Allegheny Health System

(describing the terms of the Plan as in effect as of June 1, 2023)

INTRODUCTION

The Retirement Savings Plan for Employees of West Penn Allegheny Health System (the “Savings Plan” or the “Plan”) provides a tax-advantaged method to save for retirement. This Savings Plan allows certain participants to make pre-tax or Roth contributions from regular compensation, and all participants can invest their accounts as selected from among the investment funds offered under the Savings Plan.

The Savings Plan is currently frozen except as to certain collectively-bargained participants (described herein). As of June 1, 2023, only a limited subset of active participants (AGH Nurses – Union A) are eligible to receive matching contributions.

In 2023, the following frozen 403(b) plans were merged with and into the Savings Plan: (1) effective June 21, 2023, the Jefferson Regional Medical Center Retirement Savings Plan (the “Jefferson Plan”), and (2) effective 11:59 p.m. ET on June 30, 2023, the Saint Vincent Health System Tax Sheltered Annuity Plan (the “SVHS Plan”). The mergers of the Jefferson Plan and the SVHS Plan do not expand the coverage of the Plan (i.e., all components of the Plan remain frozen except for certain legacy WPAHS Plan collectively bargained participants). Certain special provisions apply to participants in the Jefferson Plan and the SVHS Plan, some of which are highlighted in this SPD.

This booklet is a Summary Plan Description (“SPD”) that summarizes the terms of the Savings Plan as in effect as of June 1, 2023. We encourage you to read this SPD carefully. For the most part, the SPD uses everyday language. However, certain words and phrases have specific meanings within the context of the Plan, which are defined in the body of this document or in the Plan. This SPD does not contain each and every detail of the Plan, which you can ask to see by contacting the Highmark Health Retirement Service Center 1-at 833-964-3015 or HR Services at 1-844-242-HR4U (4748). If the information contained in this booklet and the official Plan documents differ, the Plan document provisions always control.

No person has the authority to make any oral or written statement or representation binding upon the Employer or the participating employers that is inconsistent with, or varies the terms of any Plan documents or any contracts or other documents maintained in conjunction with the Plan. The Employer (or its duly appointed delegate) reserves the right to amend, modify or discontinue the Plan, in whole or in part, at any time and for any reason.

HIGHMARK HEALTH RETIREMENT SERVICE CENTER

Alight is a Fund Sponsor that performs certain administrative services for the Plan and can be reached by calling the Highmark Health Retirement Service Center at 1-833-964-3015. Representatives are available between 8 a.m. to 8 p.m. EST, Monday through Friday (except holidays). Information is also available 24 hours a day at <https://digital.alight.com/highmarkhealth>. Through the Retirement Service Center, you can:

- Change your pre-tax or Roth contribution percentage (if you are eligible to contribute)
- Stop or resume your contributions (if you are eligible to contribute)
- Change your investment choices for future contributions
- Transfer your investments among the funds
- Change your beneficiary designation

BASIC FACTS ABOUT THE SAVINGS PLAN

Plan Name – The formal name of the Savings Plan is the: “Retirement Savings Plan for Employees of West Penn Allegheny Health System.”

Plan Type – The Savings Plan is a qualified, employer-sponsored defined contribution plan that provides for tax deferred annuities and custodial accounts under Section 403(b) of the Internal Revenue Code of 1986, as amended (the “Code”), which has participant-directed investment options designed to comply with Section 404(c) of ERISA.

Plan Sponsor – The name and address of the Savings Plan sponsor is West Penn Allegheny Health System (the “Employer”), c/o HR Services, Allegheny Health Network/Highmark Health, 120 Fifth Avenue, FAPHM – 044B, Pittsburgh, PA 15222.

The telephone number is 1-844-242-HR4U (4748).

Plan Administrator and Agent for Service of Process – The plan administrator and the agent for service of process is the Employee Benefits Fiduciary Committee of Highmark Health (the “Committee”). You can contact the Employee Benefits Fiduciary Committee at the following address:

AHN - Highmark
c/o Director, Retirement Benefit Programs
120 Fifth Avenue, FAPHM – 044B
Pittsburgh, PA 15222-3099
1-844-242-HR4U (4748)

Plan Sponsor EIN – The employer identification number is 25-0969492.

Plan ID Number – For recordkeeping and administrative purposes, the Employer has assigned Plan number 002 to the Savings Plan.

Plan Year – the plan year is the calendar year, January 1 to December 31.

Active Fund Sponsor (as of July 1, 2023) – The name and address of the active Fund Sponsor of the Savings Plan’s assets is:

Alight Solutions
320 S Canal St
Suite 5000
Chicago, IL 60606

Certain assets were transferred to Alight from other fund sponsors and custodians on or about June 1, 2023, including certain assets from the merged Jefferson Plan and SVHS Plan.

Active Custodian (as of July 1, 2023) – the name and address of the Plan’s custodian is:

BNY Mellon
500 Grant Street
Pittsburgh, PA 15219

Frozen Fund Sponsors and Custodians – Certain Plan assets remain held with frozen Fund Sponsors and Custodians set forth below:

Contributions prior to 2018 only (legacy WPAHS):

TIAA
P.O. Box 1268
Charlotte, NC 28201-1268

Contributions prior to 2011 only (legacy Jefferson Plan):

American Funds
c/o Capital Group
333 South Hope Street
Los Angeles, CA 90071

Stable Value transition period only (legacy Jefferson Plan):

AIG/Valic
2929 Allen Parkway
Houston, TX 77019

Participating Employers – The Employer, Allegheny General Hospital (including Suburban Campus), Allegheny Valley Hospital, Allegheny Clinic, Allegheny Singer Research Institute, Canonsburg General Hospital, Forbes Hospital, The Western Pennsylvania Hospital and each of their related not-for-profit corporate entities under common control. In addition, the participating employers in the merged Jefferson Plan and SVHS Plan are participating, but only as to the participants whose balances were transferred to the Plan. As noted below, the Plan is frozen except as to limited collectively bargained groups in the WPAHS legacy portion of the Plan.

Plan Funding – All of the contributions (both from the Employer, if applicable, and your own) made under the Savings Plan are transferred by the Employer to the Fund Sponsor or Custodian. Contributions for any payroll period will be paid to the Fund Sponsor or Custodian as soon as practical but in no event later than the date required by law. The Fund Sponsor or the Custodian will hold all contributions on your behalf.

Collective Bargaining Agreements – Certain collectively bargained groups participate in the Plan. To obtain a copy of a collective bargaining agreement, contact the Committee.

ELIGIBILITY

Eligible Employees – The following collectively bargained employees of the Employer are eligible to participate in the Savings Plan immediately upon employment:

Union M – International Union of Operating Engineers (IUOE) at Allegheny General Hospital

Union A – Service Employees International Union (SEIU) at Allegheny General Hospital

Additionally, employees who chose the one-time choice option in the following Unions remain eligible:

- SEIU Service, Technical & Business Office Clerical at AGH
- SEIU RNs, Service Maintenance and Business Office Clerical at CGH
- SEIU RNs and Service workers at AVH

Even if covered by a collective bargaining agreement as outlined above, none of the following groups may participate: leased employees; individuals treated as independent contractors or not otherwise on the payroll records of a participating employer; and non-resident aliens who receive no U.S. sourced income.

Certain non-collectively bargained employees who elected to continue to be eligible for the Savings Plan (sometimes referred to as “electing participants”) were eligible to participate through December 31, 2020. However, no non-collectively bargained employees may actively participate in the Plan on or after that date.

EMPLOYEE AND EMPLOYER CONTRIBUTIONS

Salary Reduction Contributions – Eligible participants in the Savings Plan, may make contributions each pay on a pre-tax or, effective July 1, 2023, a “Roth” basis (or a combination of pre-tax and Roth). You may designate, as your salary reduction contributions, a percentage of your pay up to the lesser of 80% of Compensation or the limitations described below. Your salary reduction contributions will be deducted each payroll period.

You will always be one hundred percent (100%) vested in your salary reduction contributions.

The Code imposes limitations on the maximum salary reduction contributions that you may make to the Savings Plan (together with certain other similar plans of any employer plans in which you participate, whether made on a pre-tax or Roth basis, or a combination). That limitation is specified annually by the IRS and subject to adjustment, but is \$23,000 for 2024. If you are age 50 or older by December 31st of the plan year, you are eligible to contribute an additional “catch-up contribution” of up to \$7,500 (for 2024).

If you change jobs and have made contributions to more than one employer’s plan, similar to this Savings Plan, it is important to note that the limits shown above apply to all of your contributions including contributions to another employer’s plan during the current plan year (other than a 457 plan). Please remember to take any contributions you made into a prior employer’s plan into account when enrolling in this Plan as to not exceed the annual limit for any given year.

Compensation Defined – For purposes of the Savings Plan, your “Compensation” means the amount you earn as wages from the Employer as defined by the Code. This includes:

- your salary reduction contributions to the Savings Plan
- any pre-tax salary reduction contributions you make to pay for your portion of health (medical, dental and vision) insurance premiums
- pre-tax contributions you make to the healthcare and dependent care flexible spending accounts
- contributions to a transportation incentive program
- contributions to a deferred compensation plan under Section 457 of the Code

Compensation does not include:

- any amount you earn in excess of the applicable IRS limit (\$345,000 in 2024)
- severance payments

Highly Compensated Employee – If you earn \$155,000 or more in 2023, the IRS considers you highly compensated for 2024. If contributions made by highly compensated employees exceed the IRS mandated limit compared to non-highly compensated employees, the Employer may have to reduce or refund your contributions to ensure compliance.

Rollover Contributions – You may elect to rollover all or a portion of the funds that you receive in a distribution from another plan, an individual retirement account, or an individual retirement annuity or annuity contract that is eligible for tax-deferred rollover treatment, provided that the rollover is made within 60 days after the date you received the distribution. You are always fully vested in your rollover contributions.

Employer Matching Contributions – The Employer makes matching contributions to your Plan account ONLY if you are an eligible participant who is a member of the AGH Nurses Union (Union A) who is making salary reduction contributions (either pre-tax or Roth). No other participants are eligible for matching contributions.

The amount of the matching contribution for the AGH Nurses Union is equal to:

- **Basic Match:** One half of your salary reduction contributions up to a maximum salary reduction contribution of 2.5% of Compensation (that is, a maximum Basic Matching Contribution of 1.25% of Compensation). The Basic Matching Contribution is credited each pay period.
- **Additional Match:** If you earn at least 1,000 hours of vesting service during the plan year, have 5 or more years of vesting service under the WPAHS Subplan to the Highmark Retirement Plan (all service determined as of January 1 of the plan year in question), and you elect to defer more than 2.5% of your salary to the Savings Plan, you will receive an Additional Matching Contribution determined by using the lesser of the actual percentage that you are deferring to the Savings Plan or the percentage set forth in the schedule below for your years of vesting service:

Years of Vested Service as of January 1	Your deferral amount must be:	For an Additional Match of
5-9	3%	0.25%
10-14	4%	0.75%
15-19	5.5%	1.50%
20+	7.5%	2.50%

The Additional Matching Contribution is credited as soon as administratively possible after the end of the plan year.

ENROLLMENT and INVESTMENT OPTIONS

Enrollment & Investing – Enrolling in the plan and choosing how you want to have your contributions invested is a two-step process.

Step 1 – Enrolling, Stopping or Changing Your Contributions with Alight

Alight performs recordkeeping services for the Plan and can be reached by calling the Highmark Health Retirement Service Center at 1-833-964-3015. Representatives are available between 8 a.m. to 8 p.m. EST, Monday through Friday (except holidays). Information is also available 24 hours a day at <https://digital.alight.com/highmarkhealth>.

Step 2 – Allocating your Assets

Contributions will automatically default to the age-appropriate default investment closest to the year you might retire and assuming a retirement age of 65, unless you elect otherwise.

To help you meet your investment goals, the Plan also offers a range of investment options. You can select a mix of investment options that best suits your goals, time horizon and risk tolerance. A complete description of the Plan's investment options and their performance, as well as planning tools to help you choose and appropriate mix, are available at <https://digital.alight.com/highmarkhealth>.

Reallocating Assets within your frozen Fund Sponsors

Legacy WPAHS employees hired prior to 1/1/18 were eligible to make contributions to TIAA. You may reallocate your assets at any time by contacting the TIAA at 1.800.842.2252 or by accessing your account online at www.tiaa.org. You are permitted to take a distribution from your TIAA account if you are over age 59 ½ or have separated from service. You may also take a loan or a hardship distribution, as described below, from your TIAA account.

Certain legacy Jefferson Plan participants were eligible to make contributions to American Funds. You may reallocate your American Funds assets at any time to active Fund Sponsors by contacting American Funds at 800-421-0180.

Other Important Facts

The Plan Administrator can add or subtract Fund Sponsors and/or add or subtract investment options from time to time (except as to those offered through frozen Fund Sponsors), upon reasonable notice to you. If you want to check on the current list of available investments, please access the <https://digital.alight.com/highmarkhealth>. The Plan Administrator may from time to time establish rules and regulations governing your investments under the Savings Plan, including the transfer of amounts in your Plan account among the investment funds and/or other investment alternatives. This information will be provided to you through HR Services.

You may change your investment elections as frequently as permitted by the applicable Fund Sponsor.

Your Investment Choices

You have a choice of different investment funds for investing your account. Keep in mind that, as with all investments, fund returns will vary – you may make money or lose money through

your investments, and neither the Plan nor any participating employer guarantees your account against investment losses. You may change your investment choices for new contributions going into your account, or change how your existing account is invested, at any time by visiting the Highmark Health Retirement Service Center website at <https://digital.alight.com/highmarkhealth>. You are solely responsible for the outcome of your investment decisions (including if you take no action and your account is invested into a default investment).

NAMING YOUR BENEFICIARY

You can name or change your Savings Plan beneficiary at any time by visiting the Highmark Health Retirement Service Center website at <https://digital.alight.com/highmarkhealth>. If you're married, your spouse is the beneficiary unless he/she waives that right by completing the spousal waiver portion of the beneficiary designation form. If you are unmarried, you may choose whomever you want as your beneficiary. If you do not designate a beneficiary, or if all your selected beneficiaries die before full distribution of benefits, Plan benefits will be paid to your surviving spouse (if any), then to your surviving children, per stirpes (if any), then to the estate of the last to die of you or your beneficiary.

We recommend reviewing your beneficiary designation periodically and particularly around life events (e.g., marriage, divorce, death of a beneficiary) to confirm that it meets your needs. If you are a former Jefferson Plan or SVHS Plan participant, it is particularly important to confirm your beneficiary designation and, if desired, submit a new form as beneficiary designations from the prior plans were not carried over into this Plan.

IN SERVICE WITHDRAWALS

Generally, your Plan account is not available for distribution until your termination of employment with the Employer and its affiliates (including the Highmark/AHN enterprise). However, in certain cases, in-service distributions are permitted. The Savings Plan allows for age 59 ½ withdrawals as well as hardship withdrawals and loans to employees who qualify. Additionally, certain Jefferson Plan and SVHS Plan participants have grandfathered in-service distribution rights as described below.

Age 59 ½ Withdrawals – You can withdraw all or any part of your Account if you are 59½ years old, provided you first obtain the written consent of your spouse if you are married, and the withdrawal is permitted by the applicable Fund Sponsor(s). This means you can withdraw your salary reduction contributions, Employer Matching Contributions, and Rollover Contributions (adjusted for investment experience).

You can request an age 59 ½ withdrawal by contacting your Fund Sponsor to obtain the necessary paperwork.

Hardship Withdrawals – You may withdraw only your salary reduction contributions if:

- you have an “immediate and heavy financial need”
- the withdrawal is necessary to satisfy that immediate and heavy financial need, and
- you get the written consent of your spouse before the distribution is to be made, if you are married

The meaning of “immediate and heavy financial need” is determined by the Code and must be strictly enforced. You have an immediate and heavy financial need only if it relates to:

- Expenses incurred or necessary for medical care that would be deductible under Code §213(d) (determined without regard to whether the expenses exceed 10% of adjusted gross income);
- Costs directly related to the purchase of a principal residence for the Participant (excluding mortgage payments);
- The payment of tuition and related educational fees for the next year of post-secondary education for the Participant or his spouse, children or dependents (as defined in Code §152, without regard to Code §152(b)(1), §152(b)(2) and §152(d)(1)(B));
- The need to prevent the eviction of the Participant from his principal residence or foreclosure on the mortgage of the Participant’s principal residence;
- Funeral expenses for the Participant’s deceased parent, spouse, child or dependent (as defined in Code §152, without regard to Code §152(d)(1)(B)); or
- Such other needs as the Commissioner of Internal Revenue may specify as deemed immediate and heavy financial needs.

The amount of the withdrawal permitted will be “necessary” only if it is not in excess of the immediate and heavy financial need (including any amounts necessary to pay any federal, state

or local taxes or penalties reasonably anticipated to result on the withdrawal) and that the immediate and heavy financial need cannot be relieved:

- through insurance
- by liquidation of assets reasonably available to you
- by stopping your salary reduction contributions
- by other distributions and/or loans from any other plan maintained by the Employer or any other past or present employer or borrowing from commercial sources on reasonable commercial terms

You can request a hardship withdrawal by contacting your Fund Sponsor to obtain the necessary paperwork.

Loans – If you qualify and get the written consent of your spouse if you are married, you may take out a loan. Loans to a participant cannot exceed the lesser of:

- 50% of your vested account balance minus your current outstanding loan balance or
- \$50,000 minus your highest outstanding loan balance during the past 12 months.

All loans must be paid back within five years (unless the loan is to purchase a principal residence in which case the loan can be repaid within ten years). You must pledge your Account balance as security for your loan. Loans will bear a reasonable rate of interest as determined under the Code rules. Notwithstanding the above, for a period between April, 14, 2020 and September 22, 2020, increased loan amounts (up to \$100,000) were permitted to certain participants adversely affected by the COVID-19 pandemic.

You are permitted a total of two loans (one general-purpose loan and one principal residence loan) at any given time. If you default on either loan, you will not be permitted to take another loan while employed unless the loan(s) in default has been paid back in full.

If you have defaulted on a loan and wish to pay back this loan please contact the Fund Sponsor directly for repayment instructions.

The plan does not permit loans to terminated employees. Loans are only for active employees including employees on a qualified leave of absence. Other than payments on your loans, you will not be permitted to replace any amounts withdrawn from the Savings Plan.

Notwithstanding the above, loans transferred to the Plan from the Jefferson Plan or the SVHS Plan remain subject to the terms and conditions as in effect prior to the transfer, including the default and pre-payment conditions.

Contact your Fund Sponsor for the appropriate paperwork or to see if a loan is available to you.

Special Provisions for Jefferson and SVHS Participants

In addition to the above, active Jefferson Plan participants are eligible to take an in-service distribution up to all of his/her account transferred from the Jefferson Plan (1) if the balance is attributable to a prior rollover into the Jefferson Plan, or (2) as a qualified reservist distribution for being called into active military duty for 179 or more days. Active SVHS Plan participants

are eligible to take an in-service distribution up to all of his/her account transferred from the SVHS Plan if the balance is attributable to a prior rollover into the SVHS Plan.

In-Plan Roth Conversions

Effective July 1, 2023 and only for assets held with Alight as Fund Sponsor, you may elect to transfer all or a portion of the vested balance of your account to your Roth contribution account (an "In-Plan Roth Conversion"), subject to any rules or limits specified by the Committee. Such transfers are not a distribution from the Plan, but will be taxable to you (as discussed further below). The transferred amounts continue to be subject to any distribution restrictions generally applicable under the Plan to the type of contribution from which the funds were converted. In-Plan Roth Conversions may not be reversed once completed.

An In-Plan Roth Conversion also may be elected by a beneficiary who is your surviving spouse or a former spouse who is an alternate payee under a QDRO.

If you elect to make an In-Plan Roth Conversion, the taxable amount of the In-Plan Roth Conversion will be included in your (or, as applicable, the spouse's or alternate payee's) gross income in the year of the In-Plan Roth Conversion. For clarity, no withholding is made as part of the In-Plan Roth Conversion, but you should expect additional tax liabilities when filing taxes for that year. If you receive a distribution from your Roth account within the 5-year period that commences on January 1 of the Plan year in which the In-Plan Roth Conversions occurs, you may be subject to a 10% early distribution tax.

For more information about In-Plan Roth Conversions, contact the Highmark Health Retirement Service Center at 1-833-964-3015 or log on to <https://digital.alight.com/highmarkhealth>.

DISTRIBUTION UPON TERMINATION OF EMPLOYMENT, DISABILITY, RETIREMENT or DEATH

Timing of Distributions

You can begin to receive distribution(s) from your vested Account under the Savings Plan as soon as practical if you:

- terminate employment from all employers in the Highmark/AHN enterprise;
- retire; or
- become disabled (and you are receiving long-term disability or Social Security Disability Benefits)

The Plan allows distributions in the following forms:

- lump sum distributions (including rollovers) and
- various forms of annuity payments (TIAA only).

Lump Sum Distribution

A lump sum distribution is a single distribution of all of your Plan benefit. You may take either a payment in cash (be aware that federal income tax will be withheld and there is a 10% penalty if you are under age 59 ½) or roll your funds over to another IRA or qualified plan.

A rollover means you have the option to move your funds to an IRA or to a qualified plan such as to another employer's plan that accepts rollovers. Rollovers are not subject to federal income tax (or penalties, if applicable) until you actually begin to receive a distribution from the rollover IRA or qualified plan.

If you do not elect a direct rollover, the Savings Plan is required to withhold federal income tax from the distribution. The IRS allows you 60 days following a distribution to deposit the funds into a qualified plan or IRA, but if you do so, you must replace the 20% withheld for taxes with other funds. See "How Taxes Affect Your Benefits" below.

The following types of payments **cannot** be rolled over:

- beginning in the later of the year in which you retire or the year in which you attain "RMD Age", a certain portion of your distribution cannot be rolled over because it is a "required minimum payment" that must be paid to the participant
- deemed distributions caused by default on a loan from the Savings Plan
- hardship withdrawals

RMD Age is either age 70 ½, age 72, age 73, or age 75 depending on the year that you were born, and as established by federal law.

Annuity Distributions

Annuities are scheduled payments. If you choose an annuity, this benefit will be calculated by the Fund Sponsor based on the timeline you choose. The amount of your annuity benefit is based on your account balance and is determined using actuarial and interest factors prevailing when your distribution starts. Annuities are currently available only through TIAA as Fund Sponsor.

When Benefits Must Commence

You must begin to receive at least a portion of your benefit no later than the first day of April following the later of the calendar year in which you reach RMD Age or the calendar year in which you retire. You are responsible for keeping the Plan informed of your address and for initiating your distribution to comply with required minimum distribution rules. This is important because a penalty tax of up to 25% may apply to the required minimum annual distributions that are not made in accordance with the required minimum distribution rules.

Distributions Upon Death

In the event of your death, your Savings Plan account must be distributed to your beneficiary or beneficiaries.

- If you are unmarried when you die, your Savings Plan account will be distributed to your designated beneficiary(s).
- If you are married when you die, your Savings Plan account will be distributed to your surviving spouse unless you have named a different beneficiary with your spouse's notarized consent.
- In the absence of a beneficiary designation, your Savings Plan account will be paid automatically to your surviving spouse, if any. If you do not have a surviving spouse, Plan benefits will be paid to your surviving children, per stirpes (if any), otherwise to the estate of the last to die of you or your beneficiary.

In the case of your death, your spouse can do a rollover distribution to an IRA or other qualified plan and a non-spouse beneficiary can do a rollover to an "inherited IRA."

Qualified Domestic Relations Orders (QDROs)

All or a portion of your Plan benefits may be assigned by a state court order meeting certain legal specifications to your spouse, former spouse or dependent child. You will be notified promptly if such an order is received for your account. You may obtain a copy of the Plan's QDRO Procedures without charge by requesting them from the Highmark Health Retirement Service Center at 1-833-964-3015.

HOW TAXES AFFECT YOUR BENEFITS

The Plan enjoys certain tax advantages because it is intended to be a long-term savings program for retirement. For example, under current federal income tax law, money in your Plan account is not taxable while it is held in the Plan (except in limited circumstances, such as an In-Plan Roth Conversion). You or your beneficiary will owe income taxes on the taxable portion of your distribution when you receive the money.

You are responsible for paying applicable taxes on your account when you receive them.

In addition to ordinary federal income taxes, you also may owe a 10% penalty tax on the taxable portion of any distribution you receive before you reach age 59½. The 10% penalty tax will not apply in these situations:

- Your account is paid to you if you terminate employment with the participating employers or any of their affiliates during or after the year in which you attain age 55;
- Your account is paid to you because you become disabled as defined by the IRS;
- Your account is paid to your beneficiary in the event of your death;
- You receive a distribution in a year in which you have deductible medical expenses in excess of 10% of your adjusted gross income (only the portion of the distribution in excess of 10% of your adjusted gross income is not subject to penalty);
- Payment is directed to another person by a QDRO;
- You roll over (in a direct transfer or otherwise) your account balance to another eligible plan that will accept rollovers, such as a qualified retirement plan, a traditional IRA, Roth IRA, a Section 403(b) annuity, or a Section 457 governmental plan; or
- Payment is made in installments over your life or life expectancy (or your and your beneficiary's joint lives or life expectancies).

Remember, you do not have to pay any federal income taxes on your Roth contributions when withdrawn because you already paid taxes on these amounts when they were contributed to the Plan. You will have to pay taxes on earnings attributable to Roth contributions, unless you satisfy the applicable holding period.

Any pre-tax contributions that were subject to Pennsylvania income taxes when made will be exempt from Pennsylvania income taxes when your account is distributed. If you take a distribution in installments (or take a withdrawal of a portion of your account), the previously-taxed amounts are treated as the first dollars distributed to you. In most other states, pre-tax contributions are not taxed when you contribute to the Plan, so those contributions, plus earnings, are generally subject to state income tax when they are distributed.

Special Federal Tax Withholding and Rollover Rules

In general, for most distributions from the Plan (except for distributions you are required to receive because you have reached RMD Age, hardship withdrawals or installments for 10 years or more), you have the option of authorizing the Plan's trustee to directly roll over your

distribution to another qualified retirement plan, traditional IRA, Roth IRA, Section 403(b) annuity, or Section 457 governmental plan that will accept the transferred amount. There are exceptions to this rule.

If you do not elect a direct rollover, federal income tax will be withheld. As required by law, 20% of the taxable portion of an eligible rollover distribution must be withheld for federal income taxes. State income tax withholding may also apply to the distribution. You will receive additional information on the direct rollover option when you terminate employment with the participating employers or any of their affiliates and are ready to receive a distribution. If you plan to rollover your distribution and you want to avoid withholding, you should consider paying off any outstanding loan balance before you request a direct transfer of your benefit.

Even if you do not elect a direct rollover, you are still permitted to roll over the cash distribution you receive to another qualified retirement plan, traditional IRA, Roth IRA, Section 403(b) annuity, or Section 457 governmental plan that will accept a rollover if you do so within 60 days of the date you receive the distribution. However, 20% withholding will still apply. If you wish to transfer the entire amount of your distribution, you will have to contribute the withheld 20% from other funds. The only way to avoid federal income tax withholding at distribution is to elect the direct rollover option.

If your surviving spouse is entitled to receive an eligible distribution due to your death, your spouse also has the option of authorizing a direct rollover. Your spouse may transfer your account balance to another qualified retirement plan, traditional IRA, Roth IRA, Section 403(b) annuity, or Section 457 governmental plan. A beneficiary who is not your spouse may also roll over your distribution directly to an IRA that is established specifically to accept such distribution, and which is treated as an “inherited IRA” subject to minimum distribution rules.

Regardless of the amount of federal income tax withheld at distribution, if any, you will be responsible for payment of any taxes associated with the distribution. The 20% withholding may or may not be sufficient to cover your federal tax liability. For some individuals, the 20% rate will be excessive; they may be entitled to a refund on their tax return filed for the year of distribution. For others, it will not be sufficient, and they will have to pay additional taxes (and possibly a penalty) when they file their federal income tax return.

Withholding on Installments

If you receive your benefits in installments for 10 years or more, you will have the option of having federal income tax withheld from your payments. If you do not make any election, federal income tax will be withheld automatically, as if the payments were wages. If you elect not to have withholding apply, or if you elect withholding but it is not sufficient, you may still owe taxes or other penalties on the payments. You are responsible for payment of any taxes associated with the payments.

You will receive more information about income tax withholding when you elect to receive your distribution. Tax laws change from time to time, and the tax impact of receiving payments from the Plan will vary with your individual situation. Because the participating employers and their affiliates do not give personal tax advice or counsel, you should consult a professional tax advisor or financial expert for specific advice about your circumstances.

HOW TO APPLY FOR BENEFITS

Filing a Claim – To receive your benefits under the Plan, you should start by contacting the Highmark Health Retirement Service Center, which will provide you with the necessary information to obtain your benefits. Normally, following that process is all that is necessary to request benefits under the Plan. However, if you have been notified about a benefit amount or determination that you believe is incorrect, you may file a claim with the Director, Retirement Benefit Programs. You may appoint a representative to act on your behalf during the claims and appeals procedures described below. To file a claim, you, your beneficiary, or authorized representative should submit your request for benefits to the following address:

AHN/Highmark
c/o HR Services
120 Fifth Avenue, FAPHM – 044B
Pittsburgh, PA 15222-3099
Attention: Director, Retirement Benefit Programs

Ordinarily, your claim will be responded to in writing within 90 days. However, if the Plan Administrator determines that an extension of time for processing the claim is required, the Plan Administrator may extend the date by which a decision is required by up to an additional 90 days. The Plan Administrator must provide to you written notice of the extension prior to the termination of the initial 90-day period. This explanation will include the special circumstances necessitating an extension of time and the date by which the Plan Administrator expects to render a decision.

Information Provided Upon Denial of Claim – You will receive a written notice of the decision on any claim for benefits under the Savings Plan. If the claim is wholly or partially denied, the notice will contain the specific reason or reasons for the denial, reference to the specific Plan provisions on which the denial is based, a description of any additional material or information necessary for the Plan Administrator to approve the claim and an explanation of why such material or information is necessary, a description of the Plan's review procedures and the time limits applicable to such procedures, including a statement of the claimant's right to bring a civil action under Section 502(a) of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"), following the denial of a claim on review.

Review of Denial of Claim – You may request a review by the Plan Administrator of a decision denying a claim in writing within 60 days following receipt of the denial. The claimant has the right to request in writing an extension of up to 60 days in order to gather documents and records and/or prepare positions with respect to the appeal and any such request, which is not frivolous, shall be granted by the Plan Administrator. All such reviews shall be decided in writing by the Plan Administrator within 60 days after receipt of the request for review. If the Plan Administrator determines that an extension of time for processing the review is required, the Plan Administrator may extend the date by which a decision is required to 120 days after the request for review is submitted provided that the Plan Administrator provides written notice of the extension to the claimant prior to the termination of the initial 60-day period, including the special circumstances requiring an extension of time and the date by which the Plan Administrator expects to render a decision.

Review Procedures for Claim – In connection with a review of a denied claim for benefits, you will have the opportunity to submit written comments, documents, records, and other information relating to the claim for benefits, and be provided, upon request and free of charge, reasonable

access to, and copies of all documents, records, and other information relevant to your claim for benefits.

The review of a denied claim will take into account all comments, documents, records, and other information submitted by the claimant related to the claim, without regard to whether such information was submitted or considered in the initial review of the claim. If a claim is denied upon review, the written notice of the denial will include the specific reason or reasons for the denial, reference to the specific Plan provisions upon which the denial is based, a statement that you are entitled to receive, upon request and free of charge, reasonable access to, and copies of, all documents, records and other information relevant to your claim for benefits, and information about your right to file a lawsuit in federal court under Section 502 of ERISA.

Limitation on Claims – If a claim for benefits is denied, you have certain rights under the law, including the right to file a lawsuit in federal court under Section 502 of ERISA. However, if you desire to file a lawsuit regarding the denial of benefits, you must first exhaust the claim and appeals procedures described above and you must file your lawsuit within 12 months after the date that your claim and appeal are denied. See the “ERISA Rights” section for more information.

AMENDMENT OR TERMINATION OF SAVINGS PLAN

Although the Employer presently intends to continue the Plan indefinitely, the Employer and the Personnel and Compensation Committee of Highmark Health reserve the right to amend or terminate (end) the Plan at any time and for any reason.

If the Employer or the Personnel and Compensation Committee of Highmark Health terminate the Plan for any reason, the assets in the Plan will be used for the exclusive benefit of Plan participants and their beneficiaries. If you are affected by a termination (or a partial termination) of the Plan, you will become 100% vested in your accounts.

ERISA RIGHTS

As a participant in the Savings Plan, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA). ERISA provides that, as a plan participant, you are entitled to:

Receive Information About Your Savings Plan and Benefits – 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 Pension and Welfare Benefit Administration.

Obtain, upon written request to the Plan Administrator, copies of documents governing the operation of the Savings 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.

Receive a summary of the Savings Plan's annual financial report. The Plan Administrator is required, by law, to furnish each participant with a copy of this summary annual report.

Obtain a statement telling you whether you have a right to receive a pension at normal retirement age (age 65) and if so, what your benefits would be at normal retirement age if you stop working under the Savings Plan now. If you do not have a right to a pension, the statement will tell you how many more years you have to work to have a right to a pension. This statement must be requested in writing and is not required to be given more than once every twelve (12) months. The Savings Plan must provide the statement free of charge.

Prudent Actions by Savings Plan Fiduciaries – In addition to creating rights for Savings Plan participants ERISA imposes duties upon the people who are responsible for the operation of the employee benefit plan. The people who operate your Savings Plan, called "fiduciaries" of the Savings 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 pension or welfare benefit or exercising your rights under ERISA.

Enforce Your Rights – If your claim for a pension benefit is denied or ignored, 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 a copy of Savings Plan documents or the latest annual report from the Savings 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 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 (please review the Savings Plan's claims procedures described in the "How to Apply for Benefits" section of this booklet for more information regarding the process for claiming benefits under the Savings Plan). In addition, if you disagree with the Savings Plan's decisions or lack thereof concerning the qualified status of a domestic relations order or a medical child support order, you may file suit in Federal court. If it should happen that Savings Plan fiduciaries misuse the Savings 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 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, 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, DC 20210.

You may obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.

MISCELLANEOUS

This SPD is not the Plan – This booklet is intended solely for the purpose of providing you with a summary description of the essential features of the Savings Plan. The actual Plan document and other related documents are on file and are available, upon request, for examination by you, your beneficiary or a representative of either. In the event of any conflict between any statement in this booklet and any provision of the Savings Plan, the Plan provision will govern. Many of the terms used in this description are taken from, and defined in, the actual Savings Plan document.

No person has the authority to make any oral or written statement or representation binding upon the Employer or the participating employers that is inconsistent with, or varies the terms of any Plan documents or any contracts or other documents maintained in conjunction with the Plan. The Employer (or its duly appointed delegate) reserves the right to amend, modify or discontinue the Plan, in whole or in part, at any time and for any reason.

No Right to Continued Employment – Participation in the Savings Plan does not give you the right to be retained in the employment of the Employer nor will it interfere with the right of the Employer to deal with you without regard to the existence of the Savings Plan and without regard to the effect that such treatment might have upon you as a Participant in the Savings Plan.

Assignment and Alienation – Your benefits under the Savings Plan may not be assigned, transferred, pledged or otherwise alienated, except as may be required by the terms of a qualified domestic relations order or the terms of a court-ordered offset of your benefits against certain fiduciary-related liabilities. Savings Plan participants and beneficiaries may obtain, without charge, a copy of the Savings Plan's procedures regarding Qualified Domestic Relations Orders (QDROs) from the Highmark Health Retirement Service Center at 1-833-964-3015.

Payments to Minors and Incompetents – If anyone entitled to income from the Plan is a minor or is judged to be physically or mentally incompetent, the Committee may pay the Plan benefit to someone else for the benefit of the recipient (to a legal guardian, for example).

Plan Not Subject to Title IV of ERISA – The benefits, which are provided under the Savings Plan, are not insured by the Pension Benefit Guaranty Corporation under the provisions of Title IV of ERISA. The Savings Plan is a defined contribution, individual account plan and as such is not eligible for coverage by Title IV of ERISA.

Overpayments – The Plan possesses a lien on any benefit paid but not owed under the terms of the Plan. If the Plan makes an overpayment or pays a benefit in error, subject to applicable laws, the Plan has the right at any time, to offset the amount of that overpayment from a future payment under the Plan, recover that overpayment from the person to whom it was made, a combination of both, or pursue any other lawful means of recovering such overpayment, including a court action seeking imposition of a constructive trust and disgorgement of the overpaid Plan benefits plus interest.

Qualified Military Service – If you take a leave of absence to serve in a branch of the United States armed forces and are reemployed under the Uniformed Services Employment and Reemployment Rights Act of 1994, your qualified military service may be considered service with the participating employers, and you may be entitled to make up any pre-tax or Roth contributions you missed the opportunity to make during your period of military services. These

contributions must be made within a specific period after your return from leave. Make-up contributions you make under this rule will be eligible for the matching contributions that would have applied during your leave. If you plan to enter military service or believe you may be affected by this law, ask the Plan Administrator for more details.

In addition, if you receive differential wage payments from the participating employers while you are in military service, those payments will be treated as compensation under the Plan, and you will be treated as a participant in the Plan while you are receiving those payments.

Gender and Number – As used in this booklet, the masculine gender shall include reference to any other gender and the singular shall include the plural, in all cases where such meaning would be appropriate.

Top Heavy Provisions and 415 limit – The Internal Revenue Code provides special rules for plans that are top-heavy—that is, plans that provide most of their benefits to certain key employees. It is very unlikely that the plan would ever become top-heavy. If it did, however, certain minimum benefit and minimum vesting requirements would apply. The Internal Revenue Code also limits total employer and employee contributions to a maximum of \$69,000 (for 2024) or 100% of your compensation. In the unlikely event this limit is reached, your contributions would be reduced.

Questions – If you have questions about the Savings Plan or your benefits under the Savings Plan, please contact the Highmark Health Retirement Service Center at 1-833-964-3015 or HR Services at 1-844-242-HR4U (4748).