

SUMMARY ANNUAL REPORT

For PIEDMONT HEALTHCARE, INC. COMPREHENSIVE HEALTH AND WELFARE BENEFITS PLAN

This is a summary of the annual report of the PIEDMONT HEALTHCARE, INC. COMPREHENSIVE HEALTH AND WELFARE BENEFITS PLAN, EIN 58-1503902, Plan No. 503, for period 01/01/2022 through 12/31/2022. The annual report has been filed with the Employee Benefits Security Administration, U.S. Department of Labor, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

PIEDMONT HEALTHCARE, INC. has committed itself to pay certain self-insured Medical claims incurred under the terms of the plan.

Insurance Information

The plan has contracts with METROPOLITAN LIFE INSURANCE COMPANY, UNUM LIFE INSURANCE COMPANY OF AMERICA, EVERNORTH BEHAVIORAL HEALTH, INC., LIFE INSURANCE COMPANY OF NORTH AMERICA, EYEMED VISION CARE ON BEHALF OF FIDELITY SECURITY LIFE INSURANCE CO., and PROVIDENT LIFE AND ACCIDENT INSURANCE COMPANY to pay Dental, Vision, Life Insurance, Short-term Disability, Long-term Disability, Accidental Death and Dismemberment, Employee Assistance Program, Hospital, and Accident claims incurred under the terms of the plan. The total premiums paid for the plan year ending 12/31/2022 were \$28,782,245.

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:

- 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 PIEDMONT HEALTHCARE, INC. at 1968 PEACHTREE ROAD NW, ATLANTA, GA, 30309 or by telephone at 404-605-5000.

You also have the legally protected right to examine the annual report at the main office of the plan (PIEDMONT HEALTHCARE, INC., 1968 PEACHTREE ROAD NW, ATLANTA, GA, 30309) 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 N1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average less than one minute per notice (approximately 3 hours and 11 minutes per plan). Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Office of the Chief Information Officer, Attention: Departmental Clearance Officer, 200 Constitution Avenue, N.W., Room N-1301, Washington, DC 20210 or email DOL_PRA_PUBLIC@dol.gov and reference the OMB Control Number 1210-0040.

OMB Control Number 1210-0040 (expires 07/31/2023)

SUMMARY ANNUAL REPORT

For HEALTH BENEFIT PLAN FOR EMPLOYEES OF UNIVERSITY HEALTH, INC.

This is a summary of the annual report of the HEALTH BENEFIT PLAN FOR EMPLOYEES OF UNIVERSITY HEALTH, INC., EIN 58-1581102, Plan No. 501, for the plan year 01/01/2022 through 12/31/2022. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Insurance Information

The plan has insurance contracts with HUMANA INSURANCE COMPANY, UNITED HEALTHCARE (AARP), RELIASTAR LIFE INSURANCE COMPANY, AETNA LIFE INSURANCE CO. and THE STANDARD to pay certain Vision, Health, Temporary disability, Indemnity Contract, Accident, Critical Illness, PPO contract, Life insurance, Long-term disability claims incurred under the terms of the plan. The total premiums paid for the plan year ending 12/31/2022 were \$3,543,242.

Because they are so called "experience-rated" contracts, the premium costs are affected by, among other things, the number and size of claims. Of the total insurance premiums paid for the plan year ending 12/31/2022, the premiums paid under such "experience-rated" contracts were \$1,625,921 and the total of all benefit claims paid under these experience-rated contracts during the plan year was \$743,619.

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:

- 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 UNIVERSITY HEALTH, INC. at 1350 WALTON WAY, AUGUST, GA 30901 or by telephone at 706-722-9011.

You also have the legally protected right to examine the annual report at the main office of the plan (UNIVERSITY HEALTH, INC., 1350 WALTON WAY, AUGUST, GA 30901), 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 N1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

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The public reporting burden for this collection of information is estimated to average less than one minute per notice (approximately 3 hours and 11 minutes per plan). Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Office of the Chief Information Officer, Attention: Departmental Clearance Officer, 200 Constitution Avenue, N.W., Room N1301, Washington, DC 20210 or email DOL_PRA_PUBLIC@dol.gov and reference the OMB Control Number 1210-0040.

OMB Control Number 1210-0040 (expires 03/31/2026)

SUMMARY ANNUAL REPORT

For UNIVERSITY HEALTH CARE SYSTEMS

This is a summary of the annual report of the UNIVERSITY HEALTH CARE SYSTEMS, EIN 58-1581102, Plan No. 505, for the plan year 01/01/2022 through 12/31/2022. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Your Rights to Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. To obtain a copy of the full annual report, or any part thereof, write or call the office of UNIVERSITY HEALTH, INC. at 1350 WALTON WAY, AUGUSTA, GA 30901 or by phone number at 706-722-9011.

You also have the legally protected right to examine the annual report at the main office of the plan: (UNIVERSITY HEALTH, INC., 1350 WALTON WAY, AUGUSTA, GA 30901, 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 N1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

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The public reporting burden for this collection of information is estimated to average less than one minute per notice (approximately 3 hours and 11 minutes per plan). Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Office of the Chief Information Officer, Attention: Departmental Clearance Officer, 200 Constitution Avenue, N.W., Room N-1301, Washington, DC 20210, or email DOL_PRA_PUBLIC@dol.gov and reference the OMB Control Number 1210-0040.

OMB Control Number 1210-0040 (expires 03/31/2026)