

SUMMARY ANNUAL REPORT

For Flex Care Plan

This is a summary of the annual report of the Flex Care Plan, EIN 58-1588823, Plan No. 508, for the period January 01, 2019 through December 31, 2019. 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 contracts with Aetna Life Insurance Co., ARAG Insurance Company, National Guardian Life Insurance Company and Unum Life Insurance Company of America to pay vision, life insurance, temporary disability, long-term disability, accidental death and dismemberment, legal and critical illness claims incurred under the terms of the plan. The total premiums paid for the plan year ending December 31, 2019 were \$12,049,941.

Additional Plan Information

The Moses H. Cone Memorial Hospital Operating Corporation has also committed itself to pay certain self-funded medical, dental, and prescription drug claims incurred under the terms of the plan.

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 email the People and Culture Department of The Moses H. Cone Memorial Hospital Operating Corporation at 1200 North Elm Street, Greensboro, NC 27401-1020, or by email at benefits@conehealth.com. These portions of the report are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the plan (The Moses H. Cone Memorial Hospital Operating Corporation, 1200 North Elm Street, Greensboro, NC 27401-1020) 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., 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 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 06/30/2022)