Short Term Disability Plan
Summary Plan Description

Effective January 1, 2013
Your Plan Outline

St. Mary’s Health System | Short Term Disability Plan | Evansville, IN

<table>
<thead>
<tr>
<th>Who Is Eligible</th>
<th>Active full-time and part-time associates regularly authorized to work at least 40 hours per pay period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eligibility Date</td>
<td>First of the month coincident with or following one month of service</td>
</tr>
<tr>
<td>Elimination Period</td>
<td>Benefits begin on the eighth (8th) consecutive calendar day of absence. A calendar day of absence is based on your full-time equivalent.</td>
</tr>
</tbody>
</table>
| Benefit Amount | Core Benefit: 60% of basic weekly earnings  
Optional Benefit: 70% (10% buy-up) of basic weekly earnings  
This benefit amount is subject to reductions as described in the section Other Income Benefits. |
| Pre-Existing Condition | The plan does not provide benefits for any disability that is caused by, contributed to, or results from a Pre-existing Condition that was in existence within three (3) months before your effective date of coverage. The Pre-existing Condition Exclusion will not apply after you perform the Material Duties of your regular occupation for at least twelve (12) months following your effective date of coverage.  
If your Optional Benefit amount increases based on your change in elections, the additional amount will be subject to the Pre-existing Condition Exclusion at the time the change in coverage becomes effective. |
| Maximum Benefit Duration | The benefit is payable from the 8th day through the 180th day of disability. The 180 days includes the elimination period. |
| Basic Annual Earnings | Your hourly rate of pay in effect at the time of your disability multiplied by the number of hours you are authorized or scheduled to work during a regular pay period multiplied by the number of pay periods in a calendar year. |
| Plan Administered by: | Sedgwick |
| Your Cost for Coverage | You and your Employer share in the cost of this coverage. Your Employer pays the full cost of the core benefit; you pay the full cost of any Optional Benefit elected on a pre-tax basis. |
### Your Contact Information

<table>
<thead>
<tr>
<th>For Questions About Eligibility, Benefits and How the Plan Works</th>
<th>Plan Administrator</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>314-733-8848</td>
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</table>

**To File a Claim**

<table>
<thead>
<tr>
<th></th>
<th>Claims Administrator</th>
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<tbody>
<tr>
<td></td>
<td>Sedgwick Claims Management Services, Inc.</td>
</tr>
<tr>
<td></td>
<td>111 Westport Plaza Drive, Suite 900</td>
</tr>
<tr>
<td></td>
<td>St. Louis, MO 63146</td>
</tr>
<tr>
<td></td>
<td>To speak with Member Services, call 866.856.4835</td>
</tr>
</tbody>
</table>

**To Appeal a Claim**

<table>
<thead>
<tr>
<th></th>
<th>Claims Administrator Appeals Unit</th>
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<tbody>
<tr>
<td></td>
<td>Sedgwick Claims Management Services, Inc</td>
</tr>
<tr>
<td></td>
<td>175 W. Jackson, Suite 700</td>
</tr>
<tr>
<td></td>
<td>Chicago, IL 60604</td>
</tr>
</tbody>
</table>
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Introduction

Ascension Health and your Participating Employer offer short-term Disability benefits to you. The Ascension Health Short-Term Disability Plan (Plan) offers security for you and your family if you are unable to work due to Disability.

This Information Is a Summary

The information in this summary plan description (SPD) is intended to serve as a summary of the Ascension Health Short-Term Disability Plan, effective January 1, 2013. You should refer to the official Plan document for details.

If there are any discrepancies between the information in this SPD and the official Plan document, the terms of the Plan document will control.

This SPD does not constitute a contract of employment or a guarantee of benefits or future employment. In addition, your eligibility for and participation in the Plan as described in this SPD should not be construed as an employment contract.

Certain words in this SPD are capitalized. These words are defined in the Glossary in the next section. You may find it helpful to consult the Glossary as you read this SPD.

The following pages of this SPD explain provisions that generally apply to Eligible Associates of all Participating Employers that offer short-term Disability benefits.

The Plan Outline of this SPD contains specific requirements and provisions that apply to Eligible Associates of your Participating Employer.
The following terms may help you in reading and understanding this SPD.

**Actively at Work/Active Work** — When on a scheduled work day you:

- Are performing in the customary manner all regular duties for at least half of the scheduled work day either at one of your Participating Employer's business establishments or at some location to which the Participating Employer's business requires you to travel,
- Are paid Basic Weekly Earnings, and
- Work at least the minimum number of hours as an Eligible Associate as stated in the Plan Outline of this SPD.

If you worked on your last scheduled work day, you will be considered Actively at Work on a scheduled non-work day, provided you were not Disabled and otherwise met the requirements for being Actively at Work. For example, if you worked on a Friday on which you were scheduled and you were not scheduled on the immediately following Saturday and Sunday, you would be considered to be Actively at Work on that Saturday and Sunday if you otherwise met the requirement for being Actively at Work on Friday.

You must work at least half of the last scheduled work day in order for that day to be credited as a day worked.

**Associate** — Any individual who is classified by a Participating Employer as an employee.

**Basic Annual Earnings** — Refer to the Plan Outline of this SPD for the definition.

**Basic Weekly Earnings** — Your Basic Annual Earnings divided by 52.

**Disability/Disabled** — You are considered to be Disabled or to have a Disability if due to an Injury or Sickness that is supported by objective medical evidence, you require and are receiving the regular, ongoing medical care of a Licensed Physician and you are following the course of treatment recommended by the Licensed Physician. In addition, one of the following is true:

- You are unable to perform each of the Material Duties of your Regular Occupation, or
- While unable to perform all of the Material Duties of your Regular Occupation on a full-time basis and while eligible for Rehabilitative Employment you are:
  - Performing at least one of the Material Duties of your Regular Occupation or any other work or service on a part- or full-time basis, and
  - Your earnings from work, while Disabled, do not exceed 80% of your pre-disability Basic Weekly Earnings.
**Eligible Associate** — An Associate who is in the class of Associates eligible to participate in the Plan, as specified in the Addendum/Joinder Agreement of each Plan applicable to the Participating Employer and in the Plan Outline section of this SPD. The term Eligible Associate does not include a leased employee or independent contractor, regardless of any retroactive reclassification as a common law employee. If you are excluded from participation because you are classified as a leased employee or an independent contractor and a court or administrative agency subsequently determines that you are a common law employee, you will not be eligible to participate retroactively. Instead, your Eligibility Date will be the date on which your re-classification was determined.

**Elimination Period** — The number of consecutive calendar days of Disability before benefits become payable under the Plan. Your Elimination Period is shown in the Plan Outline of this SPD and begins on the first day of Disability. Working a half day or more is considered a day of Active Work.

**Eligibility Date** — The date, as specified in the Plan Outline of this SPD, on which you become a Participant in the Plan after completing any required enrollment process and satisfying any waiting period applicable to you.


**Gross Benefit** — Your benefit amount without any reduction for Other Income Benefits, taxes and compensation earned while you are Disabled.

**Health Ministry** — A legal entity related to Ascension Health.

**Hospital/Institution** — An accredited facility licensed to provide care and treatment for the condition causing your Disability. This facility must provide 24-hour nursing services by registered graduate nurses and not specialize as a rest home, convalescent home or home for the aged.

**Injury** — Any accidental bodily injury that results (directly and independently of all other causes) in a loss covered under the Plan. The Plan does not provide benefits for certain injuries described in the “Expenses Not Covered” section of this SPD.

**Licensed Physician** — A person not related to you who is operating within the scope of his or her license and is licensed to practice medicine, and prescribe and administer drugs. This means, for example, chiropractors and psychologists cannot certify Disability under the Plan. A licensed psychiatrist must supervise all treatment of Disabilities related to Mental Illness. A midwife certified by the American Midwifery Certification Board (AMCB) may certify Disability related to post-partum care, but may not certify Disability related to primary care, gynecologic or family planning services, preconception care, care during pregnancy, childbirth, Mental Illness or any other medical condition.
Material Duties — The essential tasks, functions and operations; and the skills, abilities, knowledge, training and experience generally required by employers from those engaged in a particular occupation that cannot be reasonably modified or omitted.

Maximum Benefit Duration — The maximum period you may receive payments from the Plan. The Maximum Benefit Duration is shown in the Plan Outline of this SPD. The Maximum Benefit Duration period does not include the Elimination Period.

Mental Illness — A mental, emotional or nervous condition that is identified in the “Diagnostic and Statistical Manual of Mental Disorders” and is certified and treated by a licensed psychiatrist. If your primary care physician (but not a psychiatrist) has determined that you have a Mental Illness, Sedgwick may, in its discretion, authorize temporary benefits. You then will be required to obtain certification and treatment by a licensed psychiatrist within the period specified by Sedgwick (not to exceed four weeks). If you fail to obtain certification of your Mental Illness and treatment by a licensed psychiatrist within the time frame prescribed by Sedgwick, no further benefits shall be paid with respect to the Mental Illness.

Other Income Benefits — Any reductions to the Gross Benefit. These reductions are described in the “Other Income Benefits” section of this SPD.

Participant — Any Eligible Associate who is covered in accordance with the Plan and the “Eligibility and Participation” section and Plan Outline of this SPD.

Participating Employer — The Plan Sponsor or any Health Ministry that adopts the Plan.

Plan — Ascension Health Short-Term Disability Plan, as amended from time to time.

Plan Administrator — Ascension Health, or such other person or committee that Ascension Health may appoint to administer the Plan.

Plan Outline — A brief description of some of the key features of the Plan as offered by your Participating Employer.

Plan Sponsor — Ascension Health.

Plan Year — The calendar year.

Preexisting Condition — An Injury or Sickness that was in existence within the three-month period ending on the day immediately before the date you became covered under this Plan or the date any increased benefit amount option becomes effective.

Recurrent Disability — A Disability that is contributed to by or due to the same cause or causes as a prior Disability for which a benefit was paid under the Plan.
**Regular Occupation** — The activities you regularly performed when your Disability began. In addition to the specific position or job you hold with your Participating Employer, “Regular Occupation” also includes other positions and jobs for which you have training and/or education to perform in your profession at your Participating Employer or any other employer. If your Regular Occupation involves the rendering of professional services and you are required to have a professional or occupational license in order to work, your Regular Occupation is as broad as the scope of your license.

**Rehabilitation** — A program designed to help you return to regular Active Work. Such a program must be approved by Sedgwick and your Participating Employer and may include training, modified duty, physical therapy placement or part- or full-time work in your Regular Occupation at the time of Disability or in another occupation.

**Rehabilitative Employment** — Employment on a limited basis as part of a Rehabilitation plan, the goal of which is to return you to the level of gainful employment that existed prior to your Disability.

**Sedgwick** — The claims administrator for the Plan.

**Sickness** — An illness, disease, medical condition or pregnancy.

**Spouse** — An individual legally married to an Eligible Associate (even if legally separated), including an individual who is the common-law spouse, in states that recognize common-law marriage, of an Eligible Associate, if such individual and the Eligible Associate are of opposite sex.
Section 1: Eligibility and Participation

Eligibility

All Eligible Associates in your Participating Employer’s class of Eligible Associates are eligible for coverage under the Plan. Please see the Plan Outline of this SPD for your Participating Employer’s eligibility requirements.

Optional buy-up coverage increases your STD benefit to a higher percentage of your Basic Weekly Earnings. If your Participating Employer offers this option, your cost for this additional coverage will be included in your enrollment material.

Enrollment

Initial Enrollment Period
You may need to enroll in the Plan if you are required to make contributions or choose to participate in optional buy-up coverage, if available. Otherwise, you will be automatically enrolled in the Plan as of your Eligibility Date. If enrollment is required, your local Human Resources Department will provide you with enrollment information.

If you fail to enroll yourself during the initial enrollment period, you may enroll yourself during the next Open Enrollment Period or after a Change Event.

Preexisting Condition Exclusion
Please see the Plan Outline of this SPD for information on your Participating Employer’s preexisting condition exclusion.

If a buy-up option is available, you may choose or change your participation in this option during your Participating Employer’s annual Open Enrollment Period. The choices you make during the Open Enrollment Period will become effective on the first day of the next Plan Year.

Once payroll deductions have started, you may not make any changes in your choices until the next Plan Year or until you have a Change Event.

Open Enrollment Period

Update Your Address
Be sure to file your current address and any changes of address with your local Human Resources Department. Any communication addressed to you at your latest post office address on file will be binding upon you for all purposes of the Plan.
Change Events

If you elect the buy-up option, your buy-up benefit is part of a Section 125 plan. Because of this, tax laws prevent you from changing your benefit election during the Plan Year, except in the case of a life event change, or “Change Event.”

You may change your benefit election during the year only if:

- You have a qualifying “Change in Status,”
- You report the change within 31 days of the event,
- The change affects your eligibility under one of the employer-provided benefit plans, and
- The election you make is consistent with your Change in Status.

Examples of qualifying Changes in Status are:

- You get married or divorced
- A change in dependent children through birth, adoption, custody, court order, or death
- Your spouse becomes employed or unemployed
- Your child no longer meets the eligibility requirements
- Your spouse dies
- You change from full-time to part-time, or part-time to full-time employment
- You, your spouse, or your dependent have a change in residence

To change your benefit election, you must request the change in writing within 31 days after the Change Event and identify the event which resulted in the change that you are requesting. The requested change must be consistent with the Change Event.

Election changes will be effective on your Change of Benefits Date. If you file the request later than 31 days after the Change Event, no changes will be made to your election or Participant Contributions, but you may make the necessary change during the next Open Enrollment Period for the following Plan Year.

Cost of Coverage

If you are required to make contributions to the Plan or wish to participate in optional buy-up coverage, if available, costs will be provided in your enrollment materials.
When Coverage Begins

Coverage begins on the Eligibility Date indicated on the Plan Outline of this SPD. If you are required to make contributions to the Plan or elect the optional buy-up benefit, if available, you must also complete any required enrollment materials and make any required contributions before coverage will begin.

If You are Not Actively at Work

If you are not Actively at Work on the day your coverage would normally begin, coverage will begin on the day you return to Active Work, unless you were out on a scheduled day off for reasons other than Sickness or Injury (e.g., vacation).

Also, if you are not Actively at Work on the date increased or additional coverage would normally begin, such increased or additional coverage will become effective on the day you return to Active Work.

When Coverage Ends

Your coverage will end at 11:59 p.m. on the earliest of the following:

- On the date that the Plan terminates or your Participating Employer withdraws from the Plan
- On the date that you cease to be an Eligible Associate
- On the last day for which you or your Participating Employer made any required contributions
- On the date your employment ends
- On the date that your Plan benefit ceases, if you do not return to Active Work. If you return to Active Work as an Eligible Associate after a particular Disability ceases, you will continue to participate in the Plan. Benefits for certain subsequent Disabilities are described in the Recurrent Disabilities section of this SPD. If you have questions about your eligibility to participate when you return to Active Work, contact the Plan Administrator.

Reinstatement

If, during the same Plan Year, you terminate employment and return to employment within 30 days, your prior elections will be reinstated automatically. However, if you return after 30 days or longer, you will be treated as a new hire (see “Initial Enrollment Period”) unless your Participating Employer has a different written rule for reinstatement.
Right to Amend or Discontinue the Plan

Ascension Health and your Participating Employer are committed to maintaining the Plan. However, Ascension Health, the Plan Sponsor, reserves the right to amend or terminate the Plan in whole or in part, at any time, and for any reason, without advance notice. Amendment or termination of the Plan shall be effective if it is approved in writing by a duly authorized officer of Ascension Health, or if it is adopted pursuant to Ascension Health’s procedures allocating or delegating authority to act on behalf of Ascension Health, as such procedures exist from time to time.

Any Participating Employer will be permitted to discontinue or revoke its participation in the Plan at any time. Coverage under this Plan will automatically terminate with respect to all Participants of a Participating Employer as of the date the Participating Employer ceases to participate in the Plan.
Section 2: Short-Term Disability Benefits

The Plan protects you by providing you with an alternative form of income if you are unable to work due to a Sickness or Injury that is not job-related. (Job-related disabilities are handled through Workers’ Compensation.)

How the Plan Works

You may begin receiving short-term Disability benefits if you meet the definition of Disability and have satisfied the Elimination Period. While you are Disabled, your benefits may continue for up to the Maximum Benefit Duration, which is a specific number of days as determined by your Participating Employer. Please see the Plan Outline of this SPD for more information on your Participating Employer’s Maximum Benefit Duration.

Elimination Period

Once you have been determined to be Disabled, you must complete the Elimination Period before any benefits are paid. See the Plan Outline of this SPD for the number of days that make up your Elimination Period.

Payment of Benefits

Once you are considered Disabled and have completed the Elimination Period, you will receive benefits up to the Maximum Benefit Duration as long as you remain Disabled and submit proof of continued Disability, at your expense, upon request. In addition, you may be required to undergo an independent medical exam at reasonable intervals at the Plan’s expense.

Amount of Benefits

The amount of your benefit is shown in the Plan Outline of this SPD. This amount is then reduced by Other Income Benefits described in the “Other Income Benefits” section of this SPD, if applicable. Income and employment taxes will be withheld on all benefit payments.

Increases and Decreases in Your Benefit Amount

Your benefit amount may change as a result of a change in your earnings or employment classification. Your new benefit amount:

- Will take effect on the date of the change, as specified by your Participating Employer, or will take effect according to the provisions of your Participating Employer’s Section 125 Cafeteria Plan if applicable, and
Will apply only to Disabilities that began after the change (if you are not Actively at Work on that date, the new benefit amount will take effect on the date you return to Active Work).

Other Income Benefits

Your Disability benefit may be reduced if you are eligible to receive Other Income Benefits that are associated with the same Disability for which a Benefit is payable under this Plan. These Other Income Benefits include the full amount of:

- Disability income benefits you receive or are eligible to receive under any present or future law. If you are not receiving Other Income Benefits because you failed or neglected to apply for those benefits, they are still considered to be benefits to you and will be deducted from your benefits payable under the Plan.
- Disability income benefits you receive under any other group insurance or individual policy paid for or subsidized by your Participating Employer.
- Any no-fault motor vehicle coverage. However, benefits from such coverage will not be included as Other Income Benefits if:
  - State law or regulation does not allow any reduction of disability benefits by benefits received under no-fault motor vehicle coverage, or
  - The no-fault motor vehicle coverage, according to its rules or according to an election by the person covered, determines its benefits after the benefits due under this Plan have been paid.
- Any salary, wages, severance, benefits, commissions, bonuses, accrued sick days, vacation days, holidays or similar pay you receive or are entitled to receive from any work or services in which you engage, except with respect to:
  - Rehabilitative Employment as described in the “Rehabilitative Employment” section of this SPD, and
  - Any Paid Time Off (PTO) if your Participating Employer allows you to supplement or coordinate your disability benefits with eligible accrued time off.
- Any payments you receive or are eligible to receive due to the acts of third parties who, in the Plan’s determination, are at least partially responsible for your claim for benefits under the Plan. (This includes any payments that are obtained through the pursuit of claims, lawsuits, judgments, awards and settlements or otherwise by you or by any person or entity on your behalf.)
- Any benefit or compensation for which you are eligible or that is paid to you, or a third party on your behalf, pursuant to any plan or arrangement, whether insured or not, as a result of employment by or association with your Participating Employer or as a result of membership in or association with any group, association, union or other organization.

If you are not receiving Other Income Benefits because you failed or neglected to make application for those benefits, they are still considered to be benefits to you and as such will be deducted from your benefit payable under the Plan.
The Plan’s share of Other Income Benefits will not be reduced because you have not received full damages claimed or have not been made whole, unless Sedgwick or the Plan Administrator agrees in writing to the reduction.

In addition, the Plan’s share of Other Income Benefits will not be reduced by any attorney’s fees or costs expended by you in obtaining the Other Income Benefits.

Also, if the Plan learns it has overpaid benefits because it was not aware of the existence of Other Income Benefits, it can seek reimbursement of the overpaid amounts from the Participant.

**Lump Sum Payments/Settlements**
If any Other Income Benefits are paid (either as money, property or annuity) through a settlement, judgment, order, or as an advance on future liability in a lump sum, the amount that pertains to Other Income Benefits will be due and payable immediately, unless Sedgwick or the Plan Administrator agrees in writing to a different repayment schedule.

**When Plan Benefits End**
Disability benefit payments from the Plan will end when any of the following occurs:

- You no longer are under the care of a Licensed Physician or you are not receiving regular, ongoing medical care from a Licensed Physician, or you are not following the course of treatment recommended by a Licensed Physician
- You complete the Maximum Benefit Duration period
- You do not seek special resources as instructed by Sedgwick
- You no longer satisfy the Plan’s definition of Disability
- You no longer comply with the terms of the Plan
- A Licensed Physician no longer verifies your Disability
- You fail to furnish proof of Disability satisfactory to Sedgwick, you fail to submit required documentation of or medical information about your Disability, or you refuse to undergo a medical exam upon request
- You take part- or full-time employment with another employer or work for a self-owned or family-owned business
- You die
Section 3: Other Plan Provisions

The Plan offers provisions for benefits if you are employed while Disabled, have recurrent periods of Disability, are Disabled due to Mental Illness and if you die while Disabled.

Rehabilitative Employment

The Plan has a Rehabilitation program that helps you return to work. Eligible Associates who are able to return to work on a limited or full-time basis with their Participating Employer may be able to supplement Rehabilitation pay with income from this Plan. However, the sum of your weekly benefit and total weekly Rehabilitation pay may not exceed 100% of your pre-Disability Basic Weekly Earnings. If this happens, the weekly benefit payable by this Plan will be reduced proportionately.

Sedgwick will review your medical and vocational records to determine if Rehabilitation services are appropriate. If so, in addition to your short-term Disability payments, the Plan may pay for coordination with your Participating Employer, the Plan Administrator and Sedgwick to assist you with one or more of the following:

- In returning to work,
- With evaluation of adaptive equipment to allow you to return to work,
- With vocational evaluation to determine how your Disability may impact your employment options,
- With job placement services, résumé preparation and job seeking skills, and
- In training or re-training for a new occupation.

Recurrent Periods of Disability

Recurrent periods of Disability due to the same or a related cause will be considered as one continuous Disability if they are not separated by 14 or more consecutive calendar days of Active Work. The entire period of continuous Disability will be subject to the terms of this Plan for the prior Disability.

If you perform all your Material Duties for 14 or more consecutive calendar days, any recurrent period of Disability will be considered a new period of Disability and another Elimination Period must be completed before any further benefits are payable.

Recurrent periods of Disability due to different causes and not separated by at least one day of Active Work at your job will be considered one continuous Disability.

If you are eligible for coverage under any other group disability plan or policy, the Recurrent Disability provision will not apply.
If You Die While Receiving Benefits

If you die during your Disability and are still eligible for benefits, any unpaid benefits due will be paid to your surviving Spouse. If you have no surviving Spouse, benefits will be paid to your estate.

Assignment of Benefits

Benefits cannot be assigned to anyone other than the Eligible Associate.
Section 4: Expenses Not Covered

The Plan will not pay benefits for the items on this page.

This Plan does not provide benefits for:

- That portion of any period of Disability when you are confined in any penal or correctional institution as a result of conviction for criminal or other public offense.
- Any Sickness or Injury for which:
  - You are not receiving ongoing medical care from a Licensed Physician, or
  - You are not following the course of treatment recommended by a Licensed Physician.
- Disabilities caused or contributed to by:
  - War, whether declared or undeclared, or any act of war, insurrection, civil commotion, rebellion or riot
  - Sickness contracted or Injury sustained while in the armed forces of any country engaged in war or other armed conflict
- Disabilities resulting from:
  - Intentionally self-inflicted injuries of any kind, while sane or insane
  - Participating in, or as a result of having participated in, the commission of an assault or felony
  - Cosmetic surgery
  - Elective abortion for any reason
  - Voluntary sterilization including resection, transection or ligation of tubes
  - Procedures or services that are in conflict with the Ethical and Religious Directives for Catholic Health Care Services or Catholic Church Teachings.
- Any period you are on personal, educational or military leave of absence, on layoff, or on disciplinary suspension, except as may otherwise be provided in your Participating Employer’s written policies.
- Any Disability that began after your employment terminated.
- Any Sickness or Injury sustained as a result of doing any work for pay or profits or for which Workers’ Compensation benefits are paid or may be paid.

In addition, no benefit under this Plan shall provide paid-up insurance or loan cash values.
Section 5: Claims Procedures

If you become ill, notify your Participating Employer on the first day of absence. Then, if it appears your absence will be longer than seven days, let your Participating Employer know of your need for extended absence. To receive STD benefits, you must file a claim within 30 days of the date your Disability began.

Filing a Claim

Claim Forms
To request STD benefits, you must complete all forms required by your Participating Employer, the Plan Administrator and/or Sedgwick in order for your claim to be considered.

Medical Exam and Vocational Assessment
At reasonable intervals after your claim has been submitted, Sedgwick may require you to undergo either:

- An exam by a doctor selected by Sedgwick, or
- A vocational assessment by a vocational counselor selected by Sedgwick

You also may be required to submit additional information before your claim is processed.

If you need assistance understanding your benefit determination or have questions about your rights to appeal a denied claim, contact Sedgwick at 866.856.4835.

No agent has the authority to accept or waive the required notice or proof of a claim, or to extend the time within which a notice or a proof must be given.

Timing of Claims Review
Sedgwick will notify you of its benefit determination within 45 days after receipt of the claim. This period may be extended for up to 30 days if an extension is necessary due to matters beyond the control of the Plan. If such an extension of time is taken, Sedgwick will notify you, prior to the expiration of the initial 45-day period, of the circumstances requiring the extension of time and the date by which a decision is expected to be rendered.

If, prior to the end of the first 30-day extension period, Sedgwick determines that, due to matters beyond the control of the Plan, a decision cannot be rendered within that extension period, the period for making the determination may be extended for up to an additional 30 days.
days. If such an additional extension of time is taken, Sedgwick will notify you, prior to the expiration of the first 30-day extension period, of the circumstances requiring the extension and the date by which a decision is expected to be rendered.

The notice of extension will specifically explain the standards on which entitlement to a benefit is based, the unresolved issues that prevent a decision on the claim and any additional information needed to resolve those issues. You will have 45 days after receipt of the notice to submit any additional information that is requested in the notice.

**If Your Claim is Denied**

If your claim has been denied, you will receive either a written or electronic notice that includes the following:

- The specific reason or reasons for the adverse determination
- Reference to the specific Plan provisions on which the determination is based
- A description of any additional material or information necessary to perfect 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
- If an internal rule, guideline, protocol or other similar criterion (“internal guideline”) is relied upon in making the adverse determination, either the internal guideline or a statement that the internal guideline was relied upon in making the adverse determination and a copy of the internal guideline will be provided free of charge to you upon request
- The name of any medical or vocational expert whose advice was obtained in connection with an adverse benefit determination

You are entitled to receive, upon request and free of charge, a copy of any internal rule, guideline, protocol or other similar criterion that was relied upon in making the adverse determination and an explanation of the scientific or clinical judgment for a determination that is based on a medical necessity, experimental treatment or other similar exclusion or limit.
Appealing a Denied Claim

If you disagree with the claim denial, your or an authorized representative may file an appeal within 180 days after you receive notice of claim denial.

You may submit written comments, documents and other information with your appeal. The review will take your comments, documents or other information into account, whether or not they were considered in the initial determination.

You may 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.

If you appeal, Sedgwick will review the initial decision and provide you a written determination. The review will not give deference to the initial determination, and it will be conducted by an individual who is neither the individual nor a subordinate of the individual who made the initial determination.

In deciding the appeal of an adverse determination that is based on a medical judgment, Sedgwick will consult with a health care professional who has appropriate training and experience in the field of medicine involved in the judgment. This health care professional will be neither the individual nor a subordinate of the individual who was consulted during the initial determination.

As part of the claim review procedure, Sedgwick may require you to undergo an exam by a doctor of its choice and/or a vocational assessment by a vocational counselor of its choice.

Sedgwick will notify you of the benefit determination on review within 45 days after receipt of your request for review, unless special circumstances require an extension of time for processing the claim. If such an extension of time is required, you will be notified in writing of the extension prior to the end of the initial 45-day period. No such extension will exceed a period of 45 days from the end of the initial period. The extension notice will indicate the special circumstances requiring an extension of time and the date by which Sedgwick or its representative expects to render the determination on review.

You will be provided a written or electronic notice of the decision on review that will include the following:

- The specific reason or reasons for the adverse determination

If you wish to appeal a denied claim, contact Sedgwick at 866.856.4835 or send notification of your desire to appeal within 180 days from receipt of your claim denial notice to:

Claims Administrator Appeals Unit
Sedgwick Claims Management Services, Inc
175 W. Jackson, Suite 700
Chicago, IL 60604

Be sure to include the following:

- Your name
- ID and Claim numbers

Also, indicate whether the person requesting the appeal is the Eligible Associate or authorized representative.
- Reference to the specific Plan provisions on which the benefit determination is based
- A description of any available voluntary appeal procedures and information about such procedures.

You are entitled to receive, upon request and free of charge, a copy of any documents, records or other information that is relevant to your claim, as well as any internal rule, guideline, protocol or other similar criterion that was relied upon in making the adverse determination. You also are entitled to receive an explanation of the scientific or clinical judgment for a determination that is based on a medical necessity, experimental treatment or other similar exclusion or limit, and identification of any medical or vocational experts whose advice Sedgwick relied on.

**Exhaustion of Administrative Remedies**
Prior to bringing any action relating to or arising under the Plan, you must exhaust your administrative remedies under the Plan, which means that you must file a timely application for benefits and a timely appeal if that application for benefits is denied.

**Additional Recourse**
You also have the right to bring a civil action under Section 502(a) of ERISA if you are not satisfied with the decision on review. You and the appeal administrator may have other voluntary alternative dispute resolution options, such as mediation. One way to find out what may be available is to contact your local U.S. Department of Labor office and your state insurance regulatory agency. You may also contact the Employee Benefits Security Administration at 866.444.3272.

The Plan contains a forum selection clause, which requires that any action relating to or arising under this Plan shall be brought in and resolved only in the U.S. District Court for the Eastern District of Missouri, and in any courts in which appeals from that court are heard.

**Overpayment of Claims**
If any benefit is mistakenly paid or overpaid by the Plan, either in whole or in part, including any overpayment resulting from any payment you receive from sources listed in the “Other Income Benefits” section (whether through lawsuit, pursuit of claims, settlement, award, judgment or otherwise), the Plan Administrator reserves the right to offset amounts to be paid in the future as benefits under the Plan, or to recover such mistakenly paid amounts or overpayments from and among any person to, or for, or with respect to whom such amounts were paid.

**Misrepresentations**
Anyone who, with intent to defraud or knowing that he/she is facilitating a fraud, submits an application or files a claim containing a false, incomplete or misleading statement is guilty of fraud. The Plan Administrator reserves the right to take appropriate action in any instance where fraud is an issue.
Section 6: Your ERISA Rights

As a Participant in this Plan, you are entitled to certain rights and protections under ERISA.

Receiving Information About Your Plan and Benefits

You have the right to:

- 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 Employee Benefits Security Administration.
- Obtain, upon written request to the Plan Administrator, copies of documents governing the operation of the Plan, including insurance contracts and collective bargaining agreements, and a copy of the latest annual report (Form 5500 Series) and updated SPD. The Plan Administrator may make a reasonable charge for the copies.
- Receive a summary of the Plan’s annual financial report. The Plan Administrator is required by law to furnish each Participant with a copy of this summary annual report.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for Participants in the Plan, ERISA imposes duties upon the people who are responsible for the operation of the Plan. The people who operate your Plan, called “fiduciaries” of the Plan, have a duty to do so prudently and in the interest of you and other Participants in the Plan and beneficiaries. No one, including your Participating Employer, your union, or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a welfare benefit or exercising your rights under ERISA.

Enforcing Your Rights

If your claim for a welfare 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 the documents that govern the Plan or the latest annual report from the 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 Plan 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. If it should happen that the fiduciaries of the Plan misuse the 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 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 Sedgwick. 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 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.
### Section 7: Plan Information

<table>
<thead>
<tr>
<th><strong>Official Plan Name</strong></th>
<th>Ascension Health Short-Term Disability Plan</th>
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</thead>
<tbody>
<tr>
<td><strong>Plan Number</strong></td>
<td>512</td>
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<tr>
<td><strong>Plan Description</strong></td>
<td>Short-term disability benefits</td>
</tr>
<tr>
<td><strong>Employer Identification Number</strong></td>
<td>31-1662309</td>
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</tbody>
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| **Plan Sponsor and Administrator** | Ascension Health  
4600 Edmundson Road  
St. Louis, MO 63134  
314.733.8000 |
| **Type of Administration** | This Plan is jointly administered by Ascension Health and Sedgwick |
| **Plan Year**          | Plan records are administered on a calendar-year basis beginning January 1 and ending December 31 of each year |
| **Agent for Service of Legal Process** | Ascension Health  
4600 Edmundson Road  
St. Louis, MO 63134  
314.733.8000 |
| **Type of Funding**    | You and your Participating Employer pay the cost of this benefit. |