

Intermountain Health 401(k) Plan

2024 Summary Plan Description



The following summary briefly describes the principal provisions of the Intermountain Health 401(k) Plan (the “Plan”) as in effect on January 1, 2024. It is prepared as a convenience to you. Intermountain Health Care, Inc. d/b/a Intermountain Health (“Intermountain Health”) is the sponsor of the Plan. Any affiliate of Intermountain Health can adopt the Plan for its employees, with the approval of Intermountain Health. “Intermountain” means Intermountain Health and any adopting affiliate. For a list of employers currently participating in the Plan, contact the Plan Administrator.

The Plan is designed to enable employees to save for retirement on a tax-deferred and/or Roth 401(k) basis and, based on the employee’s employment status and particular Intermountain employer, to have matching and/or non-elective automatic Intermountain 2% contributions (“automatic 2% contributions”) made for them by Intermountain. IHC Health Services, Inc. is the Plan Administrator, and the Plan is also administered in part by the Intermountain Health Benefits Administration Committee appointed by Intermountain Health. Every effort has been made to describe the Plan’s provisions with accuracy and clarity. This summary, which is not a Plan document, will give you a good overview of how the Plan works and your rights and obligations under the Plan. Because it is only a summary, however, it omits much of the detail found in the Plan document itself. Should any discrepancy exist between the Plan and this summary, the official Plan document is the controlling document and is binding upon all parties. The Plan document is available to any Plan participant for review at the Intermountain Retirement Program office through ServiceHub. Caregivers who have terminated from service can reach us by calling Ask HR at 1-801-442-7547 or toll-free at 1-833-442-7547.

This summary is an important document. You should keep it in a safe place for future reference. If the plan is changed in any way that affects your eligibility or benefits, you will be given an explanation of the changes.

ELIGIBILITY REQUIREMENTS

Only Qualified Employees of Intermountain are eligible to participate in the Plan. You are a “Qualified Employee” if you are an employee of Intermountain unless you are one of the following:

1. an employee covered by a **collective bargaining agreement** if benefits were the subject of good faith bargaining and the collective bargaining agreement does not provide for participation in the Plan.
2. an individual who is classified by Intermountain as an **independent contractor** regardless of whether a court or administrative agency subsequently determines that the individual was not or is not an independent contractor.
3. an employee who is a **non-resident alien** who receives no earned income from Intermountain, that constitutes income from sources within the United States, or whose services are performed (or whose base of operations is) outside of the United States.
4. a **leased employee**.

Rehires or reclassified employees

If you are rehired as a Qualified Employee, you are immediately eligible to become a participant in the Plan. If you terminated employment before becoming eligible for matching contributions, you will not be eligible for matching contributions until the date you would have become eligible for matching contributions had you not terminated employment.

If your position with Intermountain changes so that you are no longer a Qualified Employee, you will cease to be able to make contributions to the Plan as of the last day of the calendar quarter in which the reclassification occurs.* Your account will remain invested (and you will be able to make investment elections with respect to your account) in the Plan until you qualify for and elect to receive a distribution of your account from the Plan. If your position with Intermountain as a non-Qualified Employee changes so that you are reclassified as a Qualified Employee, you will become a participant in the Plan on the date of your reclassification or the date you meet the eligibility criteria for Qualified Employees to participate in the Plan, whichever is later.

**This quarterly schedule does not apply to employees who move to or from an iFlex position for purposes of automatic 2% contributions¹ and matching contributions (see “Automatic Intermountain 2% contributions” and “Matching contributions” in the following pages.)*

If you are a Qualified Employee who moves from one Intermountain affiliate to another, but remain a Qualified Employee, your eligibility for certain Plan benefits such as automatic 2% contributions or matching contributions may change according to the eligibility rules and formulas set forth in this summary, including the Affiliate Appendices.

If you previously worked exclusively for IHC Health Services, Inc. or Select Health, Inc. and transferred to Intermountain Medical Holdings Nevada, Inc. or a Peaks Affiliate (as certain of these terms are defined in the list of adopting employers in this summary), and you are

¹ Automatic Intermountain 2% Contributions are listed as non-elective contributions on your account online at T. Rowe Price. They are referred to in the official Plan documents as “Fixed Contributions.”

eligible to participate in the Intermountain Health Pension Plan, which was closed to new participants as of April 5, 2020, you will not be eligible for automatic 2% contributions under this Plan, even if the transfer is only on a partial schedule. Please refer to the Intermountain Health Pension Plan summary plan description for eligibility rules of that plan, which differ for certain groups of caregivers, such as those who are rehired at a later date after terminating employment with Intermountain. Compensation at Intermountain Medical Holdings Nevada, Inc. or a Peaks Affiliate while accruing benefits under the Intermountain Health Pension Plan will not be considered if you become eligible for automatic 2% contributions under this Plan again.

Except as may be described in an Affiliate Appendix at the end of this summary, a Qualified Employee becomes eligible to start participation on the first day of the payroll period on or after the date the employee is first employed and at least 18 years of age. After becoming eligible, you will continue to be eligible to make elective contributions as long as you remain a Qualified Employee.

Eligibility rules for employer (matching and automatic 2%) contributions vary and are described later in this summary under the applicable “Matching contributions” and “Automatic Intermountain 2% Contributions” sections, as well as the Affiliate Appendices.

Appendices B through F are referred to in this summary as the “Affiliate Appendices.”

- **Appendix B** of this summary relates to employees of Intermountain Medical Holdings Nevada, Inc. and former employees of the following employers: HealthCare Partners Management Services Nevada, LLC, Healthcare Partners Medical Group (Coats), Ltd., and HCP IPA Nevada, LLC, who had an account balance as of December 31, 2021. It also applies to account balances transferred from the OptumCare Management, LLC 401(k) Retirement Savings Plan on or after December 31, 2020.
- **Appendix C** of this summary relates to employees of Tellica Imaging, LLC.
- **Appendix D** of this summary relates to employees of Classic Aviation Holding LLC.
- **Appendix E** of this summary relates to employees of Saltzer Medical Group, Inc.
- **Appendix F** of this summary relates to employees of the Peaks Affiliates (as defined in the list of adopting employers in this summary).

ENROLLMENT

Except as may be provided in an Affiliate Appendix, Qualified Employees hired or rehired on or after January 1, 2020, who are eligible to make elective contributions to the Plan, will be automatically enrolled in the Plan to make deferrals at a contribution level of 1% 30 days following their hire or rehire date (as long as they are age 18 or older), if they do not elect otherwise prior to this date. Generally, the first salary deferral contributions for an automatically enrolled participant will be made in the first payroll period following the end of the 30-day period. Employees who are automatically enrolled in the Plan may change their deferral elections or cease participation in the Plan at any time.

Qualified Employees not already enrolled in the Plan must affirmatively enroll in the Plan in order to start participation in elective contributions. Enrollment provides the Plan Administrator information about you and your elections, as well as your beneficiary designation. If you chose not to enroll in the Plan on the date you were first eligible, you may enroll anytime thereafter while working as a Qualified Employee and begin to make elective contributions on the first day of the next payroll period.

Please Note:

- Elective contribution elections remain on file. If you are rehired, your previously elected elective contributions will automatically be deducted from your payroll.
- If you are automatically enrolled in the Plan and do not make an investment election, your contributions will automatically be invested in a default investment. If a default investment is made, you will receive a notice describing the investment selection.

In most other situations, you must make an investment election at the time you begin participation in the Plan. As a participant in the Plan, you are responsible for deciding how your account will be invested. The Plan fiduciaries have neither the authority nor the responsibility for making investment decisions for you.

ELECTIVE CONTRIBUTIONS

When you become eligible and enroll in the Plan, you can elect to have a whole percentage (from 1% to 100%) of your eligible compensation withheld from your pay each pay period and contributed to the Plan on your behalf. These are called elective contributions, and there are two types of elective contributions: pre-tax elective contributions and Roth elective contributions. Your elective contributions to the Plan are subject to annual limits on contributions, which are set by the Internal Revenue Service (“IRS”) and change from year to year, as described in the following pages.

Elective contributions will be made by payroll deduction. Your elective contributions will be deposited in your account in the Plan on or shortly after the date you would otherwise have been paid.

All elective contributions are subject to the rules and procedures of the Plan Administrator relating to contributions. The Plan Administrator may set lower maximum elective contribution percentages or levels for highly compensated employees to avoid exceeding the limits applicable to the Plan. Highly compensated employees within the Canyons and portions of the Desert regions may be limited to contributions of no more than 5% of eligible compensation. This may change at the discretion of the Plan Administrator. You can reach a Retirement Consultant through ServiceHub if you have questions.

Are you a “highly compensated employee?”

The law limits the contributions made for the benefit of highly compensated employees. “Highly compensated employees” include, for the 2024 calendar year, any employee who was paid at least \$150,000 in 2023 and was also in the top-paid 20% of employees of Intermountain.

The dollar amount may be adjusted from year to year for cost-of-living changes. The average elective and matching contributions for the highly compensated employees as a percentage of compensation cannot exceed the average for the other employees except by small amounts specified by law. If the contributions of highly compensated employees are too high, the excess contributions will be distributed under special rules. These rules are never applied to reduce contributions for non-highly compensated employees.

Statutory limits on contributions

The limits on elective contributions for the 2024 calendar year are:

- \$23,000 per year (under age 50)
- \$30,500 per year (age 50 or older by December 31)

The increase for employees age 50 or older is known as “catch-up contributions,” and catch-up contribution-eligible Qualified Employees are entitled to make these contributions subject to any limit on contributions imposed by the Plan or by law. The limit on elective contributions and catch-up contributions may be adjusted each year for any authorized cost-of-living changes.

For purposes of this limit, elective contributions to the Intermountain Health 403(b) Plan and elective contributions to any other plan of any other employer must be taken into account.

Annual addition limit

Federal law limits the amount of annual addition for any one participant in any year. Annual addition means the sum of a participant’s elective contributions (but not catch-up or rollover contributions) and employer matching and automatic 2% contributions under the Plan for the year together with contributions to the Intermountain Health 403(b) Plan and any other qualified defined contribution plan controlled by the participant.

For 2024, the annual addition may not exceed the lesser of:

- \$69,000 (plus any authorized cost-of-living adjustments for future years)
- 100% of the participant’s compensation for the year, adjusted in accordance with applicable regulations

The Plan Administrator may periodically request that you disclose any contributions for your benefit under any defined contribution plans of employers which are owned 50% or more by you and your family or otherwise controlled by you.

Pre-tax elective contributions

You may elect to have your current taxable pay reduced for income tax purposes and have that amount contributed to the Plan as a pre-tax contribution.

While amounts you elect to contribute to the Plan as pre-tax elective contributions are not treated as wages subject to income tax withholding, they are treated as wages for purposes of FICA (Social Security and Medicare taxes). The FICA taxes that must be withheld with respect to your pre-tax elective contributions will be taken out of your other pay and reduce the amount of your take-home pay. In some states, pre-tax elective contributions may be subject to state or local income and other employment taxes in the year of contribution.

Your pre-tax elective contributions and earnings on them are subject to federal income taxes when they are distributed to you from the Plan. (The distributions may also be subject to state or local income tax.)

Advantage of pre-tax savings today

Contributing to the 401(k) Plan				
Annual Income	5% pre-tax Contribution	Taxable Income	25% Tax Rate	Income Tax Withheld
\$30,000	— \$1,500	= \$28,500	X .25 =	\$7,125
Not Contributing to the 401(k) Plan				
Annual Income	0% pre-tax Contribution	Taxable Income	25% Tax Rate	Income Tax Withheld
\$30,000	— \$0	= \$30,000	X .25 =	\$7,500

Roth elective contributions

You may designate some or all your elective contributions as Roth (after-tax) elective contributions. Unlike pre-tax elective contributions, Roth elective contributions do not reduce your pay for income tax purposes. You do not save on taxes at the time Roth elective contributions are made. Instead, the tax benefit comes when your Roth elective contributions and earnings on them are distributed to you from the Plan.

If you meet the IRS requirements for Roth qualified distributions, none of your Roth elective contributions or earnings on them will be included in your income for federal income tax purposes when distributed to you from the Plan. Even if you do not meet the IRS requirements for Roth qualified distributions, your Roth elective contributions will not be included in your federal taxable income because they were taxed at the time of contribution. Only the earnings on Roth elective contributions are subject to tax if you do not meet IRS requirements for a Roth qualified distribution. The IRS requirements for tax-free distribution of investment earnings include at least five years having passed from the date of your initial Roth elective contribution. (Note, however, Roth elective contributions may still be subject to a 10% tax on early withdrawals if you receive them before age 59½, unless an exception applies.)

The amount you elect as a Roth elective contribution is treated as includible in your gross income for income tax purposes at the time you would have received it as compensation had you not made an election.

Because Roth elective contributions are includible in your income, they are treated as wages subject to applicable income tax withholding in addition to being subject to FICA taxes. The FICA taxes and the withholding amount with respect to your Roth elective contributions will be taken out of your other pay. Consequently, your take-home pay will be lower than if you elected an equivalent amount as a pre-tax elective contribution to the Plan.

If you are auto-enrolled in the Plan upon hire or rehire, your initial contributions will be pre-tax elective contributions. Any participant may elect to make all or a portion of any future elective contributions as Roth elective contributions. When you elect to make elective contributions, you must specify the percentage(s) to be treated as pre-tax elective contributions and/or Roth elective contributions.

- Pre-tax elective contributions help lower your current taxable income and have the chance to grow tax deferred. However, when it comes time for retirement, you must pay taxes on those contributions as well as on any earnings.
- With Roth elective contributions, your contributions are included in your current taxable income. However, it is expected that at retirement you will be able to withdraw both your contributions and any earnings tax free.

To help you decide which option is right for you, you may want to talk with your personal tax advisor. Currently, T. Rowe Price maintains a Roth calculator for participating Qualified Employees to see how making contributions to the Plan as Roth elective contributions will affect your savings. To make changes just [log in to your account](#) at rps.troweprice.com, then click [Take Action>Intermountain 401\(k\)>Change your contributions](#).

Which contributions are right for you?

Ask yourself:

Can you afford to contribute the same amount to your retirement account without getting an income tax break today? Do you prefer tax free earnings in the future to an income tax break now? If you answered “yes” to these questions, Roth contributions might be right for you.

Your initial election of elective contributions will become effective within the current payroll period. Your election will remain effective (including from year to year) at the same rate and mix between pre-tax elective contributions and Roth elective contributions until changed or stopped by you. You may change your elective contribution percentage (increase it, decrease it), change the mix between pre-tax elective contributions and Roth elective contributions, or stop your contributions completely by logging in to your account at rps.troweprice.com or calling T. Rowe Price at 1-800-922-9945. Changes will become effective within the current payroll period.

Contributions for periods of covered military leave

If you return to work after a period of military service with reemployment rights protected by the Uniformed Services Employment and Reemployment Rights Act (USERRA) you may make elective contributions related to the period of covered leave (USERRA leave) so long as:

- You provide **advance notice** of the service when advance notice is practical
- You are not dishonorably discharged
- You are **re-employed by Intermountain within 30 days** following the completion of the service or any longer period during which your right to re-employment is protected by law
- The cumulative length of your absence **does not exceed five years**

If you return to Intermountain after any qualified military service, you can make additional contributions into the Plan up to the maximum amount that you would have been permitted to make based on your compensation if you had remained employed during the service. You can make these additional contributions after you return to Intermountain for the period that is three times the length of your military service or five years, whichever is less. You must designate your make-up elective contributions as either pre-tax elective contributions or Roth elective contributions or a combination of both at the time the contributions are made.

If you return to work following a period of military service that you think may qualify as USERRA leave or have any questions, you can reach a Retirement Consultant by submitting a request through ServiceHub for further information. Caregivers who have terminated from service can reach us by calling Ask HR at 1-801-442-7547 or toll-free at 1-833-442-7547.

EMPLOYER CONTRIBUTIONS

As an employer, Intermountain may make different kinds of contributions to your Plan account. These are referred to as discretionary contributions and are always pre-tax. You must meet the eligibility requirements prior to receiving an employer contribution. The maximum employer contribution amount (including both matching contributions and automatic 2% contributions) is determined each year by the IRS's compensation limit. For 2024, this compensation limit is \$345,000. The law does not permit employers to calculate employer contributions based on ineligible compensation, such as compensation in excess of this annual limit.

Automatic Intermountain 2% contribution²

If you became a new or rehired employee on or after April 5, 2020 (except as may be described below and in an Affiliate Appendix) you are a participant of the Plan and eligible to receive an automatic contribution from Intermountain equal to 2% of your eligible compensation for the plan year if:

- you are employed by Intermountain on the first day of the last payroll period that ends in December; or
- your employment is terminated before the first day of the last payroll period that ends in December, but it was due to a reduction in force, death, disability, or after you have attained at least age 55.

Qualified Employees who are participants in the Plan do not receive an automatic 2% contribution when they are in an iFlex position or were classified in an iFlex position when their employment was terminated. They may be eligible to receive an automatic 2% contribution upon their return to a non-iFlex position. For purposes of determining eligibility for automatic 2% contributions in connection with a change to or from an iFlex position, the change in classification will be deemed to occur as of the first day of the payroll period in which the reclassification is effective in Intermountain's payroll system.

If you are a new employee, your compensation calculation will be based on compensation for the portion of the year your participation starts. If you are eligible to participate in and accrue benefits on or after April 5, 2020, under the Intermountain Health Pension Plan, you are ineligible for automatic 2% contributions under this Plan. Automatic 2% contributions are allocated to participant accounts as of the last business day of the year for which the automatic 2% contribution is made.

If you were eligible to accrue benefits on or after April 5, 2020, under the Intermountain Health Pension Plan but later become an "Excluded Employee" under the terms of that plan, you will become eligible for automatic 2% contributions under this Plan, unless the Plan provides otherwise, beginning immediately after the effective date of becoming an "Excluded Employee" under that Plan, provided you still are a Qualified Employee for purposes of this Plan.

² Automatic Intermountain 2% contributions are listed as non-elective contributions on your account online at T. Rowe Price.

If you are employed by IHC Health Services, Inc. or Select Health, Inc. your employment moves, in whole or in part, to either Intermountain Medical Holdings Nevada, Inc. or a Peaks Affiliate (as defined in the list of adopting employers in this summary) without interruption, and you remain eligible to accrue additional benefits under the Intermountain Health Pension Plan on or after the transfer, you will be ineligible for automatic 2% contributions under this Plan.

Automatic 2% contribution terms and conditions differ for some employees of Intermountain affiliates whose participation in the Plan is subject to an Affiliate Appendix. Employees of an Intermountain affiliate described in an Affiliate Appendix should consult that Appendix for more information about automatic 2% contributions, if applicable.

Participants covered by a collective bargaining agreement will not be eligible for automatic 2% contributions unless their collective bargaining agreement provides for such contributions.

Matching contributions

Matching contributions may be made, at the discretion of Intermountain Health (in its capacity as Plan sponsor), as a percentage of eligible compensation, and if made, will be based upon your elective contributions, whether pre-tax elective contributions or Roth elective contributions, starting with your first paycheck on or after the date you become eligible for matching contributions, made during a period of time specified by Intermountain Health (such as a plan year, a calendar quarter, or payroll period). Participants become eligible for discretionary matching contributions beginning on or following the first anniversary of the participant's employment (except as may be described in an Affiliate Appendix). Discretionary matching contributions will not be made on elective contributions made while an employee is in an iFlex position.

Matching contribution terms and conditions differ for some employees of Intermountain affiliates whose participation in the Plan is subject to an Affiliate Appendix or a collective bargaining agreement. Employees of an Intermountain affiliate described in an Affiliate Appendix should consult that Appendix for more information about matching contributions, if applicable.

Employees who are participants in the Plan and move to an iFlex position do not receive a matching contribution when they are in an iFlex position or were classified as in an iFlex position when their employment was terminated. They may be eligible to receive a matching contribution upon their return to a non-iFlex position. For purposes of determining eligibility for matching contributions in connection with a change to or from an iFlex position, the change in classification will be deemed to occur as of the first day of the payroll period in which the reclassification is effective in Intermountain's payroll system.

- Matching contributions are only made if you have also made an elective contribution for the same time period. True-up contributions are not guaranteed and are at the discretion of Intermountain. (True-up contributions are made when a participant's matching contributions paid in increments over the course of a defined period such as the plan year are less than the amount of matching contributions that would be calculated by multiplying the match rate by the participant's compensation for the entire defined period.)
- Matching contributions are allocated to participants accounts as of the last day of the applicable matching contribution period for which the matching contribution is made.

- The Plan Administrator may limit matching contributions for highly compensated employees to avoid exceeding applicable legal limits.
- Participants covered by a collective bargaining agreement will not be eligible for matching contributions unless their collective bargaining agreement provides for such contributions.

VESTING IN THE PLAN

Vesting means that you have earned the right to a benefit that cannot be taken away. For purposes of these vesting rules, employees covered by certain Intermountain affiliates may be credited with years of vesting service based on their prior service with their employer before it became an Intermountain affiliate. These rules are described in the Affiliate Appendices, if applicable.

You are always 100% vested in each of the following types of contributions under the Plan:

- Your **pre-tax elective** contributions.
- Your **Roth elective** contributions.
- Your **rollovers** (if you rolled over any funds).

You become vested in your matching contributions and automatic 2% contributions based upon your years of vesting service at the time your employment ends in accordance with the vesting schedule (see accompanying charts in this section). Your vesting service is determined by the period of your employment with Intermountain after you reached age 18 and is measured in full years.

Matching contributions are subject to the following vesting schedules:

(Benefits accrued on or After April 1, 2023)

Years of Vesting Service	Percent Vested
Less than 3	0%
3 or more	100%

(Benefits Accrued Before April 1, 2023)

Years of Vesting Service	Percent Vested
Less than 2	0%
2 but less than 3	20%
3 but less than 4	40%
4 but less than 5	60%
5 but less than 6	80%
6 or more	100%

Automatic 2% contributions are subject to the following vesting schedule:

Years of Vesting Service	Percent Vested
Less than 3	0%
3 or more	100%

Employees to whom an Affiliate Appendix applies may be subject to different vesting schedules contained in those Appendices. You can reach a Retirement Consultant through ServiceHub if you have questions. Caregivers who have terminated from service can reach us by calling Ask HR at 1-801-442-7547 or toll-free at 1-833-442-7547.

Regardless of your years of vesting service, you will be 100% vested in your account if you reach age 65 while employed by Intermountain, your employment ends because of your death or disability, or you die or become disabled while performing qualifying military service.

You are disabled if the Plan Administrator or its delegate determines that you are disabled under Intermountain's applicable disability policy.

FORFEITURES

If you made contributions to the plan, any portion of your account that is not vested will be forfeited at the earliest of the following:

- At the time you receive a **distribution** of the vested portion of your matching contributions or automatic 2% contributions; or
- The day following the **completion of a period of 60 months** from the date of your employment termination.

If your entire account balance is 0% vested, meaning you did not contribute to the plan and the only balance is the automatic 2% contribution, then your entire account balance will be forfeited at the end of the quarter following your termination of employment or as soon as administratively possible.

If you are reemployed as a Qualified Employee within 60 months of the date of your termination (and, if you received a distribution of your matching contributions or automatic 2% contributions, and you repay the full distribution within 60 months from the date of your reemployment), the unvested amount relating to your matching contributions or automatic 2% contributions will remain part of your account if it has not yet been forfeited, or, if previously forfeited, the forfeited amount will be restored to your account (without any adjustment for any interest or investment gain or loss since the forfeiture occurred).

If you are rehired after the end of the 60-month period from your employment termination date (or are rehired sooner but fail to repay any distribution of your matching contributions or automatic 2% contributions within 60 months of reemployment), any forfeited amounts relating to your account will not be restored.

The forfeitures for a plan year that are not used to restore any prior forfeitures will be used, in accordance with IRS Regulations, to pay administrative expenses of the Plan, reduce Intermountain's contribution obligations to the Plan for matching or automatic 2% contributions, or a combination of both, as determined by the Plan Sponsor, Intermountain Health in its sole discretion.

ELIGIBLE COMPENSATION

Eligible compensation means the amount paid to you as an employee of Intermountain during a plan year (and amounts paid during the first weeks of the next plan year for work in the prior year due to the timing of payroll periods and pay dates), adjusted to:

- **Include pre-tax elective contributions** and **Roth elective contributions** to any plan of the employer qualifying under Section 401(k) or Section 125 of the Internal Revenue Code of 1986 (referred to in this summary as the "Code")

- **Include lump sum amounts paid upon termination** of employment such as payments for unused vacation and sick leave time (paid time off)
- **Exclude** reimbursements or other expense allowances, relocation payments, merchandise and service discounts, malpractice insurance coverage, third-party disability pay, automobile or mileage allowances, tuition reimbursements, medical or dependent care reimbursements, benefits in the form of property or use of property or other fringe benefits (including fringe benefits excludable from compensation under Code Section 132(f)(4)), payments or contributions to an insurance plan, pension (if applicable) or profit-sharing plan, or other employee benefit plan on your behalf not expressly included above, severance pay or separation pay paid after termination of employment, and for purposes of automatic 2% contributions and matching contributions, compensation earned while in an iFlex position
- **Compensation counted for 2024 for any participant is limited to \$345,000.** This limit may increase in future years based upon legally authorized cost-of-living increases

ROLLOVERS BETWEEN PLANS

If you have received a distribution from a qualified retirement plan of another employer, an annuity contract under Code Section 401(a) or 403(b), or a conduit individual retirement account or annuity (“IRA”), you may be able to roll over your distribution to the Plan within 60 days following the distribution. A conduit IRA is an IRA that holds only amounts rolled over from one or more eligible rollover distributions from other qualified plans, 403(b) annuities, and related earnings.

You may also roll over a distribution from the Intermountain Health 403(b) Plan or the Intermountain Health Pension Plan to this Plan. Please note that rollovers from the Intermountain Health 403(b) Plan and Pension Plan are subject to the rules and restrictions governing rollovers under the terms of those plans. The amount must, in the first place, be distributable under the terms of the distributing plan. For example, rollover distributions from the Intermountain Health 403(b) Plan to this Plan while employed by Intermountain are generally not available before age 59½ because in-service distributions before that age are not available as a general matter. In addition, the amount must be an “eligible rollover distribution” under the Code, which excludes some in-service distributions and other distributions including hardship withdrawals, distributions of substantially equal periodic payments for life or a specified period of 10 or more years, required minimum distributions, and certain corrective contributions.

The Plan will generally accept a direct rollover of a distribution of Roth contributions from a qualified plan or 403(b) plan of another employer.

This Plan will not accept the following:

- **After-tax amounts**, other than a direct rollover from a Roth account of a qualified plan or 403(b) plan
- Amounts from **Roth IRAs**
- Amounts from **IRAs that are not exclusively rollover amounts from qualified plans or 403(b) annuities** and related earnings
- Amounts from **non-government plans under Code Section 457**

- Amounts from a **nonqualified deferred compensation plan**.

If you have an amount that is distributable to you from this Plan, you may be able to move it to the retirement plan of another employer, an IRA or Roth IRA by means of a direct rollover. Amounts that have been distributed to you must be rolled over within 60 days of receipt. The rules governing rollovers are complex, especially with respect to Roth amounts. If you are interested in making a rollover, login to your account at rps.troweprice.com or contact T. Rowe Price at 1-800-922-9945 for more information and to make a distribution election.

TYPES OF CONTRIBUTIONS IN YOUR ACCOUNT AND VALUATION

The Plan Administrator will separately track different types of contributions in your account for recordkeeping and plan administration purposes. The different types include the following:

- **Pre-tax Elective Contributions.** These are your pre-tax elective deferrals and earnings on those funds.
- **Roth Elective Contributions.** These are your Roth elective deferrals and earnings on those funds.
- **Rollover Contributions.** These are funds that are rolled over into the Plan from a former employer's qualified retirement plan or from a pre-tax rollover IRA and earnings on those funds.
- **Employer Contributions.** These are any Intermountain matching contribution and any automatic 2% contributions:
 - **Automatic 2% Contributions.** These are the non-elective, automatic 2% contributions made by Intermountain and earnings on those funds.
 - **Matching Contributions.** These are the matching contributions from Intermountain and earnings on those funds.
- **Prior Employer Plan Contributions.** These are any contributions transferred from another plan whose assets have been transferred to this Plan through a Plan merger or a trust-to-trust transfer and earnings on those funds.

The Trustee will value the Investment Funds periodically in accordance with the administrative guidelines and directions of the Plan Administrator. The Investment Funds must be valued at the end of each year and currently are being valued each business day. Your account will be adjusted to reflect any gains or losses of the investments selected by you.

Your account will also bear any fees or expenses associated with the investments you select as well as your account's share of any general administrative expenses of the Plan and the trust not paid by the employer. Currently, your account is charged two administrative fees each quarter. One is to compensate T. Rowe Price for recordkeeping services, and the other is to cover general administrative expenses of the Plan. These fees are reviewed and adjusted based upon costs and expenses each year. Information about fees and expenses will be distributed to you each year.

You will receive a statement each quarter showing the total value of your account. Your statement, like all other records of your account in the Plan, is confidential and will be mailed to you if you are not accessing your account information online. You may view your account

information online by logging in to rps.troweprice.com or call T. Rowe Price, at 1-800-922-9945 to obtain the most recent valuation of your account.

INVESTMENT OF YOUR PLAN ACCOUNT

The amounts contributed and credited to your account are held by, or on behalf of, the Trustee of the Plan. You do not have to send contributions to the Trustee because the employer will send the contributions to the Trustee. Amounts in your account will be invested in accordance with your direction, or, if you do not provide a direction, into the Plan's default investment option(s). Intermountain Health has delegated fiduciary responsibility for selecting the menu of investment options to the Intermountain Benefits Finance Committee (the "Finance Committee").

The Finance Committee selected a number of Investment Funds in which you may choose to invest amounts in your account. In addition, the Finance Committee has developed target date funds (Intermountain Retirement Portfolios) and Diversified Portfolios in which you may choose to invest amounts in your account. The Trustee keeps records and gives periodic reports to the Finance Committee about the Investment Funds and Portfolios and participants' investments in the Investment Funds and Portfolios. The Finance Committee monitors the Investment Funds on a regular basis and considers a variety of factors when determining which Investment Funds to include and whether to make any changes to the available Investment Funds and Portfolios. The Finance Committee also receives information from non-fiduciary advisors to assist the Finance Committee with its selection and monitoring of Investment Funds. You will be notified in the event the Finance Committee decides to change any Investment Funds and Portfolios.

To receive more detailed information about the available investments in the Plan, please call T. Rowe Price at 1-800-922-9945 or log in to your account at rps.troweprice.com.

Investment responsibility

The Plan has been designed to comply with Section 404(c) of the Employee Retirement Income Security Act of 1974, as amended ("ERISA") and related regulations. By complying with ERISA Section 404(c), Plan fiduciaries may be relieved of liability for any losses that are the direct result of your investment instructions. As a participant in the Plan, you have the responsibility for deciding how your account will be invested. No Plan fiduciary or other person connected with the Plan can advise you or play any part in this decision. You must complete an investment election at the time you begin participating in the Plan, otherwise the amounts in your account will be placed into the Plan's qualified default investment alternative. The Plan fiduciaries have neither the authority nor the responsibility for making investment decisions for you. Your investment election will remain in effect for all future contributions until you change it.

Choose your own investments

When you enroll in the Plan, you will be provided with an opportunity to select which Investment Funds you wish to invest amounts in your account. You may invest 100% of your contributions in any one Investment Fund or Portfolio, or you may split contributions among any or all of the funds. Investment Funds and Portfolios have different characteristics, including fees charged, historical returns, investment strategies, and levels of risk. You should carefully read any prospectuses or materials regarding an investment option before you make your decisions.

Your account balance will be updated to reflect any earnings and losses of the investments that you select or, if you do not make an election, the default option. Your account will also be charged applicable fees and expenses for your investments and your account's share of the trust's general administrative expenses, if not paid by Intermountain.

You can change how future contributions are invested, and you can rearrange how your existing account balance is invested, including transferring amounts in your account between investment options. Changes related to the investment of future contributions will be effective upon the following pay period. To select investments or make a change, call T. Rowe Price at 1-800-922-9945 or visit rps.troweprice.com. You will receive written confirmation from T. Rowe Price of any changes you make.

DISTRIBUTION OF BENEFITS UPON TERMINATION

You are entitled to receive your account balance upon termination of your employment. Information about the available forms of payment and your right to roll over the distribution will be mailed to you upon your termination. A transfer of a Qualified Employee's employment from one Intermountain employer to another is not considered a termination of employment.

If your employment is terminated and **your account balance is less than \$7,000**, your account balance will be automatically rolled over in a lump sum to an IRA established with a third-party vendor unless you make a distribution election, prior to the specified timeframe provided in a letter that will be mailed to you at the time of your termination. If you make a timely distribution election, you may elect instead to roll over your account balance to another eligible retirement plan, such as your new employer's 401(k) plan or an IRA that you established.

If your **account balance equals or exceeds \$7,000** you have the following options:

- **Defer payment of your account until a later time.** However, you may not defer your distribution beyond April 1 of the year following the year in which you reach your required minimum distribution ("RMD") beginning date. Under IRS guidance, Roth elective contributions paid to the participant are not subject to the RMD rules beginning with distributions required to be made in 2024, except distributions that are required to be made by April 1, 2024, for the year 2023.
- **A total distribution**, as a single lump sum cash payment for the entire vested amount.
- Substantially equal monthly, quarterly, or annual **cash installment payments for a specified period** that does not exceed the life expectancy of you or your eligible designated beneficiary and that satisfies the RMD rules each year.
- Substantially equal monthly, quarterly, or annual **cash installment payments for a specified dollar amount** that does not exceed the life expectancy of you or your eligible designated beneficiary and that satisfies the RMD rules each year.

- A designated **part of your account paid in a cash lump sum, with** the balance of your account paid in **equal installments** as described above.
- **Direct rollover** of an “eligible rollover distribution” to an “eligible retirement plan” (both terms are described in the following pages).

During any period of deferral or if distribution is made in the form of installment payments, your account will continue to be subject to your investment direction and be credited with the investment gains, investment losses, and expenses applicable to your account under the terms of the Plan. If you elect payment in the form of installment payments, you may later elect to have the remaining amount in your account paid within a reasonable time to you in the form of a cash lump sum.

The required age for your RMD beginning date is determined under the following schedule:

RMD Age	Individuals Impacted
70.5	Individuals who reach age 70.5 before January 1, 2020
72	Individuals who reach age 70.5 after December 1, 2019
73	Individuals who reach age 72 after December 31, 2022, and age 73 before January 1, 2033
75	Individuals who reach age 73 after December 31, 2032

You may request a distribution online at rps.troweprice.com or by calling T. Rowe Price at 1-800-922-9945.

Your retirement benefit will start within a reasonable period after T. Rowe Price has received all the necessary documents and information from you. However, the Plan Administrator may delay payment for a reasonable period to process payment but in no event beyond 60 days after the latest of the following:

- The end of the calendar year of retirement.
- The date the amount is known.
- The date all the necessary information and documents for a distribution have been received by T. Rowe Price.

In connection with your distribution, the Plan Administrator will provide you, between 30 and 180 days before benefits are to start, with the following, if applicable:

- An explanation of the **right to defer payment** until the required beginning date and the consequences of failing to defer payment.

- An explanation of your **right to elect a direct rollover** of your distribution from the Plan to another eligible plan or to an IRA.
- An explanation of **mandatory federal withholding of 20%** of the amount distributed if a direct rollover could be elected and is not.

No benefit can be paid until 30 days after the above explanations have been given, unless you submit an application after receipt of the explanations, which will be treated as an irrevocable waiver of the balance of the 30-day period for election to start benefits or elect a rollover unless indicated otherwise.

Eligible rollover distributions

Generally, all payments from the Plan to a participant, the spouse or former spouse of the participant, the beneficiary of a participant, or an alternate payee who is the spouse or former spouse of the participant are eligible rollover distributions and can be rolled over to an eligible retirement plan (if the eligible plan will accept them) or a Roth IRA (under Code Section 408A), except the following:

- Payments that are **part of a series of equal (or almost equal) payments** that will last for your life or the lives of you and any beneficiary, or that will be paid over a period of 10 years or more.
- The amount of a **required minimum distributions** required by law.
- A loan amount that has been treated as distributed as a **deemed distribution** prior to distribution of the loan in a direct rollover.
- In-service withdrawals for financial **hardship**.
- Certain corrective **distributions**.

In addition, lump sum payment of death benefits to a beneficiary other than a surviving spouse may under certain conditions be rolled over to an inherited IRA (but not to any other form of eligible retirement plan).

Eligible retirement plans

The following are eligible retirement plans and may receive eligible rollover distributions, but the sponsor may elect not to receive some types or any rollovers. You should check before you elect a rollover.

- An **individual retirement account or annuity** (“IRA”).
- A **qualified retirement plan**.
- A plan or an **annuity contract described in Code Section 403(b)**.
- An eligible plan under Code Section 457(b) (generally a **457(b) plan of a governmental entity**).

If you do not elect a direct rollover of the distribution, the Plan is required by law to withhold 20% of any eligible rollover distribution and pay it to the IRS. (Note: Mandatory withholding does not apply to the portion of a distribution that consists of Roth elective contributions, if any.) You cannot reduce the 20% or elect not to have withholding apply to an eligible rollover distribution except by electing a direct rollover. If you receive a distribution that is not an eligible rollover distribution, other withholding rules apply and you may, in most cases, elect against withholding.

Amounts (other than Roth elective contributions, and, if IRS requirements are met, earnings related to Roth elective contributions) distributed to you and not rolled over are included in your ordinary taxable income and are also subject to an additional 10% penalty tax if you have not attained age 59½, and no other exception applies.

Rollovers of your Roth elective contributions

It is also possible to do a rollover of an otherwise taxable distribution to a Roth IRA. You should be aware, however, that a distribution rolled over to a Roth IRA is subject to income taxation in the year in which the distribution occurs unlike rollover distributions to an IRA or another qualified plan, which are taxed when amounts are withdrawn from the IRA or other qualified plan. The benefit of a rollover to a Roth IRA is that the subsequent investment earnings in the Roth IRA are not taxed to you upon distribution if certain requirements are met. If you are considering a rollover to a Roth IRA, you should consult a tax advisor. IRS Publications 575 and 590 include information about rollovers to Roth IRAs.

You may elect to roll over amounts attributable to your Roth elective contributions to the following:

- A qualified cash or deferred arrangement with **Roth contributions that is part of a qualified retirement plan or an annuity contract** or plan under Code Section 403(b).
- A **Roth IRA**.

If you elect a direct rollover of amounts attributable to Roth elective contributions to another qualified retirement plan with Roth contributions, you may be able to carry over (or “tack”) your five-taxable-year period of participation under this Plan to the other plan for purposes of determining the taxability of future distributions from that plan.

Also, to the extent that a portion of your benefit from your Roth elective contributions is not otherwise includible in gross income, in order to roll over that portion to another qualified retirement plan with Roth contributions, the rollover may only be accomplished through a direct rollover of the entire distribution to that plan, and that plan must agree to separately account for the amount not includible in gross income.

You can also roll over the entire amount or any portion to a Roth IRA. If you roll over only part of an eligible rollover that is not a Roth qualified distribution and not paid as a direct rollover, the part rolled over is considered to be first from the income portion of the distribution. IRS Publications 575 and 590 provide information about rollovers from Roth accounts.

Direct rollovers

If you receive an eligible rollover distribution from the Plan, you can elect a direct rollover of all or a portion of it. In a direct rollover, the eligible rollover distribution is paid directly from the Plan at your request to an IRA, a Roth IRA, or another eligible retirement plan that accepts rollovers. A direct rollover is not taxed until it is distributed from the successor plan or IRA. If the direct rollover is to a Roth IRA, it is immediately taxed in the year of the rollover (subject to special rules for Roth elective contributions and earnings).

If you choose a direct rollover, you must provide T. Rowe Price with sufficient information to identify the plan or IRA to which the rollover is to be made and the other plan or IRA must agree to accept the rollover.

Payments made directly to you

If you do not elect a direct rollover of all or part of an eligible rollover distribution or a distribution from your Roth elective contributions, the part not rolled over will be paid directly to you. Except for the amount that is not includible in your income under the rules relating to distributions of Roth elective contributions, the payment will be reportable as taxable income in the year you receive it and will be subject to taxation unless, within 60 days of receipt, you roll it over to an IRA or another plan that accepts rollovers.

You may roll over a portion of the distribution or the entire amount, including the amount withheld. (You will have to replace the amount withheld from other sources.) As noted above, you will not be allowed to roll over to another qualified retirement plan with Roth contributions the portion of a distribution from your Roth elective contributions that is not includible in your gross income and that is paid directly to you. However, in the case of amounts from your Roth elective contributions that are not includible in your income and that are paid directly to you, you will be allowed to roll over such amounts to a Roth IRA.

In the case of a distribution from your Roth elective contributions that is not a Roth qualified distribution, if the entire amount of the distribution is not rolled over, certain priority rules may apply that will deem the portion that is rolled over to consist first of the portion of the distribution that would be includible in your income but for the rollover.

Also, unlike direct rollovers from your Roth elective contributions to another qualified retirement plan with Roth contributions, you will not be able to tack your five-taxable-year period of participation under this Plan with respect to a rollover to a Roth IRA.

DISTRIBUTION AT DEATH

The following rules regarding distribution at death pertain to deaths after 2019. For prior rules, please consult the Plan Administrator.

Death after payment in installments has commenced

If your account is being paid to you in equal installments, the remaining installments after your death will be paid to your beneficiary as they become due (subject to the right of your beneficiary at any time to elect to accelerate all or any portion of the remaining amount in your vested account), if your designated beneficiary is an “eligible designated beneficiary.” An “eligible designated beneficiary” includes your surviving spouse, your minor child (but only while they remain a minor), a disabled individual, a chronically ill individual, or any other individual who is not more than 10 years younger than you. For purposes of this definition, “disabled” and “chronically ill” have specific definitions under Section 401(a)(9) of the Code.

- If your beneficiary is not an “eligible designated beneficiary” but is a “designated beneficiary,” your beneficiary will be required to receive a distribution of the remaining account balance by the end of the 10th year following your death. If you do not have a “designated beneficiary,” your beneficiary will be required to receive a distribution of your remaining account balance by the end of the fifth year following your death.
- A beneficiary, strictly for these purposes, does not need to be specified by name in order to be a “designated beneficiary,” as long as the individual who is to be the beneficiary is identifiable under the designation by the participant or the terms of the Plan.

- A beneficiary that is not an individual, such as your estate, generally cannot be a “designated beneficiary” for these purposes (except for certain trusts). If you name multiple beneficiaries, one or more of which is not an individual, none of your beneficiaries will be treated as “designated beneficiaries.”
- If you have more than one designated beneficiary but not all of them meet the definition of “eligible designated beneficiary,” the Plan will treat none of the beneficiaries as eligible designated beneficiaries.
- If one of your beneficiaries is your minor child at the time of your death, though, you will be treated as having an “eligible designated beneficiary,” even if you have other “designated beneficiaries” who are not “eligible designated beneficiaries.”

These rules governing payments to beneficiaries following your death are complex and remain subject to the restrictions and definitions in Code Section 401(a)(9) and related IRS regulatory guidance. Participants should consult their personal financial or legal advisors for advice regarding beneficiary planning.

Death before payment in installments over specified period has commenced

If you have not commenced payment of your benefits over a specified period, and you die, your remaining account balance will be paid as a death benefit to your beneficiary. Note: Although Roth elective contributions are generally not subject to the required minimum distribution rules under Section 401(a)(9) of the Code beginning in 2024, that exception does not apply when the Roth elective contributions will be paid to a beneficiary.

If your **remaining account does not exceed \$7,000**, it will be paid to your beneficiary in a single cash payment subject to your beneficiary’s option to have it rolled over directly to an IRA or another plan. The distribution will be made as soon as administratively feasible following the participant’s death and the end of the calendar month in which the Plan receives a claim for benefits.

If your **account is equal to or exceeds \$7,000**, it will be paid in the form selected by the beneficiary from those that would have been available if you had terminated your employment (as adjusted for any legal limitations applicable to death benefits). If no election is made, your benefits will be paid to your beneficiary in a single lump sum payment. In all events, benefits must be distributed to your “designated beneficiary” no later than 10 years after your death or in installments based on life expectancy (or if payable to a non “designated beneficiary,” no later than five years after your death). Except as otherwise permitted by the Plan, these benefits payable upon your death will generally be paid or commenced as soon as practicable and no later than December 31 of the year following the year in which your death occurs.

If your spouse is your sole beneficiary, your spouse may irrevocably elect to take required minimum distributions as if they were the participant.

If your beneficiary is not your spouse, they can request a direct rollover of the lump sum distribution from the Plan to an inherited individual retirement account or annuity (IRA). (However, non-spousal beneficiaries cannot receive payments from the Plan and roll over the payments themselves.) Non-spousal beneficiaries should seek additional information about “inherited IRAs” from an IRA provider or financial advisor.

The Plan Administrator may delay payment for a reasonable period to ascertain the correct amount of the payment, to locate the beneficiary, or for T. Rowe Price to have received all necessary information and documents for the distribution.

Designation of beneficiary

You designate your beneficiary to receive death benefits online at rps.troweprice.com. If you have any questions or choose to complete and mail in a form, contact T. Rowe Price at 1-800-922-9945. If you are married, designating a beneficiary other than your spouse requires the signed consent of your spouse. The spouse's signature must be witnessed by a notary public. If your marital status changes after you have designated a beneficiary, your beneficiary designation will become void.

If your beneficiary dies before you, upon your death, your benefit will be paid to your contingent beneficiary, or, if none, to the beneficiary determined according to the default beneficiary determination rules below.

The following rules of default beneficiary determination will apply to any part of your benefit as to which no valid designation of beneficiary is in effect at your death or your beneficiary and contingent beneficiary have both predeceased you. Benefits will be paid in the following order until a beneficiary is identified.

- To your **surviving spouse**; then
- To your **surviving children**; then
- To your **parents**; and then
- To your **estate**.

If a beneficiary disclaims your benefit, your benefit will be paid as though that beneficiary had predeceased you. Your beneficiary, contingent beneficiary, or surviving spouse will not be treated as your beneficiary unless he or she survives you. Also remember, it is your responsibility, not the Plan Administrator's, to make sure your beneficiary designation lists the beneficiary you want to name. Participants should consult their personal financial or legal advisors for advice regarding beneficiary planning.

TAXATION OF ACCOUNT

Your account under the Plan is not subject to taxation until distribution. Pre-tax elective contributions (including pre-tax catch-up contributions) are not included in taxable income for income tax purposes when credited to your account, and you do not report them as income on your tax return. Roth elective contributions (including Roth catch-up contributions) are treated as compensation that is taxable to you for federal income tax purposes, so Roth elective contributions are effectively taxed in the year they are credited to your account. Investment earnings on any elective contributions or matching contributions are not taxable or reportable as income when credited to your account.

Taxation on distribution of pre-tax elective contributions

All amounts, including contributions and related investment earnings, distributed from your pre-tax elective contributions are taxable at ordinary income tax rates when distributed to you as a retirement or other benefit.

Taxation on distribution of Roth elective contributions

A distribution from your Roth elective contributions (including related investment earnings) is not includible in your gross income if it is a Qualified Distribution. A “Qualified Distribution” is a distribution made from your Roth elective contributions that is both:

- Made after your five-taxable-year period of participation ends (your five-taxable-year period of participation begins on the first day of the first calendar year in which you make a designated Roth elective contribution to the Plan and ends when five consecutive calendar years have been completed.); and
- Made on or after the date you reach age 59½, attributable to a disability, or made after your death to your beneficiary or estate.

If the distribution is not a Qualified Distribution, a portion of your distribution will be includible in your income, and a portion of the distribution will be excludible from your gross income as a tax-free recovery of your basis in your Roth elective contributions.

Several factors will determine the portion of your distribution that is considered to be attributable to your Roth elective contributions, including the following:

- The form in which your benefits are distributed.
- Whether you designate your distribution as being made from your Roth elective contributions.
- Whether you have taken a prior distribution or withdrawal from the Plan.
- How much of your distribution, if any, you roll over to another eligible retirement plan or Roth IRA.
- Taxation of early distributions

In general, federal law imposes a separate 10% penalty tax (in addition to regular income taxes on the distribution) on the taxable portion of any benefits you receive before age 59½. The 10% penalty tax does not apply, however, to the following:

- Payments made because of **death or qualifying disability**.
- Payments made if your employment with Intermountain terminates during or after the calendar year you reach **age 55**.
- Distributions to pay **qualifying medical expenses**.
- Payments to an **alternate payee** under a QDRO.
- Certain distributions to **correct contribution amounts**.
- Also, the 10% penalty tax does not apply to a distribution to the extent that it is **rolled over** to an IRA, a Roth IRA, or another eligible retirement plan.

The rules governing taxation of distributions and withdrawals are complex. You will receive additional information when you receive a distribution or withdrawal that could be taxable to you. In addition, IRS Publication 575, Pension and Annuity Income, discusses the tax treatment of distributions received from qualified retirement plans and annuity plans and shows you how to report such income on your federal income tax return. IRS publications are available for free from the IRS website at www.irs.gov or by calling 1-800-829-3676.

WITHDRAWALS DURING EMPLOYMENT

The tax advantages of a plan like this Plan are provided to encourage employees to save for their own retirement and encourage employers to contribute toward that cause. Federal law attempts to protect and preserve these funds so that they will be available when you retire. Therefore, as a general rule, you are not permitted to withdraw amounts from your Plan account while you continue to be employed by Intermountain. There are, however, several limited circumstances under which withdrawals are permitted. Employees to whom an Affiliate Appendix applies may also make withdrawals as may be outlined in that Appendix.

Withdrawals after disability

You may elect to receive all or any portion of the balance in your account if you become disabled even if your employment is not terminated. You are disabled if the Plan Administrator or its delegate determines you are disabled under Intermountain's applicable disability policy.

Withdrawals after age 59½

Once you reach age 59½, you may elect to receive all or any portion of your account balance under the Plan (other than the part of your account attributable to Roth elective contributions or securing an outstanding loan) at any time. You may elect to receive your Roth elective contributions only if the withdrawal occurs at least five years after your first Roth contributions to this Plan. Similar rules apply to any part of your rollovers that is attributable to Roth elective contributions to another employer's plan.

Withdrawals during military service

If you are called to active military duty that satisfies certain conditions, you may elect to withdraw prior to the end of your active duty amounts from your pre-tax elective contributions and Roth elective contributions. These distributions (called qualified reservist distributions) will not be subject to the extra 10% federal penalty tax (although they will be subject to the income tax rules generally applicable to distributions).

Also, if you have qualified military service that will exceed 30 days, you may elect to be treated for purposes of the Plan as if you had terminated your employment and receive a distribution of your entire account. However, distributions to you because of a deemed termination of employment will generally be taxable to you (including the extra 10% federal penalty tax unless an exception applies). These distributions are considered eligible rollover distributions. However, any part of the distribution that would meet the requirements as a qualified reservist distribution would be exempt from the extra 10% federal penalty tax.

Withdrawal procedure

To request a withdrawal, log in to your account at rps.troweprice.com or call T. Rowe Price at 1-800-922-9945.

The Plan Administrator may require minimum advance notice, may limit the size and frequency of withdrawals and may delay payment as necessary for proper trust administration. If your account is invested in more than one Investment Fund or Diversified Portfolio, a pro rata share will come from each of the Investment Funds, Intermountain Retirement Portfolios, or Diversified Portfolios in which you have invested your account.

Amounts you withdraw, other than your Roth elective contributions, will be taxed as ordinary income. If you are under age 59½ and no exceptions apply, such as a withdrawal for qualifying medical expenses, an extra 10% federal tax will apply. Amounts withdrawn from your Roth elective contributions may be taxable in part, or not taxable, depending on whether the distribution is a Qualified Distribution.

Hardship withdrawals

Financial hardship means an immediate and heavy financial need that cannot be met from other reasonably available resources (including available assets of spouse and minor children) and is caused by one or more of the following:

- Qualifying **medical expenses** for you, your spouse or a qualifying dependent.
- Payment of **tuition, related educational fees, and room and board expenses** for up to the next 12 months of postsecondary education for you, your spouse, your child, or a qualifying dependent.
- Payments for **burial or funeral expenses** for your deceased parent, spouse, child, or qualifying dependent.
- Costs directly related to **purchase of your primary residence**, not including making mortgage payments.
- Payments needed to **prevent an eviction from or foreclosure** of the mortgage on your principal residence.
- Qualifying expenses for the **repair of casualty damage** to your principal residence.
- Federal and state income **taxes or penalties that are reasonably anticipated** in connection with the withdrawal.

You must self-certify that your financial need exists and must also prove that you cannot meet this need from other financial resources. To avoid the requirement to provide a complete financial disclosure, the Plan imposes the following condition to establish that you lack other resources: you must have taken all non-taxable loans available from this Plan and any other plan sponsored by Intermountain. In other words, you are required to try to satisfy your financial need first through a Plan loan.

PLAN LOANS

If you are an employee of Intermountain, you may borrow from your account balance. All loans are secured by your vested account balance. To apply for a loan, log in to rps.troweprice.com or contact T. Rowe Price at 1-800-922-9945. Plan loans are subject to the Plan's loan policy, available upon request from the Plan Administrator.

Eligibility for loans

You may borrow money from the Plan in accordance with the following rules:

- You must be a party in interest, as that term is defined by applicable law. In general, you are a “party in interest” if you are an active employee of the Employer. In most cases, you will cease to be a party in interest after your employment terminates and will not be eligible to borrow money from the Plan.
- Except as required by law, loans will only be permitted for persons who are Qualified Employees when the loan application is submitted.

Loan amount

The Plan Administrator will determine the amount available in your account for a loan. The loan amount may not exceed the lesser of the following, taking into account all loans with respect to your account:

- 50% of your vested account.
- \$50,000, reduced by the highest aggregate loan balance within the preceding 12 months (including any loans under the Intermountain Health 403(b) Plan and any other qualified plans of Intermountain).

Loan amounts will be charged pro-rata against all Investment Funds, Intermountain Retirement Portfolios and Diversified Portfolios in which your account is invested, including investments of your pre-tax and Roth elective contributions. You may have no more than two loans outstanding at any time and a loan will not be available for less than \$1,000.

Terms

All loans require a promissory note. The term of the loan may not exceed **five years** unless the loan is to acquire a principal residence. The term of residential loans may not exceed **10 years**.

The Plan Administrator determines the repayment schedule. The loan must be **repaid by substantially level principal and interest payments** made no less often than quarterly over the loan term. Prepayments of the entire balance will be allowed; partial prepayments are not allowed. Loan payments will be suspended during any period of qualifying military service as permitted under applicable law.

The **interest rate** applied to the loan is one percent above the prime rate of interest published in the “Money Rates” section of *The Wall Street Journal* on the first business day of the month in which your loan is approved. Interest on the loan is not deductible. For the current rate, contact T. Rowe Price at 1-800-922-9945.

Repayment method

The loan repayment arrangement is via monthly ACH debit, however, repayment on loans initially made prior to April 1, 2023, may also be arranged via payroll deductions. If your loan repayment is currently arranged via payroll deductions, you may elect to have your loan reamortized and paid via monthly ACH debit. Please contact T. Rowe Price at 1-800-922-9945 to arrange this.

If **amounts are not paid** when due or if the loan is otherwise in default, or if any automatic payment arrangement is cancelled and a new arrangement is not in place before the next payment is due, the loan will immediately become due and payable at the option of the Plan Administrator.

If a loan remains unpaid past the applicable cure period described in the Plan's loan policy, and you are no longer employed or are over age 59 ½, the loan will be treated as distributed to you and included in your income for income tax purposes (except for any part that represents your Roth elective contributions or would be a Qualified Distribution). Your total account balance will be reduced (and the loan repaid) equal to the amount necessary to cover the loan.

If a loan remains unpaid past the applicable cure period, and you are still employed, the loan balance will be deemed a distribution and included in your income for income tax purposes (except for any part that represents your Roth elective contributions or that would be a Qualified Distribution). Your total account balance will continue to include the value of the outstanding loan balance along with interest that otherwise would accrue on the loan until you have experienced a distribution event, such as employment termination, attainment of age 59 ½, death, or disability. You will not be permitted to take another loan distribution from the Plan and any other qualified or 403(b) plan maintained by Intermountain until you have repaid the full amount of the outstanding loan balance and accrued interest.

Termination of employment with a Plan loan

If your **employment terminates** and you have an outstanding loan balance as of termination that you are repaying via payroll deductions, you can arrange to continue making loan repayments via monthly ACH transfers by contacting T. Rowe Price within 90 days following your termination date. If ACH arrangements are not made, and the loan is not paid by 90 days after termination, the loan balance will be treated as distributed to you, and your total account balance will be reduced by the amount necessary to cover the loan.

Leave of absence

If you are on an **authorized leave of absence**, other than a military leave, and you have payroll repayments, your payments will be suspended until the earlier of the exhaustion of your leave benefit or one year. At the end of your authorized leave period, your loan will be re-amortized the first day of the month following the end of your leave.

If you are on an **authorized military leave**, your payments will be suspended to the extent permitted by law. When you return your payments will continue at the same payment rate as was previously on record.

Administrative procedures

To apply for a loan or to obtain answers to your questions about loans, log in to rps.troweprice.com or contact T. Rowe Price at 1-800-922-9945. Your account will be charged a one-time \$50 set-up fee per loan and an annual maintenance fee of \$25 until the loan is repaid in full.

A loan will be charged against your account (and interest and principal payments will be credited to your account) in accordance with the administrative procedures of the Plan Administrator. Interest and principal payments will be invested as you have directed for the investment of new contributions to your account.

MISCELLANEOUS

Assignment of benefits; Qualified domestic relations orders (QDROs)

The Plan is for your personal protection. Your benefits generally may not be assigned, seized, transferred, or claimed by creditors. However, if a benefit to which a participant or beneficiary is not entitled is paid under the Plan, the overpayment is a debt to the Plan, which the Plan has the right to recover from the person paid.

Benefits may be assigned to someone else by a QDRO. A domestic relations order or “DRO” is an order under state domestic relations law relating to child support, alimony, or marital property. To be “qualified” and deemed a QDRO a DRO must meet standards imposed by federal law. The Plan Administrator has procedures for determining if a domestic relations order is qualified. It will notify you if it receives an order relating to your account and also when it determines whether the order is qualified. Until it makes this determination, any portion of your account affected by the order will not be distributed. For information about these procedures or to obtain a copy, please submit a request through ServiceHub. Caregiver's who have terminated from service can reach us by calling Ask HR at 1-801-442-7547 or toll-free at 1-833-442-7547.

Plan administration – correction of errors

IHC Health Services has been delegated the responsibilities of Plan Administrator. Certain plan administration duties have also been delegated to the Intermountain Health Benefits Administration Committee. The Plan Administrator keeps the accounts and provides information to you when required by law or upon your request. The Plan Administrator interprets the Plan. The Plan Administrator is currently using T. Rowe Price to help it administer the Plan. The responsibility to handle appeals relating to claims has been delegated to the Intermountain Health Benefits Administration Committee.

Errors may sometimes occur in determining benefits provided by the Plan. This may result from incorrect or incomplete data or for other reasons. If an error is discovered, the Plan Administrator will correct it by an equitable adjustment. Overpayments of distributed amounts resulting from an error are a debt to the Plan which the Plan has the right to recover from the person who was paid the overpayment. The Plan’s right to recovery includes the right to deduct the mistakenly paid amount from future benefits that would have been paid to the person under the Plan.

If you have any questions about the Plan or your interest under it, you should contact Ask HR at 1-833-442-7547 access Service Hub or T. Rowe Price at 1-800-922-9945.

Formal information

Plan name and type

Intermountain Health 401(k) Plan
The Plan is a defined contribution plan
Plan Sponsor Assigned No. 002
Plan Year end: December 31

Plan Sponsor

Intermountain Health Care, Inc.
d/b/a Intermountain Health
36 South State Street, 10th Floor
Salt Lake City, Utah 84111
Employer Identification No. 87-0269232

Adopting employers

Please refer to the next page. As this list changes from time to time, a list of current participating employers is available upon request from the Plan Administrator.

Plan Administrator and agent for service of process

Intermountain Health
Benefits Administration Committee
5245 South College Drive
Murray, UT 84123
Telephone No. 801.442.3322
Legal process also may be served on the Trustee

Trustee

T. Rowe Price
100 East Pratt Street
Baltimore, MD 21202
Telephone No. 410.345.2000

Additional information

Active Caregivers: Through the ServiceHub
Termed Caregivers: Ask HR at 1-801-442-7547 or toll-free at 1-833-442-7547

Amendment and termination

Intermountain Health has authority to amend the Plan at any time. It has also given the Intermountain Benefits Administration Committee the authority to make amendments to the Plan that do not materially change the costs or benefits of the Plan.

While Intermountain Health expects the Plan to continue indefinitely, future conditions cannot be foreseen. For that reason, Intermountain Health has reserved the right to terminate the Plan at any time. Also, any employer participating in the Plan may terminate participation in the Plan with respect to its employees at any time. No amendment may reduce your account balance up to the time of amendment unless required by law.

On Plan termination, each participant's benefit rights are measured by the amount held in the Trust as the participant's account. Total benefit rights never exceed total trust funds. For this reason, the law does not provide for Pension Benefit Guaranty Corporation ("PBGC") insurance of benefits under plans of this kind. Consequently, your account under the Plan is not insured by the PBGC.

Upon termination of the Plan, your account would continue to accrue earnings or losses based upon the manner in which it is invested until it was distributed to you. Payment of your account balance may be made upon Plan termination, or at the election of your Employer, your account may be held in the Plan until an event occurs that otherwise allows or requires distribution, such as your death, termination of employment, or disability. In no event, however, can any of the Plan funds revert to or become property of the Employer because of the Plan termination.

No guarantee of employment

Participation in the Plan is not a guarantee or contract of employment with Intermountain. It does not affect any rights of Intermountain to determine the duration of your employment.

Adopting employers

Brighton Community Hospital Association (d/b/a Platte Valley Medical Center)*

Caritas Clinics, Inc.*

Castell, LLC

Classic Aviation Holding LLC

Good Samaritan Medical Center, LLC*

Holy Rosary Healthcare*

IHC Health Services, Inc.

Intermountain Medical Holdings Nevada, Inc.

Intermountain Ventures, LLC

Marian Clinic, Inc.*

Mount St. Vincent Home, Inc.*

Saint Joseph Hospital, Inc.*
Platte Valley Medical Group, LLC*
Saltzer Medical Group, Inc.
SCL Front Range Home Health, LLC*
SCL Health – Front Range, Inc.*
SCL Health Medical Group – Billings, LLC*
SCL Health Medical Group – Butte, LLC*
SCL Health Medical Group – Denver, LLC*
SCL Health Medical Group – Grand Junction, LLC*
SCL Health Medical Group Miles City*
SCL Health – Montana*
Select Health, Inc.
Sisters of Charity of Leavenworth Health System, Inc. (d/b/a SCL Health)*
St. James Healthcare*
St. Mary’s Hospital and Medical Center, Inc.*
Tellica Imaging, LLC

*Peaks Affiliate as of January 1, 2024

With the approval of the Plan Sponsor, which approval may be reflected in a designation by the Plan Sponsor or an adoption or participation agreement, any entity that is part of the Intermountain controlled group (including an affiliated service group, if applicable) may adopt this Plan and become an Adopting Employer without updating this list.

STATEMENT OF ERISA RIGHTS

Federal regulations provide the following summary of your rights under ERISA as a participant under the Plan. As a participant in the Plan, you are entitled to certain rights and protections under ERISA. ERISA provides that all Plan participants shall be entitled to:

[Receive information about your Plan and benefits](#)

Examine, without charge, at the Plan Administrator’s office and at other specified locations, such as work sites 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 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 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 pension³ at normal retirement age (age 65) and, if so, what your benefits would be at normal retirement age if you stop working under the 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 get a right to a pension. This statement must be requested in writing and is not required to be given more than once every 12 months. The Plan must provide the statement free of charge.

Prudent action by plan fiduciaries

In addition to creating rights for Plan participants, ERISA imposes duties upon the people who are responsible for the operation of the employee benefit 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 Plan participants and beneficiaries. No one, including your employer, or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a pension benefit or exercising your rights under ERISA.

Enforce your rights

If your claim for a pension benefit is denied 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 Plan documents 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, however, you must first exhaust the Plan's administrative process for making a claim and appealing if it is denied. In addition, if you disagree with the Plan's decision or lack thereof concerning the qualified status of a domestic relations order, you may file suit in federal court. If it should happen that Plan fiduciaries 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 a federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order

³ For purposes of this Statement of ERISA Rights disclosure, "pension" refers to retirement plan benefits generally, including benefits under the Plan.

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 your 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 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 NW, Washington, DC 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.

APPENDIX A

CLAIMS PROCEDURES

Filing a claim

If you have a question about a benefit or the Plan, or believe you have the right to receive a benefit, you should first contact either T. Rowe Price at 1-800-922-9945 or a retirement consultant through the ServiceHub. Caregiver's who have terminated from service can reach us by calling Ask HR at 1-801-442-7547 or toll-free at 1-833-442-7547. Most questions will be resolved without having to make a formal claim for benefits.

If you disagree with an issue involving your account or benefits, and you wish to present a claim, there are procedures you must follow and some limitations on your ability to appeal or challenge decisions on your claim. You must follow the Plan's administrative process for making a claim, including all appeal procedures.

If you wish to make a claim, you must submit the claim in writing to the Plan Administrator. You may have a representative assist you, submit the claim for you and review any claim denial for you. The Plan Administrator may require that you notify them in writing about your authorization of a representative.

Your claim must set forth in reasonable detail the nature of your claim, the facts supporting your position, and the relief or action you are requesting. The Plan Administrator will respond as soon as practicable but not later than 90 days after the Plan Administrator receives your claim unless the Plan gives you written or electronic notice before the end of the 90-day period that additional time is required. The notice will explain the special circumstances that require additional time and the expected date of the response. The extension will not be more than an additional 90 days.

If your claim involves benefits on disability, the time for response will be not later than 45 days after receipt of your claim, subject to extension by as many as two additional 30-day periods if necessary due to matters beyond the control of the Plan. If an extension is necessary, the Plan Administrator will notify you in writing or by electronic notice before each extension of the circumstances requiring extension and the date by which the Plan Administrator expects to render a decision.

The notice of extension will explain the standards on which entitlement to a benefit is based, the unresolved issues that prevent a decision on the claim and the additional information needed to resolve the issues. If you need to provide additional information, you will be given 45 days.

If an extension is necessary to obtain more information from you, the extension period may be further extended by the amount of time you take to provide the specified information.

The Plan Administrator will make decisions about your claim based on and in accordance with the Plan documents. The Plan Administrator has absolute discretion to interpret and apply provisions of the Plan and construe its terms, including any disputed or

doubtful terms. Decisions about any claim may be made considering the best interests of all affected or potentially affected participants and beneficiaries.

Claim denial

If your claim is denied, the Plan Administrator will notify you in writing or by electronic notice. The notice will state the following:

- The specific reasons for the denial.
- Reference to the relevant Plan provisions.
- A description of any additional material or information necessary for you to perfect the claim and an explanation of why such material or information is necessary.
- A description of the Plan's review procedures and your right to bring a civil action under ERISA Section 502(a) if your claim is also denied after an appeal.

If your claim involves benefits upon disability, an adverse determination will also state the following:

- A discussion of the decision, including an explanation of the basis for disagreeing with or not following:
- The views presented by you to the Plan of health care professionals treating you and vocational professionals who evaluated you.
- The views of medical or vocational experts whose advice was obtained on behalf of the Plan in connection with your adverse benefit determination, without regard to whether the advice was relied upon in making the benefit determination.
- A disability determination regarding you presented by you to the Plan made by the Social Security Administration.
- If the determination is based on a medical, scientific, or similar judgment, either an explanation of the scientific or clinical judgment for the determination, applying the terms of the Plan to your medical circumstances, or a statement that an explanation will be provided free upon request.
- Either the specific internal rules, guidelines, protocols, standards, or other similar criteria of the Plan relied upon in making the adverse determination or, alternatively, a statement that such rules, guidelines, protocols, standards, or other similar criteria of the Plan do not exist.
- 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.

Appeal of claim denial

If you disagree with all or any part of a claim denial, you must pursue an administrative appeal. Within 60 days after the date of the claim denial, you must submit a written notice to the Plan Administrator at the address listed above. If your claim involves benefits upon disability, your written notice must be within 180 days. **If you fail to appeal a denied claim within the applicable deadline, you will**

lose your right to bring an action in court. The Plan Administrator will review the matter and may grant you a hearing but is not required to.

In addition:

- You may submit written comments, documents, records and other information.
- Upon your request, you will be provided, without charge, reasonable access to, and copies of, all documents, records and other information relevant to your claim.
- The review will consider all aspects of your claim and all comments, documents, records, and other information that you submit, whether or not you raised the issues or submitted such information when your claim was originally considered.

Decision upon appeal

In most cases, the Plan Administrator will make a decision on the appeal within 60 days after receipt of your request for review. If the Plan Administrator grants you a hearing or there is some other special reason for delay, you will be notified in writing or by electronic notice within the initial 60-day period, and the Plan Administrator will have 120 days to decide the appeal. If your claim involves benefits upon disability, the decision will be made within 45 days, subject to extension of an additional 45 days pursuant to notice in writing or by electronic notice within the initial 45-day period. The notice of any extension will explain the special circumstances that require additional time and the expected date of the decision upon appeal. If an extension is necessary to obtain information from you, the extension period may be extended by the amount of time you take to provide the information.

If your claim involves benefits upon disability, before the Plan can issue an adverse benefit determination on appeal, the Plan Administrator will provide you, free of charge, with any new or additional evidence considered, relied upon, or generated by the Plan or other person making the benefit determination (or at the direction of the Plan or such other person) in connection with the claim. Such evidence will be provided as soon as possible and sufficiently in advance of the date on which the notice of adverse benefit determination on appeal is required to be provided, to give you a reasonable opportunity to respond prior to that date. In addition, if your claim involves benefits upon disability, before the Plan can issue an adverse benefit determination on appeal based on a new or additional rationale, the Plan Administrator will provide you, free of charge, with the rationale. The rationale must be provided as soon as possible and sufficiently in advance of the date on which the notice of adverse benefit determination on review is required to be provided, to give you a reasonable opportunity to respond prior to that date.

The Plan Administrator's decision upon appeal will be provided in writing or by electronic notice and will be final and bind all parties. An adverse determination will state the following:

- The specific reasons for the decision.
- Reference to relevant Plan provisions.

- A reminder that you are entitled to access to and copies of all documents, records, and information relevant to your claim upon request and without charge.
- A reminder that you may bring a civil action under Section 502(a) of ERISA.

If your claim involves benefits upon disability, an adverse determination will also state the following:

- A discussion of the decision, including an explanation of the basis for disagreeing with or not following:
 - The views presented by you to the Plan of health care professionals treating you and vocational professionals who evaluated you.
 - The views of medical or vocational experts whose advice was obtained on behalf of the Plan in connection with your adverse benefit determination, without regard to whether the advice was relied upon in making the benefit determination.
- A disability determination regarding you presented by you to the Plan made by the Social Security Administration.
- If the determination is based on a medical, scientific, or similar judgment, either an explanation of the scientific or clinical judgment for the determination, applying the terms of the Plan to your medical circumstances, or a statement that an explanation will be provided free upon request.
- Either the specific internal rules, guidelines, protocols, standards, or other similar criteria of the Plan relied upon in making the adverse determination or, alternatively, a statement that such rules, guidelines, protocols, standards, or other similar criteria of the Plan do not exist.
- Limitations period for legal actions

You must first exhaust the Plan's administrative review procedures within the deadlines set forth above before you may bring an action in court, arbitration, or otherwise. When the Plan Administrator sends you notice of a decision upon appeal, you have a limited period of time to bring an action under ERISA to challenge the Plan Administrator's decision. Any legal challenge, other than an action with respect to a fiduciary breach, must be brought no later than two years from the date that the Plan sends notice of the decision upon appeal, in whole or part, of any claim.

If you wish to present a claim, put it in writing and send it to:

**Intermountain Health Benefits
Administration Committee**

Intermountain Retirement Program Attn:
Scott Olsen
5245 South College Drive
Murray, UT 84123

APPENDIX B

APPLICABILITY OF APPENDIX B

Appendix B applies, effective January 1, 2021, to Qualified Employees of Intermountain Medical Holdings Nevada, Inc. and former employees of HealthCare Partners Management Services Nevada, LLC, Healthcare Partners Medical Group (Coats), Ltd., and HCP IPA Nevada, LLC who have an account balance under the Plan on and after December 31, 2021.

Appendix B also applies to prior employer plan contributions transferred from the OptumCare Management, LLC 401(k) Retirement Savings Plan (the "Optum Plan").

To the extent that the terms of Appendix B conflict with the terms of the main body of the summary, the terms of Appendix B control.

Vesting

For Qualified Employees subject to Appendix B, matching contributions accrued before April 1, 2023, and the portion of any prior employer plan contributions attributable to matching contributions under the Optum Plan (other than safe harbor contributions) will become vested in accordance with the following schedule, taking into account all years of vesting service (including vesting service recognized under the Optum Plan on December 31, 2020).

Years of Vesting Service	Percent Vested
Less than 1	0%
1 but less than 2	25%
2 but less than 3	50%
3 but less than 4	75%
4 or more	100%

For Qualified Employees subject to Appendix B who were first hired on or after January 1, 2022, or whose total years of vesting service were less than three on January 1, 2022, matching contributions accrued before April 1, 2023, will become vested in accordance with the following schedule:

Years of Vesting Service	Percent Vested
Less than 2	0%
2 but less than 3	20%
3 but less than 4	40%
4 but less than 5	60%
5 but less than 6	80%
6 or more	100%

For Qualified Employees whose prior employer plan contributions include funds attributable to qualified nonelective contributions or safe harbor contributions under Section 401(k)(12) or 401(k)(13) of the Code from the Optum Plan, those amounts and earnings on them are 100% vested at all times.

Disability

For Qualified Employees subject to Appendix B, the term “disability” and “disabled” mean any of the following:

- The participant satisfies the requirements for benefits under the Employer’s long-term disability plan.
- The participant satisfies the requirements for Social Security disability benefits.
- The participant is determined to be disabled by a physician approved by the Employer.

Withdrawal and distribution rights

- For any Qualified Employee subject to Appendix B, hardship withdrawals are available from the vested portion of matching contributions.
- For any Qualified Employee subject to Appendix B, rollovers may be withdrawn at any time.

APPENDIX C

APPLICABILITY OF APPENDIX C

Appendix C applies, effective July 1, 2021, to Qualified Employees of Tellica Imaging, LLC.

To the extent that the terms of Appendix C conflict with the terms of the main body of the summary, the terms of Appendix C control.

Matching contributions

Qualified Employees subject to Appendix C will be eligible for matching contributions on the first day of the payroll period on or after: (1) the date the employee turns age 18; and (2) the first day of his or her employment.

Tellica Imaging, LLC may determine to make matching contributions with different terms and conditions for Employees subject to Appendix C than apply to Qualified Employees of other Employers participating in this Plan.

Vesting

For Qualified Employees subject to Appendix C, matching contributions will become vested in accordance with the following schedule.

Years of Vesting Service	Percent Vested
Less than 2	0%
2 or more	100%

Automatic Intermountain 2% contributions

Qualified Employees subject to Appendix C are not eligible for automatic 2% contributions under the Plan.

APPENDIX D

APPLICABILITY OF APPENDIX D

Appendix D applies, effective July 1, 2022, to Qualified Employees of Classic Aviation Holding LLC (“Classic Aviation”).

To the extent that the terms of Appendix D conflict with the terms of the main body of the summary, the terms of Appendix D control.

Enrollment

Qualified Employees subject to Appendix D will not be automatically enrolled in the Plan, however any Qualified Employee who was a participant in the Classic Aviation Holding LLC 401(k) Profit Sharing Plan and Trust (the “Classic Aviation Plan”) as of July 1, 2022 will have their salary deferral election under the Classic Aviation Plan as of June 30, 2022 remain in effect under this Plan unless or until the employee is no longer eligible to participate in the Plan or the Qualified Employee changes their election.

New or rehired employees subject to Appendix D will become eligible to participate as soon as administratively feasible after: (a) the employee’s date of hire or (b) if initially hired as an employee who is an excluded employee, the date the employee ceases to be an excluded employee. The minimum age and entry date rules in the main body of this summary do not apply to employees subject to Appendix D.

Matching contributions

Qualified Employees who were eligible to participate in matching contributions under the Classic Aviation Plan as of July 1, 2022 remain eligible to receive matching contributions under Appendix D. Newly hired Qualified Employees subject to Appendix D will be eligible for matching contributions when the employee becomes eligible to make pre-tax and Roth elective contributions.

Classic Aviation may determine to make matching contributions with different terms and conditions for Employees subject to Appendix D than apply to Qualified Employees of other Employers participating in this Plan.

Vesting

For Qualified Employees subject to Appendix D, matching contributions will become vested in accordance with the following schedule, taking into account all years of vesting service (including vesting service recognized under the Classic Aviation Plan prior to July 1, 2022).

Years of Vesting Service	Percent Vested
Less than 1	0%
1	33%
2	66%
3 or more	100%

Vesting service will be credited in full years effective July 1, 2022, and prior to that date, a Qualified Employee who is subject to Appendix D will be credited with service in accordance with terms of the Classic Aviation Plan. This rule is subject to IRS transition rules governing the method for crediting vesting service prior to July 1, 2022 for an employee who transfers from a plan using the general method of crediting service under Department of Labor regulations to the elapsed time method.

Automatic 2% Intermountain contributions

Qualified Employees who are subject to Appendix D are not eligible for automatic 2% contributions under the Plan.

Withdrawal and distribution rights

Except to the extent a distribution form cannot be eliminated under Code Section 411(d)(6) with respect to benefits accrued under the Classic Aviation Plan before July 1, 2022, Qualified Employees subject to Appendix D will have the same withdrawal and distribution rights that are described in the main body of this summary. In other cases, the terms of the Classic Aviation Plan will apply.

APPENDIX E

APPLICABILITY OF APPENDIX E

Appendix E applies, effective September 16, 2022, to individuals who were Qualified Employees of Saltzer Medical Group, Inc. (“Saltzer”) prior to March 29, 2024.

To the extent that the terms of Appendix E conflict with the terms of the main body of the summary, the terms of Appendix E control.

Eligibility

Employees subject to Appendix F whose accounts were transferred from the Ataraxis, Inc. Retirement Savings Plan (the “Saltzer Plan”).

Matching contributions

Employees who are subject to Appendix E were eligible for matching contributions in accordance with the main body of this summary.

Vesting

For Qualified Employees subject to this Appendix E, matching contributions prior to April 1, 2023 were vested in accordance with the following schedule, taking into account all years of vesting service (including vesting service recognized under the Saltzer Plan prior to September 16, 2022).

Years of Vesting Service	Percent Vested
Less than 2	0%
2 but less than 3	20%
3 but less than 4	40%
4 but less than 5	60%
5 but less than 6	80%
6 or more	100%

Vesting service is credited in full years effective September 16, 2022, and prior to that date, a Qualified Employee who is subject to Appendix E will be credited with service in accordance with terms of the Saltzer Plan. This rule is subject to IRS transition rules governing

the method for crediting vesting service prior to September 16, 2022 for an employee who transfers from a plan using the general method of crediting service under Department of Labor regulations to the elapsed time method.

Plan loans

Effective September 16, 2022 any loans transferred from the Saltzer Plan to this Plan will be governed by this Plan's loan rules except: (1) the maximum loan amounts and (2) the sources of funds for Plan loans. The terms and conditions of outstanding loans transferred from the Saltzer Plan will remain in effect on and after September 16, 2022 or on substantially the same terms as in effect prior to such date.

Withdrawal and distribution rights

Except to the extent a distribution form cannot be eliminated under Code Section 411(d)(6) with respect to benefits accrued under the Saltzer Plan before September 16, 2022, Qualified Employees subject to Appendix E will have the same withdrawal and distribution rights that are described in the main body of this summary. In other cases, the terms of the Saltzer Plan will apply.

To the extent any sub-account transferred from the Saltzer Plan into the Plan was subject to distribution restrictions or other limitations required to comply with applicable law, prior to the transfer, any such distribution restrictions or other limitations will continue to apply under the Plan to the extent necessary to comply with applicable law. In such a case, the Plan will, to the extent necessary or desirable to comply with applicable law, maintain separate sub-accounts for such sub-accounts transferred from the Saltzer Plan into the Plan.

APPENDIX F

APPLICABILITY OF APPENDIX F

Appendix F applies to prior employer plan contributions transferred from the SCL Health 401(k) Retirement Savings Plan (the “SCL Health Plan”), including but not limited to “SCL Health Basic Contributions” and “SCL Health Matching Contributions,” which are amounts attributable to basic contributions and matching contributions, respectively, that were made to the SCL Health Plan prior to its merger with the Plan. Appendix F also applies to the Peaks Affiliates that became participating employers in the Plan effective April 1, 2023, or from time to time thereafter as determined by the Plan Sponsor. The Peaks Affiliates as of April 1, 2023, are identified in the list of adopting employers in this summary.

To the extent that the terms of this Appendix F conflict with the terms of the main body of the summary, the terms of Appendix F control.

Vesting

For Qualified Employees subject to Appendix F, vesting for SCL Health Basic Contributions and SCL Health Matching Contributions prior to April 1, 2023, is in accordance with the following schedule, taking into account all years of vesting service (including vesting service recognized under the SCL Health Plan on March 31, 2023):

Years of Vesting Service	Percent Vested
Less than 2	0%
2 but less than 3	20%
3 but less than 4	50%
4 but less than 5	75%
5 or more	100%

Qualified Employees of Platte Valley Medical Center who were employed on April 7, 2018, and who were participants in the SCL Health Defined Contribution Plan as of April 7, 2018, and who became participants in the SCL Health Plan as of April 8, 2018, will be fully vested at all times in their SCL Health Basic Contributions and SCL Health Matching Contributions.

For Qualified Employees subject to Appendix F who are Exempla Grandfathered Employees who became a participant in the SCL Health Plan as of June 30, 2019, vesting for SCL Health Plan Basic Contributions and SCL Health Matching Contributions prior to April 1, 2023, is in accordance with the following schedule:

Years of Vesting Service	Percent Vested
Less than 1	0%
1 but less than 2	20%
2 but less than 3	40%
3 but less than 4	60%
4 but less than 5	80%
5 or more	100%

“Exempla Grandfathered Employees” are participants employed by SCL Health Front Range (f/k/a Exempla, Inc.) or one of its subsidiaries on January 1, 2012, who became a participant in the SCL Health Defined Contribution Plan as of such date. An individual who was an Exempla Grandfathered Employee who terminated employment prior to June 30, 2019, will have the vested portion of his or her SCL Health Basic Contributions and SCL Health Matching Contributions determined based on the above schedule if he or she is rehired by a participating employer before incurring five consecutive one-year breaks in service.

With respect to a Mount Saint Vincent Home Grandfathered Employee who became a participant in the SCL Health Plan as of June 30, 2019, such participant’s vesting for SCL Health Matching Contributions prior to April 1, 2023, is in accordance with the following schedule:

Years of Vesting Service	Percent Vested
Less than 2	0%
2 but less than 3	50%
3 or more	100%

A “Mount Saint Vincent Home Grandfathered Employee” is a participant who had a salary deferral election in place under the Mount Saint Vincent Home Tax-Deferred Annuity Plan on March 31, 2011, and who satisfied the eligibility requirements and became a participant in the SCL Health Defined Contribution Plan on April 1, 2011. An individual who was a Mount Saint Vincent Home Grandfathered Employee but who terminated employment prior to June 30, 2019, will have the vested portion of his or her SCL Health Matching Contributions determined based on the above schedule if he or she is rehired by a participating employer before incurring five consecutive one-year breaks in service.

With respect to an SCL Home Health Grandfathered Employee who became a participant in the SCL Health Plan as of June 30, 2019, the vested portion of such participant's SCL Health Matching Contributions prior to April 1, 2023, is a percentage of the total amount credited to such account determined on the basis of the participant's number of years of service according to the following schedule:

Years of Vesting Service	Percent Vested
Less than 3	0%
3 or more	100%

An "SCL Home Health Grandfathered Employee" is a participant who was hired by SCL Home Health, LLC prior to April 8, 2018, provided that an employee will continue to be treated as having been hired prior to April 8, 2019 if either: (1) he or she was employed by SCL Home Health, LLC as of April 7, 2018 and incurred a termination of employment after that date, or (2) he or she incurred a termination of employment within the 12-month period preceding April 8, 2018, so long as he or she was rehired as an eligible employee within 12 months of his or her termination date. An individual who was an SCL Home Health Grandfathered Employee but who terminated employment prior to June 30, 2019, will have the vested portion of his or her SCL Health Matching Contributions determined based on the above schedule if he or she is rehired by a participating employer before five incurring consecutive one-year breaks in service.

In addition, amounts transferred to the SCL Health Plan from the SCL Home Health, LLC 401(k) Plan on or about November 18, 2019, will continue to be subject to the vesting schedule above, to the extent such amounts were subject to such schedule in such plan.

Any PVMC Physician Services Grandfathered Employee who became a participant in the SCL Health Plan on June 30, 2019, will be fully vested in his or her SCL Health Basic Contributions and SCL Health Matching Contributions. A "PVMC Physician Services Grandfathered Employee" is a participant who was eligible to participate in the PVMC Physician Services Inc. 401(k) Plan on December 31, 2017, and who became a participant in the SCL Health Defined Contribution Plan on January 1, 2018. An individual who was a PVMC Physician Services Grandfathered Employee who terminated employment prior to June 30, 2019, will be fully vested in his or her SCL Health Basic Contributions and SCL Health Matching Contributions if he or she is rehired by a participating employer before incurring five consecutive one-year breaks in service. In addition, amounts transferred to the SCL Health Plan from the PVMC Physician Services, Inc. 401(k) Plan on or about November 18, 2019, will continue to be subject to the vesting schedule above, to the extent such amounts were subject to such schedule in such plan.

Any Med Synergies Grandfathered Employee who became a participant in the SCL Health Plan on June 30, 2019, will be fully vested in his or her SCL Health Basic Contributions and SCL Health Matching Contributions. A "Med Synergies Grandfathered Employee" is a participant who transitioned to Med Synergies, Inc. between May 1, 2015 and December 31, 2015 and who became an employee of a participating employer on October 1, 2016 directly from Med Synergies, Inc. and who became a participant in the SCL Health Defined Contribution Plan on October 1, 2016. An individual who was a Med Synergies Grandfathered Employee but who terminated employment

prior to June 30, 2019, will be fully vested in his or her SCL Health Basic Contributions and SCL Health Matching Contributions if he or she is rehired by a participating employer before incurring five consecutive one-year breaks in service.

Amounts spun off from the SCL Health Defined Contribution Plan on or about July 10, 2019, June 24, 2020, or January 5, 2021, will be vested to the same extent as they were vested in the SCL Health Defined Contribution Plan preceding the spin-off.

Participants who are perfusionists who were outsourced to SpecialtyCare in October 2020 will be fully vested in their SCL Health Basic Contributions and SCL Health Matching Contributions as of the date of such outsourcing.

Participants employed by St. Mary's Hospital and Medical Center whose employment was outsourced to Marillac Clinic on January 1, 2021, will be fully vested in their SCL Health Basic Contributions and SCL Health Matching Contributions as of December 31, 2020.

Effective April 1, 2024, vesting for all active participants subject to Appendix F changed to a three-year cliff vesting schedule as described in the main body of this document.