

**SUMMARY ANNUAL REPORT**  
**for**  
**NORTHWESTERN MEDICAL CENTER'S HEALTH & WELFARE BENEFIT**  
**PLAN**

This is a summary of the annual report for NORTHWESTERN MEDICAL CENTER'S HEALTH & WELFARE BENEFIT PLAN, 03-0266986/508/Health (other than dental/vision), Life insurance, Accidental death and dismemberment (AD&D), Dental, Vision, Temporary disability, Long-term disability, Voluntary accident, Voluntary critical illness, and Employee assistance program for the period 1/1/2019 through 12/31/2019. The annual report has been filed with the Employee Benefits Security Administration, formerly known as the Pension and Welfare Benefits Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

NORTHWESTERN MEDICAL CENTER, INC. has committed itself to pay certain (Health (other than dental/vision) and Dental) claims incurred under the terms of the plan.

The plan has contracts with RELIANCE STANDARD LIFE INSURANCE COMPANY, VISION SERVICE PLAN, and WORKPLACE SOLUTIONS, INC. to pay certain (Life insurance, AD&D, Vision, Temporary disability, Long-term disability, Voluntary accident, Voluntary critical illness, and Employee assistance program) claims incurred under the terms of the plan. The total premiums paid for the plan year ending 12/31/2019 were \$794,611.

*Your Rights to Additional Information*

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

1. Insurance information including sales commissions paid by insurance carriers.

To obtain a copy of the full annual report, or any part thereof, write or call the office of NORTHWESTERN MEDICAL CENTER, INC., who is Plan Administrator, at 133 FAIRFIELD STREET, ST. ALBANS VT 05478, (802) 524-8438. There will be no charge for copying the report in whole or in part.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, if any, or a statement of income and expenses of the plan and accompanying notes, if any, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes, if any, will be included as part of that report. The charge to cover copying costs given above does not include a charge for copying of these portions of the report because these portions are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the plan at 133 FAIRFIELD STREET, ST. ALBANS VT 05478 and at the US Department of Labor in Washington DC, or obtain a copy from the US Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N-1513, Employee Benefits Security Administration, US Department of Labor, 200 Constitution Avenue, NW, Washington DC 20210.