SUMMARY ANNUAL REPORT
for the
Health and Welfare Plan for Employees of Riverside Health System

This is a summary of the annual report of the Health and Welfare Plan for Employees of Riverside Health System, Employer Identification Number 52-1241840, Plan Number 506, for the initial plan year January 1, 2015 through December 31, 2015. The annual report has been filed with the Employee Benefits Security Administration, U.S. Department of Labor, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Uninsured Components

The plan sponsor, Riverside Health System, has committed itself to pay all medical claim (including flexible spending account expenses) incurred under the terms of the plan.

Insurance Information

The plan has contracts with American Heritage Life Insurance Company (Allstate) to pay critical illness, accident protection, hospital indemnity and permanent life insurance claims, Anthem Health Plans Of Virginia, Inc. to pay vision claims, Continental American Insurance Company (AFLAC) to pay short-term disability, critical illness and accident claims, Delta Dental of Virginia to pay dental claims, Hyatt Legal Plans to pay legal services claims and The Lincoln National Life Insurance Company to pay basic and optional life insurance, accidental death & dismemberment, long-term disability and short-term disability claims incurred under the terms of the plan. The total amount of premium paid for the plan year ending December 31, 2015 was $5,812,507.

Because the Delta Dental of Virginia policy is a so called "experience-rated" contract, the premium costs are affected by, among other things, the number and size of claims. Of the total insurance premiums paid for the plan year ending December 31, 2015, the premiums paid under this "experience-rated" contract were $2,652,811 and the total of all benefit claims paid under this contract during the plan year was $2,044,739.

Your Rights to Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, upon request. The insurance information, including sales commissions paid by insurance carriers, is included in that report.

To obtain a copy of the full annual report, or any part thereof, write or call the office of Riverside Health System, 12420 Warwick Boulevard, Building 6, Suite 6B, Newport News, VA 23606 (757) 534-5544. The charge to cover copying costs will be the actual reproduction cost, but in no event, more than 25 cents per page.

You also have the legally protected right to examine the annual report at the main office of the plan (Riverside Health System, 12420 Warwick Boulevard, Building 6, Suite 6B, Newport News, VA 23606), at any other location where the report is available for examination, at the U.S. Department of Labor in Washington, D.C., or you may obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.