

**COMMUNITY HEALTH ASSOCIATION OF SPOKANE 401(K) PLAN  
PLAN HIGHLIGHTS**

**IMPORTANT:** *This is a summary of the plan features. For full details, please refer to the Summary Plan Description.*

<b>Eligibility</b>	
<b>Excluded Employees:</b>	<p>You are excluded from the Plan if you are a member of any of the following classes of employees:</p> <ul style="list-style-type: none"> <li>• Employees covered by a collective bargaining agreement, for purposes of Elective Deferral Contributions, Employer Matching Contributions, Safe Harbor Matching Contributions and Non-Elective Contributions.</li> <li>• Any leased employee, for purposes of Elective Deferral Contributions, Employer Matching Contributions, Safe Harbor Matching Contributions and Non-Elective Contributions.</li> <li>• Non-resident aliens, for purposes of Elective Deferral Contributions, Employer Matching Contributions, Safe Harbor Matching Contributions and Non-Elective Contributions.</li> </ul>
<b>Elective Deferral Contributions:</b>	<p>You must meet the following criteria to become eligible to participate in the Plan:</p> <ul style="list-style-type: none"> <li>• Attain age 18</li> </ul>
<b>Safe Harbor Matching Contributions:</b>	<p>You will become a Participant eligible to begin receiving Safe Harbor Matching Contributions upon meeting the following requirements: on the first day of each plan quarter coincident with or next following the date you attain age 18 and you complete 240 Hours of Service in a 3-month period, provided that you are an Eligible Employee at the end of that period. If the service requirement is not met in the first consecutive period of months, you will become eligible to participate in the Plan if you complete 1,000 Hours of Service in your Eligibility Computation Period. The service requirement under this Section will be deemed met no later than the end of an Eligibility Computation Period during which you complete 1,000 Hours of Service provided you are an Eligible Employee on the applicable entry date. Service taken into account for purposes of this Section shall be determined under the terms and conditions as are specified for determining a Year of Eligibility Service.</p>
<b>Employer Matching Contributions:</b>	<p>You must meet the following criteria to become eligible to participate in the Plan:</p> <ul style="list-style-type: none"> <li>• Attain age 18</li> <li>• Complete Completion of one year of eligibility service -Hours of service necessary for a year of eligibility -1000.</li> </ul>

<b>Non-Elective Contributions:</b>	You must meet the following criteria to become eligible to participate in the Plan: <ul style="list-style-type: none"> <li>• Attain age 18</li> <li>• Complete one (1) Year of Eligibility Service, during which you complete 1000 hours of service.</li> </ul>
<b>Elective Deferral Contributions:</b>	You will enter the Plan on the first day of each plan quarter coincident with or next following the time you meet the eligibility criteria specified above.
<b>Employer Matching Contributions:</b>	You will enter the Plan on the first day of each plan quarter coincident with or next following the time you meet the eligibility criteria specified above.
<b>Non-Elective Contributions:</b>	You will enter the Plan on the first day of each plan quarter coincident with or next following the time you meet the eligibility criteria specified above.
<b>Contributions</b>	
<b>Elective Deferral:</b>	You may elect to defer up to 100% of your Plan Compensation on a pre-tax basis. You may also elect to make Roth contributions to the Plan on an after-tax basis. You may elect to change your elections to contribute to the Plan on the dates established pursuant to Plan Administrator procedures. Federal law also limits the amount you may elect to defer under the Plan (\$22,500 in 2023). However, if you are age 50 or over, you may defer an additional amount up to \$7,500 (in 2023). These dollar limits are indexed; therefore, they may increase each year for cost-of-living adjustments.
<b>Employer Matching Contributions:</b>	The Employer may, in its sole discretion, make an Employer Matching Contribution on your behalf in an amount determined by the Employer.
<b>Safe Harbor Matching Contributions:</b>	The Employer will contribute a matching contribution to your Safe Harbor Matching Contribution Account in an amount equal to 100% of the Matched Employee Contributions that are not in excess of 6% of your Plan Compensation. Matching contributions will be allocated to the Safe Harbor Matching Contribution Accounts of Participants as soon as administratively feasible after the end of the Plan Year.
<b>Non-Elective Contributions:</b>	The Employer may, in its sole discretion, make a Non-Elective Contribution on your behalf in an amount determined by the Employer. Such contribution, if made, will be allocated in an amount equal to the total Non-Elective Contribution divided by the number of Participants eligible to share in such contribution. For purposes of this section, the Applicable Period for determining satisfaction of service requirements for an allocation of Non-Elective Contributions will be each Plan Year. You must be employed by the Employer on the last day of the Plan Year in order to receive a Non-Elective Contribution.
<b>Rollovers:</b>	The Plan may accept a Rollover Contribution made on behalf of any Employee not excluded from the Plan, regardless of whether such Employee has met the age and service requirements of the Plan. If you have money in a non-Roth account you may rollover/transfer the account balance to a Roth (after-tax) account under this plan. Please note that the following conditions apply: allowed only once per Plan Year.
<b>Vesting</b>	

<b>Fully Vested Accounts:</b>	You will have a fully vested and nonforfeitable interest in your Elective Deferral Account, Rollover Contribution Account, Qualified Non-Elective Contribution Account and Safe Harbor Matching Contribution Account.
<b>Employer Matching Contribution Account and Non-Elective Contribution Account:</b>	Your interest in your Employer Matching Contribution Account and Non-Elective Contribution Account will vest based on your Years of Vesting Service according to a 2-6 year graded vesting schedule (20% per year starting with two years of vesting service).
<b>Investing Plan Contributions</b>	
<b>Investments:</b>	You may direct the investment of all of your Accounts in one or more of the available Investment Funds. Your elections will be subject to such rules and limitations as the Plan Administrator may prescribe. The Plan Administrator may restrict investment transfers to the extent required to comply with applicable law. The Plan is intended to constitute a plan described in section 404(c) of ERISA. This means that Plan fiduciaries may be relieved of liability for any of your losses that are the result of your investment elections.
<b>Distributions</b>	
<b>Distributions from the plan:</b>	You may receive a distribution from your account under the following circumstances: <ul style="list-style-type: none"> <li>• Immediately after your employment terminates</li> <li>• Hardship (limited accounts)</li> <li>• After age 59-1/2</li> <li>• From the Rollover Contribution Account at any time</li> <li>• Death</li> </ul>
<b>Contact Information</b>	
Plan Administrator: Community Health Association of Spokane Address: 611 N. Iron Bridge Way, Spokane, Washington 99202 Phone number: 509-444-8888 Email: <a href="mailto:jbrowne@chas.org">jbrowne@chas.org</a>	
<p><i>Note: These plan highlights are intended to be a very concise overview of plan features. For a detailed description of plan features, please review the Summary Plan Description or contact the Plan Administrator for more information. The plan features described in these plan highlights are subject to change and in the event of a discrepancy between the legal plan document and these highlights (or any other summary of plan features), the plan document shall control.</i></p>	