PLAN DOCUMENT,
SUMMARY PLAN DESCRIPTION
AND
ADMINISTRATIVE INFORMATION

for Plan Participants and Beneficiaries of the

LUTHERAN SERVICES IN THE NORTHWEST, LLC.
EMPLOYEE BENEFIT PLAN

AMENDED AND RESTATED JULY 1, 2017

This Plan document and Summary Plan Description contains information the Plan Administrator is required to provide to you under federal law.

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HIGHLIGHTS

This document (sometimes herein referred to as the summary plan description or "SPD") is the formal plan document and summary plan description under which, along with the insurance contracts, the welfare benefit programs (the "Programs") described below and offered under the Lutheran Services in the Northwest, LLC. Employee Benefit Plan ("LSNW") are administered. This document governs benefits provided to active employees and their dependents, as well as certain retirees and their dependents receiving benefits through the Trust. As used in this document, "we," "us" and "our" refers to the Plan Administrator, or its delegate. "You" and "your" are referring to covered employees and their dependents.

You should read this document as it contains important information about your rights and obligations under federal law and under the Programs and the procedures you need to follow if you have questions about your benefits or if you disagree with a decision on your claim for benefits.

You have received additional summaries or certificates or benefit booklets ("Booklets") governing the Programs in which you are eligible to participate either electronically or in writing, and if you received them electronically you are entitled on request to receive printed copies. The Booklets provide detailed information about the benefits you are entitled to and steps you must take to obtain those benefits. The Booklets are incorporated herein by this reference. If there are conflicts between the language of a Booklet and this document, the terms of the Booklet control. You may also receive official additional plan documents, insurance contracts, trust agreements and other documents which legally govern the operation of the Plan (the "Plan Documents"). This SPD is intended to be read in conjunction with and as a supplement to the Booklets and other Plan Documents, except as otherwise expressly provided.

NAME OF THE PLAN

The name of the plan is the Lutheran Services in the Northwest, LLC Employee Benefit Plan (the "Plan")

DESCRIPTION OF THE PLAN

This SPD applies to all of the welfare benefits Programs offered under the Lutheran Services in the Northwest, LLC Employee Benefit Plan including: medical programs; the dental programs; the life, accidental death & dismemberment, voluntary life and voluntary accidental death & dismemberment programs; the employee assistance programs; voluntary vision and the voluntary disability programs. The benefits provided through these Programs are described in the applicable Booklets or benefit summaries.

PLAN SPONSOR

Lutheran Services in the Northwest, LLC.
c/o Brown & Brown Insurance
2106 Pacific Avenue, Suite 501 Tacoma, WA 98406
Phone: (253) 396-5500

Lutheran Services in the Northwest, LLC is a multiple employer welfare arrangement established and maintained by Tacoma Lutheran Retirement Community, Foss Home and Village, Columbia Lutheran Home, Washington Odd Fellows Home, The Hearthstone, Riverview Retirement Community and Franke Tobey Jones.

EMPLOYER IDENTIFICATION NUMBER AND PLAN IDENTIFICATION NUMBER

The Employer Identification Number assigned to LSNW by the Internal Revenue Service is 91-2130411. The Plan Identification Number is 501.

PLAN ADMINISTRATOR

The name, address and telephone number of the Plan Administrator is:

Lutheran Services in the Northwest, LLC.
c/o Brown & Brown Insurance
2106 Pacific Avenue, Suite 501 Tacoma, WA 98406
Phone: (253) 396-5500

PLAN ADMINISTRATOR'S DISCRETION

In carrying out its responsibilities under the Plan, the Plan Administrator has the exclusive responsibility and full discretionary authority to control the operation and administration of the Plan and to make all fiduciary decisions under the Plan, and it has all power necessary to accomplish such purposes. These powers include, but are not limited to:

- To make and enforce such rules and regulations as in its sole and absolute and uncontrolled discretion it deems necessary or proper for the efficient administration of the Plan which are not inconsistent with the terms of the Plan or ERISA.

- To interpret the Plan documents in its discretion and its interpretation in good faith. Such interpretation is final and conclusive on all persons claiming benefits under the Plan.

- To use, employ, discharge or consult with one or more individuals, corporations or other entities with respect to advice regarding any responsibility, obligation or duty in connection with the Plan.

- To allocate fiduciary responsibilities by written instrument signed in the same manner as provided for delegations.

- To designate other individuals, corporations or other entities to carry out fiduciary responsibilities, obligations and duties under the Plan, and to revoke, modify or change any such delegation, revocation or modification by written instrument.

In carrying out its responsibilities, the Plan Administrator shall be fully protected to the fullest extent permitted under ERISA. In the event of any delegation in accordance with the above, no fiduciary shall be liable for any act or action, whether of commission or omission, taken by the person to whom the delegation is made. Fiduciary responsibilities shall be exercised severally and not jointly and each fiduciary's powers, duties, obligations and responsibilities shall be limited to those specifically allocated to such fiduciary or in accordance with the terms of this SPD.

The Plan Administrator may delegate any or all of its powers with respect to the Plan.

PLAN RECORDS AND PLAN YEAR

The fiscal records for the Plan are maintained and reported on a twelve-month period of time, known as the Plan Year. The Plan Year begins on July 1 and ends on June 30.

SOURCE AND AMOUNT OF CONTRIBUTIONS

Depending on the Program, contributions are made entirely by your employer, entirely by the participants, or partly by your employer and partly by the participants. The Board of Directors/individual employers within LSNW will determine what portion of the benefits will be paid directly by employers and what portion will be paid by the participants. Any amounts paid by your employer will be paid out of its general assets. A participant's share of the costs, if any, for any Programs, will be reflected on the applicable enrollment forms or cost share sheets.

TYPE OF PLAN ADMINISTRATION AND PAYMENT OF BENEFITS

The medical programs are fully insured by Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. Certain dental programs are fully insured by Delta Dental of Washington. The managed care dental program is fully insured by Willamette Dental of Washington Inc. Life, accidental death & dismemberment, voluntary life, voluntary accidental death & dismemberment and voluntary disability programs are all fully insured by Prudential Financial, Inc.. The employee assistance program is fully insured by First Choice Health EAP. The Voluntary Vision program is fully insured by Ameritas Life Insurance Corp.

All programs are administered by the insurance provider for the program, as described in the applicable Booklet or benefits summary and all benefits are paid directly by the insurance providers.

DESCRIPTION OF BENEFITS

A description or summary of the benefits for each Program is contained in a separate Booklet or benefits summary for each Program. The Booklet may also make reference to schedules of benefits or certificates of coverage. These are available without cost to any participant or beneficiary who so requests.

ELIGIBILITY FOR BENEFITS

In order for an employee to be eligible, the employee's employer must be an eligible member of Lutheran Services in the Northwest, LLC. Each employer has specific requirements for eligibility for employees and dependents to receive any benefits through LSNW. Please refer to appendix A for a description of eligibility and participation requirements by employer. You may also contact your employer if you have any questions about what the eligibility requirements for your specific employer are.

DISQUALIFICATION FOR BENEFITS

Your eligibility to participate in the applicable Programs will end:

- In accordance with the terms of the applicable Booklet,
- When the Plan or Program is discontinued or terminated,
- When you fail to make any required contribution,

Additional circumstances which may result in disqualification, ineligibility or denial, loss, forfeiture or suspension of any benefits are described in the applicable Booklet summary of benefits.

NAME AND ADDRESS OF AGENT FOR LEGAL PROCESS

Legal process may be served upon the Plan Administrator.

PLAN DOCUMENTS

The Plan documents consist of this document, the benefits booklets, certificates of insurance, group insurance contracts, LSNW Agreement and the formal interpretations adopted by the Plan Administrator. Upon written request to the Plan Administrator, copies of any or all of the Plan documents will be furnished to a Plan participant or beneficiary at a nominal charge.

AMENDMENT AND TERMINATION OF THE PLAN

LSNW and your employer have established the Plan with the bona fide intention and expectation that it will be continued indefinitely, but they reserve the right to terminate the Plan, in whole or in part, at any time, without liability. This includes, without limitation, the right to increase or decrease the employers' contributions or the participants' contributions to all or any of the Programs, at any time, and to modify all or any part of the coverage with respect to any or all of the participants covered by a Program or Programs.

Upon termination or discontinuance of any Program, you will not have any further rights, other than for the payment of benefits for covered losses or expenses incurred before such Program was terminated. The amount and form of any final benefit you or your beneficiary receive will depend on the Plan Documents and the Plan Administrator's decisions.

CLAIMING BENEFITS

You or your beneficiary must file the appropriate forms to receive any benefits or to take any other action under any of the Programs, as described in the applicable Booklet. Completed forms should be submitted to the appropriate entity described in the applicable Booklet. Generally, you or your provider on your behalf will initiate a claim for benefits with the applicable party administering the benefit program (the claims administrator or insurance company). Please review the Booklet to determine exactly how to initiate a claim for benefits.

You must exhaust all of the claims review procedures described in the applicable Booklet before you are entitled to initiate a lawsuit in state or federal court.

APPEALING A DENIED CLAIM

The appeals procedures are described in the applicable Booklets. Before you are entitled to bring a civil action under Section 502(a) of the Employee Retirement Income Security Act, you must exhaust all of the claims review procedures described in the applicable benefits booklet. All levels of appeal have been delegated to the insurance company that is responsible for paying claims. The insurance company's decisions are conclusive and binding. You are not entitled to appeal the decision of the insurance company to the Plan Administrator.

RIGHTS UNDER THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974 ("ERISA")

As participants in an employee welfare benefit plan, participants have certain rights and protections. ERISA provides that all plan participants shall be entitled to:

- 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 ERISA Plan, including insurance contracts. If the ERISA Plan is required to file an annual report with the U.S. Department of Labor, plan participants shall be entitled to examine a copy of its latest annual report (Form 5500 Series) filed 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 ERISA Plan, including insurance contracts and updated summary plan descriptions. If the ERISA plan is required to file an annual report with the U.S. Department of Labor, plan participants shall be entitled to obtain copies of the latest annual report (Form 5500 Series). The Administrator may make a reasonable charge for the copies.

- Receive a summary of the ERISA Plan's annual financial report, if ERISA requires the ERISA Plan to file an annual report. The plan administrator for such plans is required by law to furnish each participant with a copy of this summary annual report.

- Continue health care coverage for yourself, spouse or dependents if there's a loss of coverage under a program as a result of a qualifying event. You or your dependents may have to pay for such coverage. Review this summary plan description and the documents governing the plan on the rules governing your COBRA continuation coverage rights.

In addition to creating rights for plan participants, ERISA imposes duties upon the people who are responsible for the operation of the employee welfare benefit plan. The people who operate your ERISA 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, your union, or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a welfare benefit or exercising your rights under ERISA.

If your claim for a welfare benefit is denied or ignored, in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules.

Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request a copy of plan documents or the latest annual report from the ERISA 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 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. In addition, if you disagree with the ERISA Plan's decision or lack thereof concerning the qualified status of a domestic relations order or a medical child support order, you may file suit in Federal court.

If it should happen that ERISA Plan fiduciaries misuse the ERISA Plan's money, or if you're 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're successful, the court may order the person you 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.

If you have any questions about this statement or about your rights under ERISA, you should contact either the: Seattle District Office of the Employee Benefits Security Administration, U.S. Department of Labor, 1111 Third Ave. Suite 860, MIDCOM Tower, Seattle, WA 98101-3212, phone: (206) 553-4244; or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Ave. N.W., Washington, D.C. 20210.

You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration at 1-866-444-3272

NOT A CONTRACT

This Plan shall not be deemed to constitute a contract between any employer and any employee eligible for the Plan or Plan Participant or to be a consideration or an inducement for the employment of any eligible employee. Nothing contained in this Plan shall be deemed to give any employee eligible for the Plan or Plan Participant the right to be retained in the service of the employer or to interfere with the right of the employer to discharge any employee eligible for the Plan or Plan Participant at any time regardless of the effect which such discharge shall have upon him or her as an employee eligible for the Plan or a Plan Participant.

INTERPRETATION AND CONSTRUCTION

This Plan shall be construed and enforced in accordance with the laws of the State of Washington, to the extent these laws are not otherwise preempted by federal law.

SPECIAL PROVISIONS APPLICABLE TO GROUP HEALTH PLANS

The following provisions apply only to Programs that are group health plans including your medical, dental and vision benefits, (each of which is a "Health Plan"), and shall supersede any inconsistent provisions in the Health Plan Booklets.

Qualified Medical Child Support Order

If a Health Plan receives a qualified medical child support order recognizing the right of any child of a participant to enrollment under the Health Plan, such child shall be enrolled as required under the terms of the order. Qualified medical child support orders shall be administered in accordance with procedures adopted by the Plan Administrator. You may obtain without charge a copy of such procedures from the Plan Administrator.

Family and Medical Leave

Certain employers are required to comply with the Family and Medical Leave Act ("FMLA"). If your employer has to comply with the FMLA, you will have the rights described below.

If a Participant is on an unpaid leave to care for a newborn; to care for a child placed with the Participant for adoption or foster care; or for a serious health condition of the Participant or the Participant's spouse, child or parent, coverage for the Participant and eligible Dependents will be continued for up to twelve (12) weeks. The Employer will continue to pay for coverage to the extent required by law. To maintain eligibility, the employee must continue to contribute the same share of cost of coverage that he or she would pay when not on leave.

Military Leave

The Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA) established requirements that employers must meet for certain employees who are involved in the uniformed services. In addition to the rights that you have under COBRA, you (the employee) are

entitled under USERRA to continue the coverage that you, and your covered dependents, if any, had under the Plan.

You Have Rights Under Both COBRA and USERRA

Your rights under COBRA and USERRA are similar but not identical. Any election that you make pursuant to COBRA will also be an election under USERRA, and COBRA and USERRA will both apply with respect to the continuation coverage elected. If COBRA and USERRA give you, or your covered spouse or dependent children, different rights or protections, the law that provides the greater benefit will apply. The administrative policies and procedures described for COBRA above (for example, the procedures for how to elect COBRA coverage and paying premiums for COBRA coverage) also apply to USERRA coverage, unless compliance with the procedures is precluded by military necessity or is otherwise impossible or unreasonable under the circumstances.

Definitions

"Uniformed Services" – means the Armed Forces, the Army National Guard, and the Air National Guard when engaged in active duty for training, inactive duty training, or full-time National Guard duty (i.e., pursuant to orders issued under federal law), the commissioned corps of the Public Health Service, and any other category of persons designated by the President in time of war or national emergency.

"Service in the uniformed services" or "service" – means the performance of duty on a voluntary or involuntary basis in the uniformed services under competent authority, including active duty, active duty for training, initial active duty for training, inactive duty training, full-time National Guard duty, a period for which a person is absent from employment for an examination to determine his or her fitness to perform any of these duties, and a period for which a person is absent from employment to perform certain funeral honors duty. It also includes certain service by intermittent disaster response personnel of the National Disaster Medical System.
All of the undefined words used in this USERRA notice have the meanings assigned to them under COBRA.

Duration of USERRA Coverage

When a covered employee takes a leave for service in the uniformed services, USERRA coverage for the employee, and for covered dependents for whom coverage is elected, begins the day after the employee, and covered dependents, lose coverage under the Plan, and it can continue for up to 24 months. However, USERRA coverage will end earlier if one of the following events takes place:

- A premium payment is not made within the required time;
- You fail to return to work within the time required under USERRA following the completion of your service in the uniformed services; or

- You lose your rights under USERRA as a result of a dishonorable discharge or other conduct specified in USERRA.

Your right to continue coverage under USERRA will end if you do not notify us of your intent to return to work within the time required under USERRA following the completion of your service in the uniformed services by either reporting to work, if your uniformed services was for less than 31 days, or applying for reemployment, if your uniformed service was for more than 30 days. The time for returning to work depends on the period of uniformed service, as follows:

Period of Service	**Return-to-Work Requirement**
Less than 31 days	The beginning of the first regularly scheduled work period on the day following the completion of your service, after allowing for safe travel home and an eight-hour rest period, or if that is unreasonable or impossible through no fault of your own, as soon as is possible.
More than 30 days but less than 181 days	Within 14 days after completion of your service or, if that is unreasonable or impossible through no fault of your own, the first day on which it is possible to do so.
More than 180 days	Within 90 days after completion of your service.
Any period if for purposes of an examination for fitness to perform uniformed service	The beginning of the first regularly scheduled work period on the day following the completion of your service, after allowing for safe travel home and an eight-hour rest period, or if that is unreasonable or impossible through no fault of your own, as soon as is possible.
Any period if you were hospitalized for or are convalescing from an injury or illness incurred or aggravated as a result of your service	Same as above (depending on length of service period) except that time periods begin when you have recovered from your injuries or illness rather than upon completion of your service. Maximum period for recovering is limited to two years, but the two-year period may be extended if circumstances beyond your control make it impossible or unreasonable for you to report to work within the above time periods.

COBRA and USERRA coverage are concurrent. This means that COBRA coverage and USERRA coverage begin at the same time. However, COBRA coverage can continue for up to 18 months (it may continue for a longer period and is subject to early termination, as described above). In contrast, USERRA coverage can continue for up to 24 months, as describe above.

Premium Payments for USERRA Continuation Coverage

If you elect to continue your health coverage, or your spouse or dependent children's coverage, pursuant to USERRA, you will be required to pay 102% of the full premium for the coverage elected (the same rate as COBRA). However, if your uniformed service period is less than 31 days, you are not required to pay more than the amount that you pay as an active employee for that coverage.

COBRA Continuation Coverage

When group coverage is lost because of a "qualifying event" shown below, Federal laws and regulations require certain Health Plans to offer qualified enrollees an election to continue their group coverage for a limited time. Under COBRA, a qualified enrollee must apply for continued coverage within a certain time period and has to pay the applicable COBRA premium for coverage. The Plan Administrator has delegated the administration of COBRA continuation coverage for the benefits provided through the Trust to Northwest Administrators (the "COBRA Administrator"). The COBRA Administrator can be contacted as follows:

Benefit Solutions, Inc.
COBRA Department
12121 Harbour Reach Dr., Suite 105
Mukilteo, WA 98275
Phone: (206) 859-2697

The following summary of continued coverage is taken from COBRA. Enrollees' rights to this coverage and obligations under COBRA automatically change with further amendments of COBRA by Congress or interpretations of COBRA by the courts and federal regulatory agencies. These provisions apply only to the extent that your employer is subject to COBRA. If your employer is not subject to COBRA, for instance if your employer normally employed fewer than 20 employees on a typical business day during the preceding calendar year, other continuation coverage or conversion rights may be available. Please see the applicable Booklet or benefits summary.

Qualifying Events and Length of Coverage

Please contact the COBRA Administrator immediately when one of the qualifying events highlighted below occurs. The continuation periods listed extend from the date of the qualifying event.

- The COBRA Administrator must offer the employee and covered dependents an election to continue coverage for up to 18 consecutive months if their coverage is lost because of one of two qualifying events:

  - The employee's work hours are reduced.

  - The employee's employment terminates, except for discharge due to actions determined by your employer to be gross misconduct.

  However, if one of the events listed above follows the covered employee's entitlement to Medicare by less than 18 months, the COBRA Administrator must offer the covered spouse

and children an election to continue coverage for up to 36 months starting from the date of the Medicare entitlement.

- The COBRA Administrator must offer the covered spouse or children an election to continue coverage for up to 36 consecutive months if their coverage is lost because of one of four qualifying events:

  - The employee dies.

  - The employee and spouse legally separate or divorce.

  - The employee becomes entitled to Medicare.

  - A child loses eligibility for dependent coverage.

  If your spouse or dependent child loses coverage because of divorce, legal separation or the child's loss of dependent status, then you (the employee) or your spouse or dependent has the responsibility to notify your employer of the divorce, legal separation, or the child's loss of dependent status. You or your spouse or dependent child must provide this notice no later than 60 days after the date coverage terminates under the plan. If you do not provide notice to your employer, your spouse or dependent child will not be entitled to elect COBRA continuation coverage.

- An 18-month extension of coverage will be available to spouses and dependent children who elect continuation coverage if a second qualifying event occurs during the first 18 months of continuation coverage. The extended period will end no later than 36 months from the date of the first qualifying event. Second qualifying events may include the death of a covered employee, divorce or separation from the covered employee, the covered employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), or a dependent child's ceasing to be eligible for coverage as a dependent under the Plan. These events can be a second qualifying event only if they would have caused the qualified beneficiary to lose coverage under the Plan if the first qualifying event had not occurred. You must notify the COBRA Administrator within 60 days after a second qualifying event occurs if you want to extend your continuation coverage. Written notice must be provided to: COBRA Dept., Benefit Solutions, Inc., 12121 Harbour Reach Dr., Suite 105, Mukilteo, WA 98275.

- COBRA coverage can be extended if an enrollee who lost coverage due to a reduction in hours or termination of employment is determined to be disabled under Title II (OASDI) or Title XVI (SSI) of the Social Security Act at any time during the first 60 days of COBRA coverage. In such cases, all family members who elected COBRA may continue coverage for up to a total of 29 consecutive months from the date of the reduction in hours or termination. In order to be eligible for the 11-month extension, the qualified beneficiary must provide written notice of the disability determination to the COBRA Administrator within 60 days of the determination by the Social Security Administration ("SSA"). Written notice must be provided to: COBRA Dept., Northwest Administrators, Inc., 2323 Eastlake Avenue East, Seattle, Washington 98102. Each qualified beneficiary who has elected continuation coverage will be entitled to the 11-month disability extension if one of them qualifies. If the qualified

beneficiary is determined by SSA to no longer be disabled, you must notify the COBRA Administrator of that fact within 30 days after SSA's determination.

Adding Family Members

Eligible family members may be added after the continuation period begins, but only as allowed under "Special Enrollment" or "Open Enrollment." With one exception, family members added after COBRA begins aren't eligible for further coverage if they later have a qualifying event or if they are determined to be disabled as described under "Qualifying Events And Lengths Of Coverage." The exception is that a child born to or placed for adoption with a covered employee while the covered employee is on COBRA has the same COBRA rights as family members on coverage at the time of the original qualifying event. The child will be covered for the duration of the covered employee's initial 18-month COBRA period, unless a second qualifying event occurs which extends the child's coverage. Continued coverage is subject to all other terms and limitations of this plan.

Conditions of Continued COBRA Coverage

For continued coverage to become effective, all of the requirements below must be met:

- You must elect continued coverage no more than 60 days after either the date coverage was to end because of the qualifying event, or the date the COBRA Administrator notified you of your right to elect continued coverage, whichever is later. You may be eligible for a second COBRA election period if you qualify under section 201 of the Federal Trade Act of 2002. Please contact the Board of Trustees or your employer for more information if you believe this may apply to you.

- You must send your first COBRA premium payment to the COBRA Administrator no more than 45 days after the date you elected continued coverage.

- Subsequent COBRA premium payments must be paid to the COBRA Administrator within the required 30 day grace period..

When COBRA Coverage Ends

Continued coverage will end on the last day for which subscription charges have been paid in the monthly period in which the first of the following occurs:

- The applicable continuation period expires.

- The next monthly subscription charge isn't paid when due or within the 30-day COBRA grace period.

- When your coverage is extended from 18 to 29 months due to disability (see "Qualifying Events and Lengths Of Coverage" above), continued coverage beyond 18 months ends if there's a final determination that you're no longer disabled under the Social Security Act. However, coverage won't end on the date shown above, but on the last day for which subscription charges have been paid in the first month that begins more than 30 days after the

date of the determination. You must provide the COBRA Administrator with a copy of the determination within 30 days after the date of the determination.

- You become covered under another group health care plan after the date you elect COBRA coverage. However, if the new plan contains an exclusion or limitation for a pre-existing condition, coverage doesn't end for this reason until the exclusion or limitation no longer applies.

- You become entitled to Medicare after the date you elect COBRA coverage.

- Your employer ceases to offer group health care coverage to any employee.

Keep Your Plan Informed of Address Changes

In order to protect your and your family's rights, you should keep your employer and the COBRA Administrator informed of any changes in your address and the addresses of family members. You should also keep a copy, for your records, of any notices you send to the COBRA Administrator.

Benefits After Covered Mastectomy

After a covered mastectomy, the Health Plan will cover the medical and surgical benefits for the following:

1. All stages of reconstruction of the breast on which the mastectomy has been performed;

2. Surgery and reconstruction of the other breast to produce a symmetrical appearance; and

3. Prostheses (implants, special bras, etc.) and physical complications for all stages of a mastectomy, including lymphedemas (swelling associated with the removal of lymph nodes) in a manner determined appropriate in consultation with the attending physician and the patient.

Coverage for breast reconstruction and related services will be subject to all applicable deductibles, copayments and coinsurance amounts that are consistent with those that apply to other benefits under the Health Plan.

The Health Plan will at all times comply with the terms of the Women's Health and Cancer Rights Act of 1998 and will not deny a patient eligibility, or continued eligibility to enroll or to renew coverage, under the terms of the Health Plan solely to avoid the requirements of this section. Additionally, the Health Plan will not penalize the patient or physician, or induce him or her to provide care to a participant in a manner inconsistent with this provision.

Any Health Plan exclusions or limitations that exclude the benefit described above are hereby omitted to the extent that they specifically prohibit the above coverage.

Mental Health Benefits

Benefits under a Health Plan shall be provided in compliance with the Mental Health Parity Act and the Mental Health Parity and Addiction Act. The aggregate lifetime limit on benefits and/or annual dollar limit on benefits contained in the Booklets shall apply both to medical and surgical benefits and to mental health benefits.

Newborns' and Mothers' Health Protection Act of 1996

For Insured Programs that provide maternity or newborn infant coverage, special rights upon childbirth under the Newborns' and Mothers' Health Protection Act of 1996, as amended, and state law, as applicable, are described in the Booklets for the applicable Insured Program.

Health Insurance Portability and Accountability Act of 1996 ("HIPAA")

HIPAA provides certain limitations on preexisting condition exclusions and permits you to avoid the imposition of such exclusions by providing a certificate of creditable coverage. HIPAA also prohibits discrimination against you based on your health status and provides you special enrollment rights. If you are unsure whether a particular program is a Health Plan subject to HIPAA, please contact the Plan Administrator.

Nondiscrimination

Eligibility for benefits under the Health Plan will not be conditioned on any health status related factors such as health status, medical history, evidence of insurability, claims history, or genetic information. The Health Plan will not charge a contribution that is greater than the charge for a similarly situated individual based on any health status related factor. The Health Plan may offer premium discounts for a bona fide wellness program.

Special Enrollment Periods

Federal law requires Health Plans to provide "Special Enrollment Period" for certain individuals who previously refused coverage or individuals who became dependents through marriage, birth, adoption, or placement for adoption (as described further below). A person who enrolls during a special enrollment period is not considered a "late plan participant" for purposes of the Health Plan.

The Health Plan will provide a Special Enrollment Period for an employee or dependent who is eligible, but not enrolled in the Health Plan, if each of the following conditions is met:

- He or she is eligible, but not enrolled, for coverage under the terms of the Health Plan;
- He or she had other health plan coverage at the time coverage was previously offered;
- He or she states in writing when declining enrollment that the other coverage was the reason for declining enrollment (if required by the Plan Administrator at the time the

individual previously declined enrollment);

- He or she loses coverage because (1) his or her COBRA continuation coverage expires, (2) the employee or dependent is no longer eligible for the coverage (including as a result of legal separation, divorce, death, termination of employment, or reduction in the number of hours of employment, but not including as a result of failure to pay premiums on a timely basis or termination of coverage for cause); or (3) the employer ceases making contributions toward such coverage; and

- He or she requests a special enrollment right within thirty days after the exhaustion or termination of other coverage.

After an employee or dependent gives the completed request of enrollment to the Plan Administrator, his or her enrollment is effective no later than the first day of the next calendar month.

The Health Plan will also provide a Special Enrollment Period for an employee or dependent as follows:

- For an employee who is eligible but not enrolled in the Health Plan and declined coverage under the Health Plan during a prior Enrollment Period, (1) at the time of his or her marriage, and (2) at the time an individual becomes his or her dependent through marriage, birth, adoption, or placement for adoption;

- For a spouse of a participant (1) at the time of his or her marriage or (2) at the time an individual becomes a dependent of the participant through birth, adoption, or placement for adoption;

- For an individual who becomes a dependent of the participant through marriage, birth, adoption, or placement for adoption.

The Special Enrollment Period will extend for 30 days after the marriage, birth, adoption, or placement for adoption, except employees of Washington employers are permitted 60 days to enroll newborn and adopted children. For a Special Enrollment due to marriage, enrollment is effective no later than the first day of the month following the date the Employer receives the request for enrollment. For a special enrollment due to birth, adoption, or placement for adoption, enrollment is effective as of the date of the birth, adoption, or placement for adoption.

The enrollment date for anyone who enrolls under a Special Enrollment Period is the first date of coverage.

Appendix A – Eligibility

Lutheran Services in the Northwest, LLC
Health and Welfare Plan
Amended and Restated July 1, 2017

Columbia Lutheran Home Employees

All regular full-time active employees regularly scheduled to work 30 or more hours per week ***(excludes per diem employees)*** are eligible for benefits once they have completed their introductory period.

For new hires, coverage is effective on:

- the first of the month following or coinciding with date of hire for Officers;
- the first of the month following or coinciding with 60 days of employment for All other Active Employees

Foss Home and Village Employees

All regular full-time active employees regularly scheduled to work 30 or more hours per week are eligible for benefits once they have completed their introductory period.

For new hires, coverage is effective on:

- the first of the month following or coinciding with date of hire for Executive Management, Department Managers & Key Employees;
- the first of the month following or coinciding with 60 days of employment for All other Active Employees

The Hearthstone Employees

All regular full-time active employees regularly scheduled to work 30 or more hours per week are eligible for benefits once they have completed their introductory period.

For new hires, coverage is effective on:

- the first of the month following or coinciding with date of hire for Executive Management, Department Managers & Key Employees;
- the first of the month following or coinciding with 60 days of employment for All other Active Employees

Tacoma Lutheran Retirement Community Employees

All regular full-time employees (as defined below) are eligible for benefits once they have completed their introductory period.

- the first of the month following or coinciding with date of hire for Executive Management;
- the first of the month following or coinciding with 60 days of employment for All other Active Employees as defined below:
    - ***Regular Full-Time employees*** are those who are not in *Introductory, Supplementary, or Per Diem* status and who are regularly scheduled to work 30 or more hours a week or 60 hours or more within a two-week pay period.
    - ***Per Diem employees*** who are scheduled to work 30 hours a week are eligible for the Life, FSA, and voluntary benefits.

Washington Odd Fellows Home Employees

All regular full-time active employees regularly scheduled to work 30 or more hours per week are eligible for benefits once they have completed their introductory period.

For new hires, coverage is effective on:

- the first of the month following or coinciding with date of hire for Executive Management, Department Managers & Key Employees;
- the first of the month following or coinciding with 60 days of employment for All other Active Employees

Frank Tobey Jones Employees

All regular full-time employees regularly scheduled to work 30 or more hours per week are eligible for benefits under the program first of the month following or coinciding with 60 days of employment.

Riverview Retirement Community Employees

All regular full-time active employees regularly scheduled to work 30 or more hours per week are eligible for benefits once they have completed their introductory period.

For new hires, coverage is effective on:

- the first of the month following or coinciding with 30 days of employment for Executives;
- the first of the month following or coinciding with 60 days of employment for All other Active Employees

BENEFIT PLANS	*ELIGIBLE GROUP*	*ELIGIBLE FOR PLAN PARTICIPATION*	*CONTRIBUTION SOURCE*	*PRE-TAX*
Kaiser Permanente Medical Plans	*Columbia Lutheran, Foss Home & Village, Tacoma Lutheran, Washington Odd Fellows, Franke Tobey Jones, Riverview Retirement Community and The Hearthstone.*	*Employee, Spouse, Domestic Partner and Dependents of Employee and Spouse/Domestic*	*Employer and Employee*	*Yes*
Delta Dental of WA Plans	*Columbia Lutheran, Foss Home & Village, Tacoma Lutheran, Washington Odd Fellows, Franke Tobey Jones, Riverview Retirement Community and The Hearthstone.*	*Employee, Spouse, Domestic Partner and Dependents of Employee and Spouse/Domestic*	*Employer and Employee*	*Yes*
Willamette Dental Plans	*Columbia Lutheran, Foss Home & Village, Tacoma Lutheran, Washington Odd Fellows, Franke Tobey Jones, Riverview Retirement Community and The Hearthstone.*	*Employee, Spouse, Domestic Partner and Dependents of Employee and Spouse/Domestic*	*Employer and Employee*	*Yes*
Employee Assistance Plan	*Columbia Lutheran, Foss Home & Village, Tacoma Lutheran, Washington Odd Fellows, Franke Tobey Jones, Riverview Retirement Community and The Hearthstone.*	*Employee, Spouse, Domestic Partner and Dependents of Employee and Spouse/Domestic*	*Employer Only*	*N/A*
Group Term Life/AD&D Insurance	*Columbia Lutheran, Foss Home & Village, Tacoma Lutheran, Washington Odd Fellows, Franke Tobey Jones, Riverview Retirement Community and The Hearthstone.*	*Employee, Spouse, Domestic Partner and Dependents of Employee and Spouse/Domestic*	*Employer Only*	*N/A*
Short Term Disability	*Columbia Lutheran, Foss Home & Village, Tacoma Lutheran, Washington Odd Fellows, Franke Tobey Jones, Riverview Retirement Community and The Hearthstone.*	*Employee, Spouse, Domestic Partner and Dependents of Employee and Spouse/Domestic*	*Employee Only*	*No*
Long Term Disability	*Columbia Lutheran, Foss Home & Village, Tacoma Lutheran, Washington Odd Fellows, Franke Tobey Jones, Riverview Retirement Community and The Hearthstone.*	*Employee, Spouse, Domestic Partner and Dependents of Employee and Spouse/Domestic*	*Employer and Employee*	*No*
Ameritas Voluntary Vision	*Columbia Lutheran, Foss Home & Village, Tacoma Lutheran, Franke Tobey Jones and Riverview Retirement Community.*	*Employee, Spouse, Domestic Partner and Dependents of Employee and Spouse/Domestic*	*Employee only*	*Yes*
Voluntary Life Insurance Voluntary AD&D	*Columbia Lutheran, Foss Home & Village, Tacoma Lutheran, Washington Odd Fellows, Franke Tobey Jones, Riverview Retirement Community and The Hearthstone.*	*Employee, Spouse, Domestic Partner and Dependents of Employee and Spouse/Domestic*	*Employee only*	*Yes*