OMB Control number 1210-0040; Expiration Date 03/31/2026

# SUMMARY ANNUAL REPORT FOR WESTERN RESERVE CARE SOLUTIONS WELFARE PLAN

This is a summary of the annual report of the Western Reserve Care Solutions Welfare Plan, a health, life insurance, dental, vision, temporary disability, long-term disability and death benefits plan (Employer Identification Number 83-2255711, Plan Number 501), for the plan year 01/01/2025 through 12/31/2025. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Western Reserve Care Solutions has committed itself to pay certain Health claims incurred under the terms of the plan.

## Insurance Information

The plan has insurance contracts with Delta Dental Of Ohio, Unitedhealthcare Insurance Company and Hartford Life and Accident to pay certain Dental, Vision, Life insurance, Temporary disability, Long-term disability, Accidental Death & Dismemberment, Accident, Hospital Indemnity, Critical Illness claims incurred under the terms of the plan. The total premiums paid for the plan year ending 12/31/2025 were $1,309,878.

Because they are so called "experience-rated" contracts, 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 12/31/2025, the premiums paid under such "experience-rated" contracts were $508,685 and the total of all benefit claims paid under these experience-rated contracts during the plan year was $400,188.

## 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 plan administrator, at 17876 Saint Clair Avenue, Cleveland, OH 44110 and phone number, 800-707-8922. The charge to cover copying costs will be $5.00 for the full annual report, or $0.25 per page for any part thereof.

You also have the legally protected right to examine the annual report at the main office of the plan: 17876 Saint Clair Avenue, Cleveland, OH 44110, and at the U.S. Department of Labor in Washington, D.C., or to 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 N-1513, Employee Benefits

Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210. The annual report is also available online at the Department of Labor website www.efast.dol.gov.

## Additional Explanation

Health benefits are self-insured and not subject to SAR reporting requirements. Contact your administrators for details.