SUMMARY ANNUAL REPORT FOR
West Penn Allegheny Health System Health & Welfare Plan

This is a summary of the annual report of the WEST PENN ALLEGHENY HEALTH SYSTEM HEALTH & WELFARE PLAN, Employer ID #25-0969492, for the plan year beginning January 1, 2014 and ending December 31, 2014. The annual report has been filed with Employee Benefits Security Administration as required under the Employee Retirement Income Security Act of 1974 (ERISA).

WEST PENN ALLEGHENY HEALTH SYSTEM has committed itself to pay certain health, vision, dental and health flexible spending account claims incurred under the terms of the plan.

Insurance Information

The plan has contract with MAGELLAN BEHAVIOURAL HEALTH and HIGHMARK to pay all claims incurred under the terms of the plan. The total premiums paid for the plan year ending December 31, 2014 were $1,119,888.

Your Rights to Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request.

Included in that report:

- 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 WEST PENN ALLEGHENY HEALTH SYSTEM, who is the Plan Administrator, 30 ISABELLA STREET; SUITE 111; PITTSBURGH, PA 15212 US, 412-330-2600. The charge to cover copying cost will be $2.75 for the full annual report of $0.25 per page for any part thereof.

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, or a statement of the income and expense of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements are included as part of that report. The charge for copying the full annual report does not include any charge for copying these two statements, as they are furnished free of charge.

You also have the legally protected right to examine the annual report at the main office of the plan: 30 ISABELLA STREET; SUITE 111; PITTSBURGH, PA 15212 US and at the U.S. Department of Labor upon payment of copying cost. 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.