

SUMMARY ANNUAL REPORT

For ENSIGN SERVICES, INC. COMPREHENSIVE HEALTH AND WELFARE BENEFIT PLAN

This is a summary of the annual report of the ENSIGN SERVICES, INC. COMPREHENSIVE HEALTH AND WELFARE BENEFIT PLAN, EIN 11-3645368, Plan No. 506, for period 01/01/2023 through 12/31/2023. 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).

ENSIGN SERVICES, INC. has committed itself to pay certain self-insured Medical, Prescription Drug, Flexible Spending Account, and Dental claims incurred under the terms of the plan.

Insurance Information

The plan has contracts with VISION SERVICE PLAN, CIGNA HEALTH AND LIFE INSURANCE COMPANY AND AFFILIATES, UNUM LIFE INSURANCE COMPANY OF AMERICA, KAISER FOUNDATION HEALTH PLAN INC, HARTFORD LIFE AND ACCIDENT, and SIMNSA to pay Medical, Prescription Drug, Dental, Vision, Life Insurance, Short-term Disability, Long-term Disability, Accidental Death and Dismemberment, Employee Assistance Program, Critical Illness, Hospital, Accident, and Dental HMO claims incurred under the terms of the plan. The total premiums paid for the plan year ending 12/31/2023 were \$19,791,074.

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:

- 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 ENSIGN SERVICES, INC. at 29222 RANCHO VIEJO ROAD, SUITE 127, SAN JUAN CAPISTRANO, CA, 92675 or by telephone at 949-487-9500.

You also have the legally protected right to examine the annual report at the main office of the plan (ENSIGN SERVICES, INC., 29222 RANCHO VIEJO ROAD, SUITE 127, SAN JUAN APISTRANO, CA, 92675) 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 N1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.