



December 22, 2008

Subject: **Ascension Summary Annual Report**

Dear Associate:

Attached is the **Ascension Summary Annual Report** for Lourdes Health Network Associates for the following plans:

Vision Service Plan
Hartford Life

Please note that we do not have Metropolitan Life or Ceridian Corporation (*those are for other Ascension Hospitals*) Please note that this does not guarantee coverage. Associates have to be eligible and enrolled the plan.

If you have any questions, please feel free to call me at 509-546-2230

Sincerely,

A handwritten signature in black ink that reads "Janie Jonker". The signature is fluid and cursive, with a long horizontal stroke at the end.

Janie Jonker
Benefits Specialist
Lourdes Health Network

SUMMARY ANNUAL REPORT
FOR ASCENSION HEALTH WELFARE BENEFIT PLAN

This is a summary of the annual report of the ASCENSION HEALTH WELFARE BENEFIT PLAN, EIN 31-1662309, Plan No. 512, for period January 1, 2007 through December 31, 2007. 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).

Insurance Information

The plan has contracts with VISION SERVICE PLAN, RELIASTAR LIFE INSURANCE COMPANY, METROPOLITAN LIFE INSURANCE COMPANY, CERIDIAN CORPORATION and DELTA DENTAL OF CALIFORNIA to pay Temporary disability, Vision, Life Insurance, Dental claims incurred under the terms of the plan. The total premiums paid for the plan year ending December 31, 2007 were \$20,016,129.

Basic Financial Statement

The value of plan assets, after subtracting liabilities of the plan, was \$19,893,072 as of December 31, 2007, compared to \$12,876,938 as of January 1, 2007. During the plan year the plan experienced an increase in its net assets of \$7,016,134. This increase includes unrealized appreciation and depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year or the cost of assets acquired during the year. During the plan year, the plan had total income of \$147,718,463 including employer contributions of \$95,912,311, employee contributions of \$47,135,416, realized gains of \$3,910,135 from the sale of assets, and earnings from investments of \$381,745.

Plan expenses were \$140,702,329. These expenses included \$7,711,350 in administrative expenses and \$132,990,979 in benefits paid to participants and beneficiaries.

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. an accountant's report;
2. financial information and information on payments to service providers;
3. assets held for investment;
4. transactions in excess of 5% of the plan assets;
5. insurance information, including sales commissions paid by insurance carriers; and
6. information regarding any common or collective trusts, pooled separate accounts; master trusts or 103-12 investment entities in which the plan participates.

To obtain a copy of the full annual report, or any part thereof, write ASCENSION HEALTH, PO BOX 46944 11775 BORMAN DRIVE, SUITE 106, ST. LOUIS, MO 63146-6944, (314) 733-8673.

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 income and expenses 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 and accompanying notes will be included as part of that report.

You also have the legally protected right to examine the annual report at the main office of the plan (ASCENSION HEALTH, PO BOX 46944 11775 BORMAN DRIVE, SUITE 106, ST. LOUIS, MO 63146-6944) 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.