

St. Jude Children's Research Hospital
Employee Comprehensive
Health and Welfare Benefit Plan

Summary Plan Description

for the

Aetna Resources For Living
program providing
Mental and Emotional Health and Other Services
(an employee assistance program (EAP))

Effective as of November 1, 2021

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General Information about the Plan

This section provides general information about the St. Jude Children's Research Hospital Employee Comprehensive Health and Welfare Benefit Plan (Plan). You will find specific information about the Resources For Living program (program) offered under the Plan beginning on page 3 of this Summary Plan Description (SPD).

Plan Name	The program described in this SPD is a part of the St. Jude Children's Research Hospital Employee Comprehensive Health and Welfare Benefit Plan .
Name, Address, and Telephone Number of Plan Administrator	St. Jude Children's Research Hospital, Inc. 262 Danny Thomas Place, Mail Stop 507 Memphis, TN 38105-3678 (901) 595-2339
<p>The Plan Administrator has the sole discretionary authority and responsibility to control and administer the Plan in accordance with its terms and has, without limitation, the discretionary authority to interpret the Plan or its terms. The Plan Administrator's powers include making and enforcing rules it deems necessary or proper for the efficient administration of the Plan, deciding all questions concerning the Plan, including determining eligibility for benefits under the Plan, and allocating its responsibilities under the Plan to other persons.</p> <p>The Plan Administrator keeps the records for the Plan, and will also answer any questions you may have about the Plan. If you have general questions about the Plan or your eligibility for benefits, you may contact the Human Resources-Benefits Department, which acts on behalf of the Plan Administrator with respect to day-to-day matters, and whose contact information is provided below:</p> <p style="text-align: center;">St. Jude Children's Research Hospital Attn: Human Resources-Benefits 262 Danny Thomas Place, Mail Stop 507 Memphis, TN 38105-3678 (901) 595-4502 Email: benefits@stjude.org</p> <p style="text-align: center;">or visit the MYBenefits Portal at https://mybenefits.stjude.org or the MY HR Site at https://stjude.org/myhr.</p> <p>If you have any questions about the services and resources available under the program described in this SPD, contact the Program Administrator (contact information is provided below).</p>	
Name and Address of Plan Sponsor	St. Jude Children's Research Hospital, Inc. 262 Danny Thomas Place, Mail Stop 507 Memphis, TN 38105-3678
Plan Sponsor's Employer Identification Number (EIN)	62-0646012
Participating Employers	In addition to St. Jude Children's Research Hospital, certain other employers also participate in the Plan. As of the effective date of this SPD, Children's GMP, LLC, St. Jude Children's Research Hospital Graduate School, LLC, and St. Jude Children's Research Hospital Home Care, LLC also participate. (Other employers also may from time to time participate in this Plan. Participants and beneficiaries may receive from the plan administrator, upon written request, information as to whether a particular employer participates in this Plan.)
Plan Number	502
Agent for Service of Legal Process	St. Jude Children's Research Hospital Attn: Director of Benefits, Health and Wellness 262 Danny Thomas Place, Mail Stop 507 Memphis, TN 38105-3678
Program Administrator	Resources For Living (Aetna Behavioral Health, LLC) (833) 721-2318 / TTY 711 resourcesforliving.com (Username: Stjude ; Password: Livingwell)

Type of Funding and Administration	<p>The portion of the Plan described in this SPD is administered by the Program Administrator above in accordance with the provisions of the services agreement between the Plan Sponsor and the Program Administrator.</p> <p>The cost of this program is paid by the employers from their general assets. The Program Administrator, not the Plan Sponsor, is responsible for providing all benefits (services and resources) under this program.</p>
Plan Year End	December 31—the Plan is operated on a calendar (January 1 through December 31) year, referred to as the “plan year.”
Type of Plan	<p>The Plan is an employee welfare benefit plan providing various welfare benefits including the program benefits described in this SPD. This program is an employee assistance program (or EAP)).</p> <p><i>The benefits provided under this program are separate from any benefits you may have under the medical or any other group health plan coverage under the Plan (that is, the benefits described in this SPD are not coordinated with any other group health plan benefits under the Plan). This program is not intended to provide significant benefits in the nature of medical care.</i></p>
Applicability of ERISA	<p>The benefits described in this SPD include services (e.g., counseling sessions) that are subject to the Employee Retirement Income Security Act of 1974, as amended (ERISA), and services and resources that are not subject to ERISA.</p> <p>Descriptions of the services and resources that are not subject to ERISA are included in this SPD for convenience, but their inclusion in this SPD is not intended to subject those services and resources to the requirements of ERISA.</p>
Effect of Plan Document	This SPD provides a summary of the terms, conditions, and benefits under the Plan. It does not give the details on all the terms of the official Plan document. If there is any conflict between the information in this SPD and the provisions of the Plan document, the Plan document will control.
Plan Sponsor’s Right to Amend or Terminate the Plan	The Plan Sponsor has the right, in its sole discretion, to amend or terminate the Plan at any time, without advance notice to any person (except as required by law). Upon termination of the coverage described in this SPD, participants will be notified of the termination and provided with notice of any accelerated deadlines and related procedures for submitting claims for benefits incurred prior to the termination of coverage under the Plan.
No Assignment of Benefits or Other Rights and Obligations under the Plan	<p>Except as specifically provided in this SPD or the Plan, the benefits under this Plan:</p> <ul style="list-style-type: none"> • Are not in any way subject to your debts or other obligations or the debts or other obligations of any person covered under this Plan; • May not be voluntarily or involuntarily sold, transferred, alienated, assigned or encumbered; and • Shall not be subject to being taken by your creditors or the creditors of any person covered under this Plan by any process whatsoever. <p>Any attempt to cause the benefits under this Plan to be so subjected will not be recognized, except to the extent required by law (e.g., as required by the tax withholding provisions of applicable law).</p> <p>Similarly, except as specifically provided in this SPD or the Plan, any other rights and/or obligations under the Plan to or with respect to you or any person covered under this Plan may not be voluntarily or involuntarily sold, transferred, alienated, assigned, or encumbered, and any attempt to cause such right or obligation to be so subjected will not be recognized except to the extent required by law (e.g., by the designation of any authorized representative pursuant to the Plan’s claims and review procedures).</p>

Coverage under this Program

Who is Eligible (Employees and Graduate Students) and When Coverage Begins

All employees classified as full-time or part-time staff, faculty, postdocs, or visiting scientists and active, in-residency PhD candidates in the St. Jude Children's Research Hospital Graduate School of Biomedical Sciences (graduate students) are eligible for, and automatically are enrolled in, this program effective on the date of hire or, for graduate students, the date of matriculation. There is no cost to employees or graduate students for enrollment in this program.

The program services and resources are also generally available to the employee's or graduate student's spouse, children to age 26 (whether or not they live at home), and other members of the employee's or graduate student's household, all collectively referred to in this SPD as "dependents" (exceptions are described in this SPD). This dependent coverage is available on the employee's or the graduate student's enrollment date or on the date the individual first becomes a dependent, if later. Dependent enrollment in the program is automatic.

The Plan will comply with the terms of a qualified medical child support order (QMCSO). A QMCSO is an order or a judgment from a court or administrative body (including a National Medical Support Notice) directing the Plan to cover a child of a participant under the group health plan coverage provided through the Plan. Federal law provides that a medical child support order must meet certain form and content requirements in order to be a QMCSO. Coverage under the applicable coverage(s) of the Plan pursuant to a QMCSO will not become effective until the Plan Administrator determines that the order is a QMCSO. If you have any questions or would like to receive, without charge, a copy of the Plan's written procedure for determining whether an order is a QMCSO, contact the Plan Administrator (contact information is provided under **General Information about the Plan** above).

When Coverage Ends

Your program coverage will end (the employee or graduate student) and all dependents on the earliest of the following:

- the date on which the Plan or this program is terminated by the Plan Sponsor;
- the date on which you cease to be an eligible employee or eligible graduate student (for example, in the event the Plan is amended to remove your participant class from eligibility);
- the date your employment or graduate student status ends; and
- the date as of which your coverage is terminated for fraud or abuse.

Program coverage also will end for a dependent when that individual ceases to qualify as a "dependent" under the terms of the Plan.

Using this Program—Benefits and Other Resources

How to Access Program Services and Other Resources

In general, there are two ways to access services, and both are available 24 hours a day, 7 days a week (24/7):

- **Your 24-hour toll-free member line: (833) 721-2318 / TTY 711**

With one phone call, you can reach a consultant who gathers information about your needs and then starts the research and legwork to identify resources for you. You can receive detailed information on referral sources by email, mail and telephone. Telephonic assessment and referral services are unlimited.

All calls are confidential except as required by law.

- **Your online member Worklife Services: resourcesforliving.com (Username: Stjude; Password: Livingwell)**

Through this member website, you can do your own search for resources from the network of service providers.

Emotional Well-Being Support – Counseling Benefits

Through the program, you and your dependents can access up to 10 counseling sessions *per issue* each plan year (Talkspace therapy equivalents will count toward this maximum—see the **Talkspace** section immediately below for details), unless a different limit applies under applicable state law (contact the Program Administrator to see whether this applies to you).

Beginning in May 2022 and subject to availability, you (and your spouse, if certain access and other requirements are met) may also be able to access (face-to-face) covered services of a participating (network contracted) counselor on-site at St. Jude. Services received from this counselor generally will not count toward the maximum session limit described above. Please contact the Program Administrator at the toll-free member line above to request access to these services.

You can also call any time (24 hours a day) for in-the-moment emotional well-being support.

Counseling sessions are available face-to-face, online with televideo, or by phone. Approved services are free and confidential.

The program is available to help with a wide range of issues including:

- Relationship support
- Stress management
- Work/life balance
- Family issues
- Grief and loss
- Depression
- Anxiety
- Substance misuse and more
- Self-esteem and personal development

Minimum age requirements may apply (contact the Program Administrator for details). Provider participation may change without notice.

All counseling sessions require prior authorization. The member must contact the Program Administrator to receive referrals and authorizations for all counseling sessions whether face-to-face, telephonic, or televideo. Marital and/or family sessions are considered one problem for the couple or family and sessions are not authorized individually for each attendee. Face-to-face, telephonic, and televideo counseling sessions count toward the number of counseling sessions per member per problem, except as otherwise provided above. Refer to the **EXCLUSIONS** section below for other important exclusions applicable to this benefit and all of the program services and resources generally.

Chat Therapy – Talkspace

Talkspace is an online therapy platform that makes it easy and convenient for you to connect with a licensed behavioral therapist—from anywhere, at any time. With Talkspace, you can send unlimited text, video and audio messages to your dedicated therapist via web browser or the Talkspace mobile app. No commutes, appointments or scheduling hassles.

Talkspace is for individual counseling for members 18 years of age and older. You have 90 days from the date you sign up to use your sessions (120 days if you live in California). Talkspace should not be considered for meeting requirements for employment, school enrollment, disability or legal documentation.

To get started messaging a Talkspace therapist:

- Visit resourcesforliving.com (Username: **Stjude**; Password: **Livingwell**).
- Describe your unique needs and preferences for therapy.
- You'll be shown three potential providers based on your preferences.
- Choose a therapist and begin messaging the very same day.
- There's no limit to the number of messages you can send your therapist each day.

After you sign up:

- Use your free sessions: **One week of therapy counts as one visit (i.e., toward your limit on counseling sessions, discussed above).**
- You'll continue to message the same therapist unless you request to change providers.
- Your therapist will reply to you daily, during their business hours—five days a week.
- You'll never need to make an appointment or reschedule it because something came up.
- Whether on the go or at home, you can access Talkspace securely via your web browser or mobile app.

Talkspace services are provided and managed by Talkspace, Inc., an independent third party. The Program Administrator does not oversee or control the services provided by or recommended by Talkspace and does not assume any liability for their services. Program instructors, educators and participating providers are independent contractors and are not agents of Resources For Living.

Provider participation may change without notice.

Daily Life Assistance

Competing day-to-day needs can make it tough to know where to start. Call the Program Administrator for personalized guidance. The Program Administrator, through Worklife Services, will help you find every day resources for:

- Child care, parenting and adoption (includes information about childcare centers, family daycare homes, summer camps, nanny/au pair agencies, nursery schools, before and after school programs, kindergartens, care for children with special needs, pregnancy resources and adoption)
- Summer programs for kids
- School and financial aid research (includes information and referrals to schools and other educational programs from kindergarten through graduate level, private and public schools, and schools for students with special needs)
- Care for older adults and adults with disabilities (includes resources relating to home health care, rehabilitation centers, nursing homes, adult day care, transportation services, support groups, meal programs, assisted living, emergency response, independent and assisted living options, Medicare/Medicaid issues and geriatric care management)
- Caregiver support (includes information about help with caregiver needs, respite services, community resources, support groups, referrals and long-distance caregiving issues)
- Special needs, including Autism Spectrum Disorder support
- Pet care (includes pet adoption resources and information about boarders, groomers, and pet day care)
- Home repair and improvement and other household services and more (includes information and resources relating to relocation, home cleaning, lawn and landscaping, plumbing, automotive, travel information, entertainment and dining)

The program also offers carekits related to growing families, child care, caregiving and more.

Online Resources

Your member website (resourcesforliving.com (Username: **Stjude**; Password: **Livingwell**)) offers a full range of tools and resources to help with emotional wellbeing, work/life balance and more. You'll find:

- Articles and self-assessments
- Adult care and child care provider search tool
- Stress resource center
- Video resources
- Live and recorded webinars
- Mobile app

Discount Center

Find deals on brand name products and services including electronics, entertainment, gifts and flowers, travel, fitness, nutrition and more.

myStrength

myStrength offers tools to improve your emotional health and help you overcome depression, anxiety, stress, substance misuse and/or chronic pain. Once you set up myStrength, you'll log on to a home page created just for you. myStrength is:

- Clinically proven
- Easy to use
- Free and available 24/7
- Confidential

Read articles, watch videos and try eLearning programs. Or just get inspired by the daily quote.

To access myStrength, register from the link on your member website (resourcesforliving.com (Username: **Stjude**; Password: **Livingwell**)). Or get the myStrength mobile app. Then start exploring all that myStrength has to offer.

The myStrength services are provided and managed by myStrength, an independent third party. The Program Administrator does not oversee or control the services provided by or recommended by myStrength and does not assume any liability for their services.

Legal Services

You can get **one free 30-minute phone or face-to-face consultation** with a participating attorney (or participating mediator) for each new legal topic related to:

- General
- Family
- Criminal law
- Civil law
- Elder law and estate planning
- Divorce
- Wills and other document preparation
- Real estate transactions or landlord/tenant issues
- Mediation services from a participating mediator (typical matters may include divorce and child custody, contractual and consumer disputes, real estate and landlord tenant, car accidents and insurance disputes)
- Motor vehicle issues

If you opt for services from the participating attorney (or participating mediator) beyond the initial consultation you can get a 25 percent discount.

Members also have access to “do-it-yourself” legal forms and document preparation (e.g., for a simple will, advance directive, power of attorney, and/or living will) and a comprehensive website that provides legal and financial forms and information and other tools.

Important Limitations and Exclusions

These Legal Services must be related to the employee and dependents. Work-related issues are not covered. The discount does not include flat legal fees, contingency fees and plan mediator services. Refer also to the **EXCLUSIONS** section below for other important exclusions from coverage.

Financial Services

You can call for **one free 30-minute consultation** for each new financial topic related to:

- Budgeting
- Retirement or other financial planning
- Mortgages and refinancing
- Credit and debt issues
- College planning/funding
- Tax and IRS questions and preparation
- Buying vs. leasing
- Consumer credit counseling
- Community services

You can also get a 25 percent discount on eligible tax preparation services.

Important Limitations

These Financial Services must be for financial matters related to the employee and dependents. Refer also to the **EXCLUSIONS** section below for other important exclusions from coverage.

Identity Theft Services

A certified fraud resolution specialist (FRS) provides a **phone consultation for up to 60 minutes** per new issue, with an unlimited number of issues. The FRS conducts seven emergency response activities and assists members with restoring their

identity and credit rating. Each FRS is a qualified customer service professional, certified under the Fair Credit Reporting Act.

Employees also receive an emergency response kit by email, mail or fax. The kit outlines actions and suggestions regarding identity theft prevention and restoration.

Important General Limitations and Exclusions

All calls are confidential, except as required by law.

The material provided through the program is intended to provide a general overview of the topic. Information is not meant to replace the advice of tax, financial or legal advisors.

Certain of the discount and other services are provided and managed by independent third parties. The Program Administrator does not oversee or control the services provided by or recommended by such third parties and does not assume any liability for their services. Program instructors, educators and participating providers are independent contractors and are not agents of the Program Administrator.

Provider participation may change without notice.

EXCLUSIONS

In addition to the other limitations and exclusions described elsewhere in this SPD, the following services are outside the scope of, and so are not covered by, this program:

- Counseling services beyond the allowed number of sessions covered by the program
- Services for high-risk conditions or when urgent care is required
- Court ordered treatment or therapy
- Any treatment or therapy ordered as a condition of parole, probation, custody, or visitation evaluations
- Any treatment or therapy ordered or paid for by Workers' Compensation
- Formal psychological evaluations that normally involve psychological testing and result in a written report
- Diagnostic testing and/or treatment
- Visits with psychiatrist, including medication management
- Prescription medications
- Services for remedial education
- Inpatient, residential treatment, partial hospitalizations, or intensive outpatient care or treatment
- Ongoing counseling for a chronic diagnosis that requires long term care
- Biofeedback
- Hypnotherapy
- Aversion therapy
- Examination and diagnostic services required to meet employment, licensing, insurance coverage, or travel needs
- Services with a non-contracted program provider
- Counseling sessions not authorized by the Program Administrator
- Fitness for duty evaluations
- Legal representation in court, preparation of legal documents, or advice in the areas of taxes, patents, or immigration, except as otherwise specifically described in this SPD
- Investment advice (nor does the Plan loan money or pay bills)

Claims for Counseling Benefits

Program benefits are not provided in the form of reimbursements for expenses incurred. Instead, benefits are in the form of counseling services provided upon approval by the Program Administrator. Benefits may only be requested by contacting the Program Administrator.

If your claim involves health care benefits under the program (this is generally limited to counseling services), the claim notification and review procedures will comply with the applicable requirements of ERISA.

If your request for program services is denied, a letter will be sent to you describing reason for the denial as well as the appeal process. If you receive a denial letter, you can appeal that decision verbally by calling the Program Administrator at the toll-free appeal phone number [1-855-812-9333](tel:1-855-812-9333) or in writing at the address provided below, within 180 days of your receipt of the denial.

The address for sending a written request for an appeal to the Program Administrator is:

151 Farmington Avenue, RSAA
Appeals - 1250
Hartford, CT 06156

You may request a copy of the claims procedures from the Program Administrator. A member must exhaust the Plan's reasonable claims procedures prior to bringing any legal action to obtain Plan benefits. The Plan Administrator (and/or its delegate) has the right to request repayment if a claim is overpaid or paid in error for any reason.

Your Rights Under ERISA

This statement of ERISA rights is required by federal law and regulation.

As a participant in the Plan, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA). ERISA provides that all Plan participants shall be entitled to:

Receive Information about Your Plan and Benefits

Examine, without charge, at the office of the Plan Administrator and at other specified locations, such as worksites, all documents governing the Plan, including insurance contracts, and a copy of the latest annual report (Form 5500 Series) filed by the Plan (if applicable) with the U.S. Department of Labor 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 Plan, including insurance contracts, and copies of the latest annual report (Form 5500 Series), if applicable, and updated summary plan description. The Plan Administrator may make a reasonable charge for the copies.

Receive a summary of the Plan's annual financial report (if applicable). If applicable, the Plan Administrator is required by law to furnish each participant with a copy of this summary annual report.

Continue Group Health Plan Coverage

Continue health care coverage for yourself, spouse, or dependents if there is a loss of coverage under the Plan as a result of a qualifying event. You or your dependents may have to pay for such coverage. Review the documents governing the Plan for the rules governing your COBRA continuation coverage rights.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for Plan participants, ERISA imposes duties upon the people who are responsible for the operation of the employee benefit plan. The people who operate the 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 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.

Enforce Your Rights

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 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 Plan 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 Plan's decision (or lack thereof) concerning the qualified status of a medical child support order, you may file suit in federal court. If it should happen that Plan fiduciaries misuse the Plan's money, or if you are discriminated

against for asserting your rights, you may seek assistance from the U. S. Department of Labor, or may file suit in a federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have 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.

Assistance with Your Questions

If you have any questions about your Plan, you should contact the Plan Administrator. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the Plan Administrator, you should contact the nearest office of the Employee Benefits Security Administration, U. S. Department of Labor, listed in your telephone directory, or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue NW, Washington, DC 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.

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