



Certificate of Need Program
EQUIPMENT REPLACEMENT APPLICATION
 Applicant's Completeness Checklist and Table of Contents



Project Name: _____ Project No: _____

Project Description: _____

Done Page N/A Description

Divider I. Application Summary:

- _____ 1. Applicant Identification and Certification (Form MO 580-1861)
- _____ 2. Representative Registration (From MO 580-1869)
- _____ 3. Proposed Project Budget (Form MO 580-1863) and detail sheet with documentation of costs.

Divider II. Proposal Description:

- _____ 1. Provide a complete detailed project description, CON project number of the existing equipment (if prev. CON approved), and include the type/brand of both the existing equipment and the replacement equipment.
- _____ 2. Provide a listing with itemized costs of the medical equipment to be acquired and bid quotes.
- _____ 3. Provide a timeline of events for the project, from CON issuance through project completion.

Divider III. Service Specific Criteria and Standards:

- _____ 1. Describe the financial rationale for the proposed replacement equipment.
- _____ 2. Document if the existing equipment has exceeded its useful life.
- _____ 3. Describe the effect the replacement unit would have on quality of care.
- _____ 4. Document if the existing equipment is in constant need of repair.
- _____ 5. Document if the lease on the current unit has expired.
- _____ 6. Describe the technological advances provided by the new unit.
- _____ 7. Describe how patient satisfaction would be improved.
- _____ 8. Describe how patient outcomes would be improved.
- _____ 9. Describe what impact the new unit would have on utilization.
- _____ 10. Describe any new capabilities that the new unit would provide.
- _____ 11. By what percent will this replacement increase patient charges.

(If replacement equipment was not previously approved, also complete Divider IV below.)

Divider IV. Financial Feasibility Review Criteria and Standards:

- _____ 1. Document that sufficient financing is available by providing a letter from a financial institution or an auditor's statement indicating that sufficient funds are available.
- _____ 2. Provide Service-Specific Revenues and Expenses (Form MO 580-1865) projected through three (3) **FULL** years beyond project completion.
- _____ 3. Document how patient charges are derived.
- _____ 4. Document responsiveness to the needs of the medically indigent.

Divider I. Application Summary:

1. Applicant Identification and Certification (Form MO 580-1861).

The required Applicant Identification and Certification Form (Form MO 580-1861) is included in this application.

(See attachment #1)

2. Representative Registration Form (Form MO 580-1869).

The required Representative Registration Form (Form 580-1869) is included in this application.

(See attachment #2)

3. Proposed Project Budget (Form MO 580-1863).

The Proposed Project Budget is included in this application (Form MO 580-1863)

(See attachment #3)



Certificate of Need Program

APPLICANT IDENTIFICATION AND CERTIFICATION

The information provided must match the **Letter of Intent** for this project, without exception.

1. Project Location (Attach additional pages as necessary to identify multiple project sites.)

Title of Proposed Project	Project Number
Project Address (Street/City/State/Zip Code)	County

2. Applicant Identification (Information must agree with previously submitted Letter of Intent.)

List All Owner(s): (List corporate entity.) Address (Street/City/State/Zip Code) Telephone Number

(List entity to be

List All Operator(s): licensed or certified.) Address (Street/City/State/Zip Code) Telephone Number

3. Ownership (Check applicable category.)

- Nonprofit Corporation
 Individual
 City
 District
 Partnership
 Corporation
 County
 Other _____

4. Certification

In submitting this project application, the applicant understands that:

- (A) The review will be made as to the community need for the proposed beds or equipment in this application;
- (B) In determining community need, the Missouri Health Facilities Review Committee (Committee) will consider all similar beds or equipment within the service area;
- (C) The issuance of a Certificate of Need (CON) by the Committee depends on conformance with its Rules and CON statute;
- (D) A CON shall be subject to forfeiture for failure to incur an expenditure on any approved project six (6) months after the date of issuance, unless obligated or extended by the Committee for an additional six (6) months;
- (E) Notification will be provided to the CON Program staff if and when the project is abandoned; and
- (F) A CON, if issued, may not be transferred, relocated, or modified except with the consent of the Committee.

We certify the information and date in this application as accurate to the best of our knowledge and belief by our representative's signature below:

5. Authorized Contact Person (Attach a Contact Person Correction Form if different from the Letter of Intent.)


Name of Contact Person	Title
Telephone Number	Fax Number
	E-mail Address
Signature of Contact Person <i>Audrey Hill</i>	Date of Signature <i>12/19/2024</i>



Certificate of Need Program

REPRESENTATIVE REGISTRATION

(A registration form must be completed for **each** project presented.)

Project Name		Number	
(Please type or print legibly.)			
Name of Representative		Title	
Firm/Corporation/Association of Representative (may be different from below, e.g., law firm, consultant, other)		Telephone Number	
Address (Street/City/State/Zip Code)			
Who's interests are being represented? (If more than one, submit a separate Representative Registration Form for each.)			
Name of Individual/Agency/Corporation/Organization being Represented		Telephone Number	
Address (Street/City/State/Zip Code)			
Check one. Do you: <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neutral		Relationship to Project: <input type="checkbox"/> None <input type="checkbox"/> Employee <input type="checkbox"/> Legal Counsel <input type="checkbox"/> Consultant <input type="checkbox"/> Lobbyist <input type="checkbox"/> Other (explain):	
Other Information:			
_____		_____	
_____		_____	
<p>I attest that to the best of my belief and knowledge the testimony and information presented by me is truthful, represents factual information, and is in compliance with §197.326.1 RSMo which says: <i>Any person who is paid either as part of his normal employment or as a lobbyist to support or oppose any project before the health facilities review committee shall register as a lobbyist pursuant to chapter 105 RSMo, and shall also register with the staff of the health facilities review committee for every project in which such person has an interest and indicate whether such person supports or opposes the named project. The registration shall also include the names and addresses of any person, firm, corporation or association that the person registering represents in relation to the named project. Any person violating the provisions of this subsection shall be subject to the penalties specified in §105.478, RSMo.</i></p>			
Original Signature		Date	
			



Certificate of Need Program

PROPOSED PROJECT BUDGET**Description****Dollars****COSTS:****(Fill in every line, even if the amount is "\$0".)*

1. New Construction Costs ***	_____
2. Renovation Costs ***	_____
3. Subtotal Construction Costs (#1 plus #2)	_____
4. Architectural/Engineering Fees	_____
5. Other Equipment (not in construction contract)	_____
6. Major Medical Equipment	_____
7. Land Acquisition Costs ***	_____
8. Consultants' Fees/Legal Fees ***	_____
9. Interest During Construction (net of interest earned) ***	_____
10. Other Costs ***	_____
11. Subtotal Non-Construction Costs (sum of #4 through #10)	_____
12. Total Project Development Costs (#3 plus #11)	_____**

FINANCING:

13. Unrestricted Funds	_____
14. Bonds	_____
15. Loans	_____
16. Other Methods (specify)	_____
17. Total Project Financing (sum of #13 through #16)	_____**

18. New Construction Total Square Footage	_____
19. New Construction Costs Per Square Foot *****	_____
20. Renovated Space Total Square Footage	_____
21. Renovated Space Costs Per Square Foot *****	_____

* Attach additional page(s) detailing how each line item was determined, including all methods and assumptions used. Provide documentation of all major costs.

** These amounts should be the same.

*** Capitalizable items to be recognized as capital expenditures after project completion.

**** Include as Other Costs the following: other costs of financing; the value of existing lands, buildings and equipment not previously used for health care services, such as a renovated house converted to residential care, determined by original cost, fair market value, or appraised value; or the fair market value of any leased equipment or building, or the cost of beds to be purchased.

***** Divide new construction costs by total new construction square footage.

***** Divide renovation costs by total renovation square footage.

Proposed Budget Detail Sheet (Costs)

1. New Construction Costs:
 - a. Not applicable
2. Renovation Costs
 - a. \$870,000 is the total estimate of renovation costs for this project
3. Architectural/Engineering Fees:
 - a. \$75,000 is the architectural and engineering fee estimate for this project
4. Other Equipment (not in construction contract)
 - a. Not applicable
5. Major Medical Equipment
 - a. \$1, 174686 is the estimate received from Philips for “Major Medical Equipment” for this project
6. Land Acquisition Costs
 - a. Not applicable
7. Consultants’ Fees/Legal Fees
 - a. Not applicable
8. Interest During Construction (net of interest earned)
 - a. Not applicable
9. Other Costs
 - a. Not applicable

Divider II. Proposal Description:

1. Provide a complete detailed project description, CON project number of the existing equipment, and include the type/brand of both the existing equipment and the replacement equipment.

Saint Luke's Hospital of Kansas City is seeking approval to replace existing X-Ray equipment with a SIEMENS ARTIS icono ceiling imaging system. The unit for which we are seeking replacement was not previously approved.

The replacement equipment will be operated by Saint Luke's Hospital of Kansas City. It will be operated at the same location as the existing equipment and at no time will the two units be in operation at the same time. If approved, the replacement unit will be installed during the 2nd quarter of 2025. The estimated total project cost is \$2,119,686. There is an estimated renovation cost of \$870,000 plus \$75,000 in estimated architectural fees. An equipment quote totaling \$1,174,686 is included in this application.

(See attachment #4)

2. Provide a listing with itemized costs of the medical equipment to be acquired and bid quotes.

An itemized quote for the SIEMENS ARTIS icono ceiling imaging system is included in this application.

(See attachment #4)

3. Provide a timeline of events for the project, from CON issuance through project completion.

Once approved (Expected 2/21/2025), SLHS will work with the vendor to initiate equipment purchase. This must be done after we have an approved CON. Construction will take place throughout Q1 of 2025. We expect to be able to complete the equipment purchase and installation in Q2-3 2025. The existing unit will be decommissioned and at no time will both units be operating at the same time.



Siemens Medical Solutions USA, Inc.
40 Liberty Boulevard, Allentown, PA 19355

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Customer Number 0000010331

Date 08/30/2024

SAINT LUKE'S HEALTH SYSTEM

901 E 104th St
Allentown, PA 18111

Siemens Medical Solutions USA, Inc. is pleased to submit the following quotation for the products and services described herein at the stated prices and terms, subject to your acceptance of the terms and conditions on the face and back hereof, and on any attachment hereto.

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Software License Schedule	27
Trade-In Equipment Requirements	30
Warranty Information	31

Contract Total: \$ 1,174,686

(total does not include any Optional or Alternate components which may be selected)

Proposal valid until 09/30/2024

Estimated delivery date 07/15/2025

Estimated delivery date is subject to change based upon factory lead times, acceptance date of this quote, customer site readiness, and other factors. A Siemens representative will contact you regarding the final delivery date.

Notwithstanding anything else in this Agreement, or in any applicable group purchasing agreement terms, if Purchaser does not accept delivery within twenty four (24) months of the date this quotation is executed, then Seller may, at its option, adjust the prices in the quotation by written notice. In such event, Purchaser will then have the option to cancel the order without payment of a cancellation charge provided Purchaser notifies Seller within ten (10) days of the date of Seller's notice of the price adjustment.

This proposal includes the trade-in of equipment referenced in Trade Sheet Project 2024 2731

The terms of the Master Purchasing Agreement, dated June 1, 2022, between Siemens and St. Luke's, shall govern the purchase and services described in this quotation/service agreement. In the event of any conflict or inconsistency between any material term of this quotation/service agreement and the Master Purchasing Agreement, the terms of the Master Purchasing Agreement will control unless this quotation/service agreement specifically states that a particular provision will control over a particular provision in the Master Purchasing Agreement.

This is a CONFIDENTIAL, one-time multi-modality bundle offer which may not be shared with any third parties, buying evaluation groups or anyone not directly employed by customer. The Siemens Executive Summary presented to the Customer is incorporated herein and made a part hereof. This offer is only valid if firm, non-contingent purchase orders for all quotations identified in the Siemens Executive Summary are received by Siemens on or before 09/30/2024. This date supersedes any other validity date indicated in the proposal.



Siemens Medical Solutions USA, Inc.
40 Liberty Boulevard, Allentown, PA 19355

SIEMENS REPRESENTATIVE
Megan Caldwell | 1 81 308 3340
megan.caldwell@siemens-healthineers.com

This quote is based upon standard delivery terms and conditions (e.g., standard work hours, first floor delivery, etc.), basic rigging, mechanical installation and calibration. Siemens Medical Solutions USA, Inc. Project Management shall perform a site-specific assessment to ascertain any variations that are out of scope and not covered by the standard terms (examples such as, but not limited to, larger crane, nonstandard work hours, removal of existing equipment, etc.). Any noted variations identified by Siemens Project Management shall remain the responsibility of the customer and will be subject to additional fees.

Accepted and Agreed to by

Siemens Medical Solutions USA Inc.

SAINT LUKE'S HEALTH SYSTEM

By Sign _____
Name | Megan Caldwell _____
Title | _____
Date | _____

By Sign _____
Name | _____
Title | _____
Date | _____

By signing below, signor certifies that no modifications or additions have been made to the Quotation. Any such modifications or additions will be void.

By Sign _____

Siemens Medical Solutions USA, Inc.
40 Liberty Boulevard, Allentown, PA 19355

SIEMENS REPRESENTATIVE
Megan Caldwell | 610 308 3340
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Quote Nr: CPQ-1051455 Rev. 0

Terms of Payment: 00% Down, 80% Delivery, 20% Installation
Free On Board: Destination

Purchasing Agreement: IEN SUPPLY LLC

IEN SUPPLY LLC terms and conditions apply to quote Nr CPQ-1051455

Customer certifies, and Siemens relies upon such certification, that IEN CARASC R0705 is the sole PO for the purchases described in this quotation, and the person signing this quotation is fully authorized under the Customer's policies to choose and indicate for Customer such appropriate PO.

ARTIS icono ceiling Cardiology

All items listed below are included for this system:

Qty	Part No.	Item Description	Extended Price
1	144527	<p>ARTIS icono ceiling Cardiology</p> <p>ARTIS icono ceiling Cardiology adapts effortlessly to different users and cardiac procedures, reducing training times for new staff, streamlining workflows significantly, and improving procedural outcomes. This intuitive system offers advanced 2D, 3D and multimodality support for a wide variety of procedures, from routine to more complex treatment for coronary artery disease, structural heart disease and arrhythmias.</p> <p>The ceiling mounted C-arm combines flexibility and speed for a smooth positioning at any side of the patient without rotating the patient table.</p> <p>OP is a new approach to image quality and dose, to visualize new materials and smaller devices clearly with low dose.</p> <p>Caseflows improve usability and standardization for new and complex procedures this will help the cardiologist to focus on the procedure.</p>	\$ 350,450
1	1445107	<p>ELEVATE buyback_ zee ceiling system</p> <p>An Elevate program for Artis Ceiling systems that will be replaced by a new ARTIS icono</p> <p>An Elevate is the Siemens managed system upgrade program, which helps you replace your existing system with a new one, allowing you to benefit from modern technologies and functionalities. The old system will be bought back by Siemens.</p>	\$ 0
1	1445119	<p>ELEVATE_CLEARstent Live-adv. pack.</p> <p>The CLEARstent imaging function allows an improved display of fine stent structures, i.e. the grid of inflated stents. CLEARstent is a post-processing stent enhancement and may be used also on previously acquired images.</p> <p>PACS compatibility for review on any ICO. The CLEARstent algorithm detects two markers of a balloon or stent markers and aligns all frames from a series with a minimum of 25 frames.</p> <p>CLEARstent Live is a real-time stent enhancement tool and provides a stabilized view of the moving stent which is displayed on the Assist/Reference monitor. CLEARstent Live allows real-time verification of stent positioning while moving the</p>	\$ 0

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Qty	Part No.	Item Description	Extended Price
		device enables the physician to precisely position the stent in relation to the anatomy of the heart and stents that already have been implanted. As a very new feature capability CLEARstent Live now also offers the option to enhance the region of interest (ROI) is done by applying a special image processing in the ROI and overlaying it on to the original scene while preserving the live image outside of the enhanced area. Additionally the Last Image Hold (LIH) of the CSL scene may be stored as a reference image. This might make an extra acquisition for getting a reference image. eg CLEARstent acquisition obsolete. Contains both CLEARstent Live license and CLEARstent license	
1	1445321	Omni Spin AR/IS icono ceiling Omni Spin	0
1	1445043	Imaging System Image system computer for control of system operation and image acquisition	5,074
1	14432948	Automap Automatic stand positioning depending on the selected reference image and automatic reference image selection depending on the stand positioning	1,153
1	1445557	Memory expansion (200k) Memory expansion 200,000 images in 1/12 bit matrix with a size of 2 50,000 images in 2 matrix with a size of 8	1,001
1	1445042	OPTIQ with as40HDR GIGALIX OP image chain with the following tube, collimator, and flat detector configuration as40R detector and IAL tube The as40R flat detector is optimized for the requirements of radiology The IAL ray tube concentrates the pulse power on small, square shaped focal spots flat emitter technology for all focal spots. This provides unprecedented image quality for confidence in challenging situations	173,57
1	1445015	Multimodality Viewing Supports the connection of external video sources such as Sensis/recording systems, PACS, IS/RIS, Ultrasound, EC, IOS, OC, external video, endoscope, mapping systems, and their visualization on the exam room display. Adapted to the local needs and depending on the availability of the cockpit option up to 24 external sources can be connected	49,17
1	14455573	Large Display (rail mount) Large color flat screen display including cables for the examination room, with a panel diagonal of 55". This large display version provides an excellent clinical image quality due to its new IPS panel technology The Large display is fixed on a ceiling mounted, longitudinally movable, rotatable, and height adjustable display holder in the examination room	3,470
1	1445217	Large Display diagn. protection 55 laminated glass protective screen for the monitor panel	4,940
1	1445030	Large control room display Large control room display Panel: 31.5" Resolution 3840 x 2160 Pixel size 0.181 x 0.181 mm Typical contrast max 1000:1 Max luminance 700 cd/m2 Calibrated luminance 400 cd/m2 Display area diagonal 800 mm Dimensions without stand 1000 x 700 x 471 x 90 mm	10,741
1	1445045	ARTIS multi-tilt table	112,904

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Qty	Part No.	Item Description	Extended Price
		<p>ARTIS multi-tilt table ensures optimal patient positioning regardless of the procedure and patient size. It offers an unprecedented level of material integrity, it is suitable for even the heaviest of patients.</p> <ul style="list-style-type: none"> Maximum table load 440 kg (970 lbs) consisting of 280 kg (617 lbs) for the patient, 100 kg (220 lbs) for accessories, plus 60 kg (132 lbs) for CPR. Allows tilting in 15°/20° and a 15° cradle. The easy float tabletop permits hassle-free positioning of the tabletop regardless of patient weight, mounted lower body radiation protection and tableside modules. Small table base allows upright and comfortable standing, close to the patient. The Siemens unique IsoTilt functionality keeps the C-arm protection during Trendelenburg tilting. All bearing mounted slidable accessory rails on both sides for easy positioning of control modules and accessories. <p>Note It is mandatory to provide a PS backup with this table option in order to comply with IEC 60601-2-43 CL 20115101.</p> <p>Reason In the event of power failure a neutral table position suitable for CPR must be reachable within 15 seconds. A suitable PS from Siemens as required must be included in your order unless an existing / planned PS provision for your installation site will satisfy the requirement.</p>	
1	14455548	<p>Mattress - thick</p> <ul style="list-style-type: none"> Orthopedic, special foam mattress, 7 cm, includes latex-free cover. Viscoelastic comfort mattress reacts to temperature and has the special property of adapting to the individual body shape under the influence of body weight and heat. Mattress thickness 70 x 5 mm / 2.8 x 0.2 	\$ 1,587
1	1445054	<p>Oper. contr. ARTIS table</p> <ul style="list-style-type: none"> For an ideal workflow, full system operation can be performed directly at the table side. 	\$ 11,801
1	1445009	<p>1st 4 pedal cable footswitch</p> <ul style="list-style-type: none"> First 4 pedal footswitch for release of fluoroscopy, acquisition, and tabletop brake with ARTIS table, as well as configurable control function. 	\$ 1,103
1	1445049	<p>2nd 4 pedal wireless footswitch</p> <ul style="list-style-type: none"> Additional wireless 4 pedal footswitch for release of fluoroscopy, acquisition, and tabletop brake with ARTIS table, as well as configurable control function. 	\$ 3,013
1	1445124	<p>Operation in the control room</p> <ul style="list-style-type: none"> Preparation for system operation from control room. 	\$ 3,054
1	1445095	<p>Op. ctrl. - handswitch (C-Room)</p> <ul style="list-style-type: none"> Additional handswitch for radiation release and additional control functions. 	\$ 572
1	14455500	<p>Injector connection (C-Room)</p> <ul style="list-style-type: none"> Interface in the control room for controlling the contrast medium injector. Injectors can be offered by Siemens Healthineers Accessory Solutions. 	\$ 2,524
1	14440419	<p>Cable clips ECG</p> <ul style="list-style-type: none"> Cable clips for securing the ECG cable to the patient tabletop. It includes 10 cable clips. 	\$ 31

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Qty	Part No.	Item Description	Extended Price
1	1445502	Intended only for use with Artis / ARIS tables Infusion bottle holder This infusion bottle holder can be mounted at the accessory rail of the patient table. It holds up to 4 infusion bottles. It includes an infusion bottle holder made of stainless steel with 4 retaining rings.	\$ 259
1	1445591	Intended only for use with Artis/ARIS tables Spacer Rail This is an accessory rail for attachment of tableside rail equipment for use with an extended lateral moving tabletop. This accessory allows tableside mounted equipment, to be used on a table featuring extended lateral tabletop movement. Rail accessories which would strike the table pedestal, are positioned outside of this movement range. Weight 4.7 kg Dimensions 5 cm L x 10 cm W x 4.4 cm H	\$ 1,744
1	1445503	Bendable anesthesia screen This flexible anesthesia screen holder serves as a holder for sterile drape anesthesia screen placed between the head and abdomen of the patient. It includes one anesthetic arm and brackets for mounting it onto the accessory rails. It requires the presence of accessory rail modules to which it will be mounted.	\$ 420
1	14440459	Arm rest Arm support used for the arm approach. Length 1 m 39.4 cm Slides underneath the patient mattress and is held in position by the patient's weight. Made of radiolucent carbon fiber material which is easy to clean. It includes two additional support pads of two different heights 4 and 7 cm. Length pad 10 cm / 23.2 cm Width 9 to 20 cm / 3.54 to 7.87 cm Maximum weight 5 kg / 11.02 lbs Weight with pads 2.1 kg / 4.63 lbs	\$ 1,023
1	1444040	Only for use with Artis / ARIS tables Arm holder (pair) The patient's arms can be comfortably placed along the body using these two arm holders. They slide underneath the patient mattress and is held in position by the patient's weight. It includes two pairs of arm holders of different length 540 mm / 90 mm 21.2 / 27.2 and height 85 mm / 115 mm 3.35 / 4.53, suitable both for table and table in patient mattresses.	\$ 370
2	1445505	Intended only for use with Artis / ARIS tables Abdomen radiation prot. IR This radiation shield protects the user from scattered radiation when standing at the table side. It can be attached to the accessory rails either on the right or on the left side of the patient positioning table. It provides the user an additional accessory rail. It includes a basic unit 89 cm x 75 cm / 35 x 29.5 x 11 one lower body radiation protection pivot swivel element	\$ 9,105

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Qty	Part No.	Item Description	Extended Price
1	1445038	<p>Holder for the EC interface when using an OE measurement system in the examination room</p> <p>Recording, storage, and display of an EC lead displayed together with the image information on a single monitor</p> <p>syngo Valve Guide Engine</p> <p>Application software for reconstruction, post-processing and handling of 3D information including specific applications to support valve implantation or replacement procedures like CA/CA-R</p> <p>The package includes the following functionalities</p> <ul style="list-style-type: none"> 3D sig contrast and Cdi soft tissue imaging syngo ynaC and syngo ynaC Cardiac untriggered syngo ynaC Cardiac uses proven algorithms to perform 3D reconstruction of ventricles and vessels of the heart from projection images of a rotational angiography syngo ynaC Cardiac uses proven algorithms to perform 3D reconstruction of ventricles and vessels of the heart from projection images of a rotational angiography 3D roadmap for dynamic overlay of planning data and 3D volumes on live fluoroscopy workflow support for valve implantation or replacement In Room control for table-side operation of advanced applications 3D i-card for expert step-by-step guidance in 3D acquisition Parallel patient processing capabilities fusion functionality for integration of pre-interventional 3D datasets also from other modalities into the Angio Room marking of points or lines on the 3D geometry or PRs and overlay of these markings on live fluoroscopy 	\$ 74,230
1	1445058	<p>Upper body radiation prot. moveable</p> <p>is radiation shield protects the user from scattered radiation</p> <p>It includes a ceiling rail 4 m / 157.5, a ceiling mounted and movable stand 80 cm or 57 cm / 31.5 or 22.4, a support arm 94 cm x 91 cm / 37 x 35.8 and an acrylic glass</p> <p>The shield is made of acrylic glass with lead equivalent of 0.5 mm</p> <p>W x 111 cm x 70 cm / 24 x 29.9, which can pivot and rotate around a fixed point with a range of 30 degrees</p> <p>The operation range is limited when used with Artis floor/biplane N</p> <p>max weight 18 kg / 39.8 lb</p>	\$ 4,427
1	14434158	<p>Fixed upper body rad. protection</p> <p>is radiation shield provides protection from scattered radiation</p> <p>It includes a fixed ceiling mounted stand 85cm/ 33.5, a support arm 95 cm x 91 cm/ 35.8 x 37.4 and acrylic glass</p> <p>The shield is made of acrylic glass with lead equivalent of 0.5mm / 0.02 W x 111 cm/24 x 70 cm/29.9, which can pivot and rotate around a fixed point with a range of 30 degrees</p> <p>It is mounted on a counterweighted, rigid and stable support arm that is fixed on a column with a height of 850 mm/ 33.5</p> <p>max weight 18 kg / 39.8 lbs</p>	\$ 4,25
2	144559	<p>Add. Display 24" with video cable</p> <p>24" display for flexible usage</p>	\$ 8,855

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Qty	Part No.	Item Description	Extended Price
1	1445084	<p>Including 3m fiber optic cable</p> <p>Live 2k Imaging</p> <p>Live 2k Imaging allows fluoroscopy, digital acquisition, and digital subtraction angiography as well as display and storage in 2k image matrix, for up to 15 fps</p> <p>The 2k image matrix allows an excellent spatial resolution thus, the image meets highest expectations in angiography and fulfills all prerequisites for precise diagnostics and safe interventions</p>	\$4,208
5	1445240	<p>Video Converter Kit Uni</p> <p>The Video Converter Kit Uni allows the connection of one 3rd party video signal e.g. ultrasound, endoscope or patient monitoring</p> <p>The connected video source can be displayed on the Large Display and/or the AR/IS Cocpit in the control room</p> <p>Possible Video Inputs</p> <p>RGB, YPbPr, S-Video, Component, DVI, HDMI, DP, SDI</p> <p>Per video connection one video converter is required</p>	\$15,520
1	1445533	<p>Add. Display with Live Image</p> <p>24" display for Live Image display</p> <p>Including 3m cable with connection and transceiver for display installation on the rear of the ACS in combination with the Large Display</p>	\$4,427
1	1445514	<p>2nd Display with Live Image</p> <p>24" display for Live Image display</p> <p>Including 3m cable with connection and transceiver for display installation on the rear of the ACS in combination with the Large Display</p>	\$4,427
1	14455543	<p>Tabletop - wide</p> <p>Patient positioning tabletop made of carbon fiber in wide, straight design for universal use the tabletop is straight all the way to the head area</p> <p>Maximum patient weight 280 kg / 173 lbs</p> <p>Height 127 kg / 28.0 lbs</p> <p>Length 2287 mm / 90.1" 0.04"</p> <p>Width 525 mm / 20.7" 0.02"</p> <p>Intended only for use with AR/IS tables</p>	\$5,980
1	14440447	<p>Acc. rail module, wide tabletop</p> <p>This is an attachable module with accessory rails for placing the control modules near the patient's abdomen</p> <p>It includes a carbon fiber module with accessory rails 45 cm / 17.7" attached to the right and left slides over the outer edges of the patient positioning tabletop</p> <p>Length 48 cm 18.9"</p> <p>Width without accessory rails 55 cm / 21.5"</p> <p>Width with accessory rails 118 cm / 46.3"</p> <p>Height 5.9 kg 13 lbs</p> <p>Maximum weight 100 kg 88.19 lbs</p> <p>Intended only for use with Artis/ AR/IS wide tabletop</p>	\$2,207
1	1445554	<p>Tabletop - long</p> <p>Tabletop with extended length</p> <p>Intended only for use with AR/IS tables</p>	\$8,213
1	14455704	<p>Mattress-thick f. tabletop - long</p>	\$3,091

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Qty	Part No.	Item Description	Extended Price
1	14443019	<p>Orthopedic mattress</p> <p>Orthopedic, special foam mattress, 8 cm, includes latex-free cover</p> <p>This viscoelastic comfort mattress reacts to temperature and has the special property of adapting to the individual body shape under the influence of body weight and heat</p> <p>syngo EVAR Guidance</p> <p>A dedicated application providing easy and automatic 3D image guidance during EVAR procedures</p> <p>Pre-acquired CTA datasets are processed to automatically provide the relevant information for 3D image guidance typically, in less than one minute</p> <p>The application provides</p> <ul style="list-style-type: none"> Fully automatic mesh modeling of the aortic wall Fully automatic generation of ostia target rings of main branched vessels Automated proposal of stent graft landing zones Automatic calculation of optimal C-arm angulations for stent deployment and radiation-free C-arm positioning <p>These important anatomical landmarks can be overlaid with the live fluoroscopy or CTA for continuous dynamic 3D image guidance during the procedure</p>	1,450
1	14440411	<p>Intercom - Comfort</p> <p>Intercom system for communication between examination room and control room</p> <p>It includes</p> <ul style="list-style-type: none"> A microphone with a control box for the control room A microphone with an adaptive acoustic filter for background noise suppression for the examination room A footswitch for conversation selection for the examination room 	805
1	A00PR0CONC00L0	<p>Icono Ceiling w multitilt table promotion</p> <p>Promotional incentive to be used for configurations including the combination of an ARIS icono ceiling mounted imaging system in combination with the ARIS multitilt table. No other Promos can be combined. Must include one or more of the following: POS contract, 10000 bill, multi-unit purchase</p> <p>Required Part Numbers</p> <p>One of 144527, 1445279, 1445277, 1445280, 1445278, 1445281, AN1445045</p>	50,000
1	A00ARI0CON00SP	<p>Standard Rigging icono SP</p>	15,392
1	A000OR0000L01	<p>Essential Education Package (AXA)(HOR)</p> <p>This Essential Hybrid Operating Room education package includes a dedicated Siemens Education Consultant partnering with your Education Coordinator to create a blended curriculum adapted to your facility's individual needs. Blended Learning Curriculum: a combination of at least two 28-hour onsite trainings, digital immersive, online virtual education, and instructor-led classroom elevated by ASR accreditation designed for your team to maximize their confidence and competence on your system. On-site Customization: optimizing system hardware, software, workflow and operating safety consistent with the cleared use of the</p>	83,090

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Qty	Part No.	Item Description	Extended Price
		<p>system Ongoing Educational Case Support ability to request onsite case support for advanced procedures education will be delivered in four phases Pre-Installation: Customized Education Plan (CEP) tailored to your site's experience level and case types Training needs assessed on hardware and software options, and ongoing procedure support Pre-Go Live: blend of virtual courses instructor-led classroom training Go Live: minimum of two weeks of onsite clinical applications sessions, guiding staff members, reinforcing concepts and practices acquired during pre-training Warranty/Post-Go Live: continuation of the CEP delivery Ongoing case support on advanced request and subject to availability Parties will mutually agree on deliverables and scheduling of the requested training This educational offering must be utilized within 12 months following install end date If this offering is not completed within the applicable time period, Siemens obligation to provide the training will expire without refund</p>	
3	AXA-CLS	<p>Classroom (AXA) tuition for 1 attendee for a customer classroom course of choice at one of the Siemens training centers Includes economy airfare and lodging for 1 attendee All arrangements must be arranged through Siemens designated travel agency Please view Siemens Healthineers PEPconnect at www.pep.siemens.info.com for available course options and descriptions This educational offering must be completed within 12 months from install end date If training is not completed within the applicable time period, Siemens Healthineers obligation to provide the training will expire without refund</p>	18,408
1	AXA-ELR-CEP-EINS	Elevate R Deinstallation Ceiling-Flr-MP	20,800
1	AXA-ELR-CEP-EEO	Elevate R Deinstal Ceiling-Flr-MP Offset	20,800
1	AXA-RA-EIN-ALLO	Trade-in of a Siemens Artis zee ceiling, project #2024-2731, deinstall/expires 3/31/2025, per BL Elevate (\$1)	1
1	EP-935515-PS	<p>Eaton Powerware 9355 15 kVA UPS Includes UPS, battery, maintenance bypass panel, and one year on-site parts and labor coverage 24x7 by Eaton Powerware This UPS is recommended when protection and uninterruptible power is required for the Artis C-arm and table Emergency fluoroscopy is not available with this UPS If emergency fluoroscopy is required, the 9390 100A UPS is recommended for the full system One UPS per lab Additional seismic brackets are required to make this system OS approved</p>	24,949
2	EL104013-01278	<p>Black anti-fatigue mat 36x60 Black NewLife EcoPro anti-fatigue mat 36 inches x 60 inches 3/4 inch polyurethane foam, fluid and dirt resistant with antimicrobial properties, matte textured surface The ultimate employee benefit for workers who stand, are ergonomically designed to provide the perfect balance of premium comfort and optimal support Proprietary Cellulon Polyurethane technology stands up to the toughest demands of commercial environments while providing lasting comfort that won't bottom out over time This eco-friendly line of anti-fatigue mats is certified by the National Floor Safety Institute for its high traction bottom surface</p>	520
1	AXA-AL-RI-IN	Additional Rigging AXA \$7,792	7,792
System Total			\$ 1,174,686

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OPTIONS on Quote Nr : CPQ-1051455 Rev. 0

OPTIONS for ARTIS icono ceiling Cardiology

All items listed below are **OPTIONS** and will be included on this system **ONLY** if initialed: (See Detailed Technical Specifications at end of Proposal.)

Qty	Part No.	Item Description	Extended Price	Initial to Accept
1	AR700A	<p>Mark 7 Arterion, Table Mount Injector</p> <p>The Arterion Mark 7 table contrast medium injector allows for the remote installation of the system power supply and installation of the injector head onto a table bracket.</p> <p>The injector system includes: Power supply and injector head with corresponding cabling An adjustable height table bracket for the injector head A desk-mounted user control console with large touch screen</p> <p>Functions Pressure limitation for 150 ml syringes 89 to 8273 Pa, corresponds to 100 to 1200 psi</p> <p>Flow rates for 150 ml syringes 0.1 to 45 ml/s in increments of 0.1 ml/s 0.1 to 59.9 ml/min in increments of 0.1 ml/min rise/fall 0 to 9.9 s in increments of 0.1 seconds</p> <p>Release delay for injection or radiation 0 to 99.9 s in increments of 0.1 s</p> <p>Adjustable volume for 150 ml syringes 1 ml to the max syringe capacity in increments of 1 ml</p> <p>Fill rate Variable syringe filling speed 1-20ml/s</p> <p>Injection protocols Up to 40 injection protocols possible</p> <p>Parameters currently displayed on the touch screen display and on the head display Injection speed Injection volume Remaining volume Injection duration Applied pressure</p> <p>Contrast medium heating Nominal 35°C 95-105°C 9</p> <p>Injection data memory Up to 50 injection data items stored</p> <p>Included in the scope of delivery Injector standard configuration 150 ml</p>	+ \$ 30,836	□□□□□□□□

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Qty	Part No.	Item Description	Extended Price	Initial to Accept
		SIEENS interface cable Operator manual Service manual (English)		
		Power supply 200 to 250 W/50/0 W		
1	INSAR700R	Arterion Rack Mnt Install	+ \$ 2,314	□□□□□□□□
1	AR700PEL	Mark 7 Arterion, Pedestal System The Arterion Mark 7 Pedestal contrast medium injector can be positioned anywhere at the patient positioning table on a mobile unit, for direct operation of all functions in the examination room. The injector system includes: A mobile pedestal stand with electronics unit, a contrast medium heater and a connection cable to the manual release. A support arm with injector head and a control lever for moving the injector head. A user control console with large touch screen and corresponding additional monitoring display on the injector head. Functions Pressure limitation for 150 ml syringes 89 to 8273 Pa, corresponds to 100 to 1200 psi. Flow rates for 150 ml syringes 0 to 45 ml/s in increments of 0.1 ml/s 0.1 to 59.9 ml/min in increments of 0.1 ml/min rise/fall 0 to 9.9 s in increments of 0.1 seconds Release delay for injection or radiation 0 to 99.9 s in increments of 0.1 s. Adjustable volume for 150 ml syringes 1 ml to the max. syringe capacity in increments of 1 ml. Fill rate Variable syringe filling speed 1-20ml/s. Injection protocols Up to 40 injection protocols possible. Parameters currently displayed on the touch screen display and on the head display Injection speed Injection volume Remaining volume Injection duration Applied pressure Contrast medium heating Nominal 35°C 95-105°C 9-19 Injection data memory Up to 50 injection data items stored Included in the scope of delivery Injector standard configuration 150 ml SIEENS interface cable	+ \$ 29,016	□□□□□□□□

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Qty	Part No.	Item Description	Extended Price	Initial to Accept
		Operator Manual Service manual English		
		Power supply 200 to 250 W/0 W		
1	INSAR700P	Arterion Pedestal Install	+ \$ 1,606	□□□□□□□□
1	SC7492493 120C0	Boston Sci AVVIGO+ IVUS Mobile System Boston Scientific AVO Mobile IVUS System Includes AVO Guidance System Mobile Platform touch screen medical grade tablet with battery, desktop docking station, digital pen, power supply, and Installation Guide R Line 1 Applications Training Installation Installation by Boston Scientific included in Siemens' pricing	+ \$ 132,000	□□□□□□□□
1	SC7495551 000	Warranty 1 year manufacturer warranty thru Boston Scientific Boston Sci FFR Link/Signal Processing Boston Scientific additional R Line to be used with AVO IVUS System Installation Installation by Boston Scientific included in Siemens' pricing	+ \$ 6,700	□□□□□□□□
1	SR749A OEC31	Warranty 1 year manufacturer warranty thru Boston Scientific Boston Sci EssentialCare Service- 2 Yr Boston Scientific 2 Year Essential Care Service Plan for AVO Includes Support Access to technicians via phone, 24/7 phone support during patient procedure, priority designation in service and repair queue, 2 business day response time Repair Maintenance 100% coverage on replacement parts, travel, labor, 1 Preventative maintenance every 12 months updates Upgrades All software updates and Shipping standard 2 business day shipping	+ \$ 31,500	□□□□□□□□
1	OLINRA7	Philips Intrasight 7 integrated Philips Intrasight 7 includes the following IntraSight interventional application platform – Includes CP with windows, 19 inch monitor, mouse, keyboard and cabling Imaging IVUS license Includes digital, rotational and Chroma IVUS Physiology license – Includes iR hyperemia free lesion assessment modality, R modality Touch screen module S Philips Remote Services IVUS and iR core registration/tri registration – Includes Synchronization CP, monitor, joystick, mouse, keyboard and cabling Device detection Quantitative coronary analysis Lesion enhancement	+ \$ 234,000	□□□□□□□□
1	14440452	Installation and one year warranty provided by Philips Catheter bracket This item can be positioned at the foot end of the patient table It is made of stainless steel and attached at the accessory rail at the foot end	+ \$ 787	□□□□□□□□

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Qty	Part No.	Item Description	Extended Price	Initial to Accept
1	1445205	<p>It includes a table extension</p> <p>Intended only for use with Artis / ARIS tables</p> <p>PERISTEPPING / PERIVISION</p> <p>Table stepping for real time bolus chasing</p> <p>Peripheral digital angiography with stepping and online subtraction display</p>	+ \$ 18,827	□□□□□□□□

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FINANCING: The equipment listed above may be financed through Siemens. Ask us about our full range of financial products that can be tailored to meet your business and cash flow requirements or for further information, please contact your local Sales Representative.

ACCESSORIES: Don't forget to ask us about our line of OEM imaging accessories to complete your purchase. All accessories can be purchased or financed as part of this order. To purchase accessories directly or to receive our accessories catalog, please call us directly at 1 888 222 9944 or contact your local Sales Representative.

COMPLIANCE: Compliance with legal and internal regulations is an integral part of all business processes at Siemens. Possible infringements can be reported to our communication channel "Let us know".

Siemens Medical Solutions USA, Inc. General Terms and Conditions

1. GENERAL

1.1 Contract Terms and Acceptance. These terms and conditions ("Agreement") constitute an integral part of any contract between Seller and Purchaser identified on the first page hereof and shall govern the sale of the products identified in such quotation ("Products"). Purchaser acknowledges that this is a commercial and not a consumer transaction. Purchaser shall be deemed to have assented to, and to have waived any objection to, this Agreement upon the earliest to occur of any of the following: Purchaser's completion or execution of this Agreement; Purchaser's acceptance of all or any part of the Products; Purchaser's issuance of a purchase order for any Products identified on Seller's quotation or proposal; or delivery of the Products to the common carrier for shipment pursuant hereto.

1.2 Refurbished/Used Products. For Products identified on this Agreement as used or refurbished Products, these Products have been previously owned and used and then delivered to Purchaser, such Products will perform in accordance with the manufacturer's specifications. Since pre-owned Products may be offered simultaneously to several customers, the availability of such Products to Purchaser cannot be guaranteed. If the Products are no longer available, Seller will use its best efforts to identify other suitable products in its inventory. If substitute products are not acceptable to Purchaser, then Seller will cancel the order and refund to Purchaser any deposits previously paid. The warranty period for any used or refurbished Products will be separately stated on the quotation.

1.3 Third Party Products. If this Agreement includes the sale of third party products not manufactured by Seller, then Purchaser agrees and acknowledges that a) Purchaser has made the selection of these products on its own, b) the products are being acquired by Seller solely at the request of and for the benefit and convenience of Purchaser, c) no representation, warranty or guarantee has been made by Seller with respect to the products, d) the obligation of Purchaser to pay Seller for the products is absolute and unconditional, e) use of the products may be subject to Purchaser's agreement to comply with any software licensing terms imposed by the manufacturer and f) unless otherwise indicated by Seller in writing, Seller is not responsible for any required installation, validation, product recall, warranty service, maintenance, complaint handling, or any other applicable

regulatory requirements, and the Purchaser will look solely to the manufacturer regarding these services and will assert no claim against Seller with respect to these products.

2. PRICES

2.1 Quotations. Unless otherwise agreed to in writing or set forth in the quotation, all prices quoted by Seller and amounts payable by Purchaser are in US dollars, and include Seller's standard packaging. The prices quoted to Seller assume that the Seller is located in, and will use the Products in, the US. If not, such quotation will be void unless otherwise stated, the quotation shall only be valid for forty five (45) days from the date of the quotation. Payment shall be made via check or ACH. Any use of alternative payment method must be approved in advance by Seller and may include any applicable services charges.

2.2 Delay in Acceptance of Delivery. Should the agreed delivery date be postponed by Purchaser, Seller shall have the right to deliver the Products to storage at Purchaser's risk and expense, and payments due upon delivery shall become due upon such delivery to storage.

3. TAXES

3.1 Any sales, use or manufacturer's tax which may be imposed upon the sale or use of Products, or any property tax levied after readiness to ship, or any excise tax, license or similar fee (excluding the Medical Device Excise Tax as set forth in Section 4191 of the Internal Revenue Code of 1986, as amended) required under this transaction, shall be in addition to the quoted prices and shall be paid by Purchaser. Notwithstanding the foregoing, Seller agrees to honor any valid tax exemption certificate provided by Purchaser.

4. TERMS OF PAYMENT; DEFAULT

4.1 Payments; Due Date. Payment shall be made in accordance with the 'Terms of Payment' reflected in the quotation detailed above based upon Purchaser's group purchasing organization ("GPO") affiliation as of the date of the quotation. In the event no terms of payment are detailed in the quotation above, then Purchaser shall pay Seller as follows: an initial deposit of 10% of the purchase price for each Product is due upon submission of the purchase order, an additional 80% of the purchase price is due upon delivery of each Product, and the final 10% of the purchase price is due upon completion of installation or when the Products are available for first patient use,

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whichever occurs first unless otherwise agreed, all payments other than the initial deposit are due net thirty (30) days from the date of invoice. Seller shall have no obligation to complete installation until the payment due upon delivery is received. Partial shipments shall be billed as made, and payments for such shipments will be made in accordance with the foregoing payment terms.

4.2 Late Payment. A service charge of 1% per month, not to exceed the maximum rate allowed by law, shall be made on any portion of Purchaser's outstanding balance which is not paid when due. Payment of such service charge shall not excuse or cure Purchaser's breach or default for late payment.

4.3 Payment of Lesser Amount. If Purchaser pays, or Seller otherwise receives, a lesser amount than the full amount provided for under this Agreement, such payment shall not constitute or be construed other than as an account of the earliest amount due Seller. No endorsement or statement on any check or payment or elsewhere shall constitute or be construed as an accord or satisfaction.

4.4 Where Payment Due Upon Installation or Completion. Should any terms of payment provide for either full or partial payment upon completion of installation or thereafter, and completion of installation is delayed for any reason for which Seller is not responsible beyond the installation date set forth in the Notice to Manufacture Letter issued by Seller or as otherwise agreed by both parties in writing, as applicable, then the balance of payments shall be due on the day following such scheduled installation date.

4.5 Default; Termination. Each of the following shall constitute an event of default under this Agreement: (a) a failure by Purchaser to make any payment when due; (b) a failure by Purchaser to perform any other obligation under this Agreement within thirty (30) days of receipt of written notice from Seller; or (c) the commencement of any insolvency, bankruptcy or similar proceedings by or against Purchaser.

Upon the occurrence of any event of default, at Seller's election: (a) the entire amount of any indebtedness and obligation due Seller under this Agreement and interest thereon shall become immediately due and payable; (b) Seller may suspend the performance of any of Seller's obligations hereunder, including, but not limited to, obligations relating to delivery, installation and warranty services; (c) Purchaser shall put Seller in possession of the Products upon demand; and (d) Seller may sell or otherwise dispose of all or any part of the Products and apply the proceeds thereof against any indebtedness or obligation of Purchaser under this Agreement and/or if this Agreement or any indebtedness or obligation of

Purchaser under this Agreement is referred to an attorney for collection or realization, Purchaser shall pay to Seller all costs of collection and realization (including, without limitation, a reasonable sum for attorneys' fees); and Purchaser shall pay any deficiency remaining after collection of or realization by Seller on the Products. In addition, Seller may terminate this Agreement upon written notice to Purchaser in the event that Purchaser is not approved for credit or upon the occurrence of any material adverse change in the financial condition or business operations of Purchaser.

4.6 Financing. Notwithstanding any arrangement that Purchaser may make for the financing of the purchase price of the Products, the parties agree that any such financing arrangement shall have no effect on the Purchaser's payment obligations under this Agreement, including but not limited to Sections 4.1 and 4.2 above.

5. EXPORT TERMS

5.1 Purchaser shall comply with all applicable sanctions, embargoes, and the export control laws and regulations and, in any event with those of the United States of America and any locally applicable jurisdiction (collectively "Export Regulations").

5.2 Upon request by Seller, Purchaser shall promptly provide Seller with all information pertaining to the particular end customer, the particular destination and the particular intended use of the Products and Services provided herein. Purchaser will notify Seller prior to Purchaser disclosing any information to Seller that is defense related or requires controlled or special data handling pursuant to applicable government regulations and will use the disclosure tools and methods specified by Seller.

5.3 Purchaser will indemnify and hold harmless Seller, its affiliates, subcontractors, and their representatives against any claims, damages, fines and costs (including attorney's fees and expenses) relating in any way to Purchaser's noncompliance with this Section 5, including Purchaser's and its third party business partners' violation or alleged violation of any Export Regulations, and Purchaser will compensate Seller for all losses and expenses resulting therefrom.

6. DELIVERY, RISK OF LOSS

6.1 Delivery Date. Delivery and installation dates will be established by mutual agreement of the parties as set forth in the Notice to Manufacture Letter issued by the Seller, as applicable or as otherwise agreed by the parties.

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in writing. Seller shall make reasonable efforts to meet such delivery dates.

6.2 Risk of Loss; Title Transfer. Unless otherwise agreed to in writing, the following shall apply:

a. For Products that do not require installation by Seller, and for options and add-on products purchased subsequent to delivery and installation of Products purchased under this Agreement, delivery shall be complete upon transfer of possession to common carrier, FOB Shipping Point, whereupon title to and all risk of loss, damage to or destruction of the Products shall pass to Purchaser.

b. For Products that require installation by Seller, delivery shall be complete upon delivery of the Products to Purchaser's designated site, F.O.B. Destination; whereupon title to and all risk of loss, damage to or destruction of such Products shall pass to Purchaser upon completion of delivery.

c. All freight charges and other transportation, packing and insurance costs, license fees, custom duties and other similar charges shall be the sole responsibility of Purchaser unless included in the purchase price of the Products or shown as included in the quotation or otherwise agreed to in writing by Seller. In the event of any loss or damage to any of the Products during shipment, Seller and Purchaser shall cooperate in making any insurance claim.

7. SECURITY INTEREST/FILING

7.1 Purchaser grants to Seller a security interest in the Products until payment in full by Purchaser. Purchaser shall sign any financing statements or other documents necessary to perfect Seller's security interests in the Products. Purchaser further represents and covenants that it will keep the Products in good order and repair until the purchase price has been paid in full, that it will promptly pay all taxes and assessments upon the Products or the use thereof, that it will not attempt to transfer any interest in the Products until the purchase price has been paid in full, and that it is solvent and financially capable of paying the full purchase price for the Products.

8. CHANGES, CANCELLATION, AND RETURN

8.1 Orders accepted by Seller are not subject to change except upon Seller's written agreement.

8.2 Orders accepted by Seller are non-cancellable by Purchaser except upon Seller's written consent and payment by Purchaser of a cancellation charge equal to 10% of the price of the affected Products, plus any shipping, insurance, inspection and refurbishment

charges. The cost of providing any training, education, site evaluation or other services completed by Seller and any return, cancellation or restocking fees with respect to any Third Party Products ordered by Seller on behalf of Purchaser. Seller may retain any payments received from Purchaser up to the amount of the cancellation charge. In no event can an order be cancelled by Purchaser or Products be returned to Seller after shipment.

8.3 Seller reserves the right to change the manufacture and/or design of its Products if, in the judgment of Seller, such change does not alter the general function of the Products.

9. FORCE MAJEURE

9.1 Seller shall not be liable for any loss or damage for delay in delivery, inability to install or any other failure to perform due to causes beyond its reasonable control including, but not limited to, acts of God or the public, war, civil commotion, blockades, embargoes, calamities, floods, fires, earthquakes, explosions, storms, epidemics, pandemics, strikes, lockouts, labor disputes, or unavailability of labor, raw materials, power or supplies. Should such a delay occur, Seller may reasonably extend delivery or production schedules or, at its option, cancel the order in whole or part without liability other than to return any unearned deposit or prepayment.

10. WARRANTY

10.1 Seller warrants that the Products manufactured by Seller and sold hereunder shall be free from defects in material or workmanship under normal use and service for the warranty period. The final assembled Products shall be new although they may include certain used, reworked or refurbished parts and components (e.g., circuit boards) that comply with performance and reliability specifications and controls. Seller's obligation under this warranty is limited, at Seller's option, to the repair or replacement of the Product or any part thereof unless otherwise set forth in the Product Warranty attached hereto and incorporated herein by reference ("Product Warranty"), the warranty period shall commence upon the earlier of the date that the Products have been deemed installed in accordance with Section 12 thereof. The date shall be confirmed in writing by Seller or first patient use, and shall continue for twelve (12) consecutive months. Seller makes no warranty for any Products made by persons other than Seller or its affiliates, and Purchaser's sole warranty therefor, if any, is the original manufacturer's warranty, which Seller agrees to pass on to Purchaser, as applicable. The warranty provided by Seller under this Section 10 extends only to the original Purchaser, unless the Purchaser obtains the Seller's prior written consent

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with respect to any sale or other transfer of the Products during the term of the warranty.

10.2 No warranty extended by Seller shall apply to any Products which have been damaged by fire, accident, misuse, abuse, negligence, improper application or alteration or by a force majeure occurrence as described in Section 9 hereof or by the Purchaser's failure to operate the Products in accordance with the manufacturer's instructions or to maintain the recommended operating environment and line conditions which are defective due to unauthorized attempts to repair, relocate, maintain, service, add to or modify the Products by the Purchaser or any third party or due to the attachment and/or use of non-Seller supplied parts, equipment or software without Seller's prior written approval; which failed due to causes from within non-Seller supplied equipment, parts or software including, but not limited to, problems with the Purchaser's network; or which have been damaged from the use of operating supplies or consumable parts not approved by Seller. In addition, there is no warranty coverage for any transducer or probe failure due to events such as cracking from high impact drops, cable rupture from rolling equipment over the cable, delamination from cleaning with inappropriate solutions, or IEEE bite marks. Seller may effectuate any repairs at Purchaser's facility, and Purchaser shall furnish Seller safe and sufficient access for such repair. Repair or replacement may be with parts or products that are new, used or refurbished. Repairs or replacements shall not interrupt, extend or prolong the term of the warranty. Purchaser shall, upon Seller's request, return the non-complying Product or part to Seller with all transportation charges prepaid, but shall not return any Product or part to Seller without Seller's prior written authorization. Purchaser shall pay Seller its normal charges for service and parts for any inspection, repair or replacement that falls outside of Seller's warranty. Seller's warranty does not apply to consumable materials, disposables, supplies, accessories and collateral equipment, except as specifically stated in writing or as otherwise set forth in the Product Warranty.

10.3 This warranty is made on condition that immediate written notice of any noncompliance be given to Seller and Seller's inspection reveals that Purchaser's claim is covered under the terms of the warranty. If the noncompliance is due to traceable defects in original materials and/or workmanship.

10.4 Purchaser shall provide Seller with both on-site and remote access to the Products. The remote access shall be provided through the Seller's Smart Remote Services software in accordance with the Smart Remote Services Schedule attached hereto and incorporated herein.

10.5 Warranty service will be provided without charge during Seller's regular working hours (8:30-5:00) Monday through Friday, except Seller's recognized holidays, unless otherwise agreed to in writing by both parties. If Purchaser requires that service be performed outside these hours, such service can be made available at an additional charge, at Seller's then current rates. The obligations of Seller described in this Section are Seller's only obligations and Purchaser's sole and exclusive remedy for a breach of product warranty.

10.6 SELLER MAKES NO WARRANTY OTHER THAN THE ONE SET FORTH HEREIN AND IN THE PRODUCT WARRANTY. SUCH WARRANTY IS IN LIEU OF ALL OTHER WARRANTIES, EXPRESS OR IMPLIED, INCLUDING BUT NOT LIMITED TO ANY EXPRESS OR IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS FOR PARTICULAR PURPOSES, AND SUCH CONSTITUTES THE SOLE AND EXCLUSIVE WARRANTY MADE WITH RESPECT TO THE PRODUCTS, SERVICE OR OTHER ITEM FURNISHED UNDER THIS AGREEMENT.

10.7 In the event of any inconsistencies between the terms of this Section 10 and the terms of the Product Warranty, the terms of the Product Warranty shall prevail.

11. LIMITATION OF LIABILITY

11.1 In no event shall Seller's liability hereunder exceed the actual loss or damage sustained by Purchaser, up to the purchase price of the Products. The foregoing limitation of liability shall not apply to claims for bodily injury or damages to real property or tangible personal property to the extent arising from Seller's negligence or a product defect.

11.2 SELLER SHALL NOT BE LIABLE FOR ANY LOSS OF USE, REVENUE OR ANTICIPATED PROFITS; COST OF SUBSTITUTE PRODUCTS OR SERVICES; LOSS OF STORED, TRANSMITTED OR RECORDED DATA; OR FOR ANY INDIRECT, INCIDENTAL, UNFORESEEN, SPECIAL, PUNITIVE OR CONSEQUENTIAL DAMAGES WHETHER BASED ON CONTRACT, TORT, STRICT LIABILITY OR ANY OTHER THEORY OR FORM OF ACTION, EVEN IF SELLER HAS BEEN ADVISED OF THE POSSIBILITY THEREOF, ARISING OUT OF OR IN CONNECTION WITH THIS AGREEMENT OR THE SALE OR USE OF THE PRODUCTS. THE FOREGOING IS A SEPARATE, ESSENTIAL TERM OF THIS AGREEMENT AND SHALL BE EFFECTIVE UPON THE FAILURE OF ANY REMEDY, EXCLUSIVE OR NOT.

12. INSTALLATION - ADDITIONAL CHARGES

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12.1 General Unless otherwise expressly stipulated in writing, the Products shall be installed by and at the expense of Seller except that Seller shall not provide rigging or site preparation services unless otherwise agreed to in writing by Seller for an additional charge. Seller will not install accessory items such as cabinets, illuminators, darkroom equipment or processors for X-ray and CT equipment, unless otherwise agreed to in writing by Seller.

12.2 Installation by Seller. If Seller specifies it will install the Products, the following applies subject to fulfillment of the obligations set forth in Section 12.3 below, Seller shall install the Products and connect them to the requisite safety switches and power lines to be installed by Purchaser. Except as otherwise specified below, if such installation and connection are performed by Seller's technical personnel, prices shown include the cost thereof, provided that the installation and connection can be performed within the Continental United States or Puerto Rico and during normal business hours. Any overtime charges or other special expenses required to install the Products shall be additional charges to the prices shown.

12.3 Purchaser's Obligations. Purchaser shall, at its expense, provide all proper and necessary labor and materials for plumbing service, carpentry work, conduit wiring, and other preparations required for such installation and connection. All such labor and materials shall be completed and available at the time of delivery of the Products so that Seller may commence with installation and final calibration without delay. Additionally, Purchaser shall provide free access to the installation site and, if necessary, safe and secure space for storage of Products and equipment prior to installation by Seller. Purchaser shall be responsible, at its sole cost and expense, for obtaining all permits, licenses and approvals required by any federal, state or local authorities in connection with the installation and operation of the Products, including but not limited to any certificate of need and zoning variances. Purchaser shall provide a suitable environment for the Products and shall ensure that its premises are free of hazardous conditions and any concealed or dangerous conditions and that all site requirements are met at time of delivery. Seller shall delay installation of the Products until Purchaser has completed the removal of any hazardous materials and has taken any other precautions and completed any other pre-installation work required by applicable regulations and/or Seller specifications and Purchaser shall reimburse Seller for any increased costs and expenses incurred by Seller that are the result of or are caused by such delay. In the event that Purchaser requests delivery prior to the

completion of its site readiness obligations, Purchaser assumes all risk of damage or loss to the Products associated with such early delivery and shall reimburse Seller for any increased costs and expenses incurred by Seller that are the result of or are caused by any such early delivery. In the event the delivery of the Products is delayed without prior written approval by Seller by more than forty-five (45) calendar days from the scheduled delivery date in accordance with Section 11.1 herein due to Purchaser's failure to complete all requisite pre-installation work or Purchaser's refusal to accept delivery, then the Products shall be deemed installed on the scheduled delivery date for the purposes of Section 10.1 herein.

In the event that Seller is requested to supervise the installation of the Products, it remains the Purchaser's responsibility to comply with local regulations. Seller is not an architect and all drawings furnished by Seller are not construction drawings. If local labor conditions, including a requirement to use union labor, require the use of non-Seller employees to participate in the installation of the Product or otherwise causes delays or any additional expenses, then any such additional costs shall be at Purchaser's expense.

12.4 Regulatory Reporting. In the event that any regulatory activity is performed by anyone other than Seller's authorized personnel, then Purchaser shall be responsible for fulfilling any and all reporting requirements.

12.5 Completion of Installation. Installation shall be complete upon the conclusion of final calibration and checkout under Seller's standard procedures to verify that the Products meet applicable written performance specifications. Notwithstanding the foregoing, first use of the Products by Purchaser, its agents or employees for any purpose after delivery shall constitute completion of installation.

13. PATENT, COPYRIGHT AND OTHER INFRINGEMENT CLAIMS

13.1 Infringement by Seller. Seller warrants that the Products manufactured by Seller and sold hereunder do not infringe any US patent or copyright. If Purchaser receives a claim that any such Products, or parts thereof, infringe upon the rights of others under any US patent or copyright, Purchaser shall notify Seller immediately in writing. Provided that Purchaser gives Seller information, assistance and exclusive authority to evaluate, defend and settle such claims, Seller shall at its own expense and option indemnify and defend Purchaser against such claims, settle such claims, procure for Purchaser the right to use the Products or remove or modify them to avoid infringement. If none of these alternatives is available on terms reasonable to Seller, then Purchaser shall return the Products to Seller and Seller shall refund to Purchaser the

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purchase price paid by Purchaser less reasonable depreciation for Purchaser's use of the Products. The foregoing states Seller's entire obligation and liability, and Purchaser's sole remedy, for claims of infringement.

13.2 Infringement by Purchaser If some or all of the Products sold hereunder are made by Seller pursuant to drawings or specifications furnished by Purchaser, or if Purchaser modifies or combines, operates or uses the Products other than as specified by Seller or with any product, data, software, apparatus or program not provided or approved by Seller, then the indemnity obligation of Seller under Section 13.1 shall be null and void.

14. DESIGNS AND TRADE SECRETS; LICENSE; CONFIDENTIALITY

14.1 Any drawings, data, designs, software programs or other technical information supplied by Seller to Purchaser in connection with the sale of the Products shall remain Seller's property and shall at all times be held in confidence by Purchaser.

14.2 For all Products which utilize software for their operation, such Applications Software shall be licensed to Purchaser under the terms of Seller's Software License Schedule attached hereto if applicable.

14.3 Seller and Purchaser shall maintain the confidentiality of any information provided or disclosed to the other party relating to the business, customers and/or patients of the disclosing party, as well as this Agreement and its terms including the pricing and other financial terms under which the Purchaser will be purchasing the Products. Each party shall use reasonable care to protect the confidentiality of the information disclosed, but no less than the degree of care it would use to protect its own confidential information, and shall only disclose the other party's confidential information to its employees and agents having a need to know this information. The obligations of confidentiality set forth herein shall not apply to any information in the public domain at the time of disclosure or that is required to be disclosed by court order or by law.

15. ASSIGNMENT

15.1 Neither party may assign any rights or obligations under this Agreement without the prior written consent of the other, which shall not be unreasonably withheld. Any attempt to do so shall be void, except that Seller may assign this Agreement without consent to any subsidiary or affiliated company, and may delegate to authorized subcontractors or service suppliers any work to be performed under this Agreement so long as Seller remains liable for the performance of its obligations under this Agreement. This Agreement shall inure to and be binding

upon the parties and their respective successors, permitted assigns and legal representatives.

16. COSTS AND FEES

16.1 In the event that any dispute or difference is brought arising from or relating to this Agreement or the breach, termination or validity thereof, the prevailing party shall be entitled to recover from the other party all reasonable attorneys' fees incurred, together with such other expenses, costs and disbursements as may be allowed by law.

17. MODIFICATION

17.1 This Agreement may not be changed, modified or amended except in writing signed by duly authorized representatives of the parties.

18. GOVERNING LAW; WAIVER OF JURY TRIAL

18.1 This Agreement shall be governed by the laws of the state where the Products will be installed, without regard to that state's choice of law principles.

18.2 EACH OF THE PARTIES EXPRESSLY WAIVES ALL RIGHTS TO A JURY TRIAL IN CONNECTION WITH ANY DISPUTE UNDER THIS AGREEMENT.

19. COST REPORTING

19.1 Purchaser agrees that it must fully and accurately report prices paid under this Agreement, net of all discounts, as required by applicable law and contract, including without limitation 42 C.R. 1001.952, in all applicable Medicare, Medicaid and state agency cost reports. Purchaser shall retain a copy of this Agreement and all other communications regarding this Agreement, together with the invoices for purchase and permit agents of the Department of Health and Human Services or any state agency access to such records upon request.

20. INTEGRATION

20.1 These terms and conditions, including any attachments or other documents incorporated by reference herein, constitute the entire, complete and exclusive statement of agreement with respect to the subject matter hereof, and supersede any and all prior agreements, understandings and communications between the parties with respect to the Products. Purchaser's additional or different terms and conditions stated in a purchase order, bid documents or any other document issued by Purchaser are specifically rejected and shall not apply to the transactions contemplated under this Agreement. In the event Purchaser's GPO affiliation is identified in the 'Purchasing Agreement' section of the

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Quotation, then the terms of such PO agreement to which Purchaser is a participating member shall apply as identified, provided that in the event of a conflict between the terms and conditions of this Agreement and the terms and conditions of any applicable PO agreement to which Purchaser is a participating member, the terms and conditions of this Agreement shall control.

21. SEVERABILITY; HEADINGS

21.1 No provision of this Agreement which may be deemed unenforceable will in any way invalidate any other portion or provision of this Agreement. Section headings are for convenience only and have no substantive effect.

22. WAIVER

22.1 No failure and no delay in exercising, on the part of any party, any right under this Agreement will operate as a waiver thereof, nor will any single or partial exercise of any right preclude the further exercise of any other right.

23. NOTICES

23.1 Any notice or other communication under this Agreement shall be deemed properly given if in writing and delivered in person or mailed, properly addressed and stamped with the required postage, to the intended recipient at its address specified on the face thereof.

24. RIGHTS CUMULATIVE

24.1 The rights and remedies afforded to Seller under this Agreement are in addition to, and do not in any way limit, any other rights or remedies afforded to Seller by any other agreement, by law or otherwise.

25. END USER CERTIFICATION

25.1 Purchaser represents, warrants and covenants that it is acquiring the Products for its own end use and not for reselling, leasing or transferring to a third party except for leaseback financing arrangements that have been approved by Seller.

26. ACCESS TO BOOKS AND RECORDS

26.1 To the extent required by Section 1815 of the Social Security Act and the regulations promulgated thereunder, until the expiration of four years after the furnishing of any Product or service pursuant to this Agreement, Seller shall make available, upon written request by the Secretary of Health and Human Services (the "Secretary"), or upon request by the Comptroller General (the "Comptroller"), or any of their duly authorized representatives, copies of this Agreement and any books, documents, records or other data of Seller

that are necessary to certify the nature and extent of any costs incurred by Purchaser for such Products and services. If Seller carries out any of its duties under this Agreement through a subcontract with a related organization involving a value or cost of ten thousand dollars or more over a twelve month period, Seller will cause such subcontract to contain a clause to the effect that, until the expiration of four years after the furnishing of any Product or service pursuant to said contract, the related organization will make available upon the written request of the Secretary or the Comptroller, or any of their duly authorized representatives, copies of records of said related organization that are necessary to certify the nature and extent of cost incurred by Purchaser for such Product or service.

L026-7 Revised May 2024

**Smart Remote Services Schedule
To the Terms and Conditions of Sale**

Seller and Purchaser agree that the provision of service and support for the Products shall be provided in accordance with this Smart Remote Services ("SRS") Schedule. All capitalized terms not defined herein shall have the meanings given to them in the Agreement detailed above.

a. System Monitoring. Seller provides services for remote monitoring of certain Products used by Purchaser hereafter, Applicable Equipment. In connection with such services, Seller uses SRS, a persistent online connection between Seller or its affiliates and the Applicable Equipment to monitor the performance of Applicable Equipment and deliver updates and patches to permit Seller monitoring of the performance of the Applicable Equipment anonymously ("SRS Connection"). SRS is installed on the analyzer computer or server, and works within a domain environment, workgroup, or on a standalone system. In the event that Purchaser fails to provide or maintain the SRS Connection for the Applicable Equipment, then Seller shall have the option to terminate the provision of warranty service and support under the Agreement and any applicable Supplements or Schedules hereto. In addition, any Optimize Performance Guarantee or Availability Commitment of the Applicable Equipment if applicable shall be void if the SRS Connection is not provided and available 24 hours per day, 7 days a week. For the purposes of this Schedule, 'Security Concept' means Seller's security concept, which can be found under the following link or which Seller will send to Purchaser upon request.

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<https://marketing.webassets.siemens-healthineers.com/4275155d5aa2ce02/a022f9a8dd8/SmartRemoteServicesSecurityConcept10.pdf>

'Technical Data' means information available through the SRS Connection and may include application logfiles, errors occurred, device properties, quality control technical status information, configuration, software versions, patches, licenses, network settings, device service history asset and configuration data, sequences of performance of various tasks, used applications/licenses and interactions with the application utilization data, any reagents and consumables loaded onto the Applicable Equipment, any other data explicitly agreed and in each case not related to an identified or identifiable natural person. 'Smart Technical Data' means correlated Technical Data derived from the Applicable Equipment to support prediction of the Applicable Equipment service requirements. 'Cyberthreat' means any circumstance or event with the potential to adversely impact the Products via unauthorized or unlawful access, damage and/or destruction, disclosure of information, modification, corruption or alteration of information, and/or denial of service rendering the Products unavailable or inoperable. 'EoS' means End of Support, the date Seller notifies Purchaser that the service parts and any other services for the Products will no longer be available. 'Insignificant' means a categorization of a vulnerability the exploitation of which, taking into account the individual Products attributes and/or the respective operating environment, is not reasonably expected and/or would not result in a foreseeable impairment of the Products' secure operation or provide access to personal information. 'IT Security' means safeguarding the uninterrupted operation of the Products against interference caused by exploited vulnerabilities, as well as the availability, confidentiality and integrity of data and information created, stored, and/or transmitted by the Products. 'Patch(es)' means a Products and/or operating system OS update that addresses security vulnerabilities within the Products. 'Vulnerability' means a weakness in the Products that could be exploited by a Cyberthreat and are assigned a significance level in accordance with NIST A Postmarket Guidance for Cybersecurity of Medical Devices.

Seller and its affiliates are authorized to access, maintain, repair, calibrate, update or patch the Applicable Equipment that is the object of the SRS Connection or provide remote training in every case through the SRS Connection and use any technical data collected via the SRS Connection for the aforementioned purposes. If the Applicable Equipment hereunder is covered by a warranty

period or extended service plan, then Seller, its affiliates and other companies engaged by Seller are also authorized to carry out through the SRS Connection additional system monitoring services supported by the covered Applicable Equipment.

b. Access to data and use of data. Purchaser hereby irrevocably permits Seller and its affiliates to use for their own business, product surveillance, research or development purposes, to determine trends of usage products and services, improvement of products, services and software, for facilitating and advising on continued and sustained use of products and services, substantiation of aggregated product and services marketing claims and for benchmarking purposes, without restrictions in terms of time, transferability, replication, location or content. Technical data that is collected via the SRS Connection and Smart Technical Data that is collected via the SRS Connection from the Applicable Equipment.

c. Purchaser Obligations for SRS Connection. Purchaser shall permit the SRS Connection to be established by connecting the Applicable Equipment either directly or through a gateway or networked computer at Purchaser's own expense to a secured telecommunications line via a broadband connection and Purchaser shall bear the cost of any technical requirements for any such connection that is not a part of the Applicable Equipment, e.g. establishing a broadband connection. Purchaser shall support Seller in protecting against Cyberthreats by implementing and continuously maintaining a holistic, state-of-the-art security concept protecting Purchaser's IT infrastructure; (iii) Purchaser shall not connect any Applicable Equipment to the SRS Connection that does not comply with state-of-the-art security policies or is otherwise approved by Seller; (iv) Purchaser shall not use the SRS Connection in a way that impairs or disrupts the integrity of the SRS Connection or Seller's IT infrastructure; and (v) Purchaser shall not transmit any data containing viruses, Trojan horses or other programs that may damage or impair the SRS Connection or Seller's IT infrastructure.

d. Purchaser's Cybersecurity Obligations. In order to protect the Products against Cyberthreats, Purchaser shall implement and continuously maintain a holistic, state-of-the-art security program for its IT infrastructure, including regular network scanning, provided however, that network scanning or penetration testing shall not be performed during clinical use of the Products and should optionally be scheduled, with Seller assistance, during downtime.

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ii) the system configuration and/or Information Security controls of the Products as stated in the Information Security Whitepaper provided or made available by Seller at, or prior to, the time of purchase must not be modified;

iii) if during the deployment of the Products, vulnerabilities are identified by Purchaser, Purchaser shall align with Seller regarding the severity of the vulnerabilities taking into account the individual Products attributes and intended operating environment and shall not refuse acceptance of the Products, if the Vulnerability is classified as 'low' by Seller using the Common Vulnerability Scoring System ("CVSS"); and

iv) Seller's initial response to Purchaser's inquiry on a vulnerability will be within fifteen (15) days. Seller will evaluate all Vulnerabilities using CVSS and FDA's definition of "controlled" and "uncontrolled" vulnerabilities and will make such evaluations available to Purchaser. Seller will periodically release Patches depending on the age of the device and the Products version. If Seller determines the vulnerability to be critical and uncontrolled, Seller will communicate this determination to Purchaser within thirty (30) days and utilize commercially reasonable efforts to have a mitigation workaround, patch, etc. available within sixty (60) days of Seller's determination of an uncontrolled vulnerability. Unless otherwise specified, no patches may be loaded by Purchaser onto the Products. In the event of a vulnerability that is reasonably determined by Purchaser to constitute an emergency (meaning that the Products must be taken out of clinical use until the vulnerability is remedied) needing an expedited response, Seller will collaborate with Purchaser to jointly determine the most prudent action necessary in light of the circumstances.

v) Purchaser is responsible for preventing unauthorized access to the Products licensed to Purchaser, including but not limited to changing passwords and other protective settings from their default values to individual ones. The Products shall only be connected to an enterprise network or the internet if and to the extent such a connection is authorized by Seller in the instructions for use and only when appropriate security measures (e.g., firewalls, network Purchaser authentication and/or network segmentation) are in place.

vi) SD-WAN storage media and other removable storage devices shall only be connected to the Products if and to the extent such connection is authorized by Seller in the instructions for use and only when the risk of a malware infection of the Products is minimized

through malware scanners or other appropriate means.

vii) The Products undergoes regular development to further improve its Information Security. Seller strongly recommends that Products updates be applied as soon as they are available and that the latest Products versions are used by Purchaser. The latter might include the purchase of upgrades of hardware and additional Products by Purchaser. However, updates to remedy uncontrolled vulnerabilities and/or clinical performance based on the Products Specification will be provided without additional charge. Use of Products versions that are no longer supported, and failure to apply the latest updates/upgrades may increase Purchaser's exposure to Cyberattacks.

viii) Purchaser shall notify Seller without delay in case of suspected or actual Cyberattacks or vulnerabilities of the Products. Disclosure by Purchaser of such information to third parties during the immediately following sixty (60) day period requires prior written consent by Seller.

ix) In the event that Purchaser resells an item of Applicable Equipment, it shall inform Seller in writing of the name and address of the new owner and shall impose upon that new owner a corresponding obligation in case of further resale. Purchaser is not granted any right to sell or assign its right to use the Applicable Equipment without first obtaining Seller's express written consent.

x) If Seller provides a Patch via SRS or for download, Purchaser shall promptly install the Patch in accordance with the respective installation instructions given by Seller.

e) Seller Cybersecurity Obligations. In order to protect the Products against Cyberattacks, Seller shall implement and continuously maintain a holistic, state-of-the-art security program for its IT infrastructure, including regular network scanning. In the event that Seller becomes aware of a vulnerability that Seller does not classify as Insignificant, it shall make available Patches until EoS, until the termination of this Agreement, or up to ten (10) years following the Products delivery, whichever occurs first, provided that Purchaser's Products version is the most recent or at least the penultimate version at the given time, except in the case of third party Products where the respective Products provider does not have a Patch available, Seller will use commercially reasonable efforts to make a mitigation available for the vulnerability within 120 days following Seller becoming aware of such vulnerability. In the case of third party Products, Seller will make the Patch available to Purchaser without undue delay after such Patches are made available by Seller's

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licensors and Seller performs the required testing and validating on the Products depending on the severity of the vulnerability as determined by Seller after consultation with Purchaser. Seller may elect to provide the Patch at the time and as part of upcoming routine updates. If the Applicable Equipment is connected to SRS and Purchaser enables remote distribution of the Patch via SRS, or if Patches are made available for download, the Patches shall be free of charge. However, if the Patch needs to be installed on site by Seller, Seller may charge Purchaser for the expenses (time and material) resulting from the installation. For the sake of clarity, the safety, uncontrolled vulnerability and clinical performance updates are mandatory and will be provided without additional charge to Purchaser regardless of contract status, and will be implemented by Seller regardless of who may otherwise be servicing the Products and all other updates are non-mandatory ("Refinement Updates") and are not performed unless requested by Purchaser and may be chargeable (e.g., travel, labor, and sometimes charges for parts) depending on update.

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- i Purchaser's intrusive IT Security testing;
- ii unauthorised modification of the system configuration or Security controls of the Products;
- iii the installation of Patches which are not authorised by Seller;
- iv Purchaser delaying the self-installation of Patches made available by Seller via SRS or for download;
- v after attacks, cyberattacks or related preventative measures;
- vi failure to perform and maintain adequate backups of Purchaser's data.

f SRS Limited Warranty unless explicitly otherwise regulated the SRS Connection is provided "as is" and Seller does not provide Purchaser with any warranty or guarantee regarding the availability, performance, or quality of the SRS Connection. Seller will not provide an SRS Connection if the provision is prevented by any impediments arising out of national or international foreign trade or custom requirements or any embargoes or other sanctions or if there is a defect, malfunction, or other problem with the telecommunications network or if there is a defect, malfunction, insufficient configuration, or other problem with Purchaser's infrastructure.

g Update of Terms and Security Concept. Seller shall set up the technical and organizational process for the

SRS Connection and IT infrastructure used by Seller for the establishment of the SRS Connection according to the Security Concept. Seller shall be entitled to modify and/or update the terms of this Schedule for the SRS Connection and/or the Security Concept to reflect technical progress, changes in law and the further development of its offerings. Such modifications and/or updates shall not jeopardize the quality and execution of the SRS Connection. Seller shall inform Purchaser of changes by giving Purchaser at least thirty (30) days prior written notice. Seller will provide Purchaser with access to the updated terms and conditions.

h Certification of SRS. Seller's service organization shall maintain a certified information security management system for the purposes of the SRS Connection. In this regard, Seller shall be subject to regular external audits by independent third parties. The scope and details of the certification are determined in the current Security Concept.

i SRS Connection Termination. Seller shall be entitled to suspend the SRS Connection with immediate effect if Purchaser is in breach of the terms contained herein or if Seller, acting reasonably, is of the opinion that the SRS Connection to one or more of Purchaser's Applicable Equipment contains a risk for the security and performance of the IT infrastructure used by Seller.

j SRS Intellectual Property. Seller and its licensors, where applicable, will retain all intellectual property rights relating to the Products, including improvements thereto, including any improvements derived from technical data or Smart Technical Data, as well as any suggestions, ideas, enhancement requests, feedback, recommendations or other information provided by Purchaser which are hereby assigned to Seller.

L026-7 Revised May 2024

Software License Schedule to the Siemens Medical Solutions USA, Inc General Terms and Conditions

1. DEFINITIONS: The following definitions apply to this Schedule

"Agreement" shall mean the attached (i) Quotation for Products and/or Services including the Terms and Conditions of Sale and applicable schedules and/or the Software License Agreement describing the software licensed herein and the specific system for which the license is issued

"Licensor" shall mean Siemens Medical Solutions USA, Inc.

"Licensee" shall mean the end user to whom Licensor provides Software or Documentation for its internal use under the Agreement

"Software" shall mean the software described in the attached Agreement, including the following as contained therein: software programs consisting of a series of statements or instructions to be used directly or indirectly in a programmable controller or computer to bring about a certain result and databases consisting of systemized collections of data to be used or referenced directly or indirectly by a programmed controller or computer. Notwithstanding the foregoing, "Software" does not include "firmware" as such term is conventionally understood. Diagnostic/Maintenance Software also is not included within the scope of the Software licensed under this Schedule, and is available only as a special option under a separate Diagnostic Materials License Agreement and may be subject to a separate licensing fee

"Documentation" shall mean the documents and other supporting materials which are intended to support the use of an associated product, including but not limited to instructions, descriptions, flow charts, logic diagrams and listings of the Software, in text or graphic form, on machine readable or printed media

"Designated Unit" shall mean a single control unit or computer identified on the first page of the Agreement, on which Software licensed hereunder may be used by Licensee

2. SCOPE: The following terms and conditions shall apply to all Software and Documentation provided by Licensor to Licensee under the Agreement. Whether included with other products listed in the Agreement or listed separately in the Agreement together with any updates or revisions thereto which Licensor may provide to Licensee, and all copies thereof, except any Software and/or Documentation licensed directly by Licensor's supplier under a separate end user license agreement accompanying the Software or the Documentation, in which case Licensee agrees to be bound by that license agreement as a condition to using the Software and/or Documentation. Except as expressly provided herein, and provided that in no event shall the warranties or other obligations of Licensor with respect to such Software or Documentation exceed those set forth in this Schedule, this Schedule shall be subject to the liability limitations and exclusions and other terms and conditions set forth in the Agreement. **ANY USE OF THE SOFTWARE, INCLUDING BUT NOT LIMITED TO USE ON THE DESIGNATED UNIT, WILL CONSTITUTE LICENSEE'S AGREEMENT TO THIS SOFTWARE LICENSE SCHEDULE (OR RATIFICATION OF ANY PREVIOUS CONSENT).**

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Revised 03/15/05

TRADE-IN EQUIPMENT REQUIREMENTS

TRADE-IN EQUIPMENT REQUIREMENTS

THE FOLLOWING APPLIES ONLY TO THE EXTENT THAT THE QUOTATION INCLUDES AN EQUIPMENT TRADE IN OR IF A TRADE-IN IS LATER ADDED TO THIS QUOTATION VIA A CHANGE ORDER. THESE REQUIREMENTS ARE IN ADDITION TO ANY OTHER REFERENCED TERMS AND CONDITIONS OF THE QUOTATION AND SHALL REMAIN IN EFFECT REGARDLESS OF ANY CONTRARY LANGUAGE IN THE QUOTATION.

This quotation includes the trade-in equipment described herein and referenced by either the Project Number identified in the quotation or the Project Number or the Trade In Part Number. The trade-in equipment as set forth on the Trade Sheet is a true and accurate representation of the equipment, and that the equipment is in good working condition unless otherwise noted on the Trade Sheet.

The trade-in equipment must be made available for removal no later than turnover of the new equipment. Purchaser must vacate the room of all items not listed on the Trade Sheet, or otherwise clearly identify all items listed on the Trade Sheet, prior to the start of the de-installation. If this is not done, Seller will have no liability for items which are subsequently removed or scrapped. If the de-installation or return of the trade-in equipment is delayed by Purchaser for reasons other than a force majeure event, or if upon inspection by Seller it is determined that the equipment does not meet the manufacturer's operating specifications, or if any items listed as included on the Trade Sheet are not made available at the time of de-installation, then trade-in value will be re-evaluated and any loss in value or additional costs incurred by Seller shall be deducted from the established trade-in value and the pricing set forth on this quotation will be adjusted by change order. In the event that access to the non-ultrasound trade-in equipment is denied past 14 days from turnover, or access to ultrasound trade-in equipment is denied past 30 days from turnover, then Purchaser shall pay to Seller a rental fee in the amount 3.5% of the total trade-in value plus any additional value provided by an Elevate/Promotional program included in this quotation no less than \$1000 per month, or part thereof, that access is denied. In addition, if the purchase and installation of the new equipment covered by this quotation is not completed, then Seller shall invoice Purchaser for all costs and expenses incurred by Seller in connection with the de-installation and removal of the trade-in equipment, including but not limited to labor, materials, rigging out, and transportation, which costs shall be paid by Purchaser within thirty (30) days of the invoice date.

Purchaser further acknowledges and agrees that the trade-in equipment will be free and clear of all liens and encumbrances including, but not limited to, unpaid leases and loans, and that upon request, it will execute a bill of sale or other documents reasonably satisfactory to Siemens to transfer title and ownership of the equipment to Seller, (ii) it is Purchaser's sole responsibility to delete

all protected health information and any other confidential information from the equipment prior to de-installation, without damaging or cannibalizing the equipment or otherwise affecting the operation of the equipment in accordance with its specifications, and any radioactive sources and other hazardous materials are removed from the equipment. The equipment has been wiped down and decontaminated of any blood or other potentially infectious materials. The equipment, including all updates, upgrades, modifications, enhancements, revisions, software, S/D disks and manuals, shall be returned to Siemens in good operating condition, reasonable wear and tear excepted, and to the extent not prohibited by applicable law, Purchaser shall indemnify and hold Seller harmless from and against any and all claims, demands, causes of action, damages, liability, costs and expenses (including reasonable attorney's fees) resulting or arising from Purchaser's failure to comply with item 1 above.

OR OR SYSTEMS Cryogen levels must be least 25% upon time of de-installation. OR OR COLE SYSTEMS system must be road worthy and a state issued title transferring ownership to Seller or designee must be received prior to the removal of the mobile system. OR OR QUALITY CARE SYSTEMS non-ultrasound trade-in equipment must be available for inspection within two weeks of the scheduled de-installation date. In addition, Purchaser must provide a clear path for the removal of the trade-in equipment and on the date of de-installation after final inspection and test by the Seller or designee has occurred, the Purchaser must supply licensed tradespeople to disconnect the power and plumbing (including draining and removing and disposing of any hazardous materials including, but not limited to glycol from the chiller and oil from the transformer and radioactive sources, as examples). Any additional costs due to the need to use a larger rig other than a standard 80 ton rig as well as any construction activities, street closings, permits, etc. required to de-install/remove the equipment are out of scope costs and will be the responsibility of Purchaser. OR OR SYSTEMS it is the Seller's sole responsibility to (i) ensure that all radioactive sources and identifying labels are removed from the trade-in equipment prior to de-installation and for arranging and covering any associated costs and scheduling of service companies required to complete work. OR OR LORASO NON SYSTEMS - Purchaser may provide transducers with the ultrasound unit being traded in, but will not receive additional credit for such transducers.

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AT Warranty Information

Product (New Systems and "ECO" Refurbished Systems Only)	Period of Warranty ¹	Coverage ^{2, 5}	Special Conditions
Ray Systems	12 months	Full warranty wear/failure parts and labor, including key components not including consumables PCP 8:30 am to 5:00 pm Typical response time next day	

Post System Warranty for T&M Spare Parts ³			
Spare Parts (excluding key components)	Period of Warranty	Coverage ⁵	Special Conditions
Consumables	Not covered		
Spare parts	1 month	Full credit 100% wear/failure parts only	
Key Components	Period of Warranty	Coverage ⁵	Special Conditions
All A Flat Panel Detectors Includes R, Gen, and Pixium, PaxScan, Canon	12 months	Full credit 100% wear/failure parts only	
Image Intensifier Tubes Sirecon, Optilux	12 months	Full credit 100% wear/failure parts only	
Digitalix Cat Plus Tube	12 months	Full credit 100% wear/failure or 80,000 SL ⁴ whichever occurs first, parts only	
Digitalix Tube	12 months	Full credit 100% wear/failure or 100,000 SL ⁴ whichever occurs first, parts only	
Single tan tubes Polyps, P125135 Sireps, SR	12 months	Full credit 100% wear/failure parts only	
Single Fan Ray Tubes Powerps	12 months	Up to 12 months prorated credit wear/failure or 80,000 SL ⁴ whichever occurs first, parts only	Credit percentage 12 months in use 12/100

- Period of warranty commences from the date of first use or completion of installation, whichever occurs first. In the event the completion of installation is delayed for reasons beyond Siemens control, the stated warranty period shall commence 30 days after delivery of equipment.
- If a part is replaced during the 12-month system warranty, that part will be covered. However, the replaced part will not carry a separate warranty.
- Replacement spare parts warranty commences from the date of Siemens' invoice.
- SL = Siemens Load Unit = 1 exposure or 2 seconds cine C or Digital Cine mode or 15 seconds Digital Pulsed Fluoroscopy (P).
- If the cause of failure on a returned part is determined to be from damage or negligence, the warranty is voided.

Note for Federal Government Customers Only No warranty extended by Contractor shall apply to any products which have been damaged by fire, accident, misuse, abuse, negligence, improper application or alteration or by a force majeure occurrence or by the Customer's failure to operate the products in accordance with the manufacturer's instructions or to maintain the recommended operating environment and line conditions which are defective due to unauthorized attempts to

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repair, relocate, maintain, service, add to or modify the products by the Customer or any third party or due to the attachment and/or use of non-Contractor supplied parts, equipment or software without Contractor's prior written approval. If failed due to causes from within non-Contractor supplied equipment, parts or software including, but not limited to, problems with the Customer's network or which have been damaged from the use of operating supplies or consumable parts not approved by Contractor. In addition, there is no warranty coverage for any transducer or probe failure due to events such as cracking from high impact drops, cable rupture from rolling equipment over the cable, delamination from cleaning with inappropriate solutions, or IEEE bite marks.

Divider III. Community Need Criteria and Standards:

1. Describe the financial rationale for the proposed replacement equipment.

The existing equipment is approaching end of service and will be challenged to maintain operationally to support the Structural Heart Disease (SHD) service at Saint Luke's Hospital. The current x-ray system supports 70% of SHD procedures and a replacement is needed to accommodate current and projected volumes. While the existing equipment is in working condition, the technological capabilities of the new unit will allow for enhanced outcomes through increased efficiency, reliability, and advanced technology that creates an optimal environment for supporting clinicians staffing SHD cases to include Cardiothoracic Surgeons, Anesthesiologists, Perfusionists, and Interventional Cardiologists.

2. Document if the existing equipment has exceeded its useful life.

*The Siemens Medical Artis ZEE Ceiling X-ray system has not exceeded its useful life; however, the equipment is approaching end-of-service, effective June 30, 2025. This unit has been reported to TRIMEDX 46 times for corrective maintenance from 2021 through 2024.
(See attachment #5)*

3. Describe the effect the replacement unit would have on quality of care.

The Siemens Medical Artis ICONO Ceiling X-ray system will enable new levels of cardiovascular imaging and operational protocols to advance structural heart clinical outcomes through intelligent automation supporting safer, standardized, and highly performant workflows. The replacement will minimize, if not eliminate, downtimes associated with the older x-ray equipment resulting in improved patient access to SHD services.

4. Document if the existing equipment is in constant need of repair.

The Siemens Medical Artis ZEE Ceiling X-ray system has been reported 46 times for corrective maintenance from 2021 through 2024 as documented in attachment #5. The 16 year + system is approaching end-of-service June 30, 2025, and Siemens Medical cannot guarantee parts for future repair (s).

5. Document if the lease on the current equipment has expired.

The current Siemens Medical Artis Zee Ceiling X-ray system is not leased.

6. Describe the technological advances provided by the new unit.

The Siemens Medical Artis ICONO Ceiling X-ray system provides several technological advancements that will facilitate increased structural heart procedure treatments and reduced radiation exposure to patients, Medical Staff, and Registered Nurse / Tech staff. These technological advancements include:

- *OPTIQ - constant image quality in support of ALARA3 dose using newly developed exposure control OPTIQ contrast-based technique, supported by intelligent, self-adjusting algorithms.*

- *Image guided therapy with fewer manual steps through creation of procedure workflows to combine a multitude of system settings and turn them into timesaving, individualized Case Flows, available with one click.*
- *Material-specific imaging with Structure Scout that enables improved device visibility supporting ALARA dose due to material-specific optimization of imaging parameters.*
- *Precise system movements to improve the workflow in complex procedures reusing vessel maps for DSA and 3D Roadmap even after C-arm and table movements to speed up the intervention and reduce dose and use of contrast media.*

7. Describe how patient satisfaction would be improved.

The Siemens Medical Artis ICONO Ceiling X-ray system provides technological advancements that will enhance patient satisfaction through innovative technologies that improve access:

- *Reduced Treatment Times: The Siemens Medical Artis ICONO Ceiling X-ray system TAVI Workflow Procedural Intelligence suite allows Interventional Cardiologists and Cardiothoracic Surgeons to focus on image acquisition, procedural implant planning, implant deployment, and implant position verification using prior images.*
- *Increased Access for Ischemic Heart Disease patients: The Siemens Medical ICONO Ceiling X-ray systems supports Angio-based FFR with QuantWed VFRR, supporting pre- and post-PCI assessment of the hemodynamic significance of stenoses allowing these procedures to be performed in an additional lab.*

Both will decrease wait times and LOS through reliable procedural scheduling and timely procedures. Increased access, limited by the current X-ray system, is based on procedural efficiency and multi-modality use.

8. Describe how patient outcomes would be improved.

The prime objective in the Structural Heart space is to improve outcomes and quality of life for patients with Structural Heart Diseases (SHD). The essential component is innovative technology that marries other imaging clinical modalities real-time for a multi-disciplined approach for placement of structural heart implants in precise anatomical locations. The Siemens Medical ICONO Ceiling X-ray system employs video integration of CT, echocardiography, cardiac waveforms, and more for viewing on a large monitor and several small monitors for all clinicians' view. This video integration feature provides dependable, configurable, high-resolution of all clinical data needed to successfully care for difficult to treat SHD patients.

9. Describe what impact the new unit would have on utilization.

The impact of the Siemens Medical ICONO Ceiling X-ray System is wide-ranging based on expanded use for other procedures Medical Staff cannot performed in this lab due to the poor image quality of the current X-ray system. This includes Ischemic Heart and Cardiac Implants procedures that creates delays in others high utilization labs in the Saint Luke's Hospital Cardiovascular Labs. Increased utilization is projected based on increased efficiency: reduced procedure times, streamlined workflows, and higher reliability and flexibility of the X-ray system. The impact also includes

replacement of an existing Banyan Large Panel monitor experiencing poor operational performance that requires remote service by Banyan that creates delays in First Case On-Time Starts and turnover.

10. Describe any new capabilities that the new unit would provide.

The Siemens Medical Artis ICONO Ceiling X-ray system provides several new capabilities to enhance the delivery of care:

- Multimodal imaging, innovative imaging chains, image fusion and different post-processing technologies in one system to treat complex cases faster and less invasively.
- Automatic Image guided therapy to enhance implant placement avoiding complications that decrease quality of life and survival.
- Material-specific imaging with StructureScout programs adjusting the X-ray spectrum to material-specific acquisition parameters, allowing for excellent visibility for any structure or device at significantly lower dose.

11. By what percent will this replacement increase patient charges?

There should be no change or increase in patient charges.

8958002	03/01/2022 00:00 A	Planned	Maintenance	Closed	or	Complete	Fixed C-Arm	DR Radiographic/Fluoroscopic Systems, A Siemens Medical Solutions SA	Artis Tee	SL	C Lab 3
8958042	03/01/2024 00:00 A	Planned	Maintenance	Closed	or	Complete	Fixed C-Arm	DR Radiographic/Fluoroscopic Systems, A Siemens Medical Solutions SA	Artis Tee	SL	C Lab 3
8958049	05/25/2022 07:00 A	Planned	Maintenance	Closed	or	Complete	Fixed C-Arm	DR Radiographic/Fluoroscopic Systems, A Siemens Medical Solutions SA	Artis Tee	SL	C Lab 3
8958050	03/01/2024 00:00 A	Planned	Maintenance	Closed	or	Complete	Fixed C-Arm	DR Radiographic/Fluoroscopic Systems, A Siemens Medical Solutions SA	Artis Tee	SL	C Lab 3
8958009	04/22/2021 07:00 A	Planned	Maintenance	Closed	or	Complete	Fixed C-Arm	DR Radiographic/Fluoroscopic Systems, A Siemens Medical Solutions SA	Artis Tee	SL	C Lab 3

Divider IV. Financial Feasibility Review Criteria and Standards:

- 1. Document that sufficient financing is available by providing a letter from a financial institution or an auditor's statement indicating that sufficient funds are available.**

*Saint Luke's Hospital of Kansas City is financing this project with available cash, as outlined in the Proposed Project Budget (**Attachment #3**). As documented in the Audited Consolidated Balance Sheet (**see attachment #6**), Saint Luke's Health System has adequate cash reserves available to fund this project.*

- 2. Provide Service-Specific Revenues and Expenses (Form MO 580-1865) projected through three full years beyond project completion.**

*The required Service-Specific Revenues and Expenses information (Form MO 580-1865) has been included in this application.
(See attachment #7)*

- 3. Document how patient charges are derived.**

Patient charges are generally derived by accumulating all of the cost of services, including staff and supplies utilized during the course of the visit. Charges for each procedure are derived from the current charge description master and are dependent on the types of procedures performed along with a number of other variables.

- 4. Document responsiveness to the needs of the medically indigent.**

*A copy of our existing policy for meeting the needs of the medically indigent is included in this application.
(See attachment #8)*

CONSOLIDATED FINANCIAL STATEMENTS

Saint Luke's Health System, Inc.
Years Ended December 31, 2022 and 2021
With Report of Independent Auditors

Ernst & Young LLP



Saint Luke’s Health System, Inc.
Consolidated Financial Statements
Years Ended December 31, 2022 and 2021

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Report of Independent Auditors

The Board of Directors
Saint Luke's Health System, Inc.

Opinion

We have audited the consolidated financial statements of Saint Luke's Health System, Inc. and subsidiaries (the System), which comprise the consolidated balance sheets as of December 31, 2022 and 2021, and the related consolidated statements of operations and changes in net assets and cash flows for the years then ended, and the related notes (collectively referred to as the financial statements).

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the System at December 31, 2022 and 2021, and the results of its operations and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the System and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free of material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the System's ability to continue as a going concern for one year after the date that the financial statements are issued.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free of material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the System's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the System's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal-control-related matters that we identified during the audit.

Ernst + Young LLP

April 5, 2023

Saint Luke's Health System, Inc.

Consolidated Balance Sheets
(In Thousands)

	December 31	
	2022	2021
Assets		
Current assets:		
Cash and cash equivalents	\$ 381,212	\$ 668,407
Short-term investments <i>(Note 7)</i>	204,071	186,419
Accounts receivable, net	312,341	309,674
Other receivables	37,710	38,206
Inventories	36,494	35,390
Prepaid expenses	30,380	32,562
Total current assets	1,002,208	1,270,658
Property and equipment, net <i>(Note 6)</i>	978,118	983,340
Right-to-use assets	162,529	177,017
Investments <i>(Note 7)</i>	690,144	715,356
Assets limited as to use <i>(Note 7)</i> :		
Board designated	12,366	8,727
Under self-insurance arrangements	20,982	22,145
Restricted by donor or grantor	191,175	217,440
Total assets limited as to use	224,523	248,312
Other assets:		
Investment in affiliates, net	39,267	37,742
Other	105,105	118,224
Total other assets	144,372	155,966
Total assets	\$ 3,201,894	\$ 3,550,649

	December 31	
	2022	2021
Liabilities and net assets		
Current liabilities:		
Current maturities of long-term debt <i>(Note 8)</i>	\$ 16,836	\$ 15,929
Accounts payable	124,250	131,279
Payroll-related liabilities	101,604	117,928
Estimated third-party payor settlements	12,151	15,028
Defined contribution plan obligations	20,703	19,955
Other	101,766	237,665
Total current liabilities	<u>377,310</u>	<u>537,784</u>
Reserve for self-insured risks <i>(Note 11)</i>	51,776	51,861
Long-term debt, less current maturities <i>(Note 8)</i>	603,141	621,603
Interest rate swap contracts <i>(Note 8)</i>	8,725	26,718
Pension obligation <i>(Note 10)</i>	–	16,863
Lease liability	158,186	174,618
Other noncurrent liabilities	93,278	108,171
Total liabilities	<u>1,292,416</u>	<u>1,537,618</u>
Net assets:		
Saint Luke's Health System, Inc.	1,671,791	1,746,896
Noncontrolling interest	8,891	10,482
Total without donor restrictions	<u>1,680,682</u>	<u>1,757,378</u>
With donor restrictions <i>(Note 14)</i>	228,796	255,653
Total net assets	<u>1,909,478</u>	<u>2,013,031</u>
Total liabilities and net assets	<u><u>\$ 3,201,894</u></u>	<u><u>\$ 3,550,649</u></u>

See accompanying notes.

Saint Luke's Health System, Inc.

Consolidated Statements of Operations and Changes in Net Assets
(In Thousands)

	Year Ended December 31	
	2022	2021
Revenues:		
Patient service revenue	\$ 2,159,100	\$ 2,162,901
Other revenue	194,875	204,226
Total revenues	2,353,975	2,367,127
Expenses:		
Salaries and wages	1,049,199	1,001,103
Employee benefits	230,640	227,187
Supplies and other	942,910	867,953
Depreciation and amortization	104,306	105,204
Interest	19,609	18,579
Total expenses	2,346,664	2,220,026
Operating income	7,311	147,101
Other income (loss):		
Investment return <i>(Note 7)</i>	(76,044)	105,670
Change in fair value of interest rate swaps	17,993	8,650
Pension settlement	(59,659)	(5,061)
Other, net	(3,178)	(4,025)
Total other (loss) income, net	(120,888)	105,234
Consolidated (deficit) excess of revenues over expenses	(113,577)	252,335
Less revenues over expenses attributable to noncontrolling interest	(14,411)	(14,946)
(Deficit) excess of revenues over expenses attributable to Saint Luke's Health System, Inc.	\$ (127,988)	\$ 237,389

See accompanying notes.

Saint Luke's Health System, Inc.

Consolidated Statements of Operations and Changes in Net Assets (continued)
(In Thousands)

	Year Ended December 31, 2022			Year Ended December 31, 2021		
	Total	Controlling	Noncontrolling	Total	Controlling	Noncontrolling
Net assets without donor restrictions:						
Consolidated (deficit) excess of revenues over expenses	\$ (113,577)	\$ (127,988)	\$ 14,411	\$ 252,335	\$ 237,389	\$ 14,946
Contribution of property, equipment, and other	2,666	2,666	–	727	727	–
Pension-related changes other than net periodic pension costs	49,348	49,348	–	14,303	14,303	–
Other changes in net assets without donor restrictions	(15,133)	869	(16,002)	(14,170)	205	(14,375)
(Decrease) increase in net assets without donor restrictions	(76,696)	(75,105)	(1,591)	253,195	252,624	571
Net assets with donor restrictions:						
Contributions	15,160	15,160	–	11,009	11,009	–
Investment income, net	1,942	1,942	–	4,063	4,063	–
Change in unrealized (loss) gain on investments, net	(19,106)	(19,106)	–	29,742	29,742	–
Net assets released from restrictions	(24,808)	(24,808)	–	(18,918)	(18,918)	–
Change in interest in donor-restricted net assets of foundations	(45)	(45)	–	155	155	–
(Decrease) increase in net assets with donor restrictions	(26,857)	(26,857)	–	26,051	26,051	–
(Decrease) increase in net assets	(103,553)	(101,962)	(1,591)	279,246	278,675	571
Net assets at beginning of year	2,013,031	2,002,549	10,482	1,733,785	1,723,874	9,911
Net assets at end of year	\$ 1,909,478	\$ 1,900,587	\$ 8,891	\$ 2,013,031	\$ 2,002,549	\$ 10,482

See accompanying notes.

Saint Luke's Health System, Inc.

Consolidated Statements of Cash Flows (In Thousands)

	Year Ended December 31	
	2022	2021
Operating activities		
(Decrease) increase in net assets	\$ (103,553)	\$ 279,246
Adjustments to reconcile change in net assets to net cash (used in) provided by operating activities:		
Depreciation and amortization	104,306	105,204
Loss on disposal of property and equipment	2,291	778
Change in fair value of interest rate swaps	(17,993)	(8,650)
Pension-related changes other than net periodic pension costs	9,397	(9,242)
Distributions to noncontrolling interests	16,002	14,375
Restricted contributions	(15,160)	(11,009)
Changes in operating assets and liabilities:		
Accounts receivable, net	(2,667)	(53,095)
Other current assets	1,574	(16,238)
Other noncurrent assets	27,607	1,931
Accounts payable	(7,029)	36,361
Other current liabilities	(154,352)	72,645
Reserve for self-insured risks	(85)	2,707
Other noncurrent liabilities	(57,585)	(140,139)
Net cash (used in) provided by operating activities	(197,247)	274,874
Investing activities		
Purchase of property and equipment, net	(101,375)	(79,185)
Decrease (increase) in investment securities classified as trading	16,698	(212,476)
Increase in equity goodwill	(661)	(1,030)
Increase in investment in affiliates, net	(864)	(2,851)
Net cash used in investing activities	(86,202)	(295,542)
Financing activities		
Payments and refunding of long-term debt	(17,555)	(48,681)
Proceeds from issuance of long-term debt	-	30,500
Distributions to noncontrolling interests	(16,002)	(14,375)
Restricted contributions	15,160	11,009
Net cash used in provided by financing activities	(18,397)	(21,547)
Net decrease in cash and cash equivalents and restricted cash	(301,846)	(42,215)
Cash and cash equivalents and restricted cash at beginning of year	694,140	736,355
Cash and cash equivalents and restricted cash at end of year	\$ 392,294	\$ 694,140
Reconciliation of cash and cash equivalents and restricted cash to the consolidated balance sheets		
Cash and cash equivalents	\$ 381,212	\$ 668,407
Restricted cash included in investments	11,082	25,733
	\$ 392,294	\$ 694,140
Supplemental disclosure of cash flow information		
Interest paid	\$ 23,198	\$ 22,348

See accompanying notes.

Saint Luke's Health System, Inc.

Notes to Consolidated Financial Statements

December 31, 2022

1. Background, Principles of Consolidation, and Summary of Significant Accounting Policies

Saint Luke's Health System, Inc., a Kansas not-for-profit corporation, operates an integrated health care delivery system (the System) serving the greater Kansas City metropolitan area and surrounding communities. The System is a faith-based, not-for-profit-aligned health system committed to excellence in providing health care and health-related services in a caring environment. The System is the sole corporate member of Saint Luke's Hospital of Kansas City (Saint Luke's), Saint Luke's North Hospital (North), Saint Luke's South Hospital (South), Saint Luke's East Hospital (East), and their consolidated and unconsolidated subsidiaries.

The System and its primary operating entities are not-for-profit corporations as described in Section 501(c)(3) of the Internal Revenue Code (the Code) and are exempt from federal income taxes on related income pursuant to Section 501(a) of the Code. Certain supporting subsidiaries are subject to federal and state income taxes.

The accompanying consolidated financial statements include the following operating entities:

- Saint Luke's Health System, Inc. (the Corporation)
- Saint Luke's Hospital of Kansas City (Saint Luke's)
- Saint Luke's North Hospital (North)
- Saint Luke's South Hospital (South)
- Saint Luke's East Hospital (East)
- Saint Luke's Hospital of Chillicothe d/b/a Hedrick Medical Center (Hedrick)
- Saint Luke's Hospital of Trenton d/b/a Wright Memorial Hospital (Wright Memorial)
- Saint Luke's Hospital of Garnett d/b/a Anderson County Hospital (Anderson County)
- Saint Luke's Hospital of Allen County d/b/a Allen County Regional Hospital (Allen County)
- Saint Luke's Home Care and Hospice
- Saint Luke's Health System Risk Retention Group (RRG)
- Saint Luke's Health System Insurance, Ltd. (Captive)
- Bishop Spencer Place, Inc.
- Saint Luke's Physician Group, Inc.
- Saint Luke's Foundation (Foundation)

All significant intercompany transactions and account balances have been eliminated in the consolidated financial statements.

Saint Luke's Health System, Inc.

Notes to Consolidated Financial Statements (continued)

1. Background, Principles of Consolidation, and Summary of Significant Accounting Policies (continued)

Accounting Policies

The System's accounting policies conform to U.S. generally accepted accounting principles (U.S. GAAP) applicable to health care organizations.

Use of Estimates

The preparation of consolidated financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements. Estimates also affect the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Cash and Cash Equivalents and Restricted Cash

Cash and cash equivalents generally include cash and highly liquid debt instruments, generally with a maturity of three months or less when purchased. Highly liquid debt instruments with original, short-term maturities of three months or less that are included as part of the investment portfolio are excluded from cash equivalents as they are commingled with longer-term investments. Amounts included in restricted cash include cash held within investments and may represent funds set aside within the investment portfolio based on management's policy or contractual arrangements.

Short-Term Investments

Short-term investments primarily consist of U.S. government obligations, corporate obligations, and fixed-income funds internally designated as current assets because such amounts are available to meet the System's cash requirements.

Saint Luke’s Health System, Inc.

Notes to Consolidated Financial Statements (continued)

1. Background, Principles of Consolidation, and Summary of Significant Accounting Policies (continued)

Patient Accounts Receivable

The System’s patient accounts receivable are reported at the amount that reflects the consideration to which it expects to be entitled in exchange for providing patient care.

The revenues related to patient accounts receivable are reported at net realizable value based on certain assumptions. For third-party payors, including Medicare, Medicaid, and managed care, the net realizable value is based on the estimated contractual reimbursement percentage, which is based on current contract prices or historical paid claims data by payor. For self-pay, the net realizable value is determined using estimates of historical collection experience, including an analysis by aging category. These estimates are adjusted for expected recoveries and any anticipated changes in trends, including significant changes in payor mix, changes in operations and economic conditions, or trends in federal and state governmental health care coverage.

Inventories

Inventories consist primarily of medical supplies and pharmaceuticals and are stated at the lower of actual cost, generally on the first-in, first-out basis, or market.

Property and Equipment

Property and equipment are recorded at cost or, if donated, at fair value at the date of receipt. Depreciation is calculated using the straight-line method over the estimated useful lives of the assets, as follows:

Land improvement	8 to 20 years
Building and improvements	5 to 40 years
Equipment	3 to 15 years
Software	3 to 7 years

Leasehold improvements are amortized over the shorter of the useful life or corresponding lease. The amortization is included in depreciation expense.

Saint Luke's Health System, Inc.

Notes to Consolidated Financial Statements (continued)

1. Background, Principles of Consolidation, and Summary of Significant Accounting Policies (continued)

Capitalized Interest

Interest cost incurred on tax-exempt borrowings designated for capital purposes, net of interest earned on such borrowed funds, is capitalized over the duration of the related capital projects. Imputed interest cost incurred on construction financed through internally generated funds or other borrowings is capitalized over the duration of the related capital projects when the project is material in cost and time.

Asset Impairment

The System considers whether indicators of impairment are present and performs the necessary test to determine whether the carrying value of an asset is appropriate. Impairment write-downs are recognized in operating income at the time the impairment is identified. There were no material impairments in the years ended December 31, 2022 or 2021.

Investments and Assets Limited as to Use

Assets limited as to use primarily include assets held by trustees under self-insurance arrangements and indenture agreements and restricted donations. Investments in equity and debt securities are measured at fair value.

The System considers its investment securities as trading securities. Investment income (including realized and unrealized gains and losses on investments, interest, and dividends) from trading investments is recorded as investment return, which is included in (deficit) excess of revenues over expenses, unless the income or loss is restricted by donor or law or derived from assets held by trustee under self-insurance arrangements or under indenture agreements. Gains and losses with respect to disposition of marketable securities are based on the specific-identification method.

Investment income earned by assets held by trustee under self-insurance arrangements and under indenture agreements is reported as other revenue. Restricted investment income and net gains or losses on investments of donor-restricted funds are added to or deducted from the appropriate restricted net asset balance.

Saint Luke's Health System, Inc.

Notes to Consolidated Financial Statements (continued)

1. Background, Principles of Consolidation, and Summary of Significant Accounting Policies (continued)

The System also holds investment positions in other trusts, limited liability investment companies, and hedge funds of funds (collectively referred to as alternative investments), which are reported based on the net asset value of the investment. The calculated net asset values are provided by the respective organizations and based on historical cost, appraisals, or other estimates that require varying degrees of judgment. Management has utilized the best available information for reported values, which in some instances are valuations as of an interim date not more than 90 days before year-end. Generally, the net asset value of the System's holdings reflects net contributions to the investee and an ownership share of realized and unrealized investment income and expenses. Returns from investments based on the net asset value, whether realized or unrealized, are included in investment return in (deficit) excess of revenues over expenses.

The System's assets limited as to use are exposed to various kinds and levels of risk. Fixed-income securities expose the System to interest rate risk, credit risk, and liquidity risk. As interest rates change, the current value of many fixed-income securities, particularly those with fixed interest rates, is affected. Credit risk is the risk that the obligor of the security will not fulfill its obligation. Liquidity risk is affected by the willingness of market participants to buy and sell given securities.

Equity securities expose the System to market risk, performance risk, and liquidity risk. Market risk is the risk associated with major movements of the equity market, both international and domestic. Performance risk is the risk associated with a company's operating performance. Liquidity risk, as previously defined, tends to be higher for international equities and equities related to small capitalized companies, as well as certain alternative investments.

Investment in Affiliates

The System has entered into certain limited liability company agreements with third parties that provide health-care-related services. Where applicable, these arrangements are accounted for using the equity method of accounting. The System's largest equity interest venture is a 51% membership interest in Kansas City Orthopaedic Institute, L.L.C., which specializes in providing orthopaedic services on an inpatient and outpatient basis. Although the System owns a majority financial interest in this entity, it does not possess a controlling interest in the entity, and therefore does not consolidate the entity. The balance of the equity interest was \$10.8 million and \$14.3 million as of December 31, 2022 and 2021, respectively. This carrying value exceeds the System's underlying equity in the net assets of the affiliate by \$11.4 million as of December 31, 2022 and 2021, which represents equity method goodwill. All other equity interest ventures are immaterial to the System.

Saint Luke's Health System, Inc.

Notes to Consolidated Financial Statements (continued)

1. Background, Principles of Consolidation, and Summary of Significant Accounting Policies (continued)

Deferred Financing Costs

Deferred financing costs are amortized over the period the debt is outstanding using the bonds outstanding method.

Deferred Revenue From Advanced Fees and Obligation

Bishop Spencer Place, Inc., a continuing-care retirement community, offers two entry-fee options for independent-living units: (1) 50-month refundable and (2) lifetime 90% refundable. The deferred revenue from nonrefundable entry fees is amortized to revenue using the straight-line method over the estimated remaining life expectancy of the resident.

Refundable entry fees are not amortized to revenue. Instead, they are kept on the consolidated balance sheets at their full refund amount per the residency agreements. The balance of the refundable entry fees was \$14.8 million and \$15.9 million as of December 31, 2022 and 2021, respectively, and is recorded in other noncurrent liabilities. Based on the structure of the contracts, the System was not required to record an obligation to provide future services and use of facilities at December 31, 2022 or 2021.

Derivative Financial Instruments

Derivative financial instruments, specifically interest rate swaps, are recorded on the consolidated balance sheets at fair value. The change in the fair value of the derivative financial instruments is recorded in other income (loss), net. None of the interest rate swaps are designated as hedges.

Saint Luke's Health System, Inc.

Notes to Consolidated Financial Statements (continued)

1. Background, Principles of Consolidation, and Summary of Significant Accounting Policies (continued)

Net Assets

Net assets without donor restrictions are those whose use by the System has not been limited by donors and are available for general operating use at the discretion of the Board of Directors (the Board). This category includes both net assets designated by the Board for a specific purpose and board-designated endowments. Board-designated endowments are net assets that are designated by the Board for a specific purpose and treated like an endowment (quasi-endowment).

Net assets with donor restrictions include those whose use by the System has been limited by donors for a specific purpose (primarily for patient care, health care education, or property) or time period. This category also includes net assets restricted by donors to be maintained by the System in perpetuity with the related investment income expendable to support the donor-designated purpose, which is primarily for patient care, health care education, or property.

Contributions, Bequests, and Pledges

Unrestricted contributions and bequests are reported in other nonoperating income (loss), net when earned. Restricted contributions and bequests are reported as additions to net assets with donor restrictions. Resources restricted by donors for facility replacement and expansion are added to net assets without donor restrictions to the extent placed into service. Resources restricted by donors and grantors for specific operating purposes are reported in other revenue to the extent used within the period.

Restricted pledges are recorded at fair value in the year notification is received as an addition to net assets with donor restrictions. Management believes these are Level 3 fair value measurements (as defined in Note 9) recorded on a nonrecurring basis. Pledges receivable totaling \$7.9 million and \$7.0 million as of December 31, 2022 and 2021, respectively, are included in other receivables and other noncurrent assets, and are all due in less than eight years. The pledges are recorded at their net present value based on the expected timing of pledge fulfillment using a credit-adjusted discount rate ranging from and 0.36% to 3.99% in 2022 and 2021, which approximated fair value at the date of pledge.

Saint Luke's Health System, Inc.

Notes to Consolidated Financial Statements (continued)

1. Background, Principles of Consolidation, and Summary of Significant Accounting Policies (continued)

Performance Indicator

The System's performance indicator is (deficit) excess of revenues over expenses, which includes all changes in net assets without donor restrictions other than the contribution of property, equipment, and other; pension-related changes other than net periodic pension costs; changes in net assets attributable to noncontrolling interest; and other.

Operating and Other Income (Loss)

The System's primary mission is to meet the health care needs in its service areas through a broad range of general and specialized health care services, including inpatient acute care, outpatient services, physician services, and other health care services. Activities directly associated with the furtherance of this purpose are considered to be operating activities. Other activities that result in gains or losses peripheral to the System's primary mission are considered to be other income (loss). Other income (loss) activities include investment return, excluding assets held by trustee under self-insurance arrangements and indenture agreements; change in fair value of interest rate swaps; and other, net. All unrestricted activities of the Foundation, including contribution and grant activity, are recorded in other, net.

Forthcoming Accounting Pronouncements

In June 2016, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2016-13, *Financial Instruments – Credit Losses (Topic 326): Measurement of Credit Losses on Financial Instruments*. This ASU requires entities to report "expected" credit losses on financial instruments and other commitments to extend credit rather than the current "incurred loss" model. These expected credit losses for financial assets held at the reporting date are to be based on historical experience, current conditions and reasonable and supportable forecasts. This ASU will also require enhanced disclosures relating to significant estimates and judgments used in estimating credit losses, as well as the credit quality. This ASU is effective for the System beginning January 1, 2023. The System is currently evaluating the effects of the standard on the consolidated financial statements.

Saint Luke's Health System, Inc.

Notes to Consolidated Financial Statements (continued)

1. Background, Principles of Consolidation, and Summary of Significant Accounting Policies (continued)

New Accounting Standards Adopted

In September 2020, the FASB issued ASU 2020-07, *Not-for-Profit Entities (Topic 958): Presentation and Disclosures by Not-for-Profit Entities for Contributed Nonfinancial Assets*. This ASU affects presentation and disclosure of contributed nonfinancial assets in the statement of activities and notes to the financial statements. This ASU was effective for the System beginning January 1, 2022. The System has adopted this ASU with no material impact on the consolidated financial statements.

Reclassifications

Certain balances in the 2021 consolidated financial statements have been reclassified to conform to current year presentation. The effect of such reclassifications did not change total net assets, net assets without donor restrictions, operating income, or (deficit) excess of revenue over expenses.

2. Charity Care

The System is dedicated to providing both services and leadership in caring for the needy and accepts all patients regardless of their ability to pay. The System provides such care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Since the System does not attempt to collect amounts initially determined to qualify as charity care, such charges are not included in patient service revenue. The cost incurred in providing these services of approximately \$32.1 million and \$43.1 million in 2022 and 2021, respectively, is included in the System's operating expenses and is estimated using the prior year overall Medicare cost-to-charge ratio. In addition, the System provides care for medically indigent patients covered under the Medicaid welfare program at rates substantially below standard charges.

Saint Luke's Health System, Inc.

Notes to Consolidated Financial Statements (continued)

3. Patient Service Revenue

The System provides health care services through inpatient, outpatient, and ambulatory care facilities that provide services in the greater Kansas City metropolitan area and surrounding communities, and grants credit to patients, substantially all of whom are local residents. The System generally does not require collateral or other security in extending credit to patients; however, the System routinely obtains assignment of (or is otherwise entitled to receive) patients' benefits payable under its health insurance programs, plans, and policies, including, but not limited to, Medicare, Medicaid, health maintenance organizations, and commercial insurance policies. Patient service revenue is reported at the amount that reflects the consideration to which the System expects to be paid for providing patient care. Patient service revenue is recognized as performance obligations are satisfied based on the nature of services provided.

Performance obligations are identified based on the nature of the services provided. Revenue associated with performance obligations satisfied over time is recognized based on actual charges incurred in relation to total expected (or actual) charges. Performance obligations satisfied over time relate to patients receiving inpatient acute care services. The System measures the performance obligation from admission into the hospital to the point when there are no further services required for the patient, which is generally the time of discharge. For outpatient services, the performance obligation is satisfied as the patient simultaneously receives and consumes the benefits provided as the services are performed. In the case of these outpatient services, recognition of the obligation over time yields the same result as recognizing the obligation at a point in time. Management believes this method provides a faithful depiction of the transfer of services over the term of performance obligations based on the inputs needed to satisfy the obligations.

As the System's performance obligations relate to contracts with a duration of less than one year, the System has applied the optional exemption provided in the guidance and, therefore, is not required to disclose the aggregate amount of the transaction price allocated to performance obligations that are unsatisfied or partially unsatisfied at the end of the reporting period. The unsatisfied or partially unsatisfied performance obligations referred to above are primarily related to inpatient acute care services at the end of the reporting period. The performance obligations for these contracts are generally completed when the patients are discharged, which generally occurs within days or weeks of the end of the reporting period.

Saint Luke's Health System, Inc.

Notes to Consolidated Financial Statements (continued)

3. Patient Service Revenue (continued)

The System uses a portfolio approach to account for categories of patient contracts as a collective group rather than recognizing revenue on an individual contract basis. The portfolios consist of major payor classes for inpatient revenue and major payor classes and types of services provided for outpatient revenue. Based on the historical collection trends and other analyses, the System believes that revenue recognized by utilizing the portfolio approach approximates the revenue that would have been recognized if an individual contract approach were used.

The System determines the transaction price, which involves significant estimates and judgment, based on standard charges for goods and services provided, reduced by explicit and implicit price concessions, including contractual adjustments provided to third-party payors, discounts provided to uninsured and underinsured patients in accordance with policy, and/or implicit price concessions based on the historical collection experience of patient accounts. The System determines the transaction price associated with services provided to patients who have third-party payor coverage based on reimbursement terms per contractual agreements, discount policies, and historical experience. For uninsured patients who do not qualify for charity care, the System determines the transaction price associated with services on the basis of charges, reduced by implicit price concessions. Implicit price concessions included in the estimate of the transaction price are based on historical collection experience for applicable patient portfolios. Patients who meet the System's criteria for charity care are provided care without charge; such amounts are not reported as revenue. Subsequent changes to the estimate of the transaction price are generally recorded as adjustments to patient service revenue in the period of the change.

Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term. During the last few years, as a result of nationwide investigations by governmental agencies, various health care organizations have received requests for information and notices regarding alleged noncompliance with those laws and regulations, which, in some instances, have resulted in organizations entering into significant settlement agreements. Compliance with such laws and regulations may also be subject to future government review and interpretation, as well as significant regulatory action, including fines, penalties, and potential exclusion from the Medicare and Medicaid programs. There can be no assurance that regulatory authorities will not challenge the System's compliance with these laws and regulations or that the laws and regulations themselves will not be subject to challenge, and it is not possible to determine the effect, if any, such claims, penalties, or challenges would have on the System. Patient service revenue increased by \$19.7 million and \$7.5 million in 2022 and 2021, respectively, as a result of changes in estimates due to settlements of prior years' cost reports, Medicaid settlements, and the disposition of other payor audits and settlements.

Saint Luke's Health System, Inc.

Notes to Consolidated Financial Statements (continued)

3. Patient Service Revenue (continued)

In certain instances, the System does receive payment in advance of the services provided and would consider these amounts to represent contract liabilities. Contract liabilities at December 31, 2022, were not significant.

Management has determined that the nature, amount, timing, and uncertainty of revenue and cash flows are affected by the payors and line of business that renders services to patients. The composition of patient service revenue and accounts receivable by payor for the years ended December 31 is as follows:

	Patient Service Revenue		Patient Accounts Receivable	
	Year Ended December 31		December 31	
	2022	2021	2022	2021
Medicare	37%	36%	28%	25%
Blue Cross/Blue Shield	28	30	26	28
Medicaid	7	5	10	5
Managed care	24	25	27	31
Other/patients	4	4	9	11
Total	100%	100%	100%	100%

The self-pay patient accounts receivable above includes amounts due from patients for coinsurance, deductibles, co-payments, installment payment plans, and amounts due from patients without insurance.

The composition of patient service revenue by service line is as follows:

	Year Ended December 31	
	2022	2021
Inpatient services	41%	44%
Outpatient services	43	41
Clinic and professional services	16	15
	100%	100%

Saint Luke's Health System, Inc.

Notes to Consolidated Financial Statements (continued)

3. Patient Service Revenue (continued)

Other operating revenue is recognized at an amount that reflects the consideration to which the System expects to be entitled in exchange for providing goods and services. The amounts recognized reflect consideration due from customers, third-party payors, and others. Primary categories of other revenue include pharmacy revenue, grant revenue, cafeteria revenue, rent revenue, other miscellaneous revenue, and income (loss) on investment in affiliate.

4. COVID-19 Pandemic and CARES Act Funding

In March 2020, the World Health Organization declared the novel coronavirus disease (COVID-19) a pandemic. The Centers for Disease Control and Prevention confirmed its spread to the United States and it was declared a national public health emergency, followed by several state emergency declarations, and the Centers for Medicare & Medicaid Services (CMS) issued guidance regarding elective procedures. Several national and international travel restrictions were put in place and the governors in Missouri and Kansas issued executive orders postponing nonessential or elective procedures. In response, the System took appropriate measures to respond to the anticipated revenue shortfalls, including cost-saving measures such as streamlining care, eliminating nonessential expenditures, deferring or delaying nonstrategic capital, and managing labor costs.

During 2022 and 2021, the System received approximately \$0.5 million and \$35.8 million, respectively, of provider relief funds from various provisions in the Coronavirus Aid, Relief, and Economic Security (CARES) Act. Approximately \$4.3 million and \$34.4 million was recognized as other revenue in 2022 and 2021, respectively. The unrecognized amount of provider relief funds of \$1.0 million and \$4.8 million has been reported as other current liabilities on the consolidated balance sheets as of December 31, 2022 and 2021, respectively.

Additionally, during 2020, the System received \$211.2 million of Medicare advance payments as part of the CMS Accelerated and Advance Payments Program (the Program). The consolidated balance sheets include \$129.6 million in other current liabilities as of December 31, 2021 related to these advance payments. Repayment started in 2021 based upon terms and conditions of the Program and was fully repaid during 2022.

The CARES Act also provides for a deferral of payments of the employer portion of Social Security tax incurred during the pandemic. At December 31, 2021, the System deferred \$14.7 million of Social Security taxes and was included in payroll-related liabilities. In December 2022, the remaining half of such payroll taxes were fully paid.

Saint Luke's Health System, Inc.

Notes to Consolidated Financial Statements (continued)

5. Financial Assets and Liquidity Resources

Financial assets and liquidity resources available within one year for general expenditures, such as operating expenses, scheduled principal payments on debt, and capital expenditures not financed with debt, were as follows:

	December 31	
	2022	2021
	<i>(In Thousands)</i>	
Financial assets:		
Cash and cash equivalents	\$ 381,212	\$ 668,407
Short-term investments	204,071	186,419
Accounts receivable, net	312,341	309,674
Other receivables	37,710	38,206
Long-term investments	690,144	715,356
Assets limited as to use	224,523	248,312
Total financial assets	1,850,001	2,166,374
Less:		
Board-designated investments	(12,366)	(8,727)
Under self-insurance arrangements	(20,982)	(22,145)
Restricted by donor or grantor	(191,175)	(217,440)
Pledges receivable with restrictions	(6,878)	(3,648)
Long-term investments	(93,587)	(95,475)
Financial assets not available to be used within one year	(324,988)	(347,435)
Financial assets available to meet general expenditures within one year	\$ 1,525,013	\$ 1,818,939

The System has assets limited as to use for donor-restricted purposes, debt service, and the self-insurance arrangements. Additionally, certain other board-designated assets are designated for general support of patient care and operations. These assets limited as to use, which are more fully described in Note 7, are not available for general expenditure within the next year. However, the board-designated amounts could be made available, if necessary.

Periodically, at the discretion of the System, cash in excess of daily requirements is invested in short-term investments and money market funds.

Saint Luke's Health System, Inc.

Notes to Consolidated Financial Statements (continued)

6. Property and Equipment

Property and equipment consist of the following:

	December 31	
	2022	2021
	<i>(In Thousands)</i>	
Land and improvements	\$ 81,152	\$ 80,649
Buildings and improvements	1,350,600	1,305,569
Fixed equipment	232,443	225,596
Movable equipment	584,183	559,986
Software	117,403	116,298
	2,365,781	2,288,098
Less accumulated depreciation	1,414,540	1,329,324
	951,241	958,774
Construction-in-progress	26,877	24,566
Total property and equipment, net	\$ 978,118	\$ 983,340

The System's Board has approved certain construction, renovation, information systems, and other projects throughout the System. As of December 31, 2022, the System had outstanding construction and other commitments of \$21.4 million related to these projects.

Saint Luke's Health System, Inc.

Notes to Consolidated Financial Statements (continued)

7. Investments and Assets Limited as to Use

The composition of investments and assets limited as to use is as follows:

	December 31	
	2022	2021
	<i>(In Thousands)</i>	
Cash and cash equivalents	\$ 11,082	\$ 25,733
Certificates of deposit	6,073	8,116
Fixed-income funds	230,187	227,591
Debt securities	308	403
Common trust fixed-income funds	132,278	120,040
Common trust equity fund	179,528	208,939
Domestic equity securities	30,393	36,124
International equity mutual funds	32,412	32,824
International equity funds	192,585	214,949
Diversified liquid real assets	67,561	52,605
Managed future fund	53,796	40,815
University of Missouri pooled account	24,134	25,615
Private equity	93,587	95,475
Hedge funds of funds	64,496	60,366
Accrued interest receivable and other	318	492
Total	\$ 1,118,738	\$ 1,150,087
Presented as:		
Short-term investments	\$ 204,071	\$ 186,419
Investments	690,144	715,356
Assets limited as to use	224,523	248,312
Total	\$ 1,118,738	\$ 1,150,087

Common trust fixed-income funds and common trust equity funds generally are redeemable in less than five days. Private equity funds are generally not available to be redeemed except as distributed by the fund. As of December 31, 2022, the System had committed \$99.2 million to additional investments in private equity funds. The majority of the hedge funds of funds held are redeemable on a quarterly basis with 60 days' notice.

Saint Luke's Health System, Inc.

Notes to Consolidated Financial Statements (continued)

7. Investments and Assets Limited as to Use (continued)

Because of the timing of the preparation and delivery of financial statements for limited partnership investments, the use of the most recently available financial statements provided by the general partners results in a month to quarter delay in the inclusion of the limited partnership results on the consolidated statements of operations and changes in net assets. Due to this delay, these consolidated financial statements do not yet reflect the market conditions experienced in the last one to three months of the fourth quarter of fiscal 2022 for the limited partnerships.

Investment return is summarized as follows:

	Year Ended December 31	
	2022	2021
	<i>(In Thousands)</i>	
Interest, dividends, and net realized gain, net	\$ 26,323	\$ 52,544
Change in unrealized (loss) gain, net	(119,123)	87,054
Total investment return	\$ (92,800)	\$ 139,598
Included in other revenue	\$ 408	\$ 123
Included in investment return	(76,044)	105,670
Included in net assets restricted by donor	(17,164)	33,805
Total investment return	\$ (92,800)	\$ 139,598

Saint Luke's Health System, Inc.

Notes to Consolidated Financial Statements (continued)

8. Long-Term Debt

Long-term debt consists of the following obligations:

	December 31	
	2022	2021
	<i>(In Thousands)</i>	
Uninsured Health Facilities Revenue Bonds		
Series 2012C, variable-rate term bonds, privately placed, puttable starting in 2025 at which time bonds can be remarketed or redeemed, annual interest rate of 3.86% and 0.90% at December 31, 2022 and 2021, respectively, payable in installments through 2042	\$ 30,000	\$ 30,000
Series 2016A, fixed annual interest rate ranging from 3.00% to 5.00% payable in installments through 2042 (including unamortized premiums of \$19,174 and \$22,513 at December 31, 2022 and 2021, respectively)	255,624	268,048
Series 2016B, variable-rate term bonds, privately placed, puttable starting in 2028 at which time bonds can be remarketed or redeemed, annual interest rate of 3.71% and 0.77% at December 31, 2022 and 2021, respectively, payable in installments through 2040	89,730	89,895
Series 2016C, variable-rate term bonds, privately placed, puttable starting in 2028 at which time bonds can be remarketed or redeemed, annual interest rate of 3.71% and 0.65% at December 31, 2022 and 2021, respectively, payable in installments through 2035	18,345	19,405
Series 2018A, fixed annual interest rate ranging from 4.00% to 5.00% payable in installments through 2048 (including unamortized premiums of \$1,563 and \$1,623 at December 31, 2022 and 2021, respectively)	99,723	99,783

Saint Luke's Health System, Inc.

Notes to Consolidated Financial Statements (continued)

8. Long-Term Debt (continued)

	December 31	
	2022	2021
	<i>(In Thousands)</i>	
Uninsured Health Facilities Revenue Bonds (continued)		
Series 2020, fixed annual interest rate ranging from 3.00% to 5.00% payable in installments through 2050 (including unamortized premiums of \$12,994 and \$13,461 at December 31, 2022 and 2021, respectively)	\$ 98,429	\$ 102,391
Other obligations	31,661	31,931
	623,512	641,453
Less:		
Current maturities	16,836	15,929
Debt issuance costs	3,535	3,921
Total long-term debt, net of current maturities and debt issuance costs	\$ 603,141	\$ 621,603

The Master Trust Indenture (the MTI) dated as of December 1, 1996, with subsequent amendments, sets forth the covenants relating to, and provides the terms and conditions upon which, borrowings under the MTI may be issued and secured. The MTI provides that the borrowings under the MTI are the joint and several obligations of each of the members of the Obligated Group. Currently, the Corporation, Saint Luke's, North, South, and East are members of the Obligated Group and comply with covenants, undertakings, stipulations, and provisions contained in the MTI. The tax-exempt revenue bonds have been issued through the Health & Educational Facilities Authority of the State of Missouri and were used by the Corporation primarily to finance capital projects and to refinance existing indebtedness.

The obligation of the Corporation to make payments on the indebtedness under the MTI and any additional notes is a general obligation of the Obligated Group and any future members of the Obligated Group that is not secured by a pledge or mortgage of, or security interest in, any assets of the Obligated Group or any future members of the Obligated Group. Nonetheless, the MTI imposes certain restrictions on the actions of the members of the Obligated Group for the benefit of all holders of notes issued under the MTI. Such terms include, among others, restrictions on liens on the property of the members of the Obligated Group, restrictions on the incurrence of

Saint Luke's Health System, Inc.

Notes to Consolidated Financial Statements (continued)

8. Long-Term Debt (continued)

additional indebtedness, maintenance of certain debt coverage and liquidity ratios, and provisions governing the transfer of the property of the members of the Obligated Group. As of December 31, 2022, the System was in compliance with all financial covenants.

At December 31, 2022, the System has a general operating line of credit of \$75 million. This facility has a one-year term expiring April 2023. The System has \$0 outstanding under the line of credit at December 31, 2022 and 2021. In February 2023, the System issued a \$50 million taxable draw down term loan with interest payable monthly and principal installments beginning in 2026.

In April 2021, Medical Plaza Partners, an affiliate of Saint Luke's, refinanced a loan of \$30.0 million with a \$30.5 million loan with Northwestern Mutual Life Insurance Company. The loan carries an annual interest rate of 3.71% with principal and interest payments payable monthly based on a 12-year amortization and a balloon payment, which is due in May 2033.

Scheduled annual principal payments on the System's long-term obligations, excluding the impact of unamortized bond premiums of \$ 33.7 million and debt issuance cost of \$3.5 million, are as follows:

<u>Year Ending December 31</u>	<u>Long-Term Debt</u>
	<i>(In Thousands)</i>
2023	\$ 16,836
2024	17,249
2025	17,807
2026	17,943
2027	18,794
Thereafter	501,781
	<u>\$ 589,781</u>

Saint Luke's Health System, Inc.

Notes to Consolidated Financial Statements (continued)

8. Long-Term Debt (continued)

Interest Rate Swap Agreements

The System is a party to multiple interest rate swap contracts that effectively convert various variable-rate demand bonds to fixed rates. Interest rate swap contracts between the System and a third party (counterparty) provide for the periodic exchange of payments between the parties based on changes in a defined index and a fixed rate and include counterparty credit risk, which is the risk that contractual obligations of the counterparties will not be fulfilled. Concentrations of credit risk relate to groups of counterparties that have similar economic or industry characteristics, which would cause their ability to meet contractual obligations to be similarly affected by changes in economic or other conditions. Counterparty credit risk is managed by requiring high credit standards for the System's counterparty. The counterparty to the interest rate swap contracts is a financial institution that carries investment-grade credit ratings. The interest rate swap contracts contain collateral provisions applicable to both parties to mitigate credit risk. There was no collateral posted at December 31, 2022 or 2021. The System does not anticipate nonperformance by its counterparty.

The System's interest rate swap contracts and fair value of derivatives (not designated as hedging instruments) at December 31 on the consolidated balance sheets are as follows:

Expiration Date	Fixed Rate	The System Receives	Notional Amount		Fair Value	
			2022	2021	2022	2021
			<i>(In Thousands)</i>		<i>(In Thousands)</i>	
2032	5.500%	SOFR	\$ 54,572	\$ 57,352	\$ (5,457)	\$ (16,150)
2035	5.056	SOFR	30,820	31,741	(3,268)	(10,568)
					\$ (8,725)	\$ (26,718)

For the fair value leveling of these interest rate swaps, please refer to Note 9.

Saint Luke's Health System, Inc.

Notes to Consolidated Financial Statements (continued)

8. Long-Term Debt (continued)

The effects of derivative instruments included in other income (loss) on the consolidated statements of operations and changes in net assets for the years ended December 31 are as follows:

Location of Gain (Loss) on Derivatives Recognized in (Deficit) Excess of Revenues Over Expenses		Amount of Gain (Loss) on Derivatives Recognized in (Deficit) Excess of Revenues Over Expenses	
		2022	2021
<i>(In Thousands)</i>			
Change in fair value of interest rate swaps	Unrealized gain (loss)	\$ 17,993	\$ 8,650
Other, net	Difference between cash paid and received	(3,201)	(4,812)

9. Fair Value Measurements

The System determines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Financial Accounting Standards Board's Accounting Standards Codification Topic 820, *Fair Value Measurement*, establishes a fair value hierarchy that prioritizes the inputs used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurement) and the lowest priority to unobservable inputs (Level 3 measurement).

Certain of the System's financial assets and financial liabilities are measured at fair value on a recurring basis, including money market, fixed-income, and equity instruments, and interest rate swap contracts. The three levels of the fair value hierarchy and a description of the valuation methodologies used for instruments measured at fair value are as follows:

Level 1 – Quoted prices (unadjusted) in active markets for identical assets or liabilities as of the reporting date. Level 1 primarily consists of financial instruments such as money market securities and listed equities.

Saint Luke's Health System, Inc.

Notes to Consolidated Financial Statements (continued)

9. Fair Value Measurements (continued)

Level 2 – Pricing inputs other than quoted prices included in Level 1 that are either directly observable or that can be derived or supported from observable data as of the reporting date. Instruments in this category include certain commercial paper, common trust fixed-income funds, common trust equity funds, and interest rate swap contracts depending on the significance of the credit value adjustment.

Level 3 – Pricing inputs include those that are significant to the fair value of the financial asset or financial liability and are not observable from objective sources. In evaluating the significance of inputs, the System generally classifies assets or liabilities as Level 3 when their fair value is determined using unobservable inputs that individually, or when aggregated with other unobservable inputs, represent more than 10% of the fair value of the assets or liabilities. These inputs may be used with internally developed methodologies that result in management's best estimate of fair value.

Saint Luke's Health System, Inc.

Notes to Consolidated Financial Statements (continued)

9. Fair Value Measurements (continued)

The fair value of financial assets and liabilities measured at fair value on a recurring basis was determined using the following inputs at December 31, 2022:

	Fair Value Measurements Using			
	Total Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
	<i>(In Thousands)</i>			
Assets				
Investments:				
Cash and cash equivalents	\$ 11,082	\$ 11,082	\$ —	\$ —
Certificates of deposit	6,073	6,073	—	—
Fixed-income funds	230,187	230,187	—	—
Debt securities	308	—	308	—
Common trust fixed-income funds	7,773	7,773	—	—
Domestic equity securities	30,393	30,393	—	—
International equity mutual funds	32,412	32,412	—	—
Diversified liquid real assets	67,561	67,561	—	—
	385,789	\$ 385,481	\$ 308	\$ —
Reconciling items				
Investments recorded at net asset value	732,631			
Accrued interest and other	318			
Investments per consolidated balance sheet	\$ 1,118,738			
Liabilities				
Obligation under interest rate swap contracts	\$ (8,725)	\$ —	\$ (8,725)	\$ —

Saint Luke's Health System, Inc.

Notes to Consolidated Financial Statements (continued)

9. Fair Value Measurements (continued)

The fair value of financial assets and liabilities measured at fair value on a recurring basis was determined using the following inputs at December 31, 2021:

	Fair Value Measurements Using			
	Total Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
	<i>(In Thousands)</i>			
Assets				
Investments:				
Cash and cash equivalents	\$ 25,733	\$ 25,733	\$ —	\$ —
Certificates of deposit	8,116	8,116	—	—
Fixed-income funds	227,591	227,591	—	—
Debt securities	403	—	403	—
Common trust fixed-income funds	8,881	8,881	—	—
Domestic equity securities	36,124	36,124	—	—
International equity mutual funds	32,824	32,824	—	—
Diversified liquid real assets	52,605	52,605	—	—
	392,277	\$ 391,874	\$ 403	\$ —
Reconciling items				
Investments recorded at net asset value	757,318			
Accrued interest and other	492			
Investments per consolidated balance sheet	\$ 1,150,087			
Liabilities				
Obligation under interest rate swap contracts	\$ (26,718)	\$ —	\$ (26,718)	\$ —

Saint Luke's Health System, Inc.

Notes to Consolidated Financial Statements (continued)

9. Fair Value Measurements (continued)

The fair values of the securities included in Level 1 were determined through quoted market prices. The fair values of Level 2 securities were determined through evaluated bid prices based on recent trading activity and other relevant information, including market interest rate curves and referenced credit spreads. Estimated prepayment rates, where applicable, are used for valuation purposes as provided by third-party pricing services where quoted market values are not available. The fair values of the interest rate swap contracts are determined based on the present value of expected future cash flows using discount rates appropriate with the risks involved and are included in Level 2 or Level 3 depending on the significance of the credit value adjustment. Due to the volatility of the capital markets, there is a reasonable possibility of significant changes in fair value and additional gains or losses in the near term subsequent to December 31, 2022.

The carrying amounts reported on the consolidated balance sheets for cash and cash equivalents, accounts receivable, other current assets, and current liabilities are reasonable estimates of their fair value due to the short-term nature of these financial instruments. The value of pledges receivable is estimated by management to approximate fair value at the date the pledge is received. Management believes these are Level 2 fair value measurements recorded on a nonrecurring basis.

The estimated fair value of the System's fixed-rate bonds is based on quoted market prices for the same or similar issues and approximates \$415.2 million and \$491.0 million as of December 31, 2022 and 2021, respectively, which included a consideration of third-party credit enhancement, of which there was no impact. The carrying amount of the System's fixed-rate bonds as recorded on the System's consolidated balance sheets was \$453.8 million and \$470.2 million as of December 31, 2022 and 2021, respectively. The estimated fair value of the System's variable-rate bonds approximates the carrying amount of \$138.1 million and \$139.3 million as of December 31, 2022 and 2021, respectively.

Saint Luke's Health System, Inc.

Notes to Consolidated Financial Statements (continued)

10. Retirement Plans

The System had a hard-frozen defined benefit pension plan (the Plan). Plan benefits were based on years of service and the employees' compensation. Effective December 31, 2021, the Plan was terminated and all benefit obligations were settled by December 31, 2022.

The following table sets forth the funded status of the Plan and accrued pension costs:

	December 31	
	2022	2021
	<i>(In Thousands)</i>	
Accumulated benefit obligation	\$ —	\$ 172,454
Change in projected benefit obligation		
Projected benefit obligation at beginning of year	\$ 172,454	\$ 195,628
Interest cost	3,279	2,906
Actuarial (gain) loss	(14,315)	(6,062)
Benefits paid	(161,418)	(20,018)
Projected benefit obligation at end of year	—	172,454
Change in plan assets		
Fair value of plan assets at beginning of year	155,591	160,877
Actual investment return on plan assets	(19,827)	10,632
Contributions	26,067	4,100
Benefits paid	(161,418)	(20,018)
Fair value of plan assets at end of year	412	155,591
Pension obligation in noncurrent liabilities	\$ —	\$ (16,863)
Pension asset in short-term investments	\$ 412	\$ —

Saint Luke's Health System, Inc.

Notes to Consolidated Financial Statements (continued)

10. Retirement Plans (continued)

Included in net assets without donor restrictions are the following amounts that have not yet been recognized in net periodic pension (benefit) cost:

	December 31	
	2022	2021
	<i>(In Thousands)</i>	
Unrecognized actuarial losses	\$ –	\$ 50,349
Unrecognized prior service credit	–	(1,001)
	\$ –	\$ 49,348

Changes in plan assets and benefit obligations included in net assets without donor restrictions are as follows:

	Year Ended December 31	
	2022	2021
	<i>(In Thousands)</i>	
Unrecognized actuarial (losses)/gains	\$ (10,114)	\$ 8,216
Amortization of actuarial losses	60,463	6,286
Amortization of prior service credit	(1,001)	(87)
	\$ 49,348	\$ 14,415

	2022	2021
Weighted average assumptions used to determine the projected benefit obligation for the years ended December 31:		
Discount rate	n/a	2.58%
Weighted average assumptions used to determine net periodic benefit cost for the years ended December 31:		
Discount rate	3.75%	2.46%
Expected long-term return on plan assets	n/a	5.50
Mortality projection scale	n/a	MSS-2021

Saint Luke's Health System, Inc.

Notes to Consolidated Financial Statements (continued)

10. Retirement Plans (continued)

At December 31, 2021, the effect of the decrease in discount rate was to increase the projected benefit obligation by approximately \$5.1 million.

	Year Ended December 31	
	2022	2021
	<i>(In Thousands)</i>	
Components of net periodic (benefit) cost:		
Interest cost	\$ 3,279	\$ 2,906
Expected return on plan assets	(4,602)	(8,478)
Amortization of net actuarial loss	804	1,225
Amortization of prior service credit	(87)	(87)
Settlement charge – prior service credit	(914)	–
Settlement charge – net actuarial loss	59,659	5,061
Net periodic pension cost	\$ 58,139	\$ 627

The System's pension plan's weighted average asset allocations, by asset category, are as follows:

Asset Category	Target Asset Allocation		Plan Assets	
	2022	2021	2022	2021
Fixed income	– %	50%	– %	50%
Public equity	–	37	–	31
Marketable real asset funds	–	4	–	3
Hedge funds	–	9	–	8
Cash	–	–	100	8

The System employed a total return investment approach whereby a mix of marketable equity securities, common trust fixed-income funds, common trust equity funds, and alternative investments were used to estimate a long-term return of plan assets for a prudent level of risk. The System's goal was to manage the duration of both assets and liabilities to meet changes in the liabilities. Risk tolerance was therefore established through careful consideration of plan liabilities and plan-funded status.

Saint Luke's Health System, Inc.

Notes to Consolidated Financial Statements (continued)

10. Retirement Plans (continued)

The System determined an expected long-term rate of return for plan assets in consultation with its external investment advisor. The System reviewed historical market performance by investment asset class along with current economic outlooks for asset class performance in order to estimate its long-term rate of return assumption. Peer data and historical returns were reviewed to check for reasonableness.

The fair value of pension plan assets was determined using the following inputs at December 31, 2021:

	Fair Value	Fair Value Measurements Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
<i>(In Thousands)</i>				
Cash and cash equivalents	\$ 13,006	\$ 13,006	\$ —	\$ —
Fixed-income funds	38,820	38,820	—	—
Domestic equity securities	3,426	3,426	—	—
Marketable real asset fund	4,538	4,538	—	—
Total assets measured on a recurring basis at fair value	59,790	\$ 59,790	\$ —	\$ —
Investments recorded at net asset value	95,801			
Fair value of plan assets	\$ 155,591			

The fair value of Level 1 and Level 2 investments in the pension plan assets is valued as outlined in Note 8, with the exception of alternative investments, which are recorded at fair value within the pension plan assets. The fair value of alternative investments is based on net asset value. The fair values of the securities held by limited partnerships that do not have readily determinable fair values are determined by the general partner taking into consideration, among other things, the financial performance of underlying investments, recent sales prices of underlying investments, market exchanges at period-end, and other pertinent information. Fair value calculations may not

Saint Luke's Health System, Inc.

Notes to Consolidated Financial Statements (continued)

10. Retirement Plans (continued)

be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan's valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different estimate of fair value at the reporting date.

The System maintains a deferred 403(b) plan for employees' contributions. In addition, the System maintains a 401(a) defined contribution retirement plan that covers substantially all employees meeting the eligibility requirements set forth under this plan. The System contributes an amount based on a percentage for eligible employees who contribute to the tax-deferred 403(b). The System recorded expenses of \$38.7 million and \$36.2 million related to these plans during 2022 and 2021, respectively, which are included in employee benefits expense on the consolidated statements of operations and changes in net assets.

11. Insurance and Self-Insured Risks

The System provides for medical malpractice and general liability exposure through a combination of self-insurance and third-party insurance carriers.

Professional and general liability coverage for substantially all of the Missouri hospital facilities is provided through Saint Luke's Health System Insurance, Ltd. (the Captive), a Cayman domiciled wholly owned subsidiary of the System. General liability coverage for the Kansas hospital facilities is provided through the Captive. Effective April 1, 2022, self-insured retentions are \$6.0 million per occurrence and \$38.5 million in annual aggregate. Prior to April 1, 2022, the self-insured retentions were \$5.0 million per occurrence and \$30.0 million in aggregate. Contributions to the Captive are made based on funding levels recommended by an independent actuary.

For entities participating in the Captive, expense is based on paid claims and the actuary's estimate of the eventual cost of claim settlements, including estimates for claims that may have occurred during the periods but were not yet identified and reported, and the probable timing of the payment of these claims. Accrued malpractice losses were undiscounted at December 31, 2022 and 2021.

Saint Luke's Health System, Inc.

Notes to Consolidated Financial Statements (continued)

11. Insurance and Self-Insured Risks (continued)

South established a trust (the SLS Trust) to self-insure professional liability risk beginning on January 1, 2005. Effective in 2022, the coverage provided by the SLS Trust is \$500,000 per claim and \$1.5 million in aggregate. Prior to 2022, the coverage provided by the SLS Trust was \$200,000 per claim and \$600,000 in the aggregate.

Beginning in 2022, the Kansas Health Care Stabilization Fund provides coverage in the amount of \$500,000 per claim and \$1.5 million in the aggregate. Prior to 2022, the Kansas Health Care Stabilization Fund provides coverage in the amount of \$800,000 per claim and \$2.4 million in the aggregate. Prior acts (or tail) coverage also is provided through each trust. The funding contributions to each trust were based on recommendations from an independent actuary.

Saint Luke's Health System RRG, which was established August 1, 2003, in South Carolina, provides coverage to employed physicians and related staff of the System. The RRG has the capacity to insure physicians who are not employed by the System. The RRG is wholly owned by the System and provides the first layer of coverage for employed physicians.

The RRG provides excess insurance coverage for general and professional liability for all the System's entities. This exposure is 100% reinsured by various third-party insurers.

In the event the claims-made policies are not renewed or replaced with equivalent insurance coverage, claims based on occurrences during their term, but reported subsequently, will be uninsured. Management is currently not aware of any incidents that would result in losses that could have a material adverse impact on the accompanying consolidated financial statements.

Saint Luke's Health System, Inc.

Notes to Consolidated Financial Statements (continued)

11. Insurance and Self-Insured Risks (continued)

The System similarly provides for health insurance and workers' compensation coverage through a combination of self-insurance and third-party insurers. Liabilities have been established for known claims and estimated claims, that have been incurred but not reported and amounted to the following:

	December 31	
	2022	2021
	<i>(In Thousands)</i>	
Professional and general liability	\$ 25,704	\$ 25,253
Health insurance and workers' compensation	14,780	15,464
Included in other current liabilities	\$ 40,484	\$ 40,717

	December 31	
	2022	2021
	<i>(In Thousands)</i>	
Professional and general liability	\$ 49,268	\$ 49,135
Workers' compensation	2,508	2,726
Included as reserve for self-insured risks	\$ 51,776	\$ 51,861

Workers' compensation exposure in the self-insured or high deductible layers for occurrences beginning July 1, 2015, is evaluated by the actuary and is funded and paid through the Captive.

12. Leases

The System leases certain health care equipment and real property under long-term leases as a normal part of its operation. The System determines whether an arrangement is a lease at the inception of a contract. The System elected a practical expedient to apply the new standard at the adoption date, and not recast the comparative periods presented. The System has lease agreements that require payments for lease and non-lease components and has elected to account for these as a single component. For leases that commenced before the effective date of Accounting Standards Update No. 2016-12, *Revenue from Contracts with Customers (Topic 606): Narrow-Scope Improvements and Practical Expedients*, the System elected the permitted practical expedients not to reassess the following: (i) whether any expired or existing contracts contain leases, (ii) the lease classification for any expired or existing leases, and (iii) initial direct costs for any existing leases.

Saint Luke's Health System, Inc.

Notes to Consolidated Financial Statements (continued)

12. Leases (continued)

As of December 31, 2022, the System had right-of-use assets of \$162.5 million and lease liabilities for operating leases of \$178.2 million. Current lease liabilities are recorded in other current liabilities. As of December 31, 2021, the System had right-of-use assets of \$177.0 million and lease liabilities for operating leases of \$193.9 million. Finance leases were not significant for the years ended December 31, 2022 or 2021. Leases with an initial term of 12 months or less are not recorded on the consolidated balance sheet.

Right-of-use assets represent the System's right to use an underlying asset during the lease term, and lease liabilities represent the System's obligation to make lease payments arising from the lease. Right-of-use assets and liabilities are recognized at the commencement date based on the net present value of fixed lease payments over the lease term. The System's lease term includes options to extend or terminate the lease when it is reasonably certain that the options will be exercised. As most of the System's operating leases do not provide an implicit interest rate, the System uses a three-tier system, based on the remaining term of the lease, to determine the discount rate applied to each lease. The three tiers of remaining lease terms are 1 to 5 years, 6 to 10 years, and 11 years or more, and the rates used for each tier are determined by the System's incremental borrowing rate based on outstanding bond issuances. The System reviews its incremental borrowing rate quarterly and applies the updated rate(s) to any new leases entered into during the quarter.

The amounts relating to the System's lease expense are as follows:

	2022	2021
	<i>(In Thousands)</i>	
Lease expenses:		
Long-term lease expense	\$ 24,297	\$ 23,033
Short-term lease expense	812	1,363
Total lease expense	\$ 25,109	\$ 24,396

Saint Luke's Health System, Inc.

Notes to Consolidated Financial Statements (continued)

12. Leases (continued)

Other lease information:

	2022		2021
Operating cash flows for leases	\$	26,231	\$ 25,714
Right-of-use assets obtained in exchange for new lease liabilities		2,089	250
Weighted average remaining lease term (in years)		8.77	9.79

The following table discloses the incremental borrowing rates in use for the three remaining lease term tiers in use in the year ended December 31, 2022:

Remaining lease term:	
1 to 5 years	6.9%
6 to 10 years	6.8
11 and more years	6.7

Future annual undiscounted cash flows for lease liabilities are as follows:

Year ending December 31:	
2023	\$ 25,837
2024	22,141
2025	23,223
2026	21,663
2027	20,510
Thereafter	89,950
	\$ 203,324

Allen County, Anderson County, Hedrick, and Wright Memorial facilities are leased from the local community or government, while the System provides for the operations of these facilities. The financial position and results of operations of these facilities are included in the consolidated financial statements, and include combined total net assets of \$78.2 million and \$83.3 million as of December 31, 2022 and 2021, respectively. These leases have a remaining noncancelable initial term of five to ten years. The leases are evergreen leases, which require a one- to two-year cancellation notice by either party. Currently, the System has no reason to believe that these arrangements will be terminated.

Saint Luke's Health System, Inc.

Notes to Consolidated Financial Statements (continued)

13. Functional Classification of Expenses

The System's primary business operation includes acute, non-acute, post-acute, and behavioral health-related services in both hospital and clinic settings. In addition, the System provides home care services and care to the terminally ill, and manages properties utilized primarily for physician offices and clinics. The corporate entity, the Corporation, performs centralized information systems, marketing, human resources (including compensation and benefits), legal, compliance, accounting, finance, and purchasing functions for the System. Expenses are allocated to health care services and administrative services based on the functional department for which they are incurred. Departmental expenses may include various allocations of costs based on direct assignment, expenses, or other methods.

Expenses by functional classification consist of the following:

	Health Care Services	Management and General	Total
Year ended December 31, 2022			
Salaries and wages	\$ 986,328	\$ 62,871	\$ 1,049,199
Employee benefits	213,696	16,944	230,640
Supplies and other	888,963	53,947	942,910
Depreciation and amortization	98,431	5,875	104,306
Interest	19,609	–	19,609
	\$ 2,207,027	\$ 139,637	\$ 2,346,664
Year ended December 31, 2021			
Salaries and wages	\$ 939,168	\$ 61,935	\$ 1,001,103
Employee benefits	211,119	16,068	227,187
Supplies and other	817,907	50,046	867,953
Depreciation and amortization	99,297	5,907	105,204
Interest	18,579	–	18,579
	\$ 2,086,070	\$ 133,956	\$ 2,220,026

Saint Luke's Health System, Inc.

Notes to Consolidated Financial Statements (continued)

14. Net Assets With Donor Restrictions

Net assets with donor restrictions are available for the following purposes:

	December 31	
	2022	2021
	<i>(In Thousands)</i>	
Subject to expenditure for specific purpose:		
Health care services	\$ 66,594	\$ 82,464
Health care education and research	69,239	79,715
Other programs	6,727	7,876
Purchase of equipment	13,053	14,858
Foundation net assets	506	551
	\$ 156,119	\$ 185,464

Proceeds from the following principal of these net assets with donor restrictions are restricted to the following:

	December 31	
	2022	2021
	<i>(In Thousands)</i>	
Subject to expenditure when a specific event occurs:		
Health care services	\$ 41,148	\$ 38,712
Health care education and research	30,298	30,246
Purchase of equipment	1,231	1,231
	\$ 72,677	\$ 70,189

15. Endowments

Endowments consist of funds established for a variety of purposes. The endowments include both donor-restricted endowment funds and funds designated by the Board to function as endowments. Net assets associated with endowment funds are classified and reported on the existence or absence of donor-imposed restrictions in accordance with U.S. GAAP.

Saint Luke's Health System, Inc.

Notes to Consolidated Financial Statements (continued)

15. Endowments (continued)

The Foundation's governing body has interpreted the State of Missouri Prudent Management of Institutional Funds Act (SPMIFA) and, thus, classifies amounts in its donor-restricted endowment funds as net assets with donor restrictions because those net assets are time restricted until the governing body appropriates such amounts for expenditures. Most of those net assets also are subject to purpose restrictions that must be met before reclassifying those net assets to net assets without donor restrictions. The governing body of the Foundation has interpreted SPMIFA as not requiring the maintenance of purchasing power of the original gift amount contributed to an endowment fund, unless a donor stipulates the contrary. As a result of this interpretation, when reviewing its donor-restricted endowment funds, the Foundation considers a fund to be underwater if the fair value of the fund is less than the sum of (a) the original value of initial and subsequent gift amounts donated to the fund and (b) any accumulations to the fund that are required to be maintained in perpetuity in accordance with the direction of the applicable donor gift instrument. The Foundation has interpreted SPMIFA to permit spending from underwater funds in accordance with the prudent measures required under the law. Additionally, in accordance with SPMIFA, the Foundation considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds:

- Duration and preservation of the fund
- Purposes of the Foundation and the fund
- General economic conditions
- Possible effect of inflation and deflation
- Expected total return from investment income and appreciation or depreciation of investments
- Other resources of the Foundation
- Investment policies of the Foundation

Saint Luke's Health System, Inc.

Notes to Consolidated Financial Statements (continued)

15. Endowments (continued)

At December 31, 2022, the endowment net asset composition by type of fund consisted of the following:

	Without Donor Restrictions	With Donor Restrictions	Total
Board-designated endowment funds	\$ 5,781	\$ –	\$ 5,781
Donor-restricted endowment funds	–	131,823	131,823
Total funds	\$ 5,781	\$ 131,823	\$ 137,604

At December 31, 2021, the endowment net asset composition by type of fund consisted of the following:

	Without Donor Restrictions	With Donor Restrictions	Total
Board-designated endowment funds	\$ 3,802	\$ –	\$ 3,802
Donor-restricted endowment funds	–	146,766	146,766
Total funds	\$ 3,802	\$ 146,766	\$ 150,568

Saint Luke's Health System, Inc.

Notes to Consolidated Financial Statements (continued)

15. Endowments (continued)

For the years ended December 31, 2022 and 2021, the changes in the endowment net assets were as follows:

	Without Donor Restrictions	With Donor Restrictions	Total
Endowment net assets, January 1, 2021	\$ 4,797	\$ 129,418	\$ 134,215
Investment return, net	456	23,788	24,244
Contributions	–	531	531
Appropriations of endowment assets for expenditure	(51)	(3,386)	(3,437)
Other changes	(1,400)	(3,585)	(4,985)
Endowment net assets, December 31, 2021	3,802	146,766	150,568
Investment return, net	(137)	(11,261)	(11,398)
Contributions	–	892	892
Appropriations of endowment assets for expenditure	(46)	(3,888)	(3,934)
Other changes	2,162	(686)	1,476
Endowment net assets, December 31, 2022	\$ 5,781	\$ 131,823	\$ 137,604

The Foundation has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs and other items supported by its endowment while seeking to maintain the purchasing power of the endowment. Endowment assets include those assets of donor-restricted endowment funds the Foundation must hold in perpetuity or for donor-specified periods, as well as those of board-designated endowment funds. Under the Foundation's policies, endowment assets are invested in a manner that is intended to produce results that meet or exceed the price and yield results of various benchmarks, with a primary objective of maintaining purchasing power by achieving a return, net of fees, equal to or greater than 5%, plus inflation, over long periods of time. Actual returns in any given year may vary from this amount.

Saint Luke's Health System, Inc.

Notes to Consolidated Financial Statements (continued)

15. Endowments (continued)

To satisfy its long-term rate of return objectives, the Foundation relies on a total return strategy in which investment returns are achieved through both current yield (investment income such as dividends and interest) and capital appreciation (both realized and unrealized). The Foundation targets a diversified asset allocation that places a greater emphasis on equity-based investments to achieve its long-term return objectives within prudent risk constraints.

The Foundation has a policy (the spending policy) of appropriating for expenditure each year 5% of its endowment fund's rolling three-year average fair value as of the previous June 30 balance. If the endowment fund's value reflects less than 5% growth, distributions can be made with appropriate consideration and approval. In establishing this policy, the Foundation considered the long-term expected return on its endowments. This is consistent with the Foundation's objective to maintain the purchasing power of endowment assets held in perpetuity or for a specified term, as well as to provide additional real growth through new gifts and investment return.

16. Commitments and Contingencies

The health care industry is heavily regulated by both federal and state governments. These laws and regulations are wide ranging and impose very complex requirements that are often subject to shifting government interpretation and enforcement policies. These requirements affect nearly all aspects of health care operations, including billing and coding, accounting, cost allocation, tax exemption, physician contracting and employment, medical staff oversight, patient privacy, record-keeping, hospital operations, and licensure and accreditation, among other functions and transactions. Violations may be intentional or may occur because those responsible for the noncompliance are unaware that the law is violated by their actions. Management may not be aware of noncompliant conduct.

Enforcement activity in health care is a focus of both federal and state government. The government has several powerful enforcement tools to prosecute individual or industry-wide practices and may seek restitution, fines, and penalties for conduct that extends many years past. In addition, private parties have a compelling incentive to file so-called whistle-blower lawsuits alleging certain types of noncompliance. These lawsuits are costly to defend and pose the risk of such extreme penalties that health care providers are often forced to settle even where the merits are not clear to avoid this risk. Finally, in certain instances, health care providers are required to disclose certain noncompliance on a timely basis to avoid onerous penalties and government regulation, and guidance of the meaning of "timely" disclosure is still evolving.

Saint Luke's Health System, Inc.

Notes to Consolidated Financial Statements (continued)

16. Commitments and Contingencies (continued)

There can be no assurance that regulatory authorities will not challenge the System's compliance with these laws and regulations or that the laws and regulations themselves will not be subject to challenge, and it is not possible to determine the effect, if any, such claims, penalties, or challenges would have on the System.

17. Subsequent Events

The System evaluated events and transactions occurring subsequent to December 31, 2022 through April 5, 2023, the date of issuance of the accompanying consolidated financial statements. During this period, there were no subsequent events that required recognition or disclosure in the consolidated financial statements.

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SERVICE-SPECIFIC REVENUES AND EXPENSES

Project Title:

Project #:

Historical Financial Data for Latest Three Full Years plus Projections Through Three Full Years Beyond Project Completion

Use an individual form for each affected service with a sufficient number of copies of this form to cover entire period, and fill in the years in the appropriate blanks.

Year

Amount of Utilization:*

--	--	--

Revenue:

Average Charge**

--	--	--

Gross Revenue

--	--	--

Revenue Deductions

--	--	--

Operating Revenue

--	--	--

Other Revenue

--	--	--

TOTAL REVENUE

--	--	--

Expenses:

Direct Expenses

Salaries

--	--	--

Fees

--	--	--

Supplies

--	--	--

Other

--	--	--

TOTAL DIRECT

--	--	--

Indirect Expenses

Depreciation

--	--	--

Interest***

--	--	--

Rent/Lease

--	--	--

Overhead****

--	--	--

TOTAL INDIRECT

--	--	--

TOTAL EXPENSES

--	--	--

NET INCOME (LOSS):

--	--	--

*Utilization will be measured in "patient days" for licensed beds, "procedures" for equipment, or other appropriate units of measure specific to the service affected.

**Indicate how the average charge/procedure was calculated.

***Only on long term debt, not construction.

****Indicate how overhead was calculated.



SERVICE-SPECIFIC REVENUES AND EXPENSES

Project Title:

Project #:

Historical Financial Data for Latest Three Full Years plus Projections Through Three Full Years Beyond Project Completion

Use an individual form for each affected service with a sufficient number of copies of this form to cover entire period, and fill in the years in the appropriate blanks.

Year

Amount of Utilization:*	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Revenue:

Average Charge**	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Gross Revenue	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Revenue Deductions	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Operating Revenue	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Other Revenue	<input type="text"/>	<input type="text"/>	<input type="text"/>
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TOTAL REVENUE	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Expenses:

Direct Expenses			
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Salaries	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Fees	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Supplies	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Other	<input type="text"/>	<input type="text"/>	<input type="text"/>
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TOTAL DIRECT	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Indirect Expenses			
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Depreciation	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Interest***	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Rent/Lease	<input type="text"/>	<input type="text"/>	<input type="text"/>
------------	----------------------	----------------------	----------------------

Overhead****	<input type="text"/>	<input type="text"/>	<input type="text"/>
--------------	----------------------	----------------------	----------------------

TOTAL INDIRECT	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------	----------------------	----------------------	----------------------

TOTAL EXPENSES	<input type="text"/>	<input type="text"/>	<input type="text"/>
-----------------------	----------------------	----------------------	----------------------

NET INCOME (LOSS):	<input type="text"/>	<input type="text"/>	<input type="text"/>
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*Utilization will be measured in "patient days" for licensed beds, "procedures" for equipment, or other appropriate units of measure specific to the service affected.

**Indicate how the average charge/procedure was calculated.

***Only on long term debt, not construction.

****Indicate how overhead was calculated.

Status **Active** PolicyStat ID **12871924**

Origination 3/1/2002
 Last 2/15/2023
 Approved
 Effective 1/1/2023
 Last Revised 2/15/2023
 Next Review 2/15/2024

Owner Shelby Frigon: VP
 Revenue Cycle
 Area Finance
 Applicability Saint Luke's
 Health System –
 All Facilities &
 ACRH

Financial Assistance for Medically Indigent Patients, FIN-010

PURPOSE

To assure that financial assistance options are available to all medically indigent patients and guarantors who are unable to pay for emergent and medically necessary services provided by Saint Luke's Health System ("Saint Luke's") while ensuring Saint Luke's compliance with State and Federal laws and regulatory guidance pertaining to charity care and financial assistance.

POLICY

Saint Luke's Health System provides financial assistance for medically indigent patients who meet eligibility criteria outlined in this Policy.

Situations where the provision of financial assistance will be considered include but are not limited to:

- Uninsured patients who do not have the ability to pay
- Insured patients who do not have the ability to pay for portions not covered by insurance including but not limited to coinsurance and deductibles
- Deceased patients with no estate, and no living trust
- Patients involved in catastrophic illness or injury

DEFINITION(S)

Amounts Generally Billed – The Amounts Generally Billed (AGB) is the amount generally allowed by Medicare fee for service and private health insurers for emergency and other medically necessary care. SLHS uses the look back method to determine AGB.

Catastrophic Medical Expense – A Catastrophic Medical Expense is defined as a patient's financial responsibility exceeding 20% of the annual income and financial resources available to the patient and/or guarantor.

Co Pay – Minimum amount due from patients who qualify for financial assistance. Co pay does not exceed AGB.

Federal Poverty Guidelines - Federal Poverty Guidelines (FPL) means those guidelines issued by the Federal Government that describe poverty levels in the United States based on a person or family's household income. The Federal Poverty Guidelines are adjusted according to inflation and published in the Federal Register. For the purposes of this policy, the most current annual guidelines will be utilized.

Financial Assistance Application- means the information and accompanying documentation that an individual submits to apply for financial assistance. This can include (a) completing a paper copy of the SLHS Financial Assistance Application and mailing or delivering to SLHS or (b) providing financial information in person during patient registration or over the phone by contacting a SLHS Centralized Business Office.

Look Back Method – Look Back Method is a prior twelve (12) month period used when calculating Amounts Generally Billed.

Medically Necessary Services - Medically necessary services are services that are reasonable and medically necessary for the prevention, diagnosis, or treatment of a physical or mental illness or injury; to achieve age appropriate growth and development; to minimize the progression of a disability; or to attain, maintain, or regain functional capacity; in accordance with accepted standards of practice in the medical community of the area in which the physical or mental health services rendered; and service(s) is (are) furnished in the most appropriate setting. Medically necessary services are not used primarily for convenience and are not considered experimental or an excessive form of treatment.

Medically Indigent - A medically indigent patient is defined as a person who has demonstrated that he/she is too impoverished to meet his or her medical expenses. The medically indigent patient may or may not have an income and may or may not be covered by insurance. Each patient's financial position will be evaluated individually using the Federal Poverty Limit as a guideline.

PROCEDURE

Applying for Financial Assistance

Medical indigence must be demonstrated through documentation, financial screening or by presumptive scoring. This determination can be made while the patient is in the hospital, shortly after dismissal, during the normal internal collection efforts and after placement with an outside collection agency. Requests for financial assistance are accepted for up to 1 year from the first post-discharge billing statement date.

Patients apply for financial assistance by completing a Financial Assistance Application or may be screened for financial assistance by contacting a SLHS Centralized business office and providing financial documents as requested. Patients may obtain a Financial Assistance Application by requesting

in writing or by contacting a SLHS Centralized Business Office by phone or email. The Financial Assistance Application is also available on the Saint Luke's website www.saintlukeskc.org/financial-assistance#. Supporting documentation may be required including items such as Federal Income Tax Return, IRS non-filing letter, recent bank statements, or recent paycheck stubs. Other documents that support the patient/household income, assets and financial position may be requested but not required. Supporting documentation requirements may be waived in some circumstances including but not limited to Medicaid eligible patients receiving non covered medically necessary or emergent services, patients that potentially qualify for financial assistance based on presumptive scoring, patients unable to provide documents and homeless patients.

Certain Critical Access Hospitals and associated clinics may be approved sites for the National Health Services Corps (NHSC). When this situation exists, those sites will follow the guidelines as established and approved by the NHSC. Patients at approved NHSC sites do not have to provide banking and asset information.

Assistance with the application process is provided by a SLHS Centralized Business Office staff or hospital admitting staff. Assistance may be requested by phone or in person by calling or visiting the locations identified in the Request a Copy section.

Once a patient has completed a Financial Assistance Application and the patient is determined to be eligible for financial assistance, such determination is valid for subsequent eligible services twelve (12) months after the approval date without requiring updated income documentation. Patients should contact a SLHS Centralized Business Office to request financial assistance for subsequent eligible services. A SLHS Centralized Business Office will confirm the household size, income and assets have not changed since last approved. After twelve (12) months or if the patient's financial situation has changed, the patient must reapply for financial assistance eligibility. Financial assistance adjustments approved based on presumptive scoring are only valid for the date of service reviewed and are not valid for subsequent dates of service. Presumptive eligibility will be re-evaluated for each date of service.

Financial Assistance Determination

A patient's eligibility for financial assistance is not determined until activities to identify and secure payment from Medicare, Medicaid, Crime Victims, other government programs, other funded programs, medical insurance, or any other possible appropriate source for payment are exhausted which could also include but not limited to Health Cost Sharing plans, auto insurance personal injury protection (PIP) or med pay, liability liens, or estate claims. Reversal of financial assistance adjustments must be made if subsequent third party payments are received. Financial assistance is to be considered the adjustment of last resort.

Uninsured patients may receive a patient discount. For hospital services, if the patient subsequently qualifies for financial assistance, the discount is reversed and the financial assistance adjustment is posted.

A patient's eligibility for financial assistance is based on the household income at the time assistance is sought, expressed as a percentage of the Federal Poverty Guideline for family size. The Federal Poverty Guideline as used for the purposes of determining financial assistance is outlined later in this policy.

Household Income is defined as:

Adults: If the patient is an adult, "Yearly Household Income" means the sum of the total yearly gross income or estimated yearly income of the patient and the patient's spouse/live in partner.

Minors: If the patient is a minor, "Yearly Household Income" means the sum of the total yearly gross income or estimated yearly income of the patient, and patient's parent(s) or legal guardian in the home.

Other financial resources may be considered when determining a patient's ability to pay. Other financial resources could include checking accounts, savings accounts, IRA's, CD's retirement savings and investments. A patient's and responsible party's overall financial position will be considered when determining financial assistance.

Household size is defined as:

Adults: In calculating the Household Size, include the patient, the patient's spouse or live in partner, and any dependents (as defined by the Internal Revenue Code (IRC)).

Minors: In calculating the Household Size, if the patient is a minor, include the patient, parent(s) or legal guardian(s) in the home, and dependents of the parent(s) or legal guardian(s) (as defined by IRC).

For unscheduled inpatient or outpatient admissions and scheduled hospital services approved for continuation of care, a co pay (minimum patient responsibility) per admission may be due to the hospital. Financial assistance up to 100% of billed charges less the co pay may be provided for hospital services.

For emergency room visits that do not result in an admission, a co pay per emergency room visit may be due to the hospital. Financial assistance up to 100% of billed charges less the co pay may be provided.

Scheduled inpatient and outpatient hospital services not approved through the continuation of care process are eligible for partial financial assistance for patients at or below 300% of the Federal Poverty Guideline. Amounts owed after financial assistance are not to exceed Amounts Generally Billed (AGB). Patients who are non U.S. residents are not eligible for financial assistance beyond the uninsured patient discount for scheduled services with the exception of OB Care.

Saint Luke's Health System may limit financial assistance to patients who decline insurance coverage including government assistance plans. In those situations, financial assistance may be limited to Amounts Generally Billed (AGB).

The FPL% guidelines are applied to applicable services as follows:

Saint Luke's Hospital of Kansas City, Saint Luke's North Hospital, Saint Luke's South Hospital, Saint Luke's East Hospital, Saint Luke's Radiation Therapy Liberty, and Saint Luke's Home Care and Hospice

Income % of FPL	Charity	Patient Responsibility
Unscheduled inpatient and observation / outpatient hospital services/ Continuation of Care approved scheduled services		
200% or less FPL	100%	0%
201% - 250% FPL	100% less co-pay	\$700 co-pay per admission/account
251% - 300% FPL	100% less co-pay	\$1,500 co-pay per admission/account

Emergency room visits not resulting in admission

Less than 300% FPL	100% less co-pay	\$150 per visit co pay
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Scheduled Services not approved for continuation of care

Less than 300% FPL	75%	25%
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Saint Luke's Regional Lab Accounts

Income % of FPL	% Charity	% Patient Responsibility
200% or less	100%	0%
>200%	0%	100%

Allen County Regional Hospital, Anderson County Hospital, Hedrick Medical Center, Wright Memorial Hospital

Unscheduled inpatient and observation / outpatient hospital services / Continuation of Care approved scheduled services, clinic visits and ambulance

Income % of FPL	Charity	Patient Responsibility
200% or less FPL	100%	0%
201% - 250% FPL	75%	25%

Income % of FPL	Charity	Patient Responsibility
251% - 275% FPL	60%	40%
276% - 300% FPL	45%	55%
> 300% FPL	0%	100%

Emergency room visits not resulting in admission

Less than 300% FPL	100% less co-pay	\$150 per visit co-pay
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Scheduled Services not approved for continuation of care

Less than 300% FPL	40%	60%
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Bishop Spencer Place

Income % of FPL	Charity	Patient Responsibility
Skilled Nursing and Rehab Services (excludes residential services)		
200% or less FPL	100%	0%
201% - 250% FPL	100% less co-pay	\$700 co-pay per admission/account
251% - 300% FPL	100% less co-pay	\$1,500 co-pay per admission/account

Presumptive Eligibility

SLHS entities may receive scoring from third parties who independently evaluate propensity to pay and probability of charity. SLHS may rely on that scoring for the basis of determining financial assistance when a patient does not complete a financial assistance application and provide supporting documentation as requested. Patients qualifying for presumptive eligibility may receive full or partial assistance. If partial assistance is approved, the patient receives a bill for the reduced amount owed. For hospital accounts, the patient is notified in writing of partial approval and how they can apply for financial assistance to determine if additional assistance is available. The patient is provided a reasonable time period in which to apply for additional assistance. If the patient applies for additional assistance, the application is reviewed and the patient is notified of the decision. Patients that are not approved for full financial assistance receive a statement.

Catastrophic Assistance

For patients that do not otherwise qualify for financial assistance per the Federal Poverty Guidelines, catastrophic assistance may be available. Catastrophic medical expense is defined as patient responsibility exceeding 20% of annual income and financial resources available to the patient and/or guarantor. In situations where a patient has a catastrophic medical expense the patient financial responsibility after charity may be reduced to an amount equal to 20% of annual income and financial resources. The patient's financial responsibility after financial assistance will not exceed AGB.

Basis for Calculating Amounts Generally Billed –

Hospital Accounts Only

After the patient's hospital account is reduced by the financial assistance adjustment based on this policy and guidelines, the patient is responsible for no more than amounts generally billed to individuals who have Medicare fee for service and private health insurers for emergency and other medically necessary care. The Look Back Method is used to determine AGB.

The AGB summary document describes the calculation and states the percentage used by the hospital. The Amounts Generally Billed summary is available on the Saint Luke's website. www.saintlukeskc.org/financial-assistance#

Patients or members of the public may request a copy of this policy available at no charge at the hospital admitting office or by contacting the SLHS Centralized business office. The hospital locations and SLHS Centralized business office contact information are provided under Request a Copy section of this policy.

Hospital Financial Assistance Approval

Financial assistance may be approved by a patient account employee, supervisor, manager, director, vice president, controller or CFO. Management review and approval is required as defined in the Patient Account Adjustment and Action Approval Levels Policy (FIN-067).

Patient Refunds

The hospital will refund any amount the individual has paid for care that exceeds the amount he or she is determined to be personally responsible for paying as a financial assistance policy eligible individual, unless such amount is less than \$5 (or such other amount set by notice or other guidance published by the Internal Revenue Service).

Financial Assistance Policy Availability to Patients

Information about the availability of financial assistance appears on patient statements and is posted on signs in hospital registration areas. The financial assistance policy, plain language summary of policy and financial assistance application form with instructions are available on the Saint Luke's website. www.saintlukeskc.org/financial-assistance#

Patients or members of the public may request a copy of this policy available at no charge at the hospital admitting office or by contacting the SLHS Centralized business office by phone, mail, email, or in person. The hospital locations and SLHS Centralized business office contact information is provided under Request a Copy section of this policy.

Patient Billing and Collection

Statements are sent to patients to advise them of balances due. Statements and final notices state that financial assistance may be available to those that qualify and provide contacts to request additional information. Balances are considered delinquent when the patient fails to make either acceptable

payment or acceptable payment arrangements before the next statement. Patients are notified of delinquent balances by messages on the statements, by phone calls, by final notices or by collection letters.

Hospital delinquent accounts are eligible to be placed for collection 30 days after final notice has been sent. The policies and practices of the collection agency follow the Fair Debt Collection Practices Act. The agency demonstrates a patient relations approach in all its practices. The agency utilizes a variety of collection methods including letters and phone calls.

SLHS hospitals will make reasonable efforts to determine whether an individual is eligible for assistance under this policy before engaging in any extraordinary collections action ("ECA"). Reasonable efforts to determine eligibility include: notification to the patient by SLHS of the FAP upon admission and in written and oral communications with the patient regarding the patient's bill, an effort to notify the individual by telephone about the Policy and the process for applying for assistance at least 30 days before taking action to initiate any lawsuit, and a written response to any Financial Assistance Application for assistance under this Policy submitted within 240 days of the first post-discharge billing statement with respect to the unpaid balance. Potential ECA's may include any actions taken that require a legal or judicial process in an attempt to collect payment from an individual including but not limited to commencing a civil action. SLHS may send accounts to a contracted collection agency(ies) but such action is not considered an ECA. SLHS contracted collection agency(ies) are not authorized to report SLHS accounts to credit agencies. SLHS will not initiate an ECA until at least 120 days have passed from the first post-discharge billing statement.

The Vice President of Revenue Cycle or Chief Financial Officer has the final authority or responsibility for determining that the hospital facility policies and procedures make a reasonable efforts to determine whether an individual is FAP eligible and therefore engage in ECAs against the individual. It is the expectation of SLHS that such ECA's would be infrequent for use in situations where the patient has been determined able but unwilling to pay.

Collection Suit

Saint Luke's Health System (SLHS), the collection agency and collection law firm (law firm) work with patients to avoid filing a suit for collections whenever possible. When settlement or payment arrangements are not agreed to and/or met, SLHS may file suit in an attempt to collect on delinquent accounts. When a patient does not apply or applies/is screened for financial assistance and is not approved, SLHS may file suit in an attempt to collect on delinquent accounts. An attempt to reach the patient by phone and advise them of the availability of financial assistance occurs prior to suit approval. No extraordinary collection actions occur prior to 120 days after first post discharge billing date of the account. All requests for suit are approved by the Vice President of Revenue Cycle or CFO.

Financial Assistance Procedure for Professional Services for Advanced Urology Associates, Saint Luke's

Physician Group, Rockhill Orthopaedic Specialists, Heart Surgeons of Kansas City

A Financial Assistance screening may occur with the patient which could include gathering income, family size, supporting documents and/or presumptive eligibility as described in this policy. Financial assistance is applied to applicable services following the below table.

Financial assistance for clinic visits and imaging centers may be limited to the uninsured patient discount.

Professional services rendered in the hospital:

Income % of FPL	% Charity	% Patient Responsibility
200% or less	75%	25%
201% to 250%	50%	50%
251% to 300%	25%	75%

Request a Copy

The Financial Assistance for Medically Indigent Patients policy, Financial Assistance Application, or Plain Language Summary, are available free of charge on line at www.saintlukeskc.org/financial-assistance#, in person at hospital admitting offices or by calling the SLHS Centralized business office. These documents are available in English and Spanish.

Saint Luke's Health System Centralized Business Office
816-932-5678 or 888-581-9401

Saint Luke's Hospital of Kansas City
4401 Wornall Road
Kansas City, MO 64111

Saint Luke's North Hospital–Barry Road
5830 N.W. Barry Road
Kansas City, MO 64154

Saint Luke's South Hospital
12300 Metcalf Ave.
Overland Park, KS 66213

Crittenton Children's Center
(A division of Saint Luke's Hospital)
10918 Elm Ave
Kansas City, MO 64134

Saint Luke's East Hospital

100 N. E. Saint Luke's Blvd.
Lee's Summit, MO 64086

Saint Luke's North Hospital–Smithville
601 S. 169 Highway
Smithville, MO 64089

Critical Access Hospitals:

Allen County Regional Hospital
3066 N. Kentucky Street
Iola, KS 66749
620-365-1015

Anderson County Hospital
421 S Maple
Garnett, KS 66032
785-204-4002

Hedrick Medical Center
2799 N. Washington St.
Chillicothe, MO 64601
660-214-8150

Wright Memorial Hospital
191 Iowa Blvd.
Trenton, MO 64683
660-358-5871

Saint Luke's Health System Physicians Centralized Business Office 816-502-7000

Saint Luke's Physician Group
Medical Plaza Imaging Associates

Rockhill Orthopaedic Specialists
Advanced Urologic Associates

Measures to Publicize the Financial Assistance Policy

The measures used to widely publicize this Policy to the community and patients include, but are not limited to the following:

- Posting the Policy, Financial Assistance Application and plain language summary on the Saint Luke's website at the following location: www.saintlukeskc.org/financial-assistance#.
- Copies of the Policy, Financial Assistance Application and plain language summary may be downloaded and printed from saintlukeskc.org/financial-assistance#
- Paper copies of the Policy, application and plain language summary are available to patients upon request and without charge. The patient may call to request a copy from a SLHS

- centralized business office or request from a facility admitting department.
- Posting a notice in the emergency department and admitting areas of the hospitals.
- Including a message on hospital patient statements to notify and inform patients of the availability of financial assistance and where to call for information and application.
- Saint Luke's staff discusses when appropriate, in person or during billing and customer service phone contacts with patients.
- Informational notification included in selected SLHS publications going to community members.
- Financial Assistance Policy information provided to local safety net providers.

IN COLLABORATION WITH

Director Physician Revenue Cycle
SLHS Chief Compliance Officer
Director of Taxation
Chief Financial Officers

The Financial Assistance for Medically Indigent Patients policy (FIN-010) was approved by the Saint Luke's Health System Board of Directors on December 16, 2022.

SEE ALSO

Financial Assistance Application ([SYS 153 English](#) and [SYS 154 Spanish](#))
[Financial Assistance Policy Plain Language Summary \(SYS-590\)](#)

THIS DOCUMENT APPLIES TO:

For a the most recent list of covered and non covered providers please see [Saint Luke's Health System Financial Assistance Policy Covered and Non Covered Entities and Provider Group](#) list. The list is updated quarterly.

Allen County Regional Hospital (d/b/a for Saint Luke's Hospital of Allen County Inc)

Anderson County Hospital (d/b/a for Saint Luke's Hospital of Garnett, Inc.)

Bishop Spencer Place

Hedrick Medical Center (d/b/a for Saint Luke's Hospital of Chillicothe)

Saint Luke's East Hospital

Saint Luke's Home Care and Hospice

Saint Luke's Hospital of Kansas City

Saint Luke's North Hospital

Saint Luke's Radiation Therapy Liberty

Saint Luke's South Hospital, Inc.
Wright Memorial Hospital (d/b/a for Saint Luke's Hospital of Trenton, Inc.)
Advanced Urology Associates
Rockhill Orthopaedic Specialists
Saint Luke's Physician Group
Medical Plaza Imaging Associates
Heart Surgeons of Kansas City

Providers Not Covered by this Policy:

For the most recent list of covered and non covered providers please see [Saint Luke's Health System Financial Assistance Policy Covered and Non Covered Entities and Provider Group](#) list. The list is updated quarterly.

Physicians or medical professionals provide care to patients or assist with patient treatment by reading lab work, interpreting medical tests, performing medical tests and individual patient physician services. The physicians and medical professionals not employed by Saint Luke's Health System or its subsidiaries are not covered by this Policy.

If you have questions about whether a specific provider is covered or not covered by this policy, please call 816-932-5678.

Attachments

[\(SLHS\) SLHS Financial Assistance Policy Covered and Non-Covered Entities and Provider Group List 122020.docx](#)

[\(SLHS\) SLHS Financial Assistance Policy Covered and Non-Covered Entities and Provider Group List.docx](#)

[\(SLHS\) SLHS Financial Assistance Policy Covered and Non-Covered Entities and Provider Group List.pdf](#)

Approval Signatures

Step Description	Approver	Date
Ready to Publish	Mary Eidson: Program Coordinator SLHS Policies	2/15/2023

SVP CFO and Administration SLHS Approval	Chuck Robb: SVP CFO and Administration SLHS	2/14/2023
CFO SLPG Approval	Julie Murphy: Chief Financial Officer SLPG	2/3/2023
Confirm Approval Workflow	Mary Eidson: Program Coordinator SLHS Policies	2/3/2023
Owner	Melissa Abernathy: Director Physician Revenue Cycle	2/3/2023
Owner	Shelby Frigon: VP Revenue Cycle	12/22/2022

Applicability

Advanced Urologic Associates, Anderson County Hospital, Bishop Spencer Place, Cardiometabolic Center, Inc., Crittenton Children’s Center Campus, Hedrick Medical Center, Medical Plaza Imaging Associates, Inc., Rockhill Orthopaedic Specialists, Inc., Saint Luke’s Care, Saint Luke’s East Hospital, Saint Luke’s Health System, Saint Luke’s Hospital of Kansas City, Saint Luke’s Neighborhood Clinics, LLC, Saint Luke’s North Hospital, Saint Luke’s Physician Group, Saint Luke’s Radiation Therapy- Liberty, Saint Luke’s South Hospital, Inc., Saint Luke’s Health System Home Care and Hospice, Saint Luke’s Hospital of Allen County, Inc., Search Engine Across All Sites, Wright Memorial Hospital

