ST LOUIS SPORTS

MISSOURI CHAMBER FEDERATION BENEFIT PLAN

SUMMARY PLAN DESCRIPTION

ST LOUIS SPORTS (the “Plan Sponsor”) maintains the ST LOUIS SPORTS Missouri Chamber Federation Benefit Plan (the "Plan") for the exclusive benefit of the participants and their eligible dependents as defined by the underlying Benefit Booklet.

This information goes with your Benefit Booklet issued by Anthem to give you important information about your benefits under the Plan. These documents, together, make up the “summary plan description” or “SPD” for the Plan, as required by ERISA.

The benefits and coverages described herein are provided through a trust fund established and funded by a group of employers. The benefits and coverages are not fully insured by an insurer licensed to do business in the state of Missouri and are therefore not protected by the Missouri Life and Health Guaranty Association.

1. **Introduction**

The Plan provides medical benefits. The Plan requires you to make an annual election to enroll for coverage and may require you to pay a portion of the premiums. The Plan is summarized in the corresponding Benefit Booklet issued by Anthem.

This document and the Attachment constitute the SPD to the extent required by ERISA.

2. **General Information About the Plan**

Plan Name ST LOUIS SPORTS Missouri Chamber Federation Benefit Plan

Type of Plan Welfare plan providing group health benefits.

Plan Year The plan year is June 1 through May 31.

Plan Number The plan number is 501.

Effective Date The effective date of this SPD is June 01, 2022. The Plan was established January 01, 2019.

Funding Medium and Type of Plan Administration The Plan is a self funded multiple employer welfare arrangement or MEWA as defined under Section 3(40)(A) of ERISA. The

Plan is maintained in conjunction with the Missouri Chamber Federation Benefit Plan Trust (the "Trust").

Claims for benefits are sent to Anthem and the claims are processed in accordance with the terms listed in the corresponding Benefit Booklet prepared by Anthem. The Plan Sponsor, Anthem and the Plan Administrator (defined below) are responsible for administering the Plan as outlined below.

The Plan Sponsor and employees both may contribute towards the cost of the coverage under the Plan. The Plan Sponsor's portion of the contributions is paid out of the Plan Sponsor's general assets. The employees' share of the contributions is made through employees' payroll deductions. Some of the employee deductions may be withheld on a pre-tax basis. The Plan Sponsor will provide the employees periodically a schedule of the amounts, if any, they must pay to participate in the Plan. The Plan Sponsor reserves the right, at any time, to modify the amount employees have to contribute to participate in the Plan.

Plan Sponsor

ST LOUIS SPORTS
308 N 21ST ST STE 500 COMMISSION INC
SAINT LOUIS, MO 63103

This Plan was established and is maintained by

Missouri Chamber of Commerce and Industry
428 E Capitol Ave # 100
Jefferson City MO, 63103
(573) 634-3511

Upon written request to the Plan Administrator, Participants and beneficiaries may receive information as to whether a particular employer is a sponsor of the Plan, and if the employer is a sponsor, the sponsor's address.

Plan Sponsor's Employer Identification Number

43-1646221

Claims Administrator:

Medical:
Anthem
1831 Chestnut St.
St. Louis, MO 63103
(314) 923-4444

Pharmacy Retail:

IngenioRx
Attn. Commercial Claims
P.O. Box 52065
Phoenix, AZ 85072-2065
Fax (401) 404-6344
Customer Service Unit (844) 230-3683

Mail Order Pharmacy:

IngenioRx Home Delivery
Attn: Mail Order Pharmacy
PO Box 94467
Palatine, IL 60094-4467
Fax: (800) 378-0323 (must come from physician)
Customer Service Unit (844) 230-0323

Plan Administrator

Missouri Chamber Federation Benefit Plan Board of Trustees
428 E Capitol Ave # 100
Jefferson City MO, 63103
(573) 634-3511

COBRA Administrator

MyCOBRA Plan
432 East Pearl St.
Miamisburg, Ohio 45342

Named Fiduciary

ST LOUIS SPORTS
308 N 21ST ST STE 500 COMMISSION INC
SAINT LOUIS, MO 63103

Agent for Service of Legal Process

Missouri Chamber Federation Benefit Plan
428 E Capitol Ave # 100
Jefferson City MO, 63103

(573) 634-3511

Attn: General Counsel

Service of legal process may be made upon the Plan Administrator at this address.

Trust Information

Missouri Chamber Federation Benefit Plan Trust
428 E Capitol Ave # 100
Jefferson City MO, 63103
(573) 634-3511

Trust Federal Identification Number is 82-0907005

Individual Trustees on June 01, 2022, are:

Ron Fitzwater, Daniel Mehan, and Frank Burkhead

Important Disclaimer

Plan benefits are provided pursuant to the Benefit Booklet. If the terms of this document conflict with the terms of the Benefit Booklet, then the terms of the Benefit Booklet will control, rather than this document, unless otherwise required by law. This SPD (as well as the incorporated document) will be considered the plan document for any provision not addressed in the plan document.

3. Eligibility and Participation Requirements

Eligibility and Participation

An eligible employee with respect to the Plan will be any common-law employee of the Plan Sponsor who is eligible to participate in and receive benefits under the Plan. To determine whether you or your family members are eligible to participate in the Plan please read the eligibility information contained within the Benefit Booklet. A summary of this information is set forth below.

Summary of Eligibility and Participation Provisions

You will be eligible to participate in the Plan if you are an employee of the Plan Sponsor who meets one of the following requirements:

(a) An employee of the Plan Sponsor who is regularly scheduled to work a minimum of 30 hours per week, or at least 130 hours in a month (such an employee will become eligible to become a participant effective on 1ST OF MONTH FOLLOWING 030 DAYS); or

(b) A “Variable Employee” (i) a variable hour, seasonal, or other employee who is not regularly

scheduled to work a minimum of 30 hours per week, and (ii) you are determined by the Plan Sponsor to have averaged at least 30 hours per week during a measurement period, you will be eligible to become a participant in the ST LOUIS SPORTS Missouri Chamber Federation Benefit Plan for the immediately subsequent stability period. If, as a Variable Employee, you are determined by the Plan Sponsor to be an Eligible Employee for a given stability period, you will remain an eligible employee for the entirety of such stability period, even if you are transferred during such stability period to a position in which you will work or are expected to work less than 30 hours per week, on average, on a regular basis, as long as you remain an employee of the Plan Sponsor without a period of thirteen or more weeks during which you do not provide any hours of service to the Plan Sponsor. The standard "measurement period" each year is a twelve-month period measured from June 1 through May 31, the standard "administrative period" each year is a 90-day period measured from June 3 through August 31, and the standard "stability period" each year is a twelve-month period measured from June 1 through May 31; provided however that your initial measurement, administrative and stability periods will be based on your date of hire. The Plan Sponsor may, from time to time, adopt policies and procedures to implement and administer the provisions of the Plan relating to Variable Employees in a manner consistent with the Patient Protection and Affordable Care Act ("Variable Employee Policy").

Except as otherwise required by law, if you are a participant, terminate employment, and are rehired, you will reenter the Plan on the first day of the month following 30 days of employment after your date of rehire, provided, however, if you were a participant and are rehired within 90 days of your termination of employment, you will be eligible to participate in the Plan immediately upon rehire.

Any employee who does not meet the above eligibility requirements is not eligible to participate in the Plan.

The Plan may require that you make an annual election to enroll for coverage. If you are an eligible employee, you may begin participating in the Plan upon your election to participate in accordance with the Plan's terms and conditions. You must consult the eligibility requirements and enrollment procedures listed in Benefit Booklet for additional information to fully determine all of the participation requirements.

An eligible employee who is enrolled in part A or B of Medicare, and who has elected not to enroll in group health coverage under this Plan may still enroll his or her spouse and/or eligible dependents in group health coverage under this Plan, as long as the following requirements are satisfied: (1) in the case of an eligible employee's spouse, the spouse would otherwise be eligible for coverage as a dependent under the terms of the Benefit Book (2) in the case of the eligible employee's child or children, the child or children would otherwise be eligible for coverage as a dependent under the terms of the Benefit Book.

Termination of Participation

Your participation and the participation of your eligible family members in the Plan will

terminate on the same day you terminate employment with the Plan Sponsor. However, Plan benefits may continue until the end of the month in which your employment terminates or beyond that date if applicable. Coverage also may terminate if you fail to pay your share of an applicable premium, if your hours drop below any required hourly threshold, if you submit false claims, or for any other reason as set forth in the certificate of insurance, benefit booklets, benefit summaries, or other governing documents for the component benefit program. You should consult the applicable documents for specific termination events and information.

Continuation Coverage Under COBRA and USERRA

Any mention of COBRA rights within this document as well as the Model Notice and Notice of Qualifying event form are only applicable if the Plan Sponsor is subject to COBRA. As a general rule, COBRA applies to employers with 20 or more employees. You should contact the Plan Sponsor to determine if this Plan is, in fact, subject to COBRA. This document does not guarantee rights under COBRA.

If eligible coverage for you or your eligible family members ceases because of certain "qualifying events" specified in COBRA (such as termination of employment, reduction in hours, divorce, death, or a child's ceasing to meet the definition of dependent), then you and your eligible family members may have the right to purchase continuation coverage for a temporary period of time. You must notify your COBRA Administrator should a qualifying event occur i.e. divorce, separation, birth or adoption of a child or when a child ceases to be a dependent under the terms of the Plans. We have provided a Notice of Qualifying Event Form on the last page of this document for you to notify the COBRA Administrator should you have a qualifying event.

If you have any questions about your COBRA rights, please read the attached Benefit Booklet. Please contact the COBRA Administrator if you need another copy. There may be other coverage options for you and your family through the Health Insurance Marketplace. In the Marketplace, you could be eligible for a new kind of tax credit that lowers your monthly premiums right away, and you can see what your premium, deductibles, and out-of-pocket costs will be before you make a decision to enroll. Being eligible for COBRA does not limit your eligibility for coverage for a tax credit through the Marketplace. Additionally, you may qualify for a special enrollment opportunity for another group health plan for which you are eligible (such as a spouse's plan), even if the plan generally does not accept late enrollees, if you request enrollment within 30 days. For more information about health insurance options through a Health Insurance Marketplace visit www.healthcare.gov.

Continuation and reinstatement rights may also be available if you are absent from employment due to service in the uniformed services pursuant to USERRA. More information about coverage available pursuant to USERRA is included in the attached Benefit Booklet. You and your family also may be entitled to continue coverage under state law. See additional information at the end of this document.

4. **Summary of Plan Benefits**

Benefits and Contribution

The Plan provides benefits to you and your eligible dependents as defined by the Benefit Booklet.

The cost of Plan benefits will be funded in part by Plan Sponsor contributions and in part by employee payroll withholdings. Some of the employee deductions may be withheld on a pre-tax basis. The Plan Sponsor will make its contributions, out of the Plan Sponsor's general assets, in an amount that is at least sufficient to fund the benefits or a portion of the benefits that are not otherwise funded by employee contributions. The Plan Sponsor will pay its contribution and your contributions to the Trust periodically as soon as administratively possible.

The Plan Sponsor will bear its incidental costs of administering the Plan.

Qualified Medical Child Support Orders

With respect to the medical benefits, the Plan will also provide benefits as required by any qualified medical child support order (QMCSO) (defined in ERISA 609(a)). The Plan has detailed procedures for determining whether an order qualifies as a QMCSO. Participants and beneficiaries can obtain, without charge, a copy of such procedures from the Plan Administrator.

Special Rights on Childbirth

Group health plans and health insurance issuers offering group insurance coverage generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a normal vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, such plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours as applicable).

5. **How the Plan Is Administered**

Plan Administration

The administration of the Plan is under the supervision of the Plan Administrator. The principal duty of the Plan Administrator is to see that the Plan is carried out, in accordance with its terms, for the exclusive benefit of persons entitled to participate in the Plan. The administrative duties of the Plan Administrator include, but are not limited to, interpreting the Plan, prescribing applicable procedures, determining eligibility for the amount of benefits, authorizing benefit payments, and gathering information necessary for administering the Plan. The Plan

Administrator may delegate any of these administrative duties among one or more persons or entities, provided that such delegation is in writing, expressly identifies the delegate(s), and expressly describes the nature and scope of the delegated responsibility.

The Plan Administrator has the discretionary authority to interpret the Plan in order to make eligibility and benefit determinations as it may determine in its sole discretion. The Plan Administrator also has the discretionary authority to make factual determinations as to whether any individual is entitled to receive any benefits under the Plan. All decisions by the Plan Administrator will be afforded the maximum deference permitted by law.

Anthem is responsible for (a) determining eligibility for and the amount of any Plan benefits; and (b) prescribing claims procedures to be followed and the claims forms to be used by employees.

The Trust will hold all Plan assets and all Plan benefits will be paid from Trust assets. The Trust also insures benefits over a certain level through the purchase of stop loss insurance coverage pursuant to a reinsurance agreement between the Trust and Healthy Alliance Life Insurance Company, Inc. d/b/a Anthem Blue Cross and Blue Shield. The Plan is subject to oversight and regulation by Missouri Department of Commerce & Insurance. However, Plan benefits are not covered under Missouri Life & Health Insurance Guaranty Association.

Questions

If you have any general questions regarding the Plan or regarding your eligibility for, or the amount of any benefit, please contact your Human Resources Manager. If you have any question regarding your eligibility for, or the amount of, any benefit payable under the Plan, please contact Anthem.

6. Circumstances That May Affect Benefits

Denial, Recovery, or Loss of Benefits

Your benefits (and the benefits of your eligible family members) will cease when your participation in the Plan terminates. See Section 4.

Your benefits will also cease upon termination of the Plan. Other circumstances can result in the termination, reduction, recovery (through subrogation or reimbursement), or denial of benefits. For example, benefits may be denied under a certain benefit program if you have a preexisting condition and incur costs within the exclusionary period. In addition, certain benefits may be rescinded for fraud or an intentional misrepresentation of material fact. You should consult the Benefit Booklet for additional information, including a full description of the circumstances which may result in disqualification, ineligibility, or denial, loss, forfeiture, suspension, offset, reduction, or recovery (by exercise of subrogation or reimbursement rights) of any benefit that a participant or beneficiary might otherwise reasonably expect the Plan to provide on the basis of the description of benefits in the Benefits Booklet.

7. **Amendment or Termination of the Plan**

Amendment or Termination

The Plan may be amended or terminated at any time a written instrument is duly adopted by the Plan Administrator or any of its delegates. Additionally, your employer may terminate its participation in the Plan at any time which will result in your ineligibility for benefits.

8. **No Contract of Employment**

The Plan is not intended to be, and may not be construed as constituting, a contract or other arrangement between you and the Plan Sponsor to the effect that you will be employed for any specific period of time.

9. **Claims Procedures**

Claims for Benefits/ Insured Benefit

For purposes of determining the amount of, and entitlement to, Plan benefits, Anthem is the named fiduciary under the Plan, with the full power to interpret and apply the terms of the Plan as they relate to Plan benefits. To obtain Plan benefits, you must follow the claims procedures under the Plan, which may require you to complete, sign, and submit a written claim on the form provided by Anthem. In that case, the form is available from Anthem.

Anthem will decide your claim in accordance with its reasonable claims procedures, as required by ERISA. Anthem has the right to secure independent medical advice and to require such other evidence as it deems necessary in order to decide your claim. If Anthem denies your claim in whole or in part, then you will receive a written notification setting forth the reason(s) for the denial.

If your claim is denied, you may appeal to Anthem for a review of the denied claim. Anthem will decide your appeal in accordance with its reasonable claims procedures, as required by ERISA. If you don't appeal on time, you will lose your right to file suit in a state or federal court, because you will not have exhausted your internal administrative appeal rights (which generally is a prerequisite to bringing suit in state or federal court).

See the corresponding Benefit Booklet for more information about how to file a claim and for details regarding Anthem claims procedures.

10. **Statement of ERISA Rights**

Your Rights

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

participants shall be entitled to:

Receive Information About Your Plan and Benefits

Examine, without charge, at the Plan Administrator's office and at other specified locations, such as worksites, all documents governing the Plan, including insurance contracts, and a copy of the latest annual report (Form 5500 Series), if any, filed by the Plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration.

Obtain, upon written request to the Plan Administrator, copies of documents governing the operation of the Plan, including insurance contracts and copies of the latest annual report (Form 5500 Series) and updated summary plan description (SPD). The Plan Administrator may make a reasonable charge for the copies.

Receive a summary of the Plan's annual Form 5500, if any is required by ERISA to be prepared, in which case the Plan Administrator, is required by law to furnish each participant with a copy of this summary annual report

COBRA and HIPAA Rights

You may be able to continue health care coverage for yourself or your eligible dependents if there is a loss of coverage under the Plan as a result of a qualifying event. You or your dependents may have to pay for such coverage. Review this SPD and the documents governing the Plan on the rules governing your COBRA continuation coverage rights.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for Plan participants, ERISA imposes duties upon the people who are responsible for the operation of the employee benefit plan. The people who operate your Plan, called "fiduciaries" of the Plan, have a duty to do so prudently and in the interest of you and other Plan participants and beneficiaries. No one, including your employer or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a Plan benefit or exercising your rights under ERISA.

Enforce Your Rights

If your claim for a welfare benefit is denied or ignored, in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules. Under ERISA, there are steps that you can take to enforce the above rights. For instance, if you request a copy of Plan documents or the latest annual report (Form 5500), if any, from the Plan and do not receive them within 30 days, you may file suit in federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to $110 per day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the Administrator. If you have a claim for benefits which is denied or ignored in whole or in part, you may file suit in a state or federal court. In addition if you disagree with the Plan's decision

or lack thereof concerning the qualified status of a medical child support order, you may file suit in Federal court.

If it should happen that Plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim is frivolous.

Assistance With Your Questions

If you have any questions about your Plan, you should contact the Plan Administrator. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the Plan Administrator, you should contact the nearest office of the Employee Benefits Security Administration, U.S. Department of Labor listed in your telephone directory or contact the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.