SUMMARY ANNUAL REPORT
FOR DEFINED CONTRIBUTION RETIREMENT PLAN OF MOSES CONE HEALTH SYSTEM

This is a summary of the Form 5500 Annual Return/Report of Employee Benefit Plan for the Defined Contribution Retirement Plan of Moses Cone Health System, EIN 58-1588823, Plan 002, for period January 1, 2025 through December 31, 2025. The Form 5500 annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA). Your plan is a defined contribution, profit-sharing, total participant-directed account, Code section 401(k), default investment account, pre-approved, single employer type of plan.

Basic Financial Statement

Benefits under the plan are provided through insurance and through a trust fund. Plan expenses were $16,154,648. These expenses included $120,989 in administrative expenses and $16,033,659 in benefits paid to participants and beneficiaries. A total of 16639 persons were participants in or beneficiaries of the plan at the end of the plan year.

The value of plan assets, after subtracting liabilities of the plan, was $302,539,992 as of December 31, 2025, compared to $265,834,019 as of January 1, 2025. During the plan year, the plan experienced an increase in its net assets of $36,705,973. This increase includes unrealized appreciation or depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year or the cost of assets acquired during the year. The plan had total income of $52,860,621, including employer contributions of $17,527,959, earnings from investments of $35,330,976 and other income of $1,686.

Your Rights to Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report.

- An accountant's report;
- Financial information;
- Information on payments to service providers;
- Assets held for investment; and
- Insurance information, including sales commissions paid by insurance carriers.

To obtain a copy of the full annual report, or any part thereof, write or call the office of The Moses H. Cone Memorial Hospital Operating Corporation, 1200 North Elm Street, Greensboro, NC, 27401, 336-832-7000.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of that report.

You also have the legally protected right to examine the annual report at the main office of the plan, 1200 North Elm Street, Greensboro, NC, 27401 and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, N1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, DC 20210. The annual report is also available online at the Department of Labor website www.efast.dol.gov.

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average less than one minute per notice (approximately 3 hours and 11 minutes per plan). Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Office of the Chief Information Officer, Attention: Departmental Clearance Officer, 200 Constitution Avenue, N.W., Room N-1301, Washington, DC 20210 or email DOL_PRA_PUBLIC@dol.gov and reference the OMB Control Number 1210-0040.