

**SUMMARY ANNUAL REPORT FOR
TEAMHEALTH WELFARE BENEFIT PLAN**

This is a summary of the annual report of the TeamHealth Welfare Benefit Plan, a health, life insurance, dental, vision, temporary disability, long-term disability and death benefits plan (Employer Identification Number 62-1562558, Plan Number 504), for the plan year October 1, 2016 through September 30, 2017. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

AmeriTeam Services has committed itself to pay certain Dental and Prescription Drug claims incurred under the terms of the plan.

Insurance Information

The plan has insurance contracts with Blue Cross Blue Shield of Alabama, EyeMed Vision Care, Independent Health, Symetra Life Insurance Company, Unum Life Insurance Company of America, and HMSA Health Plan to pay certain Health, Prescription drug, PPO contract, Exp Psych Svc, Baby Yourself, AIRMED, Vision, Stop loss, Life insurance, ADD, Lifestyle ADD, Temporary disability, Long-term disability, and Flex LTD claims incurred under the terms of the plan. The total premiums paid for the plan year ending September 30, 2017 were \$25,682,010.

Because they are so called "experience-rated" contracts, the premium costs are affected by, among other things, the number and size of claims. Of the total insurance premiums paid for the plan year ending September 30, 2017, the premiums paid under such "experience-rated" contracts were \$899,467 and the total of all benefit claims paid under these experience-rated contracts during the plan year was \$1,028,320.

Your Rights to Additional Information

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

1. 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 265 Brookview Centre Way Suite 400, Knoxville, TN 37919 and phone number, 865-293-5250.

You also have the legally protected right to examine the annual report at the main office of the plan: 265 Brookview Centre Way Suite 400, Knoxville, TN 37919, and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

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Insurance Information

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Because they are so called "experience-rated" contracts, the premium costs are affected by, among other things, the number and size of claims. Of the total insurance premiums paid for the plan year ending December 31, 2017, the premiums paid under such "experience-rated" contracts were \$240,716 and the total of all benefit claims paid under these experience-rated contracts during the plan year was \$182,986.

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