

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold; text-align: center;">2012</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
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Part I	Annual Report Identification Information
For calendar plan year 2012 or fiscal plan year beginning <u>01/01/2012</u> and ending <u>12/31/2012</u>	
A This return/report is for:	<input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or <input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____
B This return/report is:	<input type="checkbox"/> the first return/report; <input checked="" type="checkbox"/> the final return/report; <input checked="" type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	<input type="checkbox"/>
D Check box if filing under:	<input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program; <input type="checkbox"/> special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>HEALTH CARE MANAGEMENT SOLUTIONS RETIREMENT PLAN</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">1b Three-digit plan number (PN) ▶</td> <td style="width:20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2008</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>01/01/2008</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>				
1c Effective date of plan <u>01/01/2008</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>HEALTH CARE MANAGEMENT SOLUTIONS, LLC</u> <u>ONE KAISER PLAZA, SUITE 2001</u> <u>OAKLAND, CA 94612</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">2b Employer Identification Number (EIN) <u>20-3924985</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>510-271-5940</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>621112</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>20-3924985</u>	2c Sponsor's telephone number <u>510-271-5940</u>	2d Business code (see instructions) <u>621112</u>	
2b Employer Identification Number (EIN) <u>20-3924985</u>					
2c Sponsor's telephone number <u>510-271-5940</u>					
2d Business code (see instructions) <u>621112</u>					

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/04/2013	HARRIET GUBERMAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor Name <input type="checkbox"/> Same as Plan Sponsor Address KAISER FOUNDATION HEALTH PLAN, INC. ONE KAISER PLAZA, SUITE 2001 OAKLAND, CA 94612	3b Administrator's EIN 94-1340523 3c Administrator's telephone number 510-271-5940
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	20
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).	
a Active participants.....	0
b Retired or separated participants receiving benefits.....	0
c Other retired or separated participants entitled to future benefits.....	0
d Subtotal. Add lines 6a , 6b , and 6c	0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	0
f Total. Add lines 6d and 6e	0
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 1A 1G

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) <input type="checkbox"/> H (Financial Information) (2) <input checked="" type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) (4) <input type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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**SCHEDULE SB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2012

This Form is Open to Public Inspection

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>HEALTH CARE MANAGEMENT SOLUTIONS RETIREMENT PLAN</u>		B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>HEALTH CARE MANAGEMENT SOLUTIONS, LLC</u>		D Employer Identification Number (EIN) <u>20-3924985</u>
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		F Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500

Part I Basic Information

1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2012</u>	
2 Assets:	
a Market value	2a <u>473352</u>
b Actuarial value	2b <u>478733</u>
3 Funding target/participant count breakdown:	
	(1) Number of participants (2) Funding Target
a For retired participants and beneficiaries receiving payment	3a <u>0</u> <u>0</u>
b For terminated vested participants	3b <u>2</u> <u>22190</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>79754</u>
(2) Vested benefits	3c(2) <u>298877</u>
(3) Total active	3c(3) <u>18</u> <u>378631</u>
d Total	3d <u>20</u> <u>400821</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	<input type="checkbox"/>
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>7.18 %</u>
6 Target normal cost	6 <u>106136</u>

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	Signature of actuary	<u>08/26/2013</u>
	<u>BLAKE P. MURPHY</u>	Date
	Type or print name of actuary	<u>11-05322</u>
	<u>HEWITT ASSOCIATES LLC</u>	Most recent enrollment number
	Firm name	<u>949-725-4500</u>
	<u>100 BAYVIEW CIRCLE</u> <u>NEWPORT BEACH, CA 92660-2935</u>	Telephone number (including area code)
	Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II Beginning of Year Carryover Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>3.57%</u>		
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		8455
	b Interest on (a) using prior year's effective interest rate of <u>6.39%</u> except as otherwise provided (see instructions)		540
	c Total available at beginning of current plan year to add to prefunding balance		8995
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	119.43 %
15	Adjusted funding target attainment percentage	15	119.43 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	92.25 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls							
18 Contributions made to the plan for the plan year by employer(s) and employees:							
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
04/13/2012	70000						
07/12/2012	70000						
			Totals ▶	18(b)	140000	18(c)	0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	136134

20	Quarterly contributions and liquidity shortfalls:	
	a Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	c If line 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
0		0
		0
		0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 5.54%	2nd segment: 6.85%	3rd segment: 7.52%	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute				

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	106136	
b Excess assets, if applicable, but not greater than line 31a	31b	77912	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..	34	28224	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	28224	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	136134	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	107910	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	<input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years		
b Eligible plan year(s) for which the election in line 41a was made	<input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

Schedule SB Attachment (Form 5500)—2012 Plan Year
Health Care Management Solutions Retirement Plan
EIN: 20-3924985 PN: 002

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2012

Date	Amount	Interest Rate	Days to Discounted to 1/1/2012	Interest Adjusted Contribution
April 13, 2012	\$ 70,000	7.18%	103	\$ 68,647
July 12, 2012	<u>70,000</u>	7.18%	193	<u>67,487</u>
Total Contribution	\$ 140,000			\$ 136,134

Schedule SB Attachment (Form 5500)—2012 Plan Year
 Health Care Management Solutions Retirement Plan
 EIN: 20-3924985 PN: 002

Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	7.50%	1.0000	4.16
56.5	7.50%	0.9250	3.92
57.5	7.50%	0.8556	3.69
58.5	7.50%	0.7915	3.47
59.5	7.50%	0.7321	3.27
60.5	10.00%	0.6772	4.10
61.5	10.00%	0.6095	3.75
62.5	10.00%	0.5485	3.43
63.5	15.00%	0.4937	4.70
64.5	15.00%	0.4196	4.06
65.5	25.00%	0.3567	5.84
66.5	25.00%	0.2675	4.45
67.5	30.00%	0.2006	4.06
68.5	30.00%	0.1404	2.89
69.5	30.00%	0.0983	2.05
70	100.00%	0.0688	4.82
Weighted Average			62.66

Schedule SB Attachment (Form 5500)—2012 Plan Year
 Health Care Management Solutions Retirement Plan
 EIN: 20-3924985 PN: 002

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Interest Rates for Minimum Funding Purposes Based on segment rates with a four-month lookback (as of September 2011), each adjusted as needed to fall within the 25-year average interest rate corridor under MAP-21.

1st Segment Rate 5.54%.
 2nd Segment Rate 6.85%.
 3rd Segment Rate 7.52%.

Interest Rates for Maximum Tax Purposes Based on segment rates with a four-month lookback (as of September 2011), without regard to the MAP-21 interest rate corridor

1st Segment Rate 2.06%.
 2nd Segment Rate 5.25%.
 3rd Segment Rate 6.32%.

Lump Sum Interest Rate Same as funding interest rates above.

Salary Increases Sample annual increases in salary are shown below:

Age	Rate
25	9.0%
30	7.4%
35	5.9%
40	5.6%
45	4.9%
50	4.5%
55	4.0%
60	4.0%

Optional Payment Form Election Percentage Lump sum: 60%.
 Joint and survivor pop-up annuity or equivalent: 20%.
 Other elections: Life annuity equivalent.

Retirement Age
 Active Participants See Table A.
 Terminated Vested Participants Age 63.

Mortality Rates
 Healthy and Disabled 2012 Static Mortality Table with separate annuitant and non-annuitant rates.

Withdrawal Rates See Table B.

Schedule SB Attachment (Form 5500)—2012 Plan Year
Health Care Management Solutions Retirement Plan
EIN: 20-3924985 PN: 002

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Surviving Spouse Benefit	It is assumed that 75% of males and 65% of females have an eligible spouse. Wives are assumed to be two years younger than their husbands.
Benefit and Compensation Limits	Benefits and compensation are limited by the current IRC section 415 maximum benefit of \$200,000 and the 401(a)(17) compensation limit of \$250,000.
Expected Return on Assets	
2010 Plan Year	6.82%
2011 Plan Year	6.57%
Trust Expenses Included in Target Normal Cost	105% of prior year's administrative expenses (including the prior year's PBGC premiums).
Valuation of Plan Assets	3-year smoothed value.
Actuarial Method	Standard unit credit.
Valuation Date	January 1, 2012.

Schedule SB Attachment (Form 5500)—2012 Plan Year
 Health Care Management Solutions Retirement Plan
 EIN: 20-3924985 PN: 002

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Table A

Retirement Rates

Sample early retirement rates that vary by age and eligibility for unreduced retirement are shown below:

Age	Rate
55-59	7.50%
60	10.00%
61	10.00%
62	10.00%
63-64	15.00%
65-66	25.00%
67-69	30.00%
70	100.00%

Table B

Probabilities of Withdrawal

Sample ultimate rates applicable to employees with five or more years of service are as follows:

Age	Male	Female
25	7.10%	6.80%
30	6.50%	6.40%
35	6.00%	6.00%
40	5.60%	5.60%
45	5.00%	5.00%
50	4.85%	4.85%
55	4.05%	4.05%
60	4.00%	4.00%

For employees with less than five years of service the above turnover rates are increased by multiplying by the following percentages:

Years of Service	Factor	
	Male	Female
less than 1	250%	250%
1, but less than 2	225%	225%
2, but less than 3	200%	200%
3, but less than 5	150%	150%

Schedule SB Attachment (Form 5500)—2012 Plan Year
Health Care Management Solutions Retirement Plan
EIN: 20-3924985 PN: 002

Schedule SB, Part V—Summary of Plan Provisions

This section provides a brief summary of the benefits under the plan that are being valued in this report. Refer to the official governing documents for further details of the plan's provisions.

Effective Date	January 1, 2008.
Most Recent Amendment	Fourth Amendment, provided by Kaiser on July 14, 2011.
Eligible Employees	<p>Any employee of HCMS who is paid on a U.S. Dollar Payroll except:</p> <ol style="list-style-type: none">(1) Any individual who is compensated for services by a person other than the Employer and who for any reason, is deemed to be an Employee;(2) Any individual who is not on the Payroll of a member of the controlled group and who, at any time and for any reason, is deemed to be an Employee;(3) Any Employee whose employment is governed by the terms of a collective bargaining agreement if retirement benefits were the subject of good faith bargaining between the Employer and the Employee's representative and such collectible bargaining agreement does not provide for participation in the Plan.(4) Any Leased Employee within the meaning of Section 414(n) of the Internal Revenue Code.

Participation Participation begins on the first anniversary of hire if the eligible employee has at least 1,000 hours of employment. Otherwise, participation begins on the first day of the plan year in which the eligible employee has 1,000 hours of employment.

Normal Retirement

Eligibility Age 65.

Monthly Benefit The greater of the amounts under (a) or (b) below:

- (a) 1.5% of final average compensation times years of credited service, or
- (b) \$17.50 times years of credited service.

The monthly benefit will be reduced for any benefits payable from another plan(s) sponsored by certain medical care organizations described in the plan document for which credited service for the same period is included in both this plan and the other plan(s).

Schedule SB, Part V—Summary of Plan Provisions

Early Retirement

Eligibility	Age 55 and 15 years of service, or the sum of years of age plus years of service equals at least 75.
Monthly Benefit	The accrued normal retirement benefit earned to the participant's termination date, reduced actuarially based on the participant's age when the benefit commences. The benefit reduces 3% for each year from age 60 to 65 and 5% for each year from age 55 through 60.

Late Retirement

Eligibility	Termination after normal retirement date.
Monthly Benefit	The accrued normal retirement benefit earned to the participant's termination date.

Vested Termination

Eligibility	5 years of service or age 65 or older.
Monthly Benefit	<ol style="list-style-type: none">(1) The accrued normal retirement benefit earned to the participant's termination date, payable at age 65.(2) A participant who terminates after completing at least 15 years of service, but before age 55, may elect to receive a reduced benefit beginning as early as age 55, or when the participant's years of age plus years of service equal at least 75. The benefit is reduced in the same manner as the early retirement benefit.

In Service Death Benefits

Eligibility	Any vested participant who is married or has a domestic partner and who is employed within the controlled group at the date of death.
Monthly Benefit	66-2/3% of the participant's accrued benefit at the time of death, adjusted for the 66-2/3% joint and survivor annuity form of payment, payable at the participant's normal retirement date. If the survivor elects early commencement, the benefit is further reduced in the same manner as the early retirement benefit.

Schedule SB, Part V—Summary of Plan Provisions

Pre-Retirement Death Benefits

Eligibility	Any vested participant who is married or has a domestic partner at the time of death.
Monthly Benefit	50% of the participant's accrued benefit at the time of death, adjusted for the 50% joint and survivor annuity form of payment, payable at the participant's normal retirement date. If the survivor elects early commencement, the benefit is further reduced in the same manner as the early retirement benefit.

Normal Form of Payment

Unmarried	Life annuity.
Married	50% joint and survivor annuity (actuarially reduced).
Optional Forms of Payment	<ol style="list-style-type: none">(1) Life annuity;(2) Joint and survivor annuity with 50%, 66-2/3%, or 75% continuation to the survivor;(3) Life annuity with 60, 120, 180, or 240 monthly payments guaranteed;(4) Level income option which is reduced after Social Security payments begin to provide a level income throughout retirement (available as a life annuity or life annuity with a guaranteed period certain);(5) Lump sum;(6) Installments for a fixed number of months, not exceeding 360; and(7) 100% joint and survivor annuity with 15-year guaranteed period and pop-up. <p>The 50% joint and survivor annuity and the 100% joint and survivor annuity with 15-year guaranteed period and pop-up have a greater actuarial value than the life annuity. All other optional forms of payment have the same actuarial value as the life annuity.</p>

Schedule SB Attachment (Form 5500)—2012 Plan Year
Health Care Management Solutions Retirement Plan
EIN: 20-3924985 PN: 002

Schedule SB, Part V—Summary of Plan Provisions

Definitions

Actuarial Equivalence	Actuarial equivalence is based on the IRC 417(e) basis for the month which is two months before the benefit starting date.
Employer	Health Care Management Solutions, LLC.
Credited Service	Each calendar year in which a participant has 2,000 or more hours of employment is counted as a year of credited service. Proportional credited service based on a 2,000-hour year is counted for any complete or partial year in which the participant has fewer than 2,000 hours of employment.
Final Average Compensation	<p>A participant's average monthly compensation for the highest 60 consecutive months of employment in the last 120 months of employment. The total monthly compensation included in final average compensation for any 12-month period is limited in accordance with IRC section 401(a)(17).</p> <p>Monthly compensation is the monthly rate of base pay on the first compensated hour of the month. Monthly compensation does not include overtime, bonuses, or special allowances. Monthly compensation for part-time employment or periods when the participant receives reduced sick pay is determined at the full-time rate. Terminal vacation pay is deemed paid over the period for which payment is made.</p>
Service	Each calendar year in which an employee has 1,000 or more hours of employment is counted as a year of service.

Plan Changes Since the Prior Year

- No material changes.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Schedule SB Attachment (Form 5500)—2012 Plan Year
 Health Care Management Solutions Retirement Plan
 EIN: 20-3924985 PN: 002

Schedule SB, line 26—Schedule of Active Participant Data

Number of Participants and Average Compensation

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34		4	1							
35-39		2								
40-44		2		2						
45-49				1						
50-54		2								
55-59				1		1				
60-64			1							
65-69										
70+										

N-17