Exhibit A

ST. JOHN HEALTH SYSTEM

FINANCIAL ASSISTANCE POLICY
July 1, 2016

POLICY/PRINCIPLES

It is the policy of St. John Health System (the "Organization") to ensure a socially just practice for providing emergency or other medically necessary care at the Organization's facilities. This policy is specifically designed to address the financial assistance eligibility for patients who are in need of financial assistance and receive care from the Organization.

1. All financial assistance will reflect our commitment to and reverence for individual human dignity and the common good, our special concern for and solidarity with persons living in poverty and other vulnerable persons, and our commitment to distributive justice and stewardship.

2. This policy applies to all emergency and other medically necessary services provided by the Organization, including employed physician services and behavioral health. This policy does not apply to payment arrangements for elective procedures or other care that is not emergency care or otherwise medically necessary.

3. The List of Providers Covered by the Financial Assistance Policy provides a list of any providers delivering care within the Organization's facilities that specifies which are covered by the financial assistance policy and which are not.

4. Financial Assistance provided by St. John Health System to patients is only to assist in covering required patient payment for services provided at a facility owned or operating by a wholly-owned subsidiary of St. John Health System or provided by a physician who is an employee of St. John Clinic. Financial assistance awarded by St. John does not apply to services provided by independent physicians or at facilities that are not owned or operated by St. John Health System.

DEFINITIONS

For the purposes of this Policy, the following definitions apply:

- "**501(r)**" means Section 501(r) of the Internal Revenue Code and the regulations promulgated thereunder.
- "**Amount Generally Billed**" or "**AGB**" means, with respect to emergency or other medically necessary care, the amount generally billed to individuals who have insurance covering such care.
- "**Community**" means St. John Health System is comprised of six main hospitals in Northeastern Oklahoma with each facility serving their surrounding communities.
  St. John Medical Center (Tulsa)

St. John Owasso
St. John Broken Arrow
St. John Sapulpa
Jane Phillips Medical Center (Bartlesville)
Jane Phillips Nowata

St. John Medical Center is a regional tertiary referral and trauma center serving the entire northeastern Oklahoma region, as well as parts Kansas, Arkansas and Missouri. The primary service area is Tulsa County and the surrounding counties. St. John Owasso is a not-for-profit healthcare facility serving Owasso, Oklahoma, and surrounding communities. St. John Broken Arrow is a not-for-profit healthcare facility serving Broken Arrow, Oklahoma, and surrounding communities. St. John Sapulpa is a not-for-profit hospital serving Sapulpa, Oklahoma, and surrounding communities. Jane Phillips Medical Center primarily serves Washington County and its surrounding counties including all of Nowata and Osage. Jane Phillips Nowata Inc. serves as an important provider of healthcare services to northeastern Oklahoma, particularly in the Nowata County area.

- "**Emergency Care**" means care to treat a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention may result in serious impairment to bodily function, serious dysfunction of any bodily organ or part, or placing the health of the individual in serious jeopardy.
- "**Medically Necessary Care**" means care that is determined to be medically necessary following a determination of clinical merit by a licensed physician in consultation with the admitting physician.
- "**Organization**" means St. John Health System.
- "**Patient**" means those persons who receive emergency or medically necessary care at the Organization and the person who is financially responsible for the care of the patient.

Financial Assistance Provided

Financial assistance described in this section is limited to Patients that live in the Community:

1. Patients with income less than or equal to 400% of the Federal Poverty Level ("FPL"), will be eligible for 100% charity care write off on that portion of the charges for services for which the Patient is responsible following payment by an insurer, if any.
2. Patients with demonstrated financial needs with income greater than 400% of the FPL may be eligible for consideration under a "Means Test" for some discount of their charges for services from the Organization based on a substantive assessment of their ability to pay. The Financial Counseling Review Committee will use a Debt-to-Income (DTI) ratio to determine if financial assistance will be approved for patients with income(s) greater than 400% of the Federal Poverty Level. A Patient eligible for the "Means Test" discount will not be charged more than the calculated AGB charges.
3. Eligibility for financial assistance must be determined for any balance for which the patient with financial need is responsible.
4. The process for Patients and families to appeal an Organization's decisions regarding eligibility for financial assistance is as follows:
    a. Patients receiving a denial on their application are encouraged to file an appeal within fourteen (14) days of receiving the notice of determination if there is extenuating

circumstances or additional information regarding their financial situation is presented.

b. All appeals will be considered by St. John Health System's 100% charity care and financial assistance appeals committee, and decisions of the committee will be sent in writing to the Patient or family that filed the appeal within forty-five (45) days of receipt of the request for an appeal.

Other Assistance for Patients Not Eligible for Financial Assistance

Patients who are not eligible for financial assistance, as described above, still may qualify for other types of assistance offered by the Organization. In the interest of completeness, these other types of assistance are listed here, although they are not need-based and are not intended to be subject to 501(r) but are included here for the convenience of the community served by St. John Health System.

1. Uninsured Patients who are not eligible for financial assistance will be provided a 50% discount of the total billed charges and will be applied toward the balance of the account at the time the final bill is produced.
2. Uninsured and insured Patients who are not eligible for financial assistance may receive a prompt pay discount of 10% if the balance due is fully paid prior to 30 days after the date of the first billing statement. Insured Patients who are not eligible for financial assistance will receive a prompt pay discount of 10% if such balance due is fully paid prior to 30 days after the date of the first billing statement. The prompt pay discount may be offered in addition to the uninsured discount described in the immediately preceding paragraph.

Limitations on Charges for Patients Eligible for Financial Assistance

Patients eligible for Financial Assistance will not be charged individually more than AGB for emergency and other medically necessary care and not more than gross charges for all other medical care. The Organization calculates one or more AGB percentages using the "look-back" method and including Medicare fee-for-service and all private health insurers that pay claims to the Organization, all in accordance with 501(r). A free copy of the AGB calculation description and percentage(s) may be obtained by contacting St. John Health System's Financial Counseling Department.

Applying for Financial Assistance and Other Assistance

A Patient may qualify for financial assistance by applying for financial assistance by submitting a completed FAP Application. The FAP Application and FAP Application Instructions are available in the following areas.

1. Patient Access Departments in all SJHS facilities
2. Financial Counseling
3. Central Business Office
4. Other departments performing admission functions
5. External agencies or business partners

6. St. John Health System Website
   http://www.stjohnhealthsystem.com/media/file/1826/Financial_Assistance_Form.pdf

Billing and Collections

The actions that the Organization may take in the event of nonpayment are described in a separate billing and collections policy. A free copy of the billing and collections policy may be obtained by contacting St. John Health System's Central Business Office:

SJHS Business Office
4848 S 129th E Ave
Tulsa, OK 74134
(918)744-2900

Interpretation

This policy is intended to comply with 501(r), except where specifically indicated. This policy, together with all applicable procedures, shall be interpreted and applied in accordance with 501(r) except where specifically indicated.

Exhibit B

ST. JOHN HEALTH SYSTEM

LIST OF PROVIDERS COVERED BY THE FINANCIAL ASSISTANCE POLICY

July 1, 2016

Per Reg. Sec. 1.504(r)-4(b)(1)(iii)(F) and Notice 2015-46, this list specifies which providers of emergency and medically necessary care delivered in the hospital facility are covered by the Financial Assistance Policy (FAP). Only the facilities, physicians and other medical providers listed in the column entitled "providers covered by FAP" are covered by the financial assistance policy. All other physicians and other providers providing services in St. John wholly-owned facilities or in other non-St. John facilities are not covered by the Financial Assistance Policy. The list of Providers not covered by FAP is intended to be representative, but not necessarily all inclusive of providers not covered by the Financial Assistance Policy.

.Providers covered by FAP	Providers not covered by FAP
St. John Medical Center - facility charges	EMSA and all ground and air ambulance and medical transport services
St. John Owasso - facility charges	Tulsa Radiology Associates
St. John Sapulpa - facility charges	Oklahoma Cancer Specialists and Research Institute
St. John Broken Arrow - facility charges	Surgery Inc.
Jane Phillips Medical Center -facility charges	Tulsa Bone and Joint, including Union Pines Surgery Center and TBJ Ortho Urgent Care
Jane Phillips Nowata - facility charges	Urology Associates
All physicians and Providers doing business as "St. John Clinic", including:	All Saints Durable Medical Equipment
OMNI Medical Group	Memorial Surgery Center
Family Medical Care Associates	St. John Rehabilitation Hospital, affiliated with HealthSouth
St. John Physicians - Emergency Care and Specialists	Fresenius Medical Care of Tulsa
St. John Anesthesia	Prairie House Assisted Living Center
St. John Urgent Care Tulsa	Corner Stone Long Term Acute Care Hospital
St. John Urgent Care Sand Springs	All active and courtesy staff members of St. John – wholly owned hospitals and medical facilities that are not employees of the organizations doing business as "St. John Clinic"
St. John Urgent Care Broken Arrow	
St. John Urgent Care Claremore	
St. John Clinic Bartlesville After Hours	
Bluestem Cardiology	
Bluestem Emergency Management	
Regional Medical Lab	

Exhibit C

ST. JOHN HEALTH SYSTEM

AMOUNT GENERALLY BILLED CALCULATION

July 1, 2016

St. John Health System calculates one AGB percentage using the "look-back" method and including Medicare fee-for-service and all private health insurers that pay claims to the Organization, all in accordance with IRS Reg. Sec. 1.501(r)-5(b)(3), 1.501(r)-5(b)(3)(ii)(B) and 1.501(r)-5(b)(3)(iii). The details of that calculation and AGB percentage is described below.

The AGB percentages for St. John Health System is as follows:

AGB:

Tulsa - AGB Calculated 4/1/2015 - 3/31/2016, Inpatient ZBA Threshold: $10,000, Outpatient ZBA Threshold $5,000				
Facility Name	Inpatient AGB %	Outpatient AGB %	Inpatient AGB Formula	Outpatient AGB Formula
Jane Phillips Medical Center	39.8%	36.7%	1 - (43,094,057 / 71,540,794) = 39.8%	1 - (87,456,620 / 138,208,575) = 36.7%
Saint John Broken Arrow	30.0%	37.6%	1 - (52,518,593 / 74,964,280) = 30.%	1 - (44,947,841 / 71,992,881) = 37.6%
Saint John Medical Center	33.3%	38.1%	1 - (433,459,991 / 650,182,210) = 33.3%	1 - (262,855,316 / 424,675,825) = 38.1%
Saint John Owasso Hospital	42.1%	39.1%	1 - (11,440,323 / 19,747,848) = 42.1%	1 - (33,530,286 / 55,053,189) = 39.1%
Saint John Sapulpa	67.8%	40.0%	1 - (1,832,942 / 5,689,300) = 67.8%	1 - (16,210,877 / 27,033,373) = 40.%

This AGB percentage is calculated by dividing the sum of the amounts of all of the hospital facility's claims for emergency and other medically necessary care that have been allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility by the sum of the associated gross charges for those claims. The only claims that are utilized for purposes of determining the AGB are those that were allowed by a health insurer during the 12-month period prior to the AGB calculation (rather than those claims that relate to care provided during the prior 12 months).