

**HOMECENTRIS HEALTHCARE, LLC 401(K) PROFIT SHARING PLAN AND TRUST
PLAN HIGHLIGHTS**

Eligibility	
Excluded Employees:	The following employees are excluded from the Plan: <ul style="list-style-type: none"> • Employees covered by a collective bargaining agreement • Non-resident aliens • Intern Employees
Elective Deferral Contributions, Matching Contributions and Profit Sharing Contributions:	You must meet the following criteria to be eligible to make Elective Deferral Contributions and receive Matching Contributions and Profit Sharing Contributions <ul style="list-style-type: none"> • You must attain age 21
Enrollment Periods	
Elective Deferral Contributions, Matching Contributions and Profit Sharing Contributions:	On the date you meet the eligibility criteria specified above. If you do not make an enrollment election, you may be automatically enrolled in the Plan. A notice will be provided with details prior to the beginning of each plan year.
Contributions	
Elective Deferral:	You may elect to defer up to 100% of your Compensation on a pre-tax basis. You may elect to change your elections to contribute to the Plan on the dates established pursuant to Plan Administrator procedures. Federal law also limits the amount you may elect to defer under the Plan (\$18,500 in 2018). However, if you are age 50 or over, you may defer an additional amount up to \$6,000 (in 2018).
Matching Contributions:	The Employer may, in its sole discretion, make a Matching Contribution on your behalf in an amount determined by the Employer. You must be employed by the Employer on the last day of the Plan Year in order to receive a Matching Contribution.
Profit Sharing Contributions:	The Employer may, in its sole discretion, make a Profit Sharing Contribution on your behalf in an amount determined by the Company. Such contribution, if made, will be allocated in an amount designated by the Employer. You must be employed by the Employer on the last day of the Plan Year in order to receive a Profit Sharing Contribution.
Rollovers:	The Plan may accept a Rollover Contribution made on behalf of any Eligible Employee, regardless of whether such Employee has met the age and service requirements of the Plan. An Eligible Employee who has not yet met any of the eligibility requirements of the Plan will be deemed a Participant only with respect to amounts, if any, in his Rollover Contribution Account.
Vesting	
Fully Vested Accounts:	You will have a fully vested and nonforfeitable interest in your Elective Deferral Account, Rollover Contribution Account and Qualified Nonelective Contribution Account.
Accounts subject to a Vesting Schedule:	The following accounts are subject to a vesting schedule: <ul style="list-style-type: none"> • Discretionary Matching Contribution • Discretionary Profit Sharing Contribution <p>Your interest in your Matching Contribution Account and Profit Sharing Contribution Account will vest based on your Years of Vesting Service according to a 4 year graded vesting schedule, as follows:</p> <ul style="list-style-type: none"> 1 Years of Service – 25% 2 Years of Service – 50% 3 Years of Service – 75% 4 Years of Service – 100% <p>Years of vesting service prior to the effective date of this Plan are excluded.</p>

Investing Plan Contributions	
Investments:	<p>You may direct the investment of all of your Accounts in one or more of the available Investment Funds.</p> <p>The Plan is intended to constitute a plan described in section 404(c) of ERISA. This means that Plan fiduciaries may be relieved of liability for any of your losses that are the result of your investment elections.</p>
Distributions and Loans	
Distributions from the plan:	<p>You may receive a distribution from your account under the following circumstances:</p> <ul style="list-style-type: none"> Immediately after your employment terminates Normal Retirement Age is the later of age 65 or 4 years of participation After age 59-1/2 (while still working) from all fully vested accounts From the Rollover Contribution Account at any time Death Disability
Loans:	<ul style="list-style-type: none"> • The minimum loan amount is \$1,000. • The maximum number of loans outstanding per participant at one time is 1. • Loans are available from fully vested accounts. • You may borrow up to 50% of your vested account balance not to exceed \$50,000 reduced by the highest outstanding balance of loans in the last 12 months. • The interest rate will be the prime rate + 1%.
Contact Information	
<p>Plan Administrator: HomeCentris Healthcare, LLC Address: 10 Crossroads Drive, Suite 110, Owings Mills, Maryland 21117 Phone number: 410-486-5330</p>	
<p><i>Note: These plan highlights are intended to be a very concise overview of plan features. For a detailed description of plan features, please review the Summary Plan Description or contact the Plan Administrator for more information. The plan features described in these plan highlights are subject to change and in the event of a discrepancy between the legal plan document and these highlights (or any other summary of plan features), the plan document shall control.</i></p>	