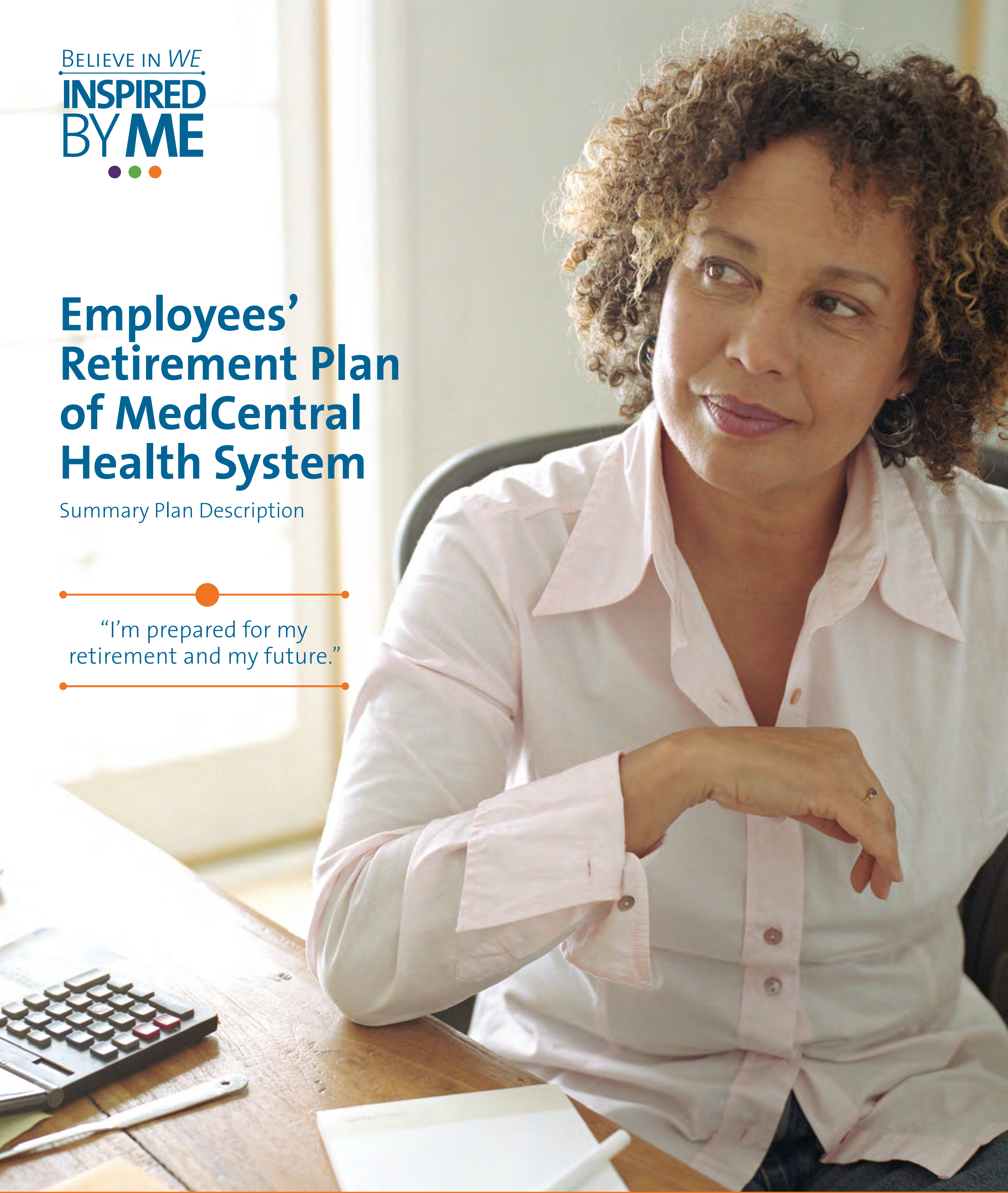
BELIEVE IN *WE*

INSPIRED BY ME



Employees' Retirement Plan of MedCentral Health System

Summary Plan Description

"I'm prepared for my retirement and my future."

Living OhioHealthy

OhioHealth

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Introduction

The Employees' Retirement Plan of MedCentral Health System (the "plan" or the "Cash Balance Plan") is a pension plan for associates of OhioHealth who are employed at the OhioHealth Mansfield and Shelby Hospitals.

The plan was established on July 1, 1965 as the Employees' Retirement Plan of Mansfield General Hospital. Effective January 1, 1997, the plan was amended and restated as a cash balance plan and the name changed to the Employees' Retirement Plan of MedCentral Health System.

The plan was closed to new employees hired after January 1, 2016. Benefit accruals under the plan (except for Interest Credits) were also frozen as of the same date.

You have a number of sources of future income. The Cash Balance Plan is one very important source. This plan works with other important income sources such as Social Security, the MedCentral Health System Employees' Retirement Plan (the "403(b)" or tax-sheltered annuity (TSA) plan), the OhioHealth Retirement Savings Plan 403(b) for active associates, and personal savings to provide you with financial security when you retire. The Cash Balance Plan is likely to replace a percentage of your pre-retirement income after a full career with MedCentral Health System and OhioHealth, with OhioHealth paying the full cost. Your benefit in this plan grows over time.

This Summary Plan Description (SPD) outlines the key features of the plan. This booklet describes plan provisions in effect as of January 1, 2017. If you have questions about the plan, please contact the OhioHealth Pension Resource Center at **www.ohpension.com** or call **(844) 340.4801** between 9 a.m. and 6 p.m. Eastern time, Monday through Friday.

Important Note: It is very important that you have a current beneficiary form on file for this plan. You can complete a form online via the OhioHealth Pension Resource Center website.

This Summary Plan Description ("SPD" or "Summary") highlights the important features of the plan. This Summary is not intended to give all details of the plan. The plan document and the related trust agreement are the official documents that control your rights, benefits and obligations under the plan. If there are any differences between this Summary and the official plan documents, the official documents govern.

Your Participation in the Plan

You are eligible to participate in the plan if, as of January 1, 2016:

- You are an employee of OhioHealth Mansfield and Shelby Hospitals,
- You are age 21 or older, and
- You have completed at least 1,000 hours of service in your first twelve months of employment or in any year after that.

You are not eligible to participate if you are a non-salaried officer, trustee, independent contractor, non-employed member of the medical staff or agency/leased employee. Your participation in the plan begins on the January 1 or July 1 after you meet the eligibility requirements described above.

Note: *The plan was frozen effective January 1, 2016. You are not eligible for the plan if you were not eligible as of that date.*

THE PRIOR PLANS

If you were an active participant in any of the following retirement plans on December 31, 1996, you automatically became a participant in the Cash Balance Plan on January 1, 1997:

- Crestline Memorial Hospital Retirement Plan
- Shelby Memorial Hospital Retirement Plan
- Mansfield General Hospital Pension Plan

The value of your accrued benefit under the *Mansfield General Hospital Pension Plan* — the benefit you had already earned converted into a lump sum — as of December 31, 1996, was your opening balance in your account under the Cash Balance Plan.

If you were a participant in either the *Crestline or Shelby Memorial Hospital Retirement Plan*, any benefit you earned in those plans through December 31, 1996, remains in those plans until you retire. As a result, you will not have an opening balance in the Cash Balance Plan.

If you were not a participant in any of the plans listed above on December 31, 1996, you become a participant when you meet the eligibility requirements outlined above.

How the Plan Works

CONTRIBUTIONS TO YOUR INDIVIDUAL BOOKKEEPING ACCOUNT

When you become a participant in the plan, OhioHealth sets up an individual bookkeeping account in your name, called your Cash Balance Plan account. Your account grew with **employer contributions** and grows with **interest** that OhioHealth credits to your account each year. The plan was frozen as of January 1, 2016 so there were two formulas for how your account is built. OhioHealth pays the full cost of funding your Cash Balance Plan account.

HOW YOUR CASH BALANCE PLAN ACCOUNT BUILDS

EACH YEAR PRIOR TO 2016, YOUR ACCOUNT GREW THROUGH:

BEGINNING ACCOUNT BALANCE
+
EMPLOYER CONTRIBUTION CREDIT
+
INTEREST CREDIT
=
ENDING ACCOUNT BALANCE

EACH YEAR BEGINNING IN 2016, YOUR ACCOUNT GROWS THROUGH:

ACCOUNT BALANCE
+
INTEREST CREDIT
=
ENDING ACCOUNT BALANCE

ANNUAL EMPLOYER CONTRIBUTIONS

Prior to January 1, 2016, each year that you worked at least 1,000 hours, OhioHealth credited your account with a contribution. The amount of the contribution was based on your age and pay. This table shows how it works:

If You Are:	Your Account Is Credited with This Percentage of Your Annual Pay:
Younger than 30	2.5%
30–39	3.0%
40–49	4.0%
50–59	5.0%
60 or older	6.0%

For example, let's assume that in any year prior to 2016 you were age 35 and earned $30,000. At the end of 2016, your account would receive a contribution credit of $900, which is 3 percent of your pay.

The contribution was based on your total salary or wages, including any pre-tax contributions you made to any OhioHealth plans like the TSA Plan that reduce your taxable income. Your salary or wages did not include tuition reimbursement, imputed income, car allowances, expense reimbursement, STD payments, LTD payments or amounts over the IRS pay limits.

INTEREST CREDITS

In addition to prior annual employer contributions, your account balance grows through interest. The interest rate is set January 1 each year and is based on the average yield of 30-year U.S. Treasury Bonds for the December preceding the start of the year. The minimum interest credit your account receives is 3 percent annually.

Interest is calculated by multiplying your account balance as of January 1 by the interest rate.

1/12 OF INTEREST RATE PER MONTH X JANUARY 1 ACCOUNT BALANCE = INTEREST

If you are a rehired, nonvested participant with a vested balance, your interest credits from your previous employment period are restored upon your date of hire. **Note:** Partial months are treated as whole months for interest credits.

OhioHealth will announce the annual interest credit rate each year. Your account is credited with interest each year until your account is paid out to you or you begin receiving monthly benefit payments.

SPECIAL RULES FOR MANSFIELD GENERAL HOSPITAL PENSION PLAN PARTICIPANTS

If you were a participant in the Mansfield General Hospital Pension Plan on December 31, 1996, your benefit when you retire will be calculated under both the Cash Balance Plan and the prior Mansfield General Hospital Pension Plan, using your actual earnings through the year 2000. You'll receive the higher of the two benefit amounts. Refer to **Mansfield General Hospital Pension Plan Benefit Formula** to see how the formula works.

Your Service

Your service with OhioHealth is an important part of the Cash Balance Plan. Your service determines when you:

- Were eligible to participate in the plan (see **Your Participation in the Plan**),
- Are vested in your benefit (described below), and
- Can receive your benefit (see **Receiving Your Retirement Benefit**).

Service was also used to determine whether your account received a contribution credit each year prior to 2016 (see **Annual Employer Contributions**).

Vesting service determines your eligibility to receive a benefit. You receive credit for a year of vesting service for each year you work at least 1,000 hours. You become 100 percent vested after you complete three years of vesting service or when you reach your normal retirement date, whichever occurs first. (See **Receiving Your Retirement Benefit** for more information about retirement dates under the plan.) If you terminate employment before age 65 without completing three years of vesting service, you will not receive a plan benefit.

You earn an hour of service for each hour you work or are entitled to pay from OhioHealth. This includes paid time away from work for paid time off (PTO), supplemental sick pay, jury duty, funeral days, paid workshops, inservices and for time which back pay is awarded or agreed upon by MedCentral or OhioHealth.

You also receive hours of service for unpaid time due to maternity or paternity leave and military duty, as long as you return to work on or before the end of your leave, or within the time prescribed by the Family and Medical Leave Act, the Uniformed Services Employment and Reemployment Rights Act or other applicable laws.

A Few Notes About Service:

- Any service you had earned through December 31, 1996, at Crestline Memorial Hospital, Shelby Memorial Hospital or Mansfield General Hospital counts for vesting purposes in the Cash Balance Plan.
- Any time away from work due to a maternity or paternity leave of absence counts for vesting purposes in the Cash Balance Plan but does not count for benefit purposes.
- Time away from work due to military duty leave counts for both vesting and benefit purposes in the Cash Balance Plan.

BREAK IN SERVICE

A break in service occurs when you leave OhioHealth and complete less than 501 hours of service in a year. However, there are special situations when the plan does not count time away from work toward a break in your service. These times include unpaid approved leaves of absence. In these situations, you will receive credit for those hours up to a maximum of 501 hours so as to avoid a break in your service. However, no more than 501 hours of service will be counted during a continuous non-working period. No hours of service will be earned for hours you've earned from a plan maintained because of Workers' Compensation, unemployment compensation or disability insurance laws.

You will lose your accrued service if you are not vested when a break in service occurs.

REEMPLOYMENT AFTER A BREAK IN SERVICE

If you have a break in service and you are later rehired, your years of vesting service before your absence may be restored depending on the length of your break in service and whether you were vested when your first period of employment ended:

- If you were vested when you left OhioHealth, you will again join the plan when you are reemployed. After you resume participation in the plan, your account is credited with interest credits retroactive to the first of the month after your date of reemployment.
- If you were not vested when you left OhioHealth and your break in service is less than five years, you will again join the plan when you are reemployed. After you resume participation in the plan, your account will be credited with pay credits (if the break was prior to January 1, 2016) and interest credits retroactive to the first of the month after your date of reemployment.

Receiving Your Retirement Benefit

Your benefit is available to you when you:

RETIRE AT AGE 65 (NORMAL RETIREMENT)

Your normal retirement age is the later of the date you attain age 65 or the fifth anniversary of the date you became a plan participant.

RETIRE BEFORE AGE 65 (EARLY RETIREMENT)

You may retire as early as the first day of the month on or after the date you reach age 55, provided you have completed at least three years of vesting service. You may retire on the first day of any month after you meet these requirements.

RETIRE AFTER AGE 65

If you continue working for OhioHealth after age 65, your account continues to be credited with interest until the first day of the month on or after the date you retire. Generally, your benefit does not begin until you actually retire.

BECOME DISABLED

If you become totally and permanently disabled while you are working for OhioHealth, and you have at least 15 years of vesting service, you are eligible for a disability retirement any time after you have been disabled for at least 26 weeks.

The plan does not pay benefits if your disability is due to:

- An injury or illness incurred while you served in the armed forces,
- Alcohol or drug addiction,
- An injury or illness incurred while you committed a felony for which convicted, or
- A self-inflicted injury.

Mandatory Cash-Out Provision

If the lump sum present value of your retirement benefit is $5,000 or less when you terminate employment, your benefit will be automatically distributed from the plan. If you do not make a distribution election for your benefit, the distribution will be rolled over to an Individual Retirement Account (IRA) on your behalf.

Forms of Payment

The plan offers several forms in which your account may be paid. All payment options are designed to be of equal value, but you should be aware of the advantages offered by each before making your choice. In making your decision you will want to consider your health, your family's health, your living expenses, your tax situation and any other sources of income other than the plan. You should consult your tax advisor if you have questions.

Important Note: Generally, if you are married and you choose an option that provides less to the spouse than a 50 percent joint and survivor annuity, your spouse must consent to your election. That means your written election must be signed by your spouse, indicating that he or she understands the effect of your election, and must be notarized by a notary public.

IF YOU CHOOSE...	THE PLAN PAYS...
Single Life Annuity *(This is the normal form if you are single, unless you elect another payment form. If you are married, see below.)*	This option provides a monthly benefit payable for your lifetime. Upon your death, benefits stop and no further payments will be made to anyone after your death.
100%, 75% or 50% Joint and Survivor *(The 50% joint and survivor option is the normal form if you are married, unless you elect another payment form.)*	This option pays monthly payments during your lifetime. Depending on your election, upon your death your beneficiary will receive monthly payments equal to 100%, 75% or 50% of the amount you were receiving for the remainder of his or her lifetime. If your beneficiary dies before you, your monthly payments will be continued in the same amount for your lifetime only. If you remarry, your new spouse will not be covered under this form of payment because the benefit was based upon the life expectancy of your prior beneficiary. Upon your and your beneficiary's death, there is no death benefit payable. Benefit payments will end.

IF YOU CHOOSE...	THE PLAN PAYS...
Qualified Optional Survivor Annuity (QOSA)	This option pays monthly payments during your lifetime. Like the 75% Joint and Survivor Annuity option, upon your death, your surviving spouse receives monthly payments equal to 75% of the amount you were receiving for the remainder of his or her lifetime. However, under the QOSA, only your surviving spouse can be your beneficiary. Your spouse's consent is not required to choose the QOSA.
Single Life Annuity with 10 Years Guaranteed *(If you are married, your spouse must consent to your election of this option.)*	You will receive monthly payments for your lifetime with a guarantee that at least 10 years of monthly payments will be paid. If you die before you have received 10 years of monthly payments, your beneficiary(ies) will receive the balance of the unpaid monthly payments (distributed evenly among living beneficiaries). If you die after receiving the guaranteed number of monthly payments, no death benefit will be payable to your beneficiary.
Lump Sum Payment *(If you are married, your spouse must consent to your election of this option.)*	This option pays you a single lump sum payment. You may transfer the payment to an Individual Retirement Account (IRA), including a Roth IRA, or another plan that accepts rollovers. You may also have the lump sum paid directly to you, in which case taxes and penalties, if applicable, will apply. If you elect the lump sum form of payment, you will not be entitled to any additional benefit from the plan.

IF YOU DIE

If You Die Before You Retire but After You Are Vested

Your spouse or, if your spouse consents, your designated beneficiary, will be entitled to a preretirement death benefit. The preretirement death benefit will be equivalent to the value of your account.

- If your spouse is your beneficiary, the benefit will be paid as a "qualified preretirement survivor annuity." This means your spouse will receive monthly payments for the remainder of his or her lifetime. However, your spouse may elect a lump sum instead of an annuity if he or she makes his or her election before benefits are to begin.
- If you are unmarried, or your spouse is not your designated beneficiary (with spousal consent), your designated beneficiary will receive the benefit in a single lump sum payment.

Your spouse or beneficiary can defer paying taxes on a lump sum distribution by rolling or transferring the distribution directly to an Individual Retirement Account (IRA), including a Roth IRA, or another IRS-qualified plan that accepts rollovers.

The benefit will begin as soon as possible after your death.

If You Die After Retirement Benefits Begin

If you die after your benefit payments begin, benefits will continue only if you have chosen a monthly payment form that provides for a survivor benefit for your spouse or beneficiary.

The benefit will begin as soon as possible after your death.

If You Die During Military Service

If you die while on military leave, your beneficiary will receive any additional benefits that would have been provided to you had you resumed employment prior to your death. This includes vesting and ancillary death benefits, but not additional accruals.

CHOOSING YOUR BENEFICIARY

If you are single when your plan participation begins, you name your beneficiary by completing a beneficiary designation form and filing it with the plan administrator. These forms can be obtained from the OhioHealth Pension Resource Center. You can name primary and contingent beneficiaries.

Note: *It is very important that you have a current beneficiary form on file for this plan. You can complete a form online via the OhioHealth Pension Resource Center website*.

Your beneficiary will be entitled to receive any preretirement death benefit payable from the plan in the event of your death. You may change your beneficiary at any time by completing a new form. Any designation, change or revocation of a beneficiary by you is effective only if the necessary beneficiary designation form is received by OhioHealth Pension Resource Center before your death. In addition, you may designate a trust as your beneficiary. However, if you marry, your spouse will automatically become your beneficiary regardless of any prior beneficiary designation form on file with the plan pdministrator.

If you are married at the time you enter the plan, your spouse is automatically your beneficiary. You may, however, with the consent of your spouse, designate someone other than your spouse as your beneficiary. With your spouse's consent, you may also designate someone in addition to your spouse as your beneficiary for lump sum payments. The beneficiary designation form must include the written consent of your spouse, as notarized by a notary public. The entry of a decree of divorce or dissolution will not automatically revoke your prior written election naming your divorced spouse as your beneficiary. You must complete a new beneficiary designation form to name a new beneficiary.

Upon your death, if there is no designated beneficiary, if your designated beneficiary dies before you, or if you do not otherwise have a valid beneficiary designation on file at the time of your death, your benefits will be paid to your surviving spouse or your estate.

Once you retire, you cannot change your beneficiary(ies) if you chose a joint and survivor annuity, even if your beneficiary has died. You may designate up to 20 primary beneficiaries and 20 contingent beneficiaries for the Single Life Annuity with 10-years guaranteed option. Contingent beneficiaries are paid only if all primary beneficiaries are deceased. The primary beneficiaries must be individuals (not an estate or trust). The deceased beneficiary's portion is distributed evenly among the remaining living beneficiaries. If no living beneficiaries remain, the benefit is paid as a lump sum to your estate.

How to Apply for Your Benefits

Before you can begin receiving your benefit from the plan, you can start by visiting the OhioHealth Pension Resources site at ohpension.com or by calling (**844) 340.4801**.

You can apply for benefits as early as 90 days before your retirement date so that your request can be processed and you can begin receiving your retirement benefit. If you do not apply at least 30 days before your retirement date, payment of benefits may be delayed.

CLAIMS APPEALS AND DENIALS

If your claim for benefits is denied in whole or in part, you (or your beneficiary) will receive written notification from the OhioHealth Pension Resource Center within 90 days. The notice will include:

- The reason for the denial, with specific reference to the pertinent plan provisions on which the denial was based,
- A description of any information or materials necessary to process the claim properly and why the materials are needed, and
- An explanation of the claims review procedure.

Within 60 days after receiving the denial, you or your beneficiary may submit a written request for reconsideration to the OhioHealth Pension Resource Center. Any such request should be accompanied by documents or records in support of the appeal. The OhioHealth Pension Resource Center will respond within 60 days — or 120 days under special circumstances — after receipt of the appeal.

OhioHealth has the exclusive right to interpret the plan and its decisions are final and binding.

Additional Facts About Your Plan Benefits

PLAN AMENDMENT OR TERMINATION

OhioHealth intends to continue the plan indefinitely, however, it has the right to amend or terminate the plan at any time by action of the board of directors or Benefit Plans Committee without the consent of participants, retired participants, spouses or any beneficiaries. For example, the plan may be changed because of federal regulations or it may be terminated due to business reasons. The plan cannot be amended to decrease the benefit you've accrued or be used for purposes other than the benefit of participants and their beneficiaries.

If the plan is amended in a way which changes the vesting schedule, you will be eligible to make an irrevocable election to remain under the pre-amended vesting schedule, as long as you have at least three years of service. If the plan terminates, you will become vested in your benefit.

MERGER, CONSOLIDATION OR TRANSFER

The pan will not be merged, consolidated or transferred to another plan unless the benefit each participant receives immediately after the merger, consolidation or transfer is equal to or greater than the benefit they would receive prior to the merger, consolidation or transfer.

EMPLOYMENT RIGHTS

This plan is not a contract between you and OhioHealth. OhioHealth reserves the right to discharge any employee at any time regardless of the effect the discharge could have on an employee's plan participation.

COMPENSATION LIMITS

This limit will be adjusted in the future in accordance with federal cost of living increases.

SPENDTHRIFT AND ASSIGNMENT OF YOUR BENEFIT

Your plan benefit is not subject to the claims of creditors and cannot be attached, garnished or subject to legal process. Your plan benefit may not be sold, assigned or borrowed from except in the event of a Qualified Domestic Relations Order (QDRO).

MILITARY SERVICE

Contributions, benefits and service credit will be provided for qualified military service in accordance with the provisions of USERRA.

CONSTRUCTION

The plan is designed in accordance with the laws of the State of Ohio, unless those laws are superseded by ERISA or any other federal law, which will govern.

SEVERABILITY

If any provision of this plan is determined to be illegal or invalid, that provision will not affect the remaining provisions of this plan. The plan will be enforced as if the illegal and invalid provisions had not been in place.

ERRORS

Any misstatement of a participant's age, sex, length of service or credited service, date of birth or employment, compensation or other matter will be corrected as soon as it becomes known an error was made.

IF THE PLAN BECOMES TOP-HEAVY

It is unlikely that this plan will become "top-heavy" and favor key employees (as defined in the Internal Revenue Code) such as certain executives of OhioHealth. In the unlikely event the plan does become top-heavy, special rules will apply that could increase the benefits and improve the vesting status of other employees.

The plan will be considered top-heavy if the present value of accrued benefits for key employees exceeds 60 percent of the present value of accrued benefits for all employees. During any year that the plan is top-heavy, staff employees will receive an additional minimum accrued benefit. Also, special vesting rules will apply.

IF THE PLAN IS UNDERFUNDED

Under the Pension Protection Act (PPA) of 2006, certain limits on benefit payments and benefit accruals apply if the plan falls short of funding targets established by the PPA (also called "underfunded"). OhioHealth will notify you if these benefit restrictions apply.

ROLLOVERS

If you receive a lump sum distribution from the plan, you may elect to:

- Transfer all or a portion of your lump sum distribution to another qualified retirement plan (such as a 401[k] plan, a 403[b] annuity program or an eligible 457 plan of your new employer) that accepts direct rollover distributions or to an Individual Retirement Account (IRA),
- Receive the distribution in cash less 20 percent federal income tax withholding, and
- Receive a portion of your distribution in cash and directly transfer the remaining portion to another plan or IRA. In that case, the 20 percent withholding requirement will only apply to the portion of the distribution you receive in cash.

You will receive a notice from the OhioHealth Pension Resource Center describing these options in greater detail prior to the date on which you are to receive a lump sum distribution.

Rollover into a Roth IRA

You or your beneficiary can roll over a lump sum payment of non-Roth money from the plan to a Roth IRA, as well as to another IRA or eligible employer plan. If you roll over a payment of non-Roth money to a Roth IRA, a special rule applies under which the amount of the payment rolled over (reduced by any after-tax amounts) will be taxed. However, the 10 percent additional income tax on early distributions will not apply (unless you take the amount rolled over out of the Roth IRA within five years, counting from January 1 of the year of the rollover).

You do not have to take required minimum distributions from a Roth IRA during your lifetime. For more information, see IRS Publication 590, *Individual Retirement Arrangements (IRAs).*

If you die and leave your accrued benefit to a non-spouse beneficiary, he or she may roll over the inherited assets into a traditional or Roth IRA.

PENSION BENEFIT GUARANTY CORPORATION

Your pension benefits under this plan are insured by the Pension Benefit Guaranty Corporation (PBGC), a federal insurance agency. If the plan terminates (ends) without enough money to pay all benefits, the PBGC will pay certain pension benefits. Most individuals receive all of the pension benefits they would have received under their plan, but some individuals may lose certain benefits.

The PBGC guarantee generally covers:

- Normal and early retirement benefits,
- Disability benefits if you become disabled before the plan terminates, and
- Certain benefits for your survivors.

The PBGC guarantee generally does not cover:

- Benefits greater than the maximum guaranteed amount set by law for the year in which the plan terminates,
- Some or all of benefit increases and new benefits based on plan provisions that have been in place for fewer than five years at the time the plan terminates,
- Benefits that are not vested because you have not worked long enough for the organization,
- Benefits for which you have not met all of the requirements at the time the plan terminates,
- Certain early retirement payments (such as supplemental benefits that stop when you become eligible for Social Security) that result in an early retirement monthly benefit greater than your monthly benefit at the plan's normal retirement age, and
- Non-pension benefits, such as health insurance, life insurance, certain death benefits, vacation pay and severance pay.

Even if certain benefits are not guaranteed, you still may receive some of those benefits from the PBGC depending on how much money the plan has and on much the PBGC collects from your employer.

For more information about the PBGC and the benefits it guarantees, ask your plan administrator or contact the PBGC's Technical Assistance Division, 1200 K Street N.W., Suite 930, Washington, D.C. 20005-4026 or call **(202) 326.4000** (not a toll-free number). TTY/TDD users may call the federal relay service toll-free at **(800) 877.8339** and ask to be connected to **(202) 326.4000**. Additional information about the PBGC's pension insurance program is available through the PBGC's website at **www.pbgc.gov**.

PLAN DOCUMENT

This information was written to provide you with an easy-to-understand explanation of the main features of The Employees' Retirement Plan of MedCentral Health System, known as the Cash Balance Plan. Of course, this booklet cannot cover every circumstance as it would apply to you. Therefore, if you would like a more detailed explanation, you can review the plan document by contacting Human Resources. In case of conflict, the actual plan document governs all matters. If you have any questions, please contact Human Resources for help. Please read this summary plan description carefully and keep it for future use.

Your Rights Under ERISA

As a participant in The Employees' Retirement Plan of MedCentral Health System, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA). ERISA provides that all plan participants shall be entitled to:

RECEIVE INFORMATION ABOUT YOUR PLAN AND BENEFITS

- Examine, without charge, at the plan administrator's office and at other specified locations, such as worksites, all documents governing the plan, including insurance contracts, and a copy of the latest annual report (Form 5500 Series) filed by the plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration.

- Obtain, upon written request to the plan administrator, copies of documents governing the operation of the plan, including copies of the latest annual report (Form 5500 Series) and updated summary plan description. The administrator may make a reasonable charge for the copies.

- Examine the annual report and receive a copy of it upon request.

- Obtain a statement telling you whether you have a right to receive a pension at normal retirement age (age 65) and if so, what your benefits would be at normal retirement age if you stop working under the plan now. If you do not have a right to a pension, the statement will tell you how many more years you have to work to get a right to a pension. This statement must be requested in writing and is not required to be given more than once every 12 months. The plan must provide the statement free of charge.

PRUDENT ACTIONS BY PLAN FIDUCIARIES

In addition to creating rights for plan participants, ERISA imposes duties upon the people who are responsible for the operation of the employee benefit plan. The people who operate your plan, called "fiduciaries" of the plan, have a duty to do so prudently and in the interest of you and other plan participants and beneficiaries. No one, including your employer, or any other person, may terminate your employment or otherwise discriminate against you in any way to prevent you from obtaining a pension benefit or exercising your rights under ERISA.

ENFORCE YOUR RIGHTS

If your claim for a pension benefit is denied or ignored, in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules.

Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request copies of any of the plan's documents or the latest annual report from the plan and do not receive them within 30 days, you may file suit in a federal court. In such a case, the court may require the plan administrator to provide the materials and pay you up to $110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the plan administrator. If you have a claim for benefits that is denied or ignored, in whole or in part, you may file suit in a state or federal court. In addition, if you disagree with the plan's decision or lack thereof concerning the qualified status of a domestic relations order, you may file suit in federal court. If it should happen that plan fiduciaries misuse the plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim is frivolous.

ASSISTANCE WITH YOUR QUESTIONS

If you have any questions about your plan, you should contact the plan administrator. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the plan administrator, you should contact the nearest office of the Employee Benefits Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of labor, 200 Constitution Avenue N.W., Washington, D.C. 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publication hotline of the Employee Benefits Security Administration.

Administrative Facts

PLAN FEATURE	WHAT YOU NEED TO KNOW
Plan Name	Employees' Retirement Plan of MedCentral Health System
Plan Number	002
Type of Plan	Defined benefit pension plan (cash balance)
Plan Year	January 1 to December 31
Plan Sponsor	OhioHealth – MedCentral, the sponsor of the plan, is located at: MedCentral Health System 335 Glessner Avenue Mansfield, OH 44903-2265 **(419) 526.8000** If you have questions regarding the plan, you should contact the OhioHealth Pension Resource Center at **(844) 340.4801**
Employer Identification Number	34-0714456
Plan Administrator	A committee is responsible for administering the plan. The committee has the authority to interpret all plan provisions and to exercise discretion where necessary or appropriate in the interpretation or administration of the plan.
Plan Trustee	Responsibility for the investment management of the Trust Fund is assigned to the plan's trustee. OhioHealth appoints the plan's trustee and the current trustee is: The Northern Trust Company 50 S. LaSalle Street Chicago, IL 60603
Agent for Legal Process	For disputes arising from the plan, service of process may be made upon OhioHealth at the address listed above. Service of process may also be made upon the plan's trustee at the address listed above.

ABOUT THIS SUMMARY PLAN DESCRIPTION

This summary plan description (SPD) is intended to provide you with an easy-to-understand explanation of the main features of the Cash Balance Plan. It is based on the provisions described in the legal plan document that governs the plan. If there are any discrepancies between the official plan document (including administration or trust agreements) and this SPD or an oral interpretation, the plan document will be considered correct.

Participation in the plan is not a guarantee of employment with OhioHealth, nor does this plan interfere with the right of OhioHealth to discharge or discipline an employee at any time.

Mansfield General Hospital Pension Plan Benefit Formula

If you were a participant in the Mansfield General Hospital Pension Plan on December 31, 1996, your benefit when you retire will be calculated under both the current Cash Balance Plan and the prior Mansfield General Hospital Pension Plan, using your actual earnings through the year 2000. You'll receive the higher of the two benefit amounts. Prior Mansfield Plan benefits are frozen and pre-calculated. A description of your benefit calculated under the Cash Balance Plan is described in **How the Plan Works**. This section describes the benefit formula for the Mansfield General Hospital Pension Plan.

If you have any questions about any of the benefit formulas, contact the OhioHealth Pension Resources Center.

BENEFITS UNDER THE MANSFIELD GENERAL HOSPITAL PENSION PLAN

Retirement benefits under the Mansfield General Hospital Pension Plan are calculated under three different formulas. Your actual retirement benefit will be equal to the largest amount calculated under the formulas.

Two of the formulas use a combination of your years of service and final average monthly compensation. One formula also uses Social Security covered compensation to calculate retirement benefits. These formulas were frozen effective January 1, 2016. The third formula provides a guaranteed minimum monthly benefit of $12 times your years of credited service.

In addition, there is a further guarantee that your pension benefit will never be less than the benefit you earned through December 31, 1988. This is the date immediately prior to the effective date of the formulas below:

The Formulas

The three formulas used to calculate retirement benefits are as follows:

FORMULA #1	FORMULA #2	FORMULA #3
A. 0.9 percent of final average monthly compensation up to Social Security covered compensation, plus **B.** 1.45 percent of final average monthly compensation over Social Security covered compensation **C.** The sum of A and B multiplied by years of continuous benefit service at retirement (maximum 30 years)	**A.** 1.0 percent of final average monthly compensation up to $2,667 a month **B.** The amount determined in A, above, multiplied by years of continuous benefit service at retirement (maximum 30 years)	$12 multiplied by years of credited service at retirement (no maximum)

Normal Retirement

Normal Retirement is at age 65. When you reach normal retirement age, your monthly benefit is calculated under the three formulas. You receive the greatest benefit which has been calculated.

Here is an example of how a normal retirement benefit is calculated.

ASSUMPTIONS—

1. Age 65.

2. Final average monthly compensation is $7,674.

3. Monthly Social Security covered compensation is $6,667 (born in 1952).

4. Continuous benefit service at retirement is 31 years.

5. Credited service at retirement is 31 years.

FORMULA #1		FORMULA #2		FORMULA #3	
A. 0.9% x $6,667	= $60.003	**A.** 1% x $2,667	$26.67	$12 x 31 years of credited service	= $372 per month
PLUS		**TIMES**			
B. 1.45% x ($7,674 - $6,667)	$14.602 $74.605	**B.** Continuous benefit service at retirement	x 30		
TIMES		**EQUALS**			
C. Continuous benefit service at retirement	x 30	**C.** Equals monthly benefit	$800.10		
EQUALS					
D. Monthly benefit	$2,238.15				

Your monthly benefit is the largest benefit calculated under the three formulas above. In this case, your monthly benefit is $2,238.15 as calculated under Formula #1.

KEY FORMULA TERMS

Here are the definitions of the key terms used in the plan's formulas:

Continuous Benefit Service is each full year in which you work 501 or more hours. In your year of hire or year of retirement or termination, a special rule applies. In those years, you receive a full year of continuous benefit service if you work 1,000 or more hours. If you work less than 1,000 hours during your year of hire or year of retirement or termination, you may receive a partial year of continuous benefit service. You receive a partial year if your hours divided by 1,000 are greater than the portion of the year you were employed. This service was frozen effective January 1, 2016.

Credited Service is each year in which you work 1,900 or more hours. If you work at least 501 hours but less than 1,900 hours, you will be credited with a partial year of service (1/10th of a year for each full 190 hours). This service was frozen effective January 1, 2016.

For service prior to January 1, 1976, credited service is equal to continuous benefit service rounded to the nearest 1/10 year. For service from January 1, 1976 through December 31, 1983, credited service is each year in which you worked 2,000 or more hours. If you worked at least 501 hours but less than 2,000 hours, you are credited with a partial year of service (1/10th of a year for each full 200 hours). If you have less than 501 hours of service, you will have a one-year break in service except for the year of your hire or year of your retirement or termination, in which case the special rule, described under continuous benefit service, will apply to credited service also. If you receive a partial year of continuous benefit service in your year of hire or year of retirement or termination, you will receive 1/10th of a year of credited service for each full 190 hours.

Final Average Monthly Compensation is the monthly average of your pay during your highest paid five consecutive calendar years of employment during the last 10 calendar years worked through the year 2000. In general, your compensation is your total salary or wages excluding items such as tuition and expense reimbursements, etc.

Social Security Covered Compensation is an average of the taxable Social Security wage bases over a 35-year period ending with the year of your Social Security normal retirement age. Social Security covered compensation is published each year in a table by the Social Security Administration and is adjusted each year as a new wage base becomes effective.