

“I’m prepared for my retirement and my future.”

OhioHealth Cash Balance Retirement Plan

Summary Plan Description

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Introduction

OhioHealth established the OhioHealth Cash Balance Retirement Plan (“plan” or “Cash Balance Plan”) to help you plan for your retirement. OhioHealth maintains the plan for the benefit of its eligible associates.

The Riverside Methodist Hospital Employees’ Pension Plan (“Riverside Plan”) was originally established effective July 31, 1961. The Cash Balance Plan was created following the merger of the Riverside Plan and the Grant Medical Center Defined Benefit Plan on December 31, 1997; the name of the merged plan was changed effective January 1, 1998 to reflect the new benefit formula. The Cash Balance Plan was last amended and restated effective January 1, 2013.

Please read this booklet carefully — it summarizes the plan in effect as of January 1, 2017. You are eligible to participate in the plan if you were hired before January 1, 2012 and you meet the eligibility requirements described in “Eligibility.” 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.

ELIGIBILITY REMINDER

If you were hired on or after January 1, 2012, you are not eligible to participate in the Cash Balance Plan described in this Summary.

Highlights of the Plan

You are eligible to participate in the Cash Balance Plan if you work for a participating employer and if you meet the eligibility requirements described below and in “Eligibility.”

PLAN FEATURE	OVERVIEW
Who's Eligible	<p>You are eligible to participate in the plan if you:</p> <ul style="list-style-type: none">• Were hired before January 1, 2012,• Work for a participating OhioHealth employer,• Are at least age 20½, and• Have completed at least six months of service.
When Participation Begins	<p>Your participation starts automatically on the January 1 after you become eligible.</p>
Cost of Coverage	<p>The plan is funded entirely by OhioHealth contributions. You do not contribute to this plan.</p>
Company Contributions	<p>If you are eligible, OhioHealth makes two contributions to your account at the end of each year:</p> <ul style="list-style-type: none">• <i>Compensation credits</i>, based on your age and years of service (see “Annual Compensation Credits” for the definition of years of service), and• <i>Interest credits</i>, based on the five-year Treasury average for the last quarter before the end of the preceding year, or if greater, 2.73%.
Vesting	<p>You become 100 percent vested in your account after you complete three years of service or, if earlier, when you reach normal retirement age.</p>
Your Account	<p>Although the plan does not maintain separate accounts for each participant, OhioHealth maintains a “virtual” account to track your share of company contributions and interest.</p>
Your Retirement Dates	<ul style="list-style-type: none">• Your normal retirement date is the first of the month following the month in which you reach age 65.• Your early retirement date is first of the month after the sum of your age and your years of service equals 70 or more.
If You Terminate Employment Before You Retire	<p>If you were hired before January 1, 2003, you can receive your benefit before your retirement date if you elect payment within 180 days after you terminate employment. Otherwise, your account is payable at your earliest retirement date. However, if your termination of employment is due to disability, the 180-day requirement does not apply.</p> <p>If you were hired on or after January 1, 2003, your account is not payable until your earliest retirement date.</p> <p>Note: An exception applies if the present value of your account is \$20,000 or less. In that event, you may elect to take a lump sum distribution at any time.</p>
If You Die Before You Retire	<p>If you are vested and die before you retire, your spouse or designated beneficiary will be entitled to a benefit equal to the value of your account.</p>

Participating in the Plan

ELIGIBILITY

Your participation begins on the January 1 after you meet these requirements:

- You were hired before January 1, 2012,
- You work for a participating OhioHealth employer,
- You are at least age 20½, and
- You have completed six months of service.

Note that participating employers change from time to time. Contact the OhioHealth Pension Resource Center for a current list.

ENROLLING IN THE PLAN

As an eligible associate, your participation in the plan is automatic — you do not need to enroll.

How Service Works Under This Plan

Your service with OhioHealth determines your eligibility to participate in the plan, your eligibility to receive annual plan contributions and the amount of those contributions, and your eligibility to receive early retirement benefits.

HOUR OF SERVICE

You earn an hour of service for each hour you are paid (or are entitled to be paid) while actually working for OhioHealth, or a participating employer, as well as hours for which you are paid for non-working time such as holidays, vacations, sick leave and other time away pay (TAP).

In addition, up to 501 hours of service may be credited for certain periods when you are away from work, provided you return to work on the agreed-upon date. These periods include time away for:

- Military duty,
- A maternity or paternity leave, and
- A paid leave of absence approved by your employer.

YEARS OF SERVICE

Years of service determine your eligibility to receive a contribution to your account and the amount of that contribution, as well as determining your ownership in your account when you leave OhioHealth (i.e., whether you are vested in your account) and whether you are eligible for an early retirement benefit. If you leave employment before you are vested, you will forfeit your entire benefit.

You are credited with a year of service if you are paid for at least 1,000 hours of service in a calendar year. For this purpose, the plan counts hours for pay periods which end in the calendar year.

TRANSFERRED ASSOCIATES

If you transfer to OhioHealth (or to another participating employer) from another employer in the OhioHealth controlled group, your prior service with that prior employer may count toward your vesting, eligibility for and the amount of your annual contribution, or eligibility for early retirement benefits under this plan.

Plan Contributions

Your account grows in two ways:

- Annual compensation credits from OhioHealth (“compensation credits” are sometimes called “company contributions”), and
- Interest credits added to your account each year.

ANNUAL COMPENSATION CREDITS

If you are eligible, OhioHealth credits your account with an annual compensation credit at the end of each year. The amount of this credit is a percentage of your compensation based on the total of your age and service as of the end of the year, as shown in the chart below.

AGE PLUS YEARS OF SERVICE EQUALS	COMPENSATION CREDIT EQUALS... (AS A % OF COMPENSATION)
Less than 30	3%
30–44	4%
45–59	5%
60–74	6%
75 or more	7%

You are eligible to receive this compensation credit if you are paid for at least 1,000 hours of service (that is, you have earned a year of service) during the year.

As an example, suppose you earn \$45,000 per year. You also are 35 years old and you have seven years of service with OhioHealth. That means your age plus service is 42 (35 + 7). Based on the chart above, you would receive a compensation credit of 4 percent of your pay, or \$1,800 ($\$45,000 \times 4\% = \$1,800$), provided you completed at least 1,000 hours of service during that year.

Note: Your age is determined as of the last day of the year for purposes of determining the amount of your compensation credit, except in the year in which you receive your benefit. In the year that you receive your benefit, your age is determined as of your payment date.

WHAT IS YOUR COMPENSATION?

Your compensation includes your salary, wages and other cash compensation including overtime pay, on call pay, shift differentials and bonuses that are reported for federal income tax purposes plus any amounts you have deducted from your pay for the Retirement Savings Plan and/or insurance benefits.

The amount of compensation that can be included is limited by the federal law. For 2017, this limit is \$270,000, but it may increase each year.

ANNUAL INTEREST CREDIT

In addition to OhioHealth’s annual compensation credits, your account grows through annual interest credits. The amount of interest credits added to your account each year is equal to:

The balance of your account as of the end of the prior year

Multiplied by

A specific interest rate (adjusted annually)*

Interest credits are added to your account whether you are credited with a year of service during the year or not.



YOUR PLAN STATEMENT

Each year that you are employed with OhioHealth, you will receive a statement that shows the current value of your account, including the amount of the annual compensation credit and interest credits that were added to your account that year.



*The interest rate used in calculating interest credits under this plan is adjusted annually and is based on the five-year Treasury note average yield during the last quarter of the preceding year. The minimum interest rate used in this calculation is 2.73% per year.

SICK PAY CREDITS

You also will receive sick pay credits if you retire during the year due to early or normal retirement. Sick pay credits are based on your accumulated supplemental sick pay (SSP) bank hours, if any, at the time you retire.

Note: *If you do not retire and begin receiving your benefits from the plan upon your termination of employment, you will lose your sick pay credits.*

SSP credits equal 1 percent of your sick bank hours for every year of service, multiplied by your base rate of pay. The SSP hours and base rate of pay are based on the supplemental sick pay policy established by OhioHealth. Your sick pay credit will be added to your Cash Balance Plan account balance at the time you retire.

TRUST FUND

All assets held and payable under the plan are held in a Trust Fund account. OhioHealth is responsible for all investment decisions for the Trust Fund. Administrative expenses, if not paid directly by OhioHealth, will be charged against the assets of the Trust Fund.

The payment of administrative expenses will not reduce the value of your account.

Vesting

You will become 100 percent vested in your account after you complete three years of service (three calendar years of being paid for 1,000 or more hours) or, if earlier, at normal retirement age. Becoming vested means you own your account and have a nonforfeitable right to your account balance.

If your employment with OhioHealth ends before you complete three years of service (and you are not at normal retirement age), you will not be entitled to any portion of your account because you will not be vested.

When Your Account Is Payable

You will be entitled to a retirement benefit equal to the value of your account once you stop working and you have reached your early or normal retirement date. Payment of your account will begin as soon as practicable after your retirement date, provided that you have completed the application process to receive your benefit.

The value of your account is generally determined as of the end of the month preceding the first day on which your benefit is payable.



YEAR OF SERVICE

You are credited with a year of service if you are paid for at least 1,000 hours of service in a calendar year. For this purpose, the plan counts hours for pay periods which end in the calendar year.



NORMAL RETIREMENT DATE

Your normal retirement date is the first of the month following the month in which you reach age 65. The normal retirement date for some associates may vary from the dates stated here. Please contact the OhioHealth Pension Resource Center at **(844) 340.4801** if you have questions about the rules that apply to you.

EARLY RETIREMENT DATE

Your early retirement date is the first of any month on or after the date your age plus your years of service total 70 or more. For example, if you have 13 years of service and turn age 57 on your birthday in July, 2017, then you could retire on your Early Retirement Date of August 1, 2017 (age 57 + 13 years of service = 70), or the first of any month after that date.

Note: *If you were hired on or after January 1, 2003, you are not entitled to a distribution under this plan until you reach your early retirement date (the first of the month after your age plus years of service add up to 70), unless another exception applies (see “Special Lump Sum Elections” for exceptions).*

At that time, you will be eligible to receive your account balance in one of the forms described in “Forms of Payment.”

TERMINATION OF EMPLOYMENT BEFORE RETIREMENT

As long as you are vested (and were hired before January 1, 2003), you are eligible to withdraw the money in your account within 180 days after your employment with OhioHealth ends. If you do not withdraw the money in your account within 180 days, you must wait until your early retirement date (see “Early Retirement Date”).

SPECIAL LUMP SUM ELECTIONS

If you were hired before January 1, 2003, you can receive your benefit before your early or normal retirement dates if you elect a lump sum payment within 180 days after you terminate employment.

Regardless of when you were hired, an exception allows you to elect a lump sum payment at any time after employment ends if the present value of your benefit is \$20,000 or less. The \$20,000 lump sum limit does not apply if your retirement or termination from employment is due to your disability.

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.

REQUIRED MINIMUM DISTRIBUTIONS

In order to receive your benefit, you must contact the OhioHealth Pension Resource Center at **(844) 340.4801** and request a distribution when you are eligible. You should request your benefit by your normal retirement date. At the latest, your benefit must be distributed to you on April 1 of the calendar year following the year in which you reach age 70½, (the “required beginning date”) once your employment with OhioHealth has ended.

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...
<p>Single Life Annuity <i>(This is the normal form if you are single, unless you elect another payment form. If you are married, see below.)</i></p>	<p>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.</p>
<p>100%, 75% or 50% Joint and Survivor <i>(The 50% joint and survivor option is the normal form if you are married, unless you elect another payment form.)</i></p>	<p>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.</p> <p>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.</p> <p>Upon your and your beneficiary's death, there is no death benefit payable. Benefit payments will end.</p>
<p>Qualified Optional Survivor Annuity (QOSA)</p>	<p>This option pays monthly payments during your lifetime.</p> <p>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.</p> <p>Your spouse's consent is not required to choose the QOSA.</p>
<p>Single Life Annuity with 10 or 15 Years Guaranteed <i>(If you are married, your spouse must consent to your election of this option.)</i></p>	<p>You will receive monthly payments for your lifetime with a guarantee that at least 10 or 15 years of monthly payments will be paid.</p> <p>If you die before you have received 10 or 15 years of monthly payments, your beneficiary(ies) will receive the balance of the unpaid monthly payments (distributed evenly among living beneficiaries).</p> <p>If you die after receiving the guaranteed number of monthly payments, no death benefit will be payable to your beneficiary.</p>

IF YOU CHOOSE...	THE PLAN PAYS...
<p>Lump Sum Payment <i>(If you are married, your spouse must consent to your election of this option.)</i></p>	<p>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.</p> <p>You may also have the lump sum paid directly to you, in which case taxes and penalties, if applicable, will apply.</p> <p>If you elect the lump sum form of payment, you will not be entitled to any additional benefit from the plan.</p>

IF YOUR EMPLOYMENT ENDS

If you were hired **before January 1, 2003** and your employment ends for any reason other than retirement, death or disability, you may be entitled to a distribution. Your benefit is equal to the value of your vested account, calculated as of your date of termination. You may elect either to have your account paid at that time (subject to your spouse’s consent) or leave it in the plan, subject to any restrictions adopted by the plan administrator.

To have your account paid, you must make a written election within 180 days after your employment ends. If you do not make the election within the 180-day period, your vested account will be paid at your early or normal retirement date in one of the payment forms described under Forms of Payment. Please contact the OhioHealth Pension Resource Center to request the election forms.

If you were hired on or **after January 1, 2003**, you are not entitled to a distribution under this plan until you reach your early retirement date, unless another exception applies. Please see “Special Lump Sum Elections” for exceptions that may apply.

Important Tax Note: Please note that in general, any benefit paid directly to you is subject to a mandatory 20 percent federal tax withholding. In addition, if you receive payment of your vested account before the calendar year in which you reach age 59½, you also may have to pay a 10 percent early distribution penalty tax on the amount of your vested account, unless another exception applies (see “Important Tax Information”).

REEMPLOYMENT

If you already met the initial participation requirements of this plan, stop working for a participating employer and are rehired by a participating employer within 90 days, you will begin participating and accruing benefits in this plan immediately upon rehire.

If you are rehired after 90 days following the date your employment ended, you will not earn any additional benefits in this plan. Specific rules govern whether any benefit and service that you earned as of the day you stopped working will be kept or lost.

- If you had **fewer than five one-year breaks-in-service**, or if you were fully vested in your account (see “Vesting”), your account balance and service earned as of the day you stopped working will be restored. Although you will not earn any additional compensation credits, your account will continue to earn interest credits until it is withdrawn. You will continue to earn service only for determining when you have reached retirement eligibility.
- If you had **five or more one-year breaks-in-service** and you were not fully vested in your account, your account balance and prior service will be lost and you will no longer participate in this plan.

WHAT IS A BREAK-IN-SERVICE?

A one-year break-in-service is a year in which you are credited with less than 501 hours of service.

IF YOU BECOME DISABLED

If your service with a participating employer ends because you become disabled, you will continue to earn interest credits; however, the company contribution will end. You will be entitled to receive your account upon termination of employment if your termination is due to your disability.

If your disability ends and you return to employment with a participating employer before you have exhausted your maximum disability leave, you will continue to participate in the plan.

WHEN ARE YOU CONSIDERED DISABLED?

You are considered disabled if you became eligible to receive disability benefits under the Social Security Act while actively employed by OhioHealth.

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 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 on or after January 1, 2007 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 the 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 administrator.

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- or 15-years guaranteed options. 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.

Filing a Claim

You should contact the OhioHealth Pension Resource Center no less than two months and no more than six months before the date you wish to retire to be sure payment of your account begins on time. The plan administrator will furnish you with an application for payment of your account.

YOUR RIGHT TO APPEAL

Within a reasonable period of time, not to exceed 90 days after the timely completion and filing of a claim form with the OhioHealth Pension Resource Center, you will receive written notice if your claim is denied. (If your claim is approved you will not receive written notice; benefit payments will simply begin.)

If special circumstances require, the OhioHealth Pension Resource Center may notify you within the initial 90-day period that it is taking an additional period, not to exceed 90 days, to decide your claims. The OhioHealth Pension Resource Center will advise you of these special circumstances and of when it expects to render a decision.

The plan administrator has discretion in interpreting the terms of the plan and in making claim determinations. Final determinations will be made by the OhioHealth Pension Resource Center and such determinations will be conclusive and binding on all persons.

If you disagree with the decision, you have the right to appeal. You may choose to name a representative to handle your appeal. If you wish to appeal, you or your representative must submit a written request to the OhioHealth Pension Resource Center within 60 days of receiving notice of the denial. If possible, you should include any documents or records that support your appeal. You or your representative will have the right to review all documents, records and other information relevant to your denied claim.

You will receive a written decision on your appeal within 60 days of the date the OhioHealth Pension Resource Center receives your appeal. If special circumstances require a delay, you will be notified of the extension during the 60 days following receipt of your appeal. If your appeal is denied, the written decision will include:

- The reason for the denial,
- The specific plan provisions on which the claim has been denied,
- A statement that you are entitled to receive, upon request and free of charge, reasonable access and copies of all relevant documents, and
- A statement that you have the right to bring a civil action under ERISA.

The OhioHealth Pension Resource Center's decision on appeals is final. You may not initiate any action at law or in equity to recover under the plan until you have exhausted the appeal rights described above and the plan benefits requested in that appeal have been denied in whole or in part.

STATUTE OF LIMITATIONS TO FILE A CIVIL ACTION

For purposes of filing any civil (court) actions against the plan upon the exhaustion of all other available administrative remedies, including under ERISA §502(a), you must bring any legal action against the plan within one year from the date of completion of the plan's claims appeal process (as addressed above) or, if earlier, one year from the date you knew or should have known that such claim existed.

When Benefits May Not Be Paid

Circumstances resulting in a denial or loss of benefits are discussed more fully elsewhere in this Summary. However, the following situations are some of the possible reasons that you may not receive part or all of your benefit:

- If you terminate employment before becoming vested, you will not be entitled to any portion of your account.
- If you die before becoming vested, no benefit due to your death is paid to your spouse or designated beneficiary.
- If the plan's funding status falls below certain required levels, benefit restrictions on distributions and future accruals may apply, such as the plan may not be permitted to issue benefit distributions in the form of a lump sum or no new amendments may be made to the plan which increase benefits accrued under the plan.
- If the plan is terminated with insufficient assets to provide your benefit, and if the Pension Benefit Guaranty Corporation does not guarantee all of your benefit, then your benefit may be reduced.

- If the plan is not able to locate you (or your beneficiary), your benefit may be forfeited until such time as you (or your beneficiary) make a written claim to the plan and your claim is approved.

You can contact the OhioHealth Pension Resource Center or review official plan documents if you would like more information on other circumstances that may result in non-payment or a reduction of benefits.



PLAN BENEFITS ARE INSURED

Plan benefits are insured by the Pension Benefit Guaranty Corporation (PBGC), which means the PBGC will step in to pay pension benefits if the plan were to terminate without enough money to pay all benefits (see "Insured Benefits").



Important Tax Information

Your share of OhioHealth contributions to the plan is exempt from federal and Ohio income taxes only while it is held in the trust. Upon distribution from the trust, this amount will be subject to federal, state and possibly local income taxes. At the time a distribution is made, you will receive a general explanation of the tax treatment on your distribution and any tax rules which may apply to you. Generally, any monies that are paid directly to you or your surviving spouse are subject to ordinary income taxes, unless the amount is rolled over to a traditional Individual Retirement Account (IRA) or another employer's tax-qualified plan.

A mandatory 20 percent federal tax withholding applies to lump sum distributions that are not rolled over directly and, in some cases, a 10 percent federal tax penalty will also apply to your distribution, as discussed in "Early Distribution Penalty Tax." Please note that a direct rollover to a Roth IRA is subject to tax, but is not subject to withholding or penalty taxes. Your non-spouse beneficiary may roll a lump sum distribution directly to a traditional IRA to avoid current income tax.

You should consult your financial advisor for specific details about the most advantageous way to pay taxes.

EARLY DISTRIBUTION PENALTY TAX

If you receive a distribution from the plan before the calendar year in which you reach age 59½, you may have to pay an additional 10 percent early distribution penalty tax on the amount of the distribution. Some common exceptions to this tax are distributions due to:

- Your death,
- Your disability,
- Your termination of employment after reaching age 55, or
- A qualified domestic relations order (see "Qualified Domestic Relations Orders").

Amendment, Termination or Merger

AMENDING THE PLAN

OhioHealth may amend the plan at any time. However, no amendment can authorize or permit any part of the assets of this plan (other than such part as is required to pay taxes and administration expenses) to be used for or diverted to purposes other than the exclusive benefit of the participants or their beneficiaries. No amendment that affects the powers or authority of the trustee may be made without the trustee's written consent.

No amendment can deprive you of an optional form of distribution, except as may be necessary or advisable to ensure the plan qualifies under the tax laws. No amendment can decrease your accrued benefit (except to the extent permitted by law).

NO ORAL MODIFICATION OR AMENDMENT

The Cash Balance Plan may not be modified or amended by representations, oral or otherwise, that may be made to you concerning the plan. Accordingly, you should not consider the plan to have been amended based on statements made by a supervisor or human resources representative, for instance. If you believe you have received information that is contrary to the terms of the plan or this Summary, please contact OhioHealth for clarification or confirmation.

ENDING CONTRIBUTIONS AND/OR THE PLAN

OhioHealth may discontinue its contributions and/or terminate or partially terminate this plan at any time.

If OhioHealth's contributions are completely discontinued, or the plan is fully or partially terminated, all affected participants' interests and rights to benefits will become fully vested, and will not thereafter be subject to forfeiture except to the extent that law or regulations may preclude such vesting to prevent discrimination in favor of officers, shareholders or highly compensated employees.

Upon final termination of the plan, the plan administrator will direct the trustee to distribute all assets remaining in the plan, with distribution to begin as determined by the plan administrator. Until the plan administrator so directs, the trustee will continue to administer the plan in accordance with the provisions of the plan document, and will make distributions in the event of death, disability or other termination of employment as provided in the plan. In the event the plan administrator has not, within a reasonable time after such termination, given the trustee the directions provided in this section, the assets then remaining in the plan will be distributed in such manner as may be directed by a judgment or decree of a court of competent jurisdiction.

Before distributing a participant's account, the trustee may deduct all expenses properly chargeable against the plan, and will then distribute applicable accounts to the participant in accordance with the value of the interests of such participants as of the distribution date.

Distribution of the accounts of every participant or his or her beneficiary will be in cash or in the assets in which the plan may be invested unless annuities have been purchased.

Upon termination and after payment of all plan expenses and liabilities and benefits to participants and beneficiaries, the balance of any residual plan assets, if any, will, unless OhioHealth determines otherwise, be delivered to and for the benefit of OhioHealth.

MERGER

This plan and trust may be merged or consolidated with, or its assets and/or liabilities may be transferred to any other plan or trust. However, if the plan is terminated after such a transfer, merger or consolidation, benefits a plan participant receives after the termination must be at least equal to the benefits the participant was entitled to immediately before the transfer, merger or consolidation.

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. These responsibilities include determining eligibility for benefits, maintaining all individual and plan records, filing plan information and tax returns and reports, authorizing payments and resolving questions of plan interpretation.

The committee also may establish rules and regulations for the operation and administration of the plan, may delegate certain of its authority and may hire outside professionals to assist with plan administration.

More About the Plan

LOANS

The purpose of the plan is to provide you with an income when you retire. There is no loan provision under the OhioHealth Cash Balance Retirement Plan.

NONASSIGNMENT OF BENEFITS

Generally, you may not assign or pledge the amounts allocated to your account. One exception to this rule is made in the case of a qualified domestic relations order.

QUALIFIED DOMESTIC RELATIONS ORDERS

A qualified domestic relations order is a court order assigning part or all of your account to your spouse, former spouse, child or dependent. The order must meet certain requirements to be qualified. You may obtain, without charge, a copy of the plan's procedures governing qualified domestic relations orders from the OhioHealth Pension Resource Center.

IRA CONTRIBUTIONS

Your eligibility to participate in the plan may limit your ability to make deductible contributions to an Individual Retirement Account (IRA), depending upon your income (and your spouse's income, if any) received during the year. You should consult with your tax advisor for more specific information.

NO GUARANTEE OF EMPLOYMENT

Nothing contained in this plan or Summary should be construed as a contract of employment or a guarantee of future employment with OhioHealth or any participating employer.

MAXIMUM RETIREMENT BENEFITS

Federal law limits the amount of benefits that you may receive from your account. These maximum limitations are subject to rules and regulations which may be issued periodically by the Internal Revenue Service and the Department of Labor.

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.

INSURED BENEFITS

Your pension benefits under the 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 step in to pay pension benefits. Most people receive all of the pension benefits they would have received under their plan, but some people 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 (for example, in 2017, the maximum life annuity amount payable at age 65 is \$5,369.32 per month),
- 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 company,
- 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 or employer-provided subsidies) 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 of your 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 how much the PBGC collects from participating employers.

For more information about the PBGC and the benefits it guarantees, ask the 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 on the Internet at www.pbgc.gov.

TOP-HEAVY PLAN REQUIREMENTS

The Internal Revenue Code requires that under certain circumstances retirement plans must provide minimum contributions. These requirements take effect if a plan becomes "top-heavy." A top-heavy plan is one in which a large portion of the plan assets are credited to the accounts of officers, owners and highly paid employees. This plan is not a top-heavy plan nor do we expect it to become one. If, however, the plan would ever qualify as a top-heavy plan, you will be notified, and special rules will take effect to keep the plan qualified under IRS regulations.

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.

ADMINISTRATION OF THE PLAN

PLAN FEATURE	WHAT YOU NEED TO KNOW
Plan Number and Type	The OhioHealth Cash Balance Retirement Plan is a defined benefit cash balance plan and the plan number assigned to the plan is 333.
Plan Sponsor	OhioHealth, the sponsor of the plan, is located at: OhioHealth Corporation 180 East Broad Street Columbus, Ohio 43215-3707 If you have questions regarding the plan, you should contact the OhioHealth Pension Resource Center at (844) 340.4801 .
Employer Identification Number	The plan sponsor's federal employer identification number, assigned by the Internal Revenue Service, is 31-4394942.
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. See "Plan Administrator" for more information about the plan administrator's roles and responsibilities.
Plan Trustee	Responsibility for the administration 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.
Plan Year	The plan year is January 1 through December 31. All plan records, administrative and financial, are maintained on a plan year basis.

YOUR RIGHTS AS A PLAN PARTICIPANT

As a participant in the plan, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 ("ERISA"). ERISA provides that all plan participants will be entitled to:

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

As an active associate employed by OhioHealth, you also will receive a statement at least once every three years explaining whether you have earned a right to receive a pension benefit at normal retirement age (generally, 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 currently have a right to a pension benefit, the statement will also include how many more years you must work to earn a right to a pension benefit. Please note that whether you are an active or an inactive plan participant, you have the right to receive a current statement every year and will receive a notice telling you how to request a statement in writing every year. The plan must provide the statement free of charge; however, it is not required to be given more than once a year.

In addition to creating rights for the 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 operate the plan prudently and in the interest of you and other plan participants and beneficiaries. No one, including your employer or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a benefit or exercising your rights under ERISA.

If your claim for a benefit is denied in whole or in part, you must receive a written explanation of the reason for the denial. You have the right to have the plan review and reconsider your claim.

Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request materials from the plan and do not receive them within 30 days, you may file a 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 which 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. 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 you may contact 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 publications hotline of the Employee Benefits Security Administration.

We hope this Summary gives you an easy-to-understand explanation of the plan. Please keep your copy for future reference. Remember, if there are any differences between the language in this summary and the official plan documents, the information in the official documents will be used in all cases.

