

Retirement Plan of Central Georgia Health System, Inc.

Summary Plan Description

Effective as of January 1, 2020

The Retirement Plan of Central Georgia Health System, Inc. (the “Retirement Plan” or “Plan”)

Retirement is something most employees look forward to reaching. It’s your reward for your years of dedication and service. To help you prepare for your future financial needs, Navicent Health, Inc. (formerly known as Central Georgia Health System, Inc. (“CGHS”)) provides you with retirement benefits through two retirement vehicles:

- **Retirement Plan** - pays you a monthly income for your lifetime at retirement, based on when you retire, your Base Pay, and the amount of time you have worked at Navicent Health, Inc. while earning benefits under the Plan. You may also be eligible for benefits if you become disabled (as defined by the Plan), or if your employment terminates after you are vested in a Plan benefit. In the event of your death, your surviving spouse may be eligible for benefits.
- **Retirement Savings Plans (403(b) and 401(k))** - you set aside part of your total pay on a pre-tax basis, receive a match on your savings, and invest your account in a variety of investment options, with a broad range of risk characteristics and potential returns.

This summary plan description (“SPD”) is an overview of the major provisions of the Retirement Plan. The provisions of the 403(b) and 401(k) plans can be found in separate SPDs.

If there is a difference between what is written in this SPD or any oral information you may receive and the official written Retirement Plan documents, the official written Retirement Plan documents will govern. Navicent Health, Inc. reserves the right, in its discretion, to change, amend, modify, or terminate the Retirement Plan at any time.

For more information contact Navicent Health, Inc. Pension Center at 1-800-964-4780.

The Retirement Plan Covers Frozen Participants

2007 Frozen Participants

Effective December 31, 2007, benefit accruals under the Plan ceased for you if you were an eligible employee but had not attained age 40 by December 31, 2007, or if you terminated employment on or prior to December 31, 2007. Therefore, you no longer accrued additional benefits under the Plan after December 31, 2007, and your retirement benefit is determined based only on your service and pay earned as of December 31, 2007.

2013 Frozen Participants

Effective December 31, 2013, benefit accruals under the Plan ceased for all other Plan participants. If you if you were an eligible employee and had attained age 40 by December 31, 2007, or if you terminated employment after December 31, 2007 and on or prior to December 31, 2013, your benefit accruals ceased effective after that date. Therefore, you no longer accrued additional benefits under the Plan after December 31, 2013, and your retirement benefit is determined based only on your service and pay earned as of December 31, 2013.

Except for those provisions related to accrual of benefits under the Plan, the remaining terms of the Plan and the main body of this SPD apply to 2007 Frozen Participants and to 2013 Frozen Participants. This includes when you can retire, the form of your benefit payment, and spousal death benefits.

Eligibility to Participate

Who Was Eligible?

You were eligible to participate in the Retirement Plan if you:

- Were hired or rehired on or before December 31, 2007;
- Were classified in the personnel and payroll books and records as an employee of Medical Center of Central Georgia (subsequently referred to as Central Georgia Health Systems, Inc. and most recently Navicent Health, Inc.);
- completed one year of Eligibility Service; and
- reached age 21.

Who Was Not Eligible?

You were **not** eligible to participate in the Retirement Plan if you were:

- hired or re-hired on or after January 1, 2008;

- a leased employee;
- a physician classified in the personnel and payroll records of Navicent Health, Inc. as an employee in the Department of Radiology or as a member of the Emergency Room Group;
- assigned to and work in the flex pool;
- covered by a collective bargaining agreement;
- a non-resident alien who receives no earned income from Navicent Health, Inc. that constituted income from sources within the United States; or
- covered by an agreement with Navicent Health, Inc. in which you have agreed to waive your right to participate in the Plan.

When Did Your Participation Begin?

If you were hired or re-hired prior to January 1, 2008, your participation began on the January 1st or July 1st on or immediately following the later of the date on which you attained age 21 or completed a Year of Service.

If you are hired or re-hired after December 31, 2007, you are **not** eligible to participate in the Plan. However, if you are re-hired by Navicent Health, Inc. or a participating affiliate on or after January 1, 2008 and have an accrued benefit under the Plan due to your prior service with Navicent Health, Inc., you will remain a participant in the Plan, but you will not accrue additional benefits after your date of re-hire.

About Your Service

The Retirement Plan measures your “years of service” based on “hours of service” worked for Medical Center of Central Georgia (subsequently referred to as Central Georgia Health Systems, Inc. and most recently Navicent Health, Inc.). Your years of service are used to determine:

- Your eligibility to participate in the Plan prior to January 1, 2008;
- When you become vested;
- When you are eligible to receive a Plan benefit (at normal retirement, early retirement, or disability retirement); and
- The amount of your benefit as of December 31, 2007 for 2007 Frozen Participants, and as of December 31, 2013 for 2013 Frozen Participants.

Hour of Service

You are credited with one hour of service for each hour for which you are paid or are entitled to payment for the performance of your job. You may also receive credit for hours of service for time not worked but for which you are paid, such as vacation, holiday, illness, incapacity (including disability), layoff, jury duty, military duty, leave of absence, and periods for which back pay is awarded.

In most circumstances, the total number of credited hours of service will be limited to 501 for a period of absence. However, an absence while in qualified military service will not be limited to 501 hours for the period of absence. If you are absent from work for military service, you earn credited hours of service for Eligibility Service and Vesting Service for the period of your absence if you have reemployment rights under Federal law when you are discharged and you apply for reemployment with the Company upon your discharge.

You will receive credit for one hour of service for each home health care visit for which you are paid.

Eligibility Service

Prior to January 1, 2008, an eligible employee (see **Eligibility to Participate**) must have completed a year of Eligibility Service to become eligible to participate in the Plan. You earned one year of Eligibility Service by completing at least 1,000 hours of service in your first 12 months of employment. If you did not complete 1,000 hours of service in your first 12 months of employment, you earned a year of Eligibility Service by completing 1,000 hours of service in any calendar year that began after your date of employment. If you are hired or re-hired after December 31, 2007, you are not eligible to participate in the Plan.

Vesting Service

Vesting Service determines your right to receive a benefit under the Plan. When you become vested in the Plan, you have a non-forfeitable right to a benefit. You earn one year of Vesting Service by completing at least 1,000 hours of service in a plan year (calendar year). You will continue to earn Vesting Service under the Plan after the Plan is frozen.

You become vested on the earlier of the date:

- you complete five years of Vesting Service (three years of Vesting Service if you participated in the Plan prior to October 1, 1995);
- you reach age 65 while employed by Navicent Health, Inc.;
- you terminate employment due to disability or your short-term disability benefits provided by Navicent Health, Inc. or an affiliate end, whichever is later; or
- you were vested under the Plan's vesting schedule in effect as of September 30, 1995.

Service with the following predecessor organizations prior to acquisition by Navicent Health, Inc. will count as Vesting Service:

- **Health Master, Inc.** — service will count if you were employed by Navicent Health, Inc. on November 1, 1995.
- **Macon Orthopedics and Hand Clinic, P.A.** — service will count if you were employed by Navicent Health, Inc. on July 20, 1995.
- **Crothall Healthcare, Inc.** — service will count if you were employed by Crothall on February 11, 2006 and accepted employment with Navicent Health, Inc.'s Environmental Services Department on February 12, 2006.
- **Medical Center of Central Georgia (MCCG)** — all service will count.
- **American Anesthesiology of Georgia, LLC** - service will count if you were an employee of a participating affiliate of Navicent Health, Inc. on October 31, 2014, became an employee of American Anesthesiology of Georgia, LLC on November 1, 2014 and, during your employment with American Anesthesiology of Georgia, LLC, you worked on a substantially full-time basis at a facility owned by Navicent Health, Inc.
- **Secure Health Plans of Georgia, L.L.C.** – if you were employed by Navicent Health, Inc. or a participating affiliate of Navicent Health, Inc. on January 1, 2018, service with Secure Health Plans of Georgia, L.L.C. during the period beginning on January 1, 1998 and ending on December 31, 2013 will count with Navicent Health, Inc. if you transferred employment directly from Secure Health Plans of Georgia, L.L.C. to Navicent Health, Inc. on or before December 31, 2013 without incurring a Break in Service, and you worked on a substantially full-time basis at a facility owned by Navicent Health, Inc. during the period beginning immediately following your transfer from Secure Health Plans of Georgia, L.L.C. to Navicent Health, Inc. and ending on your termination date on or after January 1, 2018.

Benefit Service

2007 Frozen Participants accrue no additional benefits under the Plan after December 31, 2007. Rather, your accrued benefit is determined based only on your years of Benefit Service, your Average Annual Base Pay and your Primary Social Security Benefit, each determined as of December 31, 2007.

2013 Frozen Participants accrue no additional benefits under the Plan after December 31, 2013. Rather, your accrued benefit is determined based only on your years of Benefit Service, your Average Annual Base Pay and your Primary Social Security Benefit, each determined as of December 31, 2013.

Prior to such dates, as applicable, you earned one year of Benefit Service by completing at least 1,000 hours of service in a Plan Year. All years of service with the Medical Center of Central Georgia (subsequently referred to as Central Georgia Health Systems, Inc. and most recently Navicent Health, Inc.) were counted, except service completed prior to becoming a Plan participant was not included in determining your years of Benefit Service.

Breaks in Service

If you are a participant in the Plan and you have a break in service without a termination of employment, your Plan participation continues as if you did not have the break in service, although you may not receive credit for certain years of Vesting Service. However, if you have a break in service due to a termination of employment and are re-hired on or after January 1, 2008, you are not eligible to participate in the Retirement Plan when you are re-hired.

A “break in service” is any Plan Year (calendar year) in which you complete fewer than 501 hours of service. If you are on a leave of absence for maternity or paternity leave, qualified military leave or any other leave of absence authorized under the personnel policies and practices of Navicent Health, Inc., you will be credited with the hours of service you would have worked if you were not on leave. If Navicent Health, Inc. cannot determine the number of hours of service, you will receive eight hours of service for each day of absence. In either case, you will not be credited with more than 501 hours of service for your leave.

When You May Commence Benefits

The Retirement Plan provides you with a lifetime monthly benefit during your retirement years. You may retire on one of the following dates:

- **Normal Retirement Date** which is the first day of the month on or next following your 65th birthday.
- **Early Retirement Date** which is the first day of any month on or next following the earlier of the date (i) you reach age 55 and complete 15 years of Vesting Service; or (ii) the sum of your age (as of your employment termination date) and years of Vesting Service equals at least 85.

- **Delayed Retirement Date** which is the first day of any month after your 65th birthday on which you terminate employment.
- **Disability Retirement Date** which is the first day of the month next following the later of: (i) the date on which your employment ends due to disability (as defined in the Plan); or (ii) the date your short-term disability benefits provided by Navicent Health, Inc. ends. To be eligible for Disability retirement, the sum of your age (as of your employment termination date) and years of Vesting Service must equal at least 40 and you must have received an award of disability from the Social Security Administration.

The monthly benefit you will receive when you retire is explained under the headings **Benefits at Normal Retirement, Benefits at Early Retirement, Benefits at Delayed Retirement, and Benefits if You Become Disabled.**

If you terminate employment with Navicent Health, Inc. before you are eligible for a normal, early or disability retirement benefit, you may still qualify for a benefit, depending on your length of service or age when you terminate employment with Navicent Health, Inc., as explained under the heading **Vested Retirement Benefits.**

Your Retirement Benefit

Your Normal Retirement Date is the first day of the month on or next following your 65th birthday. If you choose to retire, your retirement benefits will start on your Normal Retirement Date.

If you are a 2007 Frozen Participant, your retirement benefit is calculated based on your years of Benefit Service, your Average Annual Base Pay, and the amount of your primary Social Security benefit as of December 31, 2007.

If you are a 2013 Frozen Participant, your retirement benefit is calculated based on your years of Benefit Service, your Average Annual Base Pay, and the amount of your primary Social Security benefit as of December 31, 2013.

- **Average Annual Base Pay** means the average of your Base Pay during the highest-paid 36 consecutive calendar months of your most recent 120 consecutive calendar months of employment. The amount of Base Pay during those 36 months, divided by three, is your Average Annual Base Pay. If you have worked for fewer than 36 complete consecutive calendar months, your Average Annual Base Pay will be the average of your Base Pay during your whole period of employment, excluding certain absences and unpaid leaves.
 - For 2007 Frozen Participants, this means the average of your Base Pay during the highest- paid 36 consecutive calendar months of your most recent 120 consecutive calendar months of employment ending with the calendar month that includes the earlier of (1) your termination of employment or (2) December 31, 2007. The amount of Base Pay during those 36 months, divided by three, is your Average Annual Base Pay. If you have worked for fewer than 36 complete consecutive

calendar months, your Average Annual Base Pay will be the average of your Base Pay during your whole period of employment, ending with the calendar month that includes the earlier of (1) your termination of employment or (2) December 31, 2007, and excluding certain absences and unpaid leaves

- For 2013 Frozen Participants, this means the average of your Base Pay during the highest- paid 36 consecutive calendar months of your most recent 120 consecutive calendar months of employment ending with the calendar month that includes the earlier of (1) your termination of employment or (2) December 31, 2013. The amount of Base Pay during those 36 months, divided by three, is your Average Annual Base Pay. If you have worked for fewer than 36 complete consecutive calendar months, your Average Annual Base Pay will be the average of your Base Pay during your whole period of employment, ending with the calendar month that includes the earlier of (1) your termination of employment or (2) December 31, 2013, and excluding certain absences and unpaid leaves.
- **Base Pay** means your hourly base rate of pay multiplied by your regularly scheduled hours for each calendar month. Base Pay paid during your year of Eligibility Service is not included when determining your Average Annual Base Pay.
 - If you are classified as a full-time emergency medical technician, full-time paramedic, or full-time emergency medical services dispatcher, Base Pay means your hourly base rate of pay, times your regularly scheduled hours for each calendar month, plus one and one-half times your regularly scheduled overtime hours for each calendar month.
 - If you are a 2007 Frozen Participant, your Base Pay is determined as of December 31, 2007.
 - If you are a 2013 Frozen Participant, your Base Pay is determined as of December 31, 2013.
- **Primary Social Security Benefit** means the actual or estimated annual primary insurance amount payable as of (i) the later of your Normal Retirement Date, or (ii) your actual retirement date under the federal Old Age, Survivors and Disability Insurance Act as in effect on the earlier of (A) your termination date or (B) December 31, 2007 for 2007 Frozen Participants, or December 31, 2013 for 2013 Frozen Participants. .
 - Your Primary Social Security Benefit is based on your actual pre-termination wages as reported to Navicent Health, Inc. by the Social Security Administration. If your actual wage history (determined as of the earlier of (1) your termination date or (2) December 31, 2007 for 2007 Frozen Participants, or December 31, 2013 for 2013 Frozen Participants) is not available to Navicent Health, Inc. before your benefit is due to begin, Navicent Health, Inc. may estimate your wage history on a uniform basis. If Navicent Health, Inc. later receives your actual wage history (determined as of the earlier of (1) your termination date or (2) December 31, 2007 for 2007 Frozen Participants, or December 31,

2013 for 2013 Frozen Participants) from the Social Security Administration, your benefit under the Plan will be adjusted using your actual wage history. If your estimated Primary Social Security Benefit is determined as of the date you terminate employment, it will be calculated by assuming that your wages remain level until your Normal Retirement Date.

Benefits at Normal Retirement

Your accrued benefit at your Normal Retirement Date is computed using the following formula:

- 1.667% of your Average Annual Base Pay times your years of Benefit Service, minus
- 1.667% of your Primary Social Security Benefit times your years of Benefit Service.

Your normal retirement benefit will never be less than (a) \$576 per year (\$48 per month) or (b) if you participated in the prior Medical Center of Central Georgia Retirement Plan, your accrued benefit in that plan as of September 30, 1995.

For 2007 Frozen Participants, your Benefit Service, your Average Annual Base Pay and your Primary Social Security Benefit are all determined as of December 31, 2007. Your normal retirement benefit will never be less than your accrued benefit under the Medical Center Retirement Plan (known as The Retirement Plan of Central Georgia Health System, Inc., effective as of October 1, 1995) as of December 31, 2007.

For 2013 Frozen Participants, your Benefit Service, your Average Annual Base Pay and your Primary Social Security Benefit are all determined as of December 31, 2013. Your normal retirement benefit will never be less than your accrued benefit under the Medical Center Retirement Plan (known as The Retirement Plan of Central Georgia Health System, Inc., effective as of October 1, 1995) as of December 31, 2013.

(See examples on next following page.)Example for 2007 Frozen Participants

On December 31, 2007, you have completed 14 years of Benefit Service as of December 31, 2007. Your Average Annual Base Pay as of December 31, 2007 is \$32,000 and your Primary Social Security Benefit is \$14,000. You elect to retire on the first of the month following your 65th birthday. Here is how the retirement formula works.

Step 1	1.667% times \$32,000 (your Average Annual Base Pay as of December 31, 2007) times 14 years of Benefit Service as of December 31, 2007 minus	=	\$7, 468.16
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Step 2	1.667% times \$14,000 (your Primary Social Security Benefit as of December 31, 2007) times 14 years of Benefit Service as of December 31, 2007	=	\$3,267.32
Step 3	Subtract \$3,267.32 (Step 2) from \$7,468.16 (Step 1) to determine your accrued benefit at your Normal Retirement Date	=	\$4,200.84 per year
Step 4	Divide \$4,200.84 by 12 to determine your monthly benefit	=	\$350.07 per month

In this example, your accrued benefit as of your Normal Retirement Date is \$4,200.84 per year, or \$350.07 per month, before any adjustment for a payment form providing a survivor benefit.

Example for 2013 Frozen Participants

On December 31, 2013, you have completed 28 years of Benefit Service. Your Average Annual Base Pay as of December 31, 2013 is \$32,000 and your Primary Social Security Benefit is \$14,000. You elect to retire on the first of the month following your 65th birthday. Here is how the retirement formula works.

Step 1	1.667% times \$32,000 (your Average Annual Base Pay) times 28 years of Benefit Service minus	=	\$14,936.32
Step 2	1.667% times \$14,000 (your Primary Social Security Benefit) times 28 years of Benefit Service	=	\$6,534.64
Step 3	Subtract \$6,534.64 (Step 2) from \$14,936.32 (Step 1) to determine your accrued benefit as of your Normal Retirement Date	=	\$8,401.68 per year
Step 4	Divide \$8,401.68 by 12 to determine your monthly benefit	=	\$700.14 per month

In this example, your accrued benefit at your Normal Retirement Date is \$8,401.68 per year, or

\$700.14 per month, before any adjustment for a payment form that provides a survivor benefit.

Payment forms and how they affect your benefit amount are explained under the heading **How Your Benefits Are Paid**. Survivor benefits are explained under the heading **Death Benefits for Your Surviving Spouse**.

Benefits at Early Retirement

You may retire early on the first day of any month on or after the date you reach age 55 and complete 15 years of service. However, if the sum of your years of Vesting Service and your age is at least 85, you may retire at any age. If you qualify for an early retirement benefit when you terminate employment, you may elect to receive your early retirement benefit immediately or delay receipt until the first day of any month between your Early Retirement Date and your Normal Retirement Date.

If you retire early, your benefit will be calculated in the same way as for normal retirement, using your Average Annual Base Pay, years of Benefit Service, and Primary Social Security Benefit as of the time you retire early.

In general, if you elect to start receiving your early retirement benefit before reaching age 65, your benefit will be reduced because it will be paid over a longer period of time. The reduction is based on the number of months that benefits start before age 65. Your benefit will be reduced by:

- 5/9% (.00555) for each full month your Early Retirement Date precedes the first day of the month in which your 65th birthday occurs (up to 60 months); and
- 5/18% (.00278) for every full month your Early Retirement Date precedes the first day of the month in which your 60th birthday occurs (up to 60 months).

The following chart shows examples of factors at various Early Retirement Dates that would be used to compute an early retirement benefit. Please note that this reduction is permanent. Your benefit does not increase when you reach age 65.

Age at Early Retirement	Reduction Factor Applied to Benefits
55	.50000
56	.53333
57	.56667
58	.60000
59	.63333
60	.66667
61	.73333
62	.80000
63	.86667
64	.93333

For example, if you retire at age 58 with 20 years of Vesting Service, your early retirement benefit will be .600 of your accrued benefit determined as of your Normal Retirement Date. If your normal retirement benefit is \$15,000 per year, the benefit you will receive at early retirement is \$9,000 per year ($\$15,000 \times .600 = \$9,000$).

Under a special rule called the **Rule of 85**, if the sum of your years of Vesting Service and your age (determined as of your employment termination date) is at least 85 when you retire, there is no reduction of your normal retirement benefit. For example, if you retire at 57 with 29 years of Vesting Service, your retirement benefit would not be reduced, because the sum of your age and years of Vesting Service is more than 85 ($57 + 29 = 86$).

Benefits at Delayed Retirement

You do not have to commence payments on your Normal Retirement Date. If you continue working with Navicent Health, Inc. or an affiliated company beyond your Normal Retirement Date, your Delayed Retirement Date will be the first of the month on or after the date you actually retire.

Your delayed retirement benefit will be equal to the greater of: (i) your accrued benefit determined as of your Delayed Retirement Date; or (ii) your accrued benefit as of your Normal Retirement Date, actuarially increased to reflect that payments are starting later.

Benefits if You Become Disabled

If you qualify for disability retirement, benefits will begin on your Disability Retirement Date in lieu of any other benefit payable under the Plan. Your benefit will be equal to your accrued benefit determined as of your Disability Retirement Date. Your benefit will not be adjusted for payments that start before your Normal Retirement Date.

The term “disability” means a physical or mental condition which qualifies you for a monthly disability insurance benefit under the Social Security Act. The determination by the Social Security Administration is conclusive. You may be asked to provide proof of your continuing eligibility for Social Security disability benefits to the Plan Administrator from time to time. To qualify for a disability retirement benefit, your active employment at Navicent Health, Inc. must terminate as a result of the disability; and the sum of your age and years of Vesting Service must be at least 40 when your employment terminates as a result of the disability.

Effective January 1, 2013, your disability retirement benefits will cease if:

- You begin working again in any capacity before your Normal Retirement Date (whether with Navicent Health, Inc. or a participating affiliate);
- You refuse to provide evidence requested by Navicent Health, Inc. to confirm that you remain eligible for disability benefits under the Social Security Act;

- You attain your normal retirement age and your disability retirement benefit is converted to your normal retirement benefit; or
- You no longer qualify to receive Social Security disability benefits.

If your disability retirement benefits cease for one of these reasons before your Normal Retirement Date, you will be eligible to receive any other retirement benefit for which you are eligible under the Plan.

Vested Retirement Benefit

If you terminate employment with Navicent Health, Inc. before you are eligible for a normal, early or disability retirement benefit, you may still qualify for a benefit, depending on your length of service or age when you terminate employment with Navicent Health, Inc.

If you are vested when you terminate your employment (see **Vesting Service** section), you will be eligible to receive the benefit you earned through the earlier of (1) your termination date or (2) December 31, 2007 for 2007 Frozen Participants, or December 31, 2013 for 2013 Frozen Participants. In this instance, your benefit is calculated in the same way as your normal retirement benefit, using your years of Benefit Service, Average Annual Base Pay, and Primary Social Security Benefit. This is known as a *vested retirement benefit*.

Normally, you would begin receiving this benefit as of the first of the month on or after the date you reach age 65. However, if you have completed at least 15 years of Vesting Service when you terminate employment, you may elect to start receiving a reduced benefit as early as age 55, instead of waiting until you reach age 65 (normal retirement age).

Remember, unless you qualify for an unreduced **Rule of 85** early retirement benefit, benefit payments that begin before your Normal Retirement Date are reduced so that payments may be made over a longer period of time. Your benefit will be reduced for each month between the date your payments begin and your Normal Retirement Date. The amount of reduction will be based on the same factors that apply to early retirement benefit payments. Refer to the heading **Benefits at Early Retirement** of this summary for information about payment reduction factors.

Maximum Benefit Limitation

Government law imposes certain limitations on the amount of retirement benefits a participant may receive from the Plan. You will be notified if these limits apply to you.

When Benefit Payments Begin

You will begin receiving benefit payments on the first day of the month following your Normal Retirement Date; or if you terminate before or after your Normal Retirement Date, on the first day of the month as soon as administratively practical following your request for benefit payments to

commence.

Age 62 In-Service Distributions

Effective as of October 1, 2017, on or after your attainment of age 62 and your Early Retirement Date, Normal Retirement Date, or Delayed Retirement Date you may elect to receive an in-service distribution of your retirement benefit.

How Your Retirement Benefits Are Paid

The Plan's benefit formula determines the amount the Plan will pay as an annuity for your lifetime. However, several forms of payment are available. Regardless of the form of payment you receive, it will be of equal value (the "actuarial equivalent") to the benefit determined by the Plan's formula.

The Retirement Plan offers several different forms of payment, depending on your marital status. There are automatic forms (called *normal forms*) of payment and optional forms of payment. Some payment forms require spousal consent before you can elect them.

The payment form that is best for you depends on your personal situation. However, you should know that the payment option you choose cannot be changed after your benefits begin.

All payment options are calculated to be of equal value, based on your age and the age of your designated survivor when your benefit payments begin.

You will receive written notice that describes:

- The terms and conditions of the normal benefit payment forms available to you;
- The relative values of the optional payment forms available under the Plan;
- Your right to elect a benefit payment form other than the normal joint and 50% survivor annuity for married participants, along with your right to revoke such an election and the effect your revocation may have on your benefits;
- A spouse's right to negate a married participant's election of an optional benefit payment form if the spouse's consent is not obtained in writing and witnessed by a notary public; and
- Navicent Health, Inc.' right to rely on a spouse's properly executed and notarized consent to an optional benefit payment form.

This notice will be provided to you at least 30 days, and not more than 180 days, before your benefit is scheduled to begin, unless you properly waive the 30-day notice period.

You must elect a payment option before the date your benefits begin. You may change your

election any time before the date your payments start.

Normal Payment Form if You Are Single

If you are single, your benefits will automatically be paid as a life only annuity. With this form of payment, you will receive a benefit from the Plan each month for as long as you live. Under the life only annuity form of payment, no benefits are payable after your death. If you wish, you may choose one of the optional payment forms described later under the heading **Optional Forms of Payment**.

Normal Payment Form if You Are Married

If you are married when your benefit payments begin, payment will automatically be paid as a joint and 50% survivor annuity with your spouse as the designated survivor, unless you choose an optional form of payment. Under this payment method, you receive a reduced monthly benefit for your lifetime, and after your death, your surviving spouse will receive a benefit equal to one-half of your benefit, for his or her lifetime. If your spouse pre-deceases you, there is no monthly benefit paid after your death.

If you wish to elect an optional payment form in place of the normal payment form for married employees, or you wish to designate a contingent annuitant or a beneficiary other than your spouse, your spouse must sign a consent form. The form must be witnessed, notarized, and received by the Plan Administrator before benefits are due to begin. You may obtain a consent form from the Plan Administrator.

Optional Forms of Payment

The optional forms of payment are:

- **Life only annuity** — a monthly benefit that is payable only during your lifetime.
- **Joint and survivor annuity** — a reduced monthly benefit you receive for as long as you live. After your death, 50%, 66-2/3%, 75%, or 100% (chosen by you) of the reduced benefit will continue to your designated survivor until his or her death.
- **10-year certain and life annuity** — a reduced monthly benefit you receive for as long as you live. If you die before 120 payments have been made, payments will continue to your designated beneficiary until a total of 120 payments have been made. If no beneficiary survives you, or no beneficiary can be located within one year from the date of your death, the benefit payable subsequent to your death will be paid first to your surviving spouse, if any, and if none, then to your estate or your heirs at law as determined by Navicent Health, Inc.

Payment of Small Amounts

If the actuarial equivalent value of your retirement benefit is \$1,000 or less as of (1) your employment termination date, (2) the first day of any plan year following your employment termination date or (3) the date you request payment of your benefit to begin, your benefit will be paid in a single lump sum — and no additional benefits will be payable from the Plan.

Death Benefits for Your Surviving Spouse

To help protect your spouse in the event of your death, the Plan provides surviving spouse benefits. This protection is automatically provided to eligible Plan participants.

If You Die Before You Begin Receiving Retirement Benefits

If you die after becoming vested, but before you have begun receiving benefit payments, your surviving spouse will be eligible to receive a benefit after your death.

If you die after attaining your Early Retirement Date, your spouse will receive the same monthly benefit that would have been payable to him or her if you had retired on the day before your death and elected payment in a joint and 50% survivor annuity. That means your surviving spouse will receive a monthly benefit for life equal to 50% of the amount you would have received as a retirement benefit on the day before your death.

If you die on or before attaining your Early Retirement Date, the monthly benefit payable to your surviving spouse will be the same monthly benefit that would have been payable to your spouse if you had:

- Terminated your employment on the date of your death or your actual termination date, if earlier;
- Lived to your Early Retirement Date;
- Retired on your Early Retirement Date with a joint and 50% survivor annuity; and
- Died on the day after your Early Retirement Date.

Benefit payments normally begin on the later of your Normal Retirement Date or the first day of the month after the date of your death. However, if you die before your Normal Retirement Date, your surviving spouse may elect to begin receiving benefit payments as of the first date you would have been eligible to receive an early retirement benefit had you lived, or on the first of any month thereafter.

If the actuarial equivalent lump sum value of the survivor benefit is \$1,000 or less as of your date of death, your spouse will automatically receive a lump sum payment (instead of monthly payments) by the end of the calendar quarter following the calendar quarter in which you died.

If the actuarial equivalent lump sum value of the survivor benefit is \$1,000 or less as of the first

day of any subsequent Plan Year, your spouse will automatically receive a lump sum payment (instead of monthly payments) by the end of the first calendar quarter in such Plan Year. A surviving spouse may also request payment of his or her benefit in a lump sum, at any time, if the actuarial equivalent lump sum value is \$1,000 or less.

No survivor benefits are payable from the Plan if:

- you die before retirement benefits begin and do not have a spouse; or
- you die before you are vested in your retirement benefit.

If You Die After You Begin Receiving Retirement Benefits

If you die after retirement benefits commence, your spouse or other beneficiary will receive survivor benefits only if you have elected a payment form that provides such payments. Payment forms providing survivor benefits are explained earlier in this summary, under the headings **Normal Payment Form if You Are Married** and **Optional Forms of Payment**.

What Happens to Your Benefit Payments if You Return to Work after Benefit Commencement

If you are re-hired by Navicent Health, Inc. as an eligible employee (Refer to the Section entitled **Who Was Eligible**) after you begin receiving Plan benefits, and you have attained age 62, your benefit payments will continue but you will not be permitted to re-join the Retirement Plan and you will not accrue any additional benefits under the Plan.

If you are re-hired by Navicent Health, Inc. prior to your attainment of age 62, your benefit payments will be suspended. During your period of reemployment, you will not be permitted to re-join the Retirement Plan and you will not accrue any additional benefits under the Plan. When your employment again terminates, if you have not elected to receive an in-service distribution of your retirement benefits (Refer to Section entitled **Age 62 In-Service Distributions**), your benefit payments will restart. If you were re-hired prior to January 1, 2008, your benefit will be recalculated to reflect your age, any additional years of Benefit Service you have earned, your Average Annual Base Pay, and your Primary Social Security Benefit at your subsequent retirement date. The amount will be offset by the actuarially equivalent value of all benefits you have already received. If you received a lump-sum payment from the Plan, your benefit, when you retire again, will be reduced by the value of the lump-sum payment you have already received from the Plan.

Other Important Information about the Retirement Plan

Your right to benefits under the Retirement Plan are governed solely by the terms of the Plan document. This summary highlights the Plan. It does not give you any rights in addition to (or different from) those granted in the Plan document.

You should also be aware that the Plan may be amended from time to time. Accordingly, the terms of the amended Plan document will control in the event of any differences between the terms of the amended Plan document and this summary. You can contact Human Resources to determine if any Plan changes are not reflected in the latest plan summary.

Employee Contributions

Employees are not required nor permitted to contribute to the Plan.

Special Internal Revenue Code Provisions

The Internal Revenue Code sets a limit on the amount of compensation that can be used to determine your retirement benefit and on the amount of annual benefits you can receive from the Plan. The Plan Administrator will contact you if these limits affect your Plan benefit.

The Internal Revenue Code requires that all plans contain specific provisions to follow if the Plan becomes top-heavy. A plan is top-heavy when it provides more than 60% of its benefits to certain “key employees.” A key employee (as defined by the Code) is usually a highly paid officer or a highly compensated individual. It is unlikely that the Plan will become top-heavy.

However, if it does, Navicent Health, Inc. will let you know how your benefits will be affected. For example, benefits may be modified to provide more rapid vesting.

Tax Information

When you become entitled to receive monthly retirement benefits from the Plan, you will be given the option of having income taxes withheld from the payments you receive. If you do not elect to have taxes withheld, you will be responsible for estimating and paying income tax on the payments you receive. If your estimate is wrong and you don't pay enough taxes, you may be subject to tax penalties.

If your payment is in a single sum, it may be taken in two ways. You (or your beneficiary) may elect to have all or any portion of the payment either (1) paid to you (or your beneficiary) or (2) paid in a tax-free direct rollover to another employer's plan or to an individual retirement account, including a Roth IRA. More information on these rollover rules and the tax consequences of Plan payments will be provided to you before payment is made.

Assignment of Benefits

Because your Plan benefit is designed to provide security during your retirement, benefits are not assignable or subject to the claim of any creditor. However, under the Retirement Equity Act of 1984, the Plan provides that your benefits may be paid to a divorced spouse, child, or other dependent(s) under a qualified domestic relations order.

Qualified Domestic Relations Order

The benefits from the Retirement Plan can become subject to a property settlement in the case of divorce. The court may then issue a domestic relations order— a court order related to divorce or legal separation — which could award a portion of your benefit to your former spouse. Domestic Relations orders should be forwarded to the Human Resources Department for processing.

The Plan Administrator or its designee will review the order to determine if it meets the requirements for qualification. If it does not meet the requirements for qualification, you will be notified of the changes needed to obtain a qualified domestic relations order. Once qualified, the Plan will administer benefits in accordance with the order and according to uniform procedures. You may obtain a copy of the procedures at no cost. Please contact the Plan Administrator for additional information if this applies to you.

Loss of Benefits

You (or, in some cases, your spouse) may receive no benefits or benefits which are less than expected if:

- You leave your employment with Navicent Health, Inc. before you are vested;
- You die before becoming vested with Navicent Health, Inc.;
- You are unmarried and die before retiring; Your benefits become subject to a qualified domestic relations order;
- If the Plan becomes underfunded, some forms of benefit payments may be limited or prohibited. You will be notified if the Plan falls under these restrictions, or
- The Plan Administrator is unable to locate you or your beneficiary following a reasonable and diligent effort. If you subsequently make a valid claim for your benefits, they will be restored and reinstated. It is important that you keep the Plan informed of your current mailing address. If the Plan Administrator is unable to deliver your Plan benefit payment to you when it is distributed or if your benefits check is not cashed within a sufficient period of time, your plan benefit may be forfeited. However, if this occurs, you may claim your Plan benefit at any later date by contacting the Plan Administrator. The Plan will then restore an amount equal to the benefit that was forfeited.

Corrections

The Plan Administrator makes every effort to ensure that pension payments are correct. However, if any errors are made, the Plan Administrator reserves the right to correct them in accordance with Internal Revenue Service requirements.

If This Plan Should End

If the Plan should end, your rights to benefits that are vested prior to the date of termination will continue to be fully vested and nonforfeitable. Further, Plan participants that are affected by the termination of the Plan may be fully vested in all benefits accrued under the Plan as of the Plan termination date, to the extent that funds are available under the trust fund. After termination of the Plan, benefits will be payable only as required by ERISA, and there will be no further accrual of retirement benefits, subject to any applicable requirements of ERISA.

Navicent Health, Inc. will be entitled to surplus assets held under the Plan only after all benefits have been provided.

While Navicent Health, Inc. expects to continue the Plan described here indefinitely, it reserves the right to change, modify, suspend, interpret, or cancel, in whole or in part, any of the Plan without advance notice. Navicent Health, Inc. has these rights, in its sole discretion (unless otherwise required by law), without having to give cause or justification or compensation to any employee or retiree. The authority to make any such changes rests with the Navicent Health, Inc. Board of Directors for termination or partial termination of the Plan, or its President and his or her delegate for amendments. Recognition of these rights and prerogatives of Navicent Health, Inc. is a term and condition of employment and of continued employment.

Claiming Your Benefits

You or your representative must make a written claim for benefits unless federal law requires or permits payment to you without a written claim (for example, if the value of your vested benefit does not exceed \$1,000).

The Retirement Plan Committee appointed by Navicent Health, Inc. (“Claims Administrator”) will review all claims and may require you to provide any information that it decides is necessary to make a decision about your claim. Within 90 days after the Claims Administrator receives your claim, it will notify you of its decision, unless special circumstances require an extension of time. If an extension of time is required, the Claims Administrator will notify you of the extension in writing before the end of the first 90-day period. In no event may the extension be longer than 90 days from the end of the initial 90-day period. The extension notice will indicate the special circumstances requiring the extension of time and the date by which you can expect to receive a decision.

If your claim is denied, in whole or in part, the Claims Administrator will provide you with written notice setting forth:

- The specific reason or reasons for the denial;
- The reference to the provisions of the Plan on which the denial is based;
- An explanation of what additional information or material, if any, is needed and why

such information or material is needed; and

- Information about what steps you need to take to appeal Claims Administrator decision.

You or your representative may appeal the decision by submitting a written request for review by the Claims Administrator. Your request for a review must be submitted within 60 days after you receive the written notification denying your claim. In addition, you or your representative may review relevant documents and submit in writing issues, comments, documents, records or other information relating to your claim.

The Claims Administrator will review all relevant material, including any issues, comments, documents, records or other information relating to your claim submitted in writing by you or your representative, and will render a decision on the claim within 60 days after it receives your written request for review unless special circumstances require an extension of time.

If an extension of time is required, the Claims Administrator will notify you of the extension in writing before the end of the 60-day period. The extension notice will indicate the special circumstances requiring the extension of time and the date by which you can expect to receive a decision. In no event will the decision be rendered more than 120 days after receipt of the request for review. If an extension is required due to the claimant's failure to submit information necessary to decide the claim, the period for making the determination on appeal will be tolled from the date of the notification of the extension until the date on which the claimant responds to the request for additional information.

The decision of the Claims Administrator will be in writing and will include specific reasons for the decision as well as specific references to the relevant Plan provisions on which the decision is based, a description of any voluntary review procedures offered by the Plan, a statement of your right to obtain information about these procedures, and a statement of your right to bring a civil action under ERISA.

A failure to request a review of a claim that is denied will be treated as full and complete agreement with the denial. You must utilize and exhaust the Plan's review procedures before you bring any civil action against Navicent Health, Inc., Claims Administrator or a Plan fiduciary.

Your ERISA Rights

As a participant in the Retirement Plan, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA), as amended. 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, all Plan documents — including pertinent 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's 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 descriptions. The administrator may make a reasonable charge for the copies.
- Receive a summary report of the Plan's annual financial report. The Plan administrator is required by law to furnish each participant with a copy of this summary annual report.
- Obtain a statement telling you whether or not you have the right to receive a pension at the normal retirement age (age 65), and if so, what your benefit under the Plan would be at normal retirement age if you stop working now. If you do not have a right to a pension, the statement will tell you how much longer you have to work to get 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 Plans. The people who operate your Plans are called "fiduciaries," and they have a duty to act 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.

Enforce Your Rights

If your claim for a benefit is denied or ignored, in whole or in part, you have a right to:

- Know why this was done;
- Obtain copies of documents relating to the decision without charge; and
- Appeal any denial.

All of these actions must occur within certain time schedules.

Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request a copy of Plan 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 which is denied or ignored, in whole or in part, you may file suit in a state or Federal court after you have exhausted the claims procedures described above. 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 questions about how your Plans work, contact the Human Resources Department. If you have any questions about this statement or 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 list in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, NW, Washington, DC 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.

Federal Pension Benefit Insurance

The Pension Benefit Guaranty Corporation (PBGC), a federal insurance agency, insures your pension benefits under Retirement Plan. If the Plan terminates without enough money to pay all benefits, the PBGC will step in to pay retirement benefits. Although most people receive all of the retirement benefits, they would have received under their plan, 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;
- Some or all of the 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 Navicent Health, Inc.;
- 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 of your benefits are not guaranteed, you still may receive some of those benefits from the PBGC depending on how much money your Plan has and how much the PBGC collects from employers.

For more information about the PBGC and the benefits it guarantees, ask your Plan Administrator or contact:

**Technical Assistance Division
Pension Benefit Guaranty Corporation
1200 K Street, NW, Suite 930
Washington, DC 20005-4026**

You may also call the Technical Assistance Division at **202-326-4000** (not a toll-free number) or **1-800-400-7242**. TTY/TDD users may call the federal relay service toll-free at **1-800-877- 8339** and ask to be connected to **1-800-400-7242**. Additional information about the PBGC's pension insurance program is available through the PBGC's website on the Internet at <http://www.pbgc.gov>.

Other Administrative Information

Employer Name, Employer Identification Number (EIN) and Plan Number

Employer name: Navicent Health, Inc.
EIN: 58-2149127
Plan Number: 001

A list of participating affiliates is available from the Plan Administrator upon written request and is available for examination by participants and beneficiaries.

Plan Type and Funding

The Plan is a pension plan and is funded entirely through contributions from Navicent Health, Inc. Pension consultants called actuaries determine the amount of Navicent

Health, Inc. contributions. The trustee holds contributions in trust for the sole purpose of paying Plan benefits.

Effective November 5, 2018, certain benefit obligations under the Plan were irrevocably transferred to an insurance company pursuant to one or more group annuity contracts.

Plan Trustee

The Northern Trust Company
50 South La Salle Street
Chicago, IL 60690

Plan Year

January 1 through December 31

Plan Administrator

The Plan Administrator has the authority to interpret Plan provisions at its discretion, and the authority of the Plan Administrator is final and binding. The Plan Administrator is:

The Employee Benefits Plan
Committee of Navicent Health, Inc.
691 Cherry Street, Suite 400
Macon, GA 31201
478-633-1000

Agent for Service of Legal Process

If you want to take legal action for any reason related to a benefit claim, you may contact:

Kenneth B. Banks, General Counsel
Navicent Health, Inc.
777 Hemlock Street
Macon, GA 31 201
478-633-1000

You may also serve legal process on the Plan Administrator or Plan Trustee.

Additional Information

The descriptions in this summary plan description (SPD) are intended to summarize the Plan as simply and clearly as possible. They are not intended to, and they do not, grant any rights in addition to or different from those granted in the Plan documents and contracts. If there is a conflict between the descriptions here and the Plan documents, the Plan documents will govern. You should not rely on any oral descriptions of the Plan, as the written terms in the Plan documents will govern.

Navicent Health, Inc. cannot advise you regarding tax, investment or legal considerations relating to the Retirement Plan of Central Georgia Health System, Inc. Therefore, if you have questions regarding benefit planning, you should seek advice from a personal advisor (e.g., legal counsel, tax advisor, investment advisor).

