

2017 SUMMARY ANNUAL REPORTS FOR THE MONTEFIORE MEDICAL CENTER BENEFIT PROGRAM

Please disregard any of the following reports or plan references that are not applicable to you based on your employment classification.

Plan #007 – Montefiore Medical Center Tax Deferred Annuity 403(b) Plan

This is a summary of the annual report of the Montefiore Medical Center Tax Deferred Annuity 403(b) Plan, EIN 13-1740114, Plan #007 for the period January 1, 2017 through December 31, 2017. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Benefits under the plan are provided by a combination of funding arrangements. Plan expenses were \$63,483,988. These expenses included \$479,981 in administrative expenses, \$63,004,308 in benefits paid to participants and beneficiaries, and \$301 in other expenses. A total of 8,987 persons were participants in or beneficiaries of the plan at the end of the plan year, although not all of these persons had yet earned the right to receive benefits.

The value of plan assets, after subtracting liabilities of the plan, was \$1,096,184,723 as of December 31, 2017, compared to \$796,907,990 as of January 01, 2017. During the plan year, the plan experienced an increase in its net assets of \$58,139,158. This increase includes unrealized appreciation or depreciation in the value of the plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year or cost of assets acquired during the year. The plan had total income of \$362,760,721, including employer contributions of \$51,887,656, employee contributions of \$109,941, gains of \$0 from the sale of assets, and earnings from investments of \$113,619,136.

Plan #008 – Montefiore Medical Center Voluntary Tax Deferred Annuity 403(b) Plan

This is a summary of the annual report of the Montefiore Medical Center Voluntary Tax Deferred Annuity 403(b) Plan, EIN 13-1740114, Plan #008 for the period January 1, 2017 through December 31, 2017. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Benefits under the plan are provided by a combination of funding arrangements. Plan expenses were \$133,431,312. These expenses included \$1,105,400 in administrative expenses, \$132,303,868 in benefits paid to participants and beneficiaries, and (\$3,375) in other expenses. A total of 30,447 persons were participants in or beneficiaries of the plan at the end of the plan year, although not all of these persons had yet earned the right to receive benefits.

The value of plan assets, after subtracting liabilities of the plan, was \$2,286,789,492 as of December 31, 2017, compared to \$1,573,605,603 as of January 01, 2017. During the plan year, the plan experienced an increase in its net assets of \$713,183,889. This increase includes unrealized appreciation or depreciation in the value of the plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year or cost of assets acquired during the year. The plan had total income of \$846,615,201, including employer contributions of \$0, employee contributions of \$134,368,919, gains of \$0 from the sale of assets, and earnings from investments of \$202,459,344

Plan #501 – Montefiore Medical Center Employer Health & Welfare Benefit Plan

This is a summary of the annual report of the Montefiore Medical Center Employer Health & Welfare Benefit Plan, EIN 13-1740114, Plan #501 for the period January 1, 2017 through December 31, 2017. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

The plan has insurance contracts with Cigna Health and Life Insurance Company and affiliates, Gerber Life Insurance Company, Metropolitan Property and Casualty Insurance Co., Principal Life Insurance Company, United Healthcare Insurance Company and Securian Life Insurance Company to pay all life, accidental death and dismemberment, business travel accident, dental, legal, long-term disability, temporary disability and vision claims incurred under the terms of the plan. The total premiums paid for the plan year ending 12/31/2017 were \$12,290,961.

The Montefiore Medical Center Severance Plan

This is a summary of the annual report for the period January 1, 2017 through December 31, 2017 of the following plans:

| Plan Name | EIN | Plan # |
|--|------------|--------|
| Montefiore Medical Center Severance Plan for Non-Union Clerical and Exempt Associates Below Director-Level | 13-1740114 | 584 |
| Montefiore Medical Center Severance Plan for Non-Union Exempt Associates Director-Level and Above | 13-1740114 | 585 |

The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Montefiore has committed itself to pay severance incurred under the terms of the plan.

Your Rights to Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

- An accountant's report
- Financial information and information on payments to service providers
- Assets held for investment
- Fiduciary information, including non-exempt transactions between the plan and parties-in-interest
- Insurance information including sales commissions paid by insurance carriers
- Information regarding any common or collective trusts, pooled separate accounts; master trusts or 103-12 investment entities in which the plan participates.

To obtain a copy of a full annual report, or any part thereof, write or call the Plan Administrator, Montefiore Medical Center, 111 East 210th Street, Bronx, NY 10467, 914.349.8531. The charge to cover copying costs will be \$1.00 for the full annual report, or \$0.25 per page for any part thereof.

You also have the right to receive from the Plan Administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the Plan Administrator, these two statements and accompanying notes will be included as part of that report. The charge to cover copying costs given above does not include a charge for the copying of these portions of the report because these portions are furnished without charge.

You also have the legally protected right to examine the annual report at the HR-Benefits Office, 555 South Broadway, Building A, Tarrytown, NY 10591, where the report is available for examination, and at the U.S. Department of Labor in Washington, DC, or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue NW, Washington, DC 20210.