

**CENTRAL GEORGIA HEALTH SYSTEM
403(B) RETIREMENT SAVINGS PLAN**

SUMMARY PLAN DESCRIPTION

SPONSORED BY:

CENTRAL GEORGIA HEALTH SYSTEM, INC.

EMPLOYER IDENTIFICATION NUMBER: 58-2149127

PLAN NUMBER: 003

EFFECTIVE DATE OF PLAN: January 1, 2000

EFFECTIVE DATE OF RESTATEMENT OF PLAN: December 31, 2007

PLAN YEAR END: December 31

PLAN ADMINISTRATOR: Central Georgia Health System, Inc.

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CENTRAL GEORGIA HEALTH SYSTEM 403(B) RETIREMENT SAVINGS PLAN

ARTICLE I INTRODUCTION TO THE PLAN

1.01 WHAT IS THE PURPOSE OF THIS PLAN?

CENTRAL GEORGIA HEALTH SYSTEM, INC. (hereinafter "CGHS") has amended the CENTRAL GEORGIA HEALTH SYSTEM 403(B) RETIREMENT SAVINGS PLAN as of December 31, 2007. CGHS continues to maintain this Plan in order to provide funds for your retirement and to provide funds for your beneficiary(ies) in the event of your death. The Plan was established for the exclusive benefit of the Participants and their Beneficiaries.

1.02 WHAT TYPE OF RETIREMENT PLAN IS THIS?

This Plan is a "403(b)" Plan. "403(b)" is the section of the Internal Revenue Code which governs this type of plan.

The Plan is funded by one or more Investment Arrangements (including custodial accounts ("mutual funds") held by AIG Federal Savings Bank, as custodian and annuity contracts issued by the Variable Annuity Life Insurance Company) selected by CGHS.

Each year you may elect, in writing, to defer a portion of your Compensation. The amount of your deferral is then used to fund Investment Arrangements on your behalf. Your deferral is on a pre-tax basis, meaning that it is not subject to federal income tax (but is subject to Social Security taxes) and results in a deduction from your taxable income for that year. Depending on the laws of your state, your deferral may also be deductible from your taxable income for state income tax purposes.

In addition, CGHS will, under the terms of the Plan, make contributions to an Investment Arrangement on your behalf. These contributions are also exempt from federal income taxation until they are distributed from the Plan.

1.03 HOW ARE CONTRIBUTIONS TO THE PLAN INVESTED?

Contributions to the Plan are invested in one or more Investment Arrangements approved by CGHS for use in this Plan. Investment Arrangements provide for contributions to be held and credited with interest, or gains and losses, depending on the Investment

Arrangement selected. Your benefits under the Plan will be in the form of payments under the Investment Arrangements, which in the case of an annuity contract, may be in the form of periodic payments to you at regular intervals either for a period certain or for one or more lives, and in the case of a custodial account, may be in the form of a lump sum payment or payments of a specified amount or for a specified period or such other options as permitted under the custodial agreement.

Each Investment Arrangement selected by Participants in the Plan must meet the requirements of Section 403(b) of the Internal Revenue Code and the Plan Administrator must provide a Qualified Joint and Survivor Annuity (see section 9.03) and a Qualified Pre-Retirement Survivor Annuity (see section 9.04) which conform to the requirements of the Plan and other IRS guidelines which govern a 403(b) Plan.

The Plan is intended to be an ERISA Section 404(c) participant-directed plan, which means that the participants exercise control over the assets in their individual accounts and that Plan fiduciaries may be relieved of liability for losses that are a result of participant investment instructions if certain requirements are met.

Contributions to the Plan on your behalf may be invested in mutual funds which are held in a custodial account pursuant to Section 403(b)(7) of the Internal Revenue Code. Any such custodial accounts made available under the Plan must be held by a bank or an approved non-bank trustee or custodian permitted under the Internal Revenue Code or by the Secretary of the Treasury.

All contributions made to the Plan on your behalf will be placed in individual Accounts in your name although they may not be fully "vested" (see Article VII). The Plan will maintain control of these Accounts as long as they remain under the Plan.

YOU SHOULD CAREFULLY REVIEW THE ANNUITY CONTRACT, CERTIFICATE, CUSTODIAL AGREEMENT, PROSPECTUS, OR OTHER MATERIAL PROVIDED BY CGHS, THE INSURANCE COMPANY OR THE CUSTODIAN TO UNDERSTAND YOUR OPTIONS UNDER THE INVESTMENT ARRANGEMENT YOU SELECTED, HOW THE PLAN FUNDS ARE INVESTED, AND ANY CHARGES WHICH MAY APPLY. HOWEVER, IF THERE IS EVER A CONFLICT BETWEEN THE PROVISIONS OF THIS PLAN AND ANY MATERIAL YOU RECEIVE FROM AN INVESTMENT PROVIDER UNDER THE PLAN, THE PLAN PROVISIONS WILL APPLY. ADDITIONAL INFORMATION MAY BE OBTAINED FROM THE PLAN ADMINISTRATOR.

1.04 WHAT IS A "SUMMARY PLAN DESCRIPTION"?

The Summary Plan Description is a brief explanation of the Plan as well as of your rights, obligations, and benefits under the Plan. This Summary Plan Description is not intended to interpret, extend or change the provisions of the Plan in any way. The provisions of the Plan may be determined accurately only by reading the actual provisions of the Plan document, copies of which may be obtained from CGHS. The Plan Administrator (see section 2.02) will answer any questions concerning the Plan or this Summary Plan Description.

Certain words which are capitalized are "defined terms". That is, they are defined for this Plan in a certain way. The definitions are provided throughout this Summary Plan Description and an alphabetical index of the terms can be found at the back.

In the event of any discrepancy between this Summary Plan Description and the actual provisions of the Plan, the Plan will govern.

ARTICLE II
GENERAL PLAN INFORMATION

There is certain general information about the Plan which you should know. This information is contained in this section.

2.01 HOW CAN THE PLAN BE IDENTIFIED?

A. The name of the Plan is CENTRAL GEORGIA HEALTH SYSTEM 403(B) RETIREMENT SAVINGS PLAN.

B. CGHS has assigned Plan Number 003 to this Plan.

C. CGHS's full name, address and Employer Identification Number (EIN) are listed below:

Central Georgia Health System, Inc.
691 Cherry Street
Macon, Georgia 31201
58-2149127

2.02 WHO IS THE "PLAN ADMINISTRATOR"?

The Plan Administrator is the person or organization responsible for keeping the records of the Plan and the day-to-day operation of the Plan. The Plan Administrator will also answer any questions you may have concerning the Plan's operation. The name, address and telephone number of the Plan Administrator are listed below:

Central Georgia Health System, Inc.
691 Cherry Street
Macon, Georgia 31201
(912) 633-1000

2.03 WHO IS THE "AGENT FOR SERVICE OF LEGAL PROCESS"?

The name, address and telephone number of the Plan's Agent for Service of Legal Process are listed below:

Vice President of Human Resources
Central Georgia Health System, Inc.
691 Cherry Street
Macon, Georgia 31201
(912) 633-1000

Service of legal process concerning the Plan may also be made upon CGHS. The Plan will be governed by the laws of the state (Georgia) in which it is executed, except for those matters in which federal law preempts state law.

ARTICLE III
IMPORTANT DATES

3.01 WHAT IS THE "EFFECTIVE DATE" OF THE PLAN?

This is a restatement of a prior plan which was originally effective January 1, 2000. The Effective Date of this restatement is December 31, 2007.

3.02 WHAT IS THE "PLAN YEAR"?

The Plan is based on a 12 month period known as the Plan Year. The Plan Year begins on January 1 and ends on December 31.

ARTICLE IV
ELIGIBILITY REQUIREMENTS

4.01 HOW DO I BECOME ELIGIBLE TO MAKE ELECTIVE DEFERRALS?

A. Excluded Employees. All Employees are eligible to make Elective Deferrals (see section 6.01) under the Plan except for those listed below. Independent contractors who are considered "leased employees" of CGHS for certain federal income tax purposes are not Employees and are not eligible to make Elective Deferrals.

All Employees of the for-profit entities of CGHS will be excluded from making Elective Deferrals.

All Employees covered by a collective bargaining agreement between CGHS and employee representatives, if retirement benefits were the subject of good faith bargaining, will be excluded from making Elective Deferrals.

B. Eligibility Requirements. There are no other requirements. If you are not a member of an excluded group, you will be eligible to begin making Elective Deferrals to the Plan upon the date your employment begins. CGHS may impose administrative limitations on when and how often you may start, stop, or change the amount of your deferrals in any year.

4.02 HOW DO I BECOME ELIGIBLE FOR EMPLOYER CONTRIBUTIONS?

A. Eligible Class of Employees. You may become eligible to receive Employer Contributions under this Plan if you are part of one of the employment classifications listed below:

All Employees. Independent contractors who are considered "leased employees" of CGHS for certain federal income tax purposes are not Employees.

B. Excluded Employees. All Employees in subsection A can become eligible to receive Employer Contributions under this Plan except:

All Employees of the for-profit entities of CGHS will not be eligible for Employer base and matching Contributions.

All Employees covered by a collective bargaining agreement between CGHS and employee representatives, if retirement benefits were the subject of good faith bargaining, will not be eligible to receive Employer base and matching Contributions.

All Employees who are assigned to and work in the flex pool will not be eligible to receive Employer base and matching contributions.

All Employees hired prior to January 1, 2008, who have attained age 40 as of December 31, 2007, and who have not terminated employment on or after January 1, 2008, or rehired after January 1, 2008, will not be eligible to receive Employer base Contributions.

C. Eligibility Requirements. There are no age or service requirements. If you are an Employee in the Eligible Class and are not an Excluded Employee, you will be eligible for Employer Contributions upon the date your employment begins.

4.03 WHEN DOES MY PARTICIPATION IN THE PLAN FOR PURPOSES OF RECEIVING EMPLOYER CONTRIBUTIONS BEGIN?

After you have satisfied the Plan's eligibility requirements for Employer Contributions, you will become a Participant in the Plan. You will become a Participant on a specified day of the Plan Year. This day is called the "Plan Entry Date".

If you are employed on the Effective Date of the Plan and have satisfied the eligibility requirements, your Plan Entry Date is the Plan's Effective Date. Otherwise, you will enter the Plan on the Plan Entry Date indicated below.

For purposes of receiving the Employer matching contribution, the Plan Entry Date is the first payroll period beginning after the date you meet the Plan's eligibility requirements.

For purposes of receiving the Employer base contribution, the Plan Entry Date is the date your employment with CGHS begins.

4.04 WHEN DO I BECOME ELIGIBLE TO RE-ENTER THE PLAN FOR PURPOSES OF RECEIVING EMPLOYER CONTRIBUTIONS IF I AM REHIRED AFTER TERMINATING MY EMPLOYMENT WITH CGHS?

If you are reemployed after a Break in Service (see section 5.07), you will become eligible for Employer matching contributions as of the later of the date you return or the date you satisfy the eligibility requirements of section 4.02. Service before such Break in Service will be taken into account immediately.

ARTICLE V
DEFINITION OF SERVICE WITH CGHS

5.01 WHAT IS AN "HOUR OF SERVICE"?

The term "Hour of Service" has a special meaning for Plan purposes. You will be credited with an Hour of Service for:

(a) each hour for which you are paid, or entitled to payment, for the performance of duties for CGHS; plus,

(b) each hour for which you are paid, or entitled to payment, by CGHS for a period of time during which no duties are performed for the following reasons: vacation, holiday, illness, incapacity (including Disability), layoff, jury duty, military duty, or leave of absence; plus,

(c) each hour for which back pay is awarded or agreed to by CGHS.

5.02 WHAT IS A "YEAR OF SERVICE"?

The term "Year of Service" is used throughout this Summary Plan Description and is very important. A Year of Service is a Computation Period during which you are credited with at least 1,000 Hours of Service.

You will always receive credit for a Year of Service for Vesting (see Article VII) if you are credited with at least 1,000 Hours of Service during the Computation Period (see section 5.03B) regardless of the special requirements, if any, of section 5.08.

5.03 WHAT IS A "COMPUTATION PERIOD"?

A. For Eligibility Purposes. This section is not applicable. The Plan does not include a service requirement for eligibility purposes.

B. For Vesting Purposes. The Computation Period for calculating a Year of Service for Vesting purposes will be the Plan Year.

5.04 DOES SERVICE WITH ANOTHER EMPLOYER COUNT AS SERVICE UNDER THIS PLAN?

Only Years of Service with the Employer are recognized by this Plan.

5.05 ARE YEARS OF SERVICE BEFORE THE EFFECTIVE DATE OF THE PLAN RECOGNIZED FOR VESTING PURPOSES?

All Years of Service with CGHS will be counted for Vesting purposes.

5.06 WHAT IS "SEPARATION FROM SERVICE"?

"Separation from Service" is the date your employment with CGHS terminates for any reason.

5.07 WHAT IS A "BREAK IN SERVICE"?

A "Break in Service" is a Computation Period in which you do not complete more than 500 Hours of Service with CGHS. You will not be considered to have a Break in Service in the Plan Year in which you become a Participant, die, retire or become disabled. You will receive credit for Hours of Service for certain authorized leaves of absence and maternity or paternity leaves of absence.

You will be credited with a certain number of Hours of Service automatically, even if you are not at work, if you are absent for one of the following reasons: (a) pregnancy, (b) the birth of a child, (c) adoption of a child, or (d) for purposes of caring for such a child for a period immediately following such birth or placement. You must furnish to the Plan Administrator, in a timely manner, such information as the Plan Administrator may reasonably require to establish that the absence is for the permitted reasons. This will not increase the number of Years of Service that would otherwise be credited to you, but will prevent you from sustaining a Break in Service.

A period of unpaid FMLA leave will not be treated or counted as a Break in Service for purposes of vesting or eligibility to participate. This will not increase the number of Years of Service that would otherwise be credited to you, but will prevent you from sustaining a Break in Service. If any FMLA leave is also covered under the preceding paragraph regarding maternity or paternity absences, the more generous of the two rules will apply.

If you terminate your employment with CGHS and are rehired before a Break in Service, you will continue to participate in the Plan as if your termination of employment had not occurred.

If you terminate your employment with CGHS and are rehired after a Break in Service, your service before and after the Break will be counted for Vesting only after you have completed one Year of Service following the date you are rehired.

If you are rehired before having 5 or more consecutive Breaks in Service and were vested in any portion of your Account derived from Employer contributions, you will receive credit for all Years of Service credited to you before your Break in Service.

You will receive credit for all Years of Service credited to you before your Break in Service if you are rehired after five or more consecutive Breaks in Service, and:

(a) You were vested in any portion of your Accounts derived from Employer Contributions; or,

(b) Your number of prior Years of Service exceed that of the Breaks in Service.

If you do not have a "vested interest" (see Article VII) in any of the Employer Contributions to your Accounts and are reemployed following a Break in Service, you will lose credit for your pre-break Years of Service if the number of your consecutive one-year Breaks in Service exceeds or equals the greater of:

(a) five; or,

(b) the number of your pre-break Years of Service.

5.08 WHAT SPECIAL SERVICE REQUIREMENTS DETERMINE WHETHER I RECEIVE AN EMPLOYER CONTRIBUTION DURING A GIVEN PLAN YEAR?

You must complete a Year of Service during the Plan Year and be employed by CGHS on the last day of such Plan Year to receive Employer base contributions, once board approval has been made, unless you terminated employment during such Plan Year by reason of death, Disability, or retirement (normal or early, if applicable).

ARTICLE VI
CONTRIBUTIONS TO THE PLAN

6.01 WHAT ARE "ELECTIVE DEFERRALS"?

A. Definition. You may contribute to the Plan by entering into a salary reduction agreement with CGHS, whereby you agree to reduce your future salary payments by a specific amount, and CGHS agrees to apply such salary reduction amounts to one or more Investment Arrangements on your behalf. Your salary reduction amounts are called "Elective Deferrals". CGHS may impose certain administrative limitations on the number of times you may change the amount of your deferrals to the Plan during any year.

B. Minimum Elective Deferrals. You will be permitted to make Elective Deferrals in any amount up to the maximum allowed in section C below. There is no minimum required.

C. Maximum Elective Deferrals. You will be permitted to make Elective Deferrals up to the maximum allowed by current law.

D. Limitations on Favorable Tax Treatment. Contributions made by you and CGHS, if any, are generally not taxable when made to the Plan. Instead, you are taxed when withdrawals are made from the Plan. You will pay tax if the total contributions in a year exceed limitations under the Federal tax laws. These limits can be complicated in the case of 403(b) arrangements and you should consult the Plan Administrator if you have any questions. Generally, the total contributions may be subject to tax if they exceed the lesser of 100% of your compensation (after certain adjustments) or \$45,000 (this dollar amount may be adjusted periodically to reflect increases in the cost of living). In addition, your own salary reduction contributions may not exceed a specified amount for the calendar year unless certain exceptions apply to you. That amount is \$15,500 for 2008. This limit may be increased after 2008 for cost-of-living changes.

Beginning January 1, 2002, if you are age 50 or older, then you may elect to defer additional amounts (called "catch-up contributions") to the Plan. The additional amounts may be deferred regardless of any other limitations on the amount that you may defer to the Plan. The maximum "catch-up contribution" that you can make in 2008 is \$5,000. After 2008, the maximum may increase for cost-of-living adjustments.

6.02 WHAT CONTRIBUTIONS WILL CGHS MAKE TO THE PLAN?

The following provisions apply as of January 1, 2008 and will be made for you if you are eligible for Employer Contributions:

A. Employer base contributions. You may receive a base contribution from CGHS at a rate equal to a percentage of your Compensation. The amount of contribution made by CGHS is within CGHS's discretion and may vary. The percentage which CGHS will contribute on your behalf is based on the schedule below:

Base Contribution Service	Employer Base Contribution Percentage
Less than 5	1.5%
5 but less than 10	2.5%
10 but less than 15	3.5%
15 but less than 20	4.5%
20 but less than 25	5.5%
25 but less than 30	6.5%
30 or more	7.5%

For purposes of determining your base contribution service for the purpose of receiving the base contribution, the following service will be added together:

On or after January 1, 2008, your Years of Service with CGHS, measured from your most recent hire date, or January 1, 2008, whichever is later; plus,

Prior to January 1, 2008, complete calendar years of service measured from your most recent hire date; plus, only if the month of your most recent hire date is before July 1, one (1) additional year of base contribution service for that year of your most recent hire.

Notwithstanding the above, for purposes of the base contribution, if you are a rehired Participant, your service prior to January 1, 2008, will not be counted for base contribution service, if you terminated your employment on or after January 1, 2008.

B. Employer matching contributions. If you were hired prior to January 1, 2008, and have attained age 40 as of December 31, 2007, and have not terminated employment on or after January 1, 2008, CGHS may contribute \$0.25 for every \$1.00 of your Elective Deferrals for the Plan Year. For purposes of the Employer's matching contribution, your Elective Deferrals in excess of 5 percent of your Compensation will not be taken into account. The amount of contribution made by CGHS is within CGHS's discretion and may vary.

If you were hired prior to January 1, 2008, and have not attained age 40 as of December 31, 2007, and have not terminated employment on or after January 1 2008, CGHS may contribute \$0.50 for every \$1.00 of your Elective Deferrals for the Plan Year. For purposes of the Employer's matching contribution, your Elective Deferrals in excess of 5 percent of your Compensation will not be taken into account. The amount of contribution made by CGHS is within CGHS's discretion and may vary.

If you were hired or rehired on or after January 1, 2008, CGHS may contribute \$0.50 for every \$1.00 of your Elective Deferrals for the Plan Year. For purposes of the Employer's matching contribution, your Elective Deferrals in excess of 5 percent of your Compensation will not be taken into account. The amount of contribution made by CGHS is within CGHS's discretion and may vary.

6.03 WHAT ARE "EXCESS DEFERRALS"?

If the amounts you have contributed to the Plan under a salary reduction agreement with CGHS exceed the annual dollar limit (maximum allowed by current law; see section 6.01D) on Elective Deferrals, you may request (not later than March 1 after the close of such taxable year) that any portion of your "Excess Deferrals" and the interest earned on such portion be returned to you. This is particularly important if you participate in more than one salary deferral arrangement (even with other employers).

Excess Deferrals must be returned to you no later than April 15 after the taxable year for which they occurred in order to avoid double taxation of the amount. Excess Deferrals are included in your gross income and are taxable for the year in which they were made, but any income earned on the excess is taxable in the year in which the Excess Deferrals are returned. If the excess is not distributed to you by April 15, the Excess Deferrals are not only taxable in the year in which they were made but are also taxable in the year in which they were distributed.

6.04 WHAT ARE "EXCESS CONTRIBUTIONS"?

The Internal Revenue Code contains several complex rules governing plans which provide for Elective Deferrals and Employer matching contributions. Such plans must pass certain nondiscrimination tests each Plan Year. It is possible, especially if you are a "Highly-Compensated Employee" as that term is defined in the Internal Revenue Code (generally, anyone who is a 5% owner, or who earned more than \$105,000* during the previous Plan Year), that part of your Employer matching contributions, including any income or loss attributable to such amount, will be removed from the Plan in order to comply with the tests. Any non-vested Employer matching contributions would be returned to CGHS and any vested Employer matching contributions would be paid to you (if applicable) as taxable income. Normally any "Excess Contributions" will be returned within 2-1/2 months following the end of the Plan Year for which they were contributed. The Plan Administrator will provide the necessary information in the event a return of contributions is required. These nondiscrimination tests do not apply to Elective Deferrals to a 403(b) plan.

* *This amount is indexed for inflation and is adjusted by the Internal Revenue Service each year.*

IMPORTANT NOTE: *Should any Excess Contributions be returned to you, such amount will be taxable income for the year in which the contributions were made (if more than \$100.00) or the year in which they were returned (if less than \$100.00 or if returned more than 2-1/2 months after the end of the Plan Year for which they were made). However, the payor is required to issue a tax form to you for the calendar year in which any refund is made, even if the money must be included as taxable income for the prior year.*

Should any excess Employer matching contributions be withdrawn from your Accounts by CGHS and not paid to you, such amount will be forfeited.

CGHS may elect to make additional Employer matching contributions to your Accounts (if you are a "Non-Highly Compensated Employee") to avoid a return of contributions as described above. These "Qualified Matching Contributions (QMACs)" will be 100% vested at all times and may not be distributed except upon your death, Disability, Separation from Service or attainment of age 59-1/2.

6.05 WHAT ARE THE LIMITATIONS ON FAVORABLE TAX TREATMENT?

Contributions made by you and any contributions made by your employer are generally not taxable when made to the Plan. Instead, you are taxed when withdrawals are made from the Plan. You will pay tax if the total contributions in a year exceed limitations under the Federal tax laws. These limits can be complicated in the case of section 403(b) arrangements and you should consult the Plan Administrator if you have any questions.

6.06 WHAT DOES "COMPENSATION" MEAN FOR PLAN PURPOSES?

A. Definition. For Plan purposes, "Compensation" has a special meaning. Compensation is generally defined as your total compensation that is subject to income tax withholding and paid to you by CGHS during the Plan Year. The Plan, by law, generally cannot recognize annual compensation in excess of \$230,000. This amount may be adjusted for cost-of-living increases.

B. Treatment of Elective Deferrals. The Compensation taken into account for Plan purposes (under subsection A above) will include your Elective Deferrals or any amount which is contributed or deferred by the Employer at your election under a cafeteria plan or qualified transportation plan.

C. Compensation Prior to Plan Entry Date. In the Plan Year in which you become eligible for Employer Contributions, the Employer will make contributions for you based on the Compensation you earned on and after your Plan Entry Date.

6.07 DOES THE PLAN ACCEPT TRANSFERS/ROLLOVERS FROM ANOTHER 403(B)?

You may transfer funds from another 403(b) to this 403(b) Plan. This may be done by first rolling the distribution from the other 403(b) plan to an Individual Retirement Account or Annuity (IRA), and then moving the IRA funds to this 403(b) Plan. Or, the payor or Plan Administrator of the other 403(b) plan may transfer or directly rollover your distribution to this 403(b) Plan. In any event, your Account derived from transfers/direct rollovers/rollovers will be fully vested, but will be subject to the rules of this 403(b) Plan.

Beginning on or after January 1, 2002, at the discretion of the Plan Administrator, you may be permitted to deposit into the Plan distributions you have received from certain other plans and IRAs. Distributions of rollovers may be made at any time if there is no distributable event which permits a distribution of other accounts. You will always be 100% vested in your rollover contributions. Rollover contributions will be affected by any investment gains or losses.

ARTICLE VII
VESTING IN THE PLAN

7.01 WHAT IS "VESTING"?

"Vesting" is that portion of your Accounts which cannot be forfeited. It is directly related to your length of service with CGHS and is expressed as a percentage of your Account balances. Other terms which may be used to represent your Vesting are "nonforfeitable interest", "vested interest" or "vested percentage".

7.02 HOW DOES VESTING AFFECT ANY ACCOUNTS DERIVED FROM MY CONTRIBUTIONS TO THE PLAN?

At all times, you will be fully vested in your Accounts derived from your Elective Deferrals.

7.03 HOW DOES VESTING AFFECT ANY ACCOUNTS DERIVED FROM CGHS'S CONTRIBUTIONS TO THE PLAN?

Your "vested percentage" in your Accounts derived from CGHS's contributions is determined by the Vesting schedule elected by CGHS.

The following schedule may not apply upon your Disability, death, or retirement (normal or early, if applicable). Section 7.04 below will explain any special Vesting provisions which apply upon any of the above mentioned events.

Please note that the term "Year of Service" has a specific meaning under the terms of this Plan, as explained in Article V.

The Plan's Vesting schedule for CGHS's Contributions is as follows:

0% after 0 - 2 Years of Service
100% after 3 Years of Service

7.04 HOW DOES VESTING AFFECT ANY ACCOUNTS DERIVED FROM CGHS'S CONTRIBUTIONS UPON DISABILITY, DEATH, OR RETIREMENT?

A. Disability. If you become disabled (see section 8.03) while employed by CGHS, the portion of your Accounts derived from Employer Contributions will be fully vested.

B. Death. If you die while actively employed by CGHS, the portion of your Accounts derived from Employer Contributions will be fully vested.

C. Early Retirement. Upon your Early Retirement Age (see section 8.02) while still employed by CGHS, the portion of your Accounts derived from Employer Contributions will be fully vested.

D. Normal Retirement. Upon your Normal Retirement Age (see section 8.01) while still employed by CGHS, the portion of your Accounts derived from Employer Contributions will be fully vested.

7.05 WHAT ARE "FORFEITURES"?

"Forfeitures" are created when a Participant terminates employment before becoming entitled to 100% of the Accounts derived from CGHS's contributions.

Forfeitures will be used by CGHS to offset part of its future contributions to the Plan.

In addition, forfeitures may be used by CGHS to pay Plan administration expenses.

7.06 WHAT HAPPENS TO NON-VESTED MONEY IF I TERMINATE MY EMPLOYMENT AND AM LATER REHIRED?

If you are subsequently rehired by CGHS after a Separation from Service, but before five or more consecutive one-year Breaks in Service, you must **repay** any amounts distributed to you from Employer funded Accounts upon your termination of employment in order to have CGHS reinstate your previously forfeited benefits, if any. You will only receive this reinstatement if you make repayment within the 5 year period beginning on the date you separated from service (or received your distribution, whichever occurred later).

If you are rehired after having five or more consecutive Breaks in Service, you will permanently forfeit any benefits which were not vested upon your Separation from Service.

7.07 WHAT OTHER VESTING RIGHTS DO I HAVE?

Although the Plan has been amended, your vested benefit under the amendment must be at least as great as that prior to the amendment. You may elect to have your vested percentage calculated under the pre-amendment Vesting schedule if you had at least 3 Years of Service as of the date the amendment was adopted.

ARTICLE VIII
BENEFITS UNDER THE PLAN

8.01 WHAT IS "NORMAL RETIREMENT"?

A. Normal Retirement Age. Your Normal Retirement Age is the date on which you reach age 65.

B. Normal Retirement Date. Your Normal Retirement Date is the first day of the first month after you reach your Normal Retirement Age.

8.02 WHAT IS "EARLY RETIREMENT"?

A. Early Retirement Age. Your Early Retirement Age is the date on which you reach age 55 and complete 3 Years of Service.

B. Early Retirement Date. Your Early Retirement Date is the first day of the first month after you reach your Early Retirement Age.

8.03 WHAT IS "DISABILITY"?

Under this Plan, you will be considered disabled on the date the Committee determines that you (i) are unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or can be expected to last for a continuous period of not less than twelve (12) months, or (ii) are, by reason of any medically determinable physical or mental impairment which can be expected to result in death or can be expected to last for a continuous period of not less than twelve (12) months, receiving income replacement benefits for a period of not less than three months under an accident and health plan covering employees of the Employer. In addition, the Committee may determine that you are disabled if you are considered "totally disabled" by the Social Security Administration.

Your Disability benefits are subject to the annuity and spousal requirements of Article IX.

8.04 WHAT BENEFITS ARE PROVIDED UPON MY SEPARATION FROM SERVICE?

The Plan is designed to encourage you to stay with CGHS until retirement. If you terminate your employment prior to retirement, you will be entitled to the "vested percentage" of the contributions, if any, made by CGHS to your Accounts. Non-vested balances, if any, will be forfeited.

8.05 DOES THE PLAN PROVIDE FOR PARTICIPANT LOANS?

You may apply to the Plan Administrator for a loan. Your application must be in writing and is subject to the restrictions of this Summary Plan Description.

A. Requirements. Loans will be made available to all Participants on a reasonably equivalent basis, will not be made available to highly compensated employees in an amount greater than that of other employees, will be made in accordance with specific plan provisions, will bear a reasonable rate of interest comparable to the interest rate charged on similar commercial loans by persons in the business of lending money, and will be adequately secured by your vested interest in the Plan.

Beginning January 1, 2002, if the Plan permits loans to be made to participants, then any Plan provisions prohibiting loans to any owner-employee or shareholder-employee shall cease to apply.

B. Source of Loans. Loans will be made available from the following Accounts, including your rollover accounts:

Employee Elective Deferrals

C. Notes and Repayment. You will be required to sign a note which will be legally enforceable according to its terms. You must repay any loan by periodic level payments of principal and interest at least as frequently as quarterly over a reasonable period of time not to exceed five years. However, a loan used to purchase any dwelling unit which, within a reasonable time, is to be used as your principal residence may be repaid over a reasonable period of time that exceeds five years. During the time you are in military service, your loan payments may be suspended.

D. Spousal Consent. If you use any portion of your Accounts in the Plan as collateral for a loan and you are married, you must obtain your spouse's written consent in order to do so. This consent must be obtained within the ninety day period prior to the date on which the loan is made, and must be witnessed by a notary or the Plan Administrator (or his or her representative). Your spouse's consent is required for any subsequent revision of the loan. No more than 50% of your vested interest may be used as collateral for a loan.

E. Maximum Amount Available. The total of all loans you make from the plan may not exceed the lesser of \$50,000, or 50% of your vested interest in the Plan. If the \$50,000 limit applies, this limit is reduced by the excess of any highest outstanding balance of loans from the Plan during the one-year period ending on the day before the date on which you apply for the new loan over the outstanding balance of loans from the plan on the date on which the loan was made. For example, if you borrowed \$30,000 from the Plan 6 months ago, any additional loan may not exceed \$20,000 until 12 months after the date of the \$30,000 loan. In any event, a loan may not exceed your vested Account balances as of the date the loan is made.

F. Unpaid Balance. Any unpaid loan balance will be deducted from your benefits when paid as a result of any distributable event (Disability, death, retirement, Separation from Service). However, you do have the option of repaying your loan balance prior to taking a distribution.

8.06 DOES THE PLAN ALLOW HARDSHIP WITHDRAWALS?

Under the terms of the Plan, you may elect to withdraw part or all of your Elective Deferral Accounts (excluding the earnings thereon) in the event of "hardship". A "hardship" is defined as an immediate and heavy financial need for which you lack other reasonably available resources. The Plan Administrator, in his or her discretion, will review your request for a hardship withdrawal. Examples of hardship include the following:

(a) expenses already incurred or necessary for anticipated medical care, defined in Section 213(d) of the Code, for you, your spouse, your children or dependents;

(b) the purchase (excluding mortgage payments) of your principal residence;

(c) the need to prevent eviction from or foreclosure of the mortgage on your principal residence; and,

(d) payment of tuition and related educational fees, including room and board expenses, for the next 12 months of post-secondary education for you, your spouse, your children or dependents.

The amount of your hardship distribution may be adjusted upwards to cover any federal, state or local taxes, including penalty taxes, that can reasonably be anticipated to result from the distribution.

A hardship distribution will be considered an immediate and heavy financial need if the amount of the distribution is not in excess of the amount necessary to meet the financial need and you have obtained all other distributions and nontaxable loans which are available to you from all plans of the Employer.

Effective January 1, 2002, you may not make Elective Deferrals for six months from the date you receive the hardship distribution. Your Elective Deferrals limit for the tax year following the tax year in which you receive the hardship distribution will be reduced by the amount of the distribution. You should be aware that CGHS will report any hardship distribution as a taxable distribution for the calendar year of receipt and such distribution may also be subject to a 10% early distribution tax.

If you are married, a hardship distribution will not be made to you unless a Qualified Election (see section 8.06) to waive the Qualified Joint and Survivor Annuity (see section 9.03) is made within the ninety day period ending on the date of such distribution.

ARTICLE IX
BENEFIT PAYMENT OPTIONS

9.01 UNDER WHAT CIRCUMSTANCES ARE DISTRIBUTIONS AVAILABLE TO ME WHILE I AM STILL EMPLOYED BY CGHS?

A. Elective Deferrals. The portion of your Accounts derived from Elective Deferrals will be available for distribution prior to your termination of employment with CGHS in the event of hardship (see section 8.06).

Notwithstanding the above distribution events, no portion of your Accounts derived from Elective Deferrals to a custodial account are available for distribution before (1) you reach age 59-1/2, (2) your termination of employment with Central Georgia Health System, Inc., (3) death, (4) disability or (5) financial hardship, or as required under minimum distribution rules (see section 9.07) or for purposes of passing any necessary contribution limit or nondiscrimination tests.

B. Contributions Made by CGHS. No portion of your Accounts derived from Employer Contributions will be available for distribution prior to your termination of employment with CGHS except as required under minimum distribution rules (see section 9.07) or for purposes of passing any necessary contribution limit or nondiscrimination tests.

9.02 UNDER WHAT CIRCUMSTANCES ARE DISTRIBUTIONS AVAILABLE TO ME AFTER I TERMINATE EMPLOYMENT WITH CGHS?

A. Elective Deferrals. The portion of your Accounts derived from Elective Deferrals will be available for distribution at any time after your termination of employment with CGHS.

B. Contributions Made by CGHS. The vested portion of your Accounts derived from Employer Contributions will be available for distribution at any time after your termination of employment with CGHS.

9.03 HOW ARE RETIREMENT BENEFITS PAID?

A. Qualified Joint and Survivor Annuity. When you retire under the Plan, you will automatically receive a 50% Qualified Joint and Survivor Annuity (QJSA), unless you make a Qualified Election (with your spouse's consent) to waive this form of benefit. This means that if you die after benefits have begun and you are survived by a spouse, your spouse will receive for the rest of his or her life, a monthly benefit equal to 50% of the monthly benefit you were receiving at the time of your death. You may, however, elect a QJSA with a larger benefit for your spouse, such as 75% or 100%, which will mean lower payments during your life and higher payments during his or her life than the minimum required 50% QJSA. You should consult qualified tax counsel before making your QJSA election, since other forms of payment may yield a higher monthly benefit.

B. Unmarried Participant. If you are not married as of the date your benefits are to begin, you will automatically receive a life annuity, unless you make a Qualified Election to receive some other form of payment. This means you will receive payments for as long as you live. Upon your death, payments cease.

C. Waiver Period. Before you retire, the Plan Administrator will give you written information explaining the QJSA in greater detail. You will be given this information and the option to waive the QJSA form of payment between thirty and ninety days prior to the "annuity starting date". Your spouse must consent, in writing, to any Qualified Election you make to waive the QJSA and this waiver must be witnessed by a notary or a Plan representative. You may revoke any such waiver at any time without your spouse's consent, but any new waiver will require a new spousal consent.

You may elect to waive the requirement that the written explanation described above be provided to you at least thirty days prior to your "annuity starting date". This waiver must be in writing, and your spouse must consent to the waiver. However, if you elect to waive this 30-day period, your distribution cannot commence for at least seven days after the written explanation is provided to you.

For purposes of Article IX, the "annuity starting date" means the first day of the first period for which an amount is payable to you as an annuity or in any other form, for any reason.

D. Alternative Forms of Benefit Payments. If you and your spouse elect not to take a QJSA or you are not married and the required written consent has been provided to the Plan Administrator, you may receive your retirement benefit under any payout options that may be provided under your annuity contract or the Plan.

There are various methods by which benefits may be distributed to you from the Plan. The method depends on your marital status, elections made by you and your spouse (if any), and the size of your vested benefit. All methods of distribution, however, have equivalent values.

E. Benefits Upon Death after Retirement Benefits Commence. If you die after payment of benefits has begun, the remaining portion of your Accounts must be distributed at least as rapidly as under the method of distribution which was in effect on the date of your death.

9.04 WHAT HAPPENS IF I DIE BEFORE MY RETIREMENT BENEFITS BEGIN?

A. Qualified Pre-Retirement Survivor Annuity (QPSA). Upon your death, an amount equal to 50% of your death benefit payable under the annuity contract will be paid to your surviving spouse in the form of a "Qualified Pre-Retirement Survivor Annuity" (QPSA). The QPSA will be paid in periodic payments made over your spouse's lifetime if you die:

- (1) after you have become vested; and,
- (2) before your "annuity starting date"; and,
- (3) you have not made a Qualified Election (see section 9.05) to waive the

QPSA.

B. Beneficiary Other Than Spouse. If you wish to designate a Beneficiary other than your spouse, your spouse must consent, in writing, to waive his or her right to the death benefit. Such waiver must be witnessed by a notary or a Plan representative (usually the Administrator). You may revoke a waiver at any time and there is no limit on the amount of waivers you may make, providing each waiver complies with the rules described in this paragraph.

If no waiver is in effect and you wish to designate a Beneficiary other than your spouse for up to 50% of your benefits, you may do so without your spouse's consent. However, your spouse will still be entitled to at least 50% of your death benefit. Any balance remaining after payment to your spouse may be paid to your designated Beneficiary.

C. Waiver Period. The period during which you and your spouse may waive the QPSA begins as of the first day of the Plan Year in which you reach age 35 and ends when you die (the "Waiver Period"). Should you terminate employment prior to this period, your right to waive the QPSA commences as of your termination date and ends upon your death. The Plan Administrator will provide you with a detailed explanation of the QPSA within the period beginning with the first day of the Plan Year in which you reach age 32 and ending with the close of the Plan Year preceding the Plan Year in which you reach age 35, or if applicable, within a reasonable period of time following your date of employment or termination.

D. Unmarried Participant. If, however, you are not married at the time of your death, or your spouse cannot be located or your spouse has properly waived any right to the death benefit, then the death benefit will be paid to the Beneficiary you have designated on a form to be provided by the Plan Administrator.

Since your age and marital status both have a major impact on the form and manner of your death benefit, it is essential that you inform the Administrator as to your proper age and any changes in your marital status.

9.05 WHAT IS A "QUALIFIED ELECTION"?

A. Definition. A "Qualified Election" is your election not to receive benefits payable under the Plan in the form of a Qualified Joint and Survivor Annuity (see section 9.03A) and/or to have death benefits paid in a form other than a Qualified Pre-Retirement Survivor Annuity (see section 9.04A), provided that your spouse, if any, consents to such election in the presence of a Plan representative (usually the Plan Administrator) or a notary public.

The Qualified Election and your spouse's consent must be in writing on the form(s) prescribed by the Plan Administrator. No election will be a Qualified Election unless and until it is approved by the Plan Administrator. A Qualified Election will be effective only with respect to the spouse who has consented to the election.

B. Without Spousal Consent. If you establish to the satisfaction of the Plan Administrator that spousal consent cannot be obtained because you are not married, or because you cannot locate your spouse, your election will be deemed a Qualified Election.

9.06 DO DISTRIBUTIONS OF DIFFERENT AMOUNTS RECEIVE SPECIAL TREATMENT?

If the total of your Accounts is not greater than \$1,000, you will receive a single sum distribution of the entire vested Accounts upon your Separation from Service with CGHS, without consent, as soon as possible after the occurrence of one of the distributable events described in sections 9.01 and 9.02. Any distribution of \$1,000 or above requires your written consent, plus the written consent of your spouse (if any), witnessed by a notary or a Plan representative (usually the Plan Administrator).

If your total vested Accounts are zero, you will be deemed to have received a distribution of your entire vested Account balances immediately upon your Separation from Service.

9.07 WHEN MUST MY BENEFITS BE PAID?

There are rules which require that certain minimum distributions be made from the plan.

Except for benefits accrued prior to January 1, 1987, for which records have been maintained by the issuer of your annuity contract under the plan or the custodian of your custodial account (mutual funds) under the plan, "grandfathered amounts" the following rules apply to your benefits under the plan:

Latest Beginning Date. You must begin receiving benefit distributions no later than April 1 of the calendar year after the year in which you reach 70-1/2 or retire, whichever is later.

If you reached age 70-1/2 prior to 1998, special options may be available. You should contact your Plan Administrator for additional information regarding these options. If you attained age 70-1/2 after 1995, you may choose whether to begin your distributions at age 70-1/2 or wait until you actually retire.

Basically, the method of distribution you elect must provide that 100% of your benefits be distributed over your lifetime, or over the lifetimes of you and your named Beneficiary. Special rules apply if your named Beneficiary is your spouse. If the Beneficiary named is not your spouse and there is a substantial age difference, minimum death incidental benefit rules will require that a higher percentage be distributed over your life expectancy. Life expectancies (except in the case of an annuity) of you and your spouse Beneficiary may be recalculated annually; life expectancies of nonspouse Beneficiaries may not be recalculated.

Any grandfathered amounts (your pre-1987 account balance under the plan, for which records are kept) are also subject to rules which require that certain minimum distributions be made from the plan, and special options may be available for calculating these requirements. You should contact your Plan Administrator for additional information regarding your required beginning date and the calculation of your required distribution amounts from your grandfathered account balance.

Insufficient distributions will be subject to a 50% penalty tax, based on the amount of shortfall. Since this penalty is very severe, and the rules governing distributions are complex, competent professional advice should be obtained.

9.08 ARE MY PLAN BENEFITS INSURED?

The Pension Benefit Guaranty Corporation (PBGC) is a government agency that insures certain benefits provided under "defined benefit" pension plans. This Plan is not a "defined benefit" plan and thus, is not insured by the PBGC.

9.09 HOW ARE PLAN BENEFITS TAXED AND WHAT PENALTIES MAY APPLY UPON DISTRIBUTION?

A. Withdrawals. A ten percent penalty tax applies on distributions for reasons other than the following events:

- (1) death;
- (2) Disability;
- (3) Separation from Service during or after the year in which you reach age 55;
- (4) age 59-1/2;
- (5) if the withdrawal is to cover tax deductible, uninsured medical expenses;

(6) in the form of an annuity based on life expectancy or in the form of substantially equal installments paid at least annually and based on your life expectancy (such payments must continue until you reach age 59-1/2 and last at least five years); or,

(7) if pursuant to a Qualified Domestic Relations Order (see section 10.04).

B. Required Minimum Distributions. A fifty percent excise tax is imposed on plan distributions that do not meet the minimum Internal Revenue Code required minimum distributions and required distributions beginning date (see section 9.07).

C. Rollovers. Generally, you may defer or reduce taxes which would otherwise be due by transacting a rollover to an IRA (individual retirement account/annuity) or another 403(b). You have the following two rollover options available.

(1) Direct Rollovers: You may have a distribution from the Plan paid directly to an IRA or another 403(b) by the payor or Plan Administrator. The distribution check is made payable to the trustee, custodian or issuer of the IRA or 403(b) receiving the distribution. If you transact a "direct rollover," the distribution will not be subject to mandatory 20% federal income tax withholding.

Beginning January 1, 2002, direct rollovers of eligible rollover distributions from the Plan may be paid directly to an IRA or another eligible retirement plan. Eligible retirement plans include 403(b) plans, 401(a) or 403(a) plans and governmental 457(b) plans. Under certain circumstances all or a portion of a distribution (such as a hardship distribution) may not qualify for rollover treatment. After-tax amounts may be eligible for rollover to another 403(b) plan or to an IRA.

You will be provided information regarding direct rollovers and mandatory withholding when you request a distribution. It is important that you review this information carefully and consult your tax advisor before making your distribution election.

(2) Participant Rollovers: If you elect to personally receive a distribution eligible for rollover, that is, the distribution check is made payable to you, the payor or Plan Administrator is required to withhold 20% from the distribution and send it to the IRS. The amount withheld is subject to income tax and, if you are under age 59-1/2, an additional 10% penalty tax may apply. Taxation of the withheld amount may be avoided only if, within 60 days of the date you receive the distribution, you rollover the following amounts to an IRA:

(a) the 80% of the distribution you receive; plus,

(b) an amount obtained from funds on hand which is equal to the 20% withheld.

Example: A is eligible to receive a \$10,000 distribution from the 403(b). If A elects a direct rollover, the \$10,000 will be paid by the 403(b) directly to A's IRA or other 403(b).

If A elects to personally receive the \$10,000 distribution, the following will occur:

(1) A will receive a check for \$8,000, reflecting mandatory 20% withholding of \$2,000. A then has 60 days to rollover the \$8,000 to an IRA to avoid tax on the \$8,000 for that year.

(2) Within the same 60 day period, A will have to replace the \$2,000 and rollover that amount to an IRA. Otherwise, the \$2,000 withheld will be taxable income that year and may also be subject to an additional 10% penalty tax if A was under age 59-1/2 on the date he received the distribution.

You will be provided information regarding direct rollovers and mandatory withholding when you request a distribution. It is important that you review this information carefully and consult your tax advisor before making your distribution election.

ARTICLE X
THE CLAIMS REVIEW PROCEDURE

10.01 HOW DO I SUBMIT A CLAIM FOR PLAN BENEFITS?

Benefits will be paid to you and your beneficiaries without the necessity of formal claims. However, if you think an error has been made in determining your benefits, then you or your beneficiaries may make a request for any Plan benefits to which you believe you are entitled. Any such request should be in writing and should be made to the Administrator.

If the Administrator determines the claim is valid, then you will receive a statement describing the amount of benefit, the method or methods of payment, the timing of distributions and other information relevant to the payment of the benefit.

10.02 WHAT IF MY BENEFITS ARE DENIED?

Your request for Plan benefits will be considered a claim for Plan benefits, and it will be subject to a full and fair review. If your claim is wholly or partially denied, the Administrator will provide you with a written or electronic notification of the Plan's adverse determination. This written or electronic notification must be provided to you within a reasonable period of time, but not later than 90 days after the receipt of your claim by the Administrator, unless the Administrator determines that special circumstances require an extension of time for processing your claim. If the Administrator determines that an extension of time for processing is required, written notice of the extension will be furnished to you prior to the termination of the initial 90-day period. In no event will such extension exceed a period of 90 days from the end of such initial period. The extension notice will indicate the special circumstances requiring an extension of time and the date by which the Plan expects to render the benefit determination.

In the case of a claim for disability benefits, different timeframes apply. The Administrator will provide you with written or electronic notification of the Plan's adverse benefit determination within a reasonable period of time, but not later than 45 days after receipt of the claim by the Plan. This period may be extended by the Plan for up to 30 days, provided that the Administrator both determines that such an extension is necessary due to matters beyond the control of the Plan and notifies you, prior to the expiration of the initial 45-day period, of the circumstances requiring the extension of time and the date by which the Plan expects to render a decision. If, prior to the end of the first 30-day extension period, the Administrator determines that, due to matters beyond the control of the Plan, a decision cannot be rendered within that extension period, the period for making the determination may be extended for up to an additional 30 days, provided that the Administrator notifies you, prior to the expiration of the first 30-day extension period, of the circumstances requiring the extension and the date as of which the plan expects to render a decision. In the case of any such extension, the notice of extension will specifically explain the standards on which entitlement to a benefit is based, the unresolved issues that prevent

a decision on the claim, and the additional information needed to resolve those issues, and you will be afforded at least 45 days within which to provide the specified information.

The Administrator's written or electronic notification of any adverse benefit determination must contain the following information:

- (a) The specific reason or reasons for the adverse determination.
- (b) Reference to the specific Plan provisions on which the determination is based.
- (c) A description of any additional material or information necessary for you to perfect the claim and an explanation of why such material or information is necessary.
- (d) A description of the plan's review procedures and the time limits applicable to such procedures, including a statement of your right to bring a civil action under section 502(a) of the Employee Retirement Income Security Act of 1974 ("ERISA") following an adverse benefit determination on review.
- (e) In the case of disability benefits:
 - (1) If an internal rule, guideline, protocol, or other similar criterion was relied upon in making the adverse determination, either the specific rule, guideline, protocol, or other similar criterion; or a statement that such rule, guideline, protocol, or other similar criterion was relied upon in making the adverse determination and that a copy of the rule, guideline, protocol, or other similar criterion will be provided to you free of charge upon request.
 - (2) If the adverse benefit determination is based on a medical necessity or experimental treatment or similar exclusion or limit, either an explanation of the specific or clinical judgment for the determination, applying the terms of the Plan to your medical circumstances, or a statement that such explanation will be provided to you free of charge upon request.

If no disposition of your claim is communicated to you by the Administrator within the time frames outlined in this section, you will be deemed to have exhausted the internal review requirements of the Plan. If your claim has been denied, and you wish to submit your claim for review, you must follow the Claims Review Procedure below.

10.03 WHAT IS THE CLAIMS REVIEW PROCEDURE?

Upon the denial of your claim for benefits, you may file your claim for review, in writing, with the Administrator.

- (a) YOU MUST FILE THE CLAIM FOR REVIEW NO LATER THAN 60 DAYS AFTER YOU HAVE RECEIVED WRITTEN OR ELECTRONIC NOTIFICATION OF AN ADVERSE BENEFIT DETERMINATION.

HOWEVER, IF YOUR CLAIM IS FOR DISABILITY BENEFITS, THEN INSTEAD OF THE ABOVE, YOU MUST FILE THE CLAIM FOR REVIEW NO LATER THAN 180 DAYS FOLLOWING RECEIPT OF NOTIFICATION OF AN ADVERSE BENEFIT DETERMINATION.

(b) You may submit written comments, documents, records, and other information relating to your claim for benefits.

(c) You will be provided, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to your claim for benefits.

(d) Your claim for review must be given a full and fair review. This review will take into account all comments, documents, records, and other information submitted by you relating to your claim, without regard to whether such information was submitted or considered in the initial benefit determination.

In addition to the Claims Review Procedure above, if your claim is for disability benefits, then under the Claims Review Procedure:

(a) Your claim will be reviewed without deference to the initial adverse benefit determination and the review will be conducted by an appropriate named fiduciary of the Plan who is neither the individual who made the adverse benefit determination that is the subject of the appeal, nor the subordinate of such individual.

(b) In deciding an appeal of any adverse benefit determination that is based in whole or part on medical judgment, the appropriate named fiduciary will consult with a health care professional who has appropriate training and experience in the field of medicine involved in the medical judgment.

(c) Any medical or vocational experts whose advice was obtained on behalf of the Plan in connection with your adverse benefit determination will be identified, without regard to whether the advice was relied upon in making the benefit determination.

(d) The health care professional engaged for purposes of a consultation under (b) immediately above will be an individual who is neither an individual who was consulted in connection with the adverse benefit determination that is the subject of the appeal, nor the subordinate of any such individual.

The Administrator will provide you with written or electronic notification of the Plan's benefit determination on review. The Administrator must provide you with notification of this denial within 60 days after the Administrator's receipt of your written claim for review, unless the Administrator determines that special circumstances require an extension of time for processing your claim. If the Administrator determines that an extension of time for processing is required, written notice of the extension will be furnished to you prior to the termination of the initial 60-day period. In no event will such extension exceed a period of

60 days from the end of the initial period. The extension notice will indicate the special circumstances requiring an extension of time and the date by which the Plan expects to render the determination on review. However, if your claim relates to disability benefits, then 45 days will apply instead of 60 days in the preceding sentences. In the case of an adverse benefit determination, the notification will set forth:

- (a) The specific reason or reasons for the adverse determination.
- (b) Reference to the specific Plan provisions on which the benefit determination is based.
- (c) A statement that you are entitled to receive, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to your claim for benefits.
- (d) A statement describing any voluntary appeal procedures offered by the plan and your right to obtain the information about such procedures and a statement of your right to bring a civil action under section 502(a) of ERISA.
- (e) In the case of disability benefits:
 - (1) If an internal rule, guideline, protocol, or other similar criterion was relied upon in making the adverse determination, either the specific rule, guideline, protocol, or other similar criterion; or a statement that such rule, guideline, protocol, or other similar criterion was relied upon in making the adverse determination and that a copy of the rule, guideline, protocol, or other similar criterion will be provided to you free of charge upon request.
 - (2) If the adverse benefit determination is based on a medical necessity or experimental treatment or similar exclusion or limit, either an explanation of the specific or clinical judgment for the determination, applying the terms of the Plan to your medical circumstances, or a statement that such explanation will be provided to you free of charge upon request.
 - (3) You and your Plan may have other voluntary alternative dispute resolution options, such as mediation. One way to find out what may be available is to contact your local U.S. Department of Labor Office and your State insurance regulatory agency.

If benefits are provided or administered by an insurance company, insurance service, or other similar organization subject to regulation under the insurance laws, the insurance policy, contract or certificate relating to those benefits may include the company, service or organization's own claims procedures. If so, that company, service, or organization will be the entity to which claims are addressed. Ask the Administrator if you have any questions regarding the proper person or entity to which to address claims.

If you have a claim for benefits which is denied upon review, in whole or in part, you may file suit in a state or Federal court.

10.04 WHAT IS A "QUALIFIED DOMESTIC RELATIONS ORDER (QDRO)"?

As a general rule, the law provides that your interest in your Accounts may not be "alienated". This means that your interest may not be sold, used as collateral for a loan or debt, or otherwise transferred. Also, your creditors may not attach, garnish or otherwise interfere with your Accounts.

There is an exception to this rule. The Plan Administrator may be required to recognize obligations you incur as a result of court-ordered child support or alimony payments. The Plan Administrator is required to honor a "Qualified Domestic Relations Order" (QDRO). A QDRO is defined as a court order or decree that requires you to pay child support or alimony, or otherwise allocates a portion of your assets to a spouse, former spouse, child or other legal dependent (Alternate Payee). If the Administrator receives a QDRO, all or a portion of your Accounts may be used to meet its terms. The Administrator is required to notify you upon receipt of a QDRO and is required to determine its validity prior to making any payments from your Accounts pursuant to it. To be a valid QDRO, the order generally cannot require the Plan to permit a distribution to an Alternate Payee prior to the earliest time that you would be eligible for a distribution from the Plan, unless the Plan permits an earlier distribution to the Alternate Payee.

This Plan will permit a distribution to an Alternate Payee prior to the earliest time that you would be eligible for a distribution from the Plan.

ARTICLE XI
MISCELLANEOUS PROVISIONS

11.01 WHAT ARE MY RIGHTS AS A PLAN PARTICIPANT?

As a Participant in this Plan, you are entitled to certain rights and protections under ERISA. ERISA provides that all Plan participants are entitled to:

(a) Examine, without charge, at the Administrator's office and at other specified locations, all documents governing the Plan, including insurance contracts and collective bargaining agreements, 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 Pension and Welfare Benefit Administration.

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

(c) Receive a summary of the Plan's annual financial report. The Administrator is required by law to furnish each participant with a copy of this summary annual report.

(d) Obtain a statement telling you whether you have a right to receive a pension at Normal Retirement Age and, if so, what your benefits would be at Normal Retirement Age if you stop working under the Plan now. If you do not have a right to a pension benefit, the statement will tell you how many years you have to work to get a right to a pension. THIS STATEMENT MUST BE REQUESTED IN WRITING AND IS NOT REQUIRED TO BE GIVEN MORE THAN ONCE EVERY TWELVE (12) MONTHS. The Plan must provide this statement free of charge.

11.02 WHAT DUTIES ARE IMPOSED ON THE PEOPLE OR ENTITIES WHO OPERATE THE PLAN?

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

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

Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request 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 Administrator to provide the materials and pay you up to \$110.00 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the 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 or a medical child support order, you may file suit in Federal court. You and your beneficiaries can obtain, without charge, a copy of the qualified domestic relations order ("QDRO") procedures from the Administrator.

If it should happen that the Plan's 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 if, for example, it finds your claim is frivolous.

11.03 WHAT CAN I DO IF I HAVE QUESTIONS OR MY RIGHTS ARE VIOLATED?

If you have any questions about the Plan, then you should contact the 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 Administrator, you should contact the nearest office of the Pension and Welfare Benefits Administration, U.S. Department of Labor, listed in the telephone directory or the Division of Technical Assistance and Inquiries, Pension and Welfare Benefits 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 Pension and Welfare Benefits Administration.

The claims procedures set forth in this Summary Plan Description are hereby adopted by the Plan Administrator and are effective with respect to claims filed on or after January 1, 2002. These claims procedures may be amended from time to time.

11.04 WHAT HAPPENS IF I LEAVE CGHS TO PERFORM MILITARY SERVICE, AND THEN RETURN TO CGHS?

If you leave the service of CGHS to perform military service, and then return to CGHS after that period of military service, you may be entitled to contributions, service credits, or other benefits under the Plan with respect to that period. You should consult the Plan Administrator if you believe this provision may apply to you.

ARTICLE XII
AMENDMENT AND TERMINATION OF THE PLAN

12.01 CAN THE PLAN BE AMENDED?

CGHS may amend the Plan at any time, at its sole discretion. However, no amendment may result in a reduction of any Participant's vested interest or cause any portion of the Plan's assets to revert back to CGHS. No amendment may eliminate or reduce any optional form of distribution or benefit provided by the Plan. No amendment may authorize the use of Plan assets for purposes other than the exclusive benefit of Participants and their Beneficiaries.

You will be given notice of amendments of the Plan to the extent required by ERISA.

If the Plan's Vesting schedule is amended, and you have at least 3 Years of Service, you may elect to have your vested percentage computed using the pre-amendment Vesting schedule.

12.02 CAN THE PLAN BE TERMINATED?

CGHS may terminate the Plan at any time, at its sole discretion. Upon termination, no further contributions will be made to the Plan and all amounts credited to your Accounts will become 100% vested. You will be notified if the Plan is terminated.

Upon termination, the investment providers holding assets of this Plan will distribute the contracts or custodial accounts held on your behalf to you, or will transfer the assets under the contracts or custodial accounts to another 403(b) plan, if you so direct. Your spouse's written consent, witnessed by a notary or a Plan representative (usually the Plan Administrator), must be obtained before any distribution, even in the case of Plan termination.

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