This is a summary of the annual report for the VANDERBILT UNIVERSITY MEDICAL CENTER RETIREMENT PLAN, (Employer Identification No. 35-2528741, Plan No. 001) for the period April 29, 2016 to December 31, 2016. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

BASIC FINANCIAL STATEMENT

Benefits under the plan are provided by a trust (benefits are provided in whole from trust funds). Plan expenses were $40,489,651. These expenses included $663,561 in administrative expenses and $39,826,090 in benefits paid to participants and beneficiaries. A total of 25,678 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 $1,833,958,213 as of December 31, 2016 compared to $0 as of April 29, 2016. During the plan year the plan experienced an increase in its net assets of $1,833,958,213. This increase includes unrealized appreciation or depreciation in the value of 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 the cost of assets acquired during the year. The plan had total income of $193,839,350, including employer contributions of $32,067,035, employee contributions of $63,896,296, others contributions of $5,389,402, earnings from investments of $92,254,856 and other income of $231,761.

The plan has contracts with TIAA-CREF, and Variable Annuity Life Insurance Co. which allocate funds toward individual policies. The total premiums paid for the plan year ending December 31, 2016 were $0.

MINIMUM FUNDING STANDARDS

Enough money was contributed to the plan to keep it funded in accordance with the minimum funding standards of ERISA.
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:

1. An accountant's report;
2. Assets held for investment;
3. Insurance information including sales commissions paid by insurance carriers; and
4. Information regarding any common or collective trust, pooled separate accounts, master trusts or 103-12 investment entities in which the plan participates.

To obtain a copy of the full annual report, or any part thereof, write or call the office of

Vanderbilt University Medical Center
2525 West End Ave., STE 500
Nashville, TN 37203-1769
35-2528741 (Employer Identification Number)
615-343-7000

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. These portions of the report are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the plan:

Vanderbilt University Medical Center
2525 West End Ave., STE 500
Nashville, TN 37203-1769

Summary Annual Report

for

HEALTH CARE PLAN FOR VANDERBILT UNIVERSITY MEDICAL CENTER

This is a summary of the annual report for the HEALTH CARE PLAN FOR VANDERBILT UNIVERSITY MEDICAL CENTER, (Employer Identification No. 35-2528741, Plan No. 501) for the period May 1, 2016 to December 31, 2016. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

BASIC FINANCIAL STATEMENT

The value of plan assets, after subtracting liabilities of the plan, was $0 as of December 31, 2016 compared to $0 as of May 1, 2016. During the plan year, the plan had total income of $0.

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:

1. Financial information and information on payments to service providers.

To obtain a copy of the full annual report, or any part thereof, write or call the office of

Vanderbilt University Medical Center
2525 West End Ave., STE 500
Nashville, TN 37203
35-2528741 (Employer Identification Number)
615-343-7000

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. These portions of the report are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the plan:
Summary Annual Report

for

DENTAL CARE PLAN FOR VANDERBILT UNIVERSITY MEDICAL CENTER

This is a summary of the annual report for the DENTAL CARE PLAN FOR VANDERBILT UNIVERSITY MEDICAL CENTER, (Employer Identification No. 35-2528741, Plan No. 502) for the period May 1, 2016 to December 31, 2016. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

INSURANCE INFORMATION

The plan has contracts with Cigna Health and Life Insurance Company, and BlueCross BlueShield of Tennessee, Inc. to pay the following types of claims incurred under the terms of the plan.

All Dental claims

The total premiums paid for the plan year beginning May 1, 2016 and ending December 31, 2016 were $5,810,839.

Because it is a so called "experience-rated" contract, the premium costs are affected by, among other things, the number and size of claims. Of the total insurance premiums paid for the plan year ending December 31, 2016, the premiums paid under such "experience-rated" contract were $4,828,571 and the total of all benefit claims paid under the "experience-rated" contract during the plan year was $4,217,923.

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:

1. Insurance information including sales commissions paid by insurance carriers.

To obtain a copy of the full annual report, or any part thereof, write or call the office of

Vanderbilt University Medical Center
2525 West End Avenue, Ste 500
Nashville, TN 37203
35-2528741 (Employer Identification Number)
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. These portions of the report are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the plan:

Vanderbilt University Medical Center
2525 West End Avenue, STE 500
Nashville, TN 37203

Summary Annual Report
for
EYE CARE PLAN FOR VANDERBILT UNIVERSITY MEDICAL CENTER

This is a summary of the annual report for the EYE CARE PLAN FOR VANDERBILT UNIVERSITY MEDICAL CENTER, (Employer Identification No. 35-2528741, Plan No. 503) for the period May 1, 2016 to December 31, 2016. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

INSURANCE INFORMATION

The plan has a contract with National Guardian Life Insurance Company to pay the following types of claims incurred under the terms of the plan.

All Vision claims

The total premiums paid for the plan year beginning May 1, 2016 and ending December 31, 2016 were $1,184,985.

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:

1. Insurance information including sales commissions paid by insurance carriers.

To obtain a copy of the full annual report, or any part thereof, write or call the office of

Vanderbilt University Medical Center
2525 West End Ave., STE 500
Nashville, TN 37203
35-2528741 (Employer Identification Number)
615-343-7000

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. These portions of the report are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the plan:

Vanderbilt University Medical Center
2525 West End Ave., STE 500
Nashville, TN 37203

Summary Annual Report
for
HEALTH & DEPENDENT CARE REIMBURSEMENT PLAN FOR VANDERBILT UNIVERSITY, MEDICAL CENTER

This is a summary of the annual report for the HEALTH & DEPENDENT CARE REIMBURSEMENT PLAN FOR VANDERBILT UNIVERSITY, (Employer Identification No. 35-2528741, Plan No. 504) for the period May 1, 2016 to December 31, 2016. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

BASIC FINANCIAL STATEMENT

The value of plan assets, after subtracting liabilities of the plan, was $0 as of December 31, 2016 compared to $0 as of May 1, 2016. During the plan year, the plan had total income of $0.

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:

1. Financial information and information on payments to service providers.

To obtain a copy of the full annual report, or any part thereof, write or call the office of

Vanderbilt University Medical Center
2525 West End Ave., STE 500
Nashville, TN 37203
35-2528741 (Employer Identification Number)
615-343-7000

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. These portions of the report are furnished without charge.

You also have the legally protected right to examine the
annual report at the main office of the plan:

Vanderbilt University Medical Center
2525 West End Ave., STE 500
Nashville, TN 37203

Summary Annual Report

for

ACCIDENTAL DEATH AND DISMEMBERMENT PLAN FOR VANDERBILT UNIVERSITY MEDICAL CENTER

This is a summary of the annual report for the ACCIDENTAL DEATH AND DISMEMBERMENT PLAN FOR VANDERBILT UNIVERSITY MEDICAL CENTER, (Employer Identification No. 35-2528741, Plan No. 506) for the period May 1, 2016 to December 31, 2016. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

INSURANCE INFORMATION

The plan has a contract with Metropolitan Life Insurance Company to pay the following types of claims incurred under the terms of the plan.

All Accidental Death and Dismemberment & Life Insurance claims

The total premiums paid for the plan year beginning May 1, 2016 and ending December 31, 2016 were $608,827.

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:

1. Insurance information including sales commissions paid by insurance carriers.

To obtain a copy of the full annual report, or any part thereof, write or call the office of

Vanderbilt University Medical Center
2525 West End Ave., STE 500
Nashville, TN 37203
35-2528741 (Employer Identification Number)
615-343-7000

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. These portions of the report are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the plan:

Vanderbilt University Medical Center  
2525 West End Ave., STE 500  
Nashville, TN 37203

Summary Annual Report

for

LIFE INSURANCE PLAN FOR VANDERBILT UNIVERSITY
MEDICAL CENTER

This is a summary of the annual report for the LIFE INSURANCE PLAN FOR VANDERBILT UNIVERSITY MEDICAL CENTER, (Employer Identification No. 35-2528741, Plan No. 507) for the period May 1, 2016 to December 31, 2016. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

INSURANCE INFORMATION

The plan has a contract with Metropolitan Life Insurance Company to pay the following types of claims incurred under the terms of the plan.

All Life Insurance claims

The total premiums paid for the plan year beginning May 1, 2016 and ending December 31, 2016 were $2,386,565.

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:

1. Insurance information including sales commissions paid by insurance carriers.

To obtain a copy of the full annual report, or any part thereof, write or call the office of

Vanderbilt University Medical Center
2525 West End Ave., STE 500
Nashville, TN 37203
35-2528741 (Employer Identification Number)
615-343-7000

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. These portions of the report are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the plan:

Vanderbilt University Medical Center  
2525 West End Ave., STE 500  
Nashville, TN 37203

Summary Annual Report
for
TRAVEL ACCIDENT INSURANCE PLAN FOR
VANDERBILT UNIVERSITY MEDICAL CENTER

This is a summary of the annual report for the TRAVEL ACCIDENT INSURANCE PLAN FOR VANDERBILT UNIVERSITY MEDICAL CENTER, (Employer Identification No. 35-2528741, Plan No. 508) for the period May 1, 2016 to December 31, 2016. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

INSURANCE INFORMATION

The plan has a contract with Hartford Life and Accident to pay the following types of claims incurred under the terms of the plan.

All Business Travel Accident claims

The total premiums paid for the plan year beginning May 1, 2016 and ending December 31, 2016 were $5,324.

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:

1. Insurance information including sales commissions paid by insurance carriers.

To obtain a copy of the full annual report, or any part thereof, write or call the office of

Vanderbilt University Medical Center
2525 West End Ave., STE 500
Nashville, TN 37203
35-2528741 (Employer Identification Number)
615-343-7000

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. These portions of the report are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the plan:

Vanderbilt University Medical Center  
2525 West End Ave., STE 500  
Nashville, TN 37203

This is a summary of the annual report for the GROUP DISABILITY PLAN FOR VANDERBILT UNIVERSITY MEDICAL CENTER, (Employer Identification No. 35-2528741, Plan No. 509) for the period May 1, 2016 to December 31, 2016. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

INSURANCE INFORMATION

The plan has contracts with Unum Life Insurance Company of America, Unum Life Insurance Company of America, Unum Life Insurance Company of America, and First Unum Life Insurance Company to pay the following types of claims incurred under the terms of the plan.

All Temporary & Long-Term Disability claims

The total premiums paid for the plan year beginning May 1, 2016 and ending December 31, 2016 were $5,021,319.

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:

1. Insurance information including sales commissions paid by insurance carriers.

To obtain a copy of the full annual report, or any part thereof, write or call the office of

Vanderbilt University Medical Center
2525 West End Ave., STE 500
Nashville, TN 37203
35-2528741 (Employer Identification Number)
615-343-7000

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. These portions of the report are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the plan:

Vanderbilt University Medical Center  
2525 West End Ave., STE 500  
Nashville, TN 37203