Forward-looking statements in this presentation

Certain statements included in this Presentation constitute “forward-looking statements.” Such statements generally are identifiable by the terminology used, such as “plan,” “expect,” “predict,” “estimate,” “anticipate,” “budget” or other similar words. Such forward-looking statements include but are not limited to certain statements contained IN THE INFORMATION under the captions “STRATEGIC DIRECTION AND VISION” and “FINANCIAL PERFORMANCE.”

The achievement of certain results or other expectations contained in such forward-looking statements involve known and unknown risks, uncertainties and other factors that may cause actual results, performance or achievements described to be materially different from any future results, performance or achievements expressed or implied by such forward-looking statements. Trinity Health does not plan to issue any updates or revisions to those forward-looking statements if or when its expectations or events, conditions or circumstances on which such statements are based occur or fail to occur.
Overview of Trinity Health Mission and Strategy

Rick Gilfillan, M.D.
President and CEO

FY 2016 Financial Performance

Ben Carter
EVP, Chief Financial Officer and Treasurer

Treasury Update

Dina Richard
SVP, Treasury and Chief Investment Officer
Overview of Trinity Health Mission and Strategy

Rick Gilfillan, M.D.
President and CEO
Our Mission drives our Vision and strategy

We, Trinity Health, serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities.

Our Core Values

• Reverence
• Commitment to Those Who are Poor
• Justice
• Stewardship
• Integrity
Our 22-State Diversified Network

<table>
<thead>
<tr>
<th>Hospitals* in 20 Regional Health Ministries**</th>
<th>Continuing Care Facilities</th>
<th>Affiliated Physicians</th>
</tr>
</thead>
<tbody>
<tr>
<td>93</td>
<td>59</td>
<td>23.9K</td>
</tr>
<tr>
<td>Home Care &amp; Hospice Locations Serving 116 Counties</td>
<td>14 PACE Center Locations</td>
<td>Employed Physician FTEs</td>
</tr>
<tr>
<td>47</td>
<td>14</td>
<td>5.3K</td>
</tr>
</tbody>
</table>

*Owned, managed or in JOAs or JVs.
**Operations are organized into Regional Health Ministries ("RHMs"), each an operating division which maintains a governing body with managerial oversight subject to authorities.
The Marketplace Demands Fundamental Change in How We Operate and What We Produce

<table>
<thead>
<tr>
<th>Today: Producer-Centered</th>
<th>Tomorrow: People-Centered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Volume</td>
<td>Population Value</td>
</tr>
</tbody>
</table>

**DRIVERS**
- Retail Health Market
- Value Networks
- Transparency
- Financial Incentives
- Private Exchanges
- Tiered Networks
- HHS Secretary’s Goals

Medicare Access and CHIP Reauthorization Act (MACRA)
Building a “People-Centered Health System” together

People-Centered Health System

- Episodic Health Care Management for Individuals
  Efficient & effective episode delivery initiatives

- Population Health Management
  Efficient & effective care management initiatives

- Community Health & Well-being
  Serving those who are poor, other populations, and impacting the social determinants of health

Better Health • Better Care • Lower Costs
People-Centered 2020 Strategic Plan – key FY16 accomplishments

- Exceeded clinical target score by improving readmission rates, implementing care management and care coordination plans, and increasing physician engagement in our integrated networks
- 6 Trinity Health Medicare ACOs generated savings relative to CMS benchmarks
- 15 hospitals awarded best national or regional hospital by US News and World Report
- 8 Trinity Health hospitals earned Healthgrades Outstanding Patient Experience Award™

- Colleague engagement rankings improved significantly year over year
- Launched Workday, a new enterprise-wide human resource/payroll system
- Established a geography-based minimum wage to support the lowest-paid colleagues

- Launched the Trinity Health Management System (THMS) based on Lean and the Toyota Management System
- Achieved ~$200 million in savings through accelerated efforts with focused plans to continue this momentum
- Limited same ministry cost per case increase to 1.3%
- Implemented dual accountability operating model between RHMs and system office

- Welcomed St. Joseph’s Syracuse and St. Francis Care Connecticut
- Johnson Memorial Hospital joined Trinity Health New England
- Added the Wheaton Franciscan Sisters Hospitals to Mercy Health Network – Iowa
- These added approx. $1.4 billion in revenues in FY16
- Completed sale of Saint Michael’s Medical Center and Mercy Suburban Hospital

- Realized same ministry revenue growth of 4.1%
- Reduced cost of debt to 3.7%
- Achieved original merger synergy savings target
Transforming care requires a transformed business model

Strategic Aim: 75% of all care will be reimbursed via Alternative Payment Models (APM)

Fee For Service (FFS) Payments 3% Episode Care Payments Attributed Population

78% 19% 22%

APM - Current
Our people-centered system in 2020 will provide care under a different mix of payment models

<table>
<thead>
<tr>
<th>FFS Population</th>
<th>Episodic Care Population</th>
<th>Attributed Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>25% FFS Payment/service DRGs, Per Diem, Other</td>
<td>25% 90 Days all-in Bundle Payment</td>
<td>50% Shared Savings/Risk/Capitation</td>
</tr>
</tbody>
</table>

75% APM Goal
Expanding **ACO** programs are the primary driver of APM growth

- **15** Medicare Shared Savings Program ACOs
- **5** markets partnering as a Next Generation ACO
- Participating in **101** non-CMS APM contracts
- **~15K** physicians participating in our Clinically Integrated Networks accountable for **1.2** million lives
New operating capabilities improve care and lower cost for patients in ACOs

- **Reduce unnecessary or avoidable hospitalizations**
  Improving access to primary and specialty care providers and engaging hospitalists in adhering to transitions of care processes

- **Standardized care management process across the continuum**
  Targeting high risk patients through predictive modeling and coordinating patient care through multidisciplinary teams at the site of care

- **Maximize efficiency in post-acute and SNF care**
  Identifying clinicians to focus on SNF population and collaboratively manage transitions alongside BPCI teams by utilizing home care partnerships

- **IT infrastructure and data-driven claims analysis**
  Combining internal claims data platform and analytic resources with industry-recognized tools to report provider performance across the enterprise
We operate one of the largest clinical episode payment programs in the nation

- **42** Model 2 Bundled Payment for Care Improvement (BPCI) hospitals
- **12** Model 3 Skilled Nursing Facilities (SNF)
- **2** Comprehensive Joint Replacement (CJR) sites
- **22,000** total annual episodes for all three programs
BPCI requires us to reinvent cross-continuum care planning and management

- Selecting optimal next site of care
  - Evidence-based decision support tools for the right care at the right location

- Leveraging high-value SNF networks
  - Use of performance assessments to create skilled nursing facility (SNF) networks

- Managing Skilled Nursing days
  - Utilization of episode guidelines and care pathways to manage patient length of stay

- Coordinating care post-discharge
  - Dedicated patient navigators using technology to improve care pathways

Evidenced-Based Care Pathways
We continue to learn important lessons about implementing value-based programs

- **Value-based payment programs require systemic change**, which takes discipline and time
- **Each of our hospitals and markets has unique needs** and we must tailor our approaches to them
- **Analytics and technology are critical to success** in understanding and managing population health, and we continue to invest in tools to support our markets
We are positively impacting patient lives

John has been one of the kindest and sweetest gentleman I have ever worked with. It has been very rewarding to see his success in a supportive housing program and he is now enjoying life through gardening and painting.

- Amanda Pollock

John R. & Amanda Pollock
Patient & Case Manager
Sister’s of Providence Health System
Springfield, MA

Pre-Community Health Worker Involvement
• Homeless
• Uninsured
• Frequent ER visits
• Untreated health needs

Post-Community Health Worker Involvement
• Utilizing housing program
• Insured and receiving SNAP benefits
• Decreased ER visits by 72%
• Regularly participating in doctor appointments
Alternative Payment Model (APM) investments lay the foundation for positive outcomes

Our APM investments have resulted in:
- Better health
- Better care
- Lower costs

Investments have allowed for:
- Product diversification
- Network expansion
- Better physician and payer alignment

Benefits of investment will result in a more:
- Positive financial outcome going forward
The Triple Aim is producing the Quadruple Win

- Better care, health and access for patients and families
- Great experience for clinical and administrative staff
- Success for an integrated health system
- Lower costs and better outcomes for payers
FY 2016 Financial Performance

Ben Carter
EVP, Chief Financial Officer and Treasurer
Volume is up but inflationary pressures impact operating margin

<table>
<thead>
<tr>
<th></th>
<th>FY15</th>
<th>FY16</th>
<th>FY16 Same Ministry</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Income Statement</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operating Revenue ($mils)</td>
<td>$14,338</td>
<td>$16,339</td>
<td>$14,927</td>
</tr>
<tr>
<td>Operating Income* ($mils)</td>
<td>$470</td>
<td>$151</td>
<td>$164</td>
</tr>
<tr>
<td>Operating Cash Flow Margin*</td>
<td>9.6%</td>
<td>7.2%</td>
<td>7.4%</td>
</tr>
<tr>
<td>Operating Margin*</td>
<td>3.3%</td>
<td>0.9%</td>
<td>1.0%</td>
</tr>
<tr>
<td><strong>Balance Sheet</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operating Cash ($mils)</td>
<td>$7,783</td>
<td>$7,753</td>
<td>$7,500</td>
</tr>
<tr>
<td>Days Cash on Hand</td>
<td>216.4</td>
<td>185.4</td>
<td>196.6</td>
</tr>
<tr>
<td>Cash to Debt</td>
<td>136.8</td>
<td>120.2</td>
<td>116.4</td>
</tr>
<tr>
<td><strong>Volume</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discharges</td>
<td>510,586</td>
<td>563,603</td>
<td>511,630</td>
</tr>
<tr>
<td>Surgeries</td>
<td>358,983</td>
<td>403,922</td>
<td>367,129</td>
</tr>
<tr>
<td>ER Visits</td>
<td>2,113,798</td>
<td>2,326,690</td>
<td>2,164,838</td>
</tr>
<tr>
<td>HMO Covered Lives</td>
<td>50,425</td>
<td>56,611</td>
<td>56,611</td>
</tr>
<tr>
<td>Home Care Visits</td>
<td>86,043</td>
<td>97,162</td>
<td>91,954</td>
</tr>
<tr>
<td>Long Term Care Days</td>
<td>1,115,792</td>
<td>1,092,571</td>
<td>1,092,571</td>
</tr>
</tbody>
</table>

* Before other items
Despite pressures, we saw traction in specific areas due to targeted efficiency initiatives

- **Reduced capital spend** by $100 million for the year

- **Reduced operating costs:**
  - Accelerated our nurse recruitment and retention action plan
  - Limited consulting costs, travel and new hires across the system

- **Focused on shortfall ministries**
  - Deployed rapid action teams at shortfall ministries to accelerate savings initiatives

- **All ministries pursued budget action plans**

**Achieved ~$120 million of savings since mid-year FY16**
Laying the groundwork for Transforming Operations throughout all ministries

Implementing operating standards
- System-wide playbooks that define Trinity Health’s operating standards rolled out across multiple solution areas

Aligning resources
- Executive sponsors, rigorous project management and dedicated performance excellence resources form effective management system

Focusing on the right key metrics
- Bottom line or “big-dots” (e.g., total cost per CMAED) Ultimate goal: Thrive at Medicare reimbursement rates

Transforming Operations – A continuous journey to significantly reduce costs and improve operating income

Optimizing Operations, Foundational Opportunities:
- Transforming Operations Playbook Implementation
- Phys Networks, Clin Ops, Workforce, Non-Labor, e.g. physician productivity, keepage, flexing staff, reducing LOS, inventory mgmt. and utilization

More Progressive, Additional Opportunities:
- Regionalization
- Span of Control
- System Services
- Discretionary Spend

Strategic High ROI Transformative Opportunities:
- Portfolio Management
- Strategic Acquisition

Performance Management Process: Increased discipline to achieve strong operating results

RHM Goals and Metrics – Strategic Aims and Operating Targets

Continuous Monitoring of Leading & Lagging Performance Indicators via Dashboards

Clinical Quality & Integration  Operational & Financial Excellence  Growth

- Readmission
- Hospital Infections
- LOS
- Productivity
- New Patients
- Volume Discharges
- Patient Satisfaction
- Care Management
- Revenue
- Non-labor
- Leakage
- OR & ED Throughput

RHM Actions & Reporting in Common Tracking Tool

RHM Operations Reviews

RHM & System Action Planning
FY17 cost savings are primarily in workforce and non-labor with a focus on implementing standard practices.

**Workforce Management**
- Staffing to Demand/Productivity Target Setting
- Labor Variance Management
- Position Control/Staffing Review Committee
- Premium Labor Management

**Non Labor**
- Strategic Sourcing
- Contract Compliance
- SKU Rationalization
- Freight & Payment Term Optimization

**FY 17 Cost Reduction Target**
- ~$100M
- ~$100M
Our diversification continues to be a key strength
Based on FY16 Results

RHM Diversification

Revenue by Business Line

Outpatient 37.1%
Inpatient 37.3%
Physician Network 8.6%
Insurance 3.5%
PACE 1.9%
Home Health 2.7%
Long term care 2.5%
Other 6.4%

Continued growth in key indicators both on a same ministry and system-wide basis

**FISCAL YEAR:** 2014 2015 2016* 2016 with Acquisitions

### ACUTE CARE

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2014</th>
<th>2015</th>
<th>2016*</th>
<th>2016 with Acquisitions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discharges</td>
<td>503K</td>
<td>511K</td>
<td>512K</td>
<td></td>
</tr>
<tr>
<td>ER Visits</td>
<td>2.0M</td>
<td>2.1M</td>
<td>2.2M</td>
<td></td>
</tr>
<tr>
<td>Surgeries</td>
<td>348K</td>
<td>359K</td>
<td>367K</td>
<td></td>
</tr>
<tr>
<td>Patient Days</td>
<td>2.3M</td>
<td>2.4M</td>
<td>2.4M</td>
<td></td>
</tr>
</tbody>
</table>

### NON-ACUTE CARE

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2014</th>
<th>2015</th>
<th>2016*</th>
<th>2016 with Acquisitions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Observation Cases</td>
<td>119K</td>
<td>121K</td>
<td>120K</td>
<td></td>
</tr>
<tr>
<td>Outpatient Visits</td>
<td>16.5M</td>
<td>17.6M</td>
<td>18.2M</td>
<td></td>
</tr>
<tr>
<td>Long Term Care Days</td>
<td>1.2M</td>
<td>1.1M</td>
<td>1.1M</td>
<td></td>
</tr>
<tr>
<td>HMO Covered Lives</td>
<td>47M</td>
<td>50M</td>
<td>57M</td>
<td></td>
</tr>
</tbody>
</table>

*Excluding the impact of FY16 acquisitions of SJHHC and SFC
We actively manage our portfolio

<table>
<thead>
<tr>
<th>Year</th>
<th>Month</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>OCTOBER</td>
<td>SAINT FRANCIS Care joins Trinity Health</td>
</tr>
<tr>
<td>2015</td>
<td>NOVEMBER</td>
<td>finalizes transfer of home health and hospice services to ComfortCare</td>
</tr>
<tr>
<td>2015</td>
<td>NOVEMBER</td>
<td>signs a letter of intent to acquire to Trinity Health</td>
</tr>
<tr>
<td>2015</td>
<td>NOVEMBER</td>
<td>forms a JV with MOUNT CARMEL</td>
</tr>
<tr>
<td>2015</td>
<td>MARCH</td>
<td>Catholic Health Initiatives revises JOA terms for MERCY HEALTH</td>
</tr>
<tr>
<td>2015</td>
<td>MARCH</td>
<td>North Ottawa Community Health System signs strategic affiliation with Trinity Health</td>
</tr>
<tr>
<td>2015</td>
<td>APRIL</td>
<td>LIFE UPENN PACE program joins Trinity Health</td>
</tr>
<tr>
<td>2015</td>
<td>MAY</td>
<td>.finalizes transfer of Saint Michael's Medical Center to PRIME HEALTHCARE SERVICES, INC.</td>
</tr>
<tr>
<td>2015</td>
<td>MAY</td>
<td>signs a letter of intent to acquire to Trinity Health</td>
</tr>
<tr>
<td>2015</td>
<td>JULY</td>
<td>GLACIER HILLS joins Trinity Health</td>
</tr>
<tr>
<td>2015</td>
<td>JULY</td>
<td>Mount Saint Joseph joins Trinity Health</td>
</tr>
<tr>
<td>2015</td>
<td>JULY</td>
<td>Bethlehem Haven joins Trinity Health</td>
</tr>
<tr>
<td>2016</td>
<td>JANUARY</td>
<td>Johnson Memorial Medical Center joins Trinity Health</td>
</tr>
<tr>
<td>2016</td>
<td>FEBRUARY</td>
<td>finalizes transfer of Mercy Suburban Hospital to PRIME HEALTHCARE SERVICES, INC.</td>
</tr>
<tr>
<td>2016</td>
<td>FEBRUARY</td>
<td>forms a JV with Adeptus Health</td>
</tr>
<tr>
<td>2016</td>
<td>MARCH</td>
<td>revisions JOA terms for MERCY HEALTH</td>
</tr>
<tr>
<td>2016</td>
<td>APRIL</td>
<td>LIFE UPENN PACE program joins Trinity Health</td>
</tr>
<tr>
<td>2016</td>
<td>MAY</td>
<td>finalizes transfer of Saint Michael's Medical Center to PRIME HEALTHCARE SERVICES, INC.</td>
</tr>
<tr>
<td>2016</td>
<td>MAY</td>
<td>signs a letter of intent to acquire to Trinity Health</td>
</tr>
<tr>
<td>2016</td>
<td>JUNE</td>
<td>finalizes transfer of home health and hospice services to ComfortCare</td>
</tr>
<tr>
<td>2016</td>
<td>JULY</td>
<td>makes acquisition of Prime Healthcare Services, Inc.</td>
</tr>
<tr>
<td>2016</td>
<td>JULY</td>
<td>RiverBend joins Sisters of Providence Health System</td>
</tr>
<tr>
<td>2016</td>
<td>AUGUST</td>
<td>Saint Alphonsus forms a JV with Emerus Medical Care</td>
</tr>
<tr>
<td>2016</td>
<td>AUGUST</td>
<td>forms a JV with Fresenius Medical Care</td>
</tr>
</tbody>
</table>

Transactions: [Acute Care, Diversified]
Keys to future success

Transforming Operations
Streamlining processes, deploying talent to where it is most needed and leveraging the best operating and clinical practices

Disciplined Performance Management
Informs how we implement our strategic plan and manage our operating activities

Focused Growth
Focused attention to organic growth in all health ministries
Treasury Update

Dina Richard
SVP, Treasury and Chief Investment Officer
We continue to maintain solid liquidity and moderate leverage.
Defined benefit pension plan remains well-funded despite discount rate impact

$ IN MILLIONS

<table>
<thead>
<tr>
<th></th>
<th>06/30/15</th>
<th>06/30/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>PBO Funded</td>
<td>85%</td>
<td>77%</td>
</tr>
<tr>
<td>$(955)</td>
<td>$5,600</td>
<td>$(1,800)</td>
</tr>
<tr>
<td>$(1,800)</td>
<td>$5,900</td>
<td></td>
</tr>
</tbody>
</table>

Pension Plan future benefit accruals are frozen. Trinity Health is focused on reducing pension exposure.

The decrease in the discount rate of 85 bps in FY 2016 increased pension liabilities by ~$740 million.

Trinity Health made plan contributions of $140 million during the year.

We utilize Liability Driven Investment (LDI) Glidepath to hedge volatility.
We plan to access the capital markets in 1st quarter 2017

Trinity Health anticipates accessing the capital markets 1Q CY2017:

- Historically favorable volumes, liquidity and rates continue to exist at this time
- Current market environment continues to present favorable rate opportunities
- Ratings will be sought for new bonds in December 2016

Amount of Issuance currently being assessed and anticipated to result in an offering of:

- Up to $300M to reimburse RHM capital expenditures
- Refunding opportunities continue to be evaluated and selected indebtedness will be refunded if cost savings justify
- Fixed/Variable and tax-exempt/taxable mix continue to be evaluated
Q&A