



**It's time to make
smart choices.**

Get Started

Your Tenet Healthcare Benefits

Find Your Fit!

2017 Tenet benefits are all about you and finding the plans that fit *your* life. You make patient care and safety a priority, that's why Tenet makes *you* a priority.

For current employees going through Annual Enrollment

We are pleased to offer more options, more value and more flexibility. Our 2017 plan improvements represent an even larger investment in you, our valued colleagues.

- [What's New for 2017](#)
- [How to Enroll for Benefits](#)

Please read this guide for highlights about your benefits and important changes. Remember to enroll during the Annual Enrollment window, November 7–18, 2016.

For newly hired/newly eligible employees

Welcome to Tenet! This guide will give you the information you need to enroll in Tenet benefits for the first time. If you want to have benefits for 2017, you will need to enroll within 31 days of your date of hire or eligibility date.

- [New hires/newly eligible](#)
- [Eligibility](#)

How to use this guide:

- First, click the “Let's GO” button.
- Then, click through the PDF using the navigation buttons on the bottom right of each page.
- You also can go directly to a section using the tabs across the top.

Within a section, you can jump right to the content you want using the navigation on the left side of that section.

Let's GO

If you are covered by a Collective Bargaining Agreement, contact your Human Resources Department and/or union representative as your plan provisions may be different.

What's New

What's New

Medical Options

We are ensuring quality amongst our plan offerings across facilities and markets to give employees a consistent experience when selecting health plans. You will be able to select between the following plans:

- **EPO Plan**
- **PPO Plan**
- **Health & Reimbursement Plan**, which includes a [Health Reimbursement Account \(HRA\)](#)
- **Health & Savings Plan**, which includes a [Health Savings Account \(HSA\)](#)

When it comes to choosing a medical plan, there's no such thing as "one-size-fits-all." We urge you to actively learn about all of the plans so you can decide what makes the most sense for your personal situation, even if that means trying a new plan for 2017.

See the plan details and [medical plans comparison chart](#) in the [Health Options](#) section.

Other important changes include the following:

- **Gap exception process no longer required for in-network care** — You will no longer have to go through a "gap exception" process in order to use a non-Tenet, in-network facility. In 2017, if you choose a non-Tenet facility that is in-network with your insurance carrier, you will pay the in-network rate or co-insurance amount without having to go through any approval process. **Please note:** You will pay your plan's in-network co-insurance, not the Tenet network rate, so the cost will be slightly higher.

Other Important Changes

If you are covered by a Collective Bargaining Agreement, contact your Human Resources Department and/or union representative as your plan provisions may be different.

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- **Physician waivers removed** — Tenet has decided to remove physician waivers in 2017. This means Tenet doctors are not permitted to waive patient co-insurance costs.
- **Salary banding removal** — We are ensuring consistency in what our colleagues contribute toward their plans (the premium that comes out of their paycheck). This means plan rates have been leveled across all colleagues and premiums are no longer based on salary bands.
- **Network Name Change** — No more Tier 1, Tier 2 and Tier 3. We're trying to make things simpler, so we're now calling the networks by their "real" names to help you better understand how your doctor or facility fits into the big picture. From now on we will refer to them as:
 - **Tenet Network:** These providers are physicians who are only employed by Tenet, Tenet-owned facilities and Tenet ACO/CIO physicians.
 - **In-Network:** These are providers and facilities that are not Tenet or ACO/CIO physicians but that are in your insurance carrier's network.
 - **Out-of-Network:** These are providers that are not in your insurance carrier's network. You will pay the highest rate if you choose one of these providers. Some plans do not offer any out-of-network benefits.
- **Tenet Network change** — We're clarifying the Tenet Network. As mentioned above, in 2017, the Tenet Network will consist of physicians employed by Tenet, facilities owned by Tenet and ACO/CIO physicians only. With the other enhancements being made for 2017, you and your dependents will have exceptional access to In-Network physicians across many specialties in your insurance carrier's network. It's an additional benefit to be able to tap into our Tenet network of providers when possible. With access to both of these networks, colleagues have many affordable options to choose from.

What is ACO/CIO?

Tenet ACO/CIO is a group of physicians that Tenet has brought together to provide coordinated, high-quality care to our patients and communities.

If you are covered by a Collective Bargaining Agreement, contact your Human Resources Department and/or union representative as your plan provisions may be different.

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Dental Carrier and Options

The dental plan is enhanced for 2017 and now includes the following features:

- **New carrier** — Delta Dental will replace Cigna as your dental carrier.
- **Increased annual maximum** for each eligible family member (from \$1,200 to \$1,500). This means each family member has \$1,500 of dental coverage during 2017.
- **Increased child orthodontia lifetime maximum coverage** (from \$1,000 to \$1,500).
- **New adult orthodontia coverage will be available** (with a lifetime maximum of \$1,500).

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Enrollment Checklist

For **current employees**, Annual Enrollment is November 7–18, 2016. Here's what you need to know to be ready.






Newly hired/newly eligible employees should follow steps 2 through 4.

	1. Review your current year plans, and consider how well those benefits are working for your family. Would making a change be more beneficial than your current elections?
	2. Review the options explained in this guide.
	3. If you need to add or change dependents, gather their personal information before you begin the enrollment process.
	4. When you're ready, enroll. Click here for detailed instructions .

If you are covered by a Collective Bargaining Agreement, contact your Human Resources Department and/or union representative as your plan provisions may be different.

How to Enroll

Review this guide, and discuss the options with your family. If you intend to enroll dependents or provide beneficiary information for the first time, you also will need their full names, birth dates and Social Security numbers to complete your enrollment session.

	<ol style="list-style-type: none"> Go to MyTenet.com and log in. <ul style="list-style-type: none"> Your login credentials for MyTenet.com are the same as those that you use for eTenet. Forgot your username or password? Click the “Forgot your username and/or password” link. Or log in to eTenet and click the MyTenet icon.
	<ol style="list-style-type: none"> Go to the MyTenet benefits enrollment webpage. <ul style="list-style-type: none"> During Annual Enrollment, click the special Annual Enrollment icon that appears on the home page. At other times of the year (for new employees or Life Event changes), go to My Benefits > Enrolling/changing benefits > Benefits Enrollment Website. Review all the online materials. When you are ready to enroll, click the “Enroll Now!” button. You will be redirected to Tenet’s benefits enrollment website. Click the “Enroll” link. Review the various resources available on the page.
	<ol style="list-style-type: none"> Click the “Enroll in Your Benefits” link, and follow the online prompts to select your 2017 benefits.
	<ol style="list-style-type: none"> Click the “Submit” button when you have completed your selections.
	<ol style="list-style-type: none"> Print the Completed Successfully page, and review it for accuracy.

If you are covered by a Collective Bargaining Agreement, contact your Human Resources Department and/or union representative as your plan provisions may be different.

Eligibility

You are eligible for Tenet benefits based on your employee status:

Full-Time <i>(Scheduled to work 30 or more hours per week)</i>	Part-Time 1 <i>(Scheduled to work 24 to 29 hours per week)</i>	Part-Time 2 <i>(Scheduled to work less than 24 hours per week)</i>
<p>Voluntary Plans <i>(You must enroll to participate in these plans.)</i></p> <ul style="list-style-type: none"> • Medical (includes prescription drug) • Dental • Vision • Flexible Spending Accounts • Supplemental Life and AD&D • Disability • 401(k) Retirement Savings Plan • Employee Stock Purchase Plan • Accident • Critical Illness • Long-Term Care • Added Benefits <p>Automatic Plans <i>(You do not need to enroll in these plans.)</i></p> <ul style="list-style-type: none"> • Basic Life and AD&D • Chronic Care Program • Employee Assistance Program (EAP) • Employee Discount Program 	<p>Voluntary Plans <i>(You must enroll to participate in these plans.)</i></p> <ul style="list-style-type: none"> • Medical (includes prescription drug) • Dental • Vision • Flexible Spending Accounts • Supplemental Life and AD&D • Disability • 401(k) Retirement Savings Plan • Employee Stock Purchase Plan • Accident • Critical Illness • Added Benefits <p>Automatic Plans <i>(You do not need to enroll in these plans.)</i></p> <ul style="list-style-type: none"> • Chronic Care Program • Employee Assistance Program (EAP) • Employee Discount Program 	<p>Voluntary Plans <i>(You must enroll to participate in these plans.)</i></p> <ul style="list-style-type: none"> • 401(k) Retirement Savings Plan • Added Benefits <p>Automatic Plans <i>(You do not need to enroll in these plans.)</i></p> <ul style="list-style-type: none"> • Employee Assistance Program (EAP) • Employee Discount Program

If you gain eligibility due to the Affordable Care Act, you will be offered ACA Compliant Coverage. Notification of eligibility status will be communicated by the MyBenefits Customer Support Center.

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If you are covered by a Collective Bargaining Agreement, contact your Human Resources Department and/or union representative as your plan provisions may be different.

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Eligibility

If You Are Newly Hired or Newly Eligible for Benefits

You must enroll within 31 calendar days from your date of hire or eligibility date. If you do not enroll for benefits within 31 days, you must wait for another enrollment opportunity — Annual Enrollment or another qualifying event (see [Life Event Changes](#)).

Dependents

If you enroll for benefits coverage, you may cover certain family members, including:

- Your legal or common law spouse
- Your same- or opposite-sex domestic partner who meets the domestic partner requirements
- Your children up to age 26, living inside or outside the family home, regardless of student status, including:
 - Natural-born children
 - Stepchildren
 - Foster children
 - Children for whom you are the legal guardian
 - Children ordered to be covered through a Qualified Medical Support Order
 - Your children of any age who are mentally or physically disabled and were disabled prior to age 26

[Continued](#)

If you are covered by a Collective Bargaining Agreement, contact your Human Resources Department and/or union representative as your plan provisions may be different.

Eligibility

Life Event Changes

You may change your benefit choices either at Annual Enrollment or when you have a Qualified Life Event.

A Qualified Life Event includes the following:

- Marriage or divorce
- Birth, adoption or change in custody of the employee's child
- Change in the employee's or spouse's employment status
- Death of the employee's spouse and/or dependent
- Leave of absence taken by the employee
- Gain or loss of coverage
- A significant change in the health coverage of the employee or spouse attributable to the spouse's employment
- You or your spouse becomes entitled to Medicare benefits

This list is not all-inclusive. You must request the change within 31 days of the event. To request a change, go to MyTenet.com or call the MyBenefits Customer Support Center at 877-46-TENET (877-468-3638). Documentation may be required.

If You Are Eligible for Medicare

Please review the Medicare and Your Medical Plan FAQs on MyTenet.com.

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Health Options

Medical Plans Overview

You may choose from the following medical coverage options:

- [EPO Plan](#)
- [PPO Plan](#)
- [Health & Reimbursement Plan](#)
- [Health & Savings Plan](#)

The amount you pay for your healthcare depends on what healthcare services you receive and what provider you see (whether they are Tenet, in- or out-of-network). Generally, here's how the plans work:

- For many services, you pay an annual deductible before your plan begins paying benefits. Then you pay a portion of the cost (co-insurance) and the plan pays the rest. The plan you choose will dictate your share of the co-insurance.
- In some plans, services such as a doctor's office visit may require a co-pay. This is a fixed dollar amount that you must pay (not a percentage like co-insurance), but you do not need to meet your deductible first.
- For all plans, certain preventive care visits and screenings — depending on age and gender — are covered at 100 percent, which means you pay nothing for those services if you use a Tenet or In-Network provider. See the [medical plans comparison chart](#) for details.

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How the Medical Plans Work: Networks

It can be confusing to know how much the plans will cover until you understand the networks. Keep the following in mind:

Tenet Network — Plain and simple, this is your Tenet discount plan. These providers include physicians who are employed by Tenet, Tenet-owned facilities, and Tenet ACO/CIO physicians.

In-Network — These are providers who are *not* Tenet-employed, -owned or ACO/CIO physicians but they *are* in your insurance plan's network.

Out-of-Network — This tier is made up of out-of-network providers. You will pay the most when you choose out-of-network providers and some plans do not offer any out-of-network benefits.

See the plan [medical plans comparison charts](#) for details.

Once your benefits take effect, you can check to see if a doctor is in-network by visiting the website or calling your insurance carrier.

What is ACO/CIO?

Tenet ACO/CIO is a group of physicians that Tenet has brought together to provide coordinated, high-quality care to our patients and communities.

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Medical Plans Comparison Chart

Please see the [Networks section](#) of this guide if you have any questions about providers included in Tenet Network, In-Network and Out-of-Network.

		EPO Plan	PPO Plan	Health & Reimbursement Plan	Health & Savings Plan	
Medical Plans Overview	Annual Deductible (individual/family) Applies to out-of-pocket max.	Tenet Network	\$0	\$0	\$0	\$1,300/\$2,600
		In-Network	\$800/\$2,400	\$800/\$2,400	\$1,600/\$3,200	\$1,300/\$2,600
		Out-of-Network	N/A	\$1,600/\$4,800	\$3,200/\$6,400	\$2,400/\$4,800
Networks	Annual Out-of-Pocket Maximum (individual/family)	Tenet Network	\$4,000/\$12,000	\$4,000/\$12,000	\$6,450/\$12,900	\$5,200/\$10,400
		In-Network	\$4,000/\$12,000	\$4,000/\$12,000	\$6,450/\$12,900	\$5,200/\$10,400
		Out-of-Network	N/A	Unlimited	Unlimited	Unlimited
Medical Plans Comparison Chart	Medical Account (individual/family)	All Networks	N/A	N/A	Health Reimbursement Account (HRA) – Tenet will contribute \$300/\$600	Health Savings Account (HSA) – Annual company contribution: \$50/\$100
Tobacco Surcharge	Physician Care Office visit; IP/OP/ER; basic X-ray/lab¹	Tenet Network	Physician – \$30 co-pay Specialist – \$45 co-pay	10%	10%	10% after deductible
Health Savings Account		In-Network	Physician – \$30 co-pay Specialist – \$45 co-pay	20% after deductible	20% after deductible	20% after deductible
Health Reimbursement Account		Out-of-Network	N/A	60% after deductible	75% after deductible	60% after deductible
Prescription Drugs	Preventive Services	Tenet Network	\$0	0%	0%	0%
		In-Network	\$0	0%	0%	0%
		Out-of-Network	N/A	Full cost	Full cost	Full cost
Dental						
Vision						

* For more information about Tenet discount policies, refer to Policy AD2.06 located on eTenet.

¹ Certain advanced tests and/or X-rays (MRI, CT scans, etc.) require pre-authorization. Call the Member Services number on your medical ID card.



Important Contacts

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Medical Plans Comparison Chart (continued)

		EPO Plan	PPO Plan	Health & Reimbursement Plan	Health & Savings Plan
Inpatient	Tenet Network	Facility – \$0*	Facility – 10%* Professional – 10%	Facility – 10%* Professional – 10%	Facility – 10% after deductible* Professional – 10% after deductible
	In-Network	Facility – \$500 co-pay per admission	Facility – 10% after deductible Professional – 20% after deductible	Facility – 20% after deductible Professional – 20% after deductible	Facility – 10% after deductible Professional – 20% after deductible
	Out-of-Network	N/A	Facility – 60% after deductible Professional – 60% after deductible	Facility – 75% after deductible Professional – 75% after deductible	Facility – 60% after deductible Professional – 60% after deductible
Outpatient¹	Tenet Network	Facility – \$0*	Facility – 10%* Professional – 10%	Facility – 10%* Professional – 10%	Facility – 10% after deductible* Professional – 10% after deductible
	In-Network	Facility – \$250 co-pay	Facility – 10% after deductible Professional – 20% after deductible	Facility – 20% after deductible Professional – 20% after deductible	Facility – 10% after deductible Professional – 20% after deductible
	Out-of-Network	N/A	Facility – 60% after deductible Professional – 60% after deductible	Facility – 75% after deductible Professional – 75% after deductible	Facility – 60% after deductible Professional – 60% after deductible

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Medical Plans Comparison Chart (continued)

		EPO Plan	PPO Plan	Health & Reimbursement Plan	Health & Savings Plan
Maternity Care	Tenet Network	Facility – \$0* Physician – \$30 co-pay (initial visit only) Specialist – \$45 co-pay (initial visit only)	Facility – 10%* Professional – 10% Prenatal care – 10%	Facility – 10%* Professional – 10% Prenatal care – 10%	Facility – 10% after deductible* Professional – 10% after deductible Prenatal care – 10% after deductible
	In-Network	Facility – \$500 Physician – \$30 co-pay Specialist – \$45 co-pay	Facility – 10% after deductible Professional – 20% after deductible Prenatal care – 20% after deductible	Facility – 20% after deductible Professional – 20% after deductible Prenatal care – 20% after deductible	Facility – 10% after deductible Professional – 20% after deductible Prenatal care – 20% after deductible
	Out-of-Network	N/A	Facility – 60% after deductible Professional – 60% after deductible Prenatal care – 60% after deductible	Facility – 75% after deductible Professional – 75% after deductible Prenatal care – 75% after deductible	Facility – 60% after deductible Professional – 60% after deductible Prenatal care – 60% after deductible

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		In-Network	Emergency Room – \$100 ER fee (waived if admitted) + 10% after deductible Ambulance – \$0	Emergency Room – \$100 ER fee (waived if admitted) + 10% after deductible Ambulance – 20% after deductible	Emergency Room – \$100 ER fee (waived if admitted) + 10% after deductible Ambulance – 10%	Emergency Room – \$100 ER fee (waived if admitted) + 10% after deductible Ambulance – 20% after deductible
		Out-of-Network	N/A	Emergency Room – \$100 ER fee (waived if admitted) + 10% after deductible Ambulance – 20% after deductible	Emergency Room – \$100 ER fee (waived if admitted) + 10% after deductible Ambulance – 10%	Emergency Room – \$100 ER fee (waived if admitted) + 10% after deductible Ambulance – 20% after deductible
	Urgent Care	Tenet Network	\$45 per visit*	10%*	Facility – 10%* ¹ Professional – 10% ¹	Facility – 10% after deductible* ¹ Professional – 10% after deductible ¹
		In-Network	\$45 per visit	20% after deductible	Facility – 20% after deductible ¹ Professional – 20% after deductible ¹	Facility – 20% after deductible ¹ Professional – 20% after deductible ¹
		Out-of-Network	N/A	60% after deductible	Facility – 75% after deductible ¹ Professional – 75% after deductible ¹	Facility – 60% after deductible ¹ Professional – 60% after deductible ¹

* For more information about Tenet discount policies, refer to Policy AD2.06 located on eTenet.

¹ Certain advanced tests and/or X-rays (MRI, CT scans, etc.) require pre-authorization. Call the Member Services number on your medical ID card.

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		EPO Plan	PPO Plan	Health & Reimbursement Plan	Health & Savings Plan
Acupuncture/ Chiropractic Care Max. 20 visits per calendar year	Tenet Network	\$45 co-pay	10%	10%	10% after deductible
	In-Network	\$45 co-pay	20% after deductible	20% after deductible	20% after deductible
	Out-of-Network	N/A	60% after deductible	75% after deductible	60% after deductible
Outpatient Physical/ Occupational/ Speech Therapy Max. 60 visits per calendar year	Tenet Network	\$45 co-pay	10%	10%	10% after deductible
	In-Network	\$45 co-pay	20% after deductible	20% after deductible	20% after deductible
	Out-of-Network	N/A	60% after deductible	75% after deductible	60% after deductible
Home Healthcare Max. 120 visits per calendar year	Tenet Network	\$0	10%	10%	10% after deductible
	In-Network	\$0	20% after deductible	20% after deductible	20% after deductible
	Out-of-Network	N/A	60% after deductible	75% after deductible	60% after deductible
Durable Medical Equipment (DME)	Tenet Network	\$0	10%	10%	10% after deductible
	In-Network	\$0	20% after deductible	20% after deductible	20% after deductible
	Out-of-Network	N/A	60% after deductible	75% after deductible	60% after deductible
Mental Health/ Substance Abuse Inpatient; outpatient; office	Tenet Network	Inpatient – \$500 co-pay per admission Outpatient – \$250 co-pay per admission Office visit – \$30 co-pay	10%	10%	10% after deductible
	In-Network	Inpatient – \$500 co-pay per admission Outpatient – \$250 co-pay per admission Office visit – \$30 co-pay	10%	10%	10% after deductible
	Out-of-Network	N/A	60% after deductible	75% after deductible	60% after deductible
	Out-of-Network	N/A	60% after deductible	75% after deductible	60% after deductible

* For more information about Tenet discount policies, refer to Policy AD2.06 located on eTenet.

¹ Certain advanced tests and/or X-rays (MRI, CT scans, etc.) require pre-authorization. Call the Member Services number on your medical ID card.*If you are covered by a Collective Bargaining Agreement, contact your Human Resources Department and/or union representative as your plan provisions may be different.*

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Tobacco Surcharge

When you enroll for medical coverage, you must complete a Tobacco Declaration. If you and your covered dependents have used tobacco products (cigarettes, e-cigarettes, cigars, pipes, smokeless tobacco) within the last 12 weeks, you will pay a surcharge every pay period for medical coverage. This higher premium relates to the higher healthcare costs associated with tobacco users.

The tobacco surcharge is \$25 per paycheck. If you do not complete a Tobacco Declaration during enrollment, tobacco-related claims could be denied in the future.

If you're ready to quit using tobacco, please contact your medical carrier to learn about resources.

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Health Savings Account

If you elect the Health & Savings Plan, you also will have a Health Savings Account (HSA).

An HSA is an individual, tax-advantaged account that you can use to pay qualified healthcare expenses (medical, prescription, dental and vision) for you, your spouse and your dependents. All HSA deposits, interest, earnings and withdrawals (when used to pay eligible expenses) are free of federal taxes.

Company Funding

Tenet makes an annual company contribution of:

- Employee Only: \$50 (pro-rated for new enrollees)
- Employee + Spouse, Child(ren) or Family: \$100 (pro-rated for new enrollees)

You can elect to contribute to an HSA through automatic, pre-tax payroll deductions. You can start, stop or change your contribution amount at any time during the year by contacting the MyBenefits Customer Support Center. Alternatively, you may make after-tax contributions by sending funds directly to Fidelity Investments (and then claim the contribution on your federal tax return).

The HSA Account Is Always Yours

If you enroll in a plan which is HSA-eligible, you will receive instructions from Fidelity Investments on how to open your HSA account.

Any unused HSA funds roll over from year to year. There are no time limits within which you must make withdrawals. That means your HSA will always be there whenever you need it.

If you change medical plans or leave Tenet for any reason, the account and all of the funds in it go with you. In any of those scenarios, you will be able to use the account to pay qualified healthcare expenses, but you won't be able to contribute to your account anymore.

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If you are covered by a Collective Bargaining Agreement, contact your Human Resources Department and/or union representative as your plan provisions may be different.

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IRS Contribution Limits

The annual contribution limit for HSA contributions includes any funds deposited by Tenet and any personal contributions you make. For 2017, the limits are as follows:

IRS-Mandated Annual HSA Contribution Limits	Employee Only Coverage	Employee + Spouse, Child(ren) or Family Coverage
Annual HSA Contribution Maximum	\$3,400	\$6,750
Annual Catch-Up Contributions for Age 55+	\$1,000	\$1,000

As you can see in the chart above, you may make extra “catch-up” contributions if you are age 55 or older.

Eligible Expenses

Eligible HSA expenses include any medical, dental, vision or prescription expenses that are not paid by your health insurance plans. Some examples of HSA-eligible expenses include the following:

- Deductibles
- Co-pays or co-insurance
- Contact lenses
- Prescriptions
- Acupuncture
- Psychiatric care
- Dental treatment

For a complete list of eligible and ineligible expenses, you can visit the IRS website at www.irs.gov.

If you use HSA funds for something other than eligible expenses and are younger than 65 years old, you will have to pay a 20 percent tax penalty plus income tax on those ineligible distributions; if you are over age 65, you will be required to pay income tax on such distributions.

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If you are covered by a Collective Bargaining Agreement, contact your Human Resources Department and/or union representative as your plan provisions may be different.

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Using Your HSA Funds

There are several ways you can use your HSA funds:

1. You can pay at the point of sale (for example, at the pharmacy counter) by using your Fidelity HSA debit card or by writing a check from your Fidelity HSA checkbook. The funds will come directly out of your HSA.
2. You can pay for an eligible expense with your own money and then request reimbursement. You can do this by contacting Fidelity and asking for a distribution check; or you can have HSA funds deposited directly into your regular bank account by electronic funds transfer (EFT); or you can write a check to yourself for reimbursement.
3. You can schedule and submit payments online using Fidelity's BillPay program.

With any of these options, your account must have a balance equal to or greater than the amount you are trying to withdraw.

Be sure to keep receipts of your eligible HSA expenses for your records as they may be required by the IRS.

How to Open Your HSA

After you have enrolled in the Health & Savings Plan, it's your responsibility to visit Fidelity's site at www.netbenefits.com to open your HSA. Then just follow the online enrollment instructions.

If you are covered by a Collective Bargaining Agreement, contact your Human Resources Department and/or union representative as your plan provisions may be different.

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Health Reimbursement Account

If you elect the Health & Reimbursement Plan, you also will have a Health Reimbursement Account (HRA).

An HRA is a company-funded account that you can use to pay qualified healthcare expenses (medical, prescription, dental and vision) for you, your spouse and your dependents. When you enroll in the Health & Reimbursement Plan, an HRA is opened automatically for you and is available on the first day your benefits begin.

Company Funding

Tenet makes an annual company contribution of:

- Employee Only: \$300 (pro-rated for new enrollees)
- Employee + Spouse, Child(ren) or Family: \$600 (pro-rated for new enrollees)

You cannot make personal contributions to an HRA.

Using Your HRA Funds

When you enroll in the Health & Reimbursement Plan, you will receive a debit card that you can use at doctors' offices, healthcare facilities and pharmacies. The debit card will be mailed to your home address, and you should receive it before your plan becomes effective.

If you don't pay for qualified expenses with the debit card, you may pay with your own money and file a claim for reimbursement.

Continued

If you are covered by a Collective Bargaining Agreement, contact your Human Resources Department and/or union representative as your plan provisions may be different.

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Rollover

Any unused HRA funds roll over from year to year as long as you remain in the Health & Reimbursement Plan. But the balance will be lost if you leave the Health & Reimbursement Plan or you leave Tenet.

HRA and HCSA Compatibility

If you'd like to set aside more money for out-of-pocket healthcare expenses, you may open a [Healthcare Spending Account \(HCSA\)](#) in addition to the HRA. The debit card you will receive works for both your HRA and HCSA; the two programs work together seamlessly.

- Your healthcare expenses are first paid from your HCSA.
- When your HCSA balance is depleted, any additional healthcare expenses are paid from your HRA.

The HCSA is used first because of the “use-it-or-lose-it” rules that are set by the IRS.

If you are covered by a Collective Bargaining Agreement, contact your Human Resources Department and/or union representative as your plan provisions may be different.

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Prescription Drugs

If you enroll in any of our medical plan options, you will receive prescription drug coverage administered by CVS/Caremark. The amount you pay for your prescriptions depends on two things:

- Which medical plan you select; and
- The tier to which the drug is assigned (generic, formulary or non-formulary).

You may purchase prescription drugs at any retail pharmacy in the CVS/Caremark network. You will receive a prescription drug ID card with CVS/Caremark's contact information.

Mail Order Program

With the mail order drug program, you can get up to a 90-day supply of your prescriptions delivered to your home. If you or your dependents use maintenance prescriptions for a chronic condition — such as high blood pressure or diabetes — they must be filled through mail order or at a retail CVS location.

With each new maintenance prescription, you may fill your prescription twice at a retail pharmacy before you must transition to a 90-day supply through mail order or at a retail CVS location.

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If you are covered by a Collective Bargaining Agreement, contact your Human Resources Department and/or union representative as your plan provisions may be different.

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Specialty Pharmacy

Specialty medications may include drugs that are very expensive, have limited access, require complicated treatment regimens, or have compliance issues, special storage requirements or manufacturing reporting requirements. CVS/Caremark will notify you if your prescription is categorized as a specialty drug.

Specialty prescriptions may be filled once at any in-network pharmacy, but subsequent fills must be made through the mail order program. You may request that your medication be sent to your home or a nearby CVS/Caremark retail store. If the prescription is not filled through mail order after the initial fill, the claim will not be paid.

Specialty medications also may be filled at Tenet-owned onsite pharmacies; for a list of these locations, please contact [CVS/Caremark](#).

Generic Drugs Cost Less

Often, generic drugs will work just as well as the brand name drugs your doctor may have prescribed. Generic drugs contain the same active ingredients and are identical in dose, form and administrative method as brand name drugs. They cost less since the manufacturer doesn't have to pay to develop or market the drug.

Important note: If you fill a brand name drug when a generic is available, you may be assessed a penalty on top of the brand co-pay.

Continued

If you are covered by a Collective Bargaining Agreement, contact your Human Resources Department and/or union representative as your plan provisions may be different.

Pharmacy Benefits Comparison Chart

		EPO Plan	PPO Plan	Health & Reimbursement Plan	Health & Savings Plan*
Retail (30-day supply)	Generic	\$5 co-pay	\$5 co-pay	\$5 co-pay	\$5 co-pay after medical deductible
	Formulary	35% (\$30 min., \$100 max.)	35% (\$30 min., \$100 max.)	35% (\$30 min., \$100 max.)	35% (\$30 min., \$100 max.) after medical deductible
	Non-Formulary	50% (\$40 min., \$150 max.)	50% (\$40 min., \$150 max.)	50% (\$40 min., \$150 max.)	50% (\$40 min., \$150 max.) after medical deductible
Mail Order (90-day supply)	Generic	\$10 co-pay	\$10 co-pay	\$10 co-pay	\$10 co-pay after medical deductible
	Formulary	35% (\$75 min., \$200 max.)	35% (\$75 min., \$200 max.)	35% (\$75 min., \$200 max.)	35% (\$75 min., \$200 max.) after medical deductible
	Non-Formulary	50% (\$100 min., \$300 max.)	50% (\$100 min., \$300 max.)	50% (\$100 min., \$300 max.)	50% (\$100 min., \$300 max.) after medical deductible

* Certain preventive medications are available at the co-pay/co-insurance level prior to the satisfaction of the deductible. For a complete listing of these medications, contact CVS/Caremark at 877-906-3807. Non-preventive prescription costs apply to the medical plan deductible and out-of-pocket maximum.

Diabetic supplies may be covered under the medical plan and/or under the prescription drug program. Under the prescription drug program supplies are subject to formulary guidelines. Please contact the pharmaceutical carrier to see if your supplies are part of the formulary.

If you are covered by a Collective Bargaining Agreement, contact your Human Resources Department and/or union representative as your plan provisions may be different.

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Dental

You have the choice of two dental plans administered by Delta Dental:

- Enhanced Comprehensive Plan
- Preventive Plan

With either plan, you may see any dental provider you like (the coverage is the same), but you will save money if you choose a dentist in the Delta Dental network, since the rates are negotiated.

If you use an out-of-network provider, the plan pays only “reasonable and customary” (R&C) charges. An in-network dentist’s charges are always within the “reasonable and customary” range, but an out-of-network provider’s may not be; if his or her charges are higher, you will be responsible for the difference.

	Enhanced Comprehensive Plan	Preventive Plan
Annual Deductible	\$25 in-network; \$50 out-of-network	No deductible
Preventive	In-network: You pay \$0, deductible waived Out-of-network: Plan pays R&C after deductible	In-network: You pay \$0 Out-of-network: Plan pays R&C
Basic	You pay 20% after deductible	Not available
Major	You pay 50% after deductible	Not available
Annual Max. Benefit	\$1,500 per covered person per year	Not available
Lifetime Max. Orthodontic Benefit	\$1,500 per covered person, child or adult	Not available

Note: You won’t receive a dental coverage card; your Social Security number is used to confirm coverage.

If you are covered by a Collective Bargaining Agreement, contact your Human Resources Department and/or union representative as your plan provisions may be different.

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Vision

Tenet's vision plan, administered by VSP, covers eye exams, lenses and frames. It also offers discounts on laser eye surgery.

You may visit in-network or out-of-network providers, but you'll save money when you see a VSP provider. When you visit an in-network provider, there are no claim forms to file. If you use an out-of-network provider, you must pay at the time of service and submit a claim form to VSP.

	In-Network	Out-of-Network
Examination (once per calendar year)	\$10 co-pay	Reimbursed up to \$50
Lenses (once per calendar year)	\$15 co-pay	Reimbursed up to \$100
Frames or Contact Lenses		
Frames (once every two years)	\$170 allowance plus 20% discount on amount exceeding allowance	Reimbursed up to \$70
Contact Lenses (once per calendar year)	Elective: \$150 allowance in lieu of frames and lenses Medically necessary*: \$15 co-pay	Elective: Reimbursed up to \$150 in lieu of frames and lenses Medically necessary*: Reimbursed up to \$210

* Contact lenses that are prescribed solely for correcting a medical condition, such as aphakia (after cataract surgery), anisometropia, keratoconus, etc.

Note: You won't receive a vision coverage card; your Social Security number is used to confirm coverage.

If you are covered by a Collective Bargaining Agreement, contact your Human Resources Department and/or union representative as your plan provisions may be different.

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Flexible Spending Accounts

Flexible spending accounts (FSAs) allow you to set aside pre-tax money through automatic payroll deduction and then use those funds to pay for eligible healthcare or dependent care expenses.

Tenet offers two FSAs:

- **Healthcare Spending Account (HCSA)**
- **Dependent Day Care Spending Account (DCSA)**

Important note: These funds have a “use it or lose it” rule, which means *unused funds do not roll over* from year to year. So it’s important to carefully estimate how much you contribute to your account(s).

All HCSA and DCSA funds must be used by December 31 of the current plan year and claimed by March 31 of the following year; unclaimed funds are forfeited.

A Snapshot of the HCSA and DCSA

	Healthcare Spending Account	Dependent Day Care Spending Account
Eligible Expenses	Medical, prescription, dental, vision	Day care expenses for: <ul style="list-style-type: none"> • Your dependent children under the age of 13 • Your spouse or other federal tax dependent who is physically or mentally incapable of caring for himself or herself
Minimum/Maximum Contributions	\$130 – \$2,550 per year	\$130 – \$5,000 per year Maximum contribution amount may vary depending on certain compensation criteria
Funds Availability	On the first day of plan effective date	As balance is available

If you are covered by a Collective Bargaining Agreement, contact your Human Resources Department and/or union representative as your plan provisions may be different.

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Healthcare Spending Account (HCSA)

If you elect to contribute to a Healthcare Spending Account, you will be able to access the entire amount that you choose to set aside as of the plan effective date, even though you contribute to the account throughout the year via payroll deduction.

If you enroll in the Health & Savings Plan with HSA... you are *not eligible* to elect an HCSA.

If you enroll in the Health & Reimbursement Plan with HRA... your HCSA will coordinate with the HRA. Funds for eligible expenses will be taken from your HCSA first due to the "lose it or use it" rule.

Using Your HCSA Funds

If you enroll in an HCSA, you will receive a Your Spending Account™ (YSA) debit card that you can use to pay eligible expenses at the point of service (for example, at the pharmacy counter).

You also may pay with your own money and file a claim for reimbursement. When you file a reimbursement claim, you must also submit receipts. When you use your debit card, you usually do not have to submit receipts, but it's a good idea to keep them for your records in case of an IRS audit.

Eligible Expenses

You may use HCSA funds for medical, prescription, dental and vision expenses that are not covered by your insurance plan (for example, co-pays, co-insurance, glasses, etc.). The Internal Revenue Service (IRS) determines which expenses are eligible for retirement. For more information, you can visit the IRS website at www.irs.gov for more details.

If you are covered by a Collective Bargaining Agreement, contact your Human Resources Department and/or union representative as your plan provisions may be different.

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Dependent Day Care Spending Account (DCSA)

To be eligible for a Dependent Day Care Spending Account, both you and your spouse (if applicable) must be working, be looking for work or be full-time students.

You can use your DCSA to pay the following expenses:

- Nursery schools, child care centers or individuals who care for pre-school children (the individual providing care may be a relative but cannot also be your dependent)
- Before-school or after-school care for children from kindergarten through age 12 or for a disabled dependent of any age (includes meals, lodging and payroll taxes of a housekeeper/nanny)
- Providers outside the home who care for a disabled dependent
- Summer day-camp programs in lieu of day care for which your dependent receives no educational credit

For a complete list of eligible expenses, you can visit the IRS website at www.irs.gov.

If you are covered by a Collective Bargaining Agreement, contact your Human Resources Department and/or union representative as your plan provisions may be different.

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Life and AD&D Insurance

Basic Employee Life

Basic employee life insurance provides your beneficiaries a payment in the event of your death. Coverage is equal to one times your base salary, up to \$50,000. Tenet pays the entire cost of this benefit.

Basic Employee AD&D

Basic employee accidental death and dismemberment (AD&D) provides a payment to:

- Your beneficiaries if your death is due to an accident; or
- If you are seriously injured in an accident (for example, you lose a limb).

Coverage is equal to one times your base salary, up to \$50,000. Tenet pays the entire cost of this benefit.

Beneficiaries

Make sure your beneficiaries are on file with Tenet. You can enter them during the enrollment process, or go to MyTenet.com and click on the "Benefits Enrollment Website" link to update.

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If you are covered by a Collective Bargaining Agreement, contact your Human Resources Department and/or union representative as your plan provisions may be different.

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Supplemental Life and AD&D

If you would like more life and AD&D coverage, in addition to your basic company-provided coverage, you may purchase supplemental life and/or AD&D insurance for yourself. In order to purchase supplemental life insurance for your spouse or child(ren) you must purchase supplemental life for yourself.

	Supplemental Life	Supplemental AD&D
Employee	1 to 6 times annual pay, up to \$2.5 million	1 to 6 times pay, up to \$500,000
Spouse*	\$5,000, \$10,000, \$25,000, \$50,000 or \$100,000, up to 100% of employee supplemental life coverage	\$25,000, \$50,000 or \$100,000
Child(ren)	\$5,000 or \$10,000 to \$25,000, up to 100% of employee supplemental life coverage	\$10,000 or \$25,000

*You cannot elect spouse life coverage if your spouse is also a benefits-eligible employee of Tenet.

Evidence of Insurability

Newly benefits-eligible employees may elect any amount of supplemental life up to the Guarantee Issue amount of \$750,000 without providing evidence of insurability (EOI). EOI is required if you elect:

- To increase the amount of coverage during the year; or
- An amount in excess of the Guarantee Issue; or
- Employee supplemental life or spouse life as a late entrant to the plan.

If you are covered by a Collective Bargaining Agreement, contact your Human Resources Department and/or union representative as your plan provisions may be different.

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Disability

You may purchase disability insurance that provides income if you become temporarily or permanently disabled and are unable to work — including extended illness, injuries or the birth of a child.

Before the plan begins paying benefits, you must be disabled or absent more than 14 or 30 days; this waiting period is called an “elimination period.” This plan does not cover disabilities due to occupational sickness and injury.

You may choose from two disability plans as follows:

	Standard Plan	Standard Plus Plan
Non-Managers	50% of gross weekly salary, up to \$5,000 per month Benefits begin after 14 or 30 days	60% of gross weekly salary, up to \$6,000 per month Benefits begin after 14 or 30 days
Managers, Residents and Physicians	50% of gross weekly salary, up to \$15,000 per month Benefits begin after 30 days	60% of gross weekly salary, up to \$15,000 per month Benefits begin after 30 days

If you are covered by a Collective Bargaining Agreement, contact your Human Resources Department and/or union representative as your plan provisions may be different.

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401(k) Retirement Savings Plan

Tenet offers a 401(k) Retirement Savings Plan to help you save for your future. You contribute through convenient, automatic payroll deductions, and Tenet offers a company matching contribution of 50 cents for every before-tax dollar you contribute, up to 6 percent of your eligible pay. You are vested in the company match based on your years of Tenet service.

You may enroll in the 401(k) Retirement Savings Plan at any time.

For more information, contact Fidelity at www.401k.com or 800-372-4015.

If you are covered by a Collective Bargaining Agreement, contact your Human Resources Department and/or union representative as your plan provisions may be different.

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Other Benefits and Discounts

The benefits shown here don't have to be elected during the Annual Enrollment period, but as a Tenet employee, you have access to them throughout the year.

Employee Stock Purchase Plan (ESPP)

Eligible employees may purchase Tenet common stock at a discounted rate of 5 percent. You may purchase from 1 percent to 10 percent of your base salary, up to an annual maximum of \$25,000. You may have payments directly deducted from your paycheck. You must hold your shares for at least one year before you sell them.

Enrollment for the ESPP is held on a quarterly basis. To enroll, log in to Fidelity Investments at www.netbenefits.com or call a representative at 800-544-9354.

Chronic Care Management Program

If you or a dependent has a chronic medical condition, such as asthma, diabetes or lower back pain, this free program pairs you with a Chronic Care Management Nurse to help coordinate care with your doctor. Learn more about the Chronic Care Management Program by calling 844-368-8115. This plan is available at no cost to all employees and dependents who are enrolled in a medical plan through Tenet.

If you are covered by a Collective Bargaining Agreement, contact your Human Resources Department and/or union representative as your plan provisions may be different.

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Long-Term Care

You can purchase long-term care insurance for yourself, your spouse or parents to help pay the cost of care provided at an assisted living or long-term care facility, or for home healthcare services. Administered by Unum, the plan pays benefits when a covered individual is unable to function independently because of a covered disability or chronic illness. The plan also provides benefits in the event of severe cognitive impairment from an illness such as Alzheimer's disease.

The cost of coverage varies by age and the number of individuals covered. You pay 100 percent of the cost.

Employee Assistance Program (EAP)

Provided by GuidanceResources, the EAP is a professional counseling service offering free and confidential help for day-to-day concerns or difficult times. You may receive up to five free, in-person professional consultations per issue, per year. You can also call GuidanceResources 24 hours a day, seven days a week at 844-416-1158. There is no limit to the number of calls you can make to the toll-free number. Learn more about the [EAP](#) here.

Accident Insurance

Accident insurance, administered by Unum, pays you a benefit based on the injury and treatment you receive, regardless of other insurance you may have. This includes payments made directly to you for services such as ambulance and emergency room benefits, accidental common injuries benefits, physical therapy, follow-up doctor's visits, prosthetic devices, etc. There are no medical questions to answer to obtain coverage, and you can take the coverage with you if you leave the company for any reason. You may purchase coverage for yourself, your spouse and dependent children. To find out more, contact Unum at www.unum.com or 888-852-2232.

If you are covered by a Collective Bargaining Agreement, contact your Human Resources Department and/or union representative as your plan provisions may be different.

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Critical Illness

A critical illness plan can supplement your medical or disability insurance. The plan pays a lump sum directly to you upon the first diagnosis of a covered condition like heart attack, stroke or cancer. You can use this coverage more than once; however, each condition is payable once per lifetime. Pre-existing conditions do not apply; however, certain limitations may apply based on the particular illness. To find out more, contact Unum at 888-852-2232.

Added Benefits Program

This program — which includes legal services, pet insurance, ID theft protection, auto and home insurance, and more — helps protect the things that mean the most to you while helping you save money. Learn more about [Added Benefits](#).

Employee Discount Program

In appreciation for all of your hard work and dedication, Tenet proudly offers employee discounts through Tenet Perks at Work. Learn more about the [discount program](#).

If you are covered by a Collective Bargaining Agreement, contact your Human Resources Department and/or union representative as your plan provisions may be different.

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	Provider	Website	Phone Number
Benefit Questions	MyBenefits Customer Support Center	N/A	877-46-TENET (877-468-3638)
Medical	Allegian	www.allegianhealthplans.com	800-829-6440
	Anthem Blue Cross	www.anthem.com/ca	844-653-7394
	Blue Cross and Blue Shield of Texas	www.bcbstx.com	888-762-2191
	Blue Shield of California	www.blueshieldca.com	855-747-5800
	Cigna	www.cigna.com	800-874-7489
	DMC Care	www.dmc-care.org	800-543-0161
	Green Shield	www.greenshield.ca	888-711-1119
	HPI	www.healthplansinc.com	877-490-3636
Health Savings Account (HSA)	Fidelity	www.netbenefits.com	800-372-4015
Health Reimbursement Account (HRA)	MyBenefits Customer Support Center	N/A	877-46-TENET (877-468-3638)
Prescription Drug	CVS/Caremark	www.caremark.com	877-906-3807
Dental	Delta Dental	www.deltadentalins.com	855-643-8516
Vision	VSP	www.vsp.com	800-877-7195

Continued 

If you are covered by a Collective Bargaining Agreement, contact your Human Resources Department and/or union representative as your plan provisions may be different.

What's New

Know and Enroll

Health Options

Financial Options

Other Benefits
and DiscountsImportant
Contacts

	Provider	Website	Phone Number
Flexible Spending Account (FSA)	MyBenefits Customer Support Center	N/A	877-46-TENET (877-468-3638)
Life and AD&D Insurance	Unum	www.unum.com	888-852-2232
Disability	Unum	www.unum.com	888-852-2232
401(k) Retirement Savings Plan	Fidelity Investments	www.401k.com or www.netbenefits.com	800-372-4015
Employee Stock Purchase Plan (ESPP)	Fidelity Investments	www.netbenefits.com	800-544-9354
Chronic Care Program	Unum	N/A	844-368-8115
Long-Term Care	Unum	www.unum.com	888-852-2232
Critical Illness and Accident Insurance	Unum	www.unum.com	888-852-2232
Employee Assistance Program (EAP)	GuidanceResources	www.guidanceresources.com Web-ID: TENET	844-416-1158
Added Benefits Program	Tenet Health	www.tenetaddedbenefits.com	866-920-5194
Employee Discount Program	Tenet Perks at Work	www.tenetaddedbenefits.com	N/A

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