2017 Health Plan Comparison Chart

Tenet Network: Tenet-employed physicians, Tenet-owned facilities, Tenet ACO/CIO physicians

In-Network: Physician or facility within carrier network

Out-of-Network: Physician or facility outside of carrier network

		EPO Plan	PPO Plan	Health & Reimbursement Plan	Health & Savings Plan
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
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 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
Physician Care Office visit; IP/OP/ER; basic X-ray/lab[1]	**Tenet Network**	Physician – $30 co-pay Specialist – $45 co-pay	10%	10%	10% after deductible
	In-Network	Physician – $30 co-pay Specialist – $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
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

* 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.

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.

2017 Health Plan Comparison Chart

		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
Outpatient[1]	**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

* 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.

Continued

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2017 Health Plan Comparison Chart

		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

* 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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2017 Health Plan Comparison Chart

		EPO Plan	PPO Plan	Health & Reimbursement Plan	Health & Savings Plan
Emergency Care	**Tenet Network**	Emergency Room – $100 ER fee (waived if admitted) + 10%* Ambulance – $0	Emergency Room – $100 ER fee (waived if admitted) + 10%* Ambulance – 20%	Emergency Room – $100 ER fee (waived if admitted) + 10%* Ambulance – 10%	Emergency Room – $100 ER fee (waived if admitted) + 10% after deductible* Ambulance – 20% after deductible
	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.

Continued

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2017 Health Plan Comparison Chart

		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

* 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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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.

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