

# Benefits Built on Care

Visit the **Benefit Solutions Center** at [benefitsolutions.ehr.com](https://benefitsolutions.ehr.com) to learn more and enroll. Call **1-844-877-8591** (Monday – Friday, 7 AM to 7 PM CT) or speak to a representative online via **Web Chat**.





Click **PREVIOUS** and **NEXT** buttons to move from page to page

## Table of Contents

- 3** An Overview of Your Benefits
- 4** Who Can Enroll
- 5** When to Enroll
- 6** How to Enroll
- 7** Key Benefit Terms
- 8** Medical
- 9** Save with In-Network Care
- 10** Tips for the Best Healthcare Experience
- 11** Compare the Plans
- 12** What to Consider When Choosing a Plan
- 12** Which Medical Plan is Right for Me?
- 13** Care at the Right Place, at the Right Time
- 14** Prescription Drug Benefits
- 15** Health Savings Account (HSA)
- 16** Flexible Spending Account (FSA)
- 16** Health Reimbursement Account (HRA)
- 17** Dental
- 17** Vision
- 18** Benefits Built for Every Part of Your Life
- 19** Protection Benefits
- 20** Supplemental Health Benefits
- 21** Additional Voluntary Benefits
- 22** Savings and Retirement
- 23** Contacts

# An Overview of Your Benefits

We are in the business of health, but health is also personal to each of us, and our families. Taking care of your health is a partnership, so just as our community is built on care – your benefits are built on care.

This guide provides you a comprehensive look at your benefit options, so you can make the right decisions for your and your family's healthcare.

NEWLY ELIGIBLE/ ANNUAL ENROLLMENT BENEFITS	ANYTIME BENEFITS	AUTOMATIC BENEFITS
Elect once you're eligible, then make changes once-a-year during Annual Enrollment	Enroll or make changes any time during the year	No action needed and no cost to you. You're enrolled automatically when eligible.
✓ Medical	✓ 401(k) retirement savings plan	✓ Basic life insurance and AD&D
✓ Dental	✓ Auto and home insurance	✓ Employee Assistance Program (EAP)
✓ Vision	✓ Pet insurance	✓ Employee discount program
✓ Tax-savings accounts		
✓ Supplemental life insurance and accidental death and dismemberment (AD&D)		
✓ Disability insurance		
✓ Accident, critical illness, hospital indemnity, and long-term care insurance		
✓ Legal services		
✓ Child and elder care program		
✓ Identity protection		



## MID-YEAR ENROLLMENT

If you do not enroll when you're newly eligible, you may only make changes during a Qualified Life Event or Annual Enrollment. See [page 5](#) for more information.



## Who Can Enroll

Your eligibility for benefits depends on your employment type and the number of hours you work each week. You may begin participating after completing your eligibility period.

### You are eligible for benefits if:

- You are classified as a full-time employee
- You are a benefits-eligible part-time employee

### Cover your eligible dependents:

- Your legal spouse/domestic partner (DP) of the same or different gender
- Your and your spouse's/domestic partner's dependent children under the age of 26
- Your child who is physically or mentally disabled prior to age 26 and is dependent on you

Review the full list of dependents and situations affecting eligibility at the [Benefit Solutions Center](#).

**NOTE:** *Before adding a spouse/domestic partner as a dependent, review if they are eligible for coverage through an alternative option. Comparing the personal cost of the various options available from Tenet, other employer plans, Medicare, or the Marketplace (exchange), allows you to choose the best option for your family.*

To learn more about eligibility and dependents visit the **Benefit Solutions Center** at [benefitsolutions.ehr.com](https://benefitsolutions.ehr.com), select **What to Do When > I Want to Know About > Eligibility**.



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



**Adding a new dependent? Your action is REQUIRED.** Provide documentation for proof of eligibility by your deadline, or newly enrolled dependents will drop from coverage.

Submit documents via mail or upload online at the [Benefit Solutions Center](#).

Visit the **Benefit Solutions Center** at [benefitsolutions.ehr.com](https://benefitsolutions.ehr.com) to learn more and enroll. **Questions?** Call **1-844-877-8591** (Monday – Friday, 7 AM to 7 PM CT) or ask a representative online via **Web Chat**.

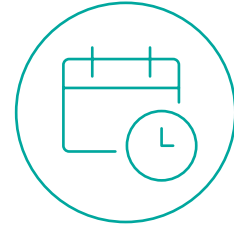
# When to Enroll



## AS A NEW HIRE/NEWLY ELIGIBLE EMPLOYEE



## QUALIFIED LIFE EVENT (MID-YEAR CHANGES)



## DURING ANNUAL ENROLLMENT

31 Days Following	31 Days From	Once a Year
<p>You have 31 days from your hire date, or date of benefits eligibility, to enroll in benefits coverage.</p> <p>If you miss your deadline, you won't be able to enroll in most benefits until the next Annual Enrollment period or you have a Qualified Life Event.</p>	<p>If you have a Qualified Life Event, you have 31 days from the date of the event to enroll or make changes to your benefits. See below for examples of when you may make mid-year changes.</p>	<p>Once-a-year, you may enroll or make changes to current benefits listed on <a href="#">page 3</a>, to take effect on January 1.</p> <p>If you miss taking action, you must wait until the next Annual Enrollment period or a Qualified Life Event.</p>

### Examples of Qualified Life Events include:

- Marriage or divorce
- Birth, adoption, or entry of an order requiring you to provide medical insurance for child(ren)
- A change in employment status (e.g., full-time to part-time or part-time to full-time)
- The death of your spouse/domestic partner or one of your dependents
- A leave of absence
- You or your spouse/domestic partner becoming Medicare-eligible
- A gain or loss of coverage (e.g. your spouse/domestic partner is newly eligible to cover dependent child(ren) on their plan)
- Turning 26 and losing coverage through a parent's plan

Your change in coverage must be consistent with your change in status, and you must provide acceptable documentation to support the event, as well as dependent verification documents if you are adding a dependent currently not covered under your Medical, Dental, or Vision plan.

**More Information on Qualified Life Events** is available at the [Benefit Solutions Center](#) under **What to Do When > Life Events**.



## QUESTIONS?

The **Benefit Solutions Center** is your primary resource for enrollment and benefits questions.

Visit [benefitsolutions.ehr.com](https://benefitsolutions.ehr.com) to learn more and enroll, or call **1-844-877-8591** (Monday – Friday, 7 AM to 7 PM CT) or speak to a representative online via **Web Chat**.

# How to Enroll

- 1 Go to the **Benefit Solutions Center** at [benefitsolutions.ehr.com](https://benefitsolutions.ehr.com).
  - ✓ Log in using your credentials
  - ✓ From the homepage select **What to Do When > Enroll in Benefits** OR look for the enrollment banner and click **"Get Started"**

## New User?

Click the "First time user? Create an account" link.

- 2 **Explore the homepage** to review resources. The Benefits Guide, Benefits 101 Resource, and more can help you decide which plans are right for you and your family.

**TIP:** Use the "Help Me Choose" tool during the enrollment process for a personalized experience to decide what plan fits your healthcare needs.

- 3 **Decide who to enroll:** Add information for your eligible dependents and decide who you'll cover under each benefit.

**IMPORTANT:** After enrollment, you must submit required dependent verification to continue coverage for your dependents.

## Is Your Spouse/Domestic Partner Eligible for Other Coverage?

Before adding a spouse/domestic partner as a dependent, review if they are eligible for coverage through an alternative option. Comparing the personal cost of the various options available from Tenet, other employer plans, Medicare, or the Marketplace (exchange), allows you to choose the best option for your family.

- 4 Save/Print Your Confirmation Statement as proof of enrollment and which dependents you've decided to add to coverage.



**For Help With Enrollment**, while on the [Benefit Solutions Center](https://benefitsolutions.ehr.com) homepage, select the "Help" option.

**IMPORTANT:** Use your confirmation statement to verify the correct deductions are taken from your paycheck. **If incorrect**, immediately contact the **Benefit Solutions Center**.

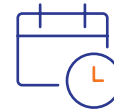


## DON'T MISS BENEFIT COMMUNICATIONS

Visit [benefitsolutions.ehr.com](https://benefitsolutions.ehr.com), select **View** on the **My Information** tile to update your home address, phone and email.

### Communications Settings

- Choose Paperless if you prefer email over home mailings
- Sign up for text messages for key reminders



## When Will Benefits Take Effect?

[Benefit Solutions Center](https://benefitsolutions.ehr.com) communications tell you when your benefits will be effective.

ID cards are mailed to your home address on file. Contact the **Benefit Solutions Center** if you need access to care sooner.

# Key Benefit Terms

To make the best healthcare choices for you and your family, you first need to understand how your benefits work. Here are a few key terms to know:

## In-network provider

Care provided by a participating doctor or healthcare facility within your plan administrator's network. You will save the most by visiting an in-network provider.

## Out-of-network provider

Any care received outside the provider network. Your share of the cost will be higher in most cases – or may not be covered at all – than in-network costs.

## Carrier

Your insurance company that provides your healthcare coverage, processes your claims, negotiates rates with providers, and maintains the provider care network.

## Provider

Facilities and healthcare professionals that deliver healthcare services when you need care.

## Preventive care

Annual physicals, routine checkups, and screenings to identify health issues before they become serious. Preventive care is covered at 100% when you use in-network providers.

**NOTE:** *If your doctor finds a new condition or risk during a preventive screening, your visit may be billed as diagnostic, resulting in out-of-pocket costs.*

## Primary care physician (PCP)

A general practitioner who serves as your main point of contact for your basic medical needs.

## Copay

Set dollar amount that you pay for common services such as doctor visits or prescription drugs.

## Deductible

Amount you pay out of pocket each year before the plan begins to pay for expenses.

## Coinsurance

Percentage you pay after you've met your annual deductible until you've reached your out-of-pocket maximum.

## Out-of-pocket maximum

The most you pay each year for eligible medical and prescription drug expenses.



Find **In-Network Providers** at the Benefit Solutions Center homepage > Health > Find a Provider.

## How Key Benefit Terms Apply When You Seek Care

You found an **in-network PCP** with your carrier. A standard office visit charge is \$100.

Don't Forget: Going **out-of-network** means higher costs and preventive care isn't covered 100%.



If you haven't met your **deductible**, a sick visit is \$100. If the entire visit is only **preventive care**, you pay \$0.



If you have met your **deductible**, you'll pay a **copay** or **coinsurance** (if applicable) for services until meeting your **out-of-pocket maximum**.



After meeting your **out-of-pocket maximum**, you pay no further costs for the year, as long as **providers** are **in-network**.

Visit the **Benefit Solutions Center** at [benefitsolutions.ehr.com](https://benefitsolutions.ehr.com) to learn more and enroll.

**Questions?** Call **1-844-877-8591** (Monday – Friday, 7 AM to 7 PM CT) or ask a representative online via **Web Chat**.



## Medical

Tenet Health offers you a choice of medical plans with a range of coverage levels and costs, giving you the flexibility to choose what works for you.

### Preventive care is covered 100%

You pay nothing for in-network routine visits such as:

- Annual physical exams
- Wellness visits
- Standard immunization
- Screenings for blood pressure
- Cholesterol
- Depression
- Obesity
- Anemia
- Diabetes and more

**NOTE:** *If your doctor finds a new condition or risk during a preventive screening, your visit may be billed as diagnostic, resulting in out-of-pocket costs.*

### Use In-Network Providers for Lower Costs, Higher Quality Care

Use in-network providers for lowest cost at the highest quality care. Visit [benefitsolutions.ehr.com](https://benefitsolutions.ehr.com) for the **Benefit Solutions Center** homepage, click **Learn More** on the **Get Medical** tile.

#### Tobacco user surcharge

If you and/or your covered dependents have used tobacco products (cigarettes, e-cigarettes, cigars, pipes, smokeless tobacco) within the past 12 weeks, you may pay a surcharge every pay period for medical coverage.

#### Ready to quit?

The Employee Assistance Program (EAP) can help. Learn more about the EAP on [page 18](#). You may also consider tobacco cessation support from your physician through your medical and prescription benefits.



### When are ID cards mailed?

New ID cards are sent when you change your medical plan. If you need a temporary ID card, visit your medical carrier's site to download/print.

**TIP:** *Skip the paper card and try a virtual ID card through your carrier's mobile app, if available.*



# Save with In-Network Care

We encourage you to use providers and facilities in our insurance carrier's network. You'll pay less for in-network care than for providers and facilities outside of this network. You'll pay the highest rate for out-of-network providers and facilities. Remember, some plans don't cover out-of-network services.

## Let's see it in action...



### EXAMPLE ONE: Specialist visit for asthma management

**John** needs to see a specialist for asthma management. He searches for a provider and has the following options:

- Tenet Network provider 90 minutes away
- In-network provider 20 minutes away
- Out-of-network provider 10 minutes away

Here's what John pays for the visit:

<b>TENET NETWORK</b>	\$175
<b>IN-NETWORK</b>	\$250
<b>OUT-OF-NETWORK</b>	\$400

John chooses **in-network care** that is affordable and convenient.



### EXAMPLE TWO: Treatment for minor biking injury

**Linda** has a biking injury and needs minor treatment. She shops for care online and narrows her search to the following options:

- Tenet Network provider 25 minutes away
- In-network provider 10 minutes away
- Out-of-network provider 10 minutes away

Here's what Linda pays with each option:

<b>TENET NETWORK</b>	\$250
<b>IN-NETWORK</b>	\$375
<b>OUT-OF-NETWORK</b>	\$500

She pays the least through **Tenet Network care**. It's worth the extra 15 minutes to support the Tenet Health community and save a little more money, so she selects this option for care.



## HOW TO FIND IN-NETWORK CARE

You always save money on care by using in-network providers. You'll save the most money by using a Tenet Network provider. Find out whether your doctor, hospital, lab, or other healthcare provider is in your network before receiving services.

1. Call the number on the back of your medical ID card
2. Select the Get Medical Care tile on the homepage of the **Benefit Solutions Center** at [benefitsolutions.ehr.com](https://benefitsolutions.ehr.com)
3. Call **1-844-877-8591** and ask the **Benefit Solutions Center** to transfer you to the right carrier

# Tips for the Best Healthcare Experience

We want to empower you to be an informed healthcare consumer and make accessing care simpler. Try these tips for getting the right care at the lowest costs.

- ✓ **Use in-network providers (especially Tenet Network providers, when available).** Remember, you're responsible for making sure providers and facilities are in-network before you receive services. You risk paying the full cost of services out-of-pocket with out-of-network providers.  
  
Verify in-network status directly with your medical carrier to save the most money, receive care from high-quality providers, and support our community.
- ✓ **Check each year that your providers are still in-network and you know the closest in-network ERs or urgent care facilities** when you need care quick. Insurance carriers update their network of providers and facilities frequently.
- ✓ **Choose the right medical plan for you.** During Annual Enrollment, the **Help Me Choose** and **Compare Plans** tools can provide personalized suggestions and guidance to identify the medical plan that is right for you, your family, and your healthcare needs. You can access these tools via the Medical plan enrollment section at [benefitsolutions.ehr.com](https://benefitsolutions.ehr.com) once Annual Enrollment begins.
- ✓ **Pay for healthcare expenses tax-free.** Open a tax-savings account to save on out-of-pocket expenses. Depending on which medical plan you choose, you will have access to a tax-savings account that contributes pre-tax dollars towards qualified healthcare expenses. Find out more on [page 15](#).
- ✓ **Before adding a spouse or domestic partner (DP)** as a dependent, review if they are eligible for coverage through an alternative option. Comparing the personal cost of the various options available from Tenet, other employer plans, Medicare, or the Marketplace (exchange), will allow you to choose the best option for your family.
- ✓ **100% covered, age-appropriate preventive care** screenings such as your annual visit, well-woman exam, annual lab work/immunizations, mammogram, colonoscopy, and other preventive screenings help keep you and your family healthy, with no cost to you.
- ✓ **Go generic and use mail order.** FDA-approved generic drugs typically cost less and work just as well as brand-name medications. If generic is unavailable, check the OptumRx formulary for a more cost-effective, **preferred** drug. Brand name medications not on the formulary may require a **prior authorization** from your doctor.
- ✓ **Participate in other free programs and perks** to care for your health and help with life events.
  - **Employee Assistance Program (EAP)** – With one call, access experts for advice you can use right away to navigate life events.
  - Employee Discount Program – Don't forget the perks available to you through BenefitHub.  
**Tenet/USPI:** [tenet.benefithub.com](https://tenet.benefithub.com).  
**Conifer:** [conifer.benefithub.com](https://conifer.benefithub.com)

# Compare the Plans

Here's a side-by-side comparison of the plans highlighting the differences in providers, premiums, and your out-of-pocket costs.

	<b>BASIC</b> Standard plan	<b>HDHP</b> High-Deductible Health Plan	<b>EPO</b> Exclusive Provider Organization	<b>PPO</b> Preferred Provider Organization
<b>Description</b>	<ul style="list-style-type: none"> <li>• Pay the least in premiums</li> <li>• Plan pays large percentage of costs once you reach your deductible</li> </ul>	<ul style="list-style-type: none"> <li>• Pay less in premiums but more at time of service</li> <li>• Plan pays large percentage of costs once you reach your deductible</li> </ul>	<ul style="list-style-type: none"> <li>• Get care from a local network of doctors and hospitals for you to choose from (in-network care only)</li> </ul>	<ul style="list-style-type: none"> <li>• Most comprehensive coverage (highest premiums)</li> <li>• Pay for in-network care with copays or coinsurance</li> </ul>
<b>How does the cost of coverage compare?</b>	<b>Premium:</b> \$ <b>Point of Service:</b> \$\$\$\$	<b>Premium:</b> \$\$ <b>Point of Service:</b> \$\$\$	<b>Premium:</b> \$\$\$ <b>Point of Service:</b> \$\$	<b>Premium:</b> \$\$\$\$ <b>Point of Service:</b> \$
<b>Where can I get healthcare?</b>	In-network or out-of-network providers	In-network or out-of-network providers	In-network providers only	In-network or out-of-network providers
<b>What do I pay at the time of service?</b>	Full cost of service up to the annual deductible, then coinsurance	Full cost of service up to the annual deductible, then coinsurance	Copay or coinsurance	Full cost of service up to the annual deductible, then coinsurance  Fixed copay available for some services
<b>Can I contribute to a tax-savings account?</b>	<ul style="list-style-type: none"> <li>• Health Savings Account</li> <li>• Dependent Care FSA</li> </ul>	<ul style="list-style-type: none"> <li>• Health Savings Account</li> <li>• Dependent Care FSA</li> </ul>	<ul style="list-style-type: none"> <li>• Healthcare Flexible Spending Account</li> <li>• Dependent Care FSA</li> </ul>	<ul style="list-style-type: none"> <li>• Healthcare Flexible Spending Account</li> <li>• Dependent Care FSA</li> </ul>

- ✓ 100% free preventive care
- ✓ Prescription drug coverage through OptumRx

**NOTE:** You may not have all of these plan options in your area. Please reference the [Benefit Solutions Center](#) for personalized choices.

Visit the **Benefit Solutions Center** at [benefitsolutions.ehr.com](https://benefitsolutions.ehr.com) to learn more and enroll.  
**Questions?** Call 1-844-877-8591 (Monday – Friday, 7 AM to 7 PM CT) or ask a representative online via **Web Chat**.

# What to Consider When Choosing a Plan

PLAN NAME	THIS MIGHT BE RIGHT FOR YOU IF ....
<b>BASIC</b> <b>Premium:</b> \$ <b>Point of Service:</b> \$\$\$\$	<ul style="list-style-type: none"> <li>You anticipate visiting the doctor's office for mostly preventive care</li> <li>OR You plan to schedule a major procedure such as a surgery and will reach your out-of-pocket maximum. The plan will cover all other costs at 100%</li> </ul>
<b>HDHP</b> <b>Premium:</b> \$\$ <b>Point of Service:</b> \$\$\$	<ul style="list-style-type: none"> <li>You anticipate visiting the doctor's office for mostly preventive care</li> <li>OR You plan to schedule a major procedure such as a surgery and will reach your out-of-pocket maximum. The plan will cover all other costs at 100%</li> </ul>
<b>EPO</b> <b>Premium:</b> \$\$\$ <b>Point of Service:</b> \$\$	<ul style="list-style-type: none"> <li>You anticipate visiting the doctor's office for mostly preventive care</li> <li>You need one or two specialists visits for an illness or injury each year (<i>within the narrow network for EPO plan</i>)</li> </ul>
<b>PPO</b> <b>Premium:</b> \$\$\$\$ <b>Point of Service:</b> \$	<ul style="list-style-type: none"> <li>You use your healthcare benefits regularly, and want the highest level of benefits</li> <li>You support dependents with varied medical needs</li> </ul>

## Which Medical Plan is Right for Me?

There are a few factors you should consider when choosing a medical plan.

- 1 Your healthcare needs and habits.** Are you anticipating any major life events next year, such as having a baby or scheduling surgery? Do you have a chronic condition that requires consistent health care, or do you rarely use your health coverage? Thinking through these questions will help you determine what level of coverage is sufficient to maintain you and your family's health.
- 2 Your network.** Review the network of providers available to you based on the medical plan you are considering. Some plans have a narrower network than others.
- 3 Your prescriptions.** Each plan offers different coverage for prescription drugs. Visit [benefitsolutions.ehr.com](https://benefitsolutions.ehr.com) for specific coverage offered by each plan.
- 4 Your spending habits.** Would you would rather pay more up front (in paycheck contributions) or more at the time of care (toward your deductible)? Would you rather use a Health Savings Account (HSA) or a Flexible Spending Account (FSA) to pay for eligible healthcare expenses? See [page 15](#) for a comparison of the HSA and FSAs for more information.



### Need more help deciding?

During Annual Enrollment, the **Help Me Choose** and **Compare Plans** tools can provide personalized guidance to identify the medical plan that is right for you, your family, and your healthcare needs. Access these tools, once Annual Enrollment begins, in the **Medical plan enrollment section** at [benefitsolutions.ehr.com](https://benefitsolutions.ehr.com).

# Care at the Right Place, at the Right Time

You have choices when you need medical care. Learn which option is most appropriate for your needs to ensure you don't overpay on services and get high-quality care when you need it.\*

	NURSE LINE	TELEMEDICINE	DOCTOR'S OFFICE	URGENT CARE	EMERGENCY ROOM
	Affordability ←				→ Urgency
<b>When you need...</b>	Quick answers for non-urgent health questions via phone such as when to seek care and side effects of medications	Care anytime, anywhere via video chat for a minor illness or ailment such as cold and flu symptoms, sinus issues, or allergies	General health management for preventive services, immunizations, non-urgent care, and specialist referrals	Treatment for critical but non-life-threatening injuries or illnesses such as minor broken bones, infections, and sprains	Immediate treatment for a serious or life-threatening condition such as spinal injuries, head injuries, and heavy bleeding
<b>Cost</b>	Usually free with medical insurance, but availability varies by carrier	Copays or coinsurance may apply	Preventive care is free with your medical plan. Other services may require a copay or coinsurance	Copays or coinsurance may apply	Copays or coinsurance may apply
<b>Appointment required?</b>	No; typically available 24/7	Can be immediate, but some require an appointment	Require an appointment	Usually open nights and weekends	N/A



## Know Before You Go, Keep Costs Low

Do some homework ahead of time and know which ERs, urgent cares, and other providers are covered in-network, so you pay the lowest cost. Going to an out-of-network provider may result in paying the full cost of all medical services.



\*This is a sample list of services. Contact your insurance carrier for costs and coverage details.



## Prescription Drug Benefits

Optum Rx provides your prescription drug benefits when you enroll in a medical plan. All plan options cover generic, brand-name and specialty prescription drugs, so how you fill a prescription depends on your needs.

**Where you fill a prescription depends on the type of drug you need:**



### Short-term prescriptions

Prescriptions for 30 days or less

- Fill at in-network retail pharmacy

*Walgreens*



### Maintenance medications

Medications you take long-term

**Optum Rx**

- Fill at a local Walgreens pharmacy
- Direct to home delivery via Optum Rx sign up

**Optum**



### Specialty medications

Generally, more expensive or require complicated treatment regimens or requirements

- Optum Specialty Pharmacy



## SAVE MONEY ON PRESCRIPTIONS

- Ask your doctor if a **generic** medication is available
- If generic is unavailable, check the OptumRx formulary at [optumrx.com](https://www.optumrx.com) for a complete list of cost-effective, **preferred** drugs per your plan
- Brand name medications not on the formulary may require a **prior authorization** from your doctor



## Health Savings Account (HSA)

If you select a High-Deductible Health Plan (HDHP), you are eligible to open a Health Savings Account (HSA) and set aside pre-tax\* dollars to pay for eligible healthcare expenses (medical, prescription, vision, and dental) now or in the future.

Once enrolled in an HDHP plan, your account **will not automatically open**. Fidelity Investments will send you instructions with enrollment steps you must complete to open your account.

### How to use your HSA

Once open, your elected contributions fund your account with pre-tax payroll deductions. You can change your contribution amount anytime via Fidelity. When you need to use your account, you can:

- ✓ Pay with your Fidelity HSA debit card or write a check from your Fidelity HSA checkbook
- ✓ Pay for an eligible expense with your own money, and then contact Fidelity to request reimbursement
- ✓ Schedule and submit payments online using Fidelity's BillPay program

### If you already own a Fidelity HSA through a prior employer

Once you enroll and your eligibility data is sent to Fidelity, you can access and review your HSA by signing in to [NetBenefits.com](https://www.netbenefits.com) or by calling Fidelity. You may set up your account at Fidelity to receive new contributions.

### For IRS qualified HSA expenses:

Visit [irs.gov](https://www.irs.gov) and search current Publication 502.

*\*HSAs offer pre-tax savings under federal laws and most state income tax laws. California and New Jersey tax HSA contributions.*



### Always Your Money

With an HSA, your balance rolls over from year to year — you never lose it, even if you leave the company or retire.

### 2024 HSA Contribution Limits

<b>EMPLOYEE ONLY</b>	\$4,150
<b>HOUSEHOLD</b> <i>(if you and your spouse/domestic partner contribute)</i>	\$8,300
<b>AGE 55 OR OLDER</b>	Additional \$1,000

**NOTE:** *Your annual IRS contribution limit includes any employer provided funding.*

Visit the **Benefit Solutions Center** at [benefitsolutions.ehr.com](https://benefitsolutions.ehr.com) to learn more and enroll.  
**Questions?** Call **1-844-877-8591** (Monday – Friday, 7 AM to 7 PM CT) or ask a representative online via **Web Chat**.

# Flexible Spending Account (FSA)

## Healthcare FSA (HCFSA)

With an FSA, you can contribute pre-tax dollars to pay for qualified medical, dental, and vision expenses (deductibles, copays, and coinsurance).

### HOW TO USE YOUR HEALTHCARE FSA

You will receive a debit card that may be used at doctors' offices, healthcare facilities and pharmacies, as well as to pay for eligible dental and vision expenses.

- ✓ Pay for eligible healthcare expenses at the point of service. This deducts funds from the total amount you elected for the year for your Healthcare FSA.
- ✓ Use your FSA debit card at locations such as doctor and dentist offices, pharmacies, and vision service providers. The card cannot be used at locations that do not offer services under the Plan unless the provider has also complied with IRS regulations.

## Dependent Care FSA (DCFSA)

- Contribute pre-tax dollars to help pay for dependent day care expenses that are necessary for you and your spouse/domestic partner to work or attend school full time.
- Eligible dependents include children under 13 and a spouse/domestic partner or other individual who is physically or mentally incapable of self-care and has the same principal place of residence as you for more than half the year.

### HOW TO USE YOUR DEPENDENT CARE FSA

- ✓ File a claim (including receipts) for reimbursement online with Benefits Accounts. Debit cards are not issued for a Dependent Care FSA.
- ✓ You will be reimbursed once you have the funds available in your account to cover the amount of the claim.

**NOTE:** *You may enroll in an FSA even if you don't elect medical coverage.*

# Health Reimbursement Account (HRA)

If you are covered by a medical plan with a Health Reimbursement Account (HRA) option, an HRA will be opened on your behalf.

### HOW TO USE YOUR HRA

- ✓ Pay for qualified healthcare expenses for you and your dependents through company contributions to your account.
- ✓ You will receive a debit card that can be used at doctors' offices, healthcare facilities, and pharmacies.
- ✓ If you don't pay for qualified expenses with your debit card, you may pay with your own money and file a claim for reimbursement.

### For IRS qualified HCFSA and HRA expenses:

Visit [irs.gov](https://www.irs.gov) and search current Publication 502.

### For IRS qualified DCFSA expenses:

Visit [irs.gov](https://www.irs.gov) and search current Publication 503.



## Use It or Lose It

Your FSA funds do not roll over each year. The deadline to submit claims and receipts from the previous year (January 1 through December 31) is March 31 of the following year. For help filing a reimbursement request contact the [Benefit Solutions Center](#).

## 2024 Healthcare FSA Contribution Limits

HEALTHCARE FSA	\$3,050
DEPENDENT CARE FSA	\$5,000



## IRS RULES AND RESTRICTIONS FOR HSA, HCFSA, DCFSA, AND HRA

It is your responsibility to ensure you are following IRS guidance for your tax favored health spending accounts. Visit [irs.gov/pub969](https://www.irs.gov/pub969) for current guidelines.





## Dental

Take care of your dental and oral health with comprehensive dental benefits. You have a choice of dental plans through Delta Dental.

**Benefits include services such as:**

- Free in-network preventive care
- Major care
- Orthodontia

You generally pay a percentage of the total cost for other covered services, like fillings and orthodontia. If you use a dentist who doesn't participate in your plan's network, your out-of-pocket costs will be higher, and you are subject to any charges beyond the Reasonable and Customary (R&C).

To find a network dentist, visit Delta Dental at [deltadentalins.com](https://deltadentalins.com).

## Vision

Maintain your eye health to detect issues early, even if you don't need glasses or corrective lenses. The company offers high-quality vision benefits through VSP.

**Benefits include:**

- Eye exams
- Lenses and frames
- Discounts on laser eye surgery
- In-network and out-of-network coverage

**TIP:** *Save money by using in-network providers for preventive care such as routine eye exams.*

To find a network provider, visit [vsp.com](https://vsp.com).

Visit the **Benefit Solutions Center** at [benefitsolutions.ehr.com](https://benefitsolutions.ehr.com) to learn more and enroll.

**Questions?** Call **1-844-877-8591** (Monday – Friday, 7 AM to 7 PM CT) or ask a representative online via **Web Chat**.



## Benefits Built for Every Part of Your Life

Emotional well-being is a cornerstone of living a healthy, balanced life. These programs can make it easier to take care of your mental and emotional well-being.

### Employee Assistance Program (EAP)

Taking care of your health includes your emotional well-being. Sometimes it's hard to ask for help, but it's important to know you're not alone. If you're looking for assistance with everyday challenges or more serious problems, **our no-cost, confidential Employee Assistance Program (EAP) can help through:**

- 24/7 access to helpful resources by phone
- Five free phone or face-to-face visits per issue with a licensed professional
- If you would like to continue counseling after five visits, check your medical provider's website to see if additional coverage is available

#### Get support for:

- Emotional health and well-being
- Marital or family conflicts
- Child care concerns
- Alcohol or drug dependency
- Relationship problems
- Job pressures
- Stress or anxiety
- Depression
- Grief and loss
- Financial or legal advice
- Senior care

Call Carelon Wellbeing at **1-866-335-2340** to speak confidentially to representatives available 24/7. Chat via [carelonwellbeing.com/tenet](https://carelonwellbeing.com/tenet) Monday through Friday, 8 AM to 8 PM ET.

### Behavioral Health Through Medical

Your medical plan provides comprehensive coverage for behavioral health concerns and support for dealing with certain conditions, through in-person and telemedicine providers.

**TIP:** Check to see if your carrier has a mobile app or other no-cost programs with helpful tips and resources to maintain your mental health.

### Expert Medical Guidance and Advocacy

Through your medical provider, you have access to a team of specialists who will personally help you:

- Find trusted, in-network providers focused on mental health
- Answer questions about care or your Tenet Health benefits
- Provide support and healthcare advocacy

**Call 911 if you require emergency medical services and 988 if you are experiencing a mental health crisis.**

Visit the **Benefit Solutions Center** at [benefitsolutions.ehr.com](https://benefitsolutions.ehr.com) to learn more and enroll. **Questions?** Call **1-844-877-8591** (Monday – Friday, 7 AM to 7 PM CT) or ask a representative online via **Web Chat**.

# Protection Benefits

## Disability

Your company-sponsored disability plans ensure you still get paid in the event of an unexpected illness or injury if it's going to be more than a few days before you can get back to work. Disability coverage is available on a voluntary basis, however, before enrolling, consider what percentage of your salary you'd need for living expenses if you couldn't work.

### SHORT-TERM DISABILITY

This pays you a percentage of your gross weekly salary if you cannot work because of a covered illness, injury, or other disability, including maternity leave. The plan doesn't cover work-related injuries. When you enroll, you will be asked to choose the length of time you need to wait before you can start receiving benefits (called an elimination period).

### LONG-TERM DISABILITY

You will receive long-term disability coverage if your disability extends beyond the duration of your short-term disability benefits. Long-term disability allows you to continue receiving a percentage of your gross weekly salary.

## Life and Accidental Death & Dismemberment (AD&D)

### BASIC LIFE

Get peace of mind that your loved ones will be financially protected in the event of your death at no cost to you. The plan is administered through Unum and automatically provided at no cost to you.

### BASIC ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

Accidental death & dismemberment (AD&D) insurance pays a benefit if you have a covered loss or death caused by an accident. The plan is administered through Unum and automatically provided at no cost to you.

## Supplemental Life and AD&D

If you want added protection, you can purchase Optional Life and AD&D Insurance for yourself, your spouse/domestic partner, and your child(ren). You may be asked to complete an Evidence of Insurability (EOI) form.

**IMPORTANT:** *There is an age-reduction provision which applies beginning at age 65.*

**FOR MORE INFORMATION** about your protection benefits, including rates, visit the **Benefit Solutions Center** at [benefitsolutions.ehr.com](https://benefitsolutions.ehr.com).

**NOTE:** *Evidence of Insurability (EOI) may be required as part of your application process to help providers better understand your current health and level of coverage.*



## DON'T FORGET TO NAME YOUR BENEFICIARIES

Update or designate your beneficiaries to receive your Life and AD&D benefits. This ensures your benefits are distributed according to your wishes. You can update your beneficiary at any time through the **Benefit Solutions Center**.

# Supplemental Health Benefits

Take your financial protection a step further. We offer several ways for you to supplement your medical plan coverage. These voluntary insurance plans can help cover unexpected expenses, regardless of any benefit you may receive from your medical plan. Coverage is available for you and your dependents and is offered at discounted group rates.



## Accident

**ACCIDENT INSURANCE** can help you pay for out-of-pocket medical costs and other personal expenses, if you have a covered accident including burns, broken bones, emergency dental work, ear, or eye injuries, and more.

### BENEFITS

An Accident plan pays you cash directly to use however you need it most, including for expenses such as:

- Your deductible, copays, or coinsurance
- Hospital treatment, ambulance, X-rays, and exams
- Supportive care, such as follow-up treatment or physical therapy
- Other daily living expenses, such as rent, gas, child care, and groceries



## Critical Illness

**CRITICAL ILLNESS INSURANCE** pays you a lump cash benefit if you're diagnosed with a serious illness, like a heart attack, cancer, or stroke. You could also receive benefits if a diagnosis happens a second time, or if you have a different diagnosis. A critical illness plan doesn't replace your medical coverage; instead, it complements it.

### BENEFITS

You can use the benefits to pay out-of-pocket medical costs or personal expenses, including:

- Your deductible, copays, or coinsurance
- Over-the-counter medication and prescription costs
- Household bills, like your mortgage, car payments, and utilities
- Daily living expenses, like extended child care



## Hospital Indemnity

**THE HOSPITAL INDEMNITY PLAN** pays a cash benefit when you have a hospitalization due to an illness, injury, surgery, or even delivering a baby.

### BENEFITS

A Hospital Indemnity plan helps cover expenses if you are admitted to the hospital, including:

- A lump sum benefit for admission and a daily benefit for a covered hospital stay
- Out-of-pocket medical costs
- Other personal expenses

For a complete list of covered illnesses and injuries, and to find rates and enroll in voluntary supplemental health benefits, visit the [Benefit Solutions Center](#).

# Additional Voluntary Benefits

You have the opportunity to enroll in voluntary benefits, providing you extra choice and flexibility to tailor your care to your needs. For more details on these benefits, visit the [Benefit Solutions Center](#) > [Work/Life](#) > [Voluntary Benefits Program](#).

## Legal Plan

Get help with life's planned and unplanned legal issues with:

- Access to a nationwide network of attorneys to assist with a variety of legal matters – from traffic violations and insurance claims to divorce and family law
- Up to four hours of network attorney time and services for non-covered matters (per family)

## Identity Theft Protection

Protect your identity with around-the-clock support that:

- Detects threats, fraud and identity theft, and alerts you immediately
- Provides remediation services if you are a victim

## Travel Assistance

When you're traveling more than 100 miles from work or home, receive no cost support for:

- Lost baggage
- Hotel accommodations and flight cancellations
- Medical evacuations and more

Download the Assist mobile app on the Apple App Store or Google Play using the activation code: 01-AA-UN-762490.

*This benefit is not available to Tenet or Conifer employees.*

## Long-Term Care Insurance

Receive quality care and protect your finances if you become chronically ill or mentally or physically disabled and need assistance with daily activities.

**You can use the benefit for:**

- In-home care
- A residential care facility
- A skilled nursing facility (like a nursing home)
- Hospice

If you choose to elect coverage for eligible family members, they must be under age 85 when you initially elect coverage directly with Unum.

*This benefit is not available to USPI employees.*

## Auto and Home Insurance

Compare top insurance carriers to save on auto, home, boat, condo, and renter's insurance. You also have the option to purchase excess liability coverage.

## Pet Insurance

Taking care of your health includes caring for your four-legged family members when they have a covered injury or illness. Cost of coverage depends on your pet and the plan you choose.

## Child and Elder Care Referrals

This program gives you personal assistance with research and referrals for childcare, elder care, and education – plus discounts on day care, elder care, and tutors.



## SAVE WHILE YOU SHOP!

Save on the brands you love via **BenefitHub**. You'll find discounts on pet supplies, buying flowers for a loved one, or attending a local event, and rewards on everyday items.



Visit the [Benefit Solutions Center](#) at [benefitsolutions.ehr.com](https://benefitsolutions.ehr.com) to learn more and enroll.

**Questions?** Call **1-844-877-8591** (Monday – Friday, 7 AM to 7 PM CT) or ask a representative online via **Web Chat**.



# Savings and Retirement

## 401(k) Retirement Savings Plan with Fidelity

Take steps today to ensure financial security throughout retirement. If you are eligible, the company offers a competitive 401(k) Retirement Savings Plan to help you set aside tax-free paycheck deductions for future retirement funds.

### Eligibility

- You are eligible as a full-time, part-time or a PRN employee
- Enroll anytime once Fidelity sends you direct communication
- Contribute from 1% up to 75% of your eligible pay, Before-Tax or Roth After-Tax
- Make changes anytime to your Before-Tax or Roth After-Tax contributions

### Plan features

**Tax advantages:** Currently, you can contribute up to \$22,500 Before-Tax or Roth After-Tax, and up to \$30,000, if you're age 50 or older. These contributions reduce your annual taxable income.

**NOTE:** *IRS contribution limits are subject to change annually.*

**Employer match:** Before-Tax and/or Roth After-Tax contributions you make to the plan may be eligible for a discretionary employer match.

**NOTE:** *To receive the match, certain eligibility requirements must be met.*

**You pick:** You get a mix of investment options to choose from to best fit your goals.

**Rollovers:** You can rollover funds from other qualified retirement plans.

## After-Tax Roth Contribution Option

Your After-Tax Roth contributions today allow you to receive associated earnings completely tax free at retirement if the distribution is qualified.

See the "Learn" section of [NetBenefits.com](https://www.netbenefits.com) or speak with a Fidelity representative.

### 3 Easy Steps to Enroll

- 1 **Decide how much to contribute each year.** Calculate what you can save from each paycheck now and increase over time. Small amounts can add up! At minimum, consider how much to contribute to take advantage of the discretionary Company match.
- 2 **Choose investment options for your contributions.** Choose your own funds! Fund descriptions are available online or call Fidelity for a copy and to ask any questions you have.
- 3 **Visit [NetBenefits.com](https://www.netbenefits.com) to enroll and elect your beneficiary.** If your personal situation changes, modify your elections or beneficiaries anytime.

## Managing Your Fidelity 401(k) Account

To enroll, make changes, update your beneficiaries and access more plan information log in at [NetBenefits.com](https://www.netbenefits.com) or call **Fidelity** at **1-800-372-4015**.



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

Visit the **Benefit Solutions Center** at [benefitsolutions.ehr.com](https://benefitsolutions.ehr.com) to learn more and enroll.

**Questions?** Call **1-844-877-8591** (Monday – Friday, 7 AM to 7 PM CT) or ask a representative online via **Web Chat**.

# Contacts

	PROVIDER	WEBSITE	PHONE NUMBER
<b>Benefit Questions</b>	Benefit Solutions Center	<a href="https://benefitsolutions.ehr.com">benefitsolutions.ehr.com</a>	1-844-877-8591
<b>COBRA Questions</b>	Benefit Connect COBRA	<a href="https://cobra.ehr.com">cobra.ehr.com</a>	1-877-29-COBRA (1-877-292-6272)
<b>Medical</b>	Aetna	<a href="https://aetna.com">aetna.com</a>	1-800-824-2705
	BCBS of Alabama	<a href="https://bcbsal.com">bcbsal.com</a>	1-844-258-3227
	BCBS of Texas	<a href="https://bcbstx.com">bcbstx.com</a>	1-888-762-2191
	Green Shield	<a href="https://greenshield.ca">greenshield.ca</a>	1-888-711-1119
	Presbyterian HMO	<a href="https://phs.org">phs.org</a>	1-800-356-2219
	UMR	<a href="https://umr.com">umr.com</a>	1-800-826-9781
<b>Prescription Drug</b>	OptumRx	<a href="https://optumrx.com">optumrx.com</a>	1-844-568-4146
<b>Dental</b>	Delta Dental	<a href="https://deltadentalins.com">deltadentalins.com</a>	1-855-643-8516
<b>Vision</b>	VSP	<a href="https://vsp.com">vsp.com</a>	1-800-877-7195
<b>Telemedicine</b>	Aetna (Teladoc)	<a href="https://teladoc.com/aetna">teladoc.com/aetna</a>	1-800-835-2362
	BCBS Alabama (Teladoc)	<a href="https://teladoc.com/alabama">teladoc.com/alabama</a>	1-855-477-4549
	BCBS Texas (MDLIVE)	<a href="https://mdlive.com/bcbstx">mdlive.com/bcbstx</a>	1-888-680-8646
	UMR (Teladoc)	<a href="https://teladoc.com">teladoc.com</a>	1-800-835-2362
<b>Health Savings Account (HSA)</b>	Fidelity	<a href="https://NetBenefits.com">NetBenefits.com</a>	1-800-372-4015
<b>Health Reimbursement Account (HRA)</b>	Benefit Solutions Center	<a href="https://benefitsolutions.ehr.com">benefitsolutions.ehr.com</a>	1-844-877-8591
<b>Flexible Spending Accounts (FSAs)</b>	Benefits Accounts	<a href="https://benefitsolutions.ehr.com">benefitsolutions.ehr.com</a>	1-844-877-8591
<b>Life and AD&amp;D Insurance</b>	Unum	<a href="https://unum.com">unum.com</a>	1-800-445-0402
<b>Disability</b>	Unum	<a href="https://unum.com">unum.com</a>	1-888-673-9940
<b>401(k) Retirement Savings Plan</b>	Fidelity Retirement Savings	<a href="https://401k.com">401k.com</a> or <a href="https://NetBenefits.com">NetBenefits.com</a>	1-800-372-4015
<b>Critical Illness, Accident, and Hospital Indemnity Insurance</b>	Aetna	Tenet: <a href="https://aet.na/tenet-shp">aet.na/tenet-shp</a> Conifer/USPI: <a href="https://aet.na/tenet-ntpf">aet.na/tenet-ntpf</a>	1-800-607-3366
<b>Legal Insurance</b>	MetLife Legal	<a href="https://metlife.com/info/tenet/">metlife.com/info/tenet/</a>	1-800-821-6400
<b>Identity Protection</b>	Allstate	<a href="https://myaip.com/tenethealthcare">myaip.com/tenethealthcare</a>	1-800-789-2720
<b>Long-Term Care</b>	Unum	<a href="https://unum.com">unum.com</a>	1-888-852-2232
<b>Travel Assistance</b>	Unum	<a href="https://unum.com">unum.com</a>	1-800-872-1414 (within the U.S.) +1-609-986-1234 (outside of the U.S.)
<b>Employee Assistance Program (EAP)</b>	Carelon Wellbeing	<a href="https://carelonwellbeing.com/tenet">carelonwellbeing.com/tenet</a>	1-866-335-2340
<b>Voluntary Benefits Program</b>	Benefit Solutions Center	<a href="https://benefitsolutions.ehr.com">benefitsolutions.ehr.com</a>	1-844-877-8591
<b>Employee Discount Program</b>	BenefitHub	Tenet/USPI: <a href="https://tenet.benefithub.com">tenet.benefithub.com</a> Conifer: <a href="https://conifer.benefithub.com">conifer.benefithub.com</a>	1-866-664-4621

Visit the **Benefit Solutions Center** at [benefitsolutions.ehr.com](https://benefitsolutions.ehr.com) to learn more and enroll.  
**Questions?** Call **1-844-877-8591** (Monday – Friday, 7 AM to 7 PM CT) or ask a representative online via **Web Chat**.

## END OF COVID-19 PANDEMIC RELIEF NOTICE

**On May 11, 2023, the national emergency relief regarding the COVID-19 pandemic officially ended.** This means that employer group health plans, such as the Tenet Employee Benefit Plan (the "Plan"), were no longer required to cover COVID-19 testing or COVID-19 vaccines both in and out of network without cost sharing and the extended deadlines for certain benefit elections, such as COBRA, ended.

**The Plan voluntarily extended the COVID-19 protections until December 31, 2023, but some protections will end effective January 1, 2024.**

**Visit [benefitsolutions.ehr.com](https://benefitsolutions.ehr.com) and review the full notice with details on what will continue and what will end** on the Benefit Solutions homepage describing how the end of the COVID-19 national emergency relief will impact the Plan. This Notice describes how the end of the COVID-19 national emergency relief will impact the Plan. Please read this information carefully and keep it with your Benefits Guide and most recent summary plan description ("SPD") for the Plan.

## LEGAL NOTICES

Review important legal notices, as applicable to you, as an employee of the Company, and/or benefits-eligible or participating employee of our benefits plans. **A complete listing of Legal Notices is available at [benefitsolutions.ehr.com](https://benefitsolutions.ehr.com) on the Benefit Solutions homepage.** If you would like a paper copy of the legal notices, please contact the Benefit Solutions Center at 1-844-877-8591. Please read this information carefully and keep it with your Benefits Guide and most recent summary plan description ("SPD") for the Plan.

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*This booklet describes benefit plans applicable for eligible employees of Tenet Healthcare Corporation and its affiliates, subject to the terms of the formal Plan Documents. This document modifies information contained in your Summary Plan Description and constitutes a Summary of Material Modifications ("SMM"). This SMM should be kept with your Summary Plan Description.*

*The information presented here does not replace the official plan documents. If there is a conflict between this document and the plan document for any of the benefits described in this document, the plan document will control. Tenet reserves the right to amend the plan and benefits described herein from time to time or to terminate them entirely.*

