

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

		Platinum	Gold	Silver	Bronze
Annual Deductible (individual/family) Applies to out of pocket max.	Tenet Network	\$0	\$0	\$1,300/\$2,600	\$3,000/\$6,000
	In-Network	\$800/\$2,400	\$1,600/\$3,200	\$1,300/\$2,600	\$3,000/\$6,000
	Out-of-Network	N/A	\$3,200/\$6,400	\$2,400/\$4,800	\$6,000/\$12,000
Annual Out of Pocket Maximum (individual/family)	Tenet Network	\$4,000/\$12,000	\$6,450/\$12,900	\$6,450/\$12,900	\$6,750/\$13,500
	In-Network	\$4,000/\$12,000	\$6,450/\$12,900	\$6,450/\$12,900	\$6,750/\$13,500
	Out-of-Network	N/A	Unlimited	Unlimited	Unlimited
Medical Account (individual/family)	All Networks	N/A	Health Reimbursement Account (HRA) – Tenet contributes \$300/\$600	Health Savings Account (HSA) – You may contribute tax-free up to \$3,400/\$6,750	N/A
Physician Care Office visit; IP/OP/ER; basic X ray¹	Tenet Network	\$15 co-pay per physician \$30 co-pay per specialist	10%	10% after deductible	10% after deductible
	In-Network	\$30 co-pay per physician \$45 co-pay per specialist	20%	20% after deductible	30% after deductible
	Out-of-Network	N/A	75% after deductible	75% after deductible	75% after deductible
Lab Services	Tenet Network	Same as physician care	10%	10% after deductible	Same as physician care
	In-Network	Same as physician care	10%	10% after deductible	Same as physician care
	Out-of-Network	N/A	75% after deductible	75% after deductible	Same as physician care
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.

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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		Platinum	Gold	Silver	Bronze
Inpatient	Tenet Network	Facility and Professional – \$500*	Facility – 10%* Professional – 10%	Facility – 10% after deductible* Professional – 10% after deductible	Facility – 10% after deductible* Professional – 10% after deductible
	In-Network	Facility and Professional – \$500 co-pay per admission	Facility – 20% after deductible Professional – 20%	Facility – 20% after deductible Professional – 20% after deductible	Facility – 30% after deductible Professional – 30% after deductible
	Out-of-Network	N/A	Facility – 75% after deductible Professional – 75% after deductible	Facility – 75% after deductible Professional – 75% after deductible	Facility – 75% after deductible Professional – 75% after deductible
Outpatient¹	Tenet Network	Facility and Professional – \$250*	Facility – 10%* Professional – 10%	Facility – 10% after deductible* Professional – 10% after deductible	Facility – 10% after deductible* Professional – 10% after deductible
	In-Network	Facility and Professional – \$250 co-pay per admission	Facility – 20% after deductible Professional – 20%	Facility – 20% after deductible Professional – 20% after deductible	Facility – 30% after deductible Professional – 30% after deductible
	Out-of-Network	N/A	Facility – 75% after deductible Professional – 75% after deductible	Facility – 75% after deductible Professional – 75% after deductible	Facility – 75% after deductible Professional – 75% after deductible

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Maternity Care	Tenet Network	Facility and Professional – \$500* Prenatal care – \$15 co-pay per physician \$30 co-pay per specialist (initial visit only)	Facility – 10%* Professional – 10% Prenatal care – 10%	Facility – 10% after deductible* Professional – 10% after deductible Prenatal care – 10% after deductible	Facility – 10% after deductible* Professional – 10% after deductible Prenatal care – 10% after deductible
	In-Network	Facility and Professional – \$500 co-pay per admission Prenatal care – \$30 co-pay per physician \$45 co-pay per specialist (initial visit only)	Facility – 20% after deductible Professional – 20% Prenatal care – 20%	Facility – 20% after deductible Professional – 20% after deductible Prenatal care – 20% after deductible	Facility – 30% after deductible Professional – 30% after deductible Prenatal care – 30% after deductible
	Out-of-Network	N/A	Facility – 75% after deductible Professional – 75% after deductible Prenatal care – 75% after deductible	Facility – 75% after deductible Professional – 75% after deductible Prenatal care – 75% after deductible	Facility – 75% after deductible Professional – 75% after deductible Prenatal care – 75% after deductible

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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 – 10%	Emergency Room – \$100 ER fee (waived if admitted) + 10% after deductible* Ambulance – 10% after deductible	Emergency Room – \$100 ER fee (waived if admitted) + 10% after deductible* Ambulance – 10% 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 – 10%	Emergency Room – \$100 ER fee (waived if admitted) + 10% after deductible Ambulance – 10% after deductible	Emergency Room – \$100 ER fee (waived if admitted) + 10% after deductible Ambulance – 10% after deductible
	Out-of-Network	N/A	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 – 10% after deductible	Emergency Room – \$100 ER fee (waived if admitted) + 10% after deductible Ambulance – 10% after deductible
Urgent Care	Tenet Network	Facility and Professional – \$45	Facility – 10%* ¹ Professional – 10% ¹	Facility – 10% after deductible* ¹ Professional – 10% after deductible ¹	Facility – 10% after deductible* ¹ Professional – 10% after deductible ¹
	In-Network	Facility and Professional – \$45	Facility – 20% after deductible ¹ Professional – 20% ¹	Facility – 20% after deductible ¹ Professional – 20% after deductible ¹	Facility – 30% after deductible ¹ Professional – 30% after deductible ¹
	Out-of-Network	N/A	Facility – 75% after deductible ¹ Professional – 75% after deductible ¹	Facility – 75% after deductible ¹ Professional – 75% after deductible ¹	Facility – 75% after deductible ¹ Professional – 75% after deductible ¹

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Acupuncture/ Chiropractic Care Max. 20 visits per calendar year	Tenet Network	\$30 co-pay	10%	10% after deductible	10% after deductible
	In-Network	\$45 co-pay	20%	20% after deductible	30% after deductible
	Out-of-Network	N/A	75% after deductible	75% after deductible	75% after deductible
Outpatient Physical/ Occupational/ Speech Therapy Max. 60 visits per calendar year	Tenet Network	\$30 co-pay	10%	10% after deductible	10% after deductible
	In-Network	\$45 co-pay	20%	20% after deductible	30% after deductible
	Out-of-Network	N/A	75% after deductible	75% after deductible	75% after deductible
Home Healthcare Max. 120 visits per calendar year	Tenet Network	\$0	10%	10% after deductible	10% after deductible
	In-Network	\$0	20% after deductible	20% after deductible	30% after deductible
	Out-of-Network	N/A	75% after deductible	75% after deductible	75% after deductible
Durable Medical Equipment (DME)	Tenet Network	\$0	10%	10% after deductible	10% after deductible
	In-Network	\$0	20% after deductible	20% after deductible	30% after deductible
	Out-of-Network	N/A	75% after deductible	75% after deductible	75% after deductible
Mental Health/ Substance Abuse Inpatient; outpatient; office	Tenet Network	Inpatient – \$500 co-pay per admission* Outpatient – \$250 co-pay per admission* Office – \$15 co-pay	10%*	10% after deductible*	10% after deductible*
	In-Network	Inpatient – \$500 co-pay per admission Outpatient – \$250 co-pay per admission Office – \$15 co-pay	10%	10% after deductible	10% after deductible
	Out-of-Network	N/A	75% after deductible	75% after deductible	75% after deductible

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Pharmacy Benefits Comparison Chart

		Platinum	Gold	Silver*	Bronze
Retail (30 day supply)	Generic	\$5 co-pay	\$5 co-pay	\$5 co-pay after deductible	\$5 co-pay
	Formulary	35% (\$30 min, \$100 max)	35% (\$30 min, \$100 max)	35% (\$30 min, \$100 max) after deductible	35% (\$30 min, \$100 max)
	Non-Formulary	50% (\$40 min, \$150 max)	50% (\$40 min, \$150 max)	50% (\$40 min, \$150 max) after deductible	50% (\$40 min, \$150 max)
Mail Order (90 day supply)	Generic	\$10 co-pay	\$10 co-pay	\$10 co-pay after deductible	\$10 co-pay
	Formulary	35% (\$75 min, \$200 max)	35% (\$75 min, \$200 max)	35% (\$75 min, \$200 max) after deductible	35% (\$75 min, \$200 max)
	Non-Formulary	50% (\$100 min, \$300 max)	50% (\$100 min, \$300 max)	50% (\$100 min, \$300 max) after deductible	50% (\$100 min, \$300 max)

* 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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