

This guide offers an overview of our 2018 benefit plans.

The benefits information included is for comparison purposes only. For additional information and Summary Plan Descriptions, which include complete plan details, visit www.getardentbenefits.com.

ArdentSM
HEALTH SERVICES

Know more.
Choose better.
Live well.

2018

Benefits Guide

Learn about all the benefits and resources we offer to help you know more, choose better and live well.

Welcome to Ardent!

Caring for your own health and well-being is critical to Ardent's mission. Ardent is a premier provider of health care services, delivered with compassion for patients and their families; with respect for employees, physicians and other health professionals; with accountability for our fiscal and ethical performance; and with responsibility to the communities we serve. To these ends, we offer you a robust benefits package and other resources that help you take care of yourself and your family. This is your opportunity to evaluate all the programs and plans available to you and to choose the coverage that's right for you and your family.

As a new employee, you have 31 days from your date of hire to enroll in your employee benefits. Your coverage will become effective on the first day of the month following 30 days of continuous active employment. For example, if your first day as a new employee is February 12, your coverage will begin on April 1.

Benefits elected will remain in effect for the plan year unless you experience a qualifying life event. We encourage you to review all your benefits choices and make your decisions wisely.

benefitsolver—The easy way to enroll

The easiest way to choose and enroll in your Ardent benefits is through our *benefitsolver* website at www.getardentbenefits.com/enroll. This tool is customized with information about you, including plan cost information and Bravo Wellness Program discounts (depending on the timing of your wellness screening).

Use the MyChoice Recommendation Engine within the *benefitsolver* tool to help you select the best plans for your lifestyle, financial situation and health care needs. This easy-to-use tool can help give you confidence that you are making the best decisions for you and your family.

Your Enrollment Checklist

1 Learn about your options.

- Review this guide.
- Visit www.getardentbenefits.com.

2 Enroll within 31 days of your hire date.

- Review the Dependent Eligibility Matrix to determine if your dependents meet the plan's eligibility criteria and what documentation is required. Visit www.getardentbenefits.com/your-benefits/eligibility-and-enrollment-requirements to download the PDF.
- Gather information for any dependents you are enrolling. You will need dates of birth and Social Security numbers.
- Log in to www.getardentbenefits.com/enroll to make your elections. Click Register to create a new account using your Social Security number, date of birth and company code "ardent" (lowercase).

3 Review and confirm your choices.

- Review your benefits elections.
- Make sure to submit your elections.
- Print and retain a copy of your benefits summary page and confirmation number for your records.

4 Verify your dependents.

Provide the required documentation to *benefitsolver* for enrolled dependents within 30 days of making your benefits elections.

Eligibility

Full-time or regular part-time employees working at least 20 hours per week become eligible for benefits on the first of the month following 30 days of continuous active employment. For medical, dental and vision, you may cover your spouse or domestic partner, your children or your domestic partner's children up to age 26. Keep in mind that you cannot receive coverage under any plan as both an employee and a dependent or a dependent of more than one employee.

Important: Spouses or domestic partners who have medical coverage available through their employer must enroll in their employer's plan for primary medical coverage.

If you are enrolling your spouse or a domestic partner in medical coverage, you must complete the Spousal/Domestic Partner Employment Verification Form. If applicable, your spouse's or domestic partner's employer may be asked to verify eligibility for coverage under the employer's plan. Unless you have a Qualified Life Event, your next opportunity to make changes to your benefits coverage will be during Annual Enrollment in the fall (typically in November).

DEPENDENT VERIFICATION

You must verify your dependents by submitting the required documentation via the *benefitsolver* message center. Documentation must be provided within 30 days of making your benefits elections. Your dependent(s) will not be enrolled until proof of eligibility is received. For information regarding the required documentation, review the Dependent Verification Matrix at www.getardentbenefits.com/your-benefits/eligibility-and-enrollment-requirements.

Making Benefit Changes During the Year

In most cases, you may not make changes to your benefits choices during the year unless you have a Qualified Life Event. Examples of a qualifying life event are:

- Marriage, divorce or legal separation.
- Birth, adoption or legal guardianship of an eligible child.
- Death of a spouse/domestic partner or a child.
- Changes in your spouse's/domestic partner's work status.
- Changes in your or your spouse's/domestic partner's work hours that affect benefits eligibility (such as from full time to part time).
- A change in your child's eligibility for benefits.
- Your or your qualified dependents' health coverage changes significantly (including loss of eligibility or loss of other coverage).

You must make benefits changes within 31 days of the date of your change by going to www.getardentbenefits.com/enroll and selecting the Change My Benefits option.

Ardent reserves the right to deny benefits changes if you do not properly complete your changes. Retroactive payroll deductions may be due. Your new elections will be effective on the date your life event occurred.



Questions?

UMR plan advisors are available at 866-675-1610, weekdays from 7 a.m. to 7 p.m. CT, to help you make the right medical plan choice, including determining if a provider is in the Ardent Network.

If you need assistance

or have questions regarding dependent verification, please contact *benefitsolver* at 844-411-4780.



Wellness Program

The Bravo Wellness Program offers you an opportunity to learn important information about your health status and save money on your medical premiums.

Save money
on medical
premiums

The Bravo Wellness Program is a voluntary program that can help you know more about your health and whether or not you're at risk for chronic health conditions. If you complete the health risk assessment, get a health screening on-site or with your doctor and meet specific health goals, you can earn a total discount of \$150/month off your medical premiums. If your spouse or domestic partner is enrolled in the medical plan, he or she may also save up to \$150/month for participating and reaching goals.

If the goals feel a bit out of reach, Bravo can work with you—and, if you wish, your provider—to find an alternative way to qualify for the full reward. To qualify for medical premium discounts, you and/or your spouse/domestic partner must register and complete the screening within 60 days of your hire date. Rehires or newly eligible employees must register and complete the screening within 60 days of when you became benefits eligible.

To register for your screening, go to www.bravowell.com/ardent. Follow the step-by-step instructions to schedule your screening appointment. If you have questions, call 844-529-5547. Join the many Ardent employees who use this program to help improve their health, including lowering their Body Mass Index, blood pressure and cholesterol. Visit www.bravowell.com/ardent to learn more.

Health Advocate Services

Health Advocate provides services to help you and your eligible family members resolve health care and insurance-related issues, and balance your work and home life.

THE PROGRAM OFFERS THREE UNIQUE SERVICES

Employee Assistance Program (EAP): The EAP offers free, confidential counseling services and referrals, including five face-to-face visits per issue. The EAP is available 24/7, and you do not need to be enrolled in one of our medical plans to use it.

Your Personal Health Advocate: Your Personal Health Advocate will help you navigate the health care system by cutting through the red tape, talking to your doctors and insurance companies, and getting to the heart of your issue—fast.

Personal Concierge Service: Let the experts handle details of your personal tasks, including restaurant reservations, party/event planning, travel bookings and more!

A single call to Health Advocate at 866-799-2728 connects you with all these services, or get help at www.HealthAdvocate.com/ardenthealth.

Medical and Prescription Drug Coverage

You may choose from three medical plan options, which include prescription coverage. Ardent offers two Preferred Provider Organization (PPO) plans and one High Deductible Health Plan (HDHP). Rate details are available in *benefitsolver* at www.getardentbenefits.com/enroll. If you elect the HDHP, you can enroll in a Health Savings Account (HSA) to pay for eligible health care expenses with tax-free dollars.

MEDICAL PLAN COMPARISON

Use the following information to see some of the differences among the plans. You'll find additional details in the 2018 Medical Plan Comparison Chart on the following pages.

HDHP

- Paycheck deductions are the lowest, but the plan has the highest deductibles and out-of-pocket maximums.
- You pay the full discounted cost of care until you meet the deductible, then you pay coinsurance until you reach the out-of-pocket maximum.
- You can contribute to a Health Savings Account (HSA)—plus get a matching contribution from Ardent—to pay for health care expenses with tax-free dollars.
- You can contribute to a Limited-Purpose Flexible Spending Account (FSA) to pay for eligible dental and vision expenses with pre-tax dollars.

PPO Basic

- Paycheck deductions are higher than with the HDHP option, but this plan has lower deductibles and out-of-pocket maximums than the HDHP.
- You pay copayments for office visits and prescription drugs, or coinsurance on certain services after you meet the deductible.
- You can contribute to a Health Care Flexible Spending Account (FSA) to pay for eligible expenses with pre-tax dollars.

PPO Premier

- This plan pays benefits at the highest level, but it also has the highest paycheck deductions.
- Your copayments and coinsurance on certain services (after you meet the deductible) are lower than with the PPO Basic plan.
- You can contribute to a Health Care FSA to pay for eligible expenses with pre-tax dollars.

ALL OF ARDENT'S MEDICAL PLANS OFFER THREE NETWORK TIERS

Ardent Network: Ardent offers employees the best costs at facilities and providers that are part of our company and at some designated partner facilities. While not all specialties and services are available in the Ardent Network, employees will pay the least when they see Ardent Network providers.

UHC Choice Plus¹ Network: You may choose any provider you'd like to see in the UnitedHealthcare national network, which includes more than 800,000 physicians and health care professionals and more than 5,000 hospitals nationwide.

Out-of-Network: You'll pay the most when you see an out-of-network provider.

Ardent's medical plans cover preventive care at no cost to you. All three plans also provide coverage for generic and brand-name prescription medications through CVS Caremark.

You will receive a medical ID card to use for all medical and prescription drug benefits.

1. No coverage will be offered at the Northwest Texas Healthcare System, except for emergencies and mental and alcohol/drug services, or at Presbyterian Health Services, except for an emergency.

Find participating providers at www.umar.com, and visit www.getardentbenefits.com/tools-quicklinks/forms/pdf-library for a list of participating pharmacies.

Compare your medical plans

Medical Benefits

	HDHP ¹			PPO Basic			PPO Premier		
	Ardent Network	UHC Choice Plus Network ²	Out-of-Network	Ardent Network	UHC Choice Plus Network ²	Out-of-Network	Ardent Network	UHC Choice Plus Network ²	Out-of-Network
Calendar-Year Deductible									
<i>Individual</i>	\$1,500	\$3,000	\$6,000	\$500	\$2,500	\$5,000	\$200	\$1,500	\$3,000
<i>Family</i>	\$3,000	\$6,000	\$12,000	\$1,000	\$5,000	\$10,000	\$400	\$3,000	\$6,000
Out-of-Pocket Maximum³									
<i>Individual</i>	\$3,000	\$6,000	\$10,000	\$2,000	\$5,000	Unlimited	\$1,000	\$4,000	Unlimited
<i>Family</i>	\$6,000	\$12,000	\$20,000	\$4,000	\$10,000	Unlimited	\$2,000	\$8,000	Unlimited
Coinsurance	20%	40%	50%	10%	30%	50%	10%	20%	50%
Preventive Services	\$0	\$0	Not covered	\$0	\$0	Not covered	\$0	\$0	Not covered
Office Visit									
<i>Primary Care Physician</i>	20% after deductible	20% after deductible	50% after deductible	\$20 copay	\$40 copay	50% after deductible	\$10 copay	\$20 copay	50% after deductible
<i>Specialist</i>	20% after deductible	20% after deductible	50% after deductible	\$30 copay	\$60 copay	50% after deductible	\$20 copay	\$40 copay	50% after deductible
Urgent Care	20% after deductible	40% after deductible	50% after deductible	\$25 copay	\$60 copay	50% after deductible	\$15 copay	\$40 copay	50% after deductible
Hospital Care									
<i>Inpatient</i>	20% after deductible	40% after deductible	50% after deductible	10% after deductible	30% after deductible	50% after deductible	\$250 per admission	20% after deductible	50% after deductible
<i>Outpatient</i>	20% after deductible	40% after deductible	50% after deductible	10% after deductible	30% after deductible	50% after deductible	\$125 per admission	20% after deductible	50% after deductible
Emergency Room⁴	20% after deductible	40% after deductible	40% after deductible	\$150 copay	\$250 copay	\$250 copay	\$150 copay	\$250 copay	\$250 copay
Outpatient Lab & X-Ray	20% after deductible	40% after deductible	50% after deductible	10% after deductible	30% after deductible	50% after deductible	\$125 copay	\$250 copay	50% after deductible

Prescription Drug Benefits⁵

	HDHP	PPO Basic	PPO Premier
Retail (30-day supply)			
<i>Generic</i>	20% after calendar-year deductible	\$15 copay	\$10 copay
<i>Preferred Brand</i>	20% after calendar-year deductible	20% copay—max cost \$70	20% copay—max cost \$50
<i>Non-Preferred Brand</i>	20% after calendar-year deductible	30% copay—max cost \$225	30% copay—max cost \$150
<i>Specialty Drugs</i>	20% after calendar-year deductible	30% copay—max cost \$250	30% copay—max cost \$200
Mail-Order (90-day supply)			
<i>Generic</i>	20% after calendar-year deductible	\$30 copay	\$20 copay
<i>Preferred Brand</i>	20% after calendar-year deductible	20% copay—max cost \$140	20% copay—max cost \$100
<i>Non-Preferred Brand</i>	20% after calendar-year deductible	30% copay—max cost \$450	30% copay—max cost \$300

1. The High Deductible Health Plan option includes:

- A combined medical and pharmacy deductible.
- A non-embedded deductible. This means that all family members' expenses will be combined to meet the entire family deductible before the plan begins contributing to your family's health care expenses.
- An individual out-of-pocket (OOP) maximum that is embedded in the family out-of-pocket (OOP) maximum. This means that if one family member meets the OOP max, that individual doesn't have to wait for the entire family OOP max to be satisfied before the plan pays 100% of his/her covered services.
- Access to a Health Savings Account (HSA) with up to a \$500/\$1,000 matching contribution from Ardent.

2. No coverage will be offered at the Northwest Texas Healthcare System, except for emergencies and mental and alcohol/drug services, or at Presbyterian Health Services, except for an emergency.

3. Out-of-pocket maximum includes deductibles, copays and coinsurance.

4. Covered in-network for emergencies.

5. Mandatory generic provision: If a generic drug is available and you or your doctor chooses a brand-name drug, you will be responsible for the generic coinsurance or copay amount, PLUS the difference in cost between the brand dispensed and the generic.



HSA funds roll over from year to year!

Health Savings Account (HSA)

The HSA is a savings account that allows you to pay for eligible health care expenses with tax-free dollars.

You can participate in an HSA if you enroll in a qualified High Deductible Health Plan (HDHP). Enroll in an HDHP by visiting www.getardentbenefits.com/enroll or by calling *benefitsolver* at 844-411-4780. Ardent will match your 2018 HSA contributions—up to \$500 for individual coverage and up to \$1,000 for all other coverage levels.

When you enroll in an HDHP, you can open a WageWorks HSA. You decide how much to contribute each pay period, and you can change or cancel your election at any time (you do not need to have a Qualified Life Event or wait until Annual Enrollment).

You own your HSA, interest and investment earnings grow tax-free and the money is yours to keep, even if you change jobs or retire.

In 2018, you can contribute up to the IRS limit of \$3,450 to an HSA if you elect individual coverage, and up to \$6,900 for all other coverage levels. *These limits include both your and Ardent's contributions.* If you're age 55 or older, you can contribute an additional \$1,000 in catch-up contributions.

MANAGING YOUR HSA

WageWorks makes it easy for you to use and manage your HSA. You'll receive a WageWorks Healthcare Card to pay for eligible health care expenses, such as your deductible, copays and coinsurance. If you prefer, you can submit a claim to be reimbursed from your WageWorks account or have your provider paid directly from your account. You can manage your account through the WageWorks web portal, or download the WageWorks app from iTunes or Google Play.

HSA ELIGIBILITY

- You must participate in a qualifying HDHP.
- You can't participate in another health plan that's not a qualifying HDHP, such as your spouse's plan, or a Health Care Flexible Spending Account (FSA), but you can participate in a Limited-Purpose FSA for vision and dental expenses only.
- You can't be enrolled in Medicare.
- You can't be eligible to be claimed as a dependent on someone else's tax return.

Dental

We offer two Delta Dental plans that cover routine checkups and other dental care: Delta Dental Silver and Delta Dental Gold. The Gold plan includes orthodontia coverage in addition to everything offered within the Silver plan and provides more coverage for basic and major dental services.

Enrolled employees will receive a dental ID card to use for dental care. Find participating providers at www.deltadentaltn.com.

Dental	Silver Delta Dental PPO or Premier Dentist—You Pay	Gold Delta Dental PPO or Premier Dentist—You Pay
Annual Deductible¹ Employee Family	\$50 \$150	\$50 \$150
Annual Maximum Payment² Per Person, Per Calendar Year	\$1,000	\$1,500
Diagnostic & Preventive Services Exams, Cleanings, Fluoride, Sealants, X-rays	0%	0%
Basic Services Emergency Palliative Treatment, Minor Restorative Services, Periodontics, Endodontic	20%	10%
Major Services Crowns, Bridges, Implants, Dentures	50%	40%
Orthodontics (no age limit)	Not covered	50%
Orthodontic Lifetime Benefit	N/A	\$1,500

1. \$50 deductible per person total per calendar year limited to a maximum deductible of \$150 per family per calendar year on all services except diagnostic and preventive services.

2. Per person total per calendar year on diagnostic and preventive, basic services, and major services. Non-participating dentists are paid at the 90th percentile.

Vision

Vision benefits are offered through VSP, the largest vision company in the U.S.

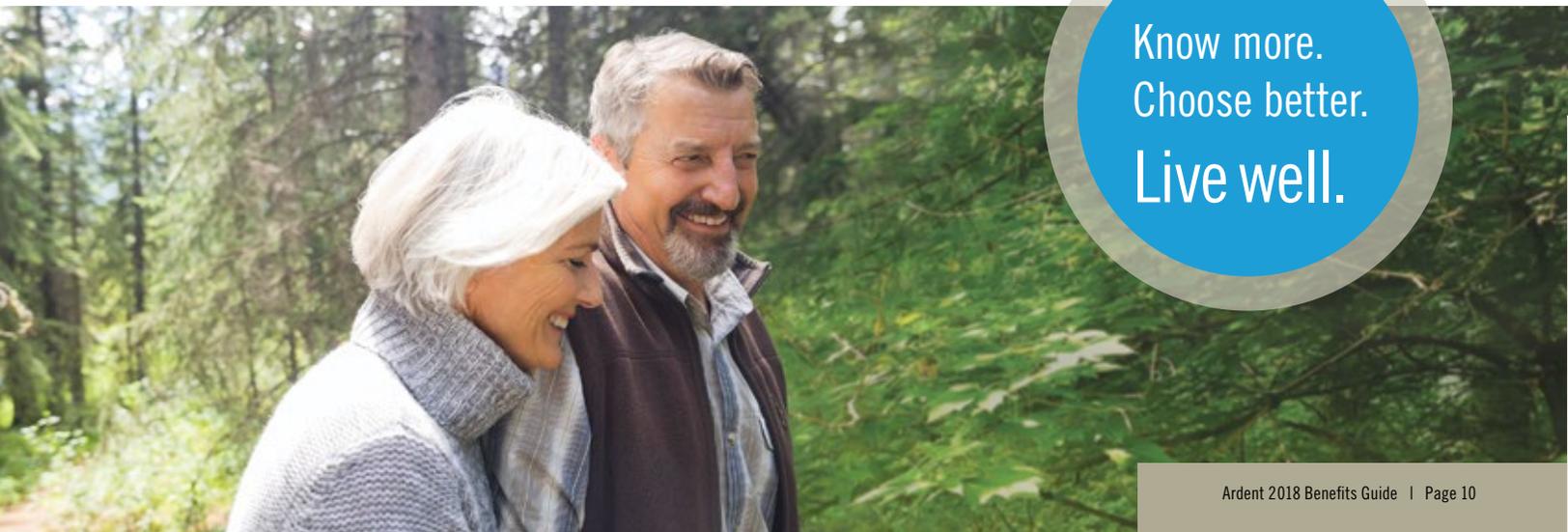
Vision	In-Network—You Pay	Open Access—You Pay
Eye Exams Once every 12 months	\$20 copay	Charges over \$50
Frames Covered every 24 months	Charges over \$130	Charges over \$70
Lenses Covered every 12 months		
Single lenses	\$0	Charges over \$50
Bifocal lenses	\$0	Charges over \$75
Trifocal lenses	\$0	Charges over \$100
Standard progressive lenses	\$50	Charges over \$75
Contacts Every 12 months: Contact lenses are covered in lieu of lenses or frames.	Charges over \$130	Charges over \$125

To locate a provider in your area, call VSP at 800-877-7195 or visit www.vsp.com.

Life, Accident and LTD Insurance

Basic Life, Accidental Death & Dismemberment (AD&D) and Long-Term Disability insurance is provided for eligible employees. If you purchase or increase voluntary coverage, Evidence of Insurability (EOI) may be required. An age reduction schedule applies to Life and AD&D coverage beginning at age 70. See your Summary Plan Description for the complete reduction schedule.

Life, Accident and LTD Insurance	
Company-Provided Benefits	
Basic Life Insurance	One time your annual salary with a maximum benefit of \$500,000
Basic AD&D Insurance	One time your annual salary with a maximum benefit of \$500,000
LTD Insurance	Payments begin on your 91 st consecutive day of approved disability and provide you with 40% of your salary, up to a \$4,000 monthly maximum. Coverage continues until you are no longer disabled, as defined by the contract or your Social Security normal retirement age.
You May Purchase	
Optional Life Insurance <i>For you</i> <i>For your spouse</i> <i>For your child(ren)</i>	Up to 4 times your salary with a \$500,000 maximum \$5,000 increments, up to a \$50,000 maximum \$5,000 or \$10,000
Optional AD&D Insurance <i>For you</i> <i>For your spouse</i> <i>For your child(ren)</i>	Up to 4 times your salary with a \$500,000 maximum \$5,000 increments, up to a \$50,000 maximum \$5,000 or \$10,000
Optional LTD Insurance	If you purchase optional LTD insurance, you receive an additional 20% of earnings, up to a combined maximum of \$5,000 per month (including the LTD insurance provided by the company).



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Flexible Spending Accounts (FSAs)

Flexible Spending Accounts (FSAs) are optional plans that let you set aside your own pre-tax dollars to cover qualified expenses that you would normally pay with post-tax dollars. The FSAs are administered by WageWorks. Visit www.wageworks.com/ardent to learn about the easy and convenient tools available to help manage your accounts, find a complete list of eligible expenses, get claim forms and much more.

Health Care Flexible Spending Account

If you or your eligible tax dependent(s) have qualified health care expenses, a Health Care FSA or a Limited-Purpose FSA may be a useful addition to your benefits package.

The maximum amount each person may contribute to a Health Care FSA is \$2,650. IRS rules impact what you need to provide for documentation when requesting reimbursement as well as how debit cards can be used. For complete information, please visit www.wageworks.com/ardent. If you elect the HDHP for medical coverage and contribute to an HSA, you can only participate in the Limited-Purpose FSA. Your reimbursements are limited to eligible dental and vision expenses only.

Dependent Care Flexible Spending Account

A Dependent Care FSA allows you to set aside pre-tax dollars to cover eligible dependent day care expenses throughout the year.

You may set aside up to \$5,000 per year in a Dependent Care FSA. You can use a Dependent Care FSA to cover the eligible expenses for care of your dependents so that you and your spouse (if applicable) can work.

MORE TIME TO MAKE A CLAIM

If you elect a Health Care or Dependent Care Flexible Spending Account, you will have until **March 15, 2019**, to incur expenses against your 2018 FSA. You will have until **March 31, 2019**, to submit your expenses for reimbursement.

Any FSA money that you don't use before the March 15, 2019, deadline will be forfeited, so it is important to calculate your expenses carefully.

Required Legal Notices.

The required legal notices can be found on the Forms page at www.getardentbenefits.com. If you want a hard copy, you can print one directly from the website or request one from your local HR representative.

About the 2018 Benefits Guide

The benefits provided by Ardent Health Services—including the benefits described in this Benefits Guide—are governed solely by the official plan documents. For more detailed information about the benefits described in this Benefits Guide, refer to the Summary Plan Description (SPDs) located on www.getardentbenefits.com.

In the event of any inconsistency between this Benefits Guide and the official plan documents, the terms of the official plan documents, as interpreted by the plan administrator in its sole discretion, will control. Please note that Ardent reserves the right to amend, modify or terminate any or all of the provisions of the plan at any time and for any reason. Such changes may affect the benefits payable to you and/or your dependents.

Receipt of benefit enrollment materials with respect to a benefit does not imply eligibility or coverage for that benefit. Provision of enrollment materials does not create any rights with respect to any benefit beyond those provided in the applicable documentation. The plan administrator has exclusive authority to determine eligibility.

401(k) Plan

Save for the future! You will receive information and enrollment instructions in the mail when you become eligible. Then, you can contribute to your 401(k) two ways:

- Pre-tax—Contribute pre-tax dollars through convenient paycheck deductions and reduce your taxable income today.
- Roth (after-tax)—Contribute after-tax dollars to your 401(k) today, and pay no taxes on any qualified withdrawals you make during retirement.

SEE HOW ARDENT HELPS YOU BUILD YOUR FINANCIAL FUTURE

Ardent matches your contributions: 100% of the first 3% you contribute, and 50% on the next 2% you contribute. Contribute 5% of your eligible pay to get the full company match! The match is contributed to your account annually during the first quarter of the following plan year.

You are 100% vested in the company match: You are also 100% vested in the amount you contribute to your 401(k).

You choose how much to contribute: You can contribute from 1% to 85% of your pay on a pre-tax basis, up to the set IRS limits.

Visit the 401(k) Retirement Savings page at www.getardentbenefits.com/your-benefits/401k-retirement-savings to learn how to start saving for the future you want to have.

Your Benefits Resources

Benefit	Contact	Website	Phone
Enrollment	<i>benefitsolver</i>	www.getardentbenefits.com/enroll	844-411-4780
Employee Assistance Program and Health Advocacy	Health Advocate	www.healthadvocate.com/ardenthealth	866-799-2728
Wellness Program	Bravo Wellness	www.bravowell.com/ardent	844-529-5547
Medical	UMR	www.umar.com	866-675-1610
Pharmacy	CVS Caremark	www.caremark.com	866-477-1626
Dental	Delta Dental	www.deltadentaltn.com	800-223-3104
Vision	VSP	www.vsp.com	800-877-7195
Flexible Spending Accounts and Health Savings Account	WageWorks	www.wageworks.com/ardent	877-WAGWORKS 877-924-3967
Life, AD&D & Disability Insurance	Cigna	N/A	888-84-CIGNA 888-842-4462
FMLA	FMLASource	www.fmlasource.com	877-G02-FMLA 877-462-3652
401(k) Retirement	Transamerica	http://ardenthealth.trsrretire.com	888-976-8159

