

BENEFITS OF THE PROPOSED SETTLEMENT

A. Restitution

1. Cash Refund – Uninsured Class Members Who Paid Tenet. You may receive a cash refund if you were uninsured at the time you received treatment at a Tenet Hospital and made payments on your Hospital bills. If you fill out a Claim Form (*see* Section 4), Tenet may give you a cash refund for paying out-of-pocket over a certain percentage of the Hospital's Gross Charge rate for treatment received during the Class Period. The threshold percentage of the Tenet Hospital's Gross Charge rate varies depending on the year the Class Member received the treatment as set forth in Table A:

Table A

Year	1999	2000	2001	2002	2003	2004
Gross Charge Threshold	82%	75%	70%	67%	67%	75%

An Uninsured Settlement Class Member may be entitled to a refund of whatever amount he or she paid above and beyond the percentage of the Hospital's Gross Charges set forth above. You are NOT responsible for calculating any refund amounts. Tenet will calculate refund amounts. All you need to do is to submit a Claim Form (*see* Section 4).

Example A: Uninsured Class Member Is Entitled to a Refund

- If an Uninsured Class Member was billed Gross Charges of \$2,000 for a certain surgical procedure in year 2000 and paid \$1,800 out-of-pocket, Tenet will refund that Class Member \$300 or the amount the Class Member paid in excess of the threshold percentage of the Gross Charge (*see* Table A above). In 2000, the threshold percentage of the Gross Charge is 75% (75% of \$2,000 is \$1,500). Since the Class Member paid \$1,800, he or she is entitled to a refund of \$300 ($\$1,800 - \$1,500 = \300).

Example B: Uninsured Class Member Is Not Entitled to a Refund

- If an Uninsured Class Member was billed \$2,000 for a certain surgical procedure in the year 2000 and paid \$1,000 out-of-pocket, Tenet will not refund that Class Member any amount. In this example, the Class Member paid less than the threshold percentage of the Gross Charge for the year 2000 (*see* Table A above). In 2000, the threshold percentage of the Gross Charge is 75% (75% of \$2,000 is \$1,500). Since the Class Member paid \$1,000 or \$500 less than the threshold percentage amount of \$1,500, he or she is not entitled to a refund.

The refund is limited to medically necessary services. Excluded from the refund process are charges paid for elective services, such as cosmetic surgery performed solely to improve appearance and other elective procedures that are not typically covered by insurance. In addition, the refund applies only to Hospital charges (i.e., bills you received from the Hospital itself). Doctors have their own separate charges and therefore such physician charges (i.e., bills received from your doctor) are excluded from the refund process.

2. A Revised Discounted Hospital Bill - Uninsured Class Members Who Owe Tenet.

For any Uninsured Class Member who owes, but has not paid, Tenet for Hospital services received during the period June 15, 1999 through December 31, 2004, Tenet will offer the Uninsured Class Member a revised discounted hospital bill. The revised bill will be a discounted

percentage of the Hospital's Gross Charges that varies by year (see Table A above). If an Uninsured Class Member's credit rating was impaired as a result of an outstanding balance owed to Tenet, the revised discounted bill may help repair that credit rating.

Example: Uninsured Class Member Seeks a Revised Discounted Bill

- If an Uninsured Class Member was billed Gross Charges of \$2,000 for a certain surgical procedure in the year 2000 and paid only half of the bill, \$1,000 out-of-pocket, Tenet will send that Class Member a revised discounted bill that reflects a threshold percentage of the Gross Charge (see Table A above). In 2000, the threshold percentage of the Gross Charge is 75% (75% of \$2,000 is \$1,500). The Class Member's revised discounted bill will now state \$1,500 instead of \$2,000. Since the Class Member already paid \$1,000, he or she now owes Tenet \$500 instead of \$1,000.

3. \$4 Million Dollar Fund In Support of the Underinsured Class Members. Tenet shall address and resolve the claims alleged on behalf of Underinsured Settlement Class Members by paying \$4 million to [Insert Name]. This non-profit organization was recommended by Plaintiffs and approved by the Court.

B. Other Benefits of the Settlement – Injunctive Relief

The Settlement provides uninsured and underinsured patients at Tenet Hospitals with a number of additional, significant benefits, including the following:

1. Discounted Pricing for Uninsured Patients. Gross Charges are the Hospital's full, non-discounted rates. The uninsured are typically the only patients who are charged and asked to pay for hospital services at the full Gross Charge rate. Going forward, and subject to applicable federal, state and local laws and regulations, uninsured patients who receive treatment at Tenet Hospitals will be offered discounted pricing for the services they receive at rates comparable to the hospital's current managed care rates. In no instance will uninsured patients be charged more than the highest managed care rate (i.e., the highest arm's-length negotiated rate between the Tenet Hospital and any managed care insurance plan) in place at the Tenet Hospital at the time of treatment. These rates are analyzed and established based upon competitive conditions at each Tenet Hospital and therefore may vary from Hospital to Hospital and may change over time. These rates will be available to all patients regardless of income level.

Example: Discounted Pricing for the Uninsured & Underinsured

- A managed care company negotiates a 60% discount off Tenet's Gross Charges. A patient insured by this managed care company benefits from this discount. If that insured patient is billed \$1,000 for a certain medical procedure at a Tenet Hospital, then he or she is only obligated to pay \$400 (60% discount off \$1,000 is \$600 and \$1,000 - \$600 = \$400). As a result of the Settlement, an uninsured patient in the future at Tenet may pay only \$400, the comparable discounted managed care rate in this example.

2. Financial Counseling. Tenet Hospitals will provide financial counseling free of charge to all patients seeking treatment at Tenet Hospitals. Financial counseling for Uninsured patients shall include information concerning the following: (1) help in understanding and applying for local, state and federal health care programs such as Medicaid; (2) the right to be referred to a designated employee charged with responsibility for financial counseling regarding applying for financial assistance; (3) subject to legal requirements, the estimated potential financial obligations they may incur; (4) the right to settle their accounts through a schedule of regular payments if determined ineligible for government health care programs; and (4) the right to a determination on financial assistances as soon as reasonably possible.

3. Fair Treatment. Uninsured patients at Tenet Hospitals will be treated fairly and with respect during and after the treatment, regardless of their ability to pay for the services they receive.

4. Reasonable Payment Terms. Tenet Hospitals will offer reasonable payment terms and simple, flexible payment schedules to Uninsured patients. In addition, Tenet Hospitals will offer reasonable payment terms and schedules to Underinsured patients whose balance is in excess of \$1000.00. Financial counseling and such flexible payment term plan information will be communicated to patients, whenever possible, before they leave a Tenet Hospital.

5. Disclosure of Potential Cost of Treatment. Tenet Hospitals will disclose, in plain simple English and Spanish (where appropriate), the estimated charges for any anticipated treatment required to be paid by any uninsured patient, whenever possible in advance of that patient's surgery or other required medical treatment, or in the event of emergency as soon as practicable after the surgery or other required treatment is complete.

6. Collection Actions. Tenet Hospitals will not bill or attempt to collect fees (other than applicable co-payments associated with certain charity care programs) from a patient who has applied for financial assistance and submitted all of the required documentation, while an eligibility determination on the patient's completed application is pending.

In addition, before litigation may be initiated for purposes of collecting on any uninsured patient account, the following criteria must be satisfied: (i) There must be a minimum principal balance of \$1,250.00; (ii) The patient must be employed, or have another source of income that substantiates his or her ability to pay the debt without adverse financial impact upon the patient's ability to maintain the patient's household; (iii) All other known or possible alternative sources of payment must be exhausted; and (iv.) An offer of settlement must be communicated or attempted to be communicated to the patient. Finally, if collection litigation is filed against an uninsured patient and judgment obtained, collection counsel has a standing directive to not lien the primary residence of the patient.

7. Monitoring. A designated employee of the Hospital shall be responsible for the oversight of charity care and financial aid provided, and the discount pricing to the Uninsured as well as the administration of the financial aid policy. The designated employee will determine annually whether additional financial aid policies or uninsured guidelines are needed.

For a more detailed and complete discussion of these and other Settlement provisions, please refer to the Settlement Agreement at www.tenetclassaction.com, or you may request a copy of the Settlement Agreement by calling 1-800-280-8427.