

Employee Guide to **BENEFITS**



YOU HAVE MANY CHOICES!

Select the benefits
that work best for
you and your family



NORTON
HEALTHCARE

2021



Employee Guide to 2021 Benefits

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Welcome to your 2021 benefits



There has been much uncertainty during the COVID-19 pandemic, but one thing remains unchanged — the importance of the care you provide our patients, our community and one another. Your commitment to compassionate, quality care truly makes a difference in the lives of those we serve and is greatly appreciated.

We are committed to ensuring you have access to comprehensive benefits options that meet your individual and family's needs for good health and a good life. 2020 may have changed a lot of things in our world, including the health services you and your family need, or how you get care. Now more than ever, it is important to understand the choices available through our benefits packages — everything from virtual medical services to accident insurance and discounted legal services. The decisions you make are important ones.



Your benefits package provides safety, security and peace of mind for you and your family through a variety of valuable options, such as medical, dental and vision insurance; life and disability coverage; retirement programs; flexible spending accounts; adoption assistance; identity and credit protection; and much more. Participation in programs such as N Good Health and the Employee Assistance Program make a difference by engaging more employees and their family members in healthy behaviors — physically and emotionally.

Our goal is to make your benefits enrollment experience as easy as possible. In this guide and the corresponding Quick Enrollment Guide, you will find details on everything listed above and much more, so you can choose the benefits that work best for you. Being informed is the best way to get the health care you need and the most value from your Norton Healthcare benefits.

A dedicated and knowledgeable benefits team is here to support you throughout the year and can help you make the most of your benefits. If you have questions about your benefits or want to set up a one-on-one appointment with a benefits education specialist, call **(502) 629-BENE (2363)**, option 2, or email benefitsdepartment@nortonhealthcare.org.

Whether you provide direct patient care or support those who do, we appreciate the compassionate care and great human interactions you provide our patients and our community every day.

We have never been more proud to work with such a committed and compassionate group of individuals. Because of you, we are the community's most trusted and preferred health care system.

Stay safe. Keep the faith.

Russell F. Cox
President
Chief Executive Officer

Michael W. Gough
Executive Vice President
Chief Operating Officer

Make a career out of making a difference

Working at Norton Healthcare is like working with family. We pride ourselves on our family-like culture. As the area's most preferred provider, we strive daily to be the friendliest, safest and easiest to use health care system in our market. That culture is based on a set of values and a mission to serve our community.

Our employees understand we are in the "people business" and that we are here to make a difference in the lives of others every single day. And while you are caring for others, our leaders are committed to caring about you and your work.

As a Norton Healthcare employee, here's what you can expect when you come to work each day, as well as what we expect from you.

What you can expect from Norton Healthcare:

- A workplace built on our mission and values
- Leaders committed to trust, clarity and teamwork
- Resources you need to provide the best possible care for our patients and their families
- Work that makes a difference in people's lives
- Credit and thanks for a job well done
- Competitive pay and benefits
- The chance to shape your future through education and growth

What Norton Healthcare expects from you:

- Live our mission and values every day
- Treat all patients, visitors and co-workers as you would like to be treated
- Be flexible and take ownership
- Always be friendly and caring to patients, visitors and co-workers
- Support your peers in every role and at every level



What's new for 2021

Adoption assistance

Reimbursement for qualified adoption expenses for full-time employees will increase to a maximum of \$5,000 per adoption event, with a limit of \$10,000 per family per calendar year.

Dental plans

The annual maximum for Delta Dental plans will increase to \$1,500. The lifetime maximum benefits for orthodontia will increase to \$2,000.

The Delta Dental PPO plan will now cover posterior resin (white) fillings. The PPO Plus Premier plan already covered resin fillings.

Emergency contact information

Employees will be able to enter their emergency contact information through the open enrollment system.

Mental health and substance abuse

Enhancements to the medical plan will highlight mental health and substance abuse care. Mental health office visits

will continue to have the regular \$20 copay with the Norton Healthy Living Plan, and the High Deductible Health Plan will now have a \$20 copay after the deductible is met. For other mental health services, benefits will increase from 90% after deductible to 100% after deductible for both plans.

Spending accounts

In early 2021, Discovery Benefits, Norton Healthcare's spending accounts administrator, will change its name to WEX. Employees may see "Discovery Benefits LLC, a WEX Company" and/or "WEX" on replacement cards, emails and other communications.

Student loan wellness

In 2020, Norton Healthcare began offering a web-based program to provide employees with student loans a portal to view all their loans, regardless of the number and financial institution that holds the loans. The program provides education and assistance related to repaying faster and lowering loan payments, along with refinancing and consolidation options.

Before you begin

To assist you in making the benefits selections that are best for you, the following tools are available to you:

- One-on-one personal enrollment consultation. Call **(502) 629-BENE** (2363), to make an appointment with a benefits or retirement education specialist.
- Norton Service Center for general questions at **(502) 629-8911**, option 2.

It is important that your personal information is accurate and up to date. Make all necessary updates by going to **Nsite**, selecting **Employee Services** and clicking on **My Personal Information** under **Time, Money & Benefits**. During the enrollment process, review the list below.

- Mailing address
- Marital status
- Phone number
- Correct spelling of your name and your spouse's/dependents' names
- Correct Social Security numbers and dates of birth for you and your spouse/dependents

How to choose your benefits

Online benefits enrollment is available 24/7 during the open enrollment period and can be accessed from any computer.

- From a Norton Healthcare computer, go to **Nsite**, select **Employee Services** at the top of the page, then **My Benefits**. If this is the first time you've visited the benefits site, your username is your AHSN and your password is the last four digits of your Social Security number.
- From a non-Norton Healthcare computer, go to **NortonBenefits.BSwift.com**.
- Remember to enroll before Friday, Nov. 6, at 5 p.m.

DID YOU KNOW?

This guide highlights many benefits available to you. Every effort has been made to ensure the accuracy of this information. However, the actual administration of the plans is governed by plan documents and insurance agreements. In the event of a discrepancy between these highlights and the plan documents and agreements, the documents and agreements take precedence.

Enrollment deadlines and effective dates

Employees who are:	Enrollment deadline	Effective date of coverage	Documentation required
Currently active	Friday, Nov. 6, 2020, 5 p.m.	Jan. 1, 2021	Marriage and/or birth certificate or other court documents for newly added spouse and/or dependents
New hires/rehires*	Must enroll within 31 days of hire date	First day of month following hire date	Marriage and/or birth certificate or other court documents for spouse and/or dependents
Making a status change from part-time to full-time or full-time to part-time	Must enroll within 31 days of status change	Beginning of next pay period following status change	Marriage and/or birth certificate or other court documents for newly added spouse and/or dependents
Making a status change to PRN or from PRN/registry** to full-time or part-time	Must enroll within 31 days of status change	First day of month following status change	Marriage and/or birth certificate or other court documents for newly added spouse and/or dependents
Having a life event***	Must enroll within 31 days of life event	Day of life event	Marriage and/or birth certificate or other court documents for newly added spouse and/or dependents; proof of life event
Terminating employment/leaving Norton Healthcare	Benefits automatically end	Medical, spending accounts, dental and vision accounts end on the last day of the month of termination. All other benefits end on the day of termination.	N/A

*If an employee's hire or rehire date is the first day of the month, all applicable benefits are effective on that date.

**PRN/registry employees are those hired to work on an "as needed" basis.

***Qualifying life event status changes may include:

- Marriage, divorce, legal separation, annulment or death of a spouse
- Birth, adoption, legal guardianship or death of a dependent child
- The beginning or end of an employee's or spouse's employment

- A change in your or your spouse's benefits eligibility status (e.g., a reduction or increase in hours of employment that may occur when switching between part time and full time, the start or end of an unpaid leave of absence, or spouse's open enrollment)
- A dependent child becoming eligible or ineligible for coverage
- You, your spouse or a child becoming ineligible for other coverage
- A court order requiring you, your spouse or a former spouse to provide coverage for a child
- Entitlement to Medicare by yourself, your spouse or a dependent child

DID YOU KNOW?

- If you and your spouse are employed at Norton Healthcare, both of you may select "employee plus child(ren)" coverage, but only one of you may select "employee plus spouse" or "family." Norton Healthcare provides basic life insurance at no cost, so you cannot carry spouse life coverage.
- If your dependent child works for Norton Healthcare and is eligible for basic life through Norton Healthcare, you may not carry dependent life insurance coverage on him or her, and only one of you can cover your dependent for medical, dental and vision insurance.

DON'T FORGET!

If you do not enroll by the applicable deadline, you will not have flexible spending accounts for 2021. You will be enrolled automatically in basic life insurance, accidental death & dismemberment, identity and credit protection, and basic long-term disability, which Norton Healthcare provides at no cost to eligible employees. You also will be enrolled automatically in the long-term disability buy-up and short-term disability coverage. You may waive these additional coverages and their costs if you complete open enrollment by the deadline. If you do not enroll in your 2021 benefits and you carry medical, dental, vision, any additional life insurance coverage, and/or identity and credit protection family coverage in 2020, you will be enrolled automatically in these same plan(s) at the same level of coverage.

Eligibility requirements

Full- and part-time employees statused to work* 32 hours (.4 FTE) or more per pay period	Eligible for Norton Healthcare's standard benefits, which include medical, dental, vision, life, disability, spending accounts and additional benefits.
Part-time employees working less than 32 hours (.4 FTE) per pay period and PRN/registry employees	Eligible for Norton Healthcare's medical plan choices and several additional benefits, including spending accounts, Employee Discount Program (Norton Concierge Services), identity and credit protection, student loan wellness program, outpatient services discount, Norton 529 College Savings Plan and U.S. Treasury securities.
All employees	Eligible to participate in Norton Healthcare's traditional pretax and Roth 403(b) retirement savings plans.
Dependents	Employees' legal spouses and children younger than age 26 are eligible. This includes same-sex spouses of employees who have a valid, legal marriage certificate. Mentally or physically disabled children older than age 25 are eligible if the disability occurred before age 26. Children include biological and adopted children and any other dependent children, such as stepchildren or foster children. Legal documents are required for verification.

*Statused to work refers to the number of hours an employee is hired to work and may not be the same as scheduled hours. Full-time equivalent (FTE) also may be noted.

Medical coverage

Medical plan descriptions

Norton Healthcare offers two medical plans:

- Norton Healthy Living Plan with employer-funded Health Reimbursement Account (HRA)
- Norton High-Deductible Health Plan (HDHP) with optional employee-funded Health Savings Account (HSA)

Claims for both plans will be processed by Anthem. Both plans are self-insured by Norton Healthcare and are preferred provider organization (PPO) plans.

The customer service number for Anthem is
(844) 344-7416.

What does it mean that Norton Healthcare is self-insured?

Being self-insured means Norton Healthcare pays for all medical claims. Anthem simply administers the medical plans.

- This allows Norton Healthcare to design the medical plans offered to employees based on how employees use their plans.
- The employee premiums and a budgeted amount by Norton Healthcare are paid into a medical insurance fund that is administered by a third-party payer (Anthem).
- The cost of claims and administration are paid out of the medical insurance fund. However, if the costs exceed the amount in the fund, Norton Healthcare must cover those costs.
- Self-insured, employer-sponsored plans are generally more efficient and beneficial to employees because they can be designed to meet the employees' needs.

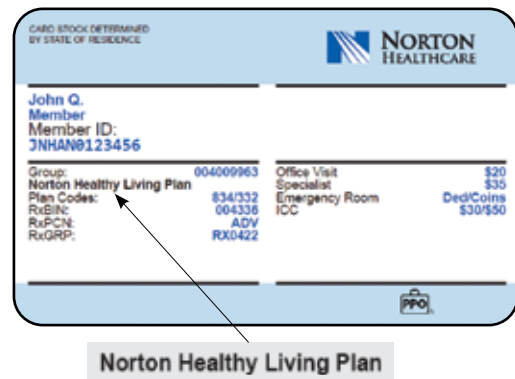
What is a PPO?

PPO plans have a network of participating providers. You pay less if you use in-network providers. You can use providers and facilities outside of the network for an additional cost. In-network and out-of-network providers are described on pages 8 and 9.

Norton Healthy Living Plan with employer-funded Health Reimbursement Account

- This plan includes a Health Reimbursement Account (HRA), which is funded by Norton Healthcare with a specific amount based on the level of coverage you elect. See page 8 for amounts. (Funds are prorated for new employees who start after Jan. 1 and those who change their level of coverage during the year.)

- Employees who choose the Norton Healthy Living Plan will receive a card like this:

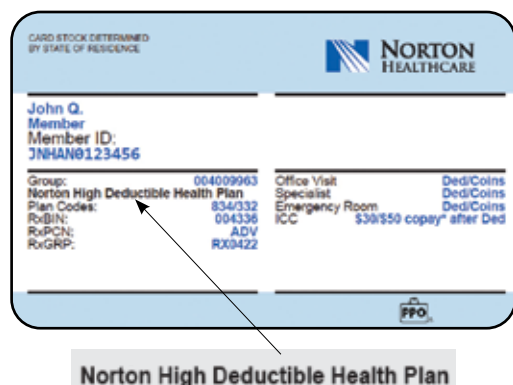


- You will receive a separate card from Discovery Benefits for the HRA funds (see page 15).
- Copays apply for nonpreventive physician office visits, allergy injections and chiropractic visits.
- Most other services require the deductible to be met before the services are covered.
- Prescription copays apply based on the medication.
- The HRA funds can be used for copays, coinsurance or to pay down your deductible as long as you are enrolled in the Norton Healthy Living Plan. Unused funds (not to exceed a balance of \$4,500 in the account) can roll over to the next year if you elect the Norton Healthy Living Plan again. Rollover funds do not become available until sometime after March 31. See more details on page 14. HRA funds are owned by Norton Healthcare and cannot be taken with you if you leave the organization or switch health plans.

Norton High-Deductible Health Plan with optional Health Savings Account

- The Norton High-Deductible Health Plan is a low premium, IRS-qualified plan that allows you to elect an optional Health Savings Account (HSA) to help pay for unreimbursed expenses, similar to a flexible spending account (FSA).

Employees who choose the Norton High-Deductible Health Plan will receive a card like this:



- If you have elected to contribute to an HSA, you will receive a separate card from Discovery Benefits to access those funds (see page 15).
- An HSA is employee-funded, employee-owned and portable.** Contributions roll over from year to year. See more details on page 14.
- Most medical treatments under this plan, including physician services, office visits and hospital services, require your deductible to be met before the services are covered at the applicable level.
- The Preventive Rx program covers selected preventive prescription drugs, including certain asthma and diabetes medications. Copays for these medications are credited toward your out-of-pocket maximum (which is not typical of most plans).
- All other prescription medications are available at a discounted rate, and the costs are credited toward your deductible. Once the deductible is met, prescription copays will apply and amounts paid will be credited toward your out-of-pocket maximum.

***Portable: A benefit that you can take with you if you leave Norton Healthcare. It can be transferred to an individual plan or a new employer's plan.*

DON'T MISS OUT!

You can earn up to \$1,820 per year in wellness credits (\$910 for you and \$910 for your eligible spouse) by completing the N Good Health 4 steps.

Prescription drug coverage

Our medical plans offer prescription coverage through CVS/Caremark. During open enrollment for 2021 benefits, you can call CVS/Caremark at **(888) 266-5691** for information about medication pricing (by plan). You also can visit **Info.Caremark.com/Norton** to view information about the CVS/Caremark benefit for the plan year. The website is available year-round and provides access to benefits highlights and pricing for medications (by plan), a list of drugs in the plan formulary and a pharmacy locator.

Drug formularies may change throughout the year, so always discuss generic choices with your provider.

Once you've registered with CVS/Caremark, you will find even more tools on the website to help you manage your medications and lower your costs. It also gives you access to a pharmacist available to answer questions anytime, day or night.

CVS/Caremark also offers a mobile app that enables you to view your medications, set reminders to take your medication, receive notifications when your supply is running low, look up potential lower-cost prescriptions and much more.

Specialty pharmacy

If you are prescribed a specialty medication, you can have your prescription filled at Norton Specialty Pharmacy at Norton Women's & Children's Hospital, Walgreens Specialty Pharmacy or CVS Specialty Pharmacy. These are the only in-network pharmacies for specialty medications.

90-day prescription discounts

Both medical plan choices include a 90-day prescription discount plan for maintenance medications. You will save money on copays by filling one 90-day prescription instead of three 30-day prescriptions.

The 90-day prescription discount program is available at Norton Pharmacy locations, via mail order through CVS/Caremark and at participating retail pharmacies.

DID YOU KNOW?

Prescription coverage information is shown on your medical plan ID card. You will not receive a separate card for your prescriptions. You are not required to use CVS pharmacies for your prescription medications. Norton Pharmacy locations offer employees the lowest possible prices.

Norton Healthy Living Plan			
	Norton Healthcare • Tier 1 In-network Discount Tier	Anthem Blue Access PPO • Tier 2 In-network Base Benefit Tier (excluding KentuckyOne [Jewish Hospital facilities] and Baptist Health)	Out-of-network • Tier 3 (including KentuckyOne [Jewish Hospital facilities] and Baptist Health)
Norton HRA contribution • Annual member benefit (per calendar year) (1)	\$500 Employee \$1,000 Employee + spouse \$1,500 Employee + child(ren) \$1,500 Family		
Annual deductible* (per calendar year) • Individual (2)	\$1,750	\$4,500	\$7,000
• Family (3)	\$3,500	\$9,000	\$14,000
Out-of-pocket amounts (per calendar year) (4, 12) • Individual	\$4,250	\$6,350	\$8,000
• Family	\$8,500	\$12,700	\$16,000
Preventive care • Annual routine physical exam and routine child care	100%		40% after deductible
• Routine mammogram	100%		40% after deductible
• Routine lab and X-ray	100%		40% after deductible
Physician services • Office visits (including primary care, mental health and prenatal care) (5)	100% after \$20 (primary)/\$35 (specialist) copay**		40% after deductible
• Immediate care center	\$30 copay	\$50 copay	40% after deductible
• Norton eCare	\$10 copay	Not covered	Not covered
• Retail clinic (e.g., inside grocery store) Norton Prompt Care at Walgreens is Tier 1	\$25 copay	\$50 copay	40% after deductible
• Allergy injections	100% after \$5 copay		40% after deductible
• Inpatient services and allergy serum	90% after deductible (Tier 1 deductible applies)		40% after deductible
• Outpatient services	90% after deductible (Tier 1 deductible applies)		40% after deductible
Hospital services • Inpatient care	90% after deductible	60% after deductible	40% after deductible
• Outpatient surgery facility	90% after deductible	60% after deductible	40% after deductible
• Outpatient nonsurgical care (including diagnostic lab and X-ray)	90% after deductible	60% after deductible	40% after deductible
• Emergency room (6)	90% after deductible		90% after deductible
Other medical services • Occupational and speech therapy (7)	90% after deductible		40% after deductible
• Physical therapy (KORT is Tier 1)	\$25 copay	90% after deductible	40% after deductible
• Mental health (nonoffice visits, i.e., residential treatment)	100% after deductible		40% after deductible
• Chiropractic visits (limit 24 manipulation visits per year) (7)	100% after \$35 copay		40% after deductible
Prescription drugs (8, 11)	30-day supply	90-day supply	Pay in full for medicines, then contact CVS/Caremark.*
	100% after copay of:		
	\$10 generic, \$30 preferred brand, \$55 brand, 25% specialty	\$25 generic, \$75 preferred brand, \$137.50 brand	
Preventive drugs (9, 11)	\$10 generic, \$30 preferred brand, \$55 brand, 25% specialty	\$25 generic, \$75 preferred brand, \$137.50 brand	Pay in full for medicines, then contact CVS/Caremark.*
Norton Pharmacy (11) • \$0 copays do not apply to generic specialty drugs.	\$0 generic, \$25 preferred brand, \$50 brand, 25% specialty	\$0 generic, \$75 preferred brand, \$137.50 brand	N/A
Rx Plus • Copays for certain asthma and diabetes drugs (10, 11)	\$5 generic, \$15 preferred brand, \$55 brand, 25% specialty	\$12.50 generic, \$37.50 preferred brand, \$137.50 nonpreferred	Pay in full for medicines, then contact CVS/Caremark.*
Rx for Better Health • Copays for diabetes medications and testing supplies for members in this program. (11)	\$0 generic, \$5 preferred brand, \$30 brand, 25% specialty		Pay in full for medicines, then contact CVS/Caremark.*

*The allowable charge is the lesser of the pharmacy's actual charge **or** the allowable charge if the order had been filled by a contracting pharmacy, less the copay or deductible/coinsurance. The member is responsible for the difference between the allowable charge and the actual charge.

Norton High-Deductible Health Plan (HDHP) with optional HSA

	Norton Healthcare Tier 1 In-network Discount Tier	Anthem Blue Access PPO • Tier 2 in-network Base Benefit Tier (excluding KentuckyOne [Jewish Hospital facilities] and Baptist Health)	Out-of-network • Tier 3 (including KentuckyOne [Jewish Hospital facilities] and Baptist Health)
Norton HSA contribution • Annual member benefit (per calendar year)	None		
Annual deductible* (per calendar year) • Individual (2)	\$2,800	\$4,000	\$7,500
• Family (3)	\$5,000	\$8,000	\$15,000
Out-of-pocket amounts (per calendar year) (4) • Individual	\$4,000	\$5,500	\$15,500
• Family	\$8,000	\$11,000	\$31,000
Preventive care • Annual routine physical exam and routine child care	100%		40% after deductible
• Routine mammogram	100%		40% after deductible
• Routine lab and X-ray	100%		40% after deductible
Physician services • Office visits (including primary care, mental health and prenatal care)	\$20 (primary care)/\$35 (specialist) copay after deductible (Tier 1 deductible applies)		40% after deductible
• Immediate care center	\$30 after deductible	\$50 after deductible	40% after deductible
• Norton eCare	\$10 copay after deductible	Not covered	Not covered
• Retail clinic (e.g., inside grocery store) Norton Prompt Care at Walgreens is Tier 1	\$25 copay after deductible	60% after deductible	40% after deductible
• Allergy injections	90% after deductible (Tier 1 deductible applies)		40% after deductible
• Inpatient services and allergy serum	90% after deductible (Tier 1 deductible applies)		40% after deductible
• Outpatient services	90% after deductible (Tier 1 deductible applies)		40% after deductible
Hospital services • Inpatient care	90% after deductible	60% after deductible	40% after deductible
• Outpatient surgery facility	90% after deductible	60% after deductible	40% after deductible
• Outpatient nonsurgical care (including diagnostic lab and X-ray)	90% after deductible	60% after deductible	40% after deductible
• Emergency room (6)	90% after deductible		90% after deductible
Other medical services • Occupational and speech therapy (7)	90% after deductible		40% after deductible
• Physical therapy (KORT is Tier 1)	\$25 copay after deductible	90% after deductible	40% after deductible
• Mental health (nonoffice visits, i.e., residential treatment)	100% after deductible		40% after deductible
• Chiropractic visits (limit 24 manipulation visits per year) (7)	90% after deductible		40% after deductible
Prescription drugs* (8)	30-day supply	90-day supply	Pay in full for medicines, then contact CVS/Caremark.*
	100% after deductible and copay of:		
	\$10 generic, \$30 preferred brand, \$55 brand, 25% specialty	\$25 generic, \$75 preferred brand, \$137.50 brand	
Preventive drugs* (9)	\$10 generic, \$30 preferred brand, \$55 brand, 25% specialty	\$25 generic, \$75 preferred brand, \$137.50 brand	Pay in full for medicines, then contact CVS/Caremark.*
Norton Pharmacy (11) • \$0 copays do not apply to generic specialty drugs.	\$0 generic, \$25 preferred brand, \$50 brand, 25% specialty	\$0 generic, \$75 preferred brand, \$137.50 brand	N/A
Rx Plus • Copays for certain asthma and diabetes drugs (10)	\$10 generic, \$30 preferred brand, \$55 brand, 25% specialty	\$12.50 generic, \$37.50 preferred brand, \$137.50 nonpreferred	Pay in full for medicines, then contact CVS/Caremark.*
Rx for Better Health • Copays for diabetes medications and testing supplies for members in this program.	\$0 generic, \$5 preferred brand, \$30 brand, 25% specialty		Pay in full for medicines, then contact CVS/Caremark.*

*The allowable charge is the lesser of the pharmacy's actual charge **or** the allowable charge if the order had been filled by a contracting pharmacy, less the copay or deductible/coinsurance.
The member is responsible for the difference between the allowable charge and the actual charge.

Medical coverage

Medical plan grid number codes

- (1) Amount is prorated if you enroll after Jan. 1, 2021.
- (2) Tier 1 and Tier 2 deductibles and out-of-pocket amounts are combined.
- (3) You are not required to meet individual deductibles once the family deductible has been met.
- (4) Out-of-pocket amounts include copayments and deductibles.
- (5) Prenatal copayment applies to first visit only. Services received from Tier 1 and 2 providers require a copay only for the first prenatal visit. The remaining visits are covered at 100%.
- (6) Emergency room services and/or ambulance transportation charges are covered at the appropriate tier for emergency situations only, as defined in the Summary Plan Description located in the library on the benefits website. Log in to the benefits website, click on Library and search for the summary plan description.
- (7) Visit limits include all tier providers.
- (8) Discounted prescription payments will apply toward the deductible and out-of-pocket amounts. Once the deductible has been satisfied, copays will apply and will be credited toward out-of-pocket maximums.
- (9) Preventive prescription copays will be credited toward out-of-pocket maximums. The list of these drugs is in the library on the benefits website.
- (10) The list of specific asthma and diabetes drugs is in the library on the benefits website.
- (11) The Norton Healthy Living Plan has a separate \$2,500 out-of-pocket maximum for specialty medications. This amount does not apply to your deductible. It does apply to your regular out-of-pocket maximums.

*A deductible is the annual amount covered plan members must pay for medical expenses before the plan begins paying benefits.

**A copayment (copay) is a fixed dollar amount that is paid for a service when it is received.

Medical coverage costs

Medical coverage costs for employees statused to work† 32 hours per pay period or more are paid through payroll deduction on a pretax basis.

Choices	Norton Healthy Living Plan	Norton High-Deductible Health Plan (HDHP)
Biweekly Full- and part-time employees statused to work at least 32 hours (.4 FTE) per pay period		
Employee only	\$97.15	\$65.32
Employee + spouse	\$209.08	\$145.41
Employee + child(ren)	\$ 132.55	\$ 73.42
Family	\$233.90	\$151.05
Monthly Part-time employees statused to work less than 32 hours (< .4 FTE) per pay period		
Employee only	\$611.50	\$171.53
Employee + spouse	\$1,223.01	\$714.06
Employee + child(ren)	\$1,180.20	\$676.08
Family	\$1,901.78	\$1,316.27

Costs for employees statused to work fewer than 32 hours per pay period and registry** employees are not paid through payroll deduction. Premium payments will be billed directly by Discovery Benefits, our third-party billing vendor.

†Statused to work: The number of hours per pay period an employee is hired to work. The FTE (full-time equivalent) also may be noted. An employee statused to work 80 hours a pay period (40 hours a week) would have an FTE of 1.0. The number of hours an employee is statused to work may not be the same number of hours an employee actually works or is scheduled to work in any particular pay period.

**Registry employees: Employees hired to work at Norton Healthcare on an "as needed" basis. They also may be referred to as PRN. They are statused to work 8 hours per pay period (.1 FTE).

How to choose a medical plan

Everyone's personal circumstances differ, which is why one medical plan is not suitable for everyone. Here are some factors to consider when choosing a plan:

- What medical services do you and your family use? Look at your prior claims history and/or consider any planned procedures or surgeries.
- How often do you use medical services?
- How much do you want to pay? Plans with lower biweekly premiums generally require larger payments when medical care is provided.

Request a personal benefits enrollment consultation with a benefits education specialist.

Call **(502) 629-BENE** (2363), option 2, to make an appointment.

Don't overinsure yourself!

DID YOU KNOW?

You and/or your dependents may receive a letter from Anthem, which administers our medical plans, asking if you have other insurance. It is your responsibility to complete the form and return it to Anthem.

Supplemental medical-related insurance

In addition to the medical plans, the following supplemental plans are available for you to purchase:

Accident insurance

- Pays specific benefit amounts depending on the severity of the injury for covered, nonwork-related injuries or accidents.
- Provides a benefit for accident-related out-of-pocket expenses, depending on the severity of the injury, including emergency room visits, hospitalization and physical therapy.

Critical illness insurance

- Supplements major medical coverage by helping to pay direct and indirect costs related to a critical illness or event.
- Available for you, your spouse and/or your children up to age 26.
- Benefit amounts range from \$5,000 to \$30,000. When diagnosed with a covered critical illness, benefits are paid in a tax-free lump sum.
- Covered illnesses/events may include cancer, benign brain tumor, heart attack, stroke, HIV acquired on the job, major organ failure, coma and end-stage kidney failure.
- The plan provides one annual wellness benefit of \$150 when you complete an eligible health screening test. Covered family members also are eligible for the annual health screening benefit. The spouse benefit is \$150 and the child(ren) benefit is \$75, to a maximum of \$300 annually.

Hospital indemnity insurance

- Pays lump-sum benefits directly to you based on the amount of coverage you elect, regardless of the actual cost of treatment
- You may use the money to pay out-of-pocket and other expenses that can occur because of hospitalization

To file a claim for accident, critical illness or hospital indemnity insurance, visit **Voya.com/Claims**.

For more details, call **(502) 629-BENE** (2363), option 2, to make an appointment with a benefits education specialist.

Medical providers

Norton Healthcare facilities, Norton Medical Group and Norton Cancer Institute providers are considered in-network (Tier 1). With more than 1,000 physicians, nurse practitioners and physician assistants at more than 250 locations in Greater Louisville, Norton Healthcare provides access to a large network of primary and specialty care providers in our area.

We encourage you to use Norton Healthcare providers. If you don't yet have a primary care provider, it is recommended that you find one and establish a relationship for your medical care. Keeping your health care dollars "in the family" increases our ability to improve the care and services we provide to you and our community, as well as staffing, salaries and equipment.

Finding a provider

To find a Norton Medical Group or Norton Cancer Institute provider:

- Visit **MyNortonProvider.com** or call the Norton Healthcare Access Center at **(502) 629-1234**, option 3, to make an appointment. It's that easy.

To find a specialist not available through Norton Medical Group, such as an allergist or dermatologist:

- Visit Find a Provider on **Anthem.com/NortonHealthcare**. Click on "Find a Doctor" and then choose either Norton Healthcare Tier 1 or Anthem Blue Access PPO Tier 2. Enter alpha prefix **JNH**, click on "Continue" and then select the doctor or facility. Use your ZIP code to narrow your choices. You also may call Anthem at **(844) 344-7416** to obtain a list of providers or to verify if your provider is a participant in Tier 1, Tier 2 or Tier 3 (out of network).

Norton Pharmacy

All Norton Pharmacy locations are full-service retail pharmacies available to employees and patients. They offer everything other retail, mail-order and specialty pharmacies do, along with personal service, private consultation areas, immunizations and the lowest cost available to Norton Healthcare employees. And when you use a Norton Pharmacy, the dollars stay in the Norton Healthcare system, which benefits all employees.

Copays for employees on a Norton Healthcare medical plan are:

- At least \$5 lower at a Norton Pharmacy than other community pharmacies
- \$0 for 90-day supplies of generics and \$75 for 90-day supplies of preferred brand drugs; \$0 copays do not apply to generic specialty drugs

Medical coverage

For Norton High-Deductible Health Plan members, the deductible must be met before the copay applies. For more information about Norton Pharmacy locations or transferring prescriptions, call one of the pharmacy numbers below.

Norton Pharmacy locations

Norton Audubon Hospital

Norton Medical Plaza West – Audubon, first floor
2355 Poplar Level Road
Open Monday through Friday, 8 a.m. to 6 p.m.
(502) 636-8790 phone • (502) 636-8795 fax

Norton Brownsboro Hospital

4960 Norton Healthcare Blvd., third floor
Open Monday through Friday, 8 a.m. to 6 p.m.
(502) 446-8800 phone • (502) 446-8805 fax

Norton Hospital

200 E. Chestnut St., second floor
Open seven days a week, 8 a.m. to 6 p.m.
(502) 629-3800 phone • (502) 629-3805 fax

Norton Women's & Children's Hospital

4001 Dutchmans Lane, first floor
Open seven days a week, 8 a.m. to 6 p.m.
(502) 559-1710 phone • (502) 559-1715 fax

Norton Specialty Pharmacy

Providing medications for complex or rare conditions, such as cancer, inflammatory diseases and genetic disorders

Sharing space with Norton Pharmacy at Norton Women's & Children's Hospital

4001 Dutchmans Lane, first floor
Open Monday through Friday, 8 a.m. to 6 p.m.
(502) 559-1310 phone • (502) 559-1305 fax

Norton Immediate Care Centers

Norton Immediate Care Centers serve adults and children seeking walk-in medical care for minor illnesses and injuries. It's the place to go when an emergency room visit is not necessary and your primary care provider's office is closed or you're unable to get an appointment.

Most centers are open daily, 9 a.m. to 9 p.m., including holidays. Several locations have extended hours, including one open 24/7. Norton Children's After Hours pediatric care is available at the Preston location, Monday through Friday, 5 to 9 p.m.; Saturdays, 1 to 9 p.m.; and Sundays, 9 a.m. to 9 p.m.

Use the Norton Healthcare mobile app or visit **NortonHealthcare.com/ICC** to find the most convenient location for you, view wait times and even reserve your spot online.

How do I decide if I should go to the emergency room, an immediate care center or wait to see my primary care physician?

- Emergency rooms should be used only for true medical emergencies. These are significant health issues that require immediate treatment, such as:
 - Chest pain, shortness of breath and other symptoms of heart attack or stroke
 - Major broken bones
 - Significant, uncontrollable bleeding
- Go to an immediate care center when you need prompt evaluation and treatment for a condition that is not a true medical emergency. See the chart below for a list of services commonly treated at immediate care centers. Visiting a Norton Immediate Care Center instead of the emergency room also will save you time and money.
- Your primary care physician should be your first call when the situation does not require immediate attention. Your doctor has your records, knows your health history and can help determine what type of care is best for you. If you still need help determining whether you should go to the emergency room, visit a Norton Immediate Care Center or schedule an appointment with your primary care physician.

Norton Immediate Care Center services

Illnesses

- Abdominal issues (nausea, vomiting and diarrhea)
- Allergies
- Asthma
- Colds
- Ear infections
- Ear wax removal
- Eye infections
- Headaches
- Influenza (flu)
- Rash and skin conditions
- Sinus infections
- Strep infections
- Sore throat
- Sexually transmitted diseases
- Swimmer's ear
- Urinary tract infection
- Upper respiratory issues

Injuries

- Abrasions, cuts, bruising
- Bee stings and insect bites
- Burns and sunburn
- Eye (foreign body)
- Finger/toe nail

Prevention and wellness

- Blood pressure screenings

Diagnostics

- Digital radiology
- Drug screenings and alcohol breath testing
- EKG
- TB testing
- Fracture care (acute nondisplaced)
- Laceration repair
- Sprains and strains
- Splinter removal
- Physicals (school, sport, employment)
- Travel vaccines (Middletown location only)
- Laboratory testing (CBC, UA strep, pregnancy, RSV and other tests)

Access your health 24/7 through MyNortonChart

MyNortonChart makes it convenient for you to connect to your health by giving you online and mobile access to portions of your medical record.

With MyNortonChart, you can pay a bill, schedule an appointment, view test results and more.

To sign up, go to **NortonHealthcare.com/MyNortonChart** and click “Sign Up.” Enter the activation code from your after-visit summary.

If you don’t have an activation code, click “Sign Up,” then select “Create Account” at the bottom of the page.

Norton eCare

Norton eCare is available 24 hours a day, seven days a week, to treat a variety of common conditions and minor illnesses, as well as provide breastfeeding support. From your mobile device or computer, you can meet virtually with a Norton eCare provider from wherever you are. Access Norton eCare through MyNortonChart and choose between two types of visits for nonurgent health issues: a video visit or eVisit.

A video visit allows you to have a face-to-face secure online visit with a Norton Healthcare provider. The provider may provide a diagnosis and treatment plan or recommend you see a provider in person if necessary. An eVisit allows you to communicate with a provider via secure messaging by completing a symptom-specific questionnaire. Your answers, along with your medical record, will give the provider the information needed to form your treatment plan.

Norton eCare is covered under Norton Healthcare medical insurance plans.

For more information on Norton eCare or to schedule an appointment, go to **NortonHealthcare.com/eCare**.

Norton Prompt Care at Walgreens

Patients age 2 and older may receive care at eight Norton Prompt Care at Walgreens locations. The retail clinics are conveniently located within Walgreens stores across Greater Louisville, including Southern Indiana. Online scheduling is available and walk-ins are accepted for minor illnesses and injuries, vaccinations, physical exams, management of ongoing health conditions and more. Conditions treated include aches and pains, strep throat, flu, skin conditions and bug bites. Vaccinations, sports/camp physicals, and testing for HIV and sexually transmitted infections also are available. N Good Health physicals may be completed at Norton Prompt Care at Walgreens locations.

Norton Prompt Care at Walgreens locations are covered as Tier 1 facilities for employees under Norton Healthcare medical insurance plans.

For more information, visit **NortonHealthcare.com/PromptCare**.

Rx for Better Health

Rx for Better Health is a program designed to improve the health of employees and family members (ages 18 and older) who have chronic conditions. The program currently focuses on managing diabetes.

This free program is open to all employees and family members (ages 18 and older) with diabetes. You must be enrolled in one of Norton Healthcare’s medical plans to participate.

Participants may receive free diabetes testing supplies and reduced copayments on diabetes medications. You also will have access to a specially trained pharmacist, dietitian and licensed counselor who will work with you and your physician to manage your diabetes.

To learn more about the program or to join, call **(502) 629-8099**.

Spending accounts

Norton Healthcare offers four spending accounts to help you save for health care and dependent care expenses.* All accounts are administered through Discovery Benefits LLC, a WEX Company. See the chart below for details.

Beginning in 2021, Discovery Benefits will be changing to WEX. You may see Discovery Benefits LLC, a WEX Company, and/or WEX on replacement cards, emails and other communications.

	HRA Health Reimbursement Account	Health care FSA Flexible Spending Account	Dependent day care FSA Flexible Spending Account	HSA Health Savings Account
Definition	An employer-funded account used to reimburse you for out-of-pocket qualified medical expenses (excluding dental and vision) that are covered by your medical plan	An employee-funded account used to pay for qualified health care expenses (medical, dental and vision)* with pretax dollars	An employee-funded account used to pay for qualified child and adult day care expenses* with pretax dollars	An employee-funded account used to pay for qualified health care expenses (medical, dental and vision)* with pretax dollars
Who is eligible?	Employees enrolled in the Norton Healthy Living Plan	Employees statused to work a minimum of 32 hours (.4 FTE) per pay period	Employees statused to work a minimum of 32 hours (.4 FTE) per pay period	Employees enrolled in the Norton High-Deductible Health Plan
Who is covered?	Employee, spouse and dependents covered on the Norton Healthy Living Plan	Employee, spouse and dependents younger than age 27 at the end of the taxable year	Children younger than age 13 and disabled adult dependents claimed on income taxes (must reside with you more than 50% of the year)	Employees enrolled in the Norton High-Deductible Health Plan, spouse and dependents claimed on taxes
What is the annual contribution limit?	\$500 Employee only \$1,000 Employee + spouse \$1,500 Employee + child(ren) \$1,500 family (Funds are prorated based on effective date)	\$2,750	\$5,000 per household	\$3,600 for single coverage \$7,200 for all other levels of coverage \$1,000 catch-up contribution for those over age 55
When are my funds available?	First day of coverage (funds are front loaded)	First day of coverage (funds are front loaded)	As contributed (funds must be in the account before they can be used)	As contributed (funds must be in the account before they can be used)
Can I change my election midyear?	Automatically changes if medical level of coverage increases Must submit claims within 90 days if dropping coverage	Yes, with a qualifying life event Must submit claims within 90 days if dropping coverage	Yes, with a qualifying life event Must submit claims within 90 days if dropping coverage	Yes, any time (changes are effective beginning of the following month)
Can I have more than one type of spending account?	Yes. You can have an HRA and an FSA.	Yes. You can have an FSA and an HRA.	Yes. You can have a dependent day care FSA and an HRA or HSA.	Yes. You can have an HSA and a dependent day care FSA.
Do unused funds carry over to the next year?	Yes, but not until after March 31, 2021. Remember, you can use your HRA card only for services incurred in the current year — you cannot pay for the prior year's expenses during the current plan year. You may submit claims for the prior year's expenses for reimbursement or use the "Pay the Provider" option through March 31. Carryover is limited to allow up to a maximum balance of \$4,500 if you are still enrolled in the Norton Healthy Living Plan.	Yes and no. You may use your remaining funds through March 15 of the following year by swiping your card. You also may submit claims or use the "Pay the Provider" option through March 31. However, after March 31, any remaining funds are donated to the Employee Emergency Relief Fund.	No. Unused funds are donated to the Employee Emergency Relief Fund.	Yes; there is no limit.
Can I take the account funds with me if I change jobs, change health plans or retire?	No. You have 90 days from your termination date to submit claims for services incurred before the termination date.	No. You have 90 days from your termination date to submit claims for services incurred before the termination date.	No. You have 90 days from your termination date to submit claims for services incurred before the termination date.	Yes
Can I use the account for retirement income?	No	No	No	Yes. After age 65, you can withdraw funds for any reason. If funds not used for qualified medical expenses, withdrawals will be taxed as income.
Is the account tax-advantaged?	No	Yes. The employee's contributions are made through pretax payroll deductions.	Yes. The employee's contributions are made through pretax payroll deductions.	Yes. The employee's contributions are made through pretax payroll deductions.
Does the account earn interest?	No	No	No	Yes

*A list of eligible expenses for FSAs and HSAs is available at DiscoveryBenefits.com/EligibleExpenses. Discovery Benefits also administers a spending account to help you pay for commuter expenses. See "Additional benefits" on page 26 for details.

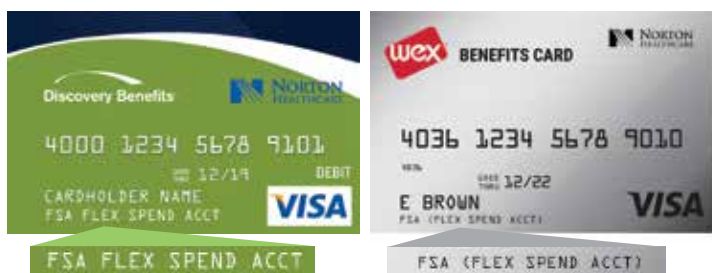
Using your spending accounts

Depending on the plans you choose, you may receive up to three Discovery Benefits debit cards. Debit cards are valid for four years; see the front of your card for the expiration date. You will receive a new card automatically before your card expires. Spending account debit cards will have a new look in 2021, depending on date of issue.

If you are enrolled in an HRA or HSA, your card will look like one of these:



If you are enrolled in one or both of the FSA accounts, your card will look like one of these:



Based on your enrollment, you will receive two cards per spending account automatically. Cards are for employee and spouse or dependent over age 18. You may request additional cards through your online consumer account or by contacting Discovery Benefits.

Access to all accounts will be available at **DiscoveryBenefits.com**.

Discovery Benefits' mobile app is available for iPhone, iPad and Android devices. It is free to download from the iTunes or Google Play stores. It allows you to:

- Check balances and manage all of your accounts.
- Submit health care and dependent care claims.
- Submit Explanations of Benefits (EOBs) or itemized receipts.
- Contact customer service.

DID YOU KNOW?

Remember, starting Jan. 1, 2021, your HRA card can be used only for 2021 expenses. Your HRA debit card cannot be used for expenses incurred in a prior year, even if funds are available in your account for that year. Example: You have an emergency and go to the hospital on Dec. 30, 2020. You receive the bill in January 2021. Because the services were provided in the prior calendar year, you cannot use your HRA card to pay. You can log in to your Discovery Benefits account and use the "Pay the Provider" option for filing the claim through March 31. The other option is to pay the bill and then file for reimbursement through your Discovery Benefits account. The same applies to your dependent day care FSA. After Jan. 1, you must pay for 2020 expenses out of pocket and then submit a reimbursement request or use the "Pay the Provider" option. Claims for 2020 must be submitted by March 31, 2021.

How do I use my funds?

Participants in a Health Reimbursement Account, health care FSA and dependent day care FSA may use these choices:

- **Swipe your Discovery Benefits debit card** to pay for services.
- **Out-of-pocket reimbursement.** Pay for the services, then file a reimbursement claim online.
- **File a claim** from your smartphone.
- **Pay the provider.** Have Discovery Benefits send payments directly to your provider. Participants in the Health Savings Account may use their Discovery Benefits card or make distribution requests, which can be paid directly to the provider or paid to you.

For more information on these choices, visit **DiscoveryBenefits.com** or call **(866) 451-3399**.

REMINDER!

If you have more than one type of spending account (HRA, HSA and FSA), you have a separate debit card for each. Be sure to use the right card because funds and claims cannot be transferred between accounts.

Spending accounts

Verifying or documenting expenses

The IRS requires that certain purchases be verified or documented as eligible expenses. Discovery Benefits will notify you through your work email when you need to verify a card transaction. For more information, go to **DiscoveryBenefits.com** or call **(866) 451-3399**.

How do I complete the verification process?

- **Online** – Log into your Discovery Benefits account, enter the claim information and upload your documentation.
- **Mobile application** – Locate your claim in the Discovery Benefits mobile app, then simply take a picture of your document with your phone.
- **Fax or mail** – Download the claim form from **DiscoveryBenefits.com**. Fax it along with your documentation to **(866) 451-3245** or mail it to Discovery Benefits, P.O. Box 2926, Fargo, ND 58108-2926.

Your documentation (an explanation of benefits statement is recommended) will need to include five key pieces of information:

- Date of service
- Type of service
- Provider's name
- Patient's name
- Amount you were responsible for paying

If the expense is for over-the-counter medicines, a doctor's prescription or note may be required. Failure to substantiate claims for the health care FSA will result in your being taxed on any unsubstantiated claims when the plan year closes. However, unsubstantiated claims in the HRA will have to be **repaid in full**, not taxed.

REMINDER!

The health care FSA has a grace period that works as an extension of the 2020 plan year. If you have a remaining balance, you may use your Discovery Benefits card for 2020 eligible expenses through March 15, 2021. (This grace period does not apply to the dependent day care FSA or the HRA.)

When you use your Discovery Benefits debit card at designated Norton Healthcare facilities, you will not need to verify medically eligible medical expenses. (Nonmedical purchases will still be denied.)

DID YOU KNOW?

If you are enrolled in Medicare, you may continue using your previously contributed HSA funds for out-of-pocket expenses, including Medicare premiums. However, you may no longer contribute to the HSA account.



N Good Health



Take your health risk assessment.



Complete your wellness statement.



Complete an annual wellness exam.



Earn 100 points.

N Good Health — Norton Healthcare's employee wellness program — is designed to guide you through your wellness journey and help you achieve your wellness goals through resources, financial assistance and supported programs.

N Good Health can help you:

- Get healthier or stay healthy
- Improve your eating habits and/or physical activity level
- Better manage or even reverse chronic conditions

DID YOU KNOW?

It pays to participate. Eligible employees* who complete the 4 steps can earn up to \$910 in wellness credit. That's \$35 added to your paycheck! If you have a spouse, he or she also can participate, doubling your wellness credits to earn up to \$1,820.

Just for the health of it!

You must complete the 4 steps** by Sept. 15, 2021, to earn wellness credits for 2022.

1. Complete the health risk assessment.
2. Complete the wellness statement.
3. Have an annual wellness exam (N Good Health physical) with your primary care provider.
4. Earn 100 points.

In 2021, you will continue to earn points (step 4) by achieving healthy outcomes and/or engaging in healthy actions. Focusing on healthy outcomes and healthy actions makes the N Good Health program more meaningful to your overall well-being. Visit **NGoodHealth.com** to learn more.

Did you miss the 2020 deadline? If you have not yet qualified to receive wellness credits in 2021, there's still time! Complete the 4 steps and you will begin receiving wellness credits based on the following time frames:

Completing the 4 steps		Wellness credits start appearing on your paycheck
Start	End	
Oct. 1, 2020	Dec. 15, 2020	Jan. 10, 2021
Dec. 16, 2020	March 15, 2021	April 3, 2021
March 16, 2021	June 15, 2021	July 13, 2021
June 16, 2021	Sept. 15, 2021	Oct. 16, 2021

Are you a new employee?

New employees will earn wellness credits for the first 180 days (six months) of employment. Eligible spouses also will earn wellness credits during this time. You and your spouse (if applicable) must complete your 4 steps during the first 180 days of employment to continue earning wellness credits.

How do I get started?

Go to **NGoodHealth.com**, which is accessible from any device with Internet access at home or work.

- If you have an existing account, log in and click on the "How to participate" tab.
- If you are new to the program, select "Register New Account" and follow the instructions.

The N Good Health team values your input and feedback. If you have any questions or comments, email **ngoodhealth@nortonhealthcare.org**.

*Employees and spouses who are enrolled in a Norton Healthcare medical plan can qualify to earn \$35 in wellness credits per participant per pay period by doing the 4 steps. The credits appear on the employee's pay voucher under "Wages" and increase gross earnings.

If it is unreasonably difficult or inadvisable due to a medical condition for you to complete the 4 steps to earn wellness credits, you may complete a **medical exclusion form in order to qualify for them. Call the N Good Health Department at (502) 629-2162 for the form or answers to any questions.

Dental coverage

Norton Healthcare offers two dental plan choices to help you and your family: Delta Dental PPO and Delta Dental PPO Plus Premier. Claims for both plans will be processed by Delta Dental.

Coverage	Delta Dental PPO		Delta Dental PPO Plus Premier	
	In-network dentist	Out-of-network dentist	In-network dentist	Out-of-network dentist
Deductible				
Diagnostic and preventive services	Waived	Waived	Waived	Waived
Basic and major services	Individual: \$50 Family: \$150	Individual: \$75 Family: \$225	Individual: \$50 Family: \$150	Individual: \$50 Family: \$150
Orthodontic services	Waived	Waived	Waived	Waived
Co-insurance (amount paid after deductible is met)				
Diagnostic and preventive services	100%	80%	100%	100%
Basic services	80%	70%	80%	80%
Major services	50%	40%	50%	50%
Orthodontic services – all eligible enrollees	50%	50%	50%	50%
Benefit maximums				
Annual*	\$1,500	\$1,500	\$1,500	\$1,500
Orthodontic lifetime	\$2,000	\$2,000	\$2,000	\$2,000

*The cost of preventive services, including annual exams, cleanings and X-rays are excluded from the annual maximum. When services are received from a Delta Dental PPO or Delta Dental PPO Plus Premier dentist, fees are based on allowable amounts for each service. Out-of-network dentists may charge more than the allowable amounts and you will be responsible for the difference.

This is a partial list of benefits. For complete details, refer to the Summary of Dental Plan Benefits.

Dental coverage costs

The biweekly cost for each dental plan and level of coverage is listed below.

Level of coverage	Delta Dental PPO	Delta Dental PPO Plus Premier
Employee only	\$5.56	\$8.47
Employee and spouse	\$11.30	\$17.16
Employee and child(ren)	\$13.51	\$20.91
Family	\$16.95	\$25.82

Note

Beginning Jan. 1, 2021, both the PPO Plus Premier and the PPO plan will cover posterior resin (white) fillings.

Mobile access

You can access Delta Dental on your smartphone. Download the Delta Dental mobile app from the App Store or Android Market.

Dental ID cards

You will receive a new card if you choose dental coverage for the first time or change dental plans. Your card will look like this:

NAME:
Norton Subscriber

CLIENT:
Norton Healthcare

CLIENT NO.:
707160

SUBSCRIBER ID:
Delta Dental Assigned Alternate ID Number

Find a provider

For a list of preferred dentists, visit **DeltaDentalKY.com** and:

- Click on **Find a Dentist**.
- Click on **Delta Dental PPO** or **Delta Dental Premier**.
- Select the plan you enrolled in (Delta Dental PPO or Delta Dental PPO Plus Premier).
- Search by location, type of dentist or dentist's/office's name.
- Click on **Search**.

Visit **DeltaDentalKY.com** to view information, check claims status and find a provider. You can reach Delta Dental customer service at **(888) 897-5808**.

Vision coverage

Norton Healthcare offers two vision plan choices for you and your family: Davis Vision Basic and Davis Vision Plus.

	Davis Vision Basic		Davis Vision Plus	
	PPO	Out-of-network	PPO	Out-of-network
Copays				
Exam	100% (no copay)	\$50 allowance	\$ 10 copay	Up to \$50
Single lens	\$45 copay	Not covered	\$ 10 copay	Up to \$50
Bifocal lens	\$65 copay	Not covered	\$ 10 copay	Up to \$75
Trifocal lens	\$95 copay	Not covered	\$ 10 copay	Up to \$100
Lenticular lens	\$120 copay	Not covered	\$ 10 copay	Up to \$125
Frames				
Discounts/allowances	35% discount	Not covered	No copay; \$150 allowance and 20% discount on overage OR free frame at Visionworks	Up to \$70 reimbursement
Lens choices				
UV coating	\$15 copay	Not covered	\$12 copay	Not covered
Scratch resistance	\$15 copay	Not covered	Covered in full	Not covered
Polycarbonate	\$35 copay	Not covered	Covered for children; \$30 copay for adults	Not covered
Progressive (standard/ premium/ultra)	\$65 copay/20% discount/ 20% discount	Not covered	\$50/\$90/\$175 copay	Not covered
Elective contact lenses (in lieu of glasses)				
Fittings and evaluations	15% discount	Not covered	15% discount on fittings and evaluations	Not covered
Contact lenses	15% discount	Not covered	Up to \$150 allowance and 15% discount on overage	Up to \$105 reimbursement
Davis Exclusive Collection contact lenses, fitting and evaluation (Not all providers offer this collection – check the Davis Vision website to confirm.)	Not covered	Not covered	Disposable contacts: 8 boxes/multipacks Planned replacement contacts: 4 boxes/multipacks Fitting and evaluation covered after \$10 copay (not available at Visionworks)	Not covered
Visually required contact lenses	Not covered	Not covered	Covered	\$225
Laser vision benefit	Discount only	Not covered	\$200 one-time/lifetime allowance	
Frequency				
Exam	Every calendar year	Every calendar year	Every calendar year	Every calendar year
Lenses or contacts	Discount only	Not covered	Every calendar year	Every calendar year
Frames	Discount only	Not covered	Every 24 months	Every 24 months

Vision coverage costs

The biweekly cost for each vision choice and level of coverage is listed below.

Level of coverage	Davis Vision Basic	Davis Vision Plus
Employee only	\$ 0.65	\$ 3.14
Employee + spouse	\$ 1.03	\$ 4.97
Employee + child(ren)	\$ 1.05	\$ 5.07
Family	\$ 1.52	\$ 8.17

Find a provider

To find a list of in-network providers near you, visit **DavisVision.com/Member** and use the client code **8713**, or call **(800) 836-2094**.

Mobile access

You can access **DavisVision.com/Member** on your smartphone or download the Davis Vision mobile app.

Vision ID cards

ID cards are not required to use your vision plan for services. However, if you choose vision coverage, you will receive a card that looks like this:



Benefits and eligibility information

Visit **DavisVision.com/Member** or call **(800) 836-2094** for more information about your benefits and eligibility. Live support will be available Monday through Friday, 8 a.m. to 11 p.m.; Saturdays, 9 a.m. to 4 p.m.; and Sundays, noon to 4 p.m.

Life insurance and accidental death &

Norton Healthcare provides a variety of affordable life and accidental death & dismemberment (AD&D) insurance choices. The AD&D portion of the plan provides benefits in the case of death or severe injury due to an accident.

To file a claim, call Unum at **(888) 556-3727**.

Basic life and AD&D insurance

Eligible employees automatically receive basic life and AD&D insurance.

- Coverage is equal to your annual base salary as of the enrollment date.
- Coverage adjusts with each salary change.
- Minimum coverage is \$10,000.
- Maximum coverage is \$400,000.
- Guarantee issue at initial eligibility* is \$400,000.

Supplemental life and AD&D insurance

Norton Healthcare provides the option for you to purchase supplemental life and AD&D insurance.

- Coverage is available from one to four times your base annual salary.
- Coverage adjusts with each salary change.
- Maximum coverage is \$1.25 million.
- Guarantee issue at initial eligibility* is \$500,000.

Evidence of insurability

Proof of insurability, including a health questionnaire and possibly other testing at the expense of the vendor/provider, will need to be completed prior to approval if:

- Life and AD&D insurance coverage is increased by more than one time your annual base salary, or
- If supplemental coverage is more than \$500,000, or
- You elect supplemental life coverage for the first time and have been eligible for more than 31 days.

Cost of supplemental life insurance

The cost for supplemental life insurance is based on your age as of Jan. 1 of the plan year and the dollar amount of coverage you choose. You will find these rates when you come to the supplemental life insurance section during the online enrollment process.

*Guarantee issue at initial eligibility is the amount of coverage you can purchase when you first become eligible for the plan without providing evidence of insurability. Evidence of insurability requires completion of a health questionnaire and possibly other testing at the expense of the insurance vendor.



Biweekly costs based on your age and salary will be available during the online enrollment process.

Spouse life and AD&D insurance

You have the choice to purchase spouse life insurance.

- Ten choices are available in \$5,000 increments.
- Minimum coverage is \$5,000.
- Maximum coverage is the lesser of \$50,000 or 50% of your supplemental life insurance amount.
- Norton Healthcare provides basic life insurance at no cost, so you cannot carry spousal life coverage if your spouse also works for Norton Healthcare.

Cost of spouse life insurance

The cost for spouse life insurance is based on your spouse's age as of Jan. 1 of the plan year and the dollar amount of coverage you choose. You will find these rates when you come to the spouse life insurance section during the online enrollment process.

*Evidence of insurability requires completion of a health questionnaire and possibly other testing at the expense of the insurance vendor.



For spouse life insurance, biweekly costs are based on your spouse's age and amount of coverage, and will be available during the online enrollment.

dismemberment benefits

Child life insurance

Three child life insurance choices are available: \$2,500, \$5,000 and \$10,000. The biweekly cost covers all eligible children.

Child(ren) rates		
Option	Coverage amount**	Biweekly cost
1	\$ 2,500	\$ 0.29
2	\$ 5,000	\$ 0.58
3	\$ 10,000	\$ 1.16

***For each eligible child. This amount is reduced for child(ren) younger than 6 months of age. For more details, refer to the summary plan description located in the library on the benefits website.*

Whole life insurance

- Provides death benefits to designated beneficiaries
- Builds cash value that can be used while you are living
- Employee-owned, meaning you can take your policy with you at the same rate if you retire or change jobs
- As long as premiums are paid, your rate is guaranteed never to increase
- Available for you, your spouse, your children and/or your grandchildren
- To file a claim, contact Boston Mutual at **(800) 669-2668**.

For additional information or to enroll, call **(502) 629-BENE** (2363), option 2, to make an appointment with a benefits education specialist.

DID YOU KNOW?

- Norton Healthcare provides basic life insurance at no cost if you are statused to work 32 hours (.4 FTE) or more per pay period. If you and your spouse are both employed at Norton Healthcare with that status, you cannot carry spouse life coverage.
- If your dependent child works for Norton Healthcare and is eligible for basic life through Norton Healthcare, you may not carry dependent life insurance coverage on him or her, and only one of you can cover your dependent for medical, dental and vision insurance.

DID YOU KNOW?

If your dependent was disabled prior to the effective date of coverage, he or she may not be eligible for the full amount of life and AD&D coverage elected.



Disability benefits

If you are unable to work due to illness or injury, disability insurance provides partial income replacement.

Pre-existing condition limitations

Limitations for pre-existing conditions will apply for the first 12 months from the effective date of your coverage if you are electing disability coverage for the first time.

The insurance company may pay for short-term disability benefits for up to four weeks of disability caused by, contributed to or resulting from a pre-existing condition if it is within the first 12 months of the effective date.

Short-term disability

Norton Healthcare will automatically enroll you in **employee-paid** short-term disability coverage equal to 75% of your base salary. You may choose to waive this coverage and its cost when you make your benefits elections.

- Benefits begin after the seventh consecutive calendar day of disability.
- Benefits are paid for up to 26 weeks (180 days) as long as you qualify.
- Disability costs are paid through payroll deduction on a pretax basis. The amount of the payments will be based on the hours and earnings an employee is statused to work. *Statused to work* refers to the number of hours and earnings an employee is hired to work and may not be the same as scheduled hours. You will find details when you come to the short-term disability section during the online enrollment process.

Long-term disability

- Norton Healthcare offers eligible employees the opportunity to purchase long-term disability benefits, which begin after you have been disabled by injury or illness for 26 weeks (180 days) upon approval of the claim.
- Norton Healthcare automatically provides eligible employees with basic long-term disability insurance equal to 50% of base salary. The maximum monthly benefit is \$2,500.
- Norton Healthcare automatically enrolls you in **employee-paid** additional long-term disability coverage equal to 60% of your base salary. You may choose to waive this additional coverage and its cost when you make your benefits elections. The maximum monthly benefit is \$10,000.
- The cost per pay period is based on salary and hourly status (FTE) and will adjust with each change in salary. You will find details when you come to the long-term disability section during the online enrollment process.

To file a disability claim, contact Unum at **(800) 572-6352**.



All eligible employees will be enrolled automatically in 75% short-term disability and 60% long-term disability coverages. You may waive these coverages and their cost.

Parental leave benefits

Norton Healthcare provides up to four weeks of paid time off at 100% pay for birth mothers and fathers, and adoptive parents.

- For birth mothers who carry short-term disability coverage, parental leave will be paid after the short-term disability ends, giving them a total of up to 12 weeks of time off.
- For fathers, adoptive parents and birth mothers who do not carry short-term disability coverage, parental leave is paid immediately when the leave begins. The amount of the payments will be based on the hours an employee is statused to work and the employee's

earnings. *Statused to work* refers to the number of hours an employee is hired to work and may not be the same as scheduled hours. *Full-time equivalent* (FTE) also may be noted. Leave can be taken within the first year of the birth or adoption.

To file for parental leave benefits, call Unum at **(800) 572-6352**.

Planning for retirement

Our employees are what make us great, which is why we strive to provide exceptional benefits. We know that benefits choices can be confusing, especially retirement plans. Below is a brief breakdown of the Norton Healthcare 403(b) retirement savings plans and a few action steps to take.

Plan highlights

- **Auto enrollment:** You will be enrolled automatically in the 403(b) plan 30 days after your start date at a contribution rate of 6%. You may elect a different contribution amount at any time.
- **Matching contributions:** Norton Healthcare will match 100% of your contributions up to 4%.
- If we achieve or exceed our stewardship goal for the year, Norton Healthcare will make an additional match based on years of service:
 - For your first 10 years of service, the additional match will be 50% on the next 2%.
 - Once you reach 10 years of service, the additional match increases to 100% on the next 2% — so stick around.
 - Make sure you contribute at least 6% of your pay to receive the full match.
- Your contribution rate will increase 1% each year until it reaches 10%.
- Matching contributions are made per pay period. This allows you to take advantage of compound earnings.

It also means that matching contributions stop if you stop contributing or if you reach the maximum contribution limit for the year, so make sure you contribute all year long to take full advantage of the match!

Action steps

1. Set up your account. If you don't set it up, a cyberthief might. Go to **Principal.com/Register** to create a username and password.
2. Secure your account access. Log in to your existing account at **Principal.com** to register your mobile number to receive texts, a phone number to receive a code by voice, or register an authenticator app. If you secure your account, the customer protection guarantee from Principal reimburses unauthorized account activity. Learn more at **Principal.com/Customer-Protection-Guarantee**.

3. Designate a beneficiary to make sure your retirement savings are handled according to your wishes if anything happens to you. Your accounts' beneficiary designation(s) are critical because they generally override all other estate documents, including wills.
4. To access your account 24/7 from your device, download the Principal app. Visit **Principal.com/OnTheGo** or search for it on Google Play or the Apple App Store.
5. Schedule a one-on-one meeting with our on-site retirement education specialist, John Hill. He can analyze your unique needs and goals, find gaps in your savings and advise you on ways to close those gaps. Contact him at **hill.john@principal.com** or **(502) 629-BENE** (2363), option 1, to make an appointment when it's convenient for you.
6. Take advantage of additional financial wellness education and resources available through Principal Milestones. Learn to balance your short- and long-term financial goals by taking small actions today that may lead to a more secure future. Visit **Principal.com/Milestones** to find resources for creating a will, paying down student loan debt, creating a household budget and more.
7. For additional questions, call Principal at **(800) 547-7754**.



Time-off benefits

Norton Healthcare has designed FlexTime to provide you with as much flexibility as possible when you need paid time off. Be sure to follow your department's approval process to ensure time off doesn't create staffing or scheduling issues.

- Use FlexTime to enjoy a vacation, celebrate a holiday, take some personal time or the occasional sick day. It works like paid vacation.
- You are compensated for 100% of your base pay.

FlexTime eligibility

- All full- and part-time employees who are statused to work* a minimum of 16 hours (0.2 FTE) per pay period are eligible to accrue FlexTime with certain limited exceptions.
- PRN/registry employees,** temporary employees, executives or anyone who is covered by an employment agreement (unless the agreement states otherwise) are not eligible.

Earning FlexTime

- During the year, FlexTime is earned based on the number of hours paid, up to 80 hours per biweekly pay period.
- If you are a new employee or newly eligible within your first year, you will receive 24 hours of FlexTime front-loaded.
- If you have left Norton Healthcare and been rehired within one year, or are newly eligible with over one year from date of hire, you will receive 8 hours of FlexTime front-loaded.
- The FlexTime rate is based on the years of service you have completed, as shown in the chart below.

The chart also shows the maximum total amount that may be accumulated.

FlexTime accrual				
Years of service	FlexTime earned per hour of pay	FlexTime earned per 80-hour pay period	Maximum annual accrued hours	Maximum total accumulated hours
Less than 1 year	0.080769	6.462/.808 day	192	192
1 - 2 years	0.092307	7.385/.923 day	192	384
3 - 4 years	0.100000	8.000/1.000 day	208	416
5 - 9 years	0.111538	8.923/1.115 days	232	464
10 - 14 years	0.126923	10.154/1.269 days	264	528
15 - 19 years	0.134615	10.769/1.346 days	280	560
20 or more years	0.146154	11.692/1.461 days	304	608

*Statused to work refers to the number of hours an employee is hired to work and may not be the same as scheduled hours. Full-time equivalent (FTE) also may be noted.

**PRN/registry employees are those hired to work on an "as needed" basis.

Using FlexTime

- You must use FlexTime for all scheduled time off, including any holidays when your work location is closed.
- You must use FlexTime for all unscheduled time off, unless you are using disability or parental leave benefits.
- You cannot use FlexTime in conjunction with or to subsidize disability benefits to receive 100% or more of your income.
- You cannot use FlexTime to delay the onset of a short-term disability or parental leave claim.

FlexTime cash-in

Employees may participate in a FlexTime cash-in (also called selling hours) under the following circumstances:

- Pre-election of desired cash-in is made once during open enrollment.
- Pre-election during open enrollment will be paid in November of the following year.
- Once the pre-election is made, it cannot be canceled, changed or modified.

- The minimum conversion election is eight hours.
- The maximum conversion election is 100 hours.
- Full-time employees must leave a balance of at least 40 hours in their FlexTime bank, and part-time employees must leave a balance of at least 20 hours in their FlexTime bank.
- If the annual pre-election FlexTime cash-in amount is more than the actual number of hours available at the time of cash-in, the cash-in will be reduced to reflect available hours less the minimum balance required.

Other time-off benefits

Norton Healthcare also provides paid time off for the following situations:

- Jury duty
- Bereavement (death in the family)

See the **Policy Library** on **Nsite** for more information about these benefits.



Additional benefits

Beyond the benefits you probably think about most, such as medical, dental, vision, spending accounts and disability insurance, Norton Healthcare offers many additional choices. Learn how these other benefits can support your health, happiness and well-being.

Adoption Assistance Program

- All employees who are statused to work a minimum of 32 (.4 FTE) hours per pay period, meet program requirements and have completed their benefits eligibility waiting period (first of the month following date of hire or rehire) are eligible.
- This benefit consists of two primary levels of support: financial assistance and parental leave.
 - The financial assistance benefit reimburses for eligible adoption expenses.
 - Refer to details regarding parental leave on page 22.
- For additional information, go to **Nsite** and select **Employee Services**, then **My Benefits** (under Time, Money & Benefits), or call the Norton Service Center at **(502) 629-8911**, option 2.

Auto and homeowners' insurance

- Discounts on auto and homeowners' insurance through Liberty Mutual.
- Several payment choices: direct billing, online payment, automatic deductions from your bank account or credit card, or payroll deduction.
- For additional information and a free no-obligation quote, visit **LibertyMutual.com/NortonHealthcare** or call **(855) 494-6787**.

Commuter Benefits Program

- Employees who are statused to work a minimum of 32 (.4 FTE) hours per pay period are able to set aside pretax dollars to use for qualifying mass transit and/or parking expenses. **Tolls are not an eligible expense per IRS regulations.**
- Funds are loaded onto your Discovery Benefits debit card. (If you also have a health care and/or dependent day care flexible spending account, you will use the same card for commuter expenses. See "Spending accounts" on page 14.)
- The debit card must be used for all transit purchases and you will not receive cash reimbursements. Claims for parking can be made either by using the Discovery Benefits debit card (where accepted) or submitting them to Discovery Benefits within 180 days from the date you incurred the expense to receive reimbursement.

- You designate an annual amount you wish to contribute (up to \$270 per month for transit and \$270 per month for parking).
- You can change your contributions online at any time. Go to **Nsite**, select **Employee Services**, then **My Benefits** (under Time, Money & Benefits). Changes become effective on the first day of the following month.
- For additional information, contact the Norton Service Center at **(502) 629-8911**, option 2, visit **DiscoveryBenefits.com** or call **(866) 451-3399**.

Driven Solutions (roadside assistance)

- This benefit is available to employees who are statused to work a minimum of 32 (.4 FTE) hours per pay period
- This program offers roadside assistance for registered members on any road, anytime.
- Services include towing, battery jump start, gas delivery (up to 3 gallons; members pay cost of fuel), flat tire change, and locksmith service. Benefit limit of up to \$125 per incident.
- Employee-only and family memberships are available.
- To enroll, go to **Nsite** and select **Employee Services**, then **My Benefits** under **Time, Money & Benefits**.
- To use services, call the toll-free number at **(800) 289-5360**.

Employee Assistance Program

- The Employee Assistance Program (EAP) provides all employees and their household family members with confidential, professional counseling, education and referral services.
- The EAP can help resolve personal or family issues before they negatively affect health, relationships or job performance.
- The program includes up to six free professional counseling sessions per issue, per year for yourself and each of your household family members through Wayne Corporation.
- All counseling sessions are conducted face to face with a licensed professional. Employees with challenging schedules or access may use a telebehavioral health option to meet with a counselor remotely.
- All sessions with a Wayne Corporation mental health professional are confidential. Wayne Corporation will not share any information regarding your involvement with the EAP without written permission, except as required by law.
- If you have mental health or substance abuse issues requiring longer-term counseling or a higher level of care, Wayne Corporation can provide referrals to an appropriate provider.

- Wayne Corporation also offers will-writing services. If you need a will, call Wayne Corporation and let them know you are with Norton Healthcare. They will email or mail you a packet to get you started. There is no charge for a simple will.
- To arrange for services or for more information, call Wayne Corporation 24 hours a day, 365 days a year at **(502) 451-8262** or **(800) 441-1327**, or visit **WayneCorp.com**.

Employee Discount Program (Norton Concierge Services)

- All employees are eligible to receive available employee discounts.
- We partner with Abenity, a national discount provider, to offer thousands of discounts through a user-friendly website available to all employees.
- New employees receive an email containing login information (your AHSN is your username and a password is provided in the welcome email) to get started.
- To access Norton Concierge Services, visit **NortonConciergeServices.EmployeeDiscounts.co** or go to **Nsite**, click on **Employee Services**, then select the link under **Time, Money & Benefits**.

Employee Purchase Program (Purchasing Power)

- When cash or low-interest credit is not an option, this program offers eligible employees a choice to buy things now and pay for them over time through payroll deduction. Purchasing Power, an online shopping experience, offers access to buy brand-name computers, appliances and more. While Purchasing Power is not a discount program, you can save money compared to what you would pay with high-interest credit cards or rent-to-own stores.
- The program requires no upfront cash or credit check, and offers six or 12 months to pay.
- To participate, you must be at least 18 years old, an active employee (statused to work 32 hours per pay period or .4 FTE or higher) for at least six months and earn at least \$16,000 per year. You also must have no current nonbenefit payroll deductions (such as garnishments or tax levies) and have not received a FlexTime hardship cash-out in the past 12 months.
- To get started, call **(888) 923-6236** or visit **NortonHealthcare.PurchasingPower.com**.

Employer Assisted Housing Program (for first-time homebuyers)

- Several choices are available to assist employees who are statused to work a minimum of 32 (.4 FTE) hours per pay period become first-time homebuyers:
 - Homebuyer education and counseling: Employees who complete this receive a \$5,000 forgivable loan.
 - Habitat for Humanity: Buying a Habitat home may be an option for eligible employees.
- For program details and enrollment packets, go to **Nsite** and click on **Policies & Forms**.
- For more information, contact the Housing Partnership Inc. at **(502) 814-2720** or email Ashley Poff at **ashley.poff@nortonhealthcare.org**.

Hear In America hearing plans

- Hear In America is a hearing services discount program that can save you and your family money on hearing evaluations, hearing aids and follow-up care.
- All employees and their family members are eligible to receive free annual hearing screenings, discounts from 30% to 70% off retail prices, a three-year warranty on hearing aids, three years of free batteries and free office services from select providers.
- There are no enrollment fees or premiums; Hear In America will file insurance claims for you. Financing is available.
- For more information or to sign up, call Hear In America at **(800) 286-6149** or visit **HearInAmerica.com** and mention you are a Norton Healthcare employee.

Identity and credit protection

- InfoArmor is now Allstate Identity Protection.
- All employees receive identity and privacy protection through Allstate Identity Protection **at no cost**.
- Allstate Identity Protection detects attempted fraud on your identity, financial and digital assets through proactive monitoring and alert services.
- The benefit provides full-service privacy remediation and a \$1 million identity theft insurance policy.
- **New in 2021:** Major enhancements are coming to the Allstate Digital Footprint — a tool that helps you see, control and protect your online data.
- Family protection is available for purchase.
- For more information, visit **MyAIP.com** or call **(800) 789-2720**.

Additional benefits

Legal plan

- Employees who are statused to work a minimum of 32 (.4 FTE) hours per pay period can purchase the legal plan coverage.
- Provides unlimited telephone advice and office consultations on personal legal matters with a plan attorney of your choice.
- Representations are available for a number of legal matters.
- Coverage can be started or canceled only during the open enrollment period and will become effective Jan. 1, 2021.
- For additional information or to enroll, call **(502) 629-BENE** (2363), option 2, to make an appointment with a benefits education specialist.
- To use these services, call Hyatt Legal at **(800) 821-6400**.

Long-term care insurance

- Employees who are statused to work a minimum of 32 (.4 FTE) hours per pay period can purchase long-term care insurance.
- This benefit can help meet the financial and personal needs that a long-term care situation can present.
- Available choices for you and your covered family members include long-term care facility (e.g., nursing facility, assisted living, hospice, rehabilitation, etc.), professional home and community care (e.g., home nursing care, therapist).
- To use these services, call Unum at **(866) 679-3054**.
- For additional information or to enroll, call **(502) 629-BENE** (2363), option 2, to make an appointment with a benefits education specialist.

Norton 529 College Savings Plan

- This plan is available to all employees. Once you enroll, add a new direct deposit, just as for a checking or savings account. To add, go to **Nsite**, click on **Employee Services** and select **My Pay** under **Time, Money & Benefits**. Sign in with your password and click on **My Pay**. From the Bookmarks drop-down menu, select **Employee Self-Service**, **Pay** and then **Direct Deposit**.
- We encourage you to save for your own college education or that of your children, grandchildren, nieces or nephews through payroll deduction.
- Contributions to these plans are made on an after-tax basis. However, no federal income tax is due on any earnings while they are in the 529 College Savings Plan account.

- Payments also are free from federal income tax as long as they are used for qualified educational expenses.
- The money saved in the plan can be used at any accredited college, university or other postsecondary institution in the United States as well as at many foreign institutions.
- Compare your choices at **SavingForCollege.com** or **CollegeSavings.org**.

Outpatient services discount

- All employees and their immediate family members living in their home or claimed as dependents on taxes receive a 20% discount on outpatient services performed at Norton Healthcare hospitals or diagnostic centers.
- The discount is available regardless of whether you participate in a Norton Healthcare medical plan.
- To take advantage of the discount, identify yourself as a Norton Healthcare employee or an immediate family member at the time of service.
- To ensure the discount has been applied, call Patient Financial Services at **(502) 479-6300**. Patient Financial Services also can provide information on financial assistance that may be available.

Pet insurance

- Employees who are statused to work a minimum of 32 (.4 FTE) hours per pay period can purchase pet insurance.
- With veterinary pet insurance, you can stop worrying about the ever-increasing costs of your pet's medical care.
- Your pet may be covered for more than 6,400 medical conditions at any licensed veterinarian's office, depending on the level of coverage you choose: major medical or major medical with wellness care.
- Coverage choices include routine visits, nail and beak trimmings, routine lab work and a percentage of X-rays and diagnostic testing.
- You must pay for treatment up front, then submit a claim with a receipt of payment for reimbursement.
- For additional information, visit **PetInsurance.com/NortonHealthcare** or call **(800) 872-7387**.

Additional benefits

Student loan wellness

- Vault Advisor is a web-based program that offers employees with student loans a portal to view all their loans, regardless of the number and financial institution who holds the loans.
- Compare repayment options and make smarter financial decisions.
- Decide whether to lower your payments or pay off your loans faster.
- Get live one-on-one help sessions with a Vault expert.
- Visit **App.Vault.co/Hello/Norton** to get started. For questions or assistance, email **genius@vault.co**.

U.S. Treasury securities

- Any employee can invest in savings bonds and other Treasury securities by establishing a Treasury Direct account at **TreasuryDirect.gov**.
- Fund the account by setting up a direct deposit, just as for a checking or savings account. Go to **Nsite**, click on **Employee Services** and then **My Pay** under **Time, Money & Benefits**. From the Bookmarks drop-down menu, select **Employee Self-Service, Pay** and then **Direct Deposit**.
- More information, including instructions for setting up payroll direct deposit, is available at **TreasuryDirect.gov**.

Benefits support

Retirement education specialist

Norton Healthcare's on-site retirement education specialist is available to meet with you to develop a personalized plan for your retirement needs. To schedule a meeting:

- Visit the **Human Resources Department** page on **Nsite** and select **Retirement Meetings** under **My HR Links**.
- Call **(502) 629-BENE** (2363), option 1, or email **hill.john@principal.com** to schedule an appointment.



John Hill

Benefits education specialists

Benefits education specialists are available year-round to answer your questions and discuss benefits choices. They can help you better understand your health and dental insurance plans, including deductibles, drug coverage, out-of-pocket expenses and copays. They can review additional benefits with you and make requested changes. They also can answer questions about N Good Health requirements. If you have a qualifying life event, such as marriage or a new baby, they can assist you in changing your information in the online benefits system.

A benefits education specialist can meet with you by phone or in person at a time and location that is convenient for you. Call **(502) 629-BENE** (2363), option 2, to schedule an appointment.



Megan Bashore



Hans Buhts



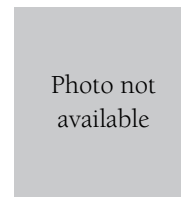
Billy Crutcher



Tom Eason



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IMPORTANT NOTICE

This packet of notices related to our health care plan includes a notice regarding how the plan's prescription drug coverage compares to Medicare Part D. If you or a covered family member is also enrolled in Medicare Parts A or B, but not Part D, you should read the Medicare Part D notice carefully. It is titled, "Important Notice From Norton Healthcare About Your Prescription Drug Coverage and Medicare."

MEDICARE PART D CREDITABLE COVERAGE NOTICE

IMPORTANT NOTICE FROM NORTON HEALTHCARE ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE IMPORTANT NOTICE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Norton Healthcare and about your options under Medicare's prescription drug coverage. This information can help you decide whether you want to join a Medicare drug plan. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

If neither you nor any of your covered dependents are eligible for or have Medicare, this notice does not apply to you or your dependents, as the case may be. However, you should still keep a copy of this notice in the event you or a dependent should qualify for coverage under Medicare in the future. Please note, however, that later notices might supersede this notice.

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Norton Healthcare has determined that the prescription drug coverage offered by the Norton Healthcare Healthy Living Plan and Norton Healthcare's High Deductible Health Plan ("Plan") are, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and are considered "creditable" prescription drug coverage. This is important for the reasons described below. Because your existing coverage is, on average, at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to enroll in a Medicare drug plan, as long as you later enroll within specific time periods.

Enrolling in Medicare—General Rules

As some background, you can join a Medicare drug plan when you first become eligible for Medicare. If you qualify for Medicare due to age, you may enroll in a Medicare drug plan during a seven-month initial enrollment period. That period begins three months prior to your 65th birthday, includes the month you turn 65, and continues for the ensuing three months. If you qualify for Medicare due to disability or end-stage renal disease, your initial Medicare Part D enrollment period depends on the date your disability or treatment began. For more information you should contact Medicare at the telephone number or web address listed below.

Late Enrollment and the Late Enrollment Penalty

If you decide to wait to enroll in a Medicare drug plan you may enroll later, during Medicare Part D's annual enrollment period, which runs each year from October 15 through December 7. But as a general rule, if you delay your enrollment in Medicare Part D, after first becoming eligible to enroll, you may have to pay a higher premium (a penalty).

If after your initial Medicare Part D enrollment period you go **63 continuous days or longer without "creditable" prescription drug coverage** (that is, prescription drug coverage that's at least as good as Medicare's prescription drug coverage), your monthly Part D premium may go up by at least 1 percent of the premium you would have paid had you enrolled timely, for every month that you did not have creditable coverage. For example, if after your Medicare Part D initial enrollment period you go 19 months without coverage, your premium may be at least 19% higher than the premium you otherwise would have paid. You may have to pay this higher premium for as long as you have Medicare prescription drug coverage. *However, there are some important exceptions to the late enrollment penalty.*

Special Enrollment Period Exceptions to the Late Enrollment Penalty

There are "special enrollment periods" that allow you to add Medicare Part D coverage months or even years after you first became eligible to do so, without a penalty. For example, if after your Medicare Part D initial enrollment period you lose or decide to leave employer-sponsored or union-sponsored health coverage that includes "creditable" prescription drug coverage, you will be eligible to join a Medicare drug plan at that time. In addition, if you otherwise lose other creditable prescription drug coverage (such as under an individual policy) through no fault of your own, you will be able to join a Medicare drug plan, again without penalty. These special enrollment periods end two months after the month in which your other coverage ends.

Compare Coverage

You should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. See the Norton Healthcare Healthy Living Plan and Norton Healthcare High Deductible Health Plan summary plan description for a summary of the Plan's prescription drug coverage. If you don't have a copy, you can get one by contacting us at the telephone number or address listed below.

Coordinating Other Coverage With Medicare Part D

Generally speaking, if you decide to join a Medicare drug plan while covered under the Norton Healthcare Healthy Living Plan or Norton Healthcare High Deductible Health Plan due to your employment (or someone else's employment, such as a spouse or parent), your coverage under the Norton Healthcare Healthy Living Plan or Norton Healthcare High Deductible Health Plan will not be affected. For most persons covered under the Plan, the Plan will pay prescription drug benefits first, and Medicare will determine its payments second. For more information about this issue of what program pays first and what program pays second, see the Plan's summary plan description or contact Medicare at the telephone number or web address listed below.

If you do decide to join a Medicare drug plan and drop your Norton Healthcare prescription drug coverage, be aware that you and your dependents may not be able to get this coverage back. To regain coverage you would have to re-enroll in the Plan, pursuant to the Plan's eligibility and enrollment rules. You should review the Plan's summary plan description to determine if and when you are allowed to add coverage.

For More Information About This Notice or Your Current Prescription Drug Coverage...

Contact the person listed below for further information, or call (502) 629-8911, Option 2.

NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Norton Healthcare changes. You also may request a copy.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans. For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov.
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and whether or not you are required to pay a higher premium (a penalty).

Date: August 4, 2020

Name of Entity/Sender: Norton Service Center

Contact—Position/Office:

Address: 9500 Ormsby Station Road, Suite 100, Louisville, KY 40223

Phone Number: (502) 629-8911, Option 2

Nothing in this notice gives you or your dependents a right to coverage under the Plan. Your (or your dependents') right to coverage under the Plan is determined solely under the terms of the Plan.

HIPAA COMPREHENSIVE NOTICE OF PRIVACY POLICY AND PROCEDURES

NORTON HEALTHCARE

IMPORTANT NOTICE

COMPREHENSIVE NOTICE OF PRIVACY POLICY AND PROCEDURES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This notice is provided to you on behalf of:

Norton Healthcare, Inc. Welfare Benefit Plan*

* This notice pertains only to healthcare coverage provided under the plan.

The Plan's Duty to Safeguard Your Protected Health Information

Individually identifiable information about your past, present, or future health or condition, the provision of health care to you, or payment for the health care is considered "Protected Health Information" ("PHI"). The Plan is required to extend certain protections to your PHI, and to give you this notice about its privacy practices that explains how, when, and why the Plan may use or disclose your PHI. Except in specified circumstances, the Plan may use or disclose only the minimum necessary PHI to accomplish the purpose of the use or disclosure.

The Plan is required to follow the privacy practices described in this notice, though it reserves the right to change those practices and the terms of this notice at any time. If it does so, and the change is material, you will receive a revised version of this Notice either by hand delivery, mail delivery to your last known address, or some other fashion. This notice, and any material revisions of it, will also be provided to you in writing upon your request (ask your Human Resources representative, or contact the Plan's Privacy Official, described below), and will be posted on any website maintained by Norton Healthcare that describes benefits available to employees and dependents.

You may also receive one or more other privacy notices from insurance companies that provide benefits under the Plan. Those notices will describe how the insurance companies use and disclose PHI and your rights with respect to the PHI they maintain.

How the Plan May Use and Disclose Your Protected Health Information

The Plan uses and discloses PHI for a variety of reasons. For its routine uses and disclosures it does not require your authorization, but for other uses and disclosures, your authorization (or the authorization of your personal representative (e.g., a person who is your custodian, guardian, or has your power-of-attorney) may be required. The following offers more description and examples of the Plan's uses and disclosures of your PHI.

Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations.

Treatment: Generally, and as you would expect, the Plan is permitted to disclose your PHI for purposes of your medical treatment. Thus, it may disclose your PHI to doctors, nurses, hospitals, emergency medical technicians, pharmacists, and other health care professionals where the disclosure is for your medical treatment. For example, if you are injured in an accident, and it's important for your treatment team to know your blood type, the Plan could disclose that PHI to the team in order to allow it to more effectively provide treatment to you.

Payment: Of course, the Plan's most important function, as far as you are concerned, is that it *pays* for all or some of the medical care you receive (provided the care is covered by the Plan). In the course of its payment operations, the Plan receives a substantial amount of PHI about you. For example, doctors, hospitals, and pharmacies that provide you care send the Plan detailed information about the care they provided, so that they can be paid for their services. The Plan may also share your PHI with other plans in certain cases. For example, if you are covered by more than one health care plan (e.g., covered by this Plan and your spouse's plan or covered by the plans covering your father and mother), we may share your PHI with the other plans to coordinate payment of your claims.

Health care Operations: The Plan may use and disclose your PHI in the course of its "health care operations." For example, it may use your PHI in evaluating the quality of services you received or disclose your PHI to an accountant or attorney for audit purposes. In some cases, the Plan may disclose your PHI to insurance companies for purposes of obtaining various insurance coverages. However, the Plan will not disclose, for underwriting purposes, PHI that is genetic information.

Other Uses and Disclosures of Your PHI Not Requiring Authorization. The law provides that the Plan may use and disclose your PHI without authorization in the following circumstances:

To the Plan Sponsor: The Plan may disclose PHI to the employers (such as Norton Healthcare) who sponsor or maintain the Plan for the benefit of employees and dependents. However, the PHI may only be used for limited purposes, and may not be used for purposes of employment-related actions or decisions or in connection with any other benefit or employee benefit plan of the employers. PHI may be disclosed to: the human resources or employee benefits department for purposes of enrollments and

disenrollments, census, claim resolutions, and other matters related to Plan administration; payroll department for purposes of ensuring appropriate payroll deductions and other payments by covered persons for their coverage; information technology department, as needed for preparation of data compilations and reports related to Plan administration; finance department for purposes of reconciling appropriate payments of premium to and benefits from the Plan, and other matters related to Plan administration; internal legal counsel to assist with resolution of claim, coverage, and other disputes related to the Plan's provision of benefits.

To the Plan's Service Providers: The Plan may disclose PHI to its service providers ("business associates") who perform claim payment and plan management services. The Plan requires a written contract that obligates the business associate to safeguard and limit the use of PHI.

Required by Law: The Plan may disclose PHI when a law requires that it report information about suspected abuse, neglect, or domestic violence, or relating to suspected criminal activity, or in response to a court order. It must also disclose PHI to authorities that monitor compliance with these privacy requirements.

For Public Health Activities: The Plan may disclose PHI when required to collect information about disease or injury, or to report vital statistics to the public health authority.

For Health Oversight Activities: The Plan may disclose PHI to agencies or departments responsible for monitoring the health care system for such purposes as reporting or investigation of unusual incidents.

Relating to Decedents: The Plan may disclose PHI relating to an individual's death to coroners, medical examiners, or funeral directors, and to organ procurement organizations relating to organ, eye, or tissue donations or transplants.

For Research Purposes: In certain circumstances, and under strict supervision of a privacy board, the Plan may disclose PHI to assist medical and psychiatric research.

To Avert Threat to Health or Safety: In order to avoid a serious threat to health or safety, the Plan may disclose PHI as necessary to law enforcement or other persons who can reasonably prevent or lessen the threat of harm.

For Specific Government Functions: The Plan may disclose PHI of military personnel and veterans in certain situations, to correctional facilities in certain situations, to government programs relating to eligibility and enrollment, and for national security reasons.

Uses and Disclosures Requiring Authorization: For uses and disclosures beyond treatment, payment, and operations purposes, and for reasons not included in one of the exceptions described above, the Plan is required to have your written authorization. For example, uses and disclosures of psychotherapy notes, uses and disclosures of PHI for marketing purposes, and disclosures that constitute a sale of PHI would require your authorization. Your authorization can be revoked at any time to stop future uses and disclosures, except to the extent that the Plan has already undertaken an action in reliance upon your authorization.

Uses and Disclosures Requiring You to Have an Opportunity to Object: The Plan may share PHI with your family, friend, or other person involved in your care, or payment for your care. We may also share PHI with these people to notify them about your location, general condition, or death. However, the Plan may disclose your PHI only if it informs you about the disclosure in advance and you do not object (but if there is an emergency situation and you cannot be given your opportunity to object, disclosure may be made if it is consistent with any prior expressed wishes and disclosure is determined to be in your best interests; you must be informed and given an opportunity to object to further disclosure as soon as you are able to do so).

Your Rights Regarding Your Protected Health Information

You have the following rights relating to your protected health information:

To Request Restrictions on Uses and Disclosures: You have the right to ask that the Plan limit how it uses or discloses your PHI. The Plan will consider your request, but is not legally bound to agree to the restriction. To the extent that it agrees to any restrictions on its use or disclosure of your PHI, it will put the agreement in writing and abide by it except in emergency situations. The Plan cannot agree to limit uses or disclosures that are required by law.

To Choose How the Plan Contacts You: You have the right to ask that the Plan send you information at an alternative address or by an alternative means. To request confidential communications, you must make your request in writing to the Privacy Official. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. The Plan must agree to your request as long as it is reasonably easy for it to accommodate the request.

To Inspect and Copy Your PHI: Unless your access is restricted for clear and documented treatment reasons, you have a right to see your PHI in the possession of the Plan or its vendors if you put your request in writing. The Plan, or someone on behalf of the Plan, will respond to your request, normally within 30 days. If your request is denied, you will receive written reasons for the denial and an explanation of any right to have the denial reviewed. If you want copies of your PHI, a charge for copying may be imposed but may be waived, depending on your circumstances. You have a right to choose what portions of your information you want copied and to receive, upon request, prior information on the cost of copying.

To Request Amendment of Your PHI: If you believe that there is a mistake or missing information in a record of your PHI held by the Plan or one of its vendors you may request in writing that the record be corrected or supplemented. The Plan or someone on its behalf will respond, normally within 60 days of receiving your request. The Plan may deny the request if it is determined that the PHI is: (i) correct and complete; (ii) not created by the Plan or its vendor and/or not part of the Plan's or vendor's records; or (iii) not permitted to be disclosed. Any denial will state the reasons for denial and explain your rights to have the request and denial, along with any statement in response that you provide, appended to your PHI. If the request for amendment is approved, the Plan or vendor, as the case may be, will change the PHI and so inform you, and tell others that need to know about the change in the PHI.

To Find Out What Disclosures Have Been Made: You have a right to get a list of when, to whom, for what purpose, and what portion of your PHI has been released by the Plan and its vendors, other than instances of disclosure for which you gave authorization, or instances where the disclosure was made to you or your family. In addition, the disclosure list will not include disclosures for treatment, payment, or health care operations. The list also will not include any disclosures made for national security purposes, to law enforcement officials or correctional facilities, or before the date the federal privacy rules applied to the Plan. You will normally receive a response to your written request for such a list within 60 days after you make the request in writing. Your request can relate to disclosures going as far back as six years. There will be no charge for up to one such list each year. There may be a charge for more frequent requests.

How to Complain About the Plan's Privacy Practices

If you think the Plan or one of its vendors may have violated your privacy rights, or if you disagree with a decision made by the Plan or a vendor about access to your PHI, you may file a complaint with the person listed in the section immediately below. You also may file a written complaint with the Secretary of the U.S. Department of Health and Human Services. The law does not permit anyone to take retaliatory action against you if you make such complaints.

Notification of a Privacy Breach

Any individual whose unsecured PHI has been, or is reasonably believed to have been used, accessed, acquired or disclosed in an unauthorized manner will receive written notification from the Plan within 60 days of the discovery of the breach. If the breach involves 500 or more residents of a state, the Plan will notify prominent media outlets in the state. The Plan will maintain a log of security breaches and will report this information to HHS on an annual basis. Immediate reporting from the Plan to HHS is required if a security breach involves 500 or more people.

Contact Person for Information, or to Submit a Complaint

If you have questions about this notice please contact the Plan's Privacy Official or Deputy Privacy Official(s) (see below). If you have any complaints about the Plan's privacy practices, handling of your PHI, or *breach notification process*, please contact the Privacy Official or an authorized Deputy Privacy Official.

Privacy Official

The Plan's Privacy Official, the person responsible for ensuring compliance with this notice, is:

Privacy Officer
(502) 629-8911

Effective Date

The effective date of this notice is: August 4, 2020.

NOTICE OF SPECIAL ENROLLMENT RIGHTS

NORTON HEALTHCARE EMPLOYEE HEALTH CARE PLAN

NOTICE OF SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to later enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage).

Loss of eligibility includes but is not limited to:

- Loss of eligibility for coverage as a result of ceasing to meet the plan's eligibility requirements (e.g., divorce, cessation of dependent status, death of an employee, termination of employment, reduction in the number of hours of employment);
- Loss of HMO coverage because the person no longer resides or works in the HMO service area and no other coverage option is available through the HMO plan sponsor;
- Elimination of the coverage option a person was enrolled in, and another option is not offered in its place;
- Failing to return from an FMLA leave of absence; and
- Loss of eligibility under Medicaid or the Children's Health Insurance Program (CHIP).

Unless the event giving rise to your special enrollment right is a loss of eligibility under Medicaid or CHIP, you must request enrollment within *30 days* after your or your dependent's(s') other coverage ends (or after the employer that sponsors that coverage stops contributing toward the coverage).

If the event giving rise to your special enrollment right is a loss of coverage under Medicaid or CHIP, you may request enrollment under this plan within *60 days* of the date you or your dependent(s) lose such coverage under Medicaid or CHIP. Similarly, if you or your dependent(s) become eligible for a state-granted premium subsidy toward this plan, you may request enrollment under this plan within *60 days* after the date Medicaid or CHIP determine that you or the dependent(s) qualify for the subsidy. In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within *30 days* after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact:

Norton Service Center
(502) 629-8911, Option 2

*** This notice is relevant for healthcare coverages subject to the HIPAA portability rules.**

WOMEN'S HEALTH AND CANCER RIGHTS NOTICE

Norton Healthcare Employee Health Care Plan is required by law to provide you with the following notice:

The Women's Health and Cancer Rights Act of 1998 ("WHCRA") provides certain protections for individuals receiving mastectomy-related benefits. Coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedemas.

The Norton Healthcare Employee Health Care Plan provide(s) medical coverage for mastectomies and the related procedures listed above, subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply:

Healthy Living Plan	Domestic	In-Network	Out-of-Network
Individual Deductible	\$1,750	\$4,500	\$7,000
Family Deductible	\$3,500	\$9,000	\$14,000
Coinsurance	90%	60%	40%
High-Deductible Health Plan	Domestic	In-Network	Out-of-Network
Individual Deductible	\$2,800	\$4,000	\$7,500
Family Deductible	\$5,000	\$8,000	\$15,000
Coinsurance	90%	60%	40%

If you would like more information on WHCRA benefits, please refer to your Summary Plan Description or contact your Plan Administrator at:

Norton Service Center
(502) 629-8911, Option 2

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2020. Contact your State for more information on eligibility –

ALABAMA – Medicaid	COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Website: http://myalhcpp.com/ Phone: 1-855-692-5447	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711
ALASKA – Medicaid	FLORIDA – Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhcpp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: http://flmedicaidprecovery.com/hcpp/ Phone: 1-877-357-3268
ARKANSAS – Medicaid	GEORGIA – Medicaid
Website: http://myarhcpp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hcpp Phone: 678-564-1162 ext 2131
CALIFORNIA – Medicaid	INDIANA – Medicaid
Website: https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_con.aspx Phone: 1-800-541-5555	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864

IOWA – Medicaid and CHIP (Hawki)	MONTANA – Medicaid
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084
KANSAS – Medicaid	NEBRASKA – Medicaid
Website: http://www.kdheks.gov/hcf/default.htm Phone: 1-800-792-4884	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
KENTUCKY – Medicaid	NEVADA – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx X Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900
LOUISIANA – Medicaid	NEW HAMPSHIRE – Medicaid
Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218
MAINE – Medicaid	NEW JERSEY – Medicaid and CHIP
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
MASSACHUSETTS – Medicaid and CHIP	NEW YORK – Medicaid
Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
MINNESOTA – Medicaid	NORTH CAROLINA – Medicaid
Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/medical-assistance.jsp [Under ELIGIBILITY tab, see “what if I have other health insurance?”] Phone: 1-800-657-3739	Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100
MISSOURI – Medicaid	NORTH DAKOTA – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP	UTAH – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
OREGON – Medicaid	VERMONT– Medicaid
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
PENNSYLVANIA – Medicaid	VIRGINIA – Medicaid and CHIP
Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medicaid/HIPP-Program.aspx Phone: 1-800-692-7462	Website: https://www.coverva.org/hipp/ Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282
RHODE ISLAND – Medicaid and CHIP	WASHINGTON – Medicaid
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
SOUTH CAROLINA – Medicaid	WEST VIRGINIA – Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
SOUTH DAKOTA - Medicaid	WISCONSIN – Medicaid and CHIP
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
TEXAS – Medicaid	WYOMING – Medicaid
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531

To see if any other states have added a premium assistance program since January 31, 2020, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2023)



NORTON
HEALTHCARE