



Employee Guide to 2023 **BENEFITS**

YOU HAVE MANY CHOICES!
Select the benefits that work best
for you and your family



Employee Guide to 2023 Benefits

Contents

A note from Russell F. Cox and Michael W. Gough.....	2
Make a career out of making a difference.....	3
What's new for 2023.....	4
Medical coverage.....	6
<ul style="list-style-type: none">• Medical plan descriptions• Norton Healthy Living Plan with employer-funded Health Reimbursement Account• Norton High-Deductible Health Plan with optional Health Savings Account• Prescription drug coverage• Medical plan grid• Medical plan grid number codes	
<ul style="list-style-type: none">• Medical coverage costs• How to choose a medical plan• Supplemental medical-related insurance (accident, critical illness, hospital indemnity)• Medical providers• Choose the right care for your needs• Norton Pharmacy• Rx for Better Health	
Spending accounts.....	14
<ul style="list-style-type: none">• Using your spending accounts• How do I use my funds?• Verifying or documenting expenses	
N Good Health.....	17
Dental coverage.....	18
Vision coverage.....	19
Life insurance and accidental death & dismemberment benefits.....	20
Disability and leave benefits.....	22
Parental leave benefits.....	22
Planning for retirement.....	23
Time-off benefits.....	24
Additional benefits.....	26
<ul style="list-style-type: none">• Adoption Assistance Program• Auto and homeowners' insurance• Commuter Benefits Program• Driven Solutions (roadside assistance)• Employee Assistance Program• Employee Discount Program (Norton Concierge Services)• Employee Purchase Program (Purchasing Power)• Employer Assisted Housing Program (for first-time homebuyers)• Hear In America hearing plans	
<ul style="list-style-type: none">• Identity and credit protection• Legal plan• Long-term care insurance• Norton 529 College Savings Plan• Outpatient services discount• Pet insurance• Student loan wellness• U.S. Treasury securities	
Benefits support.....	29
Notes.....	30
Legal notices.....	31

Welcome to your 2023 benefits



As a Norton Healthcare employee, you help shape the quality of health care for people throughout Kentucky, Southern Indiana and around the region. You play an important role in our commitment to providing safe, compassionate and quality care.

We are pleased to offer comprehensive benefits in return for your dedicated service to Norton Healthcare and the patients we serve. These benefits are an important part of your total compensation package. They provide both choice and value to meet the needs of our diverse and growing workforce. We know that making choices about your benefits can be overwhelming at times, so we provide tools and information to help you make the right choices for you and your family.



This booklet offers a comprehensive overview of your benefits options, including details about eligibility, enrollment and available plans. It also explains how changes in your life and in your employment status can affect your benefits. Keep this booklet and Quick Enrollment Guide (included in your envelope) for future reference.

Being knowledgeable about what is offered is the best way to get the health care coverage you need and the most value from your other Norton Healthcare benefits. A dedicated and experienced benefits team is here to help you make the most of your benefits and support you throughout the year. 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.

You do so much to care for our patients, families, community and one another. We want to make it easier for you to take care of yourself, too. We encourage you to take the time to review this guide to make informed benefits selections. Thank you for your commitment to Norton Healthcare and the patients we serve.

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 2023

Medical plans

Electrocardiograms will have a \$40 copay at Norton Healthcare locations on the Norton Healthy Living Plan.

Vision insurance

Davis Vision is now part of MetLife. Some materials will reflect the MetLife name.

The Davis Vision Plus plan has a new \$160 allowance for frames.

Employee Purchase Program

Employees now can purchase vacation packages through payroll deduction, with options for six or 12 months to pay.

Short-term disability

Starting Jan. 1, 2023, short-term disability coverage will change from 75% of your base salary to 65%. This change in coverage reduces the impact of a rate increase that is due to higher usage by Norton Healthcare employees while maintaining rates as competitive as possible.

Outpatient services discount

Effective Jan. 1, 2023, the 20% outpatient services discount for Norton Healthcare employees will be extended to services performed at Norton King's Daughters' Health.

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) or email **BenefitsDepartment@nortonhealthcare.org** 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. 4, at 5 p.m. EDT.

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. 4, 2022, 5 p.m.	Jan. 1, 2023	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
Ending 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 2023. 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 2023 benefits and you carry medical, dental, vision, any additional life insurance coverage, and/or identity and credit protection family coverage in 2022, you will be enrolled automatically in these same plan(s) at the same level of coverage.

Eligibility requirements

Full- and part-time employees stated 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 many 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 and eligible to use the Employee Assistance Program.
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.

*Stated 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 **(833) 332-0791**.

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:

MEMBER NAME	
Member ID: JNHAN1234567	Norton Healthy Living Plan
Group No: W33025M011	Office Visit \$20
Plan: 161	Specialist \$35
Rx Bin: 610011	Emergency Room Ded/Coins \$30/\$75
Rx PCN: IRX	ICC
Rx Group: NORTONHC	For detailed benefit including Deductible and Out of Pocket maximums, please visit anthem.com
Coverage(s): MEDICAL Blue View Vision	
BLUE ACCESS 	

- You will receive a separate card from WEX 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.

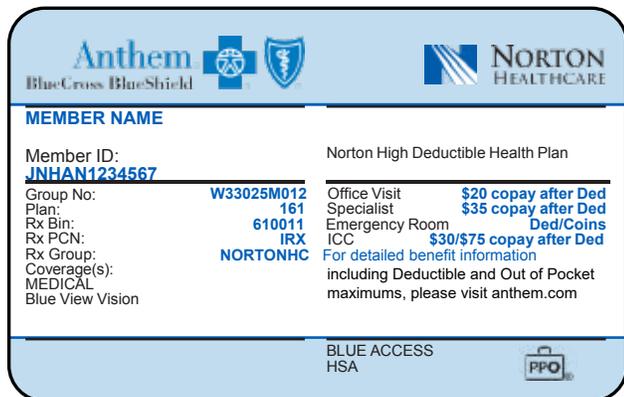
PLEASE NOTE

If you currently have a health care FSA with the Norton Healthy Living Plan and switch to the Norton High-Deductible Health Plan and fund the HSA, you must use all funds from your FSA by Dec. 31, 2022, or you will not be able to contribute to or use your HSA in 2023.

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 WEX 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. In addition, it is important to know that if you currently have a health care FSA with the Norton Healthy Living Plan and switch to the Norton High-Deductible Health Plan and fund the HSA, you must use all your FSA funds by Dec. 31, 2022, or you will not be able to contribute to or use your HSA in 2023.

Prescription drug coverage

Our medical plans offer prescription coverage through Optum. You can call Optum at **(800) 241-1657** for information about medication pricing (by plan). You also can visit **Welcome.OptumRX.com/Norton** to view information about the Optum benefit for the plan year. Starting Jan. 1, 2023, **OptumRx.com** 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 Optum, 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 who is available to answer questions anytime, day or night.

Optum 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, Walgreens Specialty Pharmacy or Optum 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 Optum 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. **Norton Pharmacy locations offer employees the lowest possible prices.**

Norton Healthy Living Plan

All tiers are included in this plan.	Norton Healthcare tier Discounted services for using Norton Healthcare providers (Tier 1)	Base tier Includes services within Anthem's network of providers; excludes Jewish Hospital and Baptist Health providers and facilities (Tier 2)	Out-of-network tier Includes any provider or facility, including Jewish Hospital and Baptist Health (Tier 3)
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	5,000	\$7,000
• Family (3)	\$3,500	\$10,000	\$14,000
Out-of-pocket amounts (per calendar year) (4, 12) • Individual	\$4,250	\$6,850	\$8,000
• Family	\$8,500	\$13,700	\$16,000
Preventive care • Annual routine physical exam and routine child care	100%	100%	40% after deductible
• Routine mammogram	100%	100%	40% after deductible
• Routine lab and X-ray	100%	100%	40% after deductible
Physician services • Office visits (including primary care, mental health and prenatal care) (5)	100% after \$20 (primary)/\$35 (specialist) copay**	100% after \$20 (primary)/\$35 (specialist) copay**	40% after deductible
• Immediate care center	\$30 copay	\$75 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	\$75 copay	40% after deductible
• Allergy injections	100% after \$5 copay	100% after \$5 copay	40% after deductible
• Inpatient services and allergy serum	90% after deductible (Tier 1 deductible applies)	90% after deductible (Tier 1 deductible applies)	40% after deductible
• Outpatient services	90% after deductible (Tier 1 deductible applies)	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	90% after deductible
Other medical services • Physical, occupational and speech therapy (7)	\$25 copay	90% after deductible	40% after deductible
• Mental health (nonoffice visits, i.e., residential treatment)	100% after deductible	100% after deductible	40% after deductible
• Chiropractic visits (limit 24 manipulation visits per year) (7)	100% after \$35 copay	100% after \$35 copay	40% after deductible
Prescription drugs (8, 11)	30-day supply	90-day supply	Pay in full for medicines, then contact Optum.*
	100% after copay of: \$10 generic, \$30 preferred brand, \$55 brand, 25% specialty	100% after copay of: \$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 Optum.*
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 brand	Pay in full for medicines, then contact Optum.*
Rx for Better Health • Copays for select medications and testing supplies for members in this program (11)	\$0 generic, \$5 preferred brand, \$30 brand, 25% specialty	\$0 generic, \$12.50 preferred brand, \$75 brand, 25% specialty	Pay in full for medicines, then contact Optum.*

*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

All tiers are included in this plan.	Norton Healthcare tier Discounted services for using Norton Healthcare providers (Tier 1)	Base tier Includes services within Anthem's network of providers; excludes Jewish Hospital and Baptist Health providers and facilities (Tier 2)	Out-of-network tier Includes any provider or facility, including Jewish Hospital and Baptist Health (Tier 3)
Norton HSA contribution • Annual member benefit (per calendar year)	None	None	None
Annual deductible* (per calendar year) • Individual (2)	\$3,000	\$4,500	\$7,500
• Family (3)	\$6,000	\$9,000	\$15,000
Out-of-pocket amounts (per calendar year) (4) • Individual	\$4,000	\$6,000	\$15,500
• Family	\$8,000	\$12,000	\$31,000
Preventive care • Annual routine physical exam and routine child care	100%	100%	40% after deductible
• Routine mammogram	100%	100%	40% after deductible
• Routine lab and X-ray	100%	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)	\$20 (primary care)/\$35 (specialist) copay after deductible (Tier 1 deductible applies)	40% after deductible
• Immediate care center	\$30 after deductible	\$75 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	\$75 after deductible	40% after deductible
• Allergy injections	90% after deductible (Tier 1 deductible applies)	90% after deductible (Tier 1 deductible applies)	40% after deductible
• Inpatient services and allergy serum	90% after deductible (Tier 1 deductible applies)	90% after deductible (Tier 1 deductible applies)	40% after deductible
• Outpatient services	90% after deductible (Tier 1 deductible applies)	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	90% after deductible
Other medical services • Physical, occupational and speech therapy (7)	\$25 copay after deductible	90% after deductible	40% after deductible
• Mental health (nonoffice visits, i.e., residential treatment)	100% after deductible	100% after deductible	40% after deductible
• Chiropractic visits (limit 24 manipulation visits per year) (7)	90% after deductible	90% after deductible	40% after deductible
Prescription drugs* (8)	30-day supply 100% after deductible and copay of: \$10 generic, \$30 preferred brand, \$55 brand, 25% specialty	90-day supply 100% after deductible and copay of: \$25 generic, \$75 preferred brand, \$137.50 brand	Pay in full for medicines, then contact Optum.*
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 Optum.*
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 brand	Pay in full for medicines, then contact Optum.*
Rx for Better Health • Copays for select medications and testing supplies for members in this program	\$0 generic, \$5 preferred brand, \$30 brand, 25% specialty	\$0 generic, \$12.50 preferred brand, \$75 brand, 25% specialty	Pay in full for medicines, then contact Optum.*

*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, 2023.
- (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.

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.

Medical coverage costs

Medical coverage costs for employees stasuted 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 stasuted to work at least 32 hours (.4 FTE) per pay period		
Employee only	\$102.51	\$68.15
Employee + spouse	\$221.64	\$152.91
Employee + child(ren)	\$140.19	\$76.17
Family	\$248.03	\$161.92
Monthly Part-time employees stasuted to work less than 32 hours (< .4 FTE) per pay period		
Employee only	\$664.11	\$187.65
Employee + spouse	\$1,328.22	\$777.30
Employee + child(ren)	\$1,281.74	\$ 736.03
Family	\$2,065.39	\$ 1,431.82

Costs for employees stasuted to work fewer than 32 hours per pay period and registry** employees are not paid through payroll deduction. Premium payments are paid directly to WEX, our third-party vendor.

†Stasuted 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 stasuted 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 stasuted 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 stasuted 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!

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. To file for your wellness benefit, visit Voya.com/Claims.

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. If you have critical illness coverage, don't forget to file for your annual \$150 wellness benefit.

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/Find-Care. Search as a member, and enter **JNH** into the search bar. Enter your address or ZIP code. Care type or provider name can be searched by typing into the search bar or scrolling down and selecting a provider type. Tier indicator is listed under "recognition." You also may call Anthem at **(833) 332-0791** 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).



Medical coverage

Choose the right care for your needs

Use this chart to help you decide what level of care is right for you or your family member. Not sure which option is right for you? Call (502) 629-1234, option 3, for assistance.

	 PRIMARY CARE	 IMMEDIATE CARE	 NORTON PROMPT CARE at Walgreens	 NORTON ECARE	 EMERGENCY CARE
 FOR	Most health care needs that can wait for an appointment, including sick visits, injury care, routine checkups and ongoing care	Illnesses or injuries that don't put your life in danger but you need care before you can get an appointment with your primary care provider	Sick visits, well visits, physicals and care for minor injuries	Minor illnesses	Life-threatening or severe illnesses, injuries or trauma*
 HOURS	Open weekdays; hours vary by location	Open 7 days a week with extended hours, including holidays. The Preston Highway location is open 24 hours and offers pediatric after-hours care at select times.	Monday to Saturday, 8 a.m. to 8 p.m.	24/7	24/7
 AGES	All	All	Ages 2 and older	Ages 2 and older depending on condition	All
 ADVANTAGES	<ul style="list-style-type: none"> Same-day appointments available at over 55 adult and pediatric locations Maintain a relationship with your family provider Lower cost option 	<ul style="list-style-type: none"> See wait times and reserve a spot online On-site lab and X-ray equipment Lower cost option 	<ul style="list-style-type: none"> Conveniently located in select Walgreens locations Self-pay and most insurance accepted Lower cost option 	<ul style="list-style-type: none"> Virtual urgent care available 24/7 from anywhere in Kentucky or Indiana Lower cost option Available from your mobile device or computer 	<ul style="list-style-type: none"> Multiple locations within hospitals throughout Greater Louisville Open 24/7 Norton Children's Hospital is the only Level I Pediatric Trauma Center in Louisville
 APPOINTMENT	Required; telehealth options and online scheduling available	Not required. Walk in or reserve your spot online.	Not required. Walk in or schedule a same-day or future appointment. Online scheduling available.	Complete an eVisit questionnaire or schedule a same-day video visit with a provider online.	Walk in or emergency transport only
 WHY CHOOSE THIS OPTION	A primary care provider or pediatrician is the best person to help you stay healthy and manage ongoing health conditions.	Most emergency department visits can be treated at a Norton Immediate Care Center. Save time and money by going to an immediate care center.	Experience the convenience of getting care at a retail location where you also can pick up any needed prescriptions.	Video visits and eVisits are fast and easy, and you don't have to leave home or work.	An emergency department can quickly determine the right care for severe or life-threatening illnesses or injuries.

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," then select "Create Account" at the bottom of the page.

Medical coverage

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

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

2700 Stanley Gault Parkway, Suite 103
Louisville, Kentucky
Open Monday through Friday, 8 a.m. to 6 p.m.
(502) 559-1310 phone • **(502) 559-1305** fax

Rx for Better Health

Rx for Better Health is a medication management program designed to improve the health of employees and family members (ages 18 and older) who have chronic conditions. New for 2022, the Rx for Better Health program is expanding beyond diabetes to include hypertension, asthma and chronic obstructive pulmonary disease (COPD). The program also is available for employees and family members who would like assistance managing their medications.

This program is free to employees and family members enrolled in one of Norton Healthcare's medical plans.

Participants may receive free monitoring and testing supplies and reduced copayments on eligible medications. You also will have access to a specially trained pharmacist, who will work with you and your provider to manage your medications and conditions.

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 WEX. See the chart below for details.

	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 staturesd to work a minimum of 32 hours (.4 FTE) per pay period	Employees staturesd 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 14 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)	\$2,850	\$5,000 per household	\$3,850 for single coverage \$7,750 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, 2023. 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.	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.	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 [WEXInc.com/Insights/Benefits-Toolkit/Eligible-Expenses](https://www.wexinc.com/insights/benefits-toolkit/eligible-expenses). WEX 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 WEX 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. The type of spending account will be printed on each card underneath the cardholder name. The type of account will be HRA (HLTH REIM ACCT), HSA (HLTH SPEND ACCT) or FSA (FLEX SPEND ACCT).



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 WEX.

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

WEX's 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.

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.

DID YOU KNOW?

Remember, starting Jan. 1, 2023, your HRA card can be used only for 2023 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, 2022. You receive the bill in January 2023. Because the services were provided in the prior calendar year, you cannot use your HRA card to pay. You can log in to your WEX account and use the "Pay the Provider" option for filing the claim through March 31, 2023. The other option is to pay the bill and then file for reimbursement through your WEX account.

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 WEX 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 WEX send payments directly to your provider. Participants in the Health Savings Account may use their WEX card or make distribution requests, which can be paid directly to the provider or paid to you.

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



If you currently have a health care FSA with the Norton Healthy Living Plan and switch to the Norton High-Deductible Health Plan and fund the HSA, you must use all funds by Dec. 31, 2022, from your FSA or you will not be able to contribute or use your HSA in 2023.

Spending accounts

Verifying or documenting expenses

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

How do I complete the verification process?

- **Online** – Log into your WEX account, enter the claim information and upload your documentation.
- **Mobile application** – Locate your claim in the WEX mobile app, then simply take a picture of your document with your phone.
- **Fax or mail** – Download the claim form from **WEXInc.com**. Fax it along with your documentation to **(866) 451-3245** or mail it to WEX, 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

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.

Plan year quick reference

Use this chart to review claim deadlines:

Plan year funds (For health care and dependent care FSAs)	Last day you can swipe your card	Last day to submit for reimbursement
2022	March 15, 2023	March 31, 2023
2023	March 15, 2024	March 31, 2024
Plan year funds (For HRA)	Last day you can swipe your card	Last day to submit for reimbursement
2022	Dec. 31, 2022	March 31, 2023
2023	Dec. 31, 2023	March 31, 2024



When you use your WEX 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.

In addition, any unsubstantiated HRA claims will need to be paid back to WEX prior to the end of the plan year. If not paid to WEX, the funds will need to be paid back to Norton Healthcare in full through payroll deduction.

N Good Health

N Good Health is your nationally recognized comprehensive wellness program. Engage in the program all year long to improve health and earn rewards! From nutrition to physical activity, mental well-being to community belonging, a lot of things make up a healthy you!

- Create a culture of health with wide-ranging support of well-being.
- Improve health and reduce risk of chronic disease, such as diabetes or asthma.
- Unite with peers for accountability and support throughout your wellness journey.
- Develop an individualized plan for healthy living.
- Engage with a dedicated team of health and wellness professionals.
- Earn up to \$910 in rewards.

Visit *NGoodHealth.com*

Check out our easy-to-use well-being portal that provides great tools and resources you can use to chart your path to a healthier lifestyle. The interactive portal features fun personal and group challenges, exercise video courses and innovative resources you can use throughout your well-being journey.

Other highlights include:

- Easy access to your account by using the mobile app, allowing seamless syncing of steps, activity, sleep hours, nutrition and more — even with Apple devices!
- In-person or virtual assessments with a wellness team member to help guide you to resources that best meet your needs
- Recipes, workouts, articles, wellness courses and additional interactive resources
- Competitions, wellness fairs, special events, giveaways and more!

Who can participate?

All employees have access to the N Good Health wellness program, the well-being portal and mobile app. Spouses on a Norton Healthcare medical plan will have the same access.

Join the program

1. Visit **NGoodHealth.com** on any device that has internet access.

2. Select “JOIN NOW” and follow the on-screen prompts.

Employees: Enter your AHSN to create your account.

Spouses: Enter your spouse number to create your account. Call **(502) 629-2162** to get your spouse number. Spouses being added to a Norton Healthcare medical plan will need to wait until Jan. 1, 2023, to access to the portal, after their medical plan coverage takes effect.



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	
	PPO in-network dentist	Premiere and 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

Both the PPO Plus Premier and the PPO plan will cover posterior resin (white) fillings and sealants up to age 15.

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 is now a part of MetLife.

	Davis Vision Basic		Davis Vision Plus	
	PPO	Out-of-network	PPO	Out-of-network
Copays				
Exam	100% (no copay)	\$50 allowance	100% (no 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; \$160 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 calendar year	Every calendar year

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	\$3.80
Employee + spouse	\$1.04	\$6.00
Employee + child(ren)	\$1.06	\$6.13
Family	\$1.54	\$9.89

Benefits, provider and eligibility

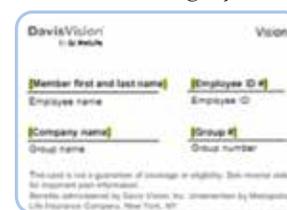
Through Dec. 31, 2022, visit [DavisVision.com/Member](https://www.davisvision.com/Member) or call **(800) 836-2094**. Live support will be available Monday through Friday, 8 a.m. to 11 p.m.; Saturdays, 9 a.m. to 4 p.m.; and Sundays, noon to 4 p.m. Starting Jan. 1, 2023, visit [MetLife.com/MyBenefits](https://www.metlife.com/MyBenefits) or call **(833) EYE-LIFE** (393-5433) for more information about your benefits and eligibility. Live support will be available Monday through Friday, 8 a.m. to 9 p.m.; and Saturdays, 9 a.m. to 4 p.m.

Mobile access

You can access [DavisVision.com/Member](https://www.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:



***Note:** Employees with Davis Vision Plus plan will be able to change frames every 12 months. In addition, eligible employees can use their Davis Vision plans at online retailers, such as 1-800 Contacts, Befitting and Glasses.com.

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 stasured 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 and leave 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 65% 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 stasured to work. *Stasured 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.

It's never too early to start planning for medical leave, family care leave, parental leave or adoption/foster care leave. Visit **NortonHealthcare.LeaveLogic.com** to get started. You also can access the link on **Nsite** under "Employee Services."

You can file your disability or leave through LeaveLogic or by contacting Unum at **(800) 572-6352**.



All eligible employees will be enrolled automatically in 65% 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.
- For mothers, fathers and adoptive parents 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 stasured to work and the employee's earnings. *Stasured 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.

You can file your parental leave through LeaveLogic at **NortonHealthcare.LeaveLogic.com** or by calling 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 31 days after your start date at a contribution rate of 6%. You may elect a different contribution amount at any time by logging in to your account at **Principal.com** or using the Principal app.
- **Matching contributions:** Norton Healthcare will match 100% of your contributions up to 4% on each paycheck.
- If we achieve or exceed our stewardship goal for the year, Norton Healthcare will make an additional match based on your 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 automatically increase 1% each year until it reaches 15%.
- 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 and set up your preferences for two-factor authentication. Remember, Principal will reimburse your employer-sponsored retirement account for losses from unauthorized activity that occur through no fault of your own. Learn more at **Principal.com/Customer-Protection-Guarantee**.
2. Designate a beneficiary at **Principal.com/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.

3. 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.
4. Schedule a one-on-one meeting with one of our on-site retirement education specialists, John Hill or Angel Workman. They can analyze your unique needs and goals, find gaps in your savings and advise you on ways to close those gaps. To make an appointment, visit **Nsite** and select Retirement Meetings under My HR Links at the bottom right. You also can email them at **hill.john@principal.com** or **workman.angel@principal.com**, or call **(502) 629-BENE (2363)**, option 1.
5. 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 — all at no cost to you.
6. For additional questions, call Principal at **(800) 547-7754**.



Time-off benefits

FlexTime provides employees with the flexibility to take paid time off to meet their personal needs — whether for vacation, illness, personal business, emergencies or other situations that require time off from work. Your FlexTime accrual rate includes seven organizational holidays, personal time off and sick days.

Norton Healthcare has designed FlexTime to provide you with as much flexibility as possible when you need paid time off. Time away from work can be extremely helpful for maintaining a healthy work-life balance. Be sure to follow your department's approval process to ensure time off doesn't create staffing or scheduling issues.

FlexTime eligibility

- All full- and part-time employees who are stasured 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 an additional 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 an additional 8 hours of FlexTime front-loaded.
- The FlexTime rate is based on your years of service, 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	0.084615	6.769	200	200
1 - 2 years	0.096153	7.692	200	400
3 - 4 years	0.103846	8.308	216	432
5 - 9 years	0.115384	9.231	240	480
10 - 14 years	0.130769	10.462	272	544
15 - 19 years	0.138461	11.077	288	576
20 or more years	0.150000	12.000	312	624

*Stated 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, bereavement leave 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:** Norton Healthcare encourages its employees to fulfill their civic duties related to jury service. Active employees stasuted to work a minimum of 32 hours (.4 FTE) per pay period will be paid their base rate of pay when requested to serve on jury duty.
- **Bereavement:** Norton Healthcare offers bereavement leave to eligible employees to avoid loss of income following the death of eligible family members as listed below. Relatives by marriage (step and in-law) are included.

Type of family member	Number of days
Spouse Child Parent Sibling	Up to 5 per occurrence
Grandparent Grandchild	Up to 3 per occurrence
Aunt Uncle Cousin Niece/nephew Ex-spouse	Up to 1 per occurrence

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 stasured 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 (up to \$10,000).
 - Refer to details regarding parental leave on page 22.
- For additional information, go to **Nsite** and select Policies & Forms, then choose the appropriate form in the Benefits box, 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 stasured 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 WEX 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 WEX debit card (where accepted) or submitting them to WEX within 180 days from the date you incurred the expense to receive reimbursement.

- You designate an annual amount you wish to contribute (up to \$280 per month for transit and \$280 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 **WEXInc.com** or call **(866) 451-3399**.

Driven Solutions (roadside assistance)

- This benefit is available to employees who are stasured 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 10 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 or by telephone/video with a licensed professional.
- 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 simple 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 (stated to work 32 hours per pay period or .4 FTE or higher) and earn at least \$16,000 per year. You also must have no current nonbenefit payroll deductions (such as garnishments or tax levies).
- 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 stated 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) 814-2701** or email Beka Storms at **beka.storms@nortonhealthcare.org**.

Hear In America hearing plans

Hear In America is a hearing services discount program available to you and your extended family (including in-laws) regardless of their state of residency. Benefits include:

- Free enrollment, with no registration fees or premiums
- Free hearing exams
- Full selection of hearing aids from all major brands
- Low price guarantee
- Financing available
- Three years of complete care (warranties, office service and batteries) included with all purchases

For more information or to sign up, call Hear In America at **(855) 621-2802** or visit **HearInAmerica.com** and mention you are a Norton Healthcare employee.

Identity and credit protection

- All employees receive identity and privacy protection through Allstate Identity Protection **at no cost**.
- The 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.
- The Allstate Identity Protection mobile app lets you monitor your identity on the go. It is available for iOS and Android devices.
- Family protection is available for purchase.
- For more information, visit **MyAIP.com** or call **(800) 789-2720**.

Additional benefits

Legal plan

- Employees who are staturesd 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, 2023.
- 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 MetLife Legal at **(800) 821-6400**.

Long-term care insurance

- Employees who are staturesd 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.
- If you and your family are covered under one of the Norton Healthcare medical plans, the discount will be automatically applied.
- If you and your family are not covered under one of the Norton Healthcare medical plans, 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 staturesd 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, or to start/cancel coverage, 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 specialists

Norton Healthcare's on-site retirement education specialists are 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**.
- To make an appointment, contact them at hill.john@principal.com or workman.angel@principal.com, or call **(502) 629-BENE** (2363), option 1.



John Hill



Angel Workman

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.



Thomas Benningfield



Hans Buhts



Billy Crutcher



Tom Eason



Beau Overstreet



April Stoner

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 July 31, 2022. Contact your State for more information on eligibility –

ALABAMA-Medicaid	CALIFORNIA-Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
ALASKA-Medicaid	COLORADO-Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx	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 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442
ARKANSAS-Medicaid	FLORIDA-Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268

<p align="center">GEORGIA-Medicaid</p> <p>GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: (678) 564-1162, Press 2</p>	<p align="center">MASSACHUSETTS-Medicaid and CHIP</p> <p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: (617) 886-8102</p>
<p align="center">INDIANA-Medicaid</p> <p>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: https://www.in.gov/medicaid/ Phone 1-800-457-4584</p>	<p align="center">MINNESOTA-Medicaid</p> <p>Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739</p>
<p align="center">IOWA-Medicaid and CHIP (Hawki)</p> <p>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 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562</p>	<p align="center">MISSOURI-Medicaid</p> <p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>
<p align="center">KANSAS-Medicaid</p> <p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884</p>	<p align="center">MONTANA-Medicaid</p> <p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPPProgram@mt.gov</p>
<p align="center">KENTUCKY-Medicaid</p> <p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx 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</p>	<p align="center">NEBRASKA-Medicaid</p> <p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>
<p align="center">LOUISIANA-Medicaid</p> <p>Website: www.medicicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>	<p align="center">NEVADA-Medicaid</p> <p>Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900</p>
<p align="center">MAINE-Medicaid</p> <p>Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: -800-977-6740. TTY: Maine relay 711</p>	<p align="center">NEW HAMPSHIRE-Medicaid</p> <p>Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218</p>

<p align="center">NEW JERSEY-Medicaid and CHIP</p> <p>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</p>	<p align="center">SOUTH DAKOTA-Medicaid</p> <p>Website: http://dss.sd.gov Phone: 1-888-828-0059</p>
<p align="center">NEW YORK-Medicaid</p> <p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>	<p align="center">TEXAS-Medicaid</p> <p>Website: http://gethiptexas.com/ Phone: 1-800-440-0493</p>
<p align="center">NORTH CAROLINA-Medicaid</p> <p>Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100</p>	<p align="center">UTAH-Medicaid and CHIP</p> <p>Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669</p>
<p align="center">NORTH DAKOTA-Medicaid</p> <p>Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825</p>	<p align="center">VERMONT-Medicaid</p> <p>Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427</p>
<p align="center">OKLAHOMA-Medicaid and CHIP</p> <p>Website: http://www.insureoklahoma.org Phone: 1-888-365-3742</p>	<p align="center">VIRGINIA-Medicaid and CHIP</p> <p>Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924</p>
<p align="center">OREGON-Medicaid</p> <p>Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075</p>	<p align="center">WASHINGTON-Medicaid</p> <p>Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022</p>
<p align="center">PENNSYLVANIA-Medicaid</p> <p>Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462</p>	<p align="center">WEST VIRGINIA-Medicaid and CHIP</p> <p>Website: https://dhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)</p>
<p align="center">RHODE ISLAND-Medicaid and CHIP</p> <p>Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)</p>	<p align="center">WISCONSIN-Medicaid and CHIP</p> <p>Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002</p>
<p align="center">SOUTH CAROLINA-Medicaid</p> <p>Website: https://www.scdhhs.gov Phone: 1-888-549-0820</p>	<p align="center">WYOMING-Medicaid</p> <p>Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269</p>

To see if any other states have added a premium assistance program since July 31, 2022, 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 ebbsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

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

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."

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

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 the Norton Healthcare High Deductible Plan ("Plan") are, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is 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 the 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 the 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 the 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: July 1, 2022

Name of Entity/Sender: Norton Service Center

Address: 9500 Ormsby Station Road, Ste 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.

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: July 1, 2022.

NORTON HEALTHCARE EMPLOYEE HEALTH CARE PLAN

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	\$5,000	\$7,000
Family Deductible	\$3,500	\$10,000	\$14,000
Coinsurance	90%	60%	40%
High Deductible Health Plan	Domestic	In-Network	Out-of-Network
Individual Deductible	\$3,000	\$4,500	\$7,500
Family Deductible	\$6,000	\$9,000	\$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

NOTICE FOR EMPLOYER-SPONSORED WELLNESS PROGRAMS

Norton Healthcare Wellness Program is a voluntary wellness program available to all employees of Norton Healthcare, as well as spouses enrolled in the medical plan. The program is administered according to federal rules

permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990 (ADA), the Genetic Information Nondiscrimination Act of 2008 (GINA), and the Health Insurance Portability and Accountability Act, as applicable, among others.

Details about the wellness program, including criteria and incentives, can be found in the Open Enrollment Guide or at ngoodhealth.com.

If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting the N Good Health Department at (502) 629-2162 or ngoodhealth.com.

The information from the N Good Health Physical and the Health Risk Assessment will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as health coaching or navigation. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Norton Healthcare may use aggregate information it collects to design a program based on identified health risks in the workplace, the wellness program will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is (are) the N Good Health team and their business associates in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision.

Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate. If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the N Good Health Department at (502) 629-2162 or ngoodhealth.com.



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