Norton Healthcare

Norton Children's

Employee Guide to 2026

BENEFITS

YOU HAVE MANY CHOICES!

Select the benefits that work best for you and your family

Employee Guide to 2026 Benefits

Welcome to your 2026 BENEFITS

At Norton Healthcare, we are committed to providing a comprehensive, competitive and inclusive benefits package that meets the various needs you and your family have. The benefits package is an important part of your total compensation and is designed to help you and your family for your life today and into the future.

Take the time to review your benefits options — from health coverage like medical and prescription drugs to benefits that provide financial and personal help to benefits that protect you against life's unexpected moments. Being well informed and understanding all that's available to you is the key to getting the most value from your benefits.

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.

DON'T FORGET!

If you do not enroll in your 2026 benefits and you carry medical, dental, vision, any additional life insurance coverage, and/or identity and credit protection family coverage in 2025, you will be enrolled automatically in these same plan(s) at the same level of coverage.

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.

Contents

What's new for 2026

Dependent verification

Dependent verification for medical plan eligibility is coming in 2026. Review your dependents during open enrollment and be prepared to provide verification documents in 2026. More information will come in 2026.

Employee Assistance Program

Norton Healthcare's Employee Assistance Program with Wayne Corporation has made it easier for employees to create a simple will at no cost. Additionally, this service now offers employees an advance medical directive/living will, health care agent form and durable power of attorney, all at no cost to you. Information is available on page 30.

Health plan and spending accounts

Tier 1 and 2 deductibles, out-of-pocket amounts, and copays for physician services for the Norton Healthy Living Plan have increased. Copays for prescription drugs for both medical plans have increased. The maximum health reimbursement account (HRA) carryover limit has changed to $3,000. Dependent day care flexible spending account (FSA) annual contribution limit has increased to $7,500. Information is available on pages 8, 9, 11, and 14.

Medicare education

In addition to in-person Medicare classes, Norton Healthcare now offers one-on-one Medicare consultations with dedicated licensed agents to review the costs and benefits of your current health coverage compared with a variety of Medicare plans. Information is available on page 18.

N Good Health

Effective in 2027, the new maximum annual incentive will be $650 per employee covered on a Norton Healthcare medical plan. Covered spouses are also eligible for the same incentive.

Norton Central Fill Pharmacy

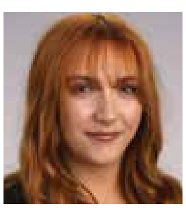
Norton Pharmacy is opening a new central fill pharmacy in the second half of 2026. Norton Central Fill Pharmacy will offer home delivery services for your prescription medications. More details will become available in mid-2026.

Prescription drug coverage

Employees with a Norton Healthcare medical insurance plan will experience a change to their pharmacy benefits. Capital Rx will replace AffirmedRx as Norton Healthcare's new pharmacy benefit manager. New medical cards will be sent to all members.

Benefits education specialists

Benefits education specialists are available year-round to answer your questions and discuss benefit choices. They can help you better understand your health and dental insurance plans, including deductibles, drug coverage, out-of-pocket expenses and copays. You can schedule a one-on-one consultation with a benefits or retirement education specialist by calling **(502) 629-2363** or emailing **BenefitsDepartment@nortonhealthcare.org**.



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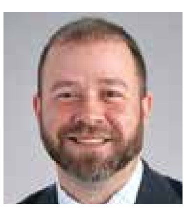

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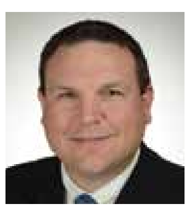

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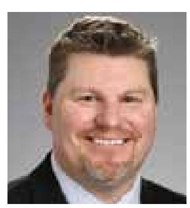

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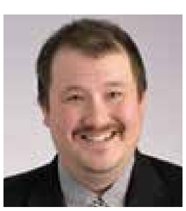

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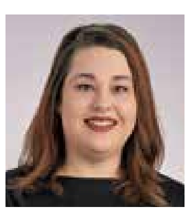

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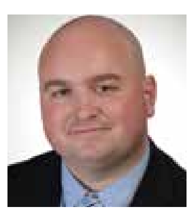


Beau Overstreet

Blayne Stephens

Enrollment checklist

Review your options
Review your Employee Guide to 2026 Benefits to help you decide which options work best for you and your family. You also can schedule a one-on-one consultation with a benefits or retirement education specialist by calling **(502) 629-2363** or emailing **BenefitsDepartment@nortonhealthcare.org**.

Get dependent verification documents
If enrolling for the first time or adding dependents due to a qualifying life event, you will need your dependents' dates of birth and Social Security numbers.

Within 31 days of enrolling. you also will need to upload required dependent verification documents, which may include marriage certificate and birth certificates, into Bswift. If you do not upload the dependent verification documents within 31 days, your dependent(s) will be removed from your coverage.

Enroll in benefits
Online benefits enrollment is available 24/7 during the open enrollment period at **NortonBenefits.Bswift.com** or through the **Bswift** app. Scan the **QR code** to download the app. Select login with username/password, and search for Norton Healthcare. Your username is your AHSN, and, if logging in for the first time, your password is the last four digits of your Social Security number. Mobile access allows you to upload necessary dependent documents, enroll and view your benefits plan details, and store your ID cards.

Open enrollment starts on Monday, Oct. 20, and ends Friday, Nov. 7, at 5 p.m. EST.

If you are a new hire or rehire, you must enroll within 31 days of your hire date.

If you experience a status change or making changes due to a life event, you must enroll within 31 days of the status change or life event.

Verify and save
Verify your benefits elections and beneficiaries are correct before submitting your selections. Save or print a copy of your benefits confirmation statement for your records.

View your payslip
It is important to view your payslip in Workday to confirm your pay and benefits deductions are correct.

Benefits are effective Jan. 1, 2026, if you enroll during open enrollment.

Benefits are effective on the first day of the month following your hire date if you are a new hire, rehire, or have a change in status from PRN to part-time or full-time, or full-time or part-time to PRN. A change in status from part-time to full-time or full-time to part-time will be effective at the beginning of the pay period following the status change effective date.

Eligibility requirements

Full- and part-time employees statused to work* 32 hours (0.4 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 (0.4 FTE) per pay period and PRN/registry employees	Eligible for Norton Healthcare's medical plan choices with applicable spending accounts and several additional benefits, including, Employee Discount Program (Norton Concierge Services), identity and credit protection, student loan wellness program, outpatient services discount, 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. Mentally or physically disabled children older than age 25 are eligible if the disability occurred before age 26. Children include biological and adopted children and any other dependent children, such as stepchildren or foster children. Legal documents are required for verification.

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

HEALTH

HEALTH

Medical coverage

Medical plan descriptions

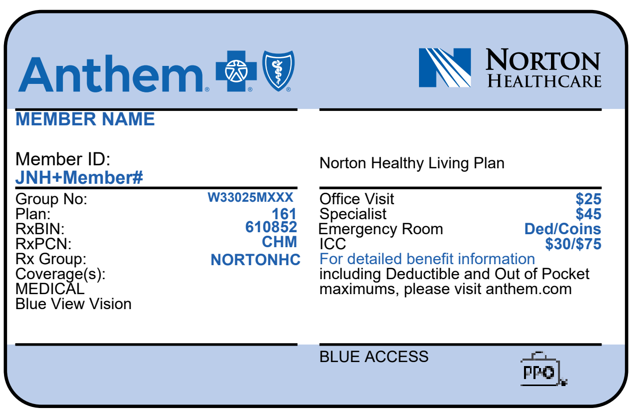
Norton Healthcare offers two medical plans:

- 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. Being self-insured means Norton Healthcare pays for all medical claims. Anthem simply administers the medical plans. The customer service number for Anthem is **(833) 812-1795**.

Norton Healthy Living Plan with employer-funded Health Reimbursement Account

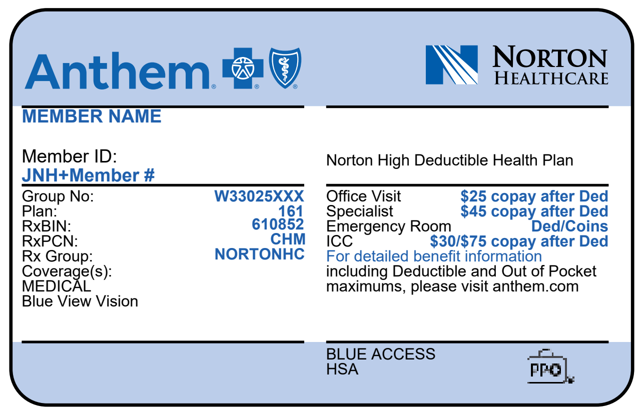
- This plan includes a Health Reimbursement Account (HRA), which is funded by Norton Healthcare with a specific amount based on the level of coverage you elect. See page 14 for amounts. (Funds are prorated for new employees who start after Jan. 1 and those who change their level of coverage during the year.)
- 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.
- Employees who choose the Norton Healthy Living Plan will receive a card like this:



- 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 $3,000 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.

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 an employee-funded and employee-owned spending account. 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 do not require your deductible to be met and are credited toward your out-of-pocket maximum.
- 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, except where otherwise stated.

Medical providers

All Norton Healthcare providers are considered in-network (Tier 1), including those who practice at a Norton Children's, Norton Cancer Institute and Norton Medical Group facility/office.

Finding a provider
To find a Norton Healthcare or Norton Children's 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.
- Visit **Anthem.com/find-care** and use member ID JNH to find a specialist not available through Norton Healthcare, such as an allergist or dermatologist. Check the tier level provided (Tier 1 or Tier 2) to be sure the provider is in-network. You also may call Anthem at **(833) 812-1795** to obtain a list of in-network providers.

Medical coverage costs

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

Full-time employee biweekly costs (payroll deducted)
Employees statused to work at least 64 hours (0.8 FTE) per pay period

Choices	Norton Healthy Living Plan	Norton High-Deductible Health Plan (HDHP)
Employee only	$120.06	$79.32
Employee + spouse	$269.74	$186.15
Employee + child(ren)	$162.77	$88.42
Family	$301.35	$197.51

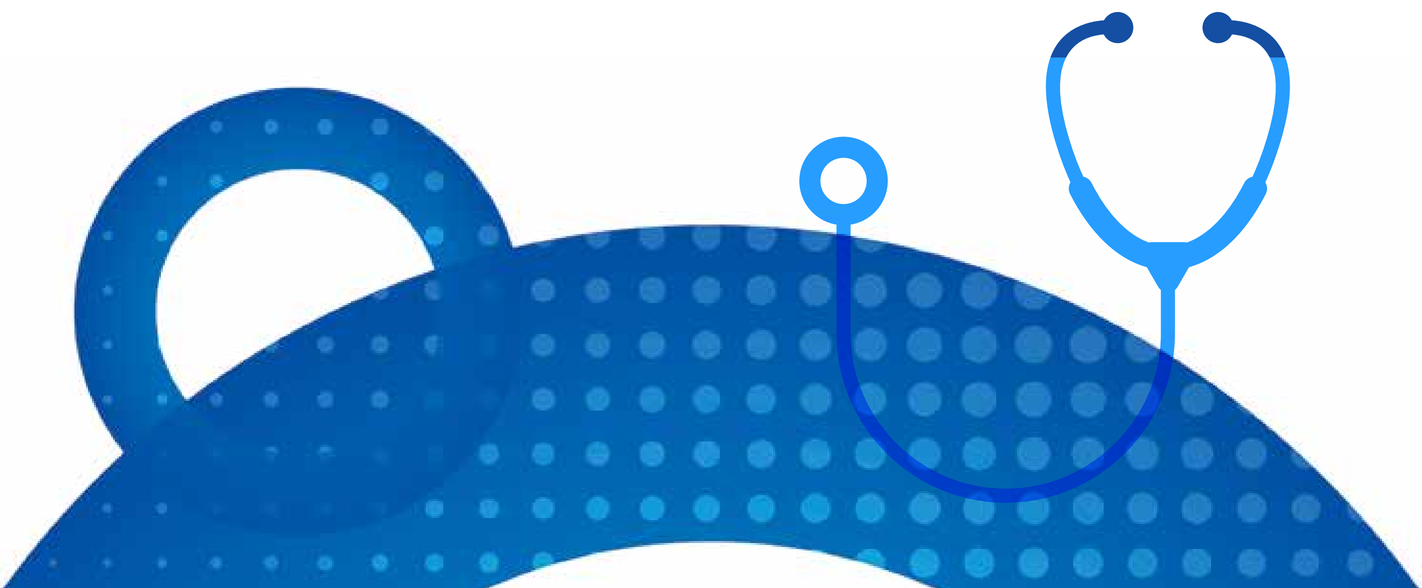
Part-time employee biweekly costs (payroll deducted)
Employees statused to work less than 64 hours (0.8 FTE), but at least 32 hours (0.4 FTE) per pay period

Choices	Norton Healthy Living Plan	Norton High-Deductible Health Plan (HDHP)
Employee only	$137.20	$90.66
Employee + spouse	$299.71	$206.82
Employee + child(ren)	$ 184.27	$100.08
Family	$334.86	$219.49

PRN and part-time employee monthly costs (not payroll deducted)
Employees statused to work less than 32 hours (< 0.4 FTE) per pay period

Choices	Norton Healthy Living Plan	Norton High-Deductible Health Plan (HDHP)
Employee only	$848.01	$215.56
Employee + spouse	$1696.01	$968.49
Employee + child(ren)	$1636.66	$915.80
Family	$2637.31	$1804.25

Costs for employees statused 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.



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** Services not included in Anthem's network of providers; includes Jewish Hospital and Baptist Health providers and facilities (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)	$2,000	$5,250	$7,000
• Family (2, 3)	$4,000	$10,500	$14,000
Out-of-pocket amounts (per calendar year) (2, 4) • Individual	$5,000	$7,600	Unlimited
• Family (2, 3, 4)	$10,000	$15,200	Unlimited
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 $25 (primary)/$45 (specialist) copay	100% after $25 (primary)/$45 (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 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	$50 copay	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

Medical plan grid number codes

(1) Amount is prorated if you enroll after Jan. 1, 2026. HRA cannot be used for dental or vision expenses.

(2) Tier 1 and Tier 2 deductibles and out-of-pocket amounts are combined. Tier 3 totals are not included.

(3) You are not required to meet individual deductibles and out-of-pocket amounts once the family deductible and out-of-pocket amount have been met.

(4) Out-of-pocket amounts include copayments and deductibles, except where otherwise stated.

(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%.

HEALTH

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** Services not included in Anthem's network of providers; includes Jewish Hospital and Baptist Health providers and facilities (Tier 3)
Norton HSA contribution • Annual member benefit (per calendar year)	None	None	None
Annual deductible (per calendar year) • Individual (2)	$3,400	$5,000	$8,000
• Family (2, 3)	$6,800	$10,000	$16,000
Out-of-pocket amounts (per calendar year) (2, 4) • Individual	$4,000	$6,000	Unlimited
• Family (2, 3, 4)	$8,000	$12,000	Unlimited
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)	$25 (primary care)/$45 (specialist) copay after deductible (Tier 1 deductible applies)	$25 (primary care)/$45 (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 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	$50 copay 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

(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.

Coinsurance: A percentage of the cost for health care services that is shared between you and the plan. For example, 90% after deductible means the plan will pay 90% of the cost, leaving you with 10%.

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

Deductible: The annual amount covered plan members must pay for medical expenses before the plan begins paying benefits.

Out-of-pocket amount: The most you will have to pay for covered, in-network health care services in a plan year.

Prescription drug coverage

Effective Jan. 1, 2026, our medical plans will offer prescription coverage through Capital Rx. Prescription coverage information is shown on your medical plan ID card. You will not receive a separate card for your prescriptions. You can call Capital Rx customer care at **(833) 202-6296**, 24 hours a day, seven days a week, for information about medication pricing (by plan).

On Jan. 1, 2026, you can register with the Capital Rx member portal by visiting **App.Cap-RX.com/Login**, or by downloading the mobile app. Once you've registered with the Capital Rx member portal, you can locate a Norton Pharmacy near you, view a list of drugs on the plan formulary, find low-cost drug alternatives and more.

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, Costco Mail Order Pharmacy and at participating retail pharmacies. A Costco membership is not required to use mail order.

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 at other community pharmacies.

For Norton High-Deductible Health Plan members, the deductible must be met before the copay applies. All pharmacies in our hospitals are open seven days a week from 8 a.m. to 6 p.m.

Scan the **QR code** to find the closest Norton Pharmacy.

Specialty pharmacy

Norton Specialty Pharmacy and Walgreens Specialty Pharmacy are the preferred specialty pharmacies for Norton Healthcare employees and their covered dependents.

Norton Central Fill Pharmacy

Norton Pharmacy is opening a new central fill pharmacy in the second half of 2026. Our new central fill pharmacy will offer home delivery services for your prescription medications. More details will become available in the middle of 2026.

Norton Pharmacy Home Infusion Services

Services are available for those recovering from surgery, receiving treatment for an infection or medical condition, or supplementing nutritional needs.

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. Diabetes, hypertension, asthma and chronic obstructive pulmonary disease (COPD) are included. 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**.

Norton Healthy Living Plan Prescription Coverage			
	30-day supply 100% after copay of	**90-day supply** 100% after copay of	**Out-of-network pharmacy**
Norton Pharmacy (3)	$5 Tier 1, $30 Tier 2, $60 Tier 3, 25% Tier 4 (specialty)	$12.50 Tier 1, $75 Tier 2, $150 Tier 3	N/A
Prescription drugs (3)	$15 Tier 1, $35 Tier 2, $65 Tier 3, 25% Tier 4 (specialty)	$37.50 Tier 1, $87.50 Tier 2, $162.50 Tier 3	Pay in full for medicines, then contact Capital Rx.*
Preventive drugs (1, 3, 4)	$15 Tier 1, $35 Tier 2, $65 Tier 3, 25% Tier 4 (specialty)	$37.50 Tier 1, $87.50 Tier 2, $162.50 Tier 3	Pay in full for medicines, then contact Capital Rx.*
GLP-1 medications for weight loss (5)	$500	N/A	N/A
Rx Plus • Copays for certain asthma and diabetes drugs (2, 3)	$10 Tier 1, $20 Tier 2, $65 Tier 3, 25% Tier 4 (specialty)	$25 Tier 1, $50 Tier 2, $162.50 Tier 3	Pay in full for medicines, then contact Capital Rx.*
Rx for Better Health • Copays for select medications and testing supplies for members in this program (3)	$5 Tier 1, $10 Tier 2, $40 Tier 3, 25% Tier 4 (specialty)	$12.50 Tier 1, $25 Tier 2, $100 Tier 3, 25% Tier 4 (specialty)	Pay in full for medicines, then contact Capital Rx.*

Norton High-Deductible Health (HDHP) Plan Prescription Coverage			
	30-day supply 100% after deductible and copay of:	**90-day supply** 100% after deductible and copay of:	**Out-of-network pharmacy**
Norton Pharmacy	$5 Tier 1, $30 Tier 2, $60 Tier 3, 25% Tier 4 (specialty)	$12.50 Tier 1, $75 Tier 2, $150 Tier 3	N/A
Prescription drugs	$15 Tier 1, $35 Tier 2, $65 Tier 3, 25% Tier 4 (specialty)	$37.50 Tier 1, $87.50 Tier 2, $162.50 Tier 3	Pay in full for medicines, then contact Capital Rx.*
Preventive drugs (1, 4)	$15 Tier 1, $35 Tier 2, $65 Tier 3, 25% Tier 4 (specialty)	$37.50 Tier 1, $87.50 Tier 2, $162.50 Tier 3	Pay in full for medicines, then contact Capital Rx.*
GLP-1 medications for weight loss (5)	$500	N/A	N/A
Rx Plus • Copays for certain asthma and diabetes drugs (2)	$10 Tier 1, $20 Tier 2, $65 Tier 3, 25% Tier 4 (specialty)	$25 Tier 1, $50 Tier 2, $162.50 Tier 3	Pay in full for medicines, then contact Capital Rx.*
Rx for Better Health • Copays for select medications and testing supplies for members in this program	$5 Tier 1, $10 Tier 2, $40 Tier 3, 25% Tier 4 (specialty)	$12.50 Tier 1, $25 Tier 2, $100 Tier 3, 25% Tier 4 (specialty)	Pay in full for medicines, then contact Capital Rx.*

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.*

Prescription plan grid number codes

(1) Preventive prescription copays will be credited toward out-of-pocket maximums. The list of these drugs is in the library on the benefits website.

(2) The list of specific asthma and diabetes drugs is in the library on the benefits website.

(3) 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.

(4) Preventive drugs on the Norton High-Deductible Health Plan bypass the deductible and only require the copay.

(5) GLP-1 prescriptions for weight loss must be filled through Norton Pharmacy. The copay will not count toward your deductible or out-of-pocket maximum.

HEALTH

Accident insurance

- Pays you for specific injuries and events resulting from a covered nonwork-related injury or accident.
- The benefit amount depends on the type of injury and care received, including emergency room visits, hospitalization and physical therapy.

Rates for accident insurance	
Employee only	$6.60
Employee + spouse	$9.42
Employee + child(ren)	$13.44
Family	$16.26

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. The child(ren) benefit is $75, to a maximum of $300 annually for four children. To file for your wellness benefit, visit **Voya.com/Claims**.
- Rates can be found on **Nsite** under Policies & Forms.

Hospital indemnity insurance

- Pays lump-sum benefits directly to you if you have a covered stay in a hospital or critical care unit.
- You may use the money to pay out-of-pocket and other expenses that can occur because of hospitalization.

Rates for hospital indemnity insurance	
Employee only	$5.22
Employee + spouse	$10.22
Employee + child(ren)	$7.42
Family	$12.42

N Good Health

N Good Health is your nationally recognized comprehensive wellness program. Engage in our N Good Health 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!

- Improve health and reduce risk of chronic disease, such as diabetes or asthma.
- Develop an individualized plan for healthy living.
- Earn financial incentives when enrolled in a Norton Healthcare medical plan.

Visit NGoodHealth.com

The interactive portal features fun personal and group challenges, exercise video courses and innovative resources you can use throughout your well-being journey. Additionally, you can access your account using the mobile app, allowing seamless syncing of steps, activity, sleep hours, nutrition and more — even with Apple devices!

Scan the **QR code** to download the Navigate Wellbeing app.

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 by visiting **NGoodHealth.com** on any device that has internet access. 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 if you don't have it. Spouses being added to a Norton Healthcare medical plan will need to wait until Jan. 1, 2026, to access the portal, after their medical plan coverage takes effect.

DID YOU KNOW?

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.

Choosing the right care

As part of a commitment to providing exceptional care, Norton Healthcare and Norton Children's offer multiple levels of health care services for you and your family. It's important for all employees to understand the different options available. Here's a quick guide:

Primary care for adults and children

Primary care is the first point of contact for your and your family members' general health needs. Primary care providers include family doctors, internists, pediatricians and geriatricians.

Key features

- **Routine care:** Focused on overall health maintenance, preventive services and management of chronic conditions
- **Medical home:** Your primary care provider gets to know your or your child's health history over time.
- **Comprehensive:** Addresses a wide range of health issues, from acute illnesses to long-term health management
- **Coordination:** Coordinates care with specialists and other health care services

When to use

- Regular checkups and preventive care
- Chronic disease management
- Routine vaccinations and health screenings
- Mental health screenings
- Sick visits

New patients may call the office or schedule online. Existing patients may schedule through their Norton MyChart account.

Norton Community Medical Associates (adults)
NortonHealthcare.com/PrimaryCare • (502) 629-1234, option 3

Norton Children's Medical Group (children)
NortonChildrens.com/Pediatrician • (502) 629-5437 (KIDS), option 3

Norton Immediate Care Center locations

Norton Immediate Care Center locations provide services for medical conditions that need immediate attention but are not life-threatening. These locations are a step below emergency care and are equipped to handle a range of issues that require prompt attention.

Key features

- **Extended hours:** Often open evenings and weekends, making these locations more accessible than standard primary care offices
- **Walk-in services:** No appointment needed; wait times often are short compared to an emergency department and offer online reservations so you may rest at home and receive a text when it's close to being your turn
- **Treatments:** Provides care for conditions such as minor fractures, sprains, infections and cuts that need quick treatment; on-site X-ray and labs are available

When to use

- Sudden illnesses or injuries that aren't severe but require urgent care
- When you can't see your primary care provider and need immediate attention

Learn more or reserve your spot at **NortonHealthcare.com/ICC**.

Norton Prompt Care clinics

These locations provide care for sick visits, last-minute physicals, vaccines and more, serving patients ages 12 months and older.

Key features

- **Diverse services:** May offer services such as vaccinations, minor procedures, health screenings and general health consultations
- **Community focused:** Conveniently located in neighborhood locations, some inside Walgreens stores

When to use

- When you'd like to get a same-day or next-day appointment for an urgent health need and would rather have an appointment than use a waiting room

To learn more, visit **NortonHealthcare.com/PromptCare** or call **(502) 446-5555**.

Norton eCare

Norton eCare offers virtual urgent care to patients ages 2 and older with the option of an eVisit (fill out a questionnaire and receive a phone call from a health care provider) or a Video Visit (see a health care provider over a video call).

Key features

- **Convenient:** Access from home or anywhere in Kentucky or Indiana with an internet connection
- **Immediate consultation:** Get medical advice and treatment without traveling to a physical location
- **Treatment:** Suitable for nonemergency issues such as minor infections, allergies or skin conditions

When to use

- When you need quick medical advice or treatment and cannot visit a clinic or urgent care location in person

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 statused to work a minimum of 32 hours (0.4 FTE) per pay period	Employees statused to work a minimum of 32 hours (0.4 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 12 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)	$3,300	$7,500 per household	$4,400 for single coverage $8,750 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, 2026. 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 $3,000** if you are still enrolled in the Norton Healthy Living Plan.	Yes and no. You may use your prior year 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/Resources/Benefits-Toolkit/Eligible-Expenses**. WEX also administers a spending account to help you pay for commuter expenses. See Commuter Benefits Program on page 25 for details. **Participants with an HRA account balance of $3,000 or more as of March 31, 2026, will carry forward the HRA account balance annually until such time as the HRA account balance is less than $3,000.*

Need help? Call the Norton Service Center at **(502) 629-8911**, option 2.

Using your spending accounts

Depending on the plans you choose, you may receive up to three WEX debit cards. 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** and on WEX's mobile app. The app 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.
- Order new/additional debit cards.
- Manage health savings account investments.

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**.

STOP

If you currently have a health care FSA and enroll in the Norton High-Deductible Health Plan and fund the HSA for 2026, you must use all FSA funds by Dec. 31, 2025, or you will not be able to contribute to your HSA until April 1, 2026.

Verifying or documenting expenses

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

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

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

How do I complete the verification process?

- **Online –** Log into your WEX account, locate the claim 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.

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.

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

Medicare and spending accounts

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.

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
2025	March 15, 2026	March 31, 2026
2026	March 15, 2027	March 31, 2027
Plan year funds (For HRA)	**Last day you can swipe your card**	**Last day to submit for reimbursement**
2025	Dec. 31, 2025	March 31, 2026
2026	Dec. 31, 2026	March 31, 2027

HEALTH

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	Premier 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	$5.67	$8.64
Employee and spouse	$11.52	$17.50
Employee and child(ren)	$13.78	$21.33
Family	$17.29	$26.34

Note: *Both the PPO and PPO Plus Premier plans 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. Your card will look like this:

Find a provider

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

- Click on **Member Tools** and then **Find a Provider**.
- 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 the member portal at **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 by MetLife Basic and Davis Vision by MetLife Plus.

	Davis Vision by MetLife Basic		Davis Vision by MetLife 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	Davis Vision Network Collection: Fashion/ Designer/Premier: Covered in full Non-collection: $160 allowance after applicable copay and 20% discount on overage	Up to $70 reimbursement
Lens options				
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 standard/$90 premium/$140 ultra/ $175 ultimate 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	15% discount	Not covered	Covered (preapproval required)	Up to $225
Laser vision benefit	Discount only	Not covered	$200 one-time/lifetime allowance	
Frequency				
Exam	Once per calendar year	Once per calendar year	Once per calendar year	Once per calendar year
Lenses or contacts	Discount only	Not covered	Once per calendar year	Once per calendar year
Frames	Discount only	Not covered	Once per calendar year	Once per 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

Visit **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.

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: *Not all providers participate in vision program discounts, including the member out-of-pocket feature. Call your provider prior to scheduling an appointment to confirm whether the discounts are offered at that location. These features may not be available in all states, so check with your provider.*

HEALTH

Medicare education

No-cost Medicare education and enrollment resources are available to employees and their families in two ways: Move to Medicare classes and SmartConnect. Both options provide you with licensed, unbiased insurance agents who can remove the confusion from Medicare and answer all your questions regarding the path that best suits your personal, health and financial needs.

Move to Medicare classes

In-person classes provide general information on Medicare. Registration can be found under My Learning on **Nsite**.

SmartConnect

One-on-one Medicare consultations to help you pick the right plan and coverage. If you decide that transitioning to a Medicare plan is the right choice for you, a dedicated SmartConnect agent will guide you through every step of the enrollment process. To connect with a SmartConnect agent, call **(833) 380-7980**, available Monday through Friday, 8:30 a.m. to 6 p.m. Eastern time. Visit **SmartMatch.com/Connect/NortonHealthcare** for more information.

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.

TruHearing program

TruHearing is a hearing program that provides best-in-class hearing care and hearing aids. It can save you up to 60% off average retail pricing at almost 6,000 providers nationwide. What's included:

- A 60-day, no-risk trial period
- No-interest financing
- One year of follow-up visits for fitting and adjustments
- 80 free batteries per nonrechargeable hearing aid
- Three-year full manufacturer warranty
- Free online screening test

For more information or to sign up, call TruHearing at **(855) 621-2802** and mention you are a Norton Healthcare employee.

PROTECTION

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 statused to work. You will find details when you come to the short-term disability section during the online enrollment process.

Long-term disability

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.

- 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.
- Benefits begin after you have been disabled by injury or illness for 26 weeks (180 days) upon approval of the claim.
- 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**.

Life insurance and accidental death & dismemberment benefits

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.

**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

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.
- Supplemental coverage is more than $500,000.
- You elect supplemental life coverage for the first time and have been eligible for more than 31 days.

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.

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.

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.

Child life and AD&D insurance

Three child life and AD&D insurance choices are available. The biweekly cost covers all eligible children.

Child(ren) rates		
Option	Coverage amount**	Biweekly cost
1	$ 2,500	$ 0.31
2	$ 5,000	$ 0.62
3	$ 10,000	$ 1.24

***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, and/or your children.

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

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**.

Driven Solutions (roadside assistance)

- This benefit is available to employees who are statused to work a minimum of 32 (0.4 FTE) hours per pay period.
- 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 biweekly rates are $2.19, and family membership biweekly rates are $3.11.
- 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**.

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.
- Employees who are statused to work a minimum of 32 (0.4 FTE) hours per pay period may purchase family protection.
- For more information, visit **MyAIP.com** or call **(800) 789-2720**.

Legal plan

- Employees who are statused to work a minimum of 32 (0.4 FTE) hours per pay period can purchase the legal plan coverage at a biweekly rate of $8.90.
- Provides unlimited telephone advice and office consultations on personal legal matters with a plan attorney of your choice.
- Coverage can be started or canceled only during the open enrollment period and will become effective Jan. 1, 2026.
- To use these services, call MetLife Legal at **(800) 821-6400**.

Pet insurance

- Employees who are statused to work a minimum of 32 (0.4 FTE) hours per pay period can purchase pet insurance.
- 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**. You must provide your AHSN at the time you enroll in this coverage to have your premiums paid through payroll deduction.

FINANCIAL

 FINANCIAL

403(b) retirement plan

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.

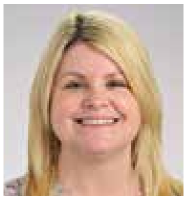
Plan highlights

- **Auto enrollment:** You will be enrolled automatically in the 403(b) plan 31 days after your start date at a pretax 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 payslip.
- Make sure you contribute at least 6% of your pay to receive the full match. 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.
- Your contribution rate will automatically increase by 1% each year until total contribution reaches 15%.
- Matching contributions are made per pay period. This allows you to take advantage of compound earnings.

Action steps

1. Set up your account. If you don't set it up, a cyberthief might. Go to **Principal.com/Welcome** to create a username and password and set up your preferences for two-factor authentication.
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 discuss 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 scan the **QR code**, email them at **hill.john@principal.com** or **workman.angel@principal.com**, or call **(502) 629-2363**, option 1.

John Hill



Angel Workman

5. 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.

Three ways to save

	Pretax	Roth	After-tax
What it is	Contributions are deducted from your pay before taxes, reducing your taxable income and the taxes you pay now.	Contributions are deducted from your pay after taxes, meaning taxable income isn't reduced by the amount of your contribution.	Contributions are deducted from your pay after taxes, meaning taxable income isn't reduced by the amount of your contribution.
Eligible for company match?	Yes	Yes	No
How your account grows	**Tax deferred** Contributions and investment earnings are taxable to you when you take an eligible distribution.	**Tax-free** Contributions & investment earnings are not taxable when you take an eligible distribution.	**Tax-free/deferred** Contributions are not taxable, but investment earnings are taxable when you take an eligible distribution.

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**.
- 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 at any accredited college, university or other postsecondary institution.
- Compare your choices at **SavingForCollege.com** or **CollegeSavings.org**.

Commuter Benefits Program

- Employees who are statused to work a minimum of 32 (0.4 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.
- 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 $325 per month for transit and $325 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**.

Employer Assisted Housing Program

- Several choices are available to assist employees who are statused to work a minimum of 32 (0.4 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, call the Housing Partnership Inc. at **(502) 814-2701** or send an email to **BenefitsDepartment@nortonhealthcare.org**.

Employee Purchase Program (Purchasing Power)

- 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 with what you would pay with high-interest credit cards.
- The program requires no upfront cash or credit check, and offers six or 12 months to pay.
- To participate, you must be at least 18 years old, an active employee (statused to work 32 hours per pay period or 0.4 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**.

Student loan wellness

Whether you're looking to save on repayment or plan for future education costs, Summer can help you simplify and save on student debt.

- Receive a customized savings recommendation based on your unique situation.
- Lower your monthly payments now or your total loan balance, depending on your goals.
- Save for future education costs, plus identify expected tuition expenses and financial aid.
- Stay on top of the latest legislative policy changes to ensure you're on the right track.
- Get started at **App.MeetSummer.org/NortonHealthcare**.

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**.

PERSONAL

 PERSONAL

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

Earning FlexTime

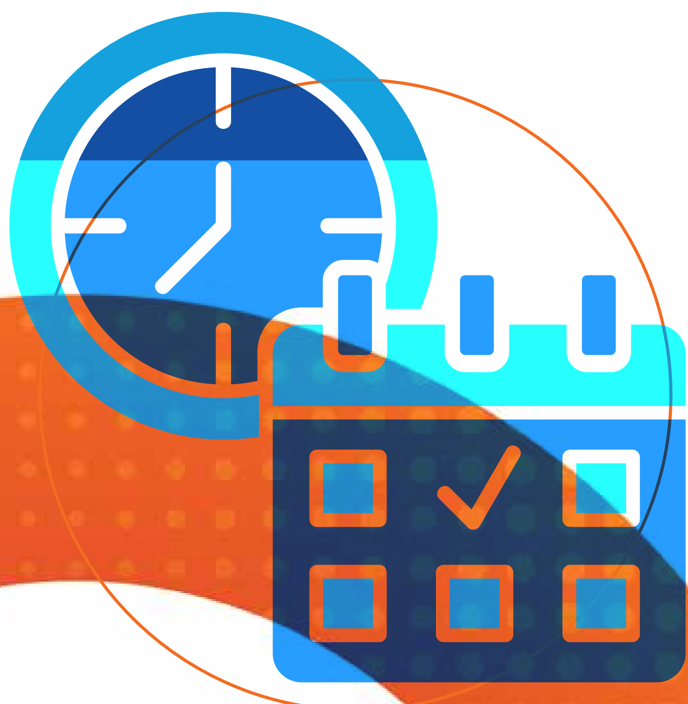
- During the year, FlexTime is earned based on the number of hours paid, up to 80 hours per biweekly pay period.
- If you are a new employee or newly eligible within your first year, you will receive an additional 24 hours of FlexTime front-loaded.
- If you have left Norton Healthcare and been rehired 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

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

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



Using FlexTime

- You must use FlexTime for all scheduled time off, including any holidays when your work location is closed.
- You must use FlexTime for all unscheduled time off, unless you are using disability, 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.
- Employees can cash in between eight and 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.

Bereavement leave

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.

Jury duty

Norton Healthcare encourages its employees to fulfill their civic duties related to jury service. Active employees statused to work a minimum of 32 hours (0.4 FTE) per pay period will be paid their base rate of pay when requested to serve on jury duty.

Parental leave

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 statused to work and the employee's earnings. 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**.

PERSONAL

Adoption Assistance Program

- All employees who are statused to work a minimum of 32 (0.4 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 ($5,000 per child, up to $10,000 maximum per year).
  - Refer to details regarding parental leave on page 29.
- 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.

Chaplain services (Pastoral Care Department)

- Chaplains offer care to all through individual conversations about work or life, team encouragement, prayer and many other ways.
- A chaplain is available, in person or by phone, 24 hours a day for employee support by calling **(502) 632-8052**.
- For more information on how chaplains can support employees, patients and families, and how to contact a chaplain, go to **Nsite**, click on **Departments**, then select **Pastoral Care**.

Employee Assistance Program

- The Employee Assistance Program (EAP) provides all employees and their household 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 members through Wayne Corporation.
- 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. The EAP will connect you with the program for these services. There is no charge for a simple will or for a health care/financial power of attorney.

To arrange for services, call Wayne Corporation 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**.

PERSONAL

Fitness center resources

There are many fitness opportunities to help employees and spouses feel empowered to live healthier lives. These facilities include Norton Sports Health Performance & Wellness Center, the Y @ Work Fitness Center and community YMCAs, Planet Fitness locations, and the employee fitness centers on the Norton Healthcare – St. Matthews and Norton Brownsboro Hospital campuses.

Norton Sports Health Performance & Wellness Center offers employee discount membership pricing. Employees statused to work a minimum of 32 (0.4 FTE) hours per pay period also can have their membership deducted through payroll. To enroll, go to **Nsite** and select Employee Services, then My Benefits under Time, Money & Benefits.

Scan the **QR code** to learn more.

Employee discount membership pricing	
Open gym	
Norton Healthcare employee	$25 per month
+Additional household members (age 18+)	$15 per month per additional member
Class Memberships	
SPORTready unlimited (ages 9 to 17)	$65 per month
LIFEready unlimited (ages 18 and older)	$65 per month

N the Family

Whether you are navigating a difficult time or celebrating a milestone, you can find support and resources through N the Family, our life events program. Let your leader know if you have experienced a qualifying N the Family life event, including birth, adoption, marriage, domestic violence, or loss of a loved one.

For details or additional support resources, visit the N the Family page on **Nsite**. Find it by selecting the Well-being tile on the homepage and then clicking the N the Family Life Events Program link.If you have questions, email **NTheFamily@nortonhealthcare.org**.

Papa companion care

All employees receive 10 hours of service to use, at no cost to you.

Papa Pals can assist you or your loved ones with everyday tasks, like light housekeeping, transportation, companionship for loved ones and parental support for children.

Visit **Papa.com/care/signup-info** to verify your eligibility, create an account, and schedule your first Papa visit.

Need help? Call the Norton Service Center at **(502) 629-8911**, option 2.

Benefit vendor contact information

Insurance and supplemental benefits	Vendor	Website	Phone
Accident insurance	Voya	Voya.com/Claims	(877) 236-7564
Auto and homeowners' insurance	Liberty Mutual	LibertyMutual.com/NortonHealthcare	(855) 494-6787
COBRA	WEX	WEXInc.com	(866) 451-3399
Commuter benefits	WEX	WEXInc.com	(866) 451-3399
Critical illness insurance	Voya	Voya.com/Claims	(877) 236-7564
Dental insurance	Delta Dental	DeltaDentalKY.com	(888) 897-5808
Disability insurance	Unum	Unum.com	(800) 572-6352
Hospital indemnity insurance	Voya	Voya.com/Claims	(877) 236-7564
Life insurance	Unum	Unum.com	Death claims: (888) 556-3727
Medical insurance	Anthem	Anthem.com/NortonHealthcare	(833) 332-0791
Pet insurance	Nationwide	PetInsurance.com/NortonHealthcare	(800) 872-7387
Prescription drug coverage	Capital Rx	Cap-RX.com	(833) 202-6296
Spending accounts (FSAs, HRA, HSA)	WEX	WEXInc.com	(866) 451-3399
Vision insurance	Davis Vision by MetLife	MetLife.com/mybenefits	(833) 393-5433
Whole life insurance	Allstate Insurance Co.	AllstateVoluntary.com/NortonHealthcare	(888) 282-2550
Programs	**Vendor**	**Website**	**Phone**
Adoption Assistance Program	Norton Healthcare	Nsite – Policies & Forms	(502) 629-8911, option 2
Employee Assistance Program (EAP)	Wayne Corp.	WayneCorp.com	(800) 441-1327
Employee Purchase Program	Purchasing Power	NortonHealthcare.PurchasingPower.com	(888) 923-6236
Employer Assisted Housing Program	Housing Partnership Inc.	Nsite – Policies & Forms	(502) 814-2701
FlexTime	Norton Healthcare	Nsite – Policies & Forms	(502) 629-8911, option 2
Leave planning	LeaveLogic	NortonHealthcare.LeaveLogic.com	Not applicable
N Good Health	N Good Health	NGoodHealth.com	(502) 629-2162
Roadside assistance	Driven Solutions	Not applicable	(800) 289-5360
Discounts	**Vendor**	**Website**	**Phone**
Employee Discount Program	Abenity	NortonConciergeServices.EmployeeDiscounts.co	Not applicable
Hearing plans	TruHearing	TruHearing.com	(855) 621-2802
Norton eCare	Norton eCare	NortonHealthcare.com/eCare	Not applicable
Outpatient services discount	Patient Financial Services	Not applicable	(502) 479-6300
Financial security/protection	**Vendor**	**Website**	**Phone**
403(b) retirement savings plan	Principal Financial Group	Principal.com	Customer service: (800) 547-7754 Appointment requests: (502) 629-2363, option 1
Identity and credit protection	Allstate Identity Protection	MyAIP.com	(800) 789-2720
Legal plan	MetLife Legal Plans	Not applicable	(800) 821-6400
529 college savings plan	Not applicable	SavingForCollege.com or CollegeSavings.org	Not applicable
Student loan wellness	Summer	App.MeetSummer.org/NortonHealthcare	Not applicable
U.S. Treasury securities	Not applicable	TreasuryDirect.gov	Not applicable

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, 2025. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	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
ARKANSAS – Medicaid	**CALIFORNIA – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	**FLORIDA – Medicaid**
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268

GEORGIA – Medicaid	INDIANA – Medicaid
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	Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	**KANSAS – Medicaid**
Medicaid Website: Iowa Medicaid | Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa | Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) | Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
KENTUCKY – Medicaid	**LOUISIANA – Medicaid**
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://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE – Medicaid	**MASSACHUSETTS – Medicaid and CHIP**
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com
MINNESOTA – Medicaid	**MISSOURI – Medicaid**
Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005

MONTANA – Medicaid	NEBRASKA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid	**NEW HAMPSHIRE – Medicaid**
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	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. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
NEW JERSEY – Medicaid and CHIP	**NEW YORK – Medicaid**
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	**NORTH DAKOTA – Medicaid**
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	**OREGON – Medicaid and CHIP**
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	**RHODE ISLAND – Medicaid and CHIP**
Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
SOUTH CAROLINA – Medicaid	**SOUTH DAKOTA - Medicaid**
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059

TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services Phone: 1-800-440-0493	Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/
VERMONT– Medicaid	**VIRGINIA – Medicaid and CHIP**
Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	**WEST VIRGINIA – Medicaid and CHIP**
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	**WYOMING – Medicaid**
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2025, or for more information on special enrollment rights, contact either:

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

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

Paperwork Reduction Act Statement

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

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

OMB Control Number 1210-0137 (expires 1/31/2026)

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, Inc. About Your Prescription Drug Coverage and Medicare."

MEDICARE PART D CREDITABLE COVERAGE NOTICE

IMPORTANT NOTICE FROM NORTON HEALTHCARE, INC. 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, Inc. 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, Inc. has determined that the prescription drug coverage offered by the Norton Healthcare, Inc. Employee Health Care Plan ("Plan") is, 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, Inc. Plan's 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, Inc. Plan due to your employment (or someone else's employment, such as a spouse or parent), your coverage under the Norton Healthcare, Inc. 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, Inc. 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, Inc. 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).

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:September 2, 2025

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.

HIPAA COMPREHENSIVE NOTICE OF PRIVACY POLICY AND PROCEDURES

NORTON HEALTHCARE, INC.

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.

For the remainder of this notice, Norton Healthcare, Inc. is referred to as Company

.1. Introduction: This Notice is being provided to all covered participants in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and is intended to apprise you of the legal duties and privacy practices of the Company's self-insured group health plans. If you are a participant in any fully insured group health plan of the Company, then the insurance carriers with respect to those plans is required to provide you with a separate privacy notice regarding its practices.

2. General Rule: A group health plan is required by HIPAA to maintain the privacy of protected health information, to provide individuals with notices of the plan's legal duties and privacy practices with respect to protected health information, and to notify affected individuals follow a breach of unsecured protected health information. In general, a group health plan may only disclose protected health information (i) for the purpose of carrying out treatment, payment and health care operations of the plan, (ii) pursuant to your written authorization; or (iii) for any other permitted purpose under the HIPAA regulations.

3. Protected Health Information: The term "protected health information" includes all individually identifiable health information transmitted or maintained by a group health plan, regardless of whether or not that information is maintained in an oral, written or electronic format. Protected health information does not include employment records or health information that has been stripped of all individually identifiable information and with respect to which there is no reasonable basis to believe that the health information can be used to identify any

particular individual.
4. Use and Disclosure for Treatment, Payment and Health Care Operations: A group health plan may use protected health information without your authorization to carry out treatment, payment and health care operations of the group health plan. An example of a "treatment" activity includes consultation between the plan and your health care provider regarding your coverage under the plan.
Examples of "payment" activities include billing, claims management, and medical necessity reviews.
Examples of "health care operations" include disease management and case management activities.
The group health plan may also disclose protected health information to a designated group of employees of the Company, known as the HIPAA privacy team, for the purpose of carrying out plan administrative functions, including treatment, payment and health care operations.
5. Disclosure for Underwriting Purposes. A group health plan is generally prohibited from using or disclosing protected health information that is genetic information of an individual for purposes of underwriting.
6. Uses and Disclosures Requiring Written Authorization: Subject to certain exceptions described elsewhere in this Notice or set forth in regulations of the Department of Health and Human Services, a group health plan may not disclose protected health information for reasons unrelated to treatment, payment or health care operations without your authorization. Specifically, a group health plan may not use your protected health information for marketing purposes or sell your protected health information. Any use or disclosure not disclosed in this Notice will be made only with your written authorization. If you authorize a disclosure of protected health information, it will be disclosed solely for the purpose of your authorization and may be revoked at any time. Authorization forms are available from the Privacy Official identified in section 23.
7. Special Rule for Mental Health Information: Your written authorization generally will be obtained before a group health plan will use or disclose psychotherapy notes (if any) about you.
8. Uses and Disclosures for which Authorization or Opportunity to Object is not Required: A group health plan may use and disclose your protected health information without your authorization under the following circumstances:
When required by law;
When permitted for purposes of public health activities;
When authorized by law to report information about abuse, neglect or domestic violence to public authorities;
When authorized by law to a public health oversight agency for oversight activities;
When required for judicial or administrative proceedings;
When required for law enforcement purposes;
When required to be given to a coroner or medical examiner or funeral director;
When disclosed to an organ procurement organization;
When used for research, subject to certain conditions
When necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and the disclosure is to a person reasonably able to prevent or lessen the threat; and
When authorized by and to the extent necessary to comply with workers' compensation or other similar programs established by law.
9. Minimum Necessary Standard: When using or disclosing protected health information or when requesting protected health information from another covered entity, a group health plan must make reasonable efforts not to use, disclose or request more than the minimum amount of protected health information necessary to accomplish the intended purpose of the use, disclosure or request. The minimum necessary standard will not apply to: disclosures to or requests by a health care provider for treatment; uses or disclosures made to the individual about his or her own protected health information, as permitted or required by HIPAA; disclosures made to the Department of Health and Human Services; or uses or disclosures that are required by law.
10. Disclosures of Summary Health Information: A group health plan may use or disclose summary health information to the Company for the purpose of obtaining premium bids or modifying, amending or terminating the group health plan. Summary health information summarizes the participant claims history and other information without identifying information specific to any one individual.
11. Disclosures of Enrollment Information: A group health plan may disclose to the Company information on whether an individual is enrolled in or has disenrolled in the plan.
12. Disclosure to the Department of Health and Human Services: A group health plan may use and disclose your protected health information to the Department of Health and Human Services to investigate or determine the group health plan's compliance with the privacy regulations.
13. Disclosures to Family Members, other Relations and Close Personal Friends: A group health plan may disclose protected health information to your family members, other relatives, close personal friends and anyone else you choose, if: (i) the information is directly relevant to the person's involvement with your care or payment for that care, and (ii) either you have agreed to the disclosure, you have been given an opportunity to object and have not objected, or it is reasonably inferred from the circumstances, based on the plan's common practice, that you would not object to the disclosure. For example, if you are married, the plan will share your protected health information with your spouse if he or she reasonably demonstrates to the plan and its representatives that he or she is acting on your behalf and with your consent. Your spouse might to do so by providing the plan with your claim number or social security number. Similarly, the plan will normally share protected health information about a dependent child (whether or not emancipated) with the child's parents. The plan might also disclose your protected health information to your family members, other relatives, and close personal friends if you are unable to make health care decisions about yourself due to incapacity or an emergency.
14. Appointment of a Personal Representative: You may exercise your rights through a personal representative upon appropriate proof of authority (including, for example, a notarized power of attorney). The group health plan retains discretion to deny access to your protected health information to a personal representative.
15. Individual Right to Request Restrictions on Use or Disclosure of Protected Health Information: You may request the group health plan to restrict (1) uses and disclosures of your protected health information to carry out treatment, payment or health care operations, or (2) uses and disclosures to family members, relatives, friends or other persons identified by you who are involved in your care or payment for your care. However, the group health plan is not required to and normally will not agree to your request in the absence of special circumstances. A covered entity (other than a group health plan) must agree to the request of an individual to restrict disclosure of protected health information about the individual to the group health plan, if (a) the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law, and (b) the protected health information pertains solely to a health care item or service for which the individual (or person other the health plan on behalf of the individual) has paid the covered entity in full.
16. Individual Right to Request Alternative Communications: The group health plan will accommodate reasonable written requests to receive communications of protected health information by alternative means or at alternative locations (such as an alternative telephone number or mailing address) if you represent that disclosure otherwise could endanger you. The plan will not normally accommodate a request to receive communications of protected health information by alternative means or at alternative locations for reasons other than your endangerment unless special circumstances warrant an exception.
17. Individual Right to Inspect and Copy Protected Health Information: You have a right to inspect and obtain a copy of your protected health information contained in a "designated record set," for as long as the group health plan maintains the protected health information. A "designated record set" includes the medical records and billing records about individuals maintained by or for a covered health care provider; enrollment, payment, billing, claims adjudication and case or medical management record systems maintained by or for a health plan; or other information used in whole or in part by or for the group health to make decisions about individuals. The requested information will be provided within 30 days. A single 30-day extension is allowed if the group health plan is unable to comply with the deadline, provided that you are given a written statement of the reasons for the delay and the date by which the group health plan will complete its action on the request. If access is denied, you or your personal representative will be provided with a written denial setting forth the basis for the denial, a description of how you may exercise those review rights and a description of how you may contact the Secretary of the U.S. Department of Health and Human Services.
18. Individual Right to Amend Protected Health Information: You have the right to request the group health plan to amend your protected health information for as long as the protected health information is maintained in the designated record set. The group health plan has 60 days after the request is made to act on the request. A single 30-day extension is allowed if the group health plan is unable to comply with the deadline. If the request is denied in whole or part, the group health plan must provide you with a written denial that explains the basis for the denial. You may then submit a written statement disagreeing with the denial and have that statement included with any future disclosures of your protected health information.
19. Right to Receive an Accounting of Protected Health Information Disclosures: You have the right to request an accounting of all disclosures of your protected health information by the group health plan during the six years prior to the date of your request. However, such accounting need not include disclosures made: (1) to carry out treatment, payment or health care operations; (2) to individuals about their own protected health information; (3) prior to the compliance date; or (4) pursuant to an individual's authorization.
If the accounting cannot be provided within 60 days, an additional 30 days is allowed if the individual is given a written statement of the reasons for the delay and the date by which the accounting will be provided. If you request more than one accounting within a 12-month period, the group health plan may charge a reasonable fee for each subsequent accounting.
20. The Right to Receive a Paper Copy of This Notice Upon Request: If you are receiving this Notice in an electronic format, then you have the right to receive a written copy of this Notice free of charge by contacting the Privacy Official (see section 23).
21. Changes in the Privacy Practice. Each group health plan reserves the right to change its privacy practices from time to time by action of the Privacy Official. You will be provided with an advance notice of any material change in the plan's privacy practices.
22. Your Right to File a Complaint with the Group Health Plan or the Department of Health and Human Services: If you believe that your privacy rights have been violated, you may complain to the group health plan in care of the HIPAA Privacy Official (see section 24). You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue S.W., Washington, D.C. 20201. The group health plan

will not retaliate against you for filing a complaint.
23. Person to Contact at the Group Health Plan for More Information: If you have any questions regarding this Notice or the subjects addressed in it, you may contact the 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: September 2, 2025.

NOTICE OF SPECIAL ENROLLMENT RIGHTS

NORTON HEALTHCARE, INC. 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, Inc. 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, Inc. 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	$3,400	$5,000	$8,000
Family Deductible	$6,800	$10,000	$16,000
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, Inc. 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 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, Inc. 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 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 N Good Health Department at (502) 629-2162 or ngoodhealth.com.

Notes

BENEFITS

Norton Healthcare

Norton Children's