



Employee Benefits

Introduction

North Oaks Health System provides a broad range of benefits to help protect the health and wellbeing of their employees and their employees' families. North Oaks Health System's benefit package represents an important and substantial part of your compensation package. This guide provides an overview of employee benefits. Benefit handbooks and benefit policy and procedures provide more details regarding plan benefits. Carefully review this guide for valuable information pertaining to your benefit options. Eligible employees can enroll in employee benefits in their Employee Space within the human resources information system during [enrollment periods](#). If you have any questions about employee benefits call Human Resources at 985-230-6191 and speak with a benefits specialist.

Section 125 Cafeteria Plan

North Oaks Health System has established a Section 125 Cafeteria Plan as an added benefit. Section 125 is part of the IRS Code created by the U.S. Congress in an effort to make benefits more affordable. Section 125 allows employees the option to pay for qualified benefit premiums on a pre-tax basis. The following list indicates which premiums fall under pre-tax deductions.

<i>Medical</i>	<i>Pre-Tax</i>	<i>Dental</i>	<i>Pre-Tax</i>
<i>Vision</i>	<i>Pre-Tax</i>	<i>Spousal Surcharge</i>	<i>Pre-Tax</i>
<i>FSA</i>	<i>Pre-Tax</i>		

To comply with IRS requirements, all pre-tax elections are irrevocable, and employees may only make a change to elections at the anniversary date of the Section 125 Cafeteria Plan or at the anniversary date of the benefit plan(s). The IRS and other laws, however, allow for a number of exceptions (Change in Life Status) to the irrevocable election rule.

Examples of Change in Life Status events are:

Marriage/Divorce	Court Order	Gain or loss of other qualified coverage
Birth	Spouse becomes employed	Medicare/Medicaid/CHIP entitlement
Loss of dependent status	Spouse becomes unemployed	Death

PLEASE NOTE: For a complete listing of all Change in Life Status events that may allow you to make a change to your Section 125 Cafeteria Plan election other than on the anniversary date of the Section 125 Cafeteria Plan or anniversary date of the benefit plans, please contact Human Resources. If an employee thinks he/she has a Change in Life Status event, it is important that changes be made accordingly. If an employee thinks he/she has a qualifying event, it is important to notify Human Resources immediately. An eligible employee has thirty (30) days from the date of the qualifying event to submit a Life Event in their Employee Space.

[**Skip to Employment Status**](#)

Enrollment Periods

Employees eligible for benefits have the option to enroll or make changes to their coverage during the following periods:

- Within 30 days of new hire employment or eligibility
- Annual Enrollment Period (Occurs annually in October/November)
- Within 30 days of a Change in Life Status event

Employment Status

Note: Click on the status in this chart to learn about the benefits associated with the status.

STATUS	SCHEDULE	PAY RATE
PRN	Scheduled on an “as needed” basis	PRN rate
Part-Time Non-Benefit	Consistently scheduled to work less than 32 hours per week	Non-benefit pay rate; not eligible for merit increases
Part-Time Benefit	Consistently scheduled to work less than 32 hours per week	Benefit pay rate; eligible for merit increases
Full-Time Non-Benefit	Consistently scheduled to work 32-40 hours per week	Non-benefit pay rate; not eligible for merit increases
Full-Time Benefit	Consistently scheduled to work 32-40 hours per week	Benefit pay rate; eligible for merit increases

OFFER OF MEDICAL COVERAGE

Note: Employees with questions about an offer of medical coverage can call Human Resources at 985-230-6191.

VARIABLE HOUR EMPLOYEES

North Oaks Health System employees in a PRN, Part-time or Temporary status are considered variable hour employees (VHEs) as defined in the Affordable Care Act (ACA). North Oaks Health System cannot reasonably determine the number of hours worked per week for VHE's at their date of hire. VHE's worked hours will be measured according to the guidelines of the Affordable Care Act (ACA). If you remain in a VHE status and average full-time hours as defined by the ACA, you will be notified upon completion of designated measurement periods if you qualify for an offer of medical coverage.

FULL TIME EMPLOYEES

North Oaks Health System offers medical coverage to all full-time employees and their dependents at the time of hire or transfer to a full-time position. The Affordable Care Act (ACA) requires employers to offer “minimum essential” coverage that is “affordable” and provides “at least 60% actuarial value”. North Oaks Health System provides a medical plan that meets these requirements. Click on the Summary of Benefits and Coverage (SBC) below to learn more about the coverage North Oaks offers. A paper copy of the SBC is also available, free of charge, by calling the Human Resources department at 985-230-6191. The paper copy of the SBC will be provided no later than 7 business days following receipt of the request.

[Summary of Benefits and Coverage \(SBC\) provides a summary of the PPO Plan.](#)
[Summary of Benefits and Coverage \(SBC\) provides a summary of the PCA Plan.](#)
[Summary of Benefits and Coverage \(SBC\) provides a summary of the MERP.](#)

Full-time employees who **accept** this offer of medical coverage must:

- Be in a Benefit status, and
- Work a minimum of 30 hours per week, and
- Enroll in medical coverage within 30 days of hire date or transfer date, and
- Pay the premium associated with the medical coverage elected.

Full-time employees **waive** this offer of medical coverage with one of the following **employee actions**:

- Elect a Non-Benefit status, or
- Fail to enroll, or
- Drop medical coverage during Annual Enrollment, or
- Fail to pay medical premiums when due.

Full-Time employees who elect a Benefit Status must Enroll or Waive medical coverage

- To Enroll in Medical Coverage: Complete a Life Event in Employee Space to enroll in a medical plan and attached required documentation to enroll dependents within 30 days of your date of hire or eligible transfer.
- To Waive Medical Coverage: Complete a Life Event in Employee Space to waive coverage which means you are not enrolled in a North Oaks Health System medical plan. You will not receive another offer of medical coverage until the Annual Enrollment or if you experience a Change in Life Status event.

Full-Time employees who elect a Non-Benefit Status will Waive medical coverage

- To Waive Medical Coverage: Complete a Life Event in Employee Space to waive coverage which means you are not enrolled in a North Oaks Health System medical plan. You can neither change your status to Benefit Status nor receive another offer of medical coverage until the next annual enrollment. You will not have an opportunity to enroll yourself or your dependents in medical coverage if you have a Change in Life Status event while you are in a Non-Benefit status.

Health Insurance Marketplace: click [here](#) to learn more about coverage in the Health Insurance Marketplace

Employee Benefits

A summary of employee benefit plans is provided in this guide. Your employment status determines your eligibility for employee benefit plans. Determine your [employment status](#) ([PRN](#); [Part-time](#) or [Full-time](#)) and click on the employee benefit plan name under the employment status heading to learn more about the selected benefit.

PRN

PRN Employees are eligible for the following benefit programs:

Credit Unions	Continuing Education	Employee Wellness Program
On-site Childcare Services	Direct Deposit	Pet Insurance
Jury Duty	Cafeteria Discounts	Early Wage Access
Employee Assistance Program	Savings Marketplace	

Note: See [Variable Hour Employee](#) information to learn about an offer for medical coverage.

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PART-TIME

Part-time Benefit and Part-time Non-Benefit Employees are eligible for the following benefit programs:

Identity Theft Protection	Continuing Education	Short Term Disability
On-site Childcare Services	Direct Deposit	Critical Illness
Jury Duty	Cafeteria Discounts	Employee Wellness Program
Employee Assistance Program	Payroll Deductions	Pet Insurance
Credit Unions	Bereavement	Early Wage Access
Savings Marketplace		

Note: See [Variable Hour Employee](#) information to learn about an offer for medical coverage.

Part-time Benefit Employees are also eligible for the following benefit programs:

Paid Time Off (PTO)	NO Sponsored STD Insurance (NOSPONSTDI)	457b Roth
457b Deferred Compensation Plan (DCP)	457b Loans	

An employee in a part-time benefit status approved to work at least 24 hours per week, is age 60 or older, and has a minimum of 20 years of continuous full-time service, is eligible for [medical coverage](#) until the employee attains Medicare age. Premiums for this coverage will be the employee plus the employer portion.

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FULL-TIME

Full-time Benefit and Full-time Non-Benefit Employees are eligible for the following benefit programs:

[Identity Theft Protection](#)
[On-site Childcare Services](#)
[Jury Duty](#)
[Employee Assistance Program](#)
[Credit Unions](#)
[Employee Wellness Program](#)
[Savings Marketplace](#)

[Continuing Education](#)
[Direct Deposit](#)
[Cafeteria Discounts](#)
[Payroll Deductions](#)
[Bereavement](#)
[Pet Insurance](#)

[Short Term Disability](#)
[Critical Illness](#)
[457b Deferred Compensation Plan \(DCP\)](#)
[457b Loans](#)
[457b Roth](#)
[Early Wage Access](#)

Full-time Benefit Employees are also eligible for the following benefit programs:

[Paid Time Off \(PTO\)](#)
[Medical Plans](#)
[Medical Expense Reimbursement Plan](#)
[Dental Plans](#)
[Flexible Spending Account \(FSA\)](#)
[Vision Plan](#)

[NO Sponsored STD Insurance \(NOSPONSTDI\)](#)
[Employer Paid Group Term Life \(GTL\)](#)
[Employer Paid Long Term Disability](#)
[Basic Life Insurance](#)
[Voluntary Life Insurance](#)
[Whole Life Insurance with Long Term Care Rider](#)

[401a Retirement Plan](#)
[401a Loans](#)

Note: See [Full Time Employee](#) information to learn about an offer of medical coverage.

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Identity Theft Protection

Identity Theft Protection plan is available to full-time employees and part-time employees scheduled to work a minimum of 20 hours/week. This plan offers a comprehensive identity theft program for employees and dependents. Identity theft protection helps safeguard your finances, reputation and credit against theft and abuse. Includes a portfolio of products, services and support to help protect your identity and assist in fraud remediation and identity restoration. This protection includes credit bureau and identity monitoring, an annual credit score, monthly credit report, wallet protection, digital identity protection and privacy advocate remediation.

Privacy Armor single bureau credit monitoring
\$7.95 per month for employee coverage
\$13.95 per month for family coverage

Privacy Armor Plus tri-bureau credit monitoring
\$9.95 per month for employee coverage
\$17.95 per month for family coverage

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On-Site Childcare Services

On-site Childcare Services are available to all employees. Employees' children and grandchildren, ages 6 weeks to 13 years of age, are eligible for enrollment in the onsite childcare facility. Fees are payable through the convenience of payroll deduction if authorized in writing in advance by the employee. Childcare services are available Monday through Friday, with the exception of holidays, from 5:30 a.m. – 7:30 p.m. To request an enrollment application, rates and/or tour the facility, contact childcare services at (985) 230-6408. For information on Child Care Assistance Programs, contact the Office of Family Support in your parish of residence. [RETURN TO EMPLOYMENT STATUS](#)

Jury Duty

All employees have an obligation to attend jury duty. Employees will be granted a leave of absence for this purpose provided that they give North Oaks reasonable advance notice of their obligation to serve. In accordance with Louisiana state law, any employee, regardless of employment category or length of employment, will be paid up to one day's pay to attend jury duty. Benefits will be payable to employees for time spent on jury duty under the following circumstances:

- A Non-Exempt employee called to jury duty will be paid the number of scheduled hours absent at his/her base wage rate, after completing 90 days of employment.
- An Exempt employee will receive his/her regular salary during the week in which he/she is required to attend jury duty.
- A Part-Time, PRN or Temporary employee will only be eligible for jury duty pay of up to one day as required by Louisiana law.

Any unpaid leave for jury duty will be provided for any employee not eligible for jury duty benefits. Employees not eligible for jury duty pay, but eligible for Paid Time Off (PTO), will be paid PTO for regularly scheduled hours. Time spent in jury duty does not count as "hours worked" toward overtime. Evidence of jury duty attendance must be presented to Department Leader. The employee should continue to report to work on those days or partial days when excused from jury duty. If the employee is able to return on a partial day, but not needed, the employee will have the option to use PTO if available. It is the employee's responsibility to report to work at the end of an approved leave for jury duty. Failure to do so will be considered a voluntary resignation and employment will be separated.

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Employee Assistance Program

The Employee Assistance Program (EAP) is available to all employees. EAP offers up to 5 FREE private, confidential counseling sessions per topic and legal assistance for employees to discuss problems of any nature. Some examples include Marital, Family, Financial issues. The EAP provides a 24-hour crisis counseling line that allows immediate access to the EAP. Discount services are also available. This benefit is offered to all employees, their spouses and children living in the employee's home. North Oaks pays for this benefit. To contact EAP for assistance, employees and eligible family members must call 1-800-424-4039 or visit Member.MagellanHealthCare.com

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Credit Unions

All employees have a choice of two credit unions; participation is voluntary. Louisiana Central Credit Union (800-557-0056) and OnPath Federal Credit Union (Formerly Louisiana Federal Credit Union) (800-749-6193) offer a wide variety of services including checking accounts, savings accounts, certificates of deposit, loan services, car specials, Vacation Clubs and Christmas Clubs. Employees should contact respective credit unions for specifics about accounts and services offered. Employees may sign up for direct deposit in their Employee Space.

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Continuing Education

Continuing Education is offered to all employees through the hospital in-service programs, departmental courses, and approved outside programs and seminars. Employees are encouraged to take advantage of courses offered with the approval of their supervisor.

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Mandatory Direct Deposit

Employees are required to enroll in direct deposit to have 100% of their paychecks sent to a financial institution of their choice. Employees can set up direct deposit in their Employee Space.

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Cafeteria Discounts

All employees receive a 20% discount on purchases in the hospital cafeteria. An employee ID badge must be shown to receive the discount.

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Pet Insurance

Pet insurance helps you provide for your pets—and protect your pocketbook—by reimbursing you for eligible veterinary bills related to accidents, illnesses, preventive care and more. Plans are available for dogs, cats, birds and exotic pets, and members are free to use any veterinarian—even specialists and emergency care providers. Visit [PetsNationwide.com](https://benefits.petinsurance.com/northoaks) or call 877-738-7874 for a fast, no obligation quote. Enroll at <https://benefits.petinsurance.com/northoaks> to receive preferred pricing.

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Early Wage Access

Employees can transfer up to 50% of their paycheck before payday. The amount of advanced pay is deducted from the employee's next paycheck. Employees on leave of absence will not be eligible for this benefit until they have returned to active status. Newly hired or rehired employees can request an advance after 7 days of employment. If employees want to opt out of this benefit, they can do so in Infor Employee Space within 7 days of their hire date. Advanced wages are not a loan, so no interest is charged. There is a small advancement fee of \$2.99 for instant transfers. Download the free "Rain Instant Pay" App from the Apple App Store or Google Play Store. Create an account and select "North Oaks Health System" as your employer. Use the email address and phone number that matches your payroll profile with North Oaks. For assistance with this benefit, contact Rain by phone 424-369-7246 or email care@rain.us.

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Savings Marketplace

Employees now have access to The North Oaks Health System Savings Marketplace. The Marketplace offers incredible discounts, deals, and offers on holiday essentials, event tickets, wellness products, and travel. To access these savings and hundreds of other offers, visit northoaks.savings.workingadvantage.com. Upon your first login, follow the prompts to create a password and verify your account.

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Payroll Deductions

Gift Shop

Full Time and Part Time employees are allowed to pay for gift shop purchases through payroll deductions if they meet policy criteria. The gift shop offers employees the opportunity to purchase uniforms and have their purchase payroll deducted. Employees must present their ID badge. The purchase limits are as follows:

- Gift shop regular purchases: At any one given time the balance owed to the gift shop can never exceed \$200.
Each gift shop purchase will be deducted as follows:
 - Purchases between \$0.01 and \$20.00 will be deducted from the employee's next check
 - Purchases between \$20.01 and \$50.00 will be deducted evenly across the employee's next two checks
 - Purchases between \$50.01 and \$100.00 will be deducted evenly across the employee's next three checks
 - Purchases between \$100.01 and \$200.00 will be deducted evenly across the employee's next four checks
- Gift shop special sales have no charge limit and will be deducted as follows:
 - \$6 Jewelry Sales over three pay periods
 - Fine Jewelry Sales over six pay periods
 - Books Are Fun Sales over three pay periods.

Please check with Gift Shop on the details.

Prescription Center

Full Time and Part Time employees can select payroll deduction at both Retail Pharmacies on campus. Purchases are limited to a total of \$150 per location per pay period, for a combined total of \$300. Employees cannot be on leave of absence to be eligible for payroll deduction.

Cafeteria

Payroll deductions are available to full-time and part-time employees with ID badge. The entire amount charged in the cafeteria during a single pay period will be deducted on the employee's paycheck for that pay period. Cafeteria charged purchases are limited to a total of \$100 per pay period. All amounts due will be deducted from the employee's last payroll check.

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Bereavement

Within 14 days of the date of death, Full-Time and Part-Time employees are entitled to 24 hours of paid leave for scheduled work days missed due to the death of an immediate family member.

Immediate Family Member

- Current spouse
- Parent*, Legal guardian, Stepparent
- Sibling*
- Children* and Stepchildren (children of the employee's current spouse from a previous marriage)
- Current mother-in-law and Current father-in-law
- Grandparent*
- Grandchildren* and Step-grandchildren (grandchildren of the employee's current spouse from a previous marriage)

*The relationship can be biological or through a legal adoption.

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Employee Wellness Program

The *Be Well* employee wellness program is available to all employees. It is a free 12-week employee wellness program focusing on whole foods and living well through nutrition. The program is led by a Registered Dietician and offers a closed Facebook group; weekly weigh-ins and BCA screening; videos recorded by the dietician; guidelines and meal plans. Employees can enroll in the program on OakLink.

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Short-Term Disability

Full-time employees and part-time employees working a minimum of 20 hours per week have an opportunity to purchase Short-Term Disability insurance. There is no waiting period and a choice of a 7-day or 14-day elimination period for sickness. The benefit is the lesser of 60% of your weekly covered earnings and the maximum disability benefit of \$1,000/week. The minimum weekly disability benefit is \$25.00. You may contact the office of Agent Henry Powell, Jr. at (985) 340-4092 if you have any questions about the Short-Term Disability plan.

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Critical Illness

Full-time employees and part-time employees working a minimum of 20 hours per week have an opportunity to purchase Critical Illness insurance (including Cancer coverage). There is no waiting period and employees can purchase \$5,000, \$10,000, \$20,000 or \$30,000 of coverage. Spouses can be covered in the amount of 50% of the employee's coverage and children can be covered at 25% of the employee's coverage. Critical Illness benefits reduce by 50% when employee reaches age 75. These are individual policies which are portable. You may contact the office of Agent Henry Powell, Jr. at (985) 340-4092 if you have any questions about the Critical Illness plan.

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Paid Time Off (PTO)

Paid Time Off (PTO) is available to full-time benefit and part-time benefit employees. PTO is used for scheduled personal leaves due to vacations, holidays, personal business or short-term illness. The amount of PTO accrued is listed in the table below. The days are accrued over 26 pay periods, for example a 40 hour per week employee will accrue 6.15 hours per pay period to earn 20 PTO days.

Employees are allowed to accrue a maximum of (2) times their annual accrual limit. Once the PTO max is reached, PTO accruals will stop until the PTO bank is reduced below the max. Any unused PTO hours accrued at the time of termination will be paid out to employees. Full-time benefit employees do not accrue PTO hours for any pay period in which they are paid less than 40 hours. Part-time benefit employees do not accrue PTO hours for any pay period in which they are paid less than 20 hours. NO Sponsored STD Insurance hours (NOSPONSTDI) do not count toward the 40/20 paid hours required to accrue PTO.

PTO is a wage replacement paid at the employee's regular hourly rate at the time PTO is taken and does not include any special forms of compensation such as shift differentials. PTO hours plus worked hours may not exceed an employee's regularly scheduled hours per week. Regularly scheduled hours include hours worked in all positions (primary position, dual positions, second positions, etc.). PTO hours will not count as hours worked for overtime purposes.

All PTO must be scheduled in advance in accordance with North Oaks and departmental policies and must be approved by the Department Leader, except in the case of illness. It is solely within the Hospital's discretion whether to grant an employee's request for PTO, even if timely submitted in accordance with Hospital policies. North Oaks shall have the right to schedule PTO in such a way as it will least interfere with patient care and workload requirements.

PTO days accrue per pay period. Example: $(20 \text{ days} \times 8 \text{ hours}) / 26 \text{ pay periods} = 6.15 \text{ hours per pay period}$.

Hours Scheduled per Week	0-5 years	After 5 years	After 10 years	After 15 years	After 20 years
20-31	4.5 days	7 days	9.5 days	11 days	12 days
32-35	17 days	21 days	25 days	27.5 days	29 days
36-39	18.5 days	23.25 days	28.25 days	31 days	33 days
40	20 days	25 days	30 days	33 days	35 days

*Years of Service will be calculated based on continuous employment (no breaks in service).

Optional PTO Cash-in

Employees with more than 80 PTO hours are eligible to cash-in all hours above 80 hours at **90%** of their base hourly rate of pay. Employees must maintain a balance of 80 hours in their PTO bank to cash in hours. PTO Cash-In is available three times a year. Human Resources will notify employees through email before each cash-in occurs.

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NO Sponsored STD Insurance (NOSPONSTDI)

Full-time and Part-time benefit employees are eligible for NO Sponsored STD Insurance (NOSPONSTDI) to be used for the **employee's personal illness or medical conditions**. The amount of NOSPONSTDI accrued is listed in the table below. Employees are allowed to accrue a maximum of 480 NOSPONSTDI hours. Once the max is reached, NOSPONSTDI accruals will stop until the NOSPONSTDI bank is reduced below the max. NOSPONSTDI hours accrued at the time of termination will not be paid out to employees.

Full-time benefit employees do not accrue NOSPONSTDI hours for any pay period in which they are paid less than 40 hours. Part-time benefit employees do not accrue NOSPONSTDI hours for any pay period in which they are paid less

than 20 hours. Paid NOSPONSTDI hours do not count toward the 40/20 paid hours required to accrue NOSPONSTDI hours.

Employees should request NOSPONSTDI in writing and schedule time off with the Department Leader in advance of the leave date or per department policy. NOSPONSTDI is a wage replacement paid at the employee's regular hourly rate at the time NOSPONSTDI is taken and does not include any special forms of compensation such as shift differentials. NOSPONSTDI hours plus worked hours may not exceed an employee's regularly scheduled hours per week. Regularly scheduled hours include hours worked in all positions (primary position, dual positions, second positions, etc.). NOSPONSTDI hours will not count as hours worked for overtime purposes.

NOSPONSTDI hours can be used for the employee's overnight admission or on the 41st hour of missed work.

- Overnight is defined as being admitted during midnight census excluding Emergency Room status.
- Employees are also eligible to use NOSPONSTDI beginning with the 41st consecutive hour of missed work due to the **employee's own** personal illness or medical condition.

NOSPONSTDI days accrue each pay period according to this schedule:

Hours Scheduled per week:	Annual Accrual:	Accrued per Pay Period
20-31 hours	4 days	1.23 hours
32-35 hours	6.4 days	1.98 hours
36-40 hours	8 days	2.46 hours

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457b DEFERRED COMPENSATION PLAN (DCP)

457b deferred compensation - (Employee Contribution on a pre-tax basis)

This plan is available to Full Time Benefit/Non-Benefit and Part Time Benefit employees. Employee contributions to this plan are not subject to federal or state income taxes. North Oaks Health System does not contribute to this plan. Contributions to this plan are designated for retirement purposes and subject to IRS maximum contribution limits (participants age 50+ can take advantage of a higher IRS maximum contribution limit). Employees are 100% vested as soon as contributions begin.

Go to EmpowerMyRetirement.com to complete the following actions:

- Enroll in the plan
- Start, Stop, Increase or Decrease contributions
- Designate/Change a beneficiary
- Select/Change your investments

Contact the retirement representative, Kerry Pennington at 877-892-6267 to receive assistance when needed. Empower Customer Service is available at 866-467-7756.

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457b Roth

Employees can contribute to the 457b deferred compensation plan on a post-tax basis. Investment earnings and withdrawals may be tax free if qualifications are met.

Both types of 457b contributions are subject to the IRS maximum contribution limit for the calendar year.

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457b Loans

Employees who participate in the 457b deferred compensation plan can request a loan from their 457b account for any reason. *The Maximum loan amount is the lesser of \$50,000, reduced by the highest outstanding balance of loans from the plan during the preceding year, and one-half of the value of the employee's 457b account balance. Minimum loan amount is \$1,000. A reasonable interest rate will be charged. The minimum re-payment term is 1 year and the maximum term is 5 years, unless the loan is used to acquire a dwelling unit. Employees will re-pay the loan through after-tax payroll deductions. Employees should contact their tax and financial advisors for advice regarding retirement plan loans. Employees can call Customer Service at 866-467-7756 to request a loan.

*The Maximum loan amount is an aggregate of the loans from the 457b and 401a plan.

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401a Retirement Plan

401a RETIREMENT PLAN – (Employer Contribution)

This plan is available to Full Time Benefit employees. North Oaks contributes to this plan after the employee reaches one year of service and enrolls in the plan. Employees must be employed for a period of 5 years to be vested in the plan. Employees terminating before 5 years of service forfeit employer contributions. Contribution is a percentage of employee's base annual salary (see table below).

After completion of 1 year of service	2% of base annual salary
After completion of 4 years of service	3% of base annual salary
After completion of 8 years of service	4% of base annual salary
After completion of 12 years of service	5% of base annual salary
After completion of 16 years of service	6% of base annual salary

Go to EmpowerMyRetirement.com to complete the following actions:

- Enroll in the plan
- Designate/Change a beneficiary
- Select/Change your investments

Contact the retirement representative, Kerry Pennington at 877-892-6267 to receive assistance when needed. Empower Customer Service is available at 866-467-7756.

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401a Loans

Employees who are vested in the 401a retirement plan can request a loan from their 401a account for any reason. *The Maximum loan amount is the lesser of \$50,000, reduced by the highest outstanding balance of loans from the plan during the preceding year, and one-half of the value of the employee's 401a account balance. The minimum loan amount is \$1,000. A reasonable interest rate will be charged. The minimum re-payment term is 1 year and the maximum term is 5 years, unless the loan is used to acquire a dwelling unit. Employees will re-pay the loan through after-tax payroll deductions. Employees should contact their tax and financial advisors for advice regarding retirement plan loans. Employees can call Customer Service at 866-467-7756 to request a loan.

*The Maximum loan amount is an aggregate of the loans from the 457b and 401a plan.

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Medical Plan Options

North Oaks offers two medical plan options through a [Sec. 125 Cafeteria Plan](#). Full-time benefit employees can select from two medical plan options.

- **PPO Plan** - Preferred Provider Organization
- **PCA Plan** - Personal Care Account

Employees must enroll within 30 days of new hire employment or eligibility or wait until next annual enrollment.

The Employee Benefits Annual Enrollment is the only time each year that full-time employees have the opportunity to add/drop or change medical coverage outside of [Change in Life Status events](#).

Eligible Dependents

- Legal Spouse
- Natural-born child(ren)
- Stepchild(ren)
- Adopted child(ren)
- Child(ren) under employee's legal guardianship or legal custody
- Medical Child Support Order

Dependent children can be covered on the medical plan by the age of 26. Coverage for dependent children ends on the last day of the month when a dependent child turns age 26.

No person may be simultaneously covered by the medical plan as a dependent and an employee. If both parents are employed by North Oaks, dependents cannot be simultaneously covered by the medical plan by both employees.

[Dependent Verification Documentation](#) is required when adding dependents for coverage.

PPO and PCA Medical Plan Preferred Providers and Facilities

- Tier 1 = Providers employed by North Oaks Health System and have an UMR contract (In-Network provider); North Oaks Health System.
- Tier 2 = Providers not employed by North Oaks Health System but on the medical staff and have an UMR contract (In-Network provider)
- Tier 3 = Providers not on the North Oaks Health System medical staff but have an UMR contract (In-Network provider); facilities with an UMR contract (In-Network)
- Tier 4 = Providers not on the North Oaks Health System medical staff and do not have an UMR contract (Out-of-Network provider); facilities without an UMR contract (Out-of-network)
- Outpatient Infusions and Injections are only covered when provided by a Tier 1 or 2 provider at North Oaks Health System

PPO Medical Plan

Click on the link below to review the Summary of Benefits and Coverage (SBC). A paper copy of the SBC is also available, free of charge, by calling the Human Resources department at 985-230-6191. The paper copy of the SBC will be provided no later than 7 business days following receipt of the request.

[Summary of Benefits and Coverage \(SBC\) provides a summary of the PPO Plan.](#)

	<u>TIER 1</u>	<u>TIER 2</u>	<u>TIER 3</u>	<u>TIER 4</u>
CO-PAY – PRIMARY CARE	\$10	\$25	\$40	DED/ 30% COINS
CO-PAY - SPECIALIST	\$20	\$35	\$70	DED/30% COINS

DEDUCTIBLE - INDIVID	\$250	\$250	\$3,000	\$5,000
DEDUCTIBLE - FAMILY	\$750	\$750	\$9,000	\$15,000
OUT-OF-POCKET - INDIVID	\$2,500	\$2,500	\$8,000	Unlimited
OUT-OF-POCKET - FAMILY	\$5,000	\$5,000	\$16,000	Unlimited
COINSURANCE	90%	80%	70%	30%
TELE HEALTH – PCP/SPEC	\$0/\$0	\$25/\$35	\$40/\$70	DED/30% COINS

Note: Click on the SBC link above for more details about the PPO Plan. Click [here](#) to review the pharmacy benefits.

Bi-weekly PPO medical plan premiums

<u>COVERAGE LEVEL</u>	<u>BI-WEEKLY PREMIUM</u>
Employee Only	\$ 69.77
Employee plus +1	\$183.09
Family	\$224.57
Spousal Surcharge*	\$ 25.00

**The spousal surcharge does not apply if your spouse is employed by North Oaks Health System.*

Personal Care Account (PCA) Medical Plan

Click on the link below to review the Summary of Benefits and Coverage (SBC). A paper copy of the SBC is also available, free of charge, by calling the Human Resources department at 985-230-6191. The paper copy of the SBC will be provided no later than 7 business days following receipt of the request.

[Summary of Benefits and Coverage \(SBC\) provides a summary of the PCA Plan.](#)

Employees electing the PCA plan will receive a card which is similar to a credit card to utilize for payment of out-of-pocket expenses. Participants in the PCA Plan receive an annual contribution from North Oaks to utilize for out-of-pocket expenses based on the plan tier enrolled in. Unused funds on the plan carry over for a maximum of 3 years and will expire if not used. The breakdown of maximum available funds by plan tier is below.

<u>PLAN TIER</u>	<u>ANNUAL AMOUNT*</u>	<u>3-YEAR MAXIMUM ROLLOVER</u>	<u>TOTAL MAXIMUM FUNDS AVAILABLE</u>
Employee Only	\$500	\$1,500	\$2,000
Employee plus One	\$1,000	\$3,000	\$4,000
Family	\$2,000	\$6,000	\$8,000

**Amounts are pro-rated based on the month of enrollment.*

	<u>TIER 1</u>	<u>TIER 2</u>	<u>TIER 3</u>	<u>TIER 4</u>
PRIMARY CARE VISIT	DED/90% COINS	DED/80% COINS	DED/70% COINS	DED/30% COINS
SPECIALIST VISIT	DED/90% COINS	DED/80% COINS	DED/70% COINS	DED/30% COINS
DEDUCTIBLE - INDIVID	\$1,500	\$1,500	\$4,000	\$6,000
DEDUCTIBLE - FAMILY	\$4,500	\$4,500	\$12,000	\$18,000
OUT-OF-POCKET - INDIVID	\$4,500	\$4,500	\$8,000	Unlimited
OUT-OF-POCKET - FAMILY	\$9,000	\$9,000	\$16,000	Unlimited
COINSURANCE	90%	80%	70%	30%
TELE HEALTH – PCP/SPEC	\$0/\$0	DED/80% COINS	DED/70% COINS	DED/30% COINS

Note: Click on the SBC link above for more details about the PCA Plan. Click [here](#) to review the pharmacy benefits.

Bi-weekly PCA medical plan premiums

COVERAGE LEVEL	BI-WEEKLY PREMIUM
Employee Only	\$ 0.00
Employee plus +1	\$ 91.54
Family	\$112.28
Spousal Surcharge*	\$ 25.00

*The spousal surcharge does not apply if your spouse is employed by North Oaks Health System.

PHARMACY PLAN BENEFITS – applies to PPO and PCA Medical Plans

Drug Type	1-30-day supply North Oaks Prescription Centers	31-90-day supply North Oaks Prescription Centers	1-30-day supply Other ESI Retail Pharmacies	31-90-day supply ESI Mail Order Pharmacies
Tier 1 – Generic	\$7.50	\$15	\$20	\$15
Tier 2 – Preferred Brand Name	\$15	\$30	\$40	\$30
Tier 3 – Non-Preferred Brand Name	\$30	\$60	\$60	\$60
Specialty Medications	\$150	n/a	n/a	n/a
Compound Medications	35%	35%	45%	n/a

Pharmacy Plan Maximum Out of Pocket (OOP)

MEDICAL PLAN	NORTH OAKS PRESCRIPTION CENTERS	OTHER ESI RETAIL PHARMACIES
PPO MEDICAL PLAN	\$2,500 INDIVIDUAL \$5,000 FAMILY	\$8,000 INDIVIDUAL \$16,000 FAMILY
PCA MEDICAL PLAN	\$4,500 INDIVIDUAL \$9,000 FAMILY	\$8,000 INDIVIDUAL \$16,000 FAMILY

Prescriptions for specialty medications are required to be filled at a North Oaks Prescription Center.

Dispense as Written Policy: If you choose to buy the Brand name drug when a Generic equivalent is available, you will be required to pay the Generic copay plus the difference in cost between the Generic and Brand name drug. Employees can access the Preferred Drug list at Express-scripts.com or contact Member Services at 1-800-334-8134.

[RETURN TO EMPLOYMENT STATUS](#)

Medical Expense Reimbursement Plan (MERP)

Click on the link below to review the Summary of Benefits and Coverage (SBC). A paper copy of the SBC is also available, free of charge, by calling the Human Resources department at 985-230-6191. The paper copy of the SBC will be provided no later than 7 business days following receipt of the request.

[Summary of Benefits and Coverage \(SBC\) provides a summary of the MERP.](#)**Eligibility:**

- Current employees must be enrolled in a North Oaks Medical Plan and have access to alternate group medical and prescription drug coverage (usually through a spouse).
- New employees must have access to alternate group medical and prescription drug coverage (usually through a spouse).

This plan is not available to employees whose alternate medical coverage is one of the following:

- High-Deductible Health Plan (HDHP) **with** active contributions to a Health Savings Account (HSA); however, as long as your spouse is not enrolled in the MERP, your spouse may contribute to an HSA and use the HSA funds. The HSA funds CANNOT be used for medical expenses for members enrolled in the MERP. All members may use the HSA funds for dental and/or vision as long as those expenses are not covered by the MERP.
- Medicare, Tricare or Medicaid
- Health Insurance Coverage made available thru the Affordable Care Act
- An individual policy
- Limited Benefit Health Plan
- Alternate coverage through another North Oaks Health System employee

Coverage:

- Co-pays, co-insurance and deductibles paid by this plan up to \$9,450/single and \$18,900/family per year as follows: 100% for all North Oaks billed services and 75% for all Non-North Oaks billed services.
- Reimbursed for the premium contribution paid for the alternate coverage if it exceeds the premium contribution the North Oaks employee would have paid to remain on a North Oaks Health System medical plan up to a maximum of \$100/single, \$300/employee + 1, and \$500/family per month. If your spouse is currently enrolled in his/her medical plan, you will be reimbursed for any increase in premium to add you and/or your dependents up to the above monthly maximums. If cost of alternate coverage is less than the employee would have paid for the North Oaks Medical Plan, premium contribution reimbursement is \$0.

Premiums:

- No premium contribution deducted from employee's paycheck for MERP
- No longer charged \$25 spousal surcharge when your spouse is removed from the North Oaks medical plan

Enrollment:

- Enroll in alternate coverage and waive offer of medical coverage from North Oaks Health System
- Complete MERP enrollment
- Complete Attestation
- Provide proof of premium contribution paid for alternate coverage such as
 - a paystub showing premium contribution amount, pre-tax or post-tax, frequency or
 - submit a letter from the spouse employer on letterhead showing current and new contribution rates and a paystub when available or
 - benefit confirmation form outlining information and a paystub when available

[RETURN TO EMPLOYMENT STATUS](#)

Dental Plan Options

North Oaks offers two dental plan options through a [Sec. 125 Cafeteria Plan](#). Full-time benefit employees can select from two dental plan options. Both plans are passive, which means you can use any dentist.

- **Traditional** Dental Plan
- **Preventive Plus** Dental Plan

Employees must enroll within 30 days of new hire employment or eligibility or wait until next annual enrollment. The Employee Benefits Annual Enrollment is the only time each year that full-time employees have the opportunity to add/drop or change medical coverage outside of [Change in Life Status events](#).

Eligible Dependents

- Legal Spouse
- Natural-born child(ren)
- Step-child(ren)

- Adopted child(ren)
- Child(ren) under employee's legal guardianship or legal custody
- Medical Child Support Order

Dependent children can be covered on the dental plan to the age of 26. Coverage for dependent children ends on the last day of the month a dependent child turns age 26.

No person may be simultaneously covered by the dental plan as a dependent and an employee. If both parents are employed by North Oaks, dependents cannot be simultaneously covered by the dental plan by both employees.

TRADITIONAL DENTAL PLAN

\$25.00 Deductible per covered person per calendar year

\$1,500 Annual Maximum Benefit

SERVICES:	PLAN PAYS:
PREVENTIVE: routine exams and cleanings; bite-wing, full-mouth, and panorex x-rays; fluoride treatment	100%
BASIC RESORATIVE SERVICES: amalgam fillings; surgical extraction; root canals	80%
MAJOR RESTORATIVE SERVICES: inlays/onlays; non-precious & semi-precious crowns	50%
ORTHODONTICS: <i>only for dependent children under the age of 19</i>	\$750 per child per calendar year with a lifetime max of \$1,500 per covered child

Bi-weekly Traditional Dental plan premiums

<u>COVERAGE LEVEL</u>	<u>BI-WEEKLY PREMIUM</u>
Employee Only	\$ 7.87
Employee plus +1	\$20.19
Family	\$26.15

[RETURN TO EMPLOYMENT STATUS](#)

Preventive Plus Dental Plan

\$50.00 Deductible per covered person per calendar year

\$150.00 Deductible per family per calendar year

\$1,000 Annual Maximum Benefit

SERVICES:	PLAN PAYS:
PREVENTIVE: oral exams and x-rays; cleaning topical fluoride treatment; sealants	100%
BASIC RESORATIVE SERVICES: nonsurgical extractions and root removal; amalgam and composite fillings; emergency care for pain relief	50%
MAJOR RESTORATIVE SERVICES	Not covered
ORTHODONTICS	Not covered

Bi-weekly Preventive Dental plan premiums

<u>COVERAGE LEVEL</u>	<u>BI-WEEKLY PREMIUM</u>
Employee Only	\$ 3.28
Employee plus +1	\$ 7.11
Family	\$12.78

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Vision Plan

North Oaks offers a vision plan option through a [Sec. 125 Cafeteria Plan](#). Full-time benefit employees are eligible to purchase vision insurance. Vision coverage includes allowances for frames and contact lenses. Employees can visit myuhcvision.com or call (800) 638-3120 to locate a provider.

Benefit services and frequencies are as follows:

Comprehensive Exam(s)	Once every 12 months
Eyeglass Lenses	Once every 12 months
Contact Lenses instead of eyeglasses	Once every 12 months
Eyeglass Frames	Once every 24 months

In-Network Services

<u>Copays:</u>	
Exam(s)	\$10.00
Eyeglasses (lenses and frame)	\$0.00
Contact lenses instead of Eyeglasses	\$0.00
Frame Benefit (for frames that exceed the allowance, an additional 30% discount may be applied to the overage)	
Private Practice Provider	\$120.00 retail frame allowance
Retail Chain Provider	\$120.00 retail frame allowance
Formulary contact lenses: the fitting/evaluation fees, contact lenses, and up to 2 follow-up visits are covered in full after copay.	If you choose disposable contacts, up to 4 boxes are included when obtained from an in-network provider.
Non-Formulary contact lenses: an allowance is applied toward the purchase of contact lenses outside the Formulary. Contact lens copay is waived.	\$130.00
Necessary contact lenses	Covered in full after copay (if applicable)

Out-of-Network Services

<u>Copays do not apply</u>	
Exam(s)	Up to \$40.00
Frames	Up to \$45.00
Single Vision Lenses	Up to \$40.00
Lined Bifocal and Progressive Lenses	Up to \$60.00
Lined Trifocal Lenses	Up to \$80.00
Lenticular Lenses	Up to \$80.00
Elective Contacts instead of Eyeglasses	Up to \$130.00
Necessary Contacts instead of Eyeglasses	Up to \$210.00

Monthly Vision plan premiums

<u>COVERAGE LEVEL</u>	<u>MONTHLY PREMIUM</u>
Employee Only	\$ 6.55
Employee and Spouse	\$13.09
Employee and Child(ren)	\$11.45
Family	\$18.01

[RETURN TO EMPLOYMENT STATUS](#)

Flexible Spending Account (FSA)

North Oaks offers a flexible spending account (FSA) through a [Sec. 125 Cafeteria Plan](#). The Flexible Spending Account allows full-time benefit employees to set aside their money on a pre-tax basis to help pay for many common health care expenses. All FSA participants must re-enroll for participation in the FSA each year. The current minimum contribution allowed per pay period is \$10.00 and the maximum contribution is determined annually by the IRS. For calendar year 2026, the maximum annual contribution is \$3,400.

Examples of eligible expenses include medical/pharmacy expenses such as co-pays, deductibles, out of pocket expenses, eyeglasses/contacts and dental expenses including orthodontia. Employees do not have to be enrolled in the medical plan to participate in the FSA.

Once enrolled, you may not drop or change the amounts until the next annual enrollment period. You may spend your FSA dollars in one of two ways: using a card or paying up-front and then submitting a reimbursement form.

All FSA dollars are used before PCA dollars. Funds between \$50 and \$680 remaining in the employee's FSA account at the end of the year will roll-over to the following year if the employee re-enrolls in FSA. IRS regulations state that any funds over \$680 will be forfeited. Employees have until *March 31st* to submit claims incurred during the prior plan year for reimbursement.

[RETURN TO EMPLOYMENT STATUS](#)

Life Insurance

North Oaks extends a wide variety of Life Insurance Options for employees to choose coverage for themselves and dependents. Beneficiary information should be updated accordingly on all life plans as circumstances warrant.

Employer Paid Group Term Life Insurance

North Oaks provides a Group Term Life Insurance Plan for full-time benefit employees. Coverage is equal to one time employee's annual base salary up to maximum of \$500,000. Coverage is effective the first day of the following month after hire date / eligibility date. Coverage over \$50,000 is considered imputed income per IRS regulations and will be taxed. Employees can select a beneficiary for this plan in their Employee Space. [RETURN TO EMPLOYMENT STATUS](#)

Employee Paid Voluntary Life Insurance

VOLUNTARY BASIC LIFE (Option 1)

Full-time benefit employees can purchase term life insurance at group rates. Coverage levels offered are \$ 10,000 for Employee/\$10,000 ADD, \$ 4,000 for Spouse (coverage ends at age 75) and \$2,000 for Children (coverage ends at age 26). Employees must enroll within 30 days of employment or eligibility or wait until benefits annual enrollment. Employees can select a beneficiary for this plan in their Employee Space.

Monthly Voluntary Basis Life (Option 1) premiums

<u>COVERAGE LEVEL</u>	<u>MONTHLY PREMIUM</u>
Employee Only	\$1.04
Family	\$2.42

[RETURN TO EMPLOYMENT STATUS](#)

VOLUNTARY LIFE (Option 2)

Full-time benefit employees can purchase guaranteed term life insurance at group rates. Employees must enroll within 30 days of hire date or eligibility. Employees are eligible for Guarantee Issue amounts on Self, Spouse and Dependent Children in active service. Active Service means employee/dependents cannot be in hospital, receiving hospice care or chemo on the normal effective date of coverage.

Coverage is available in \$10,000 increments. The maximum coverage allowed is the lesser of 5 times annual salary or \$500,000. Guaranteed issue is \$150,000 for employee, \$50,000 for spouse and \$10,000 for eligible dependent children. Coverage amounts above the guaranteed issue amount are subject to evidence of insurability and must be approved by the carrier. Spouse's coverage ends at age 75. Premiums are deducted on a monthly basis. Premiums increase in 5-year increments based on age of participant. Employees can select a beneficiary for this plan in their employee space.

[RETURN TO EMPLOYMENT STATUS](#)

BOSTON MUTUAL WHOLE LIFE INSURANCE WITH LONG-TERM CARE RIDER

Full-time benefit employees can purchase whole life insurance with a long-term care rider at group rates. The Long Term Care insurance rider is designed to help provide financial assistance should you lose the ability to care for yourself. This plan offers a guaranteed premium; as long as you pay your premiums the cost of your life insurance policy and long term care rider can never go up.

Policy provides a Guaranteed Interest Rate of 3.00%. Guaranteed Portability is also offered to employees even if their employment status changes. Employees can keep their coverage and pay Boston Mutual directly for the premiums. Employees should contact the office of Agent Henry Powell, Jr. at (985) 340-4092 to enroll or maintain coverage upon ineligibility.

[RETURN TO EMPLOYMENT STATUS](#)

Long-Term Disability

North Oaks provides long term disability coverage for full-time benefit employees who complete one year of service. Employees must be actively at work at time of eligibility. This policy has a 180-day elimination period and coverage equals 60% of base pay to a monthly maximum of \$6,000. No enrollment is required by employee.

[RETURN TO EMPLOYMENT STATUS](#)

DEPENDENT VERIFICATION DOCUMENTS

STEP 1: Review the list of the dependents you wish to enroll and match each of them to a dependent type listed below

STEP 2: For each dependent type you will find the eligibility requirements and a list of documents required to verify that particular dependent type.

STEP 3: Upload your documents when you enroll through an online enrollment event. You must submit the required documentation to Human Resources during the Annual Enrollment in order to add dependents to your coverage.

DOCUMENTATION REQUIREMENTS AND THINGS TO REMEMBER:

- COPIES can be uploaded through your enrollment event, emailed to Human Resources at Benefits@northoaks.org, or placed in one of the locked boxes located in the Tower Lobby and in front of the Employment Center.
- Black out social security numbers appearing on any documents submitted.
- Only attach the first page of your prior year Federal Tax Return that shows your dependents. (No State Tax Returns are accepted in lieu of Federal Tax Returns)
- Black out all monetary amounts appearing on Federal Tax Returns, for example earnings listed on your 1040.
- Documents proving joint ownership: Mortgage Statements, Credit Card Statements, Bank Statements, and Residential Leasing Agreements listing both party's names as co-owners. The joint ownership may be established prior to the current year; however, the statement provided must be issued within the last six months.
- Proof of Marriage must be a government issued marriage license or marriage certificate (not a church issued certificate) including the date of your marriage.
- Birth Certificates must be government issued birth certificates listing parent names (not hospital issued certificates or wallet sized certificates).

DEPENDENT TYPE	AGE	DOCUMENT TYPE
LEGAL SPOUSE	NA	Government issued marriage certificate <u>and</u> <ul style="list-style-type: none">• current or prior year Federal Tax Return <u>or</u>• proof of joint ownership issued within last 6 mos. Note: only need government issued marriage certificate if married within the last 12 mos.
BIOLOGICAL CHILD	Age 25 and under	Government issued Birth Certificate or hospital issued certificate if child is < 1 month old.
STEP-CHILD	Age 25 and under	Government issued birth certificate <u>and</u> proof of marriage (between the child's biological parent and the employee) as listed above under Legal Spouse.
ADOPTED CHILD	Age 25 and under	<ul style="list-style-type: none">• Adoption Placement Agreement <u>and</u> Petition for Adoption <u>or</u>• Adoption Certificate
LEGAL GUARDIANSHIP	Age 25 and under	Government issued birth certificate <u>and</u> court ordered document of legal custody
QUALIFIED MEDICAL SUPPORT ORDER	Age 25 and under	Qualified Medical Child Support Order (must be ordered for the employee)

Note: Additional verification documents may be required if making changes due to a change in life status. For example: proof of adding/dropping coverage elsewhere, letter from spouse's employer, etc. Contact Human Resources for required documents when you experience a Change in Life Status. [RETURN TO MEDICAL PLANS](#)

NOTICE OF NONDISCRIMINATION & ASSESSIBILITY REQUIREMENTS

North Oaks Health System's health insurance plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. North Oaks Health System's health insurance plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

North Oaks Health System's health insurance plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Jeff Jarreau, Chief Human Resources Officer.

If you believe that North Oaks Health System's health insurance plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with

Jeff Jarreau, Chief Human Resources Officer
P.O. Box 2668 Hammond, LA 70404
985-230-6787 phone
985-230-6461 fax
jarreauj@northoaks.org

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Jeff Jarreau is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019
800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Proficiency of Language Assistance Services:

If you need assistance, language assistance services are available to you free of charge. Call 1-985-230-6787. (State TTY: 7-1-1).

Spanish

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-985-230-6787 (TTY: 7-1-1)

French

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-985-230-6787 (ATS : 7-1-1).

Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-985-230-6787 (TTY: 7-1-1).

Chinese

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-985-230-6787

TTY：7-1-1）。

Arabic

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-985-230-6787 (رقم هاتف الصم والبكم: 1-1-7).

Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-985-230-6787 (TTY: 7-1-1).

Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-985-230-6787 (TTY: 7-1-1)번으로 전화해 주십시오.

Portuguese

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-985-230-6787 (TTY: 7-1-1).

Laotian

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີຮ່າມໃຫ້ທ່ານ. ໂທ 1-985-230-6787 (TTY: 7-1-1).

Japanese

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-985-230-6787（TTY: 7-1-1）まで、お電話にてご連絡ください。

Urdu

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-985-230-6787 (TTY: 7-1-1).

German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-985-230-6787 (TTY: 7-1-1).

Persian (Farsi)

با. باشد می ف (TTY: 7-1-1) توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما. بگیرد تماس 6787-230-985-1

Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-985-230-6787 (телетайп: 7-1-1).

Thai

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-985-230-6787 (TTY: 7-1-1).

Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options in your geographic area.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the credit that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12% of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income.^{1, 2}

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution -as well as your employee contribution to employment-based coverage- is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

¹ Indexed annually; see <https://www.irs.gov/pub/irs-drop/rp-22-34.pdf> for 2023.

² An employer-sponsored or other employment-based health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through November 30, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services **is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.**

Marketplace-eligible individuals who live in states served by [HealthCare.gov](https://www.healthcare.gov) and either- submit a new application or update an existing application on [HealthCare.gov](https://www.healthcare.gov) between March 31, 2023 and November 30, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. **That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and November 30, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage.** In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit [HealthCare.gov](https://www.healthcare.gov) or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit <https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/> for more details.

How Can I Get More Information?

For more information about your coverage offered through your employment, please check your health plan's summary plan description or contact **North Oaks Human Resources**, at 42161 Veterans Boulevard, Hammond, LA 70403, (985) 230-6532, benefits@northoaks.org.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](https://www.healthcare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

Part B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name Hospital Service District No. 1 of Tangipahoa Parish d/b/a/ North Oaks Health System North Oaks Rehabilitation Hospital, LLC North Oaks Medical Center, LLC North Oaks Physician Group, LLC	4. Employer Identification Number (EIN) 72-0765132 72-1301620 45-1834769 45-2419394
5. 15790 Paul Vega MD Drive, Hammond, LA 70403	6. Employer phone number (985) 230-6191
10. Who can we contact about employee health coverage at this job? Chantelle Starkey	
11. Phone number (if different from above) (985) 230-6191	12. Email address benefits@northoaks.org

Here is some basic information about health coverage offered by this employer:

- ☐ As your employer, we offer a health plan to:
- ☐ All employees. Eligible employees are:

- ☒ Some employees. Eligible employees are:

Full-time, benefit eligible employees working a minimum of 30 hours per week

- ☐ With respect to dependents:
- ☒ We do offer coverage. Eligible dependents are:

Dependents of full-time benefit eligible employees working a minimum of 30 hours per week.

- ☐ We do not offer coverage.

- ☒ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

[RETURN TO OFFER OF MEDICAL COVERAGE](#)

[RETURN TO MEDICAL PLAN OPTIONS](#)



Prescription Benefit Coverage

North Oaks Health System | Administered by RxBenefits, Inc. and Express Scripts, Effective January 1, 2026

Note: Members may contact RxBenefits Member Services at 1.800.334.8134 or visit [express-scripts.com](https://www.express-scripts.com). If there are any additional questions, please contact your Human Resource Department.

PCA Plan

Retail Pharmacy Coverage (01-30 Day Supply)	In Network Pharmacy
Generic	\$20.00
Preferred Brand	\$40.00
Non-Preferred Brand	\$60.00
North Oaks Prescription Centers Generic	\$7.50
North Oaks Prescription Centers Brand	\$15.00
North Oaks Prescription Centers Non-Preferred Brand	\$30.00
North Oaks Prescription Centers Compound Medications	35% Co-insurance
Retail Pharmacy Compound Medications	45% Co-insurance
Fertility Medications	50% Co-insurance

Retail Pharmacy Coverage (31-90 Day Supply)	In Network Pharmacy
North Oaks Prescription Centers Generic	\$15.00
North Oaks Prescription Centers Preferred Brand	\$30.00
North Oaks Prescription Centers Non-Preferred Brand	\$60.00
Fertility	50% Co-insurance
North Oaks Prescription Centers Compound Medications	35% Co-insurance

Mail Order Extended Supply (31-90 Day Supply)	In Network Pharmacy
Generic	\$15.00
Preferred Brand	\$30.00
Non-Preferred Brand	\$60.00
Fertility	50% Co-insurance

Accumulations

North Oaks Prescription Centers Maximum Out of Pocket (MOOP) Embedded	\$4,500.00 Individual/ \$9,000.00 Family
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Other Retail Pharmacies Maximum Out of Pocket (MOOP) Embedded	\$8,000.00 Individual/ \$16,000.00 Family
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The calendar year MOOP applies to pharmacy and medical claims. MOOP cross-accumulates between networks. Each individual family member must meet the single MOOP unless the family MOOP has been met. Once met, your covered prescriptions are paid at 100%. Generic dispense as written penalties, fertility, and out of network claims do not apply to the MOOP.

Specialty Medications

Specialty medications are high-cost drugs that are often injected or infused and require special storage and monitoring. These medications must be obtained through North Oaks Prescription Centers 985-230-3383 or 985-230-7880. These medications are limited to a 1-30 day supply. Specialty medications largely fall into the formulary brand category but could also fall into the biosimilar or generic specialty drug category. These medications are subject to the appropriate copay as listed below.

Specialty Medication	Accredo
Specialty Generic	\$150.00
Specialty Preferred Brand	\$150.00
Specialty Non-Preferred Brand	\$150.00

PPO Plan

Retail Pharmacy Coverage (01-30 Day Supply)	In Network Pharmacy
Generic	\$20.00
Preferred Brand	\$40.00
Non-Preferred Brand	\$60.00
North Oaks Prescription Centers Generic	\$7.50
North Oaks Prescription Centers Preferred Brand	\$15.00
North Oaks Prescription Centers Non-Preferred Brand	\$30.00
North Oaks Prescription Centers Compound Medications	35% Co-insurance
Retail Pharmacy Compound Medications	45% Co-insurance
Fertility Medications	50% Co-insurance

Retail Pharmacy Coverage (31-90 Day Supply)	In Network Pharmacy
North Oaks Prescription Centers Generic	\$15.00
North Oaks Prescription Centers Preferred Brand	\$30.00
North Oaks Prescription Centers Non-Preferred Brand	\$60.00
Fertility	50% Co-insurance
North Oaks Prescription Centers Compound Medications	35% Co-insurance

Mail Order Extended Supply (31-90 Day Supply)	In Network Pharmacy
Generic	\$15.00
Preferred Brand	\$30.00
Non-Preferred Brand	\$60.00
Fertility	50% Co-insurance

Accumulations

North Oaks Prescription Centers Maximum Out of Pocket (MOOP) Embedded	\$2,500.00 Individual/ \$5,000.00 Family
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Other Retail Pharmacies Maximum Out of Pocket (MOOP) Embedded	\$8,000.00 Individual/ \$16,000.00 Family
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The calendar year MOOP applies to pharmacy and medical claims. MOOP cross-accumulates between networks. Each individual family member must meet the single MOOP unless the family MOOP has been met. Once met, your covered prescriptions are paid at 100%. Generic dispense as written penalties, fertility, and out of network claims do not apply to the MOOP.

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Specialty Medication	Accredo
Specialty Generic	\$150.00
Specialty Preferred Brand	\$150.00
Specialty Non-Preferred Brand	\$150.00

Retail and Mail Order Pharmacies

North Oaks Health System participates in the Express Scripts pharmacy network. Contact RxBenefits Member Services at 1.800.334.8134 to inquire about a specific pharmacy.

Manufacturer Copay Assistance Program (MCAP)

Some specialty medications may qualify for third-party copayment assistance programs which could lower your out of pocket costs for those products. For any such specialty medication where third party copayment assistance is used, you will not receive credit toward your maximum out of pocket or deductible for any copayment or co-insurance amounts that are applied to a manufacturer coupon or rebate. Your employer has elected to enroll in Express Scripts's SaveOnSP only program(s).

Generic Policy - Dispense As Written (DAW)

If you choose to buy the Brand name drug when a Generic equivalent is available, you will be required to pay the Generic copay/coinsurance plus the difference in cost between the Generic and Brand name drug.

Infertility Medications

A medication that is used for assisting/promoting fertility. This coverage is limited to the employee and spouse, dependents will not be covered. These medications are payable at 50% instead of the standard co-pay. The amount you pay for infertility drugs is not applied to your Maximum Out of Pocket under the plan. The amount the plan pays applies to the Maximum Lifetime Fertility Prescription Drug Benefit of \$10,000.

Preventive Medications

Your employer's plan is subject to the Affordable Care Act (ACA) which requires the coverage of a number of preventive items and services at 100% and ensures these items and services are not subject to deductibles, maximum out of pockets, or other limitations such as annual caps or limits. You may contact RxBenefits Member Services at 1.800.334.8134 if you have specific drug questions or register at [express-scripts.com](https://www.express-scripts.com) to check drug costs and coverage.

Compound Drugs

For compound drugs to be covered, they must satisfy certain requirements. In addition to being medically necessary and not experimental or investigative, compound drugs must not contain any ingredient on a list of excluded ingredients. Any denial of coverage of a compound drug may be appealed in the same manner as any other drug claim denial under this coverage. Compounded medications equal to or exceeding \$300 per script will require prior authorization.

High Dollar Claim Review, Prior Authorization and Appeals program (HDCR)

Medication costs exceeding \$1,000 per 30-day supply and \$3,000 per 90-day supply require prior authorization.

Low Clinical Value Drug List (LCV)

Separate formulary exclusion list including low clinical value drugs, me too/chemically similar drugs, new to market drugs, and non-essential.

Formulary

A list of Federal Drug Administration (FDA) approved Prescription Drugs and supplies developed by a Pharmacy and Therapeutics Committee, and/or customized by Express Scripts or RxBenefits. This list reflects the current clinical judgment of practicing health care practitioners based on a review of current data, medical journals, and research information. In your prescription drug coverage, the Formulary Drug list is used as a guide for determining your costs for each prescription. Drugs not listed on the NPF Formulary may not be covered. Your formulary is NPF.

The following lists are not all-inclusive, but rather are lists of the most commonly used prescription drugs. These lists are subject to change. The Express Scripts formulary provides an up-to-date list of medications that may be covered by the program. The Express Scripts formulary may be found online at [express-scripts.com](https://www.express-scripts.com). You may also contact RxBenefits Member Services at 1.800.334.8134 to learn whether a specific drug is covered.

Covered Drugs and Supplies

The following examples of Covered Drugs and supplies may be available with your prescription benefit coverage. FDA- approved pharmaceuticals requiring a written prescription, issued by a licensed physician, dentist, osteopath, podiatrist, optometrist (licensed professionals) or licensed advance practice certified nurse and dispensed by a licensed pharmacist. Please contact RxBenefits Member Services at 1.800.334.8134 if you have specific drug questions or register at [express-scripts.com](https://www.express-scripts.com) to check coverage.

- Federal Legend Drugs
 - Standard OTC Equivalents
 - Insulin
 - OTC Diabetic Supplies
 - Self Injectable Medications
 - Specialty Medications
 - Hemophilia Factors
 - Impotency Drugs
 - Addyi-HSDD Agents
 - Fertility (Oral, Injectable, Intra-Vaginal)
 - Nutritional Supplements Rx Only
 - Prescription Vitamins
 - Inhaler Assisting Devices
 - Non-Insulin Syringes
 - Allergy Extracts
 - Oral, Extended Cycle, Transdermal, Intravaginal, Contraceptives ACA
 - Emergency Contraceptives
 - Injectable Contraceptives
 - Diaphragms & Cervical Caps
 - IUDs
 - Implantable Contraceptives
 - OTC Contraceptives
-

- Smoking Cessation (Rx)
- Smoking Cessation (OTC)
- HCR/ACA Vaccines

Covered Drug Limitations

Certain Prescription Drugs are covered up to preset limits. These limits are based upon standard FDA approved dosing for the medications. If you request that a prescription be filled for a drug that is subject to quantity limitations, the prescription will be filled up to the preset limits. In some cases, it may be medically necessary for you to exceed the preset limits. In those instances, Prior Authorization is required. In such cases your doctor may initiate Prior Authorization by calling RxBenefits toll-free at 1.800.334.8134. Many drugs are subject to quantity limitations for patient safety based on FDA guidelines. Your plan has identified the following drug categories for Quantity Limits.

- Anti-Influenza Agents
- Anti-nausea Agents
- Contraceptives
- Erectile Dysfunction (ED) Agents
- Fertility Agents
- Opioid Analgesics
- Sleep Agents

For more information about specific drugs subject to coverage limitations, please call RxBenefits Member Services at 1.800.334.8134 or visit [express-scripts.com](https://www.express-scripts.com).

Prior Authorization and Appeals

If a prescription drug claim is wholly or partially denied, you or your authorized representative has the right to appeal the decision. You or your authorized representative may appeal the denial no later than 180 days after receiving notice of an adverse claim decision. Appeals of prescription drug claims are handled by RxBenefits and are decided in accordance with the terms of the plan document. Following a clinical review, one of four actions will occur: the medication is approved, the medication claim is denied, the doctor may decide to withdraw and prescribe a different medication, or the reviewer can dismiss the claim due to lack of communication from the prescriber. If denied, the appeal process is available. Your prior authorizations are handled by RxBenefits.

The following medications may require a prior authorization under your plan:

- Diabetic Agents
- GLP-1 Agonists
- Migraine Agents
- Narcolepsy Medications

The Appeal Process

If denied, the member may appeal the decision. Upon appeal, a second pharmacist reviewer will evaluate the prior authorization and make a decision (approved/denied). If denied a second time, a final appeal may be made, which is forwarded to an outside medical reviewer. If denied, there are no further appeals.

Your doctor may initiate the Prior Authorization, quantity limit, high dollar claim review or any other rejection process by calling RxBenefits at 1.800.334.8134.

Exclusions

Coverage is not provided for:

- OTC Products
- Insulin Pumps
- Anti-Obesity/Anorexiant
- Hair Growth Stimulants
- Medical Foods (Rx)
- Injectable/Implantable Medications

Pharmacy Identification Card (ID Card)

Your pharmacy ID card enables you to participate in the prescription drug card program. Present your combined medical and pharmacy ID card to the pharmacist when obtaining a prescription to ensure you get the benefit of the prescription drug card program. Please contact your medical insurance carrier for a replacement ID card.

Definitions:

Co-Insurance

The percentage of charges a Participant is required to pay for covered prescription drugs.

Copayment (Copay)

The specified charge you are required to pay for a Covered Drug.

Brand-Name

A Prescription Drug that is protected by a patent, supplied by a single company and marketed under the manufacturer's brand name.

Generic Drug

A generic drug is identical to a brand name drug in dosage form, safety, strength, route of administration, quality, performance characteristics, and intended use. Although a generic drug is chemically identical to its branded counterpart, it is typically sold at substantial discounts from the branded drug's price.

Over-the-Counter Drug (OTC)

Any medical substance that can be purchased without a prescription. OTC medications are not covered by your plan unless otherwise stated.

Non-Preferred Brand

Non-Preferred Brand is a Brand Name prescription drug that does not appear on the formulary of Brand Name Drugs designated by Express Scripts as Preferred. Members may pay a higher cost for Non-Preferred Brand-Name Prescription Drugs than for Preferred Brand-Name prescription Drugs.

Preferred Brand Drug

Preferred Brand Drug is a prescription drug that appears on the formulary of Brand-Name Prescription Drugs designated by Express Scripts Preferred. This list is subject to periodic review and modifications by Express Scripts. Members may obtain a copy of this list by contacting RxBenefits Member Services at 1.800.334.8134 or by registering on express-scripts.com. Members pay a lower copay/co-insurance for Preferred Brand-Name Prescription Drugs than for Non- Preferred Brand-Name Prescription Drugs.

For More Information About the Prescription Benefit Coverage

North Oaks Health System has partnered with Express Scripts and RxBenefits to provide prescription drug benefits. Express Scripts serves as the pharmacy benefit manager and RxBenefits administers the prescription drug program.

The website, express-scripts.com, is designed to help you explore ways to track your prescription benefits. You may use the site to locate pharmacies and compare prescription drug costs.

Questions?

Contact RxBenefits Member Services for information regarding the prescription drug program at 1.800.334.8134.

RxBenefits, Inc. does not provide legal advice. Nothing herein or in any other documents provided by RxBenefits, Inc. should be construed, or relied upon, as legal advice. It is the responsibility of the employer/plan sponsor and not RxBenefits, Inc. to determine the contents of its group health plan document and related summary plan description. The employer/plan sponsor should consult with its legal counsel regarding the contents of its group health plan and summary plan description, and the legal requirements that may be applicable thereto. For plan members with questions about plan coverage, please consult your HR Department.

RETURN TO PHARMACY PLAN

North Oaks Health System Employee Health Benefit Plan and Dental Care Program

Notice of Privacy Practices

This Notice describes how health information about you may be used or disclosed and how you can get access to this information. Please review it carefully.

Protecting Member's Health Information

We understand the importance of keeping your health information private. Protected health information (PHI) includes both medical information and individually identifiable information, such as your name, address, telephone number or social security number. We are required by applicable federal and state laws to maintain the privacy of your health information generated or received by us. We are also required by federal law to provide you with this Notice.

In addition to the requirements imposed on us by law, our policy is to:

- protect your privacy by limiting who may see your PHI;
- limit how we may use or disclose your PHI;
- inform you of our legal duties with respect to your PHI;
- explain our privacy policies; and
- strictly adhere to the policies currently in effect.

You have received this Notice because you are covered by, or considering coverage with, the North Oaks Health System Employee Health Benefit Plan and Dental Care Program. This is a Notice of the North Oaks Health System Employee Health Benefit Plan and Dental Care Program's privacy practices, our legal duties, and your rights concerning your protected health information.

North Oaks Health System Employee Health Benefit Plan and Dental Care Program's Uses and Disclosures of Plan Member's Protected Health Information

As a member of the North Oaks Health System Employee Health Benefit Plan and Dental Care Program, the Plan may use and disclose your protected health information, without obtaining your prior authorization and without offering you the opportunity to object. These circumstances include:

a. Uses or disclosures for purposes relating to treatment, payment and health care operations:

1. Treatment. We may use and/or disclose your protected health information for the purpose of providing, or allowing others to provide, treatment to you. An example would be if your primary care physician discloses your health information to another doctor for the purposes of a consultation.
2. Payment. We may use and/or disclose your protected health information for the purpose of allowing us, as well as others, to secure payment for the health care services provided to you. For example, we may inform your health insurance company of your diagnosis and treatment in order to assist them in processing our claim for payment for the health care services provided to you.
3. Health Care Operations. We may use and/or disclose your information for the purposes of our day-to-day operations and functions. For example, we may compile your protected health information:
 - To determine premiums for the health plan.
 - To conduct quality improvements, including outcome evaluation and development of clinical guidelines, population-based activities, care coordination, case management, or utilization management activities.
 - To review the competence or qualifications of health care professionals, conducting training programs of non-healthcare professionals, accreditation, and certification, licensing or credentialing activities.

- For premium rating, ceding, securing or placing a contract for reinsurance of risk relating to claims for health care (including stop-loss insurance).
- To conduct or arrange for medical review, legal services and audit functions, including fraud and abuse detection, and compliance programs.
- For business planning, such as conducting cost-management and planning-related analysis, including formulary development and administration, or improvement of methods of payment or coverage policies.
- For business management activities, such as: customer service, resolution of internal grievances, or due diligence in connection with the sale or transfer of assets to a potential successor in interest.
-

- b. **PHI related to Substance Use Disorders:** If we receive information about you from a substance use disorder treatment program covered by 42 CFR Part 2 in accordance with your general authorization for the purposes of healthcare treatment, payment or operations, we may use or re-disclose that information in accordance with this Notice, except that such information will not be used or disclosed in any civil, criminal, administrative, or legislative proceedings against you without your written authorization or a court order;
- c. **Plan Sponsors:** Your protected health information may be disclosed to the plan sponsor for plan administration activities. Please see your plan documents for a full explanation of the limited uses and disclosures that the plan sponsor may make of your personal and health information in providing plan administration functions for your group health plan.
- d. **Underwriting:** Your protected and health information may be used for underwriting, premium rating or other activities relating to the creation, renewal or replacement of a contract of health insurance or health benefits. Protected health information will not be used or further disclosed for any other purpose, except as required by law, unless you become a Plan member. At that time, the use and disclosure of your protected health information will only be as described in this Notice. Despite the foregoing, please note that any genetic information we may obtain about you will not be used for underwriting purposes.
- e. **Health and Wellness Information:** Your protected health information may be used to contact you with information about health-related benefits and services, appointment reminders, or about treatment alternatives that may be of interest to you. Unless the information is provided to you by a general newsletter or in person, you may opt-out of receiving further information by notifying us using the contact information listed at the end of this Notice.
- f. **Family and Friends:** If you are unavailable to communicate, such as in a medical emergency or disaster relief, your health information may be disclosed to a family member, friend or other person to the extent necessary to help with your health care or with payment for your health care.
- g. **Research:** Your protected health information may be used or disclosed in research projects that have been evaluated and approved through a research approval process which takes into account your need for privacy.
- h. **Death:** The health information of a deceased person may be disclosed to a coroner, medical examiner or funeral director.
- i. **Organ Donation:** Information may be used or shared for procurement, banking, or transplantation of organs, eyes, or tissue.
- j. **Public Health and Safety:** Protected health information may be disclosed, to the extent necessary, to avert a serious and imminent threat to your health or safety or the health or safety of others.
- k. **Abuse, Neglect or Domestic Violence:** Protected health information may be disclosed to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, domestic violence or other crimes.

- l. **Required by Law:** Your protected health information must be used or disclosed when required to do so by law. For example, your health information must be disclosed to the U.S. Department of Health and Human Services upon request for purposes of determining whether we are in compliance with federal privacy laws.
- m. **Judicial Process and Proceedings:** Protected health information may be disclosed in response to a court or administrative order, subpoena, discovery request, or other lawful process.
- n. **Law Enforcement:** Limited information may be disclosed to law enforcement officials concerning the protected health information of a suspect, fugitive, material witness, crime victim or missing person. The health information of an inmate or other person in lawful custody may be disclosed to a law enforcement official or correctional institution.
- o. **Military and National Security:** Health information of Armed Forces personnel, under certain circumstances, may be disclosed to military authorities. Protected health information required for lawful intelligence, counterintelligence, and other national security activities may be disclosed to authorized Federal Officials.

Except as described above, disclosures of your protected health information will be made only with your written authorization. In particular:

- a. Most uses and disclosures of psychotherapy notes require your written authorization. “Psychotherapy notes” are the personal notes of a mental health professional that analyze the contents of conversations during a counseling session. They are treated differently under federal law than other mental health records.
- b. Uses and disclosures for marketing require your written authorization. “Marketing” is a communication that encourages you to purchase a product or service. However, it is not marketing if we communicate with you about health-related products or services we offer, as long as we are not paid by a third party for making that communication.
- c. A disclosure that qualifies as a sale of your health information under federal law may not occur without your written authorization.

You may revoke your authorization at any time, in writing, unless we have taken action in reliance upon your prior authorization, or if you signed the authorization as a condition of obtaining insurance coverage.

Individual Rights for All North Oaks Health System Employee Health Plan and Dental Care Program Members

As a member of the North Oaks Health System Employee Health Benefit Plan and Dental Care Program, the following are your rights concerning your protected health information:

- a. **Electronic Notice:** You have the right to receive this Notice in written form upon request. Please contact us using the information listed below to obtain this Notice in written form.
- b. **Access:** You have the right to review or obtain copies of your protected health information that we use to make decisions about you, other than psychotherapy notes, or information compiled in anticipation of or for use in civil, criminal or administrative proceedings, or certain information that is governed by the Clinical Laboratory Improvement Act. To arrange for access to your records, you may contact the Human Resources Generalist using the contact information listed at the end of this Notice. If you request copies, you will be charged a standard fee set by HIPAA and Louisiana state law for copying and mailing the requested information.

Despite your general right to access your protected health information, access may be denied in some limited circumstances. For example, access may be denied if you are a participant in a research program that is still in progress. Access may be denied if the federal Privacy Act applies.

In addition, access may be denied if:

- (i) Access to the information in question is reasonably likely to endanger the life and physical safety of you or anyone else;
- (ii) the information makes reference to another person and your access would reasonably be likely to cause harm to that person; or
- (iii) you are the personal representative of another individual and a licensed health care professional determines that your access to the information would cause substantial harm to the patient or another individual.

If access is denied for these reasons, you have the right to have the decision reviewed by a health care professional who did not participate in the original decision. If access is ultimately denied, the reasons for that denial will be provided to you in writing.

- c. **Alternate Communication:** You have the right to request that we communicate with you in confidence about your health information by alternative means or to an alternative location. We will accommodate your request if it is reasonable and the request specifies the alternative means or location. Please contact us using the information at the end of this Notice.
- d. **Amendment:** You have the right to request that we amend your protected health information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request if we did not create the information you want amended, we do not maintain the information, or the information is accurate and complete. If we deny your request, we will provide you a written explanation of the denial. If we accept your request to amend the information, we will make reasonable efforts to inform others of the amendment and to include the changes in any future disclosures of that information. You may submit this request in writing to the Human Resources Generalist using the contact information listed at the end of this Notice.
- e. **Disclosure Accounting:** You have the right to receive a list of instances in which we or our subcontractors disclosed your protected health information for purposes other than treatment, payment, health care operations and certain other activities during the six-year period preceding the date of your request. The accounting will include the date of each disclosure, the name of the entity or person who received the information and that person's address (if known), a brief description of the information disclosed, and the purpose of the disclosure. If you request this list more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests. You may submit this request in writing to the Human Resources Generalist using the contact information listed at the end of this Notice.
- f. **Restriction Requests:** You have the right to request restrictions on the use or disclosure of your protected health information. We are not required to agree to your request, but if we do, we will abide by that restriction unless you are in need of emergency treatment and the restricted information is needed to provide that emergency treatment. To request a restriction, submit a written request to the Contact listed on the final page of this Notice.

You also have the right to agree to or terminate a previous submitted restriction. You may submit this request in writing to the Human Resources Generalist using the contact information listed at the end of this Notice.

North Oaks Health System Employee Health Benefit Plan and Dental Care Program's Duties

- a. We are required by law to maintain the privacy of your protected health information and to provide you with this Notice of our legal duties and privacy practices.
- b. We are required to abide by the terms of this Notice. We reserve the right to change the terms of this Notice and to make those changes applicable to all protected health information that we maintain. Any changes to this Notice will be posted on our website and provided in writing to our health plan subscribers.

- c. We are required to notify you in writing if we improperly use or disclose your health information in a manner that meets the definition of a “breach” under federal law. Although there are some exceptions, a breach generally occurs when health information about you is not encrypted and is accessed by, or disclosed to, an unauthorized person.

Complaints

If you are concerned that we may have violated your privacy rights or you disagree with a decision we made about access to your protected health information, you may file a complaint by contacting the North Oaks Privacy Officer and/or the Secretary of the U.S. Department of Health and Human Services.

We support your right to protect the privacy of your protected health information. We will not retaliate in any way if you choose to file a complaint.

Contact North Oaks Health System Employee Health Benefit Plan and Dental Care Program:

North Oaks HR Generalist
P.O. Box 2668
Hammond, LA 70404
(985) 230-6191

North Oaks Privacy Officer
P.O. Box 2668
Hammond, LA 70404
(985) 230-6224

Effective Date: February 16, 2026

RETURN TO EMPLOYMENT STATUS