

Your Benefits



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- Time Off**
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- Compensation**
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- Pension Plan**
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- Health & Wellness Programs**
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- Medical, Life & Disability Insurance**

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Human Resource Department
Glens Falls Hospital
100 Park Street, Glens Falls, NY 12801
www.glensfallshospital.org

Human Resource Staff

The Human Resource Department's mission is to provide the highest quality service and support to you, our customer, in a manner consistent with Glens Falls Hospital's mission, vision, values, and goals.

Our Benefits Staff includes Nancy Smith, Benefits Manager, (ext. 1811) and Laura Goodwin, Benefits Specialist, (ext. 1807). They are your best resource for questions related to benefit programs offered at GFH. The Human Resource office hours are 7:30 a.m. to 4:30 p.m., Monday through Friday.

More Information

You can find more Human Resource information online on the GFH Intranet by clicking on the Internet Explorer icon on your desktop and going to the GFH Intranet at <http://gfhintranet>. Click on the Human Resources button, located on the left side of the page, to view the options available.

How to Contact Us

HR Main Line: 926-1800

HR Job Line: 926-1820

HR Fax Line: 926-1808

Employee Communication Line: 926-5500

Kathleen Butterfield,

Director, Employee Communications, ext.1831

Ed Capezzuti, HR Director, ext.1809

Phyllis Clark, Payroll Specialist, ext.1822

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Kevin Daley, HRIS Administrator, ext. 1815

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Cindy Flansburg, HR Generalist, ext. 1802

Laura Goodwin, Benefits Specialist, ext. 1807

Phil Kahn, Communication Coordinator, ext. 1818

Kelly Kitchner, Employment Specialist, ext. 1803

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Deb Manell, HR Coordinator, ext. 1809

Jean Nadolny, Receptionist, ext. 1801

Marilyn O'Neill, Payroll Specialist, ext. 1821

Jim Smith, Employment Coordinator, ext. 1806

Nancy Smith, Benefits Manager, ext. 1811

Jill Summa, Compensation Manager, ext. 1805

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Your Pay Check

Pay checks are issued every two weeks on Thursdays, after 1:00 p.m. See the calendar on the next page for specific dates. Pay periods run Sunday through the following Saturday.

Clocking In/Out

Time Clocks are located conveniently throughout the building, as well as at some off-site locations. To clock in or out, swipe your badge with the front side (photo) facing the clock. Slide through and you will hear a beep. "Punch Accepted" will appear on the screen when you have swiped correctly at your home clock. If your punch is not accepted, wait until the screen clears, then try again. Occasionally, you may need to remove your card from the plastic sleeve of the badge holder to run it through.

Direct Deposit

When you sign up for Direct Deposit, your pay is transmitted directly into your bank account each pay period. You select which account(s) to direct the funds, such as checking and/or savings. You decide on the amount to deposit, from the entire check to a specified dollar amount. Obtain the Direct Deposit Form from the Payroll Office or Human Resources. You will need your bank account information, as well as a voided check to verify your account and routing numbers.

Payroll Deductions

There are a number of areas in the Hospital where you can swipe your badge to pay for goods and services, such as the Cafeteria, The Bistro and the Outpatient Pharmacy. You can also arrange for a payroll deduction to pay for the Wellness Center and special Guild sales. If you are uncertain whether payroll deduction is available for an event or service, just ask. These deductions will be noted in detail on your pay check stub.

Please note that all payroll deductions for medical, dental, dependent care, and medical reimbursement accounts are done on a pre-tax basis as part of a qualified Section 125 Plan under the Internal Revenue Service (IRS).

Payroll Contact Information

Phyllis Clark, Payroll Specialist, Ext. 1822

Marilyn O'Neill, Payroll Specialist, Ext. 1821

Kevin Daley, HRIS/Compensation Coordinator, Ext. 1815

2009 Payroll Calendar

Pay Number	Start Date	End Date	Pay Date	Observed Holidays
1	December 14	December 27	January 2*	Christmas Day (December 25)
2	December 28	January 10	January 15	New Year's Day (January 1)
3	January 11	January 24	January 29	
4	January 25	February 7	February 12	
5	February 8	February 21	February 26	President's Day (February 16)
6	February 22	March 7	March 12	March 9th (Daylight Savings Time)
7	March 8	March 21	March 26	
8	March 22	April 4	April 9	
9	April 5	April 18	April 23	
10	April 19	May 2	May 7	
11	May 3	May 16	May 21	
12	May 17	May 30	June 4	Memorial Day (May 25)
13	May 31	June 13	June 18	
14	June 14	June 27	July 2	
15	June 28	July 11	July 16	Independence Day (July 4)
16	July 12	July 25	July 30	
17	July 26	August 8	August 13	
18	August 9	August 22	August 27	
19	August 23	September 5	September 10	Labor Day (September 7)
20	September 6	September 19	September 24	
21	September 20	October 3	October 8	
22	October 4	October 17	October 22	
23	October 18	October 31	November 5	
24	November 1	November 14	November 19	Daylight Savings Time (Nov. 1)
25	November 15	November 28	December 3	Thanksgiving (November 26)
26	November 29	December 12	December 17	
27	December 13	December 26	December 31	

*May and October have three (3) P/R ending dates, January, July and December have three Pay Days
Please Note: There will be no benefit deductions withheld from the January 2nd paycheck.

**General Benefit
Contact Information**

Nancy Smith,
Benefits Manager, Ext. 1811
Laura Goodwin
Benefits Specialist, Ext. 1807

Benefit Program

Benefit Terms

Eligibility

All employees, including full-time, part-time, and per diem employees, are eligible for benefits. Glens Falls Hospital and its employees share the cost of benefits. The amount you pay for the benefits you select will be based on the benefit, the level of coverage, and the numbers of hours budgeted for your position. The earliest you can start receiving benefits is the first of the month, following three full months of employment. However, new hires may purchase health insurance at full premium, which can begin the first of the month following their hire date.

Enrollment

One month before your eligibility date, you will receive your Flex Enrollment Form in the mail. This form is customized just for you, based on your eligibility for the various benefits GFH has to offer. Each benefit and all premium amounts will be listed on this form. Your costs will vary based on which plan and what level of coverage you select, as well as your age, your salary and how many hours are budgeted for your position. A representative from Employee Family Protection (EFP) will contact you to assist with the enrollment process and to answer any questions you may have regarding the various options offered, including voluntary benefits. See page 18 for information on voluntary benefits.

Changing Your Benefit Elections

Under Section 125 of IRS regulations, there are two circumstances under which you may change your benefit elections: open enrollment or a qualifying event. Open Enrollment is held every fall, with a January 1st effective date. A qualifying event can occur any time during the year and is limited to the following: marriage or divorce; gain or loss of a dependent; gain or loss of employment (you or your spouse); gain or loss of coverage; change in employment status (full-time to part-time, etc.). You have 30 days from the date of the event to make a change and the change would become effective the first of the month following the event.

Be sure to attend the Benefits Fair, an annual event held in the Fall, designed to provide you with access to important benefit information. Many vendors and insurance carriers are on hand throughout the event to answer questions about their products and services directly. It's a great way to gather information, which will help you make the most of the benefits offered at GFH.

Medical Insurance

Benefit: Health care coverage for individuals, two persons, or families.

Cost: Varies, based on plan and level of coverage, and number of hours budgeted for your position.

Eligibility: All employees.

Coverage: Begins on the first of the month, following three full months of employment. New hires may purchase health insurance at full premium to begin the first of the month following their hire date.

More Information

The Hospital offers health insurance through MVP.

The following comparison is provided as a brief overview. It is not intended to replace printed literature supplied by the carriers. Please consult a summary plan description for full terms.

Additional Resources

- MVP Web Site: www.mvphealthcare.com

2009 Rates				
Full Premium	Monthly < 30 hours	Bi-Weekly > 75 hours	Bi-Weekly 60-74.99 hours	Bi-Weekly 30-59.99 hours
MVP Level I \$25/\$40 co-pay (RX \$10/Generic Only)				
Individual	\$343.66	\$5.55	\$43.82	\$82.08
2-Person	\$687.32	\$85.65	\$143.54	\$201.44
Family	\$957.15	\$119.28	\$199.90	\$280.52
MVP Level II \$20 co-pay (RX \$10/\$30/\$50)				
Individual	\$448.08	\$20.68	\$67.21	\$113.74
2-Person	\$896.16	\$111.68	\$187.16	\$262.64
Family	\$1,247.98	\$155.52	\$260.64	\$365.75
MVP Level III PPO\$20 co-pay (RX \$10/\$30/\$50)				
Individual	\$522.66	\$55.10	\$101.63	\$148.16
2-Person	\$1,045.32	\$180.52	\$256.00	\$331.49
Family	\$1,455.68	\$251.38	\$356.50	\$461.62
Davis Vision Voluntary				
Individual	\$6.49	\$3.00	\$3.00	\$3.00
2-Person	\$11.66	\$5.39	\$5.39	\$5.39
Family	\$18.16	\$8.38	\$8.38	\$8.38
Delta Dental				
Individual	\$39.20	\$4.52	\$7.92	\$11.31
Family	\$85.71	\$14.44	\$20.72	\$27.00

Medical Insurance

BENEFIT	MVP - Level I Options \$25 PCP/\$40 Specialist Copay \$500 Inpatient Copay \$10 Generic Rx	MVP - Level II \$20 Co-Pay \$0 Inpatient Co-Pay \$10/30/50 Rx	MVP - Level III PPO \$20 Co-Pay \$0 Inpatient Co-Pay \$10/30/50 Rx
Lifetime Maximum	Unlimited	Unlimited	Unlimited
Deductibles (In Network)	N/A	N/A	N/A
Referrals	No referrals required for a participating provider.	No referrals required for a participating provider.	No referrals required for a participating provider.
PCP	Required	Required	Not Required
Out of Network Benefit	None	None	Included, \$750 individual/ \$1875 family deductible, 80% coinsurance, \$2,250/\$5,625 out of pocket maximum, \$1,000,000 Lifetime maximum, Out of network Emergency Room: Subject to deductible and co-insurance
Physician Services <i>Second Surgical Opinion (not required)</i>	\$25 PCP/\$40 Specialist \$40 Co-Pay	\$20 PCP & Specialist \$20 Co-Pay	\$20 PCP & Specialist \$20 Co-Pay
Physical	\$25.00	\$20.00	No Co-Pay
GYN Exam	\$25.00	\$20.00	No Co-Pay
Mammogram	\$25.00	\$20.00	No Co-Pay
Well Child Care	No Co-Pay	No Co-Pay	No Co-Pay
Immunizations	No Co-Pay	No Co-Pay	No Co-Pay
Hearing Examinations	\$40 Co-Pay	\$20 Co-Pay	\$20 Co-Pay
Surgery Services	Hospital OP \$75/Office: \$100	Hospital OP \$20/Office: \$20	Hospital OP \$75/Office: \$20

This comparison is not intended to replace printed literature supplied by MVP. It's only purpose is to supply the employee with a brief overview of each plan. Please consult summary plan description for full terms.

Medical Insurance

BENEFIT	MVP - HMO Level I \$25 PCP/\$40 Specialist Copay \$500 Inpatient Copay \$10 Generic Rx	MVP - Level II \$20 Co-Pay \$0 Inpatient Co-Pay \$10/30/50 Rx	MVP - Level III, PPO \$20 Co-Pay \$0 Inpatient Co-Pay \$10/30/50 Rx
Hospital Inpt. Svcs.	\$500 Co-Pay per admission	No Charge	No Charge
Outpatient Hospital			
Hospital Outpatient Services	See specific service	See specific service	See specific service
Emergency Services Emergency Room	\$100 Co-Pay waived if admitted	\$50 Co-Pay, waived if admitted	\$50 Co-Pay, waived if admitted
Ambulance Service	\$100 Co-Pay	No Charge	No Charge
Air Transport (medically appropriate)	\$100 Co-Pay	No Charge	No Charge in Network 80% of allowable expense balance employee responsibility for out of network
Maternity Services			
Hospital Services	Subject to \$500 Co-Pay, excluding newborns	No Charge	No Charge
Physician Services	\$25.00 Co-Pay for 1st visit only	\$20.00 Co-Pay for 1st visit only	\$20.00 Co-Pay for 1st visit only
Delivery	\$200.00 Co-Pay	No Charge	No Charge
Nursery Care	No Charge	No Charge	No Charge
Well Baby	Covered in Full	Covered in Full	Covered in Full
Alcohol and Substance Abuse			
Inpatient	\$500 Co-Pay for Medical detoxification 7 days; 30 days inpatient rehab	No Charge for Medical detoxification 7 days; 30 days inpatient rehab	No Charge for Medical detoxification 7 days; 30 days inpatient rehab
Rehabilitation Outpt.	\$25 Co-Pay per visit, 60 visits	\$20 Co-Pay per visit, 60 visits	\$20 Co-Pay per visit, 60 visits
Mental Health Inpatient	\$500 copay/admission 30 days per year	No Charge, 30 days per year	No Charge 30 days per year

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Medical Insurance

BENEFIT	MVP - Level I \$25 PCP/\$40 Specialist Copay \$500 Inpatient Copay \$10 Generic Rx	MVP - Level II \$20 Co-Pay \$0 Inpatient Co-Pay \$10/30/50 Rx	MVP - Level III PPO \$20 Co-Pay \$0 Inpatient Co-Pay \$10/30/50 Rx
Outpatient	\$40 Co-Pay per visit 20 visit maximum	\$20 Co-Pay per visit 20 visit maximum	\$20 Co-Pay per visit 20 visit maximum
Other Services			
Chiropractic Care	\$40 Co-Pay, PCP Prescription required	\$20 Co-Pay, PCP Prescription required	\$20 Co-Pay, PCP No Prescription required
Diabetic Services	See Below	See Below	See Below
Durable Medical (i.e., injection aides, insulin pumps)	20% Co-Pay	20% Co-Pay	20% Co-Pay
Supplies (i.e., insulin, test strips for glucose monitors and visual reading syringes, etc.)	\$25 Co-Pay	\$20 Co-Pay	\$20 Co-Pay
Self Mgmt. Education	\$25 Co-Pay	\$20 Co-Pay	\$20 Co-Pay
Freestanding Ambula- tory Facility Services Home Health Care	\$75.00 Co-Pay (facility fee) \$25 Co-Pay 60 visit maximum	\$20.00 Co-Pay \$20 Co-Pay 60 visit maximum	\$20.00 Co-Pay \$20 Co-Pay, 60 visit maximum
Hospice Care	No Charge, 210 day lifetime max	No Charge, 210 lifetime max	No Charge, 210 lifetime max
IP Physical Rehab	\$500 Co-Pay, 60 days per calendar year	No Charge, 60 days per calendar year	No Charge 30 days percalendar year
X-Ray Services	\$40 Co-Pay, if x-ray services are provided in conjunction with other services, multiple copays may apply	\$20 Co-Pay	\$20 Co-Pay
Lab Services	No Charge	No Charge	No Charge
OP Chemotherapy, Hemodialysis and Radiation Therapy	\$25 Co-Pay	\$20 Co-Pay	\$20 Co-Pay

Medical Insurance

BENEFIT	MVP - Level I Options \$25 PCP/\$40 Specialist Copay \$500 Inpatient Copay \$10 Generic Rx	MVP - Level II \$20 Co-Pay \$0 Inpatient Co-Pay \$10/30/50 Rx	MVP - Level III PPO \$20 Co-Pay \$0 Inpatient Co-Pay \$10/30/50 Rx
Cardiac Rehabilitation Outpatient	\$40 Co-Pay	\$20 Co-Pay	\$20 Co-Pay
OP Physical Therapy	\$40 Co-Pay, up to 30 visits per member per calendar year; combined benefit for out-patient and office setting.	\$20 Co-Pay, up to 30 visits per member per calendar year; combined benefit for out-patient and office setting.	\$20 Co-Pay, up to 30 visits per member per calendar year; combined benefit for outpatient and office setting.
Private Duty Nursing	Not Covered	Not Covered	Not Covered
Prosthetic Device and Durable Medical Equip.	20% Co-Pay	20% Co-Pay	20% Co-Pay
Disposable Medical	Not Covered	20% Co-Pay	Not Covered
Skilled Nursing Facility	Covered in full, 120 days per calendar year	Covered in full, 120 days per calendar year	Covered in full 60 days per calendar year
Domestic Partner	Covered	Covered	Covered
Student Rider	Dependents to age 23 Students to age 25	Dependents to age 23 Students to age 25	Dependents to age 23 Students to age 25
Prescription Drug	\$10 Generic	\$10 Generic/\$30 Formulary/ \$50 Non Formulary	\$10 Generic/ \$30 Formulary/ \$50 Non Formulary
	Mail Order 3 month supply for 2 co-pays	Mail Order 3 month supply for 2 co-pays	Mail Order, 3 month supply for 2 co-pays
Dental	Not Covered	Not Covered	Not Covered
Eye Exam	\$40 Co-Pay	\$20 Co-Pay	Not Covered
Vision Care	Offered as Voluntary Benefit	Offered as Voluntary Benefit	Offered as Voluntary Benefit

This comparison is not intended to replace printed literature supplied by MVP. It's only purpose is to supply the employee with a brief overview of each plan. Please consult summary plan description for full terms.

Vision Insurance

Benefit - Must use a Davis Vision Provider to receive in-network benefits	Coverage
Frequency - Once Every: Eye Examination inclusive of Dilation (when professional indicated) Eyewear: Spectacle Lenses Frame Contact Lenses (in lieu of eyeglasses)	12 months 12 months 24 months 12 months
Co-payments Eye Examinations Eye Wear	\$10 \$10
Frame In-Network Retail Allowance toward a Non-Collection Frame Exclusive Frame Collection (Davis Vision Supplied) in lieu of Frame Allowance) Fashion (up to \$100 retail) Designer (up to \$175 retail value) Premier (up to \$200 retail value)	Up to \$150 plus 20% discount off overage Included Included Included
Spectacle Lenses All ranges of prescriptions and sizes Choice of glass or plastic Oversize lenses Fashion and gradient tinting of plastic lenses Glass - Grey #3 prescription sunglasses Standard Progressive Addition Lenses Intermediate - Vision Lenses Photochromic Lenses Scratch-Resistant Coating Polycarbonate Lenses* Ultraviolet Coating Blended-Segment Lenses	Included Included Included Included Included Included Included Included Included Included Included Included
Contact Lenses (in lieu of eyeglasses) Effective Allowance toward Non-Formulary Contact Lenses Formulary with Fitting/Follow-Up care (in lieu of Elective Allowance toward Non-Formulary Contact Lenses) Medically Necessary (with prior approval)	Up to \$150 plus 15% discount off overage Included Included
Value-Added Features One-year Breakage Warranty Lens 1-2-3® Membership Laser Vision Correction Discount Low-Vision Coverage	Included Included Included Included
Out of network Reimbursement Schedule	
Description Eye Examinations, up to Spectacle Lenses (per pair) Single, up to Bifocal, up to Trifocal, up to Lenticular, up to Frame, up to Contact Lenses: Elective, up to Medically Necessary, up to	\$30 \$25 \$35 \$45 \$60 \$75 \$225
*Polycarbonate lenses are covered in full for dependent children, monocular patients and patients with prescriptions > +/- 6.00 diopters.	

Dental Insurance

Delta Dental 2009

Service	Benefit
Deductible	All restorative services are subject to a \$25 Individual, \$75 Family deductible per calendar year
Maximum - All services are subject to the listed maximum per person per calendar year	PPO Network: \$1,500 Premier Network: \$1,000 Non-Participating Provider: \$1,000
Oral Exams X-Rays Prophylaxis (Cleanings) Fluoride Treatments	Two per year, reimbursed at 100% of the Usual and Customary Charge
Amalgam/Composite (Fillings) Tooth Extractions Endodontics (Root Canal Treatments) Repair of Dentures (Less than 5 years old) Palliative Emergency Treatment Crowns (Replacements older than 5 years) Inlays Space Maintainers Apicoectomy Oral Surgery Periodontics	Reimbursed at 80% of the Usual and Customary Charge
Prosthetics: Dentures (Replacements older than 5 years) Bridges (Replacements older than 5 years) Orthodontics Adult and Dependent	Reimbursed at 50% of the Usual and Customary Charge
Dependent Coverage	End of the month in which they turn 23
Student Coverage	End of the month in which they are no longer a full-time student or their 25th birthday

For more information:

**Delta Dental of New York
One Delta Drive
Mechanicsburg, PA 17055
www.midatlanticdeltadental.com
1-800-932-0783
Glens Falls Hospital Group # 2143**

Group Term Life Insurance

- Benefit:** Term life insurance is payable upon the policyholder's death, or as a Living Benefit, if the policyholder is terminally ill. There is no borrowing power or cash value.
- Cost:** Full-time employees receive two times their annual salary; part-time employees receive a fixed amount of \$10,000. The Hospital pays 100%.
- Eligibility:** First of the month, following three full months of employment and scheduled to work at least 30 hours bi-weekly.
- Coverage:** The guaranteed issue amount becomes effective on the first of the month coinciding with, or following, your eligibility date.

More Information

Group Supplemental Life Insurance is a voluntary plan offered to employees through Security Mutual. The plan offers full-time employees the opportunity to purchase life insurance up to three times their base salary; part-timers can purchase up to five times their base salary.

In addition to supplemental life for the employee, there is dependent life insurance available to cover spouses for \$10,000 or \$20,000, and dependent children for \$4,000.

Workers' Compensation Insurance

- Benefit:** Coverage for work-related illness or injury.
- Cost:** The Hospital pays 100%.
- Eligibility:** All employees from date of hire.
- Coverage:** Employees receive two-thirds of their weekly gross income up to \$500 per week for injuries incurred after 7/1/07. The amount will increase to \$550 for injuries incurred after 7/1/08. Coverage for medical care is also included.

There is a 7-day waiting period before benefits begin. However, if you are out more than 15 days, payment will be made retroactive to the first date of injury. You must notify the Center for Occupational Health within 24 hours of injury or illness.

Additional Information

You may also use Reserve Time (RT) or Earned Time Off (ETO) for the waiting period and to supplement lost wages.

Short-Term Disability

- Benefit:** Insurance for illness or injury off the job.
Cost: Paid by GFH and you.
Eligibility: All employees are covered from date of hire. Qualified employees may purchase additional coverage.
Coverage: Up to 26 weeks in a 52-week period, after satisfying a seven-day waiting period.
Enrollment: You are automatically enrolled for basic coverage.

More Information

All employees are covered by a state-mandated disability amount that is the equivalent of 50% of your gross salary, up to a maximum of \$200 per week. You can purchase additional coverage that will pay 50% up to \$300 per week or up to \$400 per week. You may also use Reserve Time (RT) or ETO to supplement wages.

Long-Term Disability

- Benefit:** Insurance to cover illness or injury *after* Short-Term Disability ends.
Cost: Optional purchase by you.
Eligibility: All employees with budgeted hours of at least 30 per pay period.
Coverage: Begins on the first of the month, following three months of employment.

More Information

This plan has a six-month waiting period and will pay 50% of your monthly salary up to \$6,000. Evidence of insurability is required. Restrictions apply.

Voluntary Benefits

Benefit: These voluntary benefits are offered as options to increase your protection. Costs are based on the amount of coverage purchased. Employees pay the full amount. You are generally eligible on the first of the month, following three full months of employment.

AFLAC

For additional Short-Term Disability Income Protection, AFLAC is offered as a voluntary option. You must be scheduled for 30 hours biweekly and gross more than \$17,000 per year. You select the monthly benefit amount based on your yearly income. The plan is fully portable and pays benefits up to 26 weeks. The AFLAC payment will be coordinated with payments from New York State Disability, Workers' Compensation (if applicable), and your Reserve Time (RT) to receive a full check. There are pre-existing conditions that apply to the policy.

AFLAC also offers a Personal Accident Indemnity Plan, which is designed to help offset the costs associated with an unforeseen accident in your day-to-day living. Plan benefits include emergency treatment; accident follow-up treatment; initial accident hospitalization; accident hospital confinement; and physical therapy. This plan is portable, guaranteed-renewable, and there is no coordination of benefits, which means it is a flat payment that is not impacted by any other coverage.

Critical Illness Insurance

The Critical Illness benefit is intended to provide security for the many expenses not covered by basic medical insurance. The Premier Select Plan provides a single, lump-sum, cash benefit upon the first diagnosis of covered critical illness or conditions (as defined in the policy). In addition, there are payments made for health screenings, such as mammograms, pap smears and serum cholesterol. The plan is also fully portable.

Whole Life Insurance

Whole Life Insurance is a convenient, affordable, permanent life insurance that is fully portable, so you can maintain coverage even if you change employers or retire. You select the dollar amount and the family members that you wish to cover with whole life insurance. Premiums are determined based on the age of the person you are covering and the amounts of coverage selected, and are payroll deducted as long as you are an active full-time or part-time employee. Per diem employees may purchase coverage, but the premiums would be paid directly to the carrier. You will need to complete an enrollment application and any pre-existing conditions may impact your ability to purchase coverage.

Vision

We currently offer a voluntary vision plan through Davis Vision. This enhanced vision will cover an eye exam and lenses or contact every year and frames every two years. There is also an allowance for out of network use. This is a voluntary plan and available to full and part time employees. Please review outline on page 11.

Partnership Pension Plan

- Benefit:** The Glens Falls Hospital Partnership Pension Plan is a 403(b) defined contribution pension and retirement savings plan.
- Eligibility:** Following completion of two years of service, all full and part-time employees will be eligible to receive hospital contributions. Any employee may contribute their own money at any time.
- Coverage:** For eligible employees who enroll in the plan a 2% core contribution will be made based on your gross salary per pay period. In addition, up to the first 4% an employee contributes to the plan through salary reduction will receive a matching contribution of 50%.

Plan Entry

Plan entry is allowed the first payroll period following your completion of the enrollment requirements. To participate in the employer matching contributions, you must complete a salary reduction authorization to initiate your own contributions for the matching program.

If you do not submit the required enrollment, beneficiary and or salary reduction form(s), you will be deemed to have waived your rights to benefits under this plan. However, as long as you maintain an eligible status, you may enroll at any time in the future.

Plan Limits

The annual limit for 2009 that an employee can defer is \$16,500. If you are age 50 or older you may contribute an additional \$5,500. Your own salary reduction contributions cannot exceed the annual Federal limit. These limits are subject to change.

Vesting

You are 100% vested in your Glens Falls Hospital Partnership Pension account, including your own contributions, the employer's contribution and investment earnings, once you have met the eligibility requirements.

Investments

The Partnership Plan allows you to direct the investment of your account balance. You will choose from a variety of investment options offered by the Plan. The investment earnings accumulate on a tax-deferred basis and are only subject to taxation when you withdraw money from your account.

Partnership Pension Plans *(continued)*

The current investment options are:

TAP Institutional Short	TAP Institutional Intermedidate	TAP Institutional Intermediate/Long
TAP Institutional Money Market	TAP Institutional Mid Value	TAP Institutional Inflation Protected Securities
TAP Institutional Stock Index	TAP Core Bond	TFLIC Fixed
Davis NY Venture	Royce Pennsylvania Mutual Inv	Goldman Sachs High Yield A Bond
American Funds Growth of Americ R4	Columbia Acorn A	PAX World Balanced
America Funds EuroPacific GR R4	Alliance NFJ Dividend Value A	

* Please refer to the investment kit for specific details on each fund.

Loans

The Partnership Plan allows you to borrow from your account. Although the loan provision allows you to access your own savings before retirement, loans from your retirement savings should be used as a last resort. Borrowing from this money removes it from your account, therefore eliminating the investment growth it would otherwise have experienced.

The minimum loan amount is \$1,000 and the maximum loan is \$50,000. The total of all outstanding loans may not exceed 50% of the total account balance in any 12-month period. The length of the loan is five years or may be 10 years for a down payment on a primary residence. Loans must be paid back in equal quarterly installments of both principal and interest. As required by the IRS, for loans issued after January 1, 2002, if you fail to repay your loan as required, the entire loan balance remaining is considered in default and deemed to be a distribution: subject to applicable taxes, penalties and withdrawal charges. Beginning January 1, 2004, IRS regulations mandate that if a participant defaults on a loan, he/she will be prohibited from taking another loan from his/her account until the defaulted loan is repaid. A form 1099R will be issued to report defaulted loan amounts as taxable distributions to the IRS.

Rollovers - The Partnership Pension Plan does accept rollovers from other qualified plans. For more information on a rollover, please contact your Plan Administrator, Nancy Smith, at ext. 1811.

This summary is not intended to replace the Summary Plan Description or the Summary Plan Document.

For a copy of the Full Summary Plan Document, contact Nancy Smith at ext. 1811.

Earned Time Off & Reserve Time Off

Benefit: Paid leave/time off from work.

Eligibility: All employees with hours budgeted of at least 30 per pay period.

Coverage: Employees begin accruing hours during the first pay period, but may not use time from their banks for the first three months of employment.

More Information

Earned Time Off (ETO) combines traditional paid leave, such as vacation, personal time, holidays, and sick time, into a time-off bank. ETO is accrued every pay period, based on your scheduled hours and years of service. When paid time off is needed for vacation, recognized holidays, illness, or personal time, you draw from your ETO bank. In addition, there is a Reserve Time Bank (RT) that also earns hours every pay check. It provides paid time for illness that extends beyond three consecutive days. The hours in the RT Bank have no cash-in value and are not paid out when you leave GFH.

Tracking Your Balance

Your ETO and RT balances are printed on your pay statement every pay period. You may not use ETO or RT during the pay period that it is accrued. There is a 280-hour cap on the number of ETO hours you can accumulate. There is no cap on RT.

Cashing In Your Time

You may cash in up to one week of your ETO hours during the scheduled cash-in times established by the Hospital. Cash-in dates are noted on the Payroll Calendar (see page 4). You may only cash in once per calendar year, and you must have at least one-half your bi-weekly scheduled hours left in your bank after you cash in.

You may use ETO or RT to supplement NYS Disability, Workers' Compensation or AFLAC to receive a full pay check.

Recognized Paid Holidays*

GFH observes the following holidays, which are included as part of the ETO accrual earned every pay period by full time employees:

New Year's Day	President's Day	Memorial Day
Independence Day	Labor Day	Thanksgiving
Christmas		

* Part-time employees receive three additional personal days, instead of holidays.

Additional Resources

The brochure titled *Earned Time Off at Glens Falls Hospital* contains detailed information on ETO and RT, including charts showing the accrual rate, based on hours worked and years of service.

Additional Benefits

Bereavement

Benefit: Paid time off after the death of an immediate family member.

Eligibility: All employees are eligible from date of hire, including per diem employees.

More Information

In the event of the death of an immediate family member (defined as mother, father, sister, brother, husband, wife, domestic partner (if criteria met), son, daughter, grandparent, grandchild, mother-in-law, father-in-law, sister-in-law, brother-in-law, stepmother, stepfather, stepchildren, stepsister and stepbrother), the Hospital will pay for up to three regularly scheduled workdays (shifts) missed by the employee between the date of death and the funeral. If additional time is needed, you can request ETO or unpaid leave. For complete details please refer to the HR Policy on Bereavement.

Family Medical Leave Act (FMLA)

Benefit: The Family and Medical Leave Act of 1993 (FMLA) is a federal law that grants family and medical time off without pay under certain circumstances, while providing job protection.

Eligibility: Any employee who has been employed for at least 12 months and has worked at least 1,250 hours before the leave begins. FMLA requests will be reviewed upon completion of appropriate paperwork. Employees will receive written notification of approval.

More Information

FMLA is an approved absence available to eligible employees for up to twelve weeks of unpaid leave per calendar year under particular circumstances that are critical to the life of a family. Leave may be taken: upon the birth of the employee's child; upon the placement of a child with the employee for adoption or foster care; when the employee is needed to care for a child, spouse, domestic partner or parent who has a serious health condition; or when the employee is unable to perform the functions of his or her position because of a serious health condition. Please refer to the HR policy on FMLA.

Jury Duty

Benefit: Paid time for serving on a jury or as a subpoenaed witness in a court case.

Eligibility: All employees are eligible from date of hire, including per diem employees.

More Information

If you are selected for jury duty or are a subpoenaed witness in a court case, the Hospital will pay you the straight time amount you would normally be paid during that period. Part-time and per diem employees will be paid only if jury duty hours coincide with scheduled hours.

Leave of Absence

Benefit: Under certain circumstances, the Hospital may grant a leave of absence, which is typically unpaid. (See the complete policy for details on pay and continuation of benefits.)

Eligibility: All employees, including per diem employees.

More Information

A formal Leave of Absence (LOA) may be granted to protect the employment relationship, seniority and benefit rights of an employee during a prolonged absence from work. Typical reasons include medical (non-FMLA related) and non-medical related personal emergencies, educational studies, extended jury or subpoenaed witness duty, or active military service.

Additional Benefits

There are a number of additional benefits available to employees. The contribution the Hospital makes to these programs keeps the costs of the services at no cost, or a much reduced cost, for employees and their families.

Bearly Ill

When your child is too sick to go to daycare or school, the Bearly Ill Program makes it possible for you to work your assigned shifts without the added stress of having to find alternative care. The Pediatric Staff will care for your child and the service is available 24 hours a day, including weekends and holidays, for children ages two months to 12 years. Availability can vary based on the Unit's inpatient needs. Always call in advance to determine whether space is available. **Phone: Ext. 6200**

Cafeteria

Located on the Lower Level, the Cafeteria is open daily from 6:30 a.m. to 7:00 p.m. and from 1:00 a.m. to 4:00 a.m. for the 11-7 shift. You can swipe your badge to pay for purchases through payroll deduction. The weekly menu is posted on the Intranet. The cafeteria also takes orders for take-out pizza and deli meats and cheeses. **Phone: Ext. 2614**

Credit Union

Any GFH employee and their immediate family members can open an account. The Glens Falls Hospital Employee's Federal Credit Union is a not-for-profit, cooperative financial institution, chartered and supervised by the National Credit Union Administration (NCUA), a federal government agency. The GFHE-FCU is owned and operated for and by its membership and it offers the same services you would find at most banks including savings accounts, checking accounts, loans, Christmas club, etc. (See the brochure *Welcome to the Glens Falls Hospital Employee's Federal Credit Union*, and check out notices posted on the Credit Union bulletin board near the Cafeteria.) **Phone: Ext. 4700**

Employee Health Services/Center for Occupational Health

In addition to the physical exam you received when you were hired, the Center for Occupational Health (COH) is a resource to treat illness or an injury while at work, as well as annual TB tests, periodic immunizations, flu vaccine, etc. COH is also involved in the "Know Your Numbers" Program, which provides cholesterol and blood glucose screenings, blood pressure checks and BMI calculations during your annual health assessment. **Phone: Ext. 2160**

Educational Assistance Loans

After six months of service, all full and part-time employees are eligible to apply for interest-free loans for career related educational course work. Total loan dollars available are subject to the annual budget. GFH offers up to \$1,000 a year for eligible full-time employees, and up to \$500 for part-time employees for undergraduate work. Graduate level courses may be reimbursed up to \$1,500 for full-time employees, and up to \$900 for part-time employees.

Employee Assistance Program (EAP)

EAP is an outside agency designed to assist employees and their families with short-term counseling (up to eight visits per year) on a range of personal issues and concerns, such as stress management, marital or family conflict, anger management, financial difficulties and other issues that affect your overall health and good family relations. EAP services are completely confidential, and there is no charge for the service. If you need additional resources or longer term counseling, EAP can help you obtain it. **Phone: 518-793-9768 or 1-800-734-6072**

• See the EAP booklet *Help for You and Your Family*

Additional Benefits *(continued)*

Employee Discounts

A variety of area businesses offer GFH employees a special discount. Please check with Human Resources for the latest information. Some businesses provide a discount card, others simply require a Hospital ID card. When this booklet was produced, the following companies offered discounts:

- Warren Tire Services
- Burger King (Warren St. location only)
- AT&T Wireless
- Dell Computers

Hospital Discount

You and your eligible dependents (defined as the employee's spouse, domestic partner and unmarried children to age 23, or age 25 if a full-time student, or a child defined as disabled by state law) are entitled to a 50% discount for eligible hospital services. This discount would be applied towards the remaining balance for covered services incurred the first of the month following three full months of employment. If you do not have health insurance, the discount applies only to the amount of the bill that would remain if the patient were covered by the Hospital's basic health plan. You can also use up to 40 hrs. of RT in a calendar year to cover any remaining balances after a discount is applied. Please refer to HR policy on hospital discount.

Outpatient Pharmacy

Employees may fill prescriptions and purchase competitively priced, over-the-counter products at the Outpatient Pharmacy, located just off the Main Lobby, and swipe their badge for easy payroll deduction. The Pharmacy hours are Monday-Friday from 7:00 a.m. to 5:00 p.m.

Phone: Ext. 2540

Parking

Our first priority is to provide parking for patients and Hospital visitors. Employees, volunteers and tenants of the Pruyn Pavilion should park only in the designated parking areas, including B Lot, 126 South, F Lot, I Lot, J Lot, K Lot and Park St. Parking Lot. Employees on the 3:00 p.m. to 11:00 p.m. shift may also park in the 3:00 - 11:00 p.m. Physician Lot. Night shift employees can park in A Lot and the Pruyn Pavilion lot between the hours of 5:00 p.m. and 7:00 a.m. daily, and any time during the weekend until 7:00 a.m. Monday morning.

Service Awards

GFH recognizes milestones in years of service with an award for every five years of continuous service. All eligible employees will receive an award for working at GFH for 5 years, 10 years, 15 years, and so on.

Wellness Center

Located adjacent to the Finance building, the Wellness Center provides an opportunity for employees to exercise at a reduced fee in a center staffed by exercise physiologists. In addition to all the cardio and weight-training equipment one would expect from a gym, the center offers fitness assessments, computerized body composition analysis, results counseling and individualized exercise programming, personal training sessions, and follow-up.

Phone: Ext. 5939

Provider Contact Information

Dental Insurance Provider

Delta Dental
Address: One Delta Drive, Mechanicsburg, PA 17055
Phone: 1-800-932-0783
Web Site: www.MidAtlanticDeltaDental.com
Glens Falls Hospital Group #2143

Health Insurance Providers

Mohawk Valley Physicians Health Plan (MVP)
Address: 625 State Street, Schenectady, NY 12305
Phone: 1-888-687-6277
Web Site: www.mvphealthcare.com
Glens Falls Hospital Group # 210910

Vision Insurance Provider

Davis Vision
P.O. Box 1525
Latham, NY 12110
Phone: 1-800-999-5431
WebSite: www.davisvision.com

Life Insurance

Security Mutual (Group Term and Whole Life)
Address: PO Box 1625, Binghamton, NY 13902
Phone: 1-888-722-8645
Web Site: www.smnly.com

ING, ReliaStar Life Insurance
Address: 4601 Fairfax Drive, PO Box 3700, Arlington, VA 22203
Phone: 1-800-243-2480
Web Site: www.ing-usa.com

Provider Contact Information

Critical Illness

Trustmark

Address: 100 North Parkway, Suite 200, Worcester, MA 01605

Web Site: www.trustmarkinsurance.com

Phone: 1-877-201-9373

Short-Term Disability

Security Mutual

P.O. Box 1625

Binghamton, NY 13902

1-888-722-8645

Web Site: www.smnly.com

AFLAC

Address: One Marcus Boulevard, Albany, NY 12205

Phone: 1-800-366-3436

Web Site: www.aflac.com

Long-Term Disability

Security Mutual

Address: PO Box 1625, Binghamton, NY 13902

Phone: 1-888-722-8645

Web Site: wwwsmnly.com

Pension

Diversified Investment Advisors

Address: M4-41E, 4 Manhattanville Road, Purchase, NY 10577

Phone: 1-800-755-5801

Web Site: www.divinvest.com Glens Falls Hospital Contract # TA068950

Cammack LaRhette Consulting

Address: 65 Williams Street, Wellesley, MA 02181

Phone: 1-800-293-2291

Web Site: www.CLCinc.com

Account Manager: Darlene Landor ~ 1-800-568-8031 ~ dlandor@CLCinc.com

Other

Employee Assistance Program

Address: 559 Glen Street, Glens Falls, NY 12801

Phone: 518-793-9768 or 1-800-734-6072

HIPAA Notice Of Privacy Practices Glens Falls Hospital Group Health Plans

This notice is intended for the participants in the Glens Falls Hospital Group Health, Dental, Flex Spending Plans, and Hospital Discount Policy.

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

Glens Falls Hospital's Pledge To You

This notice, effective April 14, 2003, is intended to inform you of the privacy practices followed by Glens Falls Hospital's Group Health, Dental, Flex Spending Plans and the Hospital Discount Policy. It also explains the federal privacy rights afforded to you and the members of your family as plan participants covered under the above mentioned plans.

As a plan sponsor, Glens Fall Hospital often needs access to health information in order to perform plan administrator functions. We want to assure the plan participants covered under the above mentioned plans that we will comply with federal privacy laws and respect your right to privacy. We require all members of our staff and any third party organizations that are provided access to health information to also comply with the privacy practices outlined below.

Use and Disclosures of Health Information

Health Care Operations. We may use and disclose health information about you in order to perform plan administration functions such as quality assurance activities, resolution of internal grievances, and evaluating plan performance. For example, we review claims experience in order to understand participant utilization and to make plan design changes that are intended to control health care costs.

Payment. We may also use or disclose identifiable health information about you without your written authorization in order to determine eligibility for benefits, seek reimbursement from a third party, or coordinate benefits with another health plan under which you are covered. For example, a health care provider that provided treatment to you will provide us with your health information. This information may be used in order to determine whether those services are eligible for payment/discount under any of the above mentioned plans.

Treatment. Although the law allows use and disclosure of your health information for purposes of treatment, as a plan sponsor, we generally do not need to disclose your information for treatment purposes. Your physician or health care provider is required to provide you with an explanation of how they use and share your health information for purposes of treatment, payment, and health care operations.

HIPAA

As permitted or required by law. We may also use or disclose your health information without your written authorization for other reasons as *permitted* by law. We are *permitted* by law to share information, subject to certain requirements, in order to communicate information on health-related benefits or services that may be of interest to you, respond to a court order, or provide information to further public health activities (e.g., preventing the spread of disease) without your written authorization. We are also permitted to share health information during a corporate restructuring such as a merger, sale, or acquisition. We will also disclose health information about you when *required* by law, for example, in order to prevent serious harm to you or others.

Pursuant to your Authorization. When required by law, we will ask for your written authorization before using or disclosing your identifiable health information. If you choose to sign an authorization to disclose information, you can later revoke that authorization to cease any future uses or disclosures.

Individual Rights

Right to Inspect and Copy. In most cases, you have a right to inspect and copy the health information we maintain about you. If you request copies, we will charge you 75¢ (75 cents) for each page. Your request to inspect or review your health information must be submitted in writing to the person listed below.

Right to an Accounting of Disclosures. You have a right to receive a list of instances where we have disclosed health information about you for reasons other than treatment, payment, or related administrative purposes.

Right to Amend. If you believe that information within your records is incorrect or if important information is missing, you have a right to request that we correct the existing information or add the missing information.

Right to Request Restrictions. You may request in writing that we not use or disclose information for treatment, payment, or other administrative purposes except when specifically authorized by you, when required by law, or in emergency circumstances. We will consider your request, but are not legally obligated to agree to those restrictions.

Right to Request Confidential Communications. You have a right to receive confidential communications containing your health information. We are required to accommodate reasonable requests. For example, you may ask that we contact you at your place of employment or send communications regarding treatment to an alternate address.

Right to Receive a Paper Copy of this Notice. If you have agreed to accept this notice electronically, you also have a right to obtain a paper copy of this notice from us upon request. To obtain a paper copy of this notice, please contact the person listed below.

Notes

Glens Falls Hospital
Big-City Medicine. Hometown Care.



100 Park Street
Glens Falls, New York 12801
www.glensfallshospital.org