

2023 Benefits **Decision Guide**

OPEN ENROLLMENT: **NOVEMBER 1–NOVEMBER 11, 2022**



ALBANY MED Health System

GLENS FALLS HOSPITAL



WELCOME TO YOUR 2023 Benefits Decision Guide

COMING TOGETHER AS ONE SYSTEM

Albany Med Health System is proud to be coming together as one system. For 2023, your Medical Plan options will reflect the resources within our system with an expanded domestic network, now called the Albany Med Health System Network, that broadens your choices for no-cost or low-cost high-quality medical care.

Expanding the domestic network will give you the freedom to receive medical care at the campus that best meets your needs. When you seek care within the Albany Med Health System Network, you will have the advantage of community-based care from providers you know and trust, and can seek treatment across a broad range of services where it's convenient for you. **And, Glens Falls Hospital is increasing its financial support so that employee medical, dental, and vision rates will remain the same as they are now!**

Please review this *Decision Guide*, which provides important details about your 2023 Medical Plan options, as well as other benefits. **We want to be sure you have the resources you need to make the best decisions for you and your family, and that you are prepared to make elections during Open Enrollment from November 1–November 11, 2022.**

If you have questions, please contact Alicia Angus at ext. 1802 or Mary Winterson at ext. 1822.

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Eligibility

The chart below is an overview of employee benefits eligibility.

Employee Status	Benefits Available to Enroll In								Employee Eligibility
	Medical	Health Savings Account	Dental	Vision	Medical Flexible Spending Account	Dependent Care Assistance Program	Voluntary Life	Long-Term Disability	
Full-time 72+ hours / per pay	●	●	●	●	●	●	●	●	Newly Eligible: 1st of the month following Date of Hire Annual Open Enrollment
Part-time 30 to 71.99 hours / per pay	●	●	●	●	●	●	●	●	Newly Eligible: 1st of the month following Date of Hire Annual Open Enrollment
Affordable Care Act (ACA) <i>Limited Benefits</i> Full-time to Part-time or Per Diem Part-time to Per Diem	●								If your status changes you may still be eligible for limited benefits. Eligibility under the ACA will be determined by the number of hours that are worked during a 12-month period. You must average more than 60 hours bi-weekly to be considered ACA benefits-eligible.
Eligible Dependents									
Legal spouse	●	●	●	●	●		●		Dependents can be enrolled based on employee's status: Newly Eligible: 1st of the month following Date of Hire Annual Open Enrollment Life Event
New! Domestic partner	●	●	●	●	●				
Dependent children (to age 26)	●	●	●	●	●		●		
Unmarried, disabled dependent children (any age) <i>Proof required</i>	●	●	●	●	●	●			

New Domestic Partner Coverage

New for 2023, you can enroll your eligible domestic partner in medical, dental, and/or vision benefits.

- **Domestic Partners** will require a *Certification of Domestic Partnership* and three forms of additional proof as required.
- **Children of a Domestic Partner** will require a birth certificate, *Certification of Domestic Partnership*, and three forms of additional proof.

If you enroll a domestic partner and/or a domestic partner's children, you will be subject to imputed income, which results in additional tax liability. Please contact Human Resources for more information.



Enrollment

Open Enrollment is your annual opportunity to make changes to your benefit plans and coverage (unless you experience a qualifying life event during the year).

Changing Benefit Elections During the Year

You are able to change benefit elections outside of Open Enrollment if you have a qualifying life event which can occur any time during the year.

Life events include but are not limited to the following:

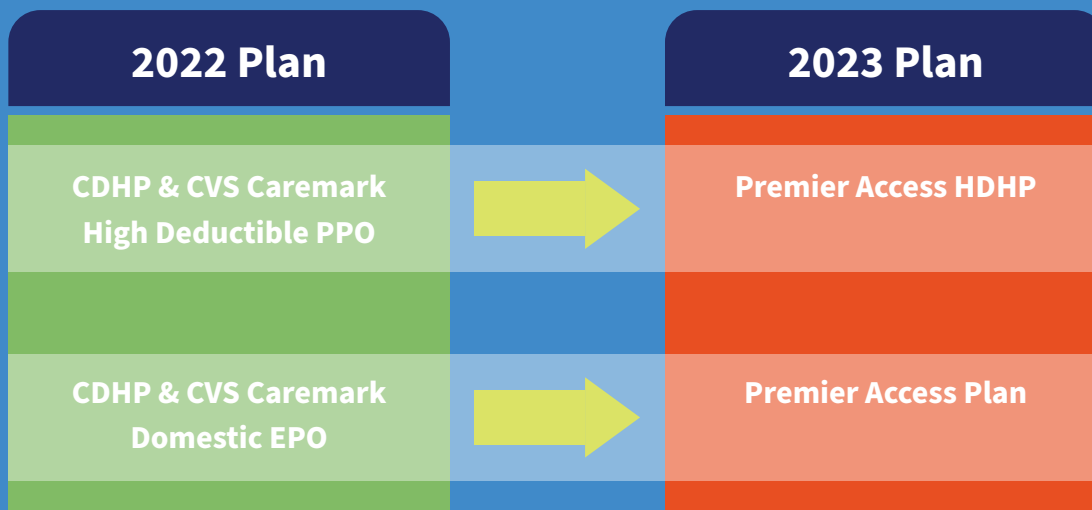
- Marriage or divorce
- Gain or loss of a dependent
- Gain or loss of employment (you or your spouse)
- Gain or loss of coverage
- Change in employment status (full-time to part-time, etc.)

How to Enroll

You'll enroll either through the Oracle icon on your desktop or through <https://hdbg.fa.us2.oraclecloud.com/>

You must actively enroll to participate in the Medical and Dependent Care Flexible Spending Accounts (FSAs), and elect a new contribution amount in the Health Savings Account (HSA) if you want to contribute in 2023.

If you do not actively enroll, you will not contribute to the HSA, MFSA, or DCFSA for 2023. You will be defaulted into one of our new Medical Plans as follows, with the same level of coverage (Employee Only, Employee + Spouse, Employee + Child(ren), or Family):



Medical Plan

You have two choices for medical coverage:

- Premier Access HDHP
- Premier Access Plan

Both plans include an expanded domestic network, now called the Albany Med Health System Network, which incorporates providers across the entire Albany Med Health System. You will now have no-cost or low-cost access to providers from:

- **Glens Falls Hospital**
- **Columbia Memorial Center**
- **Saratoga Hospital**
- **The Visiting Nurses Association**
- **Additional practices/facilities previously considered part of the domestic network**
- **Albany Medical Center—the only academic medical center in the Capital District**

This is a significant opportunity to access the broad array of world class programs and services in the Albany Med Health System at the lowest possible out-of-pocket costs for you and your family!

Both plans have three tiers of coverage—the Albany Med Health System Network, CDCHP CVS In-Network, and Out-of-Network. Your out-of-pocket costs are lowest when you receive care within the Albany Med Health System Network. Preventive care is covered at 100% (no deductibles or copayments) when received in the Albany Med Health System Network or in-network through CDPHP/CVS. Both plans limit the amount you will pay in a single calendar year with out-of-pocket maximums. Once you reach the maximum, the plans pay 100% of the allowable expenses for the remainder of the calendar year.

Glens Falls Hospital (GFH) is committed to providing affordable and competitive benefits, and is increasing its financial commitment so that your medical rates are not changing for 2023.

Premier Access Plan

The Premier Access Plan costs more than the Premier Access HDHP on a per-paycheck basis. However, annual deductibles and out-of-pocket maximums are generally lower, so your out-of-pocket costs will be less.

Premier Access HDHP

The Premier Access High Deductible Health Plan (HDHP) with Health Savings Account (HSA) combines traditional medical coverage with a tax-advantaged way to help save for future medical expenses. This plan gives you flexibility and discretion over how you use your health care dollars.

The Premier Access HDHP costs less than the Premier Access Plan on a per-paycheck basis. However, annual deductibles and out-of-pocket maximums are generally higher. You can use your HSA (including the Glens Falls contribution) to help pay your out-of-pocket costs.

Advantages of the Premier Access HDHP

There are many advantages to the Premier Access HDHP with HSA:

- **Your premiums are lower**, so less money is taken out of your paycheck.
- **GFH will contribute to your HSA**, which you can use to pay for eligible health care expenses including deductibles, prescription drugs, and more. You can also contribute and lower your taxable income.
- **There is a triple tax advantage**—money is contributed tax-free, grows tax-free, and distributions used for eligible expenses are tax-free.
- **You can invest your funds.** Your balance can be invested, similar to a 403(b) plan.
- **Unused money rolls over from year-to-year and is yours to keep**, even if you enroll in another plan, leave, or retire. There is no “use it or lose it” with an HSA.



A Closer Look at the HSA

The Premier Access HDHP is paired with an HSA, a savings account owned by you that allows you to set aside pre-tax dollars* to pay for eligible medical, prescription drug, dental, and vision expenses for you and your enrolled dependents. You can invest your account, and also save your balance to pay for expenses incurred in the future, even in retirement.

Glens Falls will also contribute to your account:

- \$525 if you have Employee coverage,
- \$900 if you have Employee plus 1 coverage, or
- \$1,250 if you have Family coverage

GFH contributions are distributed quarterly.

Under IRS rules, the maximum that can be deposited into your HSA in 2023 is \$3,850, if you have Employee medical coverage or \$7,750, if you cover any dependents. If you are at least 55 years old—or will turn 55 any time in the calendar year—you can make an additional \$1,000 contribution to an HSA. The maximum amount that can be deposited into your HSA includes any amount you contribute, as well as the Glens Falls contribution.

You can enroll in the HDHP and contribute to the HSA if you are:

- Not covered by any other health plan, including a Medical FSA provided through Glens Falls or your spouse's employer
- Not enrolled in Medicare (A, B, or D)
- Not claimed as a dependent on another individual's tax return

**Making pre-tax contributions means your contribution is taken from your paycheck before taxes are calculated. Therefore, you will pay less in taxes to save money for expenses you would pay anyway.*



Medical Plan Comparison

	Premier Access Plan			Premier Access HDHP		
	Albany Med Health System Network	CDPHP/CVS In-Network	Out-of-Network	Albany Med Health System Network	CDPHP/CVS In-Network	Out-of-Network
Medical/Prescription Drug Deductible¹	\$0 individual/ \$0 family	\$1,000 individual/ \$2,000 family	\$2,000 individual/ \$4,000 family	\$1,600 individual/ \$3,200 family	\$1,600 individual/ \$3,200 family	\$4,500 individual/ \$9,000 family
Medical/Prescription Drug Out-of-Pocket Maximum¹	\$1,000 individual/ \$2,000 family	\$4,000 individual/ \$8,000 family	\$8,000 individual/ \$15,000 family	\$4,000 individual/ \$8,000 family ¹	\$4,000 individual/ \$8,000 family	\$8,000 individual/ \$15,000 family
PCP²	\$0	\$25 copayment	30% after deductible	\$10 after deductible	20% after deductible	50% after deductible
Specialist²	\$0	\$45 copayment	30% after deductible	\$20 after deductible	20% after deductible	50% after deductible
Urgent Care	\$0	\$75 copayment	30% after deductible	\$20 after deductible	20% after deductible	50% after deductible
Emergency Room	\$200 copayment	\$200 copayment	\$200 copayment	\$200 after deductible	\$200 after deductible	\$200 after deductible
Inpatient	\$0	20% after deductible	30% after deductible	\$100 after deductible	20% after deductible	50% after deductible
Outpatient	\$0	20% after deductible	30% after deductible	\$50 after deductible	20% after deductible	50% after deductible
High End Radiology	\$0	20% after deductible	30% after deductible	\$50 after deductible	20% after deductible	50% after deductible
Physical, Occupational, and Speech Therapy	\$0	\$45 copayment	30% after deductible	\$20 after deductible	20% after deductible	50% after deductible
Durable Medical Equipment³	10%	20% after deductible	30% after deductible	10% after deductible	20% after deductible	50% after deductible
Mental Health/Substance Use						
Inpatient	\$0	20% after deductible	30% after deductible	\$100 after deductible	20% after deductible	50% after deductible
Outpatient	\$0	20% after deductible	30% after deductible	\$50 after deductible	20% after deductible	50% after deductible
Office Visit	\$0	\$25 copayment	30% after deductible	Covered in full after deductible	Covered in full after deductible	50% after deductible

1 For care received within the Albany Med Health System Network or In-Network through CDPHP/CVS, medical and prescription drug expenses count toward the same deductible and out-of-pocket maximum. Out-of-network medical and prescription drug expenses have separate deductibles and out-of-pocket maximums.

2 PCP & Specialist non-preventive office visits.

3 Excluding diabetic pump supplies and prosthetic devices; prior authorization required for rented items and items in excess of \$1,000.

Preventive Care Is 100% Covered

You'll pay nothing for preventive care (no deductibles or copayments) like annual physicals and vaccinations, provided you receive care within the Albany Med Health System Network or in-network through CDPHP/CVS Caremark.



Medical Plan Comparison (cont.)

	Premier Access Plan			Premier Access HDHP		
	Albany Med Health System Network	CDPHP/CVS In-Network	Out-of-Network	Albany Med Health System Network	CDPHP/CVS In-Network	Out-of-Network
Prescription Drug Coverage						
30-Day Supply						
Tier 1 (Generics)	\$5 copayment	\$10 copayment	Not covered	\$5 copayment after deductible	\$10 copayment after deductible	Not covered
Tier 2 (Preferred Brands)	\$25 copayment	\$50 copayment	Not covered	\$25 copayment after deductible	\$50 copayment after deductible	Not covered
Tier 3 (Non-Preferred Brands)	\$50 copayment	\$100 copayment	Not covered	\$50 copayment after deductible	\$100 copayment after deductible	Not covered
Specialty Medications	Prudent Rx or 30% ¹	Prudent Rx or 30% ¹	Not covered	\$100 copayment after deductible	\$200 copayment after deductible	Not covered
90-Day Supply						
Tier 1 (Generics)	\$10 copayment	\$20 copayment	Not covered	\$10 copayment after deductible	\$20 copayment after deductible	Not covered
Tier 2 (Preferred Brands)	\$50 copayment	\$100 copayment	Not covered	\$50 copayment after deductible	\$100 copayment after deductible	Not covered
Tier 3 (Non-Preferred Brands)	\$100 copayment	\$200 copayment	Not covered	\$100 copayment after deductible	\$200 copayment after deductible	Not covered

1 Must enroll in PrudentRx Specialty Pharmacy Program, otherwise 30% coinsurance applies.

Prescription Drug Benefits

The Prescription Drug Plan is administered by CVS Caremark. For the Premier Access HDHP only, the same deductibles and out-of-pocket maximums apply to both medical and prescription drug benefits within the Albany Med Health System Network or in-network through CDPHP/CVS. For the Premier Access Plan, prescription drugs are not subject to the deductible, regardless of whether they are filled at the Glens Falls Hospital Outpatient Pharmacy, the Albany Med Specialty Outpatient Pharmacy, or at a CVS Caremark network pharmacy.

For the Premier Access Plan, certain specialty medications are provided through the PrudentRx Specialty Pharmacy Program, which means they could be available at no cost to you. If you or a covered dependent is using a specialty medication, you will receive a letter or phone call from PrudentRx about how to enroll in the program. (If you are eligible and don't enroll, 30% coinsurance applies).



Medical Plan Rates (Bi-weekly – 26 pay periods)



	Tobacco Rate	Non-Tobacco Rate
Full-Time: Budgeted Hours & ACA Eligible 60+ Hours		
Premier Access Plan		
Employee Only	\$70.17	\$51.59
Employee + Spouse	\$204.61	\$182.80
Employee + Child(ren)	\$169.35	\$146.14
Family	\$341.60	\$310.34
Premier Access HDHP		
Employee Only	\$50.15	\$32.51
Employee + Spouse	\$156.79	\$134.16
Employee + Child(ren)	\$145.54	\$123.44
Family	\$234.08	\$207.85
Part-Time: Budgeted Hours 30 – 59.99 Hours		
Premier Access Plan		
Employee Only	\$199.54	\$174.92
Employee + Spouse	\$461.74	\$424.68
Employee + Child(ren)	\$379.46	\$346.43
Family	\$654.09	\$608.23
Premier Access HDHP		
Employee Only	\$169.40	\$141.78
Employee + Spouse	\$390.29	\$346.61
Employee + Child(ren)	\$321.22	\$282.56
Family	\$569.51	\$512.79

If you enroll a domestic partner and/or a domestic partner’s children, you will be covered under an equivalent tier. You will be subject to imputed income, which results in additional tax liability.

Medical Plan Rates—Executive/Director/Physician (Bi-weekly – 26 pay periods)



	Tobacco Rate	Non-Tobacco Rate
Full-Time: Executive/Director/Physician Budgeted Hours & ACA Eligible 60+ Hours		
Premier Access Plan		
Employee Only	\$75.93	\$56.73
Employee + Spouse	\$221.41	\$195.59
Employee + Child(ren)	\$183.26	\$159.18
Family	\$369.66	\$337.10
Premier Access HDHP		
Employee Only	\$52.79	\$36.06
Employee + Spouse	\$165.04	\$146.20
Employee + Child(ren)	\$153.20	\$134.59
Family	\$246.41	\$226.05
Part-Time: Executive/Director/Physician Budgeted Hours 30 – 59.99 Hours		
Premier Access Plan		
Employee Only	\$215.94	\$190.38
Employee + Spouse	\$499.46	\$461.00
Employee + Child(ren)	\$410.64	\$376.23
Family	\$707.82	\$659.89
Premier Access HDHP		
Employee Only	\$178.32	\$154.47
Employee + Spouse	\$410.83	\$376.40
Employee + Child(ren)	\$338.13	\$307.01
Family	\$599.49	\$556.49

If you enroll a domestic partner and/or a domestic partner’s children, you will be covered under an equivalent tier. You will be subject to imputed income, which results in additional tax liability.

Dental Plan

Good dental care is important to your overall health. GFH offers dental coverage through MetLife. Benefit maximums are higher for in-network care. Out-of-network care is subject to 90% of reasonable and customary fees.

MetLife PDP Plus

Benefits	In-Network	Out-of-Network
Deductible	Employee: \$25 2-Person/Family: \$75	
Annual Maximum Benefit	Per person: \$1,500	Per person: \$1,000
Type A: Preventive	Deductible does NOT apply for Preventive Services	
Cleanings	100% (2x per 12 months)	
Exams	100% (2x per 12 months)	
X-rays	100%	
Fluoride Treatment	100% (2x per 12 months, to age 19)	
Sealants	100% (1 per molar in 3 years, to age 14)	
Type B: Basic Restorative		
Fillings	80% after deductible	
Simple Extractions	80% after deductible	
Space Maintainers	80% after deductible	
Periodontics & Endodontics	80% after deductible	
Oral Surgery	80% after deductible	
Type C: Major Restorative		
Crowns/Inlays/Onlays	50% after deductible	
Crown/Denture/Bridge Repair	50% after deductible	
Implants	50% after deductible	
Bridges & Dentures	50% after deductible	
Orthodontia		
Lifetime Maximum Benefit	Per person: \$3,000	Per person: \$2,000
Appliances & Related Services	50% after deductible	

Dental Plan Rates (Bi-weekly – 26 pay periods)

	Full-Time: Budgeted Hours & ACA Eligible 60+ Hours	Part-Time: Budgeted Hours 30 – 59.99 Hours
Employee Only	\$6.41	\$16.36
Family	\$19.65	\$47.71

If you enroll a domestic partner and/or a domestic partner's children, you will be covered under the Family tier. You will be subject to imputed income, which results in additional tax liability.

Note: No insurance ID card is provided or required for dental care.



Vision Plan

The Vision Plan is offered through Davis Vision to help pay for eye exams, frames lenses, and more. Your level of coverage depends on whether you receive care in-network or out-of-network.

Davis Vision

Benefits	In-Network	Out-of-Network
Frequency of Services		
Exams		12 months
Lenses		12 months
Frames		24 months
Contact Lenses		12 months
Overview of Benefits		
Eye Exam	\$10 copay	\$30 allowance
Frames	\$150 allowance then 20% off balance	\$30 allowance
Lenses		
Single Vision	Covered in full after \$10 copay	\$25 allowance
Bifocal Vision	Covered in full after \$10 copay	\$35 allowance
Trifocal Vision	Covered in full after \$10 copay	\$45 allowance
Lenticular	Covered in full after \$10 copay	\$60 allowance
Contact Lenses		
Medically Necessary	\$10 copay then covered in full (prior approval)	\$225 allowance
Elective	\$150 allowance then 15% off balance	\$75 allowance

Vision Plan Rates (Bi-weekly – 26 pay periods)

	Full-Time: Budgeted Hours & ACA Eligible 60+ Hours	Part-Time: Budgeted Hours 30 – 59.99 Hours
Employee Only	\$4.10	\$4.10
Employee + 1	\$7.38	\$7.38
Family	\$11.48	\$11.48

If you enroll a domestic partner and/or a domestic partner’s children, you will be covered under an equivalent tier. You will be subject to imputed income, which results in additional tax liability.



Flexible Spending Accounts (FSAs)

Flexible spending accounts are a great way to reduce your tax liability for certain expected expenses:

- **Medical Flexible Spending Account (MFSA):** Allows you to set aside up to \$3,050 each year (per annual IRS guidelines) on a pre-tax basis to help pay for eligible health care expenses.
- **Dependent Care Assistance Program (DCAP):** Allows you to set aside up to \$5,000 each year (per annual IRS guidelines) on a pre-tax basis to help pay for eligible dependent day care expenses.

Medical Flexible Spending Account (MFSA)

Eligibility	Any employee who is not enrolled in the HDHP or any other qualified high deductible health plan
Eligible Dependents	Spouse or dependent child(ren) who qualify as your tax dependent
Maximum Annual Pre-Tax Contribution	\$3,050
Rollover	Up to \$610 into the next plan year
Eligible Expenses	Qualified medical, dental, vision, & Rx expenses
Account Details	<ul style="list-style-type: none"> • Annual amount is elected during benefit enrollment • GFH front loads the debit card & annual amount is available on 1st day • Payroll deductions taken in equal increments to repay GFH
Portability	Included if COBRA elected
Administrator	Benefit Strategies
Contributions	Employee

Dependent Care Assistance Program (DCAP)

Eligible Dependents	<ul style="list-style-type: none"> • Tax-dependent child under 13 who lives with you • Tax-dependent parent, spouse, or child who lives with you & is incapable of caring for him/herself
Maximum Annual Pre-Tax Contribution	\$5,000 (\$2,500 if married and filing separately)
Eligible Expenses	Child or adult dependent care, nursery school/preschool, or the cost of an individual to provide care either in or out of your home
Account Details	<ul style="list-style-type: none"> • Annual amount is elected during benefit enrollment • Payroll deductions are taken in equal increments • Deductions are deposited into DCAP account after each payroll • Use provided debit card or request distribution to pay for expenses
Administrator	Benefit Strategies
Contributions	Employee



Additional Programs to Help You Stay Well

TouchCare: Employee Health Care Concierge Service

TouchCare is a confidential, expert health care concierge service focused on better-informed health care decisions for employees and dependents enrolled in the Glens Falls Medical, Dental, and/or Vision Plans.

TouchCare's Expert Health Assistants (EPAs) will help you identify and verify highly-rated doctors who are in your network, in your neighborhood, and available to see you. EPAs can assist with finding any kind of care, ranging from family doctors and pediatricians to nutritionists and counselors, and even specialists such as cardiologists, orthopedic surgeons, and more. If you need an x-ray, blood work, urgent care center, or other medical service, TouchCare can help you decide where to go. This service is free and 100% confidential.

Call 866-486-8242 from 8:00 a.m. to 9:00 p.m., Monday through Friday, or contact assist@touchcare.com.

Employee Assistance Plan (EAP)

The EAP, provided by Adirondack EAP, offers a range of resources to support emotional and mental health and work/life balance. These resources are provided to you and your family members at no cost, and include eight confidential counseling sessions for stress management, marital or family conflict, anger management, financial difficulties, or other issues that affect your overall health and relationships.

Call 518-793-9768.

Wellness Reimbursement Account

You can complete wellness activities like annual physicals, a nicotine free attestation, vision and dental exams, and preventive screenings, and earn incentives (\$300 annual maximum, \$1,000 total maximum). Funds can be used for health-related services performed at Glens Falls Hospital. Any balance rolls over to the next plan year.



Life Insurance

Life insurance is an important financial safeguard for you and your loved ones.

- **Employer Paid Life Insurance:** You will automatically receive GFH Employer Paid Life Insurance equal to two times your annual salary up to \$400,000 (full-time) or \$10,000 (part-time).
- **Voluntary Life Insurance:** You may purchase additional Voluntary Employee Paid Life Insurance on an after-tax basis up to five times your annual salary, up to a \$500,000 maximum. Benefits over \$150,000 require Evidence of Insurability (EOI). The benefit is reduced to 65% when you reach age 70 and to 50% when you reach age 75.
- **Spouse and Child Life Insurance:** You may purchase Life Insurance for your Spouse (\$10,000 or \$20,000) on an after-tax basis. In addition, you may purchase Child Life Insurance in the amount of \$4,000 (non-students up to age 19, students up to age 23).

Disability Benefits

Disability benefits provide financial protection if you are unable to work due to an illness or injury. The state provides a Short-Term Disability Plan, and you may elect Voluntary Short-Term Disability and Long-Term Disability Insurance.

New York State (NYS) Statutory Short-Term Disability

Eligibility	All Employees: Date of Hire
Maximum Weekly Benefit	<ul style="list-style-type: none"> • All Employees: First 90 Days—50% of weekly wages up to \$200 per week • Full/Part-time Employees: After 90 Days—60% base salary up to \$1,000 per week • Per Diem Employees: 50% of weekly wages up to \$200 per week
Maximum Benefit Duration	26 Weeks
Elimination Period	7 Days
Cost	Employer and Employee Paid

Voluntary Short-Term Disability Income Protection

Eligibility	Full/Part-time Employees, gross income of more than \$9,000 per year
Details	<ul style="list-style-type: none"> • Select the monthly benefit amount based on your yearly income • Pays benefits up to 26 weeks • Unum payment coordinated with payments from: <ul style="list-style-type: none"> – New York State Disability – Workers’ Compensation (if applicable) – Earned Time Off (ETO) to receive a full check • There are pre-existing conditions that apply to the policy
Cost	100% Employee Paid

Voluntary Long-Term Disability

Eligibility	All Full/Part-time Employees: 1st of the month following Date of Hire
Maximum Monthly Benefit	50% of monthly salary up to \$6,000 per month
Elimination Period	6 Months
Cost	100% Employee Paid



Other Voluntary Insurance

You can buy additional insurance designed to offer extra support for you and your family members. If you or a covered family member experience an accident, critical illness, or hospitalization, three types of insurance provide benefits that are designed to supplement coverage provided by medical insurance:

Accident Insurance

If you or your family member experience a specific accidental injury

Hospital Confinement Insurance

If you or your family member experience a stay in a hospital or other covered facility

Critical Illness Insurance

If you or a family member are diagnosed with a covered illness or condition

To enroll, or if you have questions, contact Employee Family Protection (EFP) at 855-778-1789 from 8:00 a.m. to 5:00 p.m, Monday through Friday.

Additional benefits you can purchase include:

- **Whole Life Insurance:** Life insurance protection with guaranteed death benefit and level premiums.
- **Legal Club Family Plan:** Free and discounted legal help from a network of plan attorneys, plus access to online legal forms.
- **LifeLock Identity Theft Plan:** 24-hour customer service and a \$1 million service guarantee if you're a victim of identity theft due to failure of the LifeLock system.
- **Nationwide Pet Insurance:** Protection for your furry friends for preventive care, common illnesses, accidents, surgeries, and more.

403(b) Partnership Plan

Saving for retirement is important at every age. The 403(b) Partnership Plan gives you the opportunity to save for your future financial needs through elective pre-tax and/or post-tax contributions up to IRS limits (for 2023, \$22,500, or \$30,000 if you are age 50 or older). You're automatically enrolled 45 days after your hire date with an elective deferral rate of 2% of your gross annual salary on a pre-tax basis—unless you choose another amount or opt out. Your contribution automatically escalates 1% every year until it reaches 4%.

Glens Falls Hospital provides a 100% match, up to 4% of your gross annual salary.

The plan is administered by AIG Retirement Services, and allows you to select from a menu of mutual funds that represent a wide range of asset classes. You are 100% vested in the plan after two years of employment.



Time Off

You're encouraged to take time away from work to enjoy your family and friends, rest, and recharge.

Earned Time Off

Earned Time Off (ETO) combines traditional paid time, such as vacation, personal time, holidays, and sick time, into a single 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.

Tracking Your Balance

Your ETO balances are printed on your pay statement every pay period. You may not use ETO during the pay period that it is accrued. The total number of ETO hours you can roll over from one year to the next is 320 hours. All employees must be at or below the 320-hour cap at the end of the pay period that includes New Year's Day. Any ETO amount over the cap will be forfeited. You may use ETO to supplement NYS Disability, Workers' Compensation, or Supplemental Disability Benefits Law Policies to receive a full paycheck. Please refer to the ETO policy for further details.

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 Day
- Christmas Day

Earned Time Off

Benefit	Eligibility	Coverage
Paid time away from work.	All employees with budgeted hours of at least 30 per pay period.	Employees begin accruing ETO during the first pay period, but may not use time in the first 90 days of employment.



Leaves of Absence

There are Leaves of Absence available to eligible employees.

Leave of Absence

Eligibility	All Employees from Date of Hire (including Per Diem)
Plan Details	<ul style="list-style-type: none"> A formal Leave of Absence (LOA) may be granted to protect the employment relationship during a prolonged absence from work Typical reasons include: Medical (non-FMLA related) and non-medical related personal emergencies; educational studies; extended jury or being subpoenaed as a witness; or active military service

New York State Paid Family Leave (NYS PFL)

Eligibility	<ul style="list-style-type: none"> Employees who work a regular schedule of 20 or more hours per week are eligible after 26 consecutive weeks of employment Employees who work a regular schedule of less than 20 hours per week are eligible after working 175 days, which do not need to be consecutive
Plan Details*	<ul style="list-style-type: none"> New York State law that grants time off for a qualifying event and provides partial pay and job protection Up to 12 weeks of job protected leave with a benefit amount of 67% of your gross weekly wage up to a maximum benefit of \$971.61 per week Leave may be taken: to bond with a new child, care for a family member with a serious health condition, or assist loved ones when a family member is deployed abroad on active military service

**If both requirements are met, FMLA and PFL will run concurrently.*

NY Paid Sick Leave

Eligibility	All private-sector employees regardless of industry, occupation, employment status (FT, PT, Per Diem, Seasonal)
Accrual	<ul style="list-style-type: none"> 1 hour of PSL per 30 hours worked Employees accruing ETO equivalent to at least 56 hours per calendar year will remain in the ETO plan
Sick Leave	<p>Due to employee or family member:</p> <ul style="list-style-type: none"> Mental or physical illness, injury, or health condition—regardless of need for medical care at time of leave Diagnosis, care, or treatment of mental or physical illness, injury, or health condition; or need for medical diagnosis or preventive care
Safe Leave	<p>Due to employee or family member:</p> <ul style="list-style-type: none"> Being a victim of domestic violence, family offense, sexual offense, stalking, or human trafficking Obtaining services related to above including shelters and crisis centers; safety planning and/or relocation; meeting with attorney, district attorney, or law enforcement; enrolling child(ren) in new school; any other actions necessary to ensure safety of employee and/or family member(s)

Please contact HR for additional policy details.



Family Medical Leave Act (FMLA)

Eligibility	<ul style="list-style-type: none"> • Employees employed at least 12 months & worked at least 1,250 hours before the leave begins • FMLA requests will be reviewed upon completion of appropriate paperwork
Plan Details*	<ul style="list-style-type: none"> • A federal law that grants time off without pay under certain circumstances, while providing job protection • Up to 12 weeks of unpaid leave per 12 month period under particular circumstances • Leave may be taken for: birth of the employee's child; placement of a child with the employee for adoption or foster care; employee is needed to care for a child, spouse, domestic partner or parent who has a serious health condition; employee is unable to perform the functions of his or her position because of a serious health condition; employee has a covered family member called to active duty

* Please see the FMLA policy for further information.

Bereavement and Funeral Leave

Eligibility	All Employees from Date of Hire (including Per Diem)	
Plan Details*	<ul style="list-style-type: none"> • GFH will pay up to 3 regularly scheduled shifts • If additional time is needed, you can request ETO or unpaid leave 	
Immediate Family Member Definition	<ul style="list-style-type: none"> • Parent/Step-parent • Sibling/Step-sibling • Spouse • Child/Stepchild • Grandparent/Step-grandparent • Grandchild/Step-grandchild 	<ul style="list-style-type: none"> • Parent-in-law • Sibling-in-law • Child-in-law • Grandparent-in-law • Domestic Partner • Domestic Partner (parent, sibling, child, grandparent)

* For complete details, refer to the HR policy on Bereavement and Funeral Leave.

Workers' Compensation Insurance

Eligibility	All Employees from Date of Hire (including Per Diem)
Plan Details	<ul style="list-style-type: none"> • Coverage for work-related illness or injury & medical care • Notify Employee Health within 24 hours of injury or illness • Seven day waiting period before benefits begin • Employees receive two-thirds of their average weekly wage, up to NY State maximum benefit levels • Maximum benefit levels depend on date of injury and percent of disability • Current maximum for injuries incurred after 7/1/20 is \$966.88



Additional Benefits

GFH provides a variety of other plans and programs to support employees.

Tuition Reimbursement

After six months of employment, you are eligible for career-related educational course work reimbursement, subject to the annual budget:

Undergraduate Courses	Graduate Courses
Full-time employee: Up to \$1,000 per year	Full-time employee: Up to \$1,500 per year
Part-time employee: Up to \$500 per year	Part-time employee: Up to \$900 per year

Employee Service Program (ESP)

The ESP is an online shopping program that offers discounts for employees and family members for purchases in categories like:

- Automotive
- Computers and technology
- Food and dining
- House and home
- Personal services
- Specialty stores
- Travel and entertainment
- Uniforms and clothing
- Wellness and fitness

Employee Discounts

A variety of area businesses offer GFH employees a special discount. Some businesses provide a discount card, others simply require a Hospital ID card. Examples include:

- Warren Tire Services
- Burger King (Warren St. location only)
- AT&T Wireless
- Dell Computers
- Verizon Wireless
- Bay Optical
- Buyer's Edge
- Juicin Jar
- GF YMCA
- Sleep Inn

Please check with Human Resources for the latest information.



Benefits Provider Contact Information

Medical CDPHP

Group #20031572
500 Patroon Creek Blvd.
Albany, NY 12206
1.877.724.2579
www.cdphp.com

Prescription Drug CVS Caremark

1.844.202.4067
www.Caremark.com

Dental Metlife

Group #155588
PO Box 981282
El Paso, TX 79998
1.800.942.0854
www.metlife.com

Vision Davis

Group #502047A
PO Box 1525
Latham, NY 12110
1.800.999.5431
www.davisvision.com

Medical Flexible Spending Account/Dependent Care Assistance Program Benefit Strategies, LLC

967 Elm Street
Manchester, NH 03101
1.888.401.3539
www.benstrat.com

Life Insurance, Employer Paid & Voluntary

UNUM Life Insurance Co.
99 Park Avenue, 6th Floor
New York, NY 10016
1.800.635.5597
www.unum.com

Critical Illness/Accident/ Hospital Indemnity/ Whole Life

UNUM Life Insurance Co.
99 Park Avenue, 6th Floor
New York, NY 10016
1.800.635.5597
www.unum.com

Employee Family Protection (EFP) (for enrollment)

1.855.778.1789
8:00 a.m. to 5:00 p.m.,
Monday through Friday

Short-Term Disability UNUM Life Insurance Co.

99 Park Avenue, 6th Floor
New York, NY 10016
1.800.635.5597
www.unum.com

Long-Term Disability UNUM Life Insurance Co.

99 Park Avenue, 6th Floor
New York, NY 10016
1.800.635.5597
www.unum.com

403(b) Partnership Pension Plan

AIG Retirement Services
PO Box 15648
Amarillo, TX 79105-5648
1.800.448.2542
www.aigrs.com

Employee Assistance Program

Adirondack EAP
59 Glen Street
Glens Falls, NY 12801
1.518.793.9768

Identity Theft LifeLock/EFP: Consultants

90 Kreiger Lane
PO Box 1237
Glastonbury, CT 06033
1.800.229.5129

Legal Services Legal Club

7771 W. Oakland Park Boulevard
Suite 217
Sunrise, FL 33351
1.800.305.6816
www.legalclub.com

This Summary of Material Modifications (SMM) describes the changes that affect your benefits plans and updates your plan descriptions. SMMs, together with the plan booklets, make up your official plan descriptions. We've made every attempt to ensure the accuracy of the information in this SMM. However, if there is any discrepancy between this and the insurance contracts, the insurance contracts will always govern.







ALBANY MED Health System

GLENS FALLS HOSPITAL