

2024 Benefits **Decision Guide**

GET READY TO ENROLL



ALBANY MED Health System

GLENS FALLS HOSPITAL

WELCOME TO YOUR 2024 Benefits Decision Guide

Expanding our resources as one system, the Albany Med Health System is bringing more specialized care to more communities. As our region's largest and only locally governed health care system, we aim to serve our patients with excellence—and that includes you, our valued colleagues. Last year, we introduced the Albany Med Health System Domestic Network, an expanded domestic network that broadens your choices for both no-cost and low-cost, high quality medical care. As a reminder, the Albany Med Health System Domestic Network includes Glens Falls Hospital, Albany Medical Center, Columbia Memorial Health, Saratoga Hospital, and the Visiting Nurses as well as other selected facilities. It reflects the strength of our Health System and the people, like you, who make us the provider of choice in our region.

Please review this *Decision Guide*, which provides important details about your 2024 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.

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 (HDHP only)	Health Reimbursement Account (HDHP only)	Dental	Vision	Medical Flexible Spending Account	Dependent Care Assistance Program	Voluntary Life	Long-Term Disability	
Full-time, part-time ACA 60+ hours/per pay	●	●	●	●	●	●	●	●	●	Newly Eligible: 1st of the month following Date of Hire Annual Open Enrollment
Part-time 30 to 59.99 hours <i>Rates are higher for part-time employees</i>	●	●	●	●	●	●	●	●	●	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
Domestic partner* <ul style="list-style-type: none"> Requires a Certification of Domestic Partnership and three forms of additional proof as required Children of a Domestic Partner require a birth certificate, Certification of Domestic Partnership, and three forms of additional proof 	●	●	●	●	●	●				
Dependent children (to age 26)	●	●	●	●	●	●			●	
Unmarried, disabled dependent children (any age) <i>Proof required</i>	●	●	●	●	●	●	●			

* 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.)

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 2024.

How to Enroll

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



Medical Plan

You have two choices for medical coverage:

- Premier Access Plan
- Premier Access HDHP

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

- **Glens Falls Hospital**
- **Albany Medical Center**
- **Saratoga Hospital**
- **Columbia Memorial Hospital**
- **Visiting Nurses Associates of Albany**
- **OrthoNY at 14 Hudson Street**
- **Adirondack Radiology Associates (when seen at Glens Falls Hospital)**
- **Additional practices/facilities previously considered part of the domestic network**

Both plans have three levels of coverage:

- Albany Med Health System (AMHS) Domestic Network
- CDPHP/Express Scripts (ESI) Network
- Out-of-Network

As a reminder, with both plans:

- Your out-of-pocket costs are the lowest when you receive care within the AMHS Domestic Network
- Preventive care is always covered at 100%, with no deductible or copayments when received by a provider in the AMHS Domestic Network or CDPHP/Express Script Network
- There is protection for worst-case scenario years — out-of-pocket costs are limited to a single calendar year maximum — once you reach this maximum, no additional services are billed to you

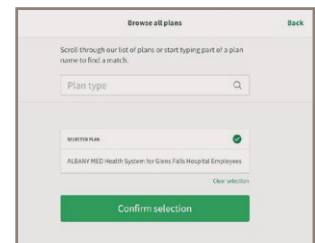
In-Network Providers

It is important to utilize in-network providers and pharmacies. When care is received by an AMHS Domestic Network provider or CDPHP/Express Scripts Network provider, you will never receive a balance-billing charge. To find a provider within the AMHS Domestic Network or CDPHP/Express Scripts Network, access findadoc.cdphp.com and follow these simple steps:

1. Enter your location.
2. Enter **Albany Med Health System for Glens Falls Hospital Employees** as your plan type.
3. Search by doctor, specialty, place or type. Use “Advanced Search” for more detailed criteria.

(If you are outside of the CDPHP service area, choose **POS National** as your plan type to find providers.)

Need Additional Help? Call CDPHP at the number on your ID card and a member services representative can provide you with details on the network and plans.



Premier Access Plan

The Premier Access Plan costs more than the Premier Access HDHP on a payroll deduction basis. Annual deductibles and out-of-pocket maximums are generally lower.

Helpful Insight

It is unlikely your total expenses will reach the out-of-pocket maximum. In 2022, 99% of members on the Glens Falls Hospital health plan did not reach the out-of-pocket maximum.

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 payroll deduction basis. Annual deductibles and out-of-pocket maximums are generally higher.

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 HSA:

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

GFH contributions are distributed quarterly.

Under IRS rules, the maximum that can be deposited into your HSA in 2024 is \$4,150 if you have Employee medical coverage or \$8,300 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.

Post-Deductible Health Reimbursement Account (HRA)

If you enroll in the Premier Access HDHP, you will receive a \$500 contribution from Glens Falls Hospital in a Post-Deductible Health Reimbursement Account (HRA). You can use this account to pay for eligible medical expenses once you've met the Plan's deductible. This is in addition to the Glens Falls Health Savings Account (HSA) contribution.

** 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.*

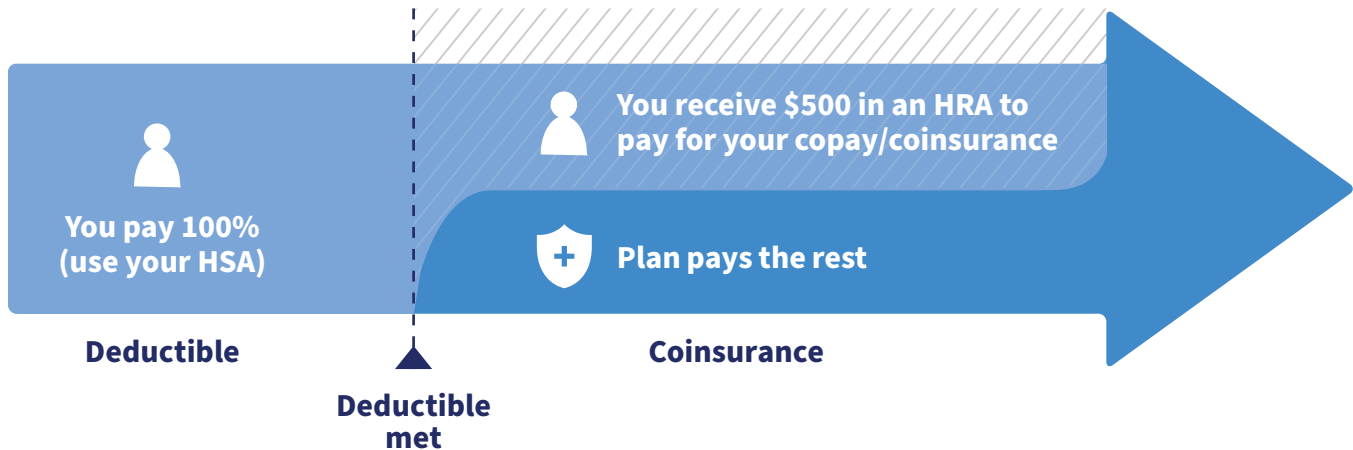


HSA Eligibility

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

How the HSA and HRA Help You Pay HDHP Medical Expenses



Advantages of the Premier Access HDHP

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

- **Your payroll deductions 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.
- **You will also receive a \$500 contribution from Glens Falls Hospital in the Post-Deductible HRA.**

Medical Plan Comparison

	Premier Access Plan			Premier Access HDHP		
	AMHS Domestic Network	CDPHP/ Express Scripts Network	Out-of-Network	AMHS Domestic Network	CDPHP/ Express Scripts Network	Out-of-Network
Deductible¹ Individual/Family	\$0 / \$0	\$1,000 / \$2,000	\$2,000 / \$4,000	\$1,600 / \$3,200		\$4,500 / \$9,000
Out-of-Pocket Maximum¹ Individual/Family	\$1,000 / \$2,000	\$4,000 / \$8,000	\$8,000 / \$15,000	\$4,000 / \$8,000		\$8,000 / \$15,000
PCP²	\$0	\$25 copayment	30% after deductible	\$10 after deductible	20% after deductible	50% after deductible
Preventive Care	\$0	\$0	30% after deductible	\$0	\$0	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 Domestic Network or CDPHP/Express Scripts, eligible expenses count toward the same deductible and out-of-pocket maximum. Out-of-network 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 Domestic Network or in-network through CDPHP/Express Scripts.



Medical Plan Comparison (cont.)

	Premier Access Plan			Premier Access HDHP		
	AMHS Domestic Network	CDPHP/ Express Scripts Network	Out-of-Network	AMHS Domestic Network	CDPHP/ Express Scripts Network	Out-of-Network
Prescription Drug Coverage						
30-Day Supply						
Generic	\$10 copayment	\$20 copayment	Not covered	\$10 copayment after deductible	\$20 copayment after deductible	Not covered
Preferred Brand	\$50 copayment	\$100 copayment	Not covered	\$50 copayment after deductible	\$100 copayment after deductible	Not covered
Non-Preferred Brand	\$75 copayment	\$150 copayment	Not covered	\$75 copayment after deductible	\$150 copayment after deductible	Not covered
Specialty Medications	\$100*	Not covered*	Not covered	\$100 copayment* after deductible	Not covered*	Not covered
90-Day Supply						
Generic	\$25 copayment	\$30 copayment	Not covered	\$25 copayment after deductible	\$30 copayment after deductible	Not covered
Preferred Brand	\$125 copayment	\$150 copayment	Not covered	\$125 copayment after deductible	\$150 copayment after deductible	Not covered
Non-Preferred Brand	\$187.50 copayment	\$375 copayment	Not covered	\$187.50 copayment after deductible	\$375 copayment after deductible	Not covered

* Specialty medications must be obtained at an Albany Med Health System Domestic Network pharmacy to be covered (exceptions apply; see below). The IPC Copay Assistance Program administered by PillarRx is replacing PrudentRx for Specialty Medication Copay Assistance. If you or your dependents are eligible, PillarRx will contact you.

Prescription Drug Benefits

The Prescription Drug Plan is administered by Express Scripts. 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 Domestic Network or in-network through CDPHP. 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 CDPHP/Express Scripts Network pharmacy.

Specialty Medications

Specialty Medications must be obtained at an Albany Med Health System Domestic Network pharmacy to be covered. Exceptions apply for fertility drugs, limited distribution drugs, and emergency situations—in which case, if provided in the CDPHP/Express Scripts Network, a \$100 copayment will always apply.

Certain specialty medications are provided through the IPC Copay Assistance Program administered by PillarRx, which means they could be available at no cost to you. If you or a covered dependent is using a program-eligible medication, you will receive a letter or phone call from PillarRx about how to enroll in the program.

Weight loss prescription drugs will have restrictions and additional prior authorizations in 2024, including required participation in the Omada virtual diabetes coaching program. Additional details will be provided.

Pharmacies

[Albany Med Health System Domestic Pharmacies](#) include:

- Glens Falls Hospital Community & Specialty Pharmacies**
 100 Park Street, Glens Falls, NY
 Floor 1 of the Main Tower Lobby
 (518) 926 2530
- Albany Medical Center Pharmacy**
 43 New Scotland Ave, Albany, NY
 Floor 1 of the Hospital
 (518) 262 3263
- Community Pharmacy at Saratoga Hospital**
 211 Church Street, Saratoga Springs, NY
 Located Near the Main Lobby
 (518) 580 2840

Diabetic Prescription Drug Coverage

	Premier Access Plan			Premier Access HDHP		
	AMHS Domestic Network	CDPHP/ Express Scripts Network	Out-of-Network	AMHS Domestic Network	CDPHP/ Express Scripts Network	Out-of-Network
Continuous Glucose Monitors (CGMs)	\$10	\$20 after deductible	30% after deductible	10% after deductible	20% after deductible	50% after deductible
Insulin Pumps & Associated Supplies ¹	\$10	\$20 after deductible	30% after deductible	10% after deductible	20% after deductible	50% after deductible
Other Associated Supplies ²	\$10	\$20	Not Covered	\$10 after deductible	\$20 after deductible	Not Covered
OmniPod Insulin Pump & Associated Supplies	Covered in full	\$45 specialist copay	Not covered	\$20 specialist copay	20% after deductible	50% after deductible
Diabetic Eye Exam (1 exam per calendar year)	Covered in full	\$25/\$45 PCP/Specialist	30% after deductible	\$10 after deductible	20% after deductible	50% after deductible
Diabetic Foot Care	\$10 copay	\$25 copay	30% after deductible	\$10 after deductible	20% after deductible	50% after deductible
Insulin Medication (30-day supply)	\$10	\$20	Not Covered	\$10 after deductible	\$20 after deductible	Not Covered

¹ Covered through the medical benefit (CDPHP) and includes testing supplies such as sensors and lancets

² Covered through the pharmacy benefit (Express Scripts)

Medical Plan Rates

Medical plan rates are based on three assigned Salary Groups and determined using your annual base salary (excluding overtime, shift differential, or other pay programs) in effect when 2024 medical plan eligibility is determined:

Salary Group 1	Salary Group 2	Salary Group 3
Annual base salary less than \$47,500	Annual base salary \$47,500–\$150,000	Annual base salary of \$150,000 or more*

*IRS 2023 definition of a Highly Compensated Employee

To calculate your annual base salary, multiply your hourly rate by regularly scheduled hours per pay period by 26 pay periods. (Each assigned Salary Group is based on annual base salary only and does not include overtime, shift differential, or other pay programs, allowing you to be assigned to the lowest Salary Group possible.) **When you sign in to enroll, you will automatically be placed in your Salary Group.**

FULL-TIME RATES (NON-TOBACCO)

	Salary Group 1 Bi-Weekly Payroll Deduction	Salary Group 2 Bi-Weekly Payroll Deduction	Salary Group 3 Bi-Weekly Payroll Deduction
Premier Access			
Employee	\$51.59	\$56.75	\$68.08
Employee Plus Spouse	\$182.80	\$201.08	\$234.71
Employee Plus Child(ren)	\$146.14	\$160.76	\$191.02
Family	\$310.34	\$341.38	\$404.52
Premier Access HDHP			
Employee	\$25.80	\$28.37	\$34.04
Employee Plus Spouse	\$91.40	\$100.54	\$117.36
Employee Plus Child(ren)	\$73.07	\$80.38	\$95.51
Family	\$155.17	\$170.69	\$202.26



FULL-TIME RATES (TOBACCO)

	Salary Group 1 Bi-Weekly Payroll Deduction	Salary Group 2 Bi-Weekly Payroll Deduction	Salary Group 3 Bi-Weekly Payroll Deduction
Premier Access			
Employee	\$70.17	\$77.19	\$91.12
Employee Plus Spouse	\$204.61	\$225.07	\$265.69
Employee Plus Child(ren)	\$169.35	\$186.29	\$219.91
Family	\$341.60	\$375.76	\$443.59
Premier Access HDHP			
Employee	\$35.09	\$38.59	\$45.56
Employee Plus Spouse	\$102.31	\$112.54	\$132.85
Employee Plus Child(ren)	\$84.68	\$93.14	\$109.96
Family	\$170.80	\$187.88	\$221.80



Choose the HDHP and save 50%!

PART-TIME RATES (NON-TOBACCO)

	Salary Group 1 Bi-Weekly Payroll Deduction	Salary Group 2 Bi-Weekly Payroll Deduction	Salary Group 3 Bi-Weekly Payroll Deduction
Premier Access			
Employee	\$174.92	\$192.41	\$228.46
Employee Plus Spouse	\$424.68	\$467.15	\$553.20
Employee Plus Child(ren)	\$346.43	\$381.07	\$451.48
Family	\$608.23	\$669.05	\$791.87
Premier Access HDHP			
Employee	\$87.46	\$96.21	\$114.23
Employee Plus Spouse	\$212.34	\$233.57	\$276.60
Employee Plus Child(ren)	\$173.22	\$190.54	\$225.74
Family	\$304.12	\$334.53	\$395.93

Choose the HDHP and save 50%!

PART-TIME RATES (TOBACCO)

	Salary Group 1 Bi-Weekly Payroll Deduction	Salary Group 2 Bi-Weekly Payroll Deduction	Salary Group 3 Bi-Weekly Payroll Deduction
Premier Access			
Employee	\$199.54	\$219.49	\$259.13
Employee Plus Spouse	\$461.74	\$507.92	\$599.35
Employee Plus Child(ren)	\$379.46	\$417.41	\$492.77
Family	\$654.09	\$719.50	\$849.38
Premier Access HDHP			
Employee	\$99.77	\$109.75	\$129.56
Employee Plus Spouse	\$230.87	\$253.96	\$299.68
Employee Plus Child(ren)	\$189.73	\$208.70	\$246.38
Family	\$327.05	\$359.75	\$424.69

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. Documentation is required to enroll. Please contact Human Resources for more information.

Estimate Your Medical Costs

The CDPHP Price Check tool is a treatment cost estimator to help you make informed decisions about your care by helping you estimate your medical costs. You can check out the costs of over 1,000 procedures and services, and see how expenses can affect your deductible, HSA, and out-of-pocket costs. Log into member.cdphp.com and select **Benefits**, then **Medical Cost Estimate**.



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%	



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

AptiHealth

This online behavioral health program is available to all employees and their family members age 5 and older enrolled in a Glens Falls Medical Plan (\$25 copay for the Premier Access Plan, and 20% after the deductible for the Premier Access HDHP). The program provides personalized, goal-oriented online therapy.

When you log in to the website or app, you'll be asked to complete a self-assessment. Then, you'll quickly be connected with an expert care team dedicated to your emotional health and wellness. You will be matched with a licensed therapist for weekly therapy, and a prescriber if medication is recommended. For support between sessions, you can use the secure portal to communicate directly with the therapist. Access www.aptihealth.com/CDPHP. Register online to receive a Welcome email to get started.

Employee Assistance Program (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, maximum accrual limit of \$1,000). Funds can be used for health-related services performed at Glens Falls Hospital. Any balance rolls over to the next plan year. (Please see/complete the forms at the back of this Guide, or contact the Benefits Department.)

UNUM 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).

In addition, you may purchase:

- **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. Glens Falls Hospital also provides a Short-Term Disability Plan to supplement the state plan, and you may elect Voluntary Buy-Up 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	Up to \$170 per week
Maximum Benefit Duration	26 Weeks
Elimination Period	7 Days
Cost	Employer and Employee Paid

Base Short-Term Disability

Eligibility	All Full/Part-Time Employees: enrolled after 90-day probationary period
Details	<ul style="list-style-type: none">• 60% base salary up to \$1,000 per week• 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
Cost	100% Employer Paid

Buy-Up Short-Term Disability

Eligibility	All Full/Part-Time Employees: enrolled after 90-day probationary period
Details	<ul style="list-style-type: none">• 70% base salary up to \$2,000 per week• 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 Benefits

For 2024, there are enhancements to the Hospital, Accident, and Critical Illness insurance plans and new plan administrators for the Legal and Identity Protection plans. (2023 plans will be discontinued.) So please enroll in these and any of the other plans below for extra support for you and your family!

Most enrollment selections are done using Oracle, just like your other benefits!

UNUM Accident Insurance

Helps offset the costs associated with an accidental injury and treatment.

- Provides a set benefit amount based on the type of injury you have and the type of treatment you need
- Covers a range of accidents from common injuries like emergency room visits or dental extractions to more serious events like a broken bone or use of ground/air ambulance
- Benefit payment not impacted by any other coverage
- Monthly costs range from \$11 to \$28 depending on who you decide to cover

This is a great option for those electing the Premier Access HDHP to help pay for certain deductible expenses.

UNUM Hospital Insurance

Helps offset the costs associated with a hospitalization or a stay in a covered facility.

- Helps employees and families cope with the financial impacts of a hospitalization
- Provides a lump sum benefit paid directly to you (not the hospital or provider)
- Benefit of \$1,000 per hospital admission and up to \$100 per day of hospitalization
- Guaranteed issue — no medical questions needed to enroll
- Monthly costs range from \$13 to \$29 depending on who you decide to cover

This is a great option for those electing the Premier Access HDHP to help pay for certain deductible expenses.

UNUM Critical Illness (Specified Disease) Insurance

Provides a benefit when diagnosed with a specific illness.

- Provides a single, lump-sum, cash benefit upon the first diagnosis of covered critical illness or conditions like heart attacks, stroke, cancer, major organ failure, coronary artery disease, or Alzheimer's disease
- Be Well Benefit – Every year, each family member who has coverage can also receive \$75 for getting a covered Be Well Benefit screening test
- You choose \$10,000, \$20,000 or \$30,000 of coverage with no pre-existing condition limits!

UNUM Whole Life Insurance

You can purchase extra life insurance protection—beyond what GFH offers—for you and your spouse and children. This benefit provides guaranteed death benefits and level premiums. Contact UNUM for more information.

MetLife Legal Plan – NEW!

Covers the costs on a wide range of common legal needs with access to experienced attorneys to help with estate planning, home sales, tax audits, and more!

- Unlimited access to network attorneys available in person, by phone, or by email and online tools to do-it-yourself
- No waiting periods, no deductibles, no copays, deductions, or claim forms
- Examples of several common covered matters include:
 - Estate Planning – Simple and Living Wills
 - Negotiation with Creditors
 - Tax Preparation & Filing
 - Sale or Purchase of Home and Refinancing of Home
 - Family & Personal Matters – Divorce, Adoption, and review of ANY Personal Legal Document

Once enrolled, create an account at members.legalplans.com or call the MetLife Legal Plans Client Service Center at 800-821-6400

Allstate Identity Protection – NEW!

Provides comprehensive fraud monitoring and powerful mobile and desktop cybersecurity to help protect you, your family, and your finances from threats.

- Identity, financial account, and credit monitoring
- Cyber protection for mobile and desktop devices including Social media account takeover, monitoring, and family digital safety tools that monitor 30+ apps and websites for signs of danger such as cyberbullying
- 24/7 coverage plus up to \$1 million in fraud expense reimbursement
- Broad, inclusive definition of “family” covers everyone under your roof or under your wallet — no matter what age
- Military-grade VPN with 4000+ servers to stay safe without slowing down
- Password manager, Ad blocker, and Robocall blocker all included

Nationwide Pet Insurance

Protection for your furry friends for preventive care, common illnesses, accidents, surgeries, and more. Call Nationwide directly to enroll at 1-877-738-7874.



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.

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, \$23,000, or \$30,000 if you are age 50 or older). Most employees are 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%. Per diem staff are not automatically enrolled but can enroll themselves in the plan.

Glens Falls Hospital provides a 100% match, up to 4% of your gross annual salary (subject to IRS limits).

The plan is administered by Corebridge Financial, 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.

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 duty 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 \$1,151.16 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 for Per Diem employees. For full-time and part-time employees, amount is part of your ETO balance 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.

Benefit Terms to Know

Payroll deductions: The amount taken out of your paycheck to pay for your benefits.

Albany Med Health System Domestic Network:

Also known as the domestic network, this includes providers across the entire Albany Med Health System for the lowest possible out-of-pocket costs:

- Glens Falls Hospital
- Albany Medical Center
- Saratoga Hospital
- Columbia Memorial Hospital
- Visiting Nurses Associates of Albany
- OrthoNY at 14 Hudson Street
- Adirondack Radiology Associates (when seen at Glens Falls Hospital)
- Additional practices/facilities previously considered part of the domestic network

CDPHP/Express Scripts Network: Health care professionals and facilities that are considered to be in the CDPHP or Express Scripts Network, but not part of the Albany Med Health System Domestic Network. You pay a lower amount for those services compared to out-of-network.

Out-of-network: A health care professional or facility that doesn't participate in the Albany Med Health System Domestic Network nor the CDPHP/Express Scripts Network. Using an out-of-network health care professional or facility will cost you more.

Deductible: A fixed annual dollar amount that you pay out-of-pocket during the calendar year toward health care services before the medical plan begins to pay.

Copay: A fixed dollar amount you pay at the time health care services or prescription drugs are received, regardless of the total charge for service. The medical plan pays the rest.

Coinsurance: A fixed percentage of covered health care services or prescription drug costs that you pay, after the deductible amount (if any) was paid. The medical plan pays the rest (subject to balance billing).

Balance billing: When a provider bills you for the difference between the allowed amount under the plan and the provider's charge. For example, if the provider's charge is \$100 and the allowed amount is \$70, the provider may bill you for the remaining \$30.

Out-of-pocket maximum: The most you pay before the medical plan begins to pay 100% of covered charges.

Health Savings Account (HSA): A tax-free, individually-owned savings account used to pay for your and your eligible dependents' qualified medical expenses in the current year or in future years. GFH contributes, and you may contribute up to IRS limits. You must be enrolled in the Premier Access HDHP to participate.

Post-Deductible Health Reimbursement Account (HRA): An account with a \$500 contribution from GFH to pay for eligible medical expenses once you have reached the Premier Access HDHP deductible.

2023 Wellness Reimbursement Account (WRA) Affidavit

***previously titled- Health Reimbursement Account (HRA) ***

Glens Falls Hospital is encouraging healthy lifestyles and engaging employees in actively managing their own healthcare. Preventative screenings/exams and tests are normally covered at no or low cost to help prevent medical conditions or identify them at an early stage when the chances for treatment and cure are better. In order to keep our workforce healthy, it is important for our employees to take an active role in their health and wellbeing.

To encourage these healthy lifestyles Glens Falls Hospital will fund a WRA for all **Full and Part Time** employees that complete the Wellness Initiatives indicated below. The Hospital will deposit **up to \$300 annually** into a WRA with a **maximum accrual limit of \$1,000**. These funds can be used for health-related services performed at Glens Falls Hospital or one of its off-sites. Only hospital employees can complete the activities below to earn WRA dollars; and the WRA dollars can be used for health-related expenses for the employee or an eligible dependent. **The submission deadline for 2023 dates of service is January 31, 2024.**

Employee Name: _____

Employee Department: _____

\$150.00 Annual Physical or *Biometric Screening (*Can be completed by Employee Health)

Provider Signature: _____ **Date of Service:** _____

\$50.00 Nicotine Free Attestation (*Must complete Non-Nicotine Attestation Form)

\$25.00 *2023/24 Flu Shot (*Can be completed by Employee Health)

Verified By: _____ **Date of Service:** _____

\$25.00 Vision Exam

Provider Signature: _____ **Date of Service:** _____

\$25.00 Dental Exam

Provider Signature: _____ **Date of Service:** _____

\$25.00 per Preventative Screening (check all that apply for this Affidavit)

Prostate Specific Antigen Test (men)

Papanicolaou Test (women)

Colonoscopy

Skin

Mammogram

Provider Signature: _____

I hereby attest all of the information I've provided is true & I understand providing false information could result in the removal of my WRA credit. If I am enrolled in GFH health insurance & have tested positive for Nicotine after completing & receiving my Nicotine Free credit, my \$50.00 credit will be revoked, my bi-weekly payroll deductions will increase, & I will be liable for any previous payroll deductions which were taken under the incorrect Non-Tobacco rate.

Employee Signature: _____ Date: _____

Human Resources Use Only:

Entered By: _____ Employment Status: _____ Date Entered: _____
 10/31/2019

2023 NICOTINE FREE AFFIDAVIT

In our continuing commitment to promote a healthy lifestyle, Glens Falls Hospital is providing a \$50.00 credit towards your Wellness Reimbursement Account (WRA) **previously titled- Health Reimbursement Account (HRA) ** for employees who attest they are nicotine free. To qualify for the credit you need to be smoke-free or nicotine-free for a minimum of 6 months, or complete a smoking cessation program & remain smoke/ nicotine free.

Employee Name: _____

Employee Department: _____

Please initial only one of the options below:		
Option 1 Initials: _____	I attest that I am smoke and nicotine free	You are a non-nicotine user if you are not currently using, and have not used during the previous 6 months, any nicotine products. This includes, cigarettes, cigars, chewing tobacco, pipe tobacco, snuff, dip, e-cigarettes, vape or any similar nicotine-related products.
Option 2 Initials: _____	I attest that I have completed a Smoking Cessation Program & will remain smoke & nicotine free	Completion of 4 week accredited Smoking Cessation program in 2023. Facilitator Signature: _____

I hereby attest all of the information I've provided is accurate & true, I understand providing false information will result in my \$50.00 Nicotine Free credit being revoked. If I am enrolled in GFH health insurance & have tested positive for Nicotine, my bi-weekly payroll deductions will increase, & I will be liable for any previous payroll deductions which were taken under the incorrect Non-Tobacco rate.

Signature: _____ Date: _____

Human Resources Use Only:

Entered By: _____ Employment Status: _____ Date Entered: _____

10/31/2019

Benefits Provider Contact Information

Medical

CDPHP

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

Prescription Drug

Express Scripts

1.877.800.0931
[www.Express-Scripts.com/
GlensFallsHospital](http://www.Express-Scripts.com/GlensFallsHospital)

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

Employee Assistance Program

Adirondack EAP

59 Glen Street
Glens Falls, NY 12801
1.518.793.9768

AptiHealth

www.apthealth.com/CDPHP

Life Insurance

UNUM

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

Short-Term Disability

Long-Term Disability

Critical Illness

Hospital

UNUM

99 Park Avenue, 6th Floor
New York, NY 10016
1.888.354.3334
www.unum.com

Legal Plan

MetLife

1.800.821.6400
members.legalplans.com

Nationwide Pet Insurance

1.877.738.7874
[http://www.petinsurance.com/
glensfallshospital](http://www.petinsurance.com/glensfallshospital)

Identity Protection Plan

Allstate

1.800.789.2720
www.MyAIP.com

403(b) Partnership Pension Plan

Corebridge Financial

PO Box 15648
Amarillo, TX 79105-5648
1.800.448.2542
[www.corebridgefinancialservices.
com](http://www.corebridgefinancialservices.com)

This Summary of Material Modifications (SMM) describes the changes that affect your benefits plans and updates your plan descriptions. SMMs, together 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.

