

2024 Benefits **Decision Guide**

LET'S GET READY FOR OPEN ENROLLMENT!



ALBANY MED Health System

ALBANY MEDICAL CENTER

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From the President and CEO

Dear Colleagues,

Albany Medical Center is a pillar of our community because of you. From delivering high quality patient care, to educating the next generation of medical professionals, to researching the next breakthroughs, you make an indelible mark on the health of our region.

We are proud to provide you with this same level of comprehensive care. For 2024, we have made enhancements to your health benefits package that expand coverage for you and your family. A new four-tier rate structure in the medical plan offers coverage options for either employees and spouses or employees and children with lower premiums than family coverage.

I am pleased to share that for 2024 we have made enhancements including the addition of:

- Coverage for New York State Autism mandate and advanced infertility
- After-tax Roth contributions for 403(b) participants
- The Community Pharmacy at Saratoga Hospital as a Tier 1 pharmacy
- New preventive care coverage options for pet insurance

Because health care needs are unique and can change from year to year, we are always working to build our benefits around you. You deserve access to care that you know and trust. The health and wellbeing of you and your family are our priority.

Please review this Decision Guide carefully to select a plan that is right for you. These changes take effect Jan. 1, 2024. You can make your benefit elections during the Open Enrollment period.

Thank you for your dedication and support to our mission, our team, and the communities we serve.

Take care of yourself. Take care of each other.



Dennis P. McKenna, M.D. '92
President and CEO



Dennis P. McKenna, M.D.

This Benefits Decision Guide is a Summary of Material Modification to the Albany Medical Center Welfare Plan. Please keep this Summary with your Summary Plan Description for future reference. In the event there is any conflict between the underlying contracts and this summary, the contracts prevail.





2024 OPEN ENROLLMENT

Your benefit needs are unique to you and may change each year. As a result, we are providing you with information that you can use to make informed decisions. We ask that you take the time to **understand your Albany Medical Center benefit plan options and carefully consider your benefit needs for 2024**. Use the available tools and resources to help you make educated, cost-saving choices — both in choosing the right plans for you and your family and using them, as well.

Inside this guide, you'll find information about the [medical, dental and vision plans](#), as well as details about the [Health Care and Dependent Care Flexible Spending Accounts \(FSAs\)](#), the [Health Savings Account \(HSA\)](#), and other benefits.

Information about additional Albany Medical Center benefit plans can be found on the Benefits Portal at AlbanyMed.HRintouch.com. This includes medical, dental, vision, HSA, FSAs, life insurance, disability benefits and other voluntary Non-ERISA benefits such as accident insurance, critical illness and pet insurance.

Need More Information?

Attend a benefits fair and review *BenefitBeat* newsletters to learn more about 2024 Open Enrollment and your 2024 benefit options.



Open enrollment begins Oct. 25 and ends Nov. 10.

HR Staff will be available in the Computer Rooms at 22 New Scotland Ave. and 1275 Broadway to assist you.

Look for more information in the BenefitBeats.



When Do I Enroll?

Open Enrollment begins Oct. 25 and ends Nov. 10.
Your benefit elections will take effect Jan. 1, 2024.

Current elections that will carry over to 2024 include medical, dental, vision, life, LTD Buy-up, Accident, Critical Illness and Pet Insurance. Although there will be a new prescription drug carrier in 2024, if you are currently enrolled in the medical plan, your prescription drug coverage will automatically transition to Express Scripts.

See pages 26–27 for more information about how to enroll.

Please remember, medical plan participants need to certify their tobacco status and update the Benefit Plan Rate Survey questions on the Benefits Portal annually. Working Spouse Surcharge documentation, if required, must also be submitted each year during Open Enrollment.

For 2024, the Tobacco Surcharge will remain \$85 per month and the Working Spouse Surcharge will remain \$105 per month.

Log in to the Benefits Portal (AlbanyMed.HRintouch.com) to determine your eligibility for medical benefits.

Benefit Plan Eligibility

Benefit Plan	Who is eligible?
Medical	You must meet the average 30 hours per week ACA requirement. If you are currently eligible for the Medical plan, you will see Medical coverage listed when viewing your benefits on the Benefits Portal. If you will be eligible for the Medical plan in 2024, you will see Medical coverage as an available benefit during Open Enrollment. If you are ineligible for the Medical plan, you will not have the option to elect Medical coverage. Please note: If your status changes and your regularly scheduled hours are reduced during the year, your medical plan eligibility and coverage will continue through the end of the current calendar year. Medical coverage does not automatically terminate following a reduction in hours.
Dental	You must be regularly scheduled to work at least 20 hours per week. If your regularly scheduled hours are reduced below 20 hours per week, your coverage will terminate and you may be eligible for COBRA Continuation Coverage.
Vision	You must be regularly scheduled to work at least 20 hours per week. If your regularly scheduled hours are reduced below 20 hours per week, your coverage will terminate and you may be eligible for COBRA Continuation Coverage.
Health Savings Account (HSA)	Only available if you enroll in the Premier Access HDHP and successfully complete the Customer Identification Process (CIP).
Health Care Flexible Spending Account (HCFSA)	If you meet the average 30 hours per week ACA requirement and are eligible for the Albany Med Employee Medical Plan, you are also eligible for the Health Care Flexible Spending Account. If your status changes and your regularly scheduled hours are reduced, your Health Care FSA participation will continue through the end of the current calendar year. (<i>Enrollment in the Albany Med Employee Medical Plan is <u>not</u> required.</i>)
Dependent Care Flexible Spending Account (DCFSA)	You must be regularly scheduled to work at least 16 hours per week. If your regularly scheduled hours are reduced below 16 hours per week, your coverage will terminate. You can request reimbursement for services provided through the end of the calendar year in which your participation ends.

Dependent Eligibility

If you enroll in Albany Medical Center’s medical, dental and/or vision plan(s), your spouse/domestic partner and children may also be eligible for coverage. To cover an eligible dependent, you will be required to provide the following documentation:

Family Member	Required Documentation (applies to Medical, Dental and Vision plans only)
Spouse	Your most recent IRS Form 1040* OR marriage certificate.
Domestic Partner	<i>Certification of Domestic Partnership</i> form and three forms of additional proof as required. If you enroll a domestic partner in the medical, dental and/or vision plan(s), you will be subject to imputed income, which results in additional tax liability.
Child (up to age 26) includes: <ul style="list-style-type: none"> • Biological Children • Adopted Children • Legal Guardianship Children • Disabled Children (disabled prior to age 26 and dependent on you for support) • Stepchildren • Domestic Partner’s Children 	<ul style="list-style-type: none"> • Stepchildren will require both a birth certificate and marriage certificate. • Children of a Domestic Partner will require a birth certificate, <i>Certification of Domestic Partnership</i> form, and three forms of additional proof. • Additional documentation may be required regarding adoption or legal guardianship. • Disabled children over age 26 may be eligible for coverage and may require additional carrier-specific forms.

* If you are submitting your most recent IRS Form 1040, you may black out any financial information, as well as the first five digits of any Social Security Numbers (SSNs). Only the first page is required.

The medical, dental and vision plans require that you provide verification documents to confirm that your dependent is eligible to participate in the plan(s). This documentation must be submitted to the Benefits Support Center during your initial enrollment period, or when you enroll your dependent due to a Qualifying Life Event (QLE) or during Open Enrollment. **If your dependent is currently enrolled in the medical, dental and/or vision plan(s), you do not need to provide this information again.**

If you are adding a dependent or spouse/domestic partner during Open Enrollment, all supporting documentation must be uploaded to the Benefits Portal (or the Benefitplace app) by Nov. 10, 2023, the last day of Open Enrollment. For more information, contact the Benefits Support Center at 844-267-2356.

Reminders for 2024 Open Enrollment

Open Enrollment is your opportunity to re-evaluate your needs for the upcoming year. The Albany Med Employee Medical Plan includes two medical plan options. Think about whether your current elections meet your needs or if it’s time to make a change. See the following page for some important reminders as we go into 2024 Open Enrollment.

New for 2024!



Medical plan enhancements include New York State Autism mandate, Advanced Infertility services, Acupuncture, and increased lifetime limit for wigs following chemotherapy or covered diagnosis



New 4-tier rate structure for the medical plan to include *Employee + Spouse* and *Employee + Child(ren)* coverage options



Express Scripts will be new prescription drug carrier



PillarRx to replace PrudentRx for Specialty medication copay assistance



Medical plan participants will receive new member ID cards from both CDPHP (medical) and Express Scripts (pharmacy)



After-tax Roth contributions available for 403(b) participants



New option for pet insurance preventive care



Required for 2024 Open Enrollment, if your spouse/domestic partner is covered under the medical plan, you must provide information about their employment status and benefit eligibility. If you fail to do so, you will be charged the \$105/month Working Spouse surcharge.

If Your Spouse/Domestic Partner...	Working Spouse Surcharge
Has access to employer-sponsored health insurance	✓
Does not have access to employer-sponsored health insurance (documentation may be required)	✗
Is not working, or is self-employed and does not offer health insurance to any employees	✗



Required for 2024 Open Enrollment, if you are enrolled in the medical plan you must also certify your tobacco status each year, or you will be charged the Tobacco Surcharge.

Changes to Tobacco and/or Working Spouse surcharges will be made on a prospective basis only; no retroactive adjustments will be made.

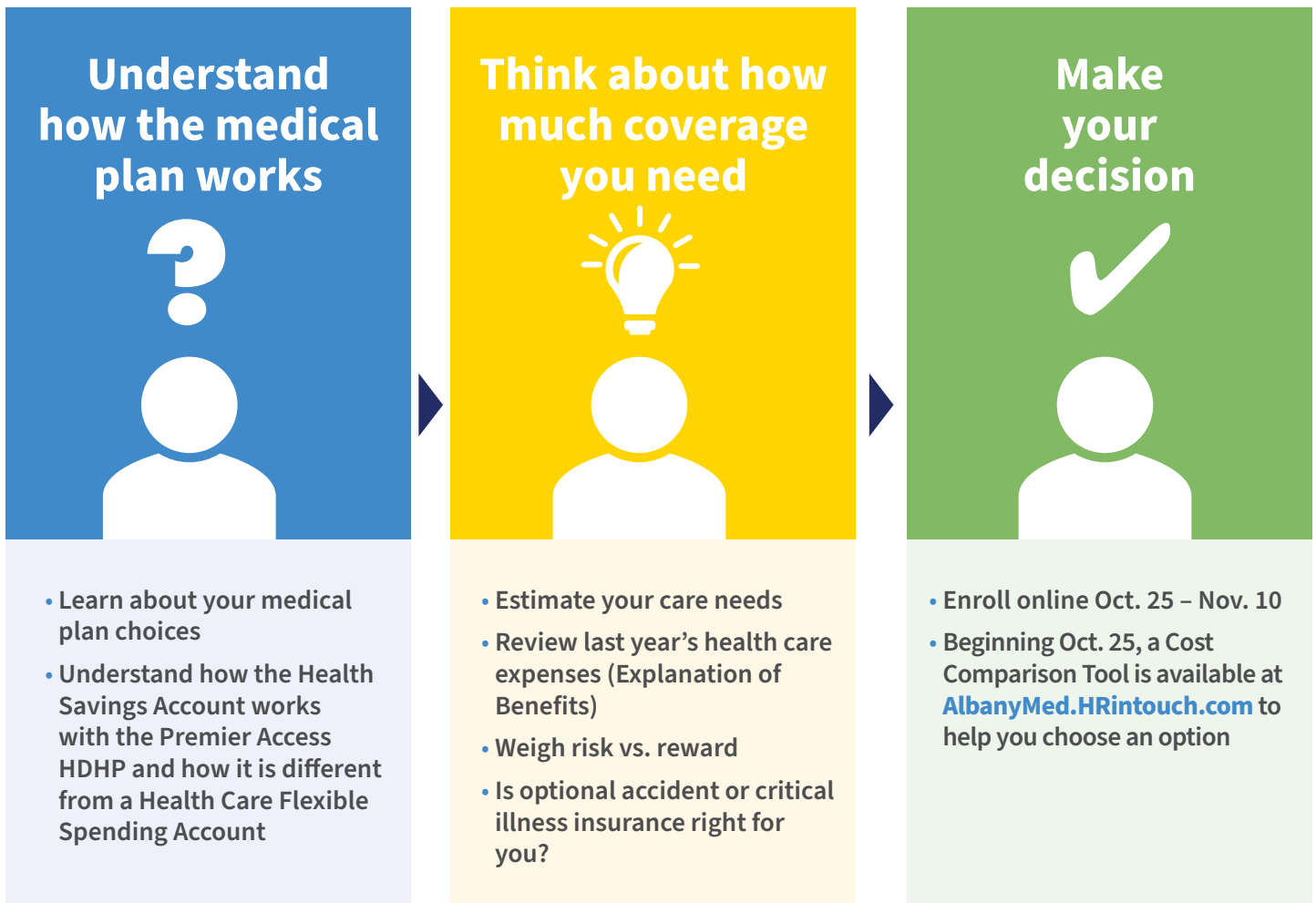


HOW DO I CHOOSE A MEDICAL PLAN?

The medical plan you choose will affect what you pay out-of-pocket for non-preventive care. The Premier Access Plan and Premier Access HDHP cover the same medical services and use the same provider network, but have different deductibles, copays and coinsurance, as well as premiums.

We are confident you will find a plan that fits you best.

See page 28 for more information about important health care terminology.



Understand How the Medical Plan Works

The Albany Med Employee Medical Plan

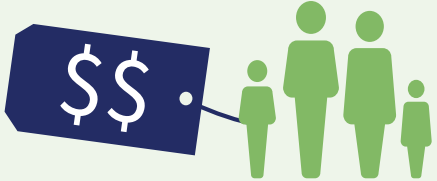


Both the Premier Access Plan and Premier Access HDHP offer multiple tiers, or levels of coverage, depending on the provider and facility you use. The Albany Med Health System Network (Tier 1) includes System providers of Albany Medical Center, Columbia Memorial Health, Glens Falls Hospital, Saratoga Hospital, and the Visiting Nurses, as well as several additional practices/facilities.

You will pay the least out-of-pocket when using Albany Med Health System Network (Tier 1) providers and facilities. You will more out-of-pocket when using CPDHN (Tier 2) providers for non-preventive care. You will pay the most for out-of-network care.

Although the Albany Med Health System Network (Tier 1) includes primary care practices and a wide range of specialists, not all services are available within Tier 1. The Albany Med Employee Medical Plan does not make exceptions, and any services provided outside Tier 1, regardless of reason, are subject to the deductible and cost-sharing requirements for that Tier.

We also want you to understand why, when you seek care from Albany Med Health System Network (Tier 1) providers and facilities, we all benefit. The Albany Med Employee Medical Plan is self-funded. This means Albany Medical Center and employees, not an insurance company, are responsible for the cost of all medical and prescription drug claims incurred. So, by using Albany Med Health System Network (Tier 1) providers and facilities, you will pay less out of your pocket, and you'll help control costs for yourself and Albany Medical Center by keeping care within our system of providers.

How the Plan Pays for Care

Plan Deductible (Employee Pays)	Shared Medical Expenses (Employee and Plan Pay)	100% Coverage (Plan Pays)
<p>If a service is subject to a deductible, you will pay out-of-pocket for those expenses until the deductible has been met.</p> 	<p>Once the deductible, if applicable, has been met, you and Albany Medical Center share the cost of any medical expenses through copays and/or coinsurance.</p> 	<p>If you reach your annual out-of-pocket maximum, Albany Medical Center pays 100% of additional covered expenses.</p> 



2024 Medical Plan Comparison Chart

Review the deductibles, copays, coinsurance and out-of-pocket maximums for both medical plans. Remember, annual deductibles and out-of-pocket maximums reset Jan. 1 each year.

In the Premier Access Plan, nearly all services provided by Albany Med Health System Network (Tier 1) providers are covered in full. You pay a copay for Emergency Room visits.

Many services provided by CDPHN (Tier 2) providers are subject to a copay, but not a deductible. Other services (including inpatient admission and outpatient surgery) are subject to the deductible, then 20% coinsurance. However, if you are admitted to a CDPHN (Tier 2) facility

through the emergency room, you will pay a deductible, then a \$300 copay. For maternity admissions only, you will pay a deductible, then a \$600 copay at any CDPHN (Tier 2) facility.

Prescriptions are subject to copays, but not a deductible, at all network pharmacies. You will pay the lowest copays at the Albany Med Specialty/Outpatient Pharmacy, Glens Falls Hospital Pharmacy, and The Community Pharmacy at Saratoga Hospital.

The Premier Access HDHP is a high deductible plan, and has the lowest premiums and the highest annual deductible. It is important to understand that in this option, if you are covering any dependents, the FULL

family deductible (\$3,200 for 2024) must be met before the plan begins to pay benefits for any one person. This means that you pay the full cost of most medical and prescription drug services until you meet the entire annual deductible, except for in-network preventive services and certain preventive medications. All covered family members contribute toward the family deductible. The out-of-pocket maximum works the same way.

Once the annual deductible has been met, you will pay a copay (not coinsurance) for services provided by Albany Med Health System Network (Tier 1) providers. Most services provided by CDPHN (Tier 2) providers will be subject to 20% coinsurance (a percentage of

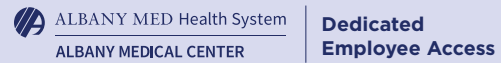
the allowable charges). After the deductible is met, prescriptions are subject to copays (not coinsurance), with the lowest copays at an Albany Med Health System Network Pharmacy.

The Premier Access HDHP also comes with a Health Savings Account – which includes a contribution from Albany Medical Center – to help pay for out-of-pocket expenses.

Both plans offer their own advantages, but you need to determine which option is the right choice for you and your family.

Find a Provider

To identify participating providers, use CDPHP's Find-a-Doc feature at CDPHP.com. When asked for Plan type, enter "Albany Med Health System for Albany Med Employees" to identify Tier 1 providers. Enter "POS National" to identify Tier 2 (CDPHN) providers (Tier 1 providers will also be shown).



518-AMC-TEAM

Your direct line to care!

Call to make new appointments with Albany Medical Center providers.

518-AMC-TEAM is a dedicated employee access line for Albany Medical Center employees and dependents to make new patient appointments with Albany Medical Center providers. Many, but not all, departments can be scheduled using this number. Established patients should continue scheduling appointments through the provider's office.

	PREMIER ACCESS PLAN			PREMIER ACCESS HDHP		
	Tier 1: Albany Med Health System Network	Tier 2: CDPHN	Tier 3: Out-of-Network	Tier 1: Albany Med Health System Network	Tier 2: CDPHN	Tier 3: Out-of-Network
Medical/Prescription Drug Deductible ¹	\$0 Individual \$0 Family	\$1,000 Individual \$2,000 Family	\$2,000 Individual \$4,000 Family	\$1,600 Individual \$3,200 FULL Family ³		\$4,500 Individual \$9,000 FULL Family ³
Coinsurance	N/A	20%	30%	N/A	20%	50%
Medical/Prescription Drug Out-of-Pocket Maximum ¹	\$1,000 Individual \$2,000 Family	\$4,000 Individual \$8,000 Family	\$8,000 Individual \$15,000 Family	\$4,000 Individual ² \$8,000 FULL Family ²		\$8,000 Individual ² \$15,000 FULL Family ²
Health Savings Account (HSA) funding by Albany Medical Center	None			\$500 Employee Only / \$750 Employee + Spouse / \$750 Employee + Child(ren) / \$1,000 Family		
Services						
Primary Care Visit	\$0 copay	\$25 copay	Ded., then 30%	Ded., then \$10 copay	Ded., then 20%	Ded., then 50%
Specialist Visit	\$0 copay	\$45 copay	Ded., then 30%	Ded., then \$20 copay	Ded., then 20%	Ded., then 50%
Urgent Care	\$0 copay	\$75 copay	Ded., then 30%	Ded., then \$20 copay	Ded., then 20%	Ded., then 50%
Emergency Room	\$200 copay			Ded., then \$200 copay		
Inpatient Admission	\$0 copay	Ded., then 20% ⁴	Ded., then 30%	Ded., then \$100 copay	Ded., then 20% ⁵	Ded., then 50%
Outpatient Surgery	\$0 copay	Ded., then 20%	Ded., then 30%	Ded., then \$50 copay	Ded., then 20%	Ded., then 50%

¹Deductible and OOP Max: Deductibles paid for in-network expenses count toward all in-network deductibles; all covered in-network expenses count toward all in-network out-of-pocket maximums. Out-of-network expenses have a separate deductible and count toward the out-of-network deductible and OOP maximum only.

²OOP Max limits subject to ACA and HDHP regulations.

³Subject to Qualified HDHP regulations regarding true family accumulations.

⁴After deductible, \$300 copay if admitted through ER to CDPHN facilities and \$600 copay for maternity admissions to CDPHN facilities.

⁵After deductible, \$100 copay if admitted through ER to CDPHN facilities.

Prescription Drug Benefits

The Albany Med Employee Medical Plan includes medical and prescription drug coverage. Medical benefits are administered by CDPHP, and beginning in 2024, prescription drug benefits will be administered by Express Scripts. Participants in the medical plan receive two ID cards, one from CPDHP (medical benefits) and one from Express Scripts (pharmacy benefits).

In the Premier Access Plan, prescription medication requires a copay, but is not subject to a deductible. In the Premier Access HDHP, a deductible applies to both Tier 1 and Tier 2 medical and prescription drug benefits; once the deductible has been met, copays apply. As detailed in the medical plan comparison chart, all covered in-network expenses, including prescriptions, will count toward the out-of-pocket (OOP) maximum. Prescriptions filled at out-of-network pharmacies are not covered.

The amount you pay for any prescription depends on the kind of drug you use (e.g. generic, preferred brand, non-preferred brand, specialty medication, or insulin) and where you fill the prescription. Prescriptions filled at an Albany Med Health System Network pharmacy (Albany Med Specialty/Outpatient Pharmacy, Glens Falls Hospital Pharmacy, and The Community Pharmacy at Saratoga Hospital) have lower copays than prescriptions filled at Tier 2 network pharmacies, and result in lower out-of-pocket costs.

Beginning in 2024, Premier Access Plan participants who enroll in the IPC Copay Assistance Program administered by PillarRx will have cost-sharing waived when prescriptions are filled at an Albany Med Health System Network (Tier 1) pharmacy; some specialty medications filled at Tier 2 pharmacies may be subject to a minimal out-of-pocket cost. In the Premier Access HDHP, Specialty medication is subject to a flat copay. For additional savings and convenience, participants in both plans can obtain a 3-month supply of most maintenance medications only at Albany Med Health System Network pharmacies.

2024 Prescription Plan

	Tier 1: Albany Med Health System Network Pharmacies	Tier 2: Express Scripts Network Pharmacies	Out-of-Network
<i>In the Premier Access HDHP only, all prescription drugs (except certain preventive medications) are subject to the combined medical/Rx deductible.</i>			
Generics			
30 Day Supply	\$10 copay	\$20 copay	Not Covered
31-60 Day Supply	\$20 copay	N/A	
61-90 Day Supply	\$25 copay		
Preferred Brands			
30 Day Supply	\$50 copay	\$100 copay	Not Covered
31-60 Day Supply	\$100 copay	N/A	
61-90 Day Supply	\$125 copay		
Non-Preferred Brands			
30 Day Supply	\$75 copay	\$150 copay	Not Covered
31-60 Day Supply	\$150 copay	N/A	
61-90 Day Supply	\$187.50 copay		
Insulin	\$20 copay	\$20 copay	Not Covered
Specialty medications (Premier Access Plan)	Cost-share waived ¹	Minimal cost-share may apply ¹	Not Covered
Specialty medications (Premier Access HDHP)	\$100 copay	\$200 copay	Not Covered

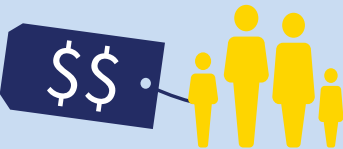


NOTE: Deductible applies to Premier Access HDHP only; certain preventive drugs bypass the deductible.

¹Must enroll with PillarRx, otherwise 30% coinsurance. Specialty medications filled at Tier 2 pharmacies may be subject to a minimal out-of-pocket cost.

How the Premier Access HDHP Pays for In-Network Care

The Premier Access HDHP provides comprehensive medical coverage and has the added feature of a Health Savings Account (HSA). An HSA lets you use tax-free money to pay for health care expenses. You have more control over how you spend your health care dollars, because you can choose whether to spend the money now or save it for future medical expenses. The HSA also encourages you to be a better health care consumer. Learn more about the HSA on page 18.

Albany Medical Center contributes to your HSA (\$500 *Employee Only*; \$750 *Employee + Spouse*; \$750 *Employee + Child(ren)*; \$1,000 *Family*) and so can you. If you enroll in the Premier Access HDHP but decide not to contribute money to your HSA, Albany Medical Center will still make a contribution on your behalf. Contributions will be made at the beginning of the year based on your coverage level, so funds are available immediately. If you exhaust your HSA funds, you will need to pay out-of-pocket, using after-tax dollars, for health care expenses that are not covered by the medical plan.

Plan Deductible	Shared Medical Expenses (Employee and Plan Pay)	100% Coverage (Plan Pays)
<p>Health Savings Account (HSA)</p> <p>The Premier Access HDHP comes with an Albany Medical Center HSA contribution to help you pay for qualified medical expenses.</p> <p>Employee Responsibility</p> <p>You pay out-of-pocket for expenses until you reach the annual deductible or use up your HSA funds.</p> 	<p>After you reach your annual deductible, you and Albany Medical Center share the cost of your medical expenses through copays and coinsurance.</p> 	<p>If you reach your annual out-of-pocket maximum, Albany Medical Center pays 100% of additional covered medical expenses.</p> 

Unused Health Savings Account dollars can be saved for future eligible expenses.



Preventive Care

Preventive care is covered at 100%.



2024 Medical Plan Employee Premiums

Employee premiums 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 - \$149,999	annual base salary of \$150,000 or more*

*IRS 2023 definition of a Highly Compensated Employee

Determining Your Assigned Salary Group

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.

$$\text{hourly rate} \times \text{regularly scheduled hours per pay period} \times 26 \text{ pay periods} = \text{annual base salary}$$

Monthly Medical Employee Premiums

New for 2024! 4-tier rates for the medical plan only		
	Premier Access Plan	Premier Access HDHP
Employee Only		
Salary Group 1: < \$47,500	\$93.50	\$72.50
Salary Group 2: \$47,500 - \$149,999	\$117.00	\$90.00
Salary Group 3: \$150,000+	\$151.50	\$115.50
Employee + Spouse		
Salary Group 1: < \$47,500	\$424.00	\$378.00
Salary Group 2: \$47,500 - \$149,999	\$521.00	\$453.00
Salary Group 3: \$150,000+	\$654.50	\$553.50
Employee + Child(ren)		
Salary Group 1: < \$47,500	\$319.00	\$273.00
Salary Group 2: \$47,500 - \$149,999	\$416.00	\$348.00
Salary Group 3: \$150,000+	\$549.50	\$448.50
Family		
Salary Group 1: < \$47,500	\$449.00	\$403.00
Salary Group 2: \$47,500 - \$149,999	\$551.00	\$483.00
Salary Group 3: \$150,000+	\$704.50	\$603.50

Monthly Surcharges

Tobacco Surcharge: You will be asked to certify your tobacco status when you first enroll, and annually during Open Enrollment. Although this must be answered by all employees, your response impacts medical plan rates only. Tobacco users will pay an additional \$85 per month for medical coverage. If the annual attestation is not completed, you will be charged the Tobacco Surcharge by default.

If you subsequently quit smoking, complete a smoking cessation course, or take smoking cessation prescription medication and have a note from your doctor, your tobacco status can be changed going forward.

Working Spouse Surcharge: This \$105 per month surcharge will be applied if you enroll your spouse/domestic partner in Albany Medical Center's medical plan and your spouse/domestic partner is eligible for other employer-sponsored medical insurance (regardless of cost).

Documentation is required each year if your spouse/domestic partner works, but is ineligible for medical insurance through their employer (a *Working Spouse/Domestic Partner Surcharge Affidavit* or a current letter from their employer on Company letterhead that confirms they are ineligible for medical insurance must be submitted to the Benefits Support Center when you first enroll and annually during Open Enrollment).

Dental Plan Comparison

Albany Medical Center offers two dental plan options through Delta Dental – the Basic Option and the Plus Option. Both options give you the flexibility to see any licensed dentist, but you’ll pay less out-of-pocket if you use a participating Delta Dental PPO dentist. You do not need an ID card. Just provide your dental office with your name, birth date, and the subscriber’s SSN, or print an ID card at deltadentalins.com.

Benefit & Covered Services	Basic Option			Plus Option		
	Delta Dental PPO Dentists*	Delta Dental Premier Dentists*	Non-Delta Dental dentists*	Delta Dental PPO Dentists*	Delta Dental Premier Dentists*	Non-Delta Dental dentists*
Annual Deductible	\$50 per person/\$100 per family (waived for diagnostic and preventive services)			\$50 per person/\$100 per family (waived for diagnostic and preventive services)		
Annual Maximum	\$1,250 per person			\$1,500 per person		
Diagnostic & Preventive Services (exams, cleanings, x-rays, sealants)	100%	100%	100%	100%	100%	100%
Space Maintainers	50%	50%	50%	100%	100%	100%
Basic Services (fillings and posterior composites)	50%	50%	50%	80%	80%	50%
Oral Surgery	50%	50%	50%	80%	80%	50%
Denture Repair & Inlays	50%	50%	50%	50%	50%	50%
Endodontics (root canals)	50%	50%	50%	50%	50%	50%
Periodontics (gum treatment)	50%	50%	50%	50%	50%	50%
Major Services (crowns, onlay and cast restorations)	0%	0%	0%	50%	50%	50%
Inlays	50%	50%	50%	50%	50%	50%
Prosthodontics (bridges & dentures)	0%	0%	0%	50%	50%	50%
Orthodontics (dependent children to age 19 only)	0%	0%	0%	50%	50%	50%
Orthodontics Lifetime Maximum	Not covered			\$1,000		

*Reimbursement is based on Delta Dental contract allowances and not necessarily each dentist’s actual fees. Reimbursement is based on PPO contracted fees for PPO dentists, PPO contracted fees for Premier dentists and PPO contracted fees for non-Delta Dental dentists.

2024 Employee Monthly Dental Premiums

Rates are shown as monthly amounts.

	Basic Option	Plus Option
Employees working 35+ hours/week		
Employee Only	\$11.60	\$24.34
Family	\$36.30	\$69.79
Employees working 20 – 34 hours/week		
Employee Only	\$16.22	\$28.96
Family	\$40.92	\$74.41

Dental premiums will not change in 2024!

Vision Plan

Albany Medical Center offers a vision plan through Guardian, which utilizes the Davis Vision Network. You are eligible for a routine vision exam (every 12 months), as well as eyeglass frames (every 24 months) and lenses (for glasses or contact lenses) every 12 months. Copays are required and benefit limits apply.

Network	Davis Vision	
Exams Copay	\$20	
Materials Copay (waived for elective contact lenses)	\$20	
Sample of Covered Services	You pay (after copay if applicable)	
	In-Network	Out-of-Network
Eye Exams	\$0	Amount over \$50
Lenses		
• Single vision	\$0	Amount over \$48
• Lined bifocal	\$0	Amount over \$67
• Lined trifocal	\$0	Amount over \$86
• Lenticular	\$0	Amount over \$126
Frames	80% of amount over \$150	Amount over \$48
Contact Lenses		
• Elective and conventional	80% of amount over \$150	Amount over \$105
• Planned replacement & disposable	85% of amount over \$150	Amount over \$105
• Medically necessary	85% of amount over \$150	Amount over \$210

The vision plan also provides discounted services from in-network providers for the following:

- Glasses (additional pair of frames and lenses) – Discount of 50% at Visionworks and 30% at other in-network providers
- Laser correction surgery Discount – Savings of 40-50% off national average price thru Davis laser vision network

2024 Employee Monthly Vision Premiums

Rates are shown as monthly amounts.

	Vision Plan
Employee Only	\$5.08
Family	\$13.60

Vision premiums will not change in 2024!



Health Care Flexible Spending Account vs. Health Savings Account

The medical plan you choose determines whether you are eligible for the Health Care Flexible Spending Account or the Health Savings Account.

	PREMIER ACCESS PLAN	PREMIER ACCESS HDHP
	Health Care FSA	Health Savings Account (HSA)
Contributions	<ul style="list-style-type: none"> You only 	<ul style="list-style-type: none"> Albany Medical Center contributes: <ul style="list-style-type: none"> - \$500 for <i>Employee Only</i> coverage - \$750 for <i>Employee + Spouse</i> coverage - \$750 for <i>Employee + Child(ren)</i> coverage - \$1,000 for <i>Family</i> coverage You may also contribute
Contribution Limits	<ul style="list-style-type: none"> \$3,050 	<ul style="list-style-type: none"> <i>Employee Only</i> Coverage: \$4,150* <i>Family</i> Coverage[†]: \$8,300* Employees age 55+: additional \$1,000
Rollover	<ul style="list-style-type: none"> “Use it or lose it”; any unused funds are forfeited at the end of the grace period 	<ul style="list-style-type: none"> Unused balances roll over from year to year
Tax Benefits	<ul style="list-style-type: none"> Contributions are tax-free Reimbursements for qualified expenses are tax-free 	<ul style="list-style-type: none"> Contributions are tax-free Earnings are tax-free Withdrawals/reimbursements for qualified expenses are tax-free
Availability of funds	Full access to elected contribution amount Jan. 1	Current balance in account at time of use
Portability	You cannot take your account with you when you leave, but by electing COBRA Continuation coverage you can continue to use any funds remaining in your FSA	The funds in your account are yours to keep and you can take them with you when you leave Albany Medical Center

*Contribution limits include both Employer and Employee contributions.

[†] Per IRS regulations, Family coverage includes all coverage options covering one or more dependent(s).

To participate in the Health Care FSA, you must be ELIGIBLE for the Albany Med Employee Medical Plan, although medical plan enrollment is not required.

More about Flexible Spending Accounts (FSAs)

Flexible Spending Accounts can help you save money by paying for eligible health care and dependent daycare expenses with pre-tax dollars. You choose the amount of pre-tax money you want to have deducted from your paycheck and it is deposited directly into your Flexible Spending Account. Albany Medical Center offers two types of Flexible Spending Accounts: Health Care and Dependent Care (Daycare).



Health Care Flexible Spending Account

A Health Care FSA allows you to set aside pre-tax dollars for reimbursement of eligible health care expenses for you and your dependents (per IRS rules and regulations, domestic partner expenses are eligible for reimbursement only if the domestic partner can be claimed as a taxable dependent of the employee).

Participation is voluntary. For 2024, eligible employees can contribute a **minimum of \$260 and a maximum of \$3,050** to a Health Care FSA. Deductions are taken in equal installments from all paychecks throughout the calendar year. You will have access to the full amount of your annual election as of your Health Care FSA effective date. You do not need to enroll in Albany Medical Center's medical plan to enroll in the Health Care FSA.

Eligible expenses include deductibles, copays, coinsurance, dental and vision expenses not covered by insurance, and many over-the-counter medications and products for both you and your eligible dependents, regardless of whether you are enrolled in Albany Medical Center's medical, dental and/or vision plan(s). When considering a Health Care FSA election for 2024, think about whether you and your family use Albany Med Health System Network (Tier 1) or CDPHN / Express Scripts (Tier 2) providers and pharmacies, as this will impact your total out-of-pocket expenses.

For a complete list of eligible health care expenses, go online to <https://healthequity.com/qme> or refer to IRS Publication 502 (www.irs.gov/pub/irs-pdf/p502.pdf). Additional information is also available at <https://learn.healthequity.com/cdphp/fsa>.



Dependent Care Flexible Spending Account

A Dependent Care FSA allows you to set aside pre-tax dollars for reimbursement of eligible dependent daycare expenses. You can use the Dependent Care FSA to pay for expenses related to the care of a child (under the age of 13), or a dependent of any age if incapable of self-care, so that you (and your spouse, if applicable) can work. For more information, go online to <https://learn.healthequity.com/cdphp/dcfsa> or refer to IRS Publication 503 (www.irs.gov/pub/irs-pdf/p503.pdf).

Participation is voluntary. Employees regularly scheduled to work 16 hours per week or more can contribute a **minimum of \$260 and a maximum of \$5,000** to a Dependent Care FSA (\$2,500 if married filing separately). The \$5,000 maximum is a family maximum. Deductions are taken in equal installments from all paychecks throughout the calendar year.

For the Dependent Care FSA only, if your participation ends mid-year due to a reduction in hours or termination of employment, claims for eligible dependent care expenses that were provided after your participation ended, but within the same calendar year, can be reimbursed from your account balance.

Please note: If you are in Salary Group 3, your contributions could be reduced or suspended mid-year if Albany Medical Center fails the required IRS annual non-discrimination testing.

More About the Health Savings Account

The Health Savings Account (HSA) is a key feature of the Premier Access HDHP. It is a personal savings account you can use to pay for current and future qualified medical expenses. Qualified medical expenses include prescription drugs, plan deductibles, copays/coinsurance, dental and vision expenses not covered by insurance, and certain over-the-counter medications and products.

If you enroll in the Premier Access HDHP, you can use the HSA to pay current expenses – and save for future expenses, including those in retirement.

If you are enrolling in the Premier Access HDHP for 2024, and you currently participate in the Health Care Flexible Spending Account (HCFSA), you must have a \$0 balance in the HCFSA as of Dec. 31, 2023. If you have a balance (no matter the amount) in your 2023 HCFSA on Dec. 31, 2023, you WILL NOT be eligible for the Premier Access HDHP and you will be enrolled in the Premier Access Plan instead.

1

Money goes in tax-free



- Automatic: Albany Medical Center provides a contribution based on your coverage level
 - \$500 Employee Only
 - \$750 for Employee + Spouse
 - \$750 for Employee + Child(ren)
 - \$1,000 Family
- Voluntary: You can also contribute pre-tax

2



TAX-FREE

Spend it

Money comes out tax-free when used to pay for qualified health care expenses

or

Save it

- Money stays in and grows tax-free
- You can choose to pay for care out-of-pocket and allow your HSA balance to grow

3



Yours to Keep

- It's never forfeited
- It's always yours
- Never taxed as long as it is used for qualified medical expenses
- Once you reach the minimum balance of \$2,000 funds can be invested

Health Savings Account Eligibility

Per IRS regulations, to be eligible for an HSA you must be enrolled in a High Deductible Health Plan (HDHP). In addition:

- You cannot have other health coverage that pays for out-of-pocket health care expenses before you meet your plan deductible (another high deductible plan is allowed).
- Neither you nor your spouse can be enrolled in a Health Care Flexible Spending Account (FSA) or Health Reimbursement Arrangement (HRA).
- If you are enrolled in Medicare or Medicaid, you are not eligible to contribute to the HSA.
- You cannot be enrolled in TRICARE or have received Veterans Administration (VA) health benefits in the previous three months.
- You cannot be claimed as a dependent on someone else's tax return.

For more information, contact Health Equity, Albany Medical Center's HSA Administrator, at 866-346-5800.





THINK ABOUT HOW MUCH COVERAGE YOU NEED

Deciding which medical plan to enroll in is an important decision. Here are some key factors to consider when choosing the right option for your needs. Knowing these answers can help with your decision making.

- Are you and your family members generally healthy?
- Do you and your family members seek medical care frequently?
- Do you currently use Albany Med Health System Network (Tier 1) providers and pharmacies? If not, would you consider making a change to reduce your out-of-pocket costs?
- Do you or a family member require maintenance medication (e.g., blood pressure, cholesterol medication)?
- Can you use generic drugs?
- Are you comfortable paying for your medical bills out-of-pocket during the year?
- Are you ready to take an active role in managing your care throughout the year by being a wise health care consumer, asking questions of your doctor, and understanding treatment options and costs?
- Could you benefit from contributing to a Health Care FSA or HSA to help pay for your eligible health care expenses with pre-tax dollars?

The cost of medical care is more than just what comes out of your pocket during a given year; it also includes the amount that comes out of your paycheck. Do the math to compare the premiums you will pay under each plan.

	Monthly Premium X 12	+	Out-of-Pocket Maximum	=	Most You Will Pay Under This Plan
Premier Access Plan					
Premier Access HDHP					

When choosing the option that's right for you, you should review your past two years' medical and prescription drug expenses, along with expected usage for the coming year.



Past Medical Care & Prescription Drug Usage <i>(refer to EOBs over the past two years)</i>	Expected Medical Care & Prescription Drug Usage <i>(think about care you know you need this coming year, if any)</i>

Understanding the premiums you will pay under each plan, as well as your expected usage in the coming year, will help you determine which plan may be the most cost-effective for you. Actual usage can vary from expected usage.

Helpful Hint: Visit cdphp.com to log in and review your prior claims history and Explanation of Benefits for help completing this worksheet.

Which Plan Fits Your Needs?

Are you considering making a change? As you review your medical plan options, consider how comfortable you are with risk, and whether you prefer predictability. Be sure to use the Cost Comparison Tool at AlbanyMed.HRintouch.com beginning Oct. 25, to help you make the best decision for you and your family.

	 <p>PREDICTABLE You may prefer:</p> <ul style="list-style-type: none"> • Higher premiums • Lower deductible 	 <p>PAY-AS-YOU-GO You may prefer:</p> <ul style="list-style-type: none"> • Lower premiums • Higher deductible
	PREMIER ACCESS PLAN	PREMIER ACCESS HDHP
Your premiums (employee contributions)	Higher	Lower
Your annual deductible	Lower	Higher
In-network preventive care covered in full	✓	✓
Coverage is provided for services...	In-network and out-of-network	In-network and out-of-network
Health Savings Account (HSA)	No	✓
Health Care Flexible Spending Account (FSA)	✓	No



Voluntary Benefits — an Added Layer of Protection

Are you looking for additional financial protection in the event you or one of your dependents has a serious illness or injury? The Voluntary Accident and Critical Illness Insurance plans are administered by Aetna. These plans provide a lump-sum payment in certain cases of illness or injury. You can use this lump-sum payment to help pay any out-of-pocket medical expenses, or any expense, even if not medically-related.

- **Accident Insurance:** Accidents happen. Accident insurance can help you be better prepared by providing you with a payment that you can use as you see fit if you experience a covered event.
- **Critical Illness:** Softens the financial impact of serious illnesses. Sometimes health and disability insurance aren't enough to protect you or a loved one when a critical illness (for example, heart attack, stroke, cancer) strikes. You can purchase critical illness coverage to help you pay mortgage and car payments, grocery bills, child care bills or any other costs you incur when you suffer a covered illness.

Open Enrollment is your annual opportunity to sign up for either one or both of these benefits.



Employee Examples

Let's look at three hypothetical Albany Medical Center employees, learn about their medical needs and see what their total costs are under each medical plan option. Can you identify with any of them? This may help you with your own decision process.

Assumptions: the costs for medical services used in the examples are for illustrative purposes only. Actual costs will differ by type of services received, physician and prescription drug fees, and locations. The profiles also assume that the employees remain covered as benefits-eligible employees for the entire plan year.



Meet Lynn

Lynn is 29 and unmarried with no children. She is generally healthy, and seeks preventive care. Lynn is assigned to Salary Group 1 and does not contribute to a Health Care Flexible Spending Account or a Health Savings Account. Lynn has Employee Only coverage.

If Lynn uses Albany Med Health System Network providers and has prescriptions filled at the Albany Med Specialty/Outpatient Pharmacy, her costs will be lower than if CDPHN in-network providers and Express Scripts network pharmacies are used.

¹ Fees based on allowable charges

² This number represents the total annual cost after using the full Albany Med Health Savings Account contribution

Lynn's Total Annual Costs for Health Care Usage for 2024 Services and Fees¹

Member	Service (received in order listed)	Fee ¹	Premier Access Plan		Premier Access HDHP	
			Tier 1: Albany Med Health System Network No deductible \$1,000/\$2,000 OOP Max	Tier 2: CDPHN / Express Scripts Network \$1,000/\$2,000 deductible \$4,000/\$8,000 OOP Max	Tier 1: Albany Med Health System Network \$1,600/\$3,200 deductible \$4,000/\$8,000 OOP Max	Tier 2: CDPHN / Express Scripts Network \$1,600/\$3,200 deductible \$4,000/\$8,000 OOP Max
Lynn	Preventive care	\$150	\$0	\$0	\$0	\$0
Lynn	Specialist visit	\$200	\$0	\$45 copay	\$200 (toward Lynn's deductible)	\$200 (toward Lynn's deductible)
Lynn	Primary care sick visit	\$150	\$0	\$25 copay	\$150 (toward Lynn's deductible)	\$150 (toward Lynn's deductible)
Lynn	Specialist visit	\$200	\$0	\$45 copay	\$200 (toward Lynn's deductible)	\$200 (toward Lynn's deductible)
Lynn	Generic antibiotic	\$15	\$10 copay	\$15 (actual cost of Rx)	\$15 (toward Lynn's deductible)	\$15 (toward Lynn's deductible)
Lynn's Total Premiums (Salary Group 1):			\$1,122 (\$93.50 x 12 months)		\$870 (\$72.50 x 12 months)	
Lynn's Total Out-of-Pocket Costs:			\$10	\$130	\$565	\$565
Albany Medical Center's HSA Contribution Used:			N/A	N/A	-\$500	-\$500
Lynn's Total Annual Cost:			\$1,132	\$1,252	\$935 ²	\$935 ²



Meet Steve

Steve is 51 and has Type II Diabetes. Liz, his teenage daughter, has significant heart issues. Steve is assigned to Salary Group 1. Steve does not contribute to a Health Care Flexible Spending Account or a Health Savings Account. Steve has *Employee + Child(ren)* coverage.

If Steve uses Albany Med Health System Network providers and has prescriptions filled at the Albany Med Specialty/Outpatient Pharmacy, his costs will be lower than if CDPHN in-network providers and Express Scripts network pharmacies are used.

¹ Fees based on allowable charges
² Liz met her Individual Out-of-pocket Maximum for the 2024 plan year
³ The full Family Out-of-Pocket Maximum was met for the 2024 plan year
⁴ This number represents the total annual cost after using the full Albany Med Health Savings Account Contribution

Steve's Total Annual Costs for Health Care Usage for 2024 Services and Fees¹

Member	Service (received in order listed)	Fee ¹	Premier Access Plan		Premier Access HDHP	
			Tier 1: Albany Med Health System Network No deductible \$1,000/\$2,000 OOP Max	Tier 2: CDPHN / Express Scripts Network \$1,000/\$2,000 deductible \$4,000/\$8,000 OOP Max	Tier 1: Albany Med Health System Network \$1,600/\$3,200 deductible \$4,000/\$8,000 OOP Max	Tier 2: CDPHN / Express Scripts Network \$1,600/\$3,200 deductible \$4,000/\$8,000 OOP Max
Steve	Preventive care exam	\$150	\$0	\$0	\$0	\$0
Steve	Preventive colonoscopy	\$2,500	\$0	\$0	\$0	\$0
Liz	Well child exam	\$150	\$0	\$0	\$0	\$0
Steve	2 primary care sick visits (\$150 each)	\$300	\$0	\$50 (\$25 copay per office visit)	\$300 (toward Full Family deductible)	\$300 (toward Full Family deductible)
Steve	2 podiatrist visits (\$200 each)	\$400	\$0	\$90 (\$45 copay per office visit)	\$400 (toward Full Family deductible)	\$400 (toward Full Family deductible)
Steve	3 endocrinologist visits (\$200 each)	\$600	\$0	\$135 (\$45 copay per office visit)	\$600 (toward Full Family deductible)	\$600 (toward Full Family deductible)
Steve	2 months of generic Augmentin (\$23 per 1-month supply)	\$46	\$20 (\$10 copay per 1-month supply)	\$40 (\$20 copay per 1-month supply)	\$46 (toward Full Family deductible)	\$46 (toward Full Family deductible)
Steve	12 months of generic Metformin (\$32 per 1-month supply)	\$384	\$100 (\$25 copay per 90-day supply)	\$240 (\$20 copay per 1-month supply)	\$100 (\$25 copay per 90-day supply; preventive HD Rx not subject to ded.)	\$240 (\$20 copay per 1-month supply; preventive HD Rx not subject to deductible)
Liz	Heart surgery (includes hospital admission)	\$130,000	\$0	\$4,000 (\$1,000 to meet Liz's deductible + \$3,000 coinsurance to meet Liz's OOP Max)	\$6,554 (\$1,854 to meet Steve's Family ded. + \$4,700 coinsurance to meet OOP Max)	\$6,414 (\$1,854 to meet Full Family deductible + \$4,560 coinsurance to meet OOP Max)
Liz	3 cardiologist visits (\$300 each)	\$900	\$0	\$0 (covered in full, Liz's OOP Max has been met)	\$0 (covered in full, Full Family OOP Max has been met)	\$0 (covered in full, Full Family OOP Max has been met)
Liz	12 months of Preferred brand Heart medication (\$120 per 1-month supply)	\$1,440	\$500 copay (\$125 copay per 90-day supply)	\$0 (covered in full, Liz's OOP Max has been met)	\$0 (covered in full, Full Family OOP Max has been met)	\$0 (covered in full, Full Family OOP Max has been met)
Steve's Total Premiums (Salary Group 1):			\$3,828 (\$319 x 12 months)		\$3,276 (\$273 x 12 months)	
Steve's Total Out-of-Pocket Costs:			\$620	\$4,555	\$8,000	\$8,000
Albany Medical Center's HSA Contribution Used:			N/A	N/A	-\$750	-\$750
Steve's Total Annual Cost:			\$4,448	\$8,383 ²	\$10,526 ^{3,4}	\$10,526 ^{3,4}



Meet Ann

Ann has a husband, two sons and a baby girl on the way. Ann is assigned to Salary Group 2 and does not contribute to a Health Care Flexible Spending Account or a Health Savings Account. Ann has *Family* coverage.

If Ann uses Albany Med Health System Network providers and has prescriptions filled at the Albany Med Specialty/Outpatient Pharmacy, her costs will be lower than if CDPHN in-network providers and Express Scripts network pharmacies are used.

¹ Fees based on allowable charges

² This number represents the total annual cost after using the full Albany Med Health Savings Account contribution

Ann's Total Annual Costs for Health Care Usage for 2024 Services and Fees¹

Member	Service (received in order listed)	Fee ¹	Premier Access Plan		Premier Access HDHP	
			Tier 1: Albany Med Health System Network No deductible \$1,000/\$2,000 OOP Max	Tier 2: CDPHN / Express Scripts Network \$1,000/\$2,000 deductible \$4,000/\$8,000 OOP Max	Tier 1: Albany Med Health System Network \$1,600/\$3,200 deductible \$4,000/\$8,000 OOP Max	Tier 2: CDPHN / Express Scripts Network \$1,600/\$3,200 deductible \$4,000/\$8,000 OOP Max
Boy 1	4 child sick visits (2 per child, \$100 each)	\$400	\$0	\$100 (\$25 copay per office visit)	\$400 (toward Full Family deductible)	\$400 (toward Full Family deductible)
Boy 2	Preventive/routine Well-woman exam	\$150	\$0	\$0	\$0	\$0
Ann	Preventive/routine adult exam	\$150	\$0	\$0	\$0	\$0
Ann	5 generic antibiotics (\$20 each)	\$100	\$50 (\$10 copay per generic Rx)	\$100 (\$20 copay per generic Rx)	\$100 (toward Full Family deductible)	\$100 (toward Full Family deductible)
Boy 1	Urgent Care	\$200	\$0 (EmUrgentCare)	\$75 copay	\$200 (toward Full Family deductible)	\$200 (toward Full family deductible)
Boy 1	2 well child exams (1 per child, \$150 each)	\$300	\$0	\$0	\$0	\$0
Boy 2	ER visit (x-ray & cast)	\$1,500	\$200 copay	\$200 copay	\$1,500 (toward Full Family deductible)	\$1,500 (toward Full Family deductible)
Boy 2	2 orthopedic visits (\$200 each)	\$400	\$0	\$90 (\$45 copay per office visit)	\$400 (toward Full Family deductible)	\$400 (toward Full Family deductible)
Ann	10 pre-natal visits	\$1,250	\$0	\$0	\$0	\$0
Ann	Labor and delivery (includes hospital admission)	\$4,000	\$0	\$1,600 (\$1,000 to meet Ann's deductible + \$600 maternity copay)	\$700 (\$600 to meet Full Family deductible + \$100 copay)	\$1,280 (\$600 to meet Full Family deductible + \$680 coinsurance)
Ann's Total Premiums (Salary Group 2):			\$6,612 (\$551 x 12 months)		\$5,796 (\$483 x 12 months)	
Ann's Total Out-of-Pocket Costs:			\$250	\$2,165	\$3,300	\$3,880
Albany Medical Center's HSA Contribution Used:			N/A	N/A	-\$1,000	-\$1,000
Ann's Total Annual Cost:			\$6,862	\$8,777	\$8,096²	\$8,676²



MAKE YOUR DECISION



READ

- BenefitBeats
- 2024 Benefits Decision Guide



REVIEW

- Health care expenses (medical, dental, vision from the past few years)
- Whether you hit the deductible or out-of-pocket maximums



ESTIMATE

- Your 2024 health care needs
- Use the Cost Comparison tool



CONSIDER

- Consider using Albany Med Health System Network (Tier 1) providers and facilities instead of CDPHN (Tier 2)
- Considering filling prescriptions at an Albany Med Health System Network pharmacy, instead of an Express Scripts network pharmacy



ENROLL

AlbanyMed.HRintouch.com

Picking a Medical Plan for 2024

You have an important choice to make. So how do you do it?

Both medical plans cover the same medical services and use the same provider network. The primary difference between the plans involves cost – both in premiums and out-of-pocket costs for non-preventive services, including differences in deductibles, copays and coinsurance.

As you consider the two medical plan options, here are some questions to ask yourself:

- 1** Which dependents will you cover under the medical plan in 2024?
- 2** Did you meet your deductible or out-of-pocket maximum in 2023?
- 3** How much care do you expect to need in 2024? Any planned procedures coming up?
- 4** How do you want to handle costs — pay more from your paycheck or more when you receive care?
- 5** How do you feel about incurring unexpected costs?



How to Enroll

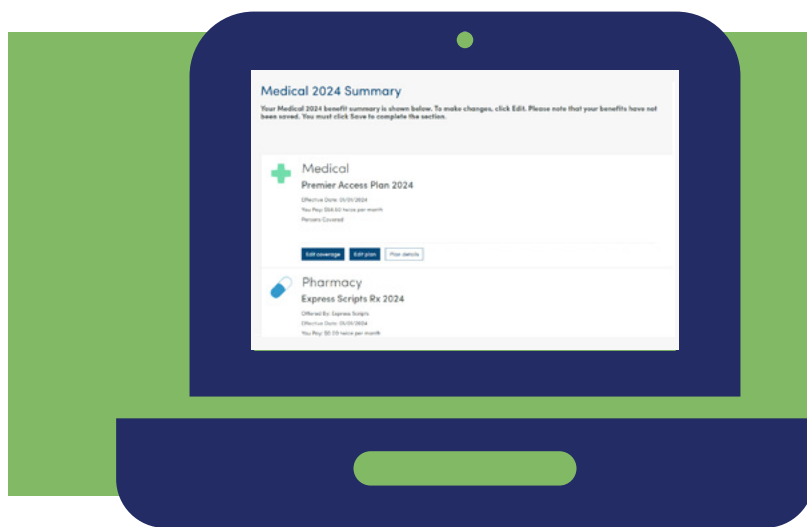
Your current medical, dental and vision elections will carry over to 2024. If you are enrolled in the medical plan, your prescription drug coverage will automatically transition to Express Scripts in 2024. Contributions to a Health Savings Account (HSA), Health Care and/or Dependent Care Flexible Spending Account (FSA) must be elected annually. Current FSA/HSA elections will not carry over to 2024.

Other benefits on the Benefits Portal, including Voluntary Life and AD&D, Disability, Accident, Critical Illness, and Pet Insurance, will carry over to 2024.

All employees are encouraged to review all of their benefit elections each year on the Benefits Portal. During open enrollment, you must answer a few

simple questions to determine if you are subject to any surcharges or discount. If you cover a spouse/ domestic partner on the medical plan and don't answer these questions, you will be charged the Working Spouse Surcharge in 2024. Your tobacco status must also be certified annually, or you will be charged the Tobacco Surcharge by default.

If you wish to contribute to an HSA, Health Care FSA or Dependent Care FSA for 2024, you must make an election on AlbanyMed.HRintouch.com during the Open Enrollment period (Wednesday, Oct. 25 – Friday, Nov. 10). Any other changes to your current benefit elections must also be made at this time.

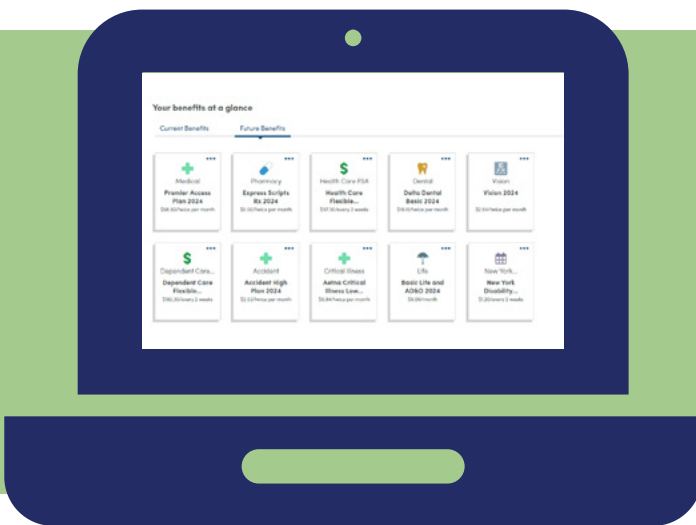


If you are unable to access your account on the benefits portal (AlbanyMed.HRintouch.com), you can use the online reset option, or contact the Benefits Support Center at 844-267-2356 for assistance Monday through Friday, 8 am – 8 pm.



Get Started

- Visit AlbanyMed.HRintouch.com
 - Click **Enroll Now** at the top of the page
 - To add **new** dependents to your coverage:
 - Select “Add Dependent”
 - Enter the dependent’s information, including date of birth (DOB) and Social Security number (SSN)
 - Upload supporting documentation (e.g., marriage certificate, Certification of Domestic Partnership, birth certificate) to AlbanyMed.HRintouch.com for any new dependent you add by Nov. 10, 2023.
- You can also use the Benefitplace app to submit required documentation. Contact the Benefits Support Center with any questions.
- Click **Save** or **Save & Add Another**
 - Click **Next** to begin enrolling in benefits
- Click **Get Started** to review your medical, dental, vision, FSA, life insurance, disability and/or voluntary benefits
 - For each benefit, select the desired plan and choose the dependent(s) you want to cover for that benefit (if your dependent’s information is already in the system, review it for accuracy; SSNs and DOBs are required for all enrolled dependents), and click **Save**
 - The “Cost Summary” will show your total deductions for the coverage you have selected
 - **View and print** your “Employee Detail Report” that shows your 2024 elections



Use the Benefitplace app to view your current benefit elections (including life insurance beneficiaries); upload and manage your documents; enter Qualifying Life Events (QLEs); and complete Open Enrollment elections. The app makes it easy to upload supporting documentation, including dependent verification and Working Spouse documents.

You must create an account using the Benefits Portal (AlbanyMed.hrntouch.com) before you can access the app. Download the Benefitplace app from the Apple Store or Google Play.

Company ID: `albanymed`



Personal Interpreter Service

Need Help in a Language Other than English?

If your primary language is not English, the Benefits Support Center (BSC) at Benefitfocus can help. When you call the BSC at 844-267-2356 during regular business hours (Monday – Friday, 8 am - 8 pm), they will connect you with the Language Line Personal Interpreter Service. The BSC representative will stay on the phone for the duration of the call while the interpreter assists you. Translation services for more than 200 languages are available at no additional cost to you.

Health Care Terms You Should Know

Albany Med Health System Network Pharmacies

The Albany Med Specialty/Outpatient Pharmacy, Glens Falls Hospital Pharmacy, and The Community Pharmacy at Saratoga Hospital are Albany Med Health System Network Pharmacies. Copays are lower at these pharmacies than at Express Scripts network pharmacies. A 90-day supply of most medications is available only at these pharmacies.

Annual Deductible

The annual amount you pay out-of-pocket for covered services each calendar year before Albany Medical Center shares in the cost. In the Premier Access Plan, there is no deductible for Albany Med Health System Network (Tier 1) providers and facilities; a deductible applies to some services provided by CDPHN (Tier 2) providers and to almost all out-of-network services. In the Premier Access HDHP, a deductible applies to all services (excluding preventive services).

Coinsurance

Refers to the percentage of the allowable charge you pay for covered health care services, after you have met your deductible. For example, you could pay 20% toward the cost of a covered service and Albany Medical Center would pay the remaining 80%. There are different coinsurance splits (i.e., 80%/20%, 70%/30% and 50%/50%) for in-network and out-of-network care.

Copayment (or Copay)

After meeting the deductible (if applicable), a copayment is the fixed dollar amount you will pay out of your own pocket at the time you receive certain medical and/or vision services, or prescriptions.

Explanation of Benefits (EOB)

A statement, usually from a claims administrator, to a plan member who files a claim. The statement details submitted charges, allowed amounts, paid amounts, and owed amounts, if applicable.

Express Scripts Network Pharmacies

Pharmacies that participate in the Express Scripts pharmacy network. Out-of-network pharmacies are not covered. Lower copays are available at Albany Med Health System Network pharmacies. You can

identify network pharmacies at www.Express-Scripts.com/AlbanyMedHealthSystem.

Extended Network: MagnaCare/First Health

CDPHN's extended network expands access to in-network providers outside of CDPHN's service area, including coverage nationally. Through its arrangement with MagnaCare/First Health, CDPHN is able to provide additional access to providers and facilities at a negotiated discounted rate. This solution helps those families living or traveling outside of CDPHN's service area. For example, when traveling in Florida on vacation and a healthcare need arises, your care will be considered in-network if you see a First Health provider.

Flexible Spending Accounts (FSAs)

Special accounts you contribute to through payroll deduction that you use to pay for certain out-of-pocket health care or dependent daycare costs. You do not pay taxes on this money, which means you will save an amount equal to the taxes you would have paid on the money you set aside. Flexible Spending Accounts are "Use It or Lose It."

Formulary

A list of drugs covered under the pharmacy benefit, including Generics; Preferred Brands; Non-Preferred Brands; Insulin; and Specialty Medications. Cost-sharing is based on drug tier and where the prescription is filled.

HDHP (High Deductible Health Plan)

A high deductible health plan (HDHP) refers to a health insurance plan with a larger annual deductible than a typical health plan, but with lower monthly premiums. Plans fully cover routine in-network preventive care, which means that individuals aren't responsible for copays or coinsurance for preventive services. The minimum annual deductible, as specified by the IRS, varies from year to year.

Health Savings Account (HSA)

An account used to pay for future qualified health care expenses on a tax-free basis. Contributions, earnings and distributions are exempt from federal income

and Social Security (FICA) taxes when used to pay for qualified health care expenses. To participate in Albany Medical Center's HSA, you must enroll in the Premier Access HDHP. Albany Medical Center's contribution is based on your coverage level at the time of your initial enrollment or on January 1 each year.

In-Network Care

Received from providers and facilities that have agreed to charge participants a pre-negotiated — and often discounted — rate for services and treatment. When you go to a network provider, you receive a higher, in-network level of benefits, which means your out-of-pocket costs are lower. In the medical plan, Albany Med Health System Network (Tier 1) and CDPHN (Tier 2) are in-network providers.

Out-of-Network Care

Your care is considered out-of-network if you visit a provider who is not an Albany Med Health System Network (Tier 1) or CDPHN (Tier 2) provider, and does not participate in the MagnaCare/First Health extended network (in areas outside CDPHN's service area). You typically pay more for out-of-network care and may be subject to balance billing. In the medical plan, Out-of-Network Care is Tier 3. Pharmacies that do not participate in the the Albany Med Health System Network are considered out-of-network; there are no out-of-network pharmacy benefits.

Out-of-Pocket Maximum

The most you pay in a calendar year for covered services. Your deductible, copays and coinsurance count toward your out-of-pocket maximum. Once you meet the maximum, the plan will pay 100% of covered services for the rest of the year. There are separate out-of-pocket maximums for Albany Med Health System Network (Tier 1), CDPHN/Express Scripts (Tier 2) and out-of-network care. In-network out-of-pocket expenses will cross-accumulate for Albany Med Health System Network (Tier 1) and CDPHN/Express Scripts (Tier 2) providers.

Preventive Care

Routine physical exams and health screening services (like Pap tests, prostate screenings and other age-appropriate health screenings) are covered at 100% in-network when coded by your in-network doctor as preventive care. If the same tests are done to diagnose

an illness or treat a known condition, they are not considered preventive and any deductible and copay/coinsurance apply.

Tier 1 (Albany Med Health System Network)

Consists of Albany Medical Center, Columbia Memorial Health, Glens Falls Hospital, Saratoga Hospital, and the Visiting Nurses providers, facilities and pharmacies, as well as some additional practices and facilities that are considered Tier 1. When you go to a Tier 1 (Albany Med Health System Network) provider, you receive the highest in-network level of benefits, which means your out-of-pocket costs may be lower than what you would otherwise expect to pay a CDPHN / Express Scripts (Tier 2) or out-of-network provider or facility. Tier 1 providers can be identified by using CDPHN's Find-a-Doc feature at CDPHN.com; enter "Albany Med Health System for Albany Med employees" for Plan type.

Tier 2 (CDPHN)

Consists of CDPHN providers and facilities that are not considered Tier 1. When you go to a Tier 2 (CDPHN) provider, you receive an in-network level of benefits, which means your out-of-pocket costs are lower than if you used an out-of-network provider. However, you receive a higher level of benefits when you use Albany Med Health System Network (Tier 1) providers and facilities. CDPHN providers can be identified by using CDPHN's Find-a-Doc feature at CDPHN.com; enter "POS National" for Plan type (includes Tier 1 and 2 providers).



Plan Eligibility and Coverage Effective Dates

Plan Name	Eligibility Requirement	Coverage Effective Date
Medical/Pharmacy	Must meet average 30 hours/week ACA requirement	1st of month coincident with or following date of hire* (*Residents/Fellows eligible as of hire date)
Dental	Full premium: Regularly scheduled at least 20 hours/week	1st of month coincident with or following date of hire* (*Residents/Fellows eligible as of hire date)
	Reduced premium: Regularly scheduled at least 35 hours/week	
Vision	Regularly scheduled at least 20 hours/week	1st of month coincident with or following date of hire* (*Residents/Fellows eligible as of hire date)
Health Savings Account (HSA)	Must be enrolled in Premier Access HDHP	1st of month coincident with or following date of hire
Health Care Flexible Spending Account	Must be eligible for medical plan; cannot be enrolled in Premier Access HDHP	1st of month coincident with or following date of hire
Dependent Care Flexible Spending Account	Regularly scheduled at least 16 hours/week	1st of month coincident with or following date of hire
Accident Insurance & Critical Illness Insurance	Regularly scheduled at least 20 hours/week	1st of month coincident with or following 45 days of employment
Basic Life and AD&D	Regularly scheduled at least 35 hours/week	After 90 days of employment; <i>automatic enrollment</i>
Voluntary Life and AD&D	Regularly scheduled at least 16 hours/week	After 30 days of employment
Whole Life (Farmington)	Regularly scheduled at least 16 hours/week	After 90 days of employment; varies by application date
New York Paid Family Leave (NY PFL)	All employees except Faculty/VPs and above	Participation begins at hire date; benefit eligibility subject to work requirement. <i>Automatic enrollment</i> ; certain part-time and temporary employees can opt out.
New York State Disability Benefits (NY DBL)	All employees except Faculty/VPs and above	Participation begins at hire date; 4-week work requirement; <i>automatic enrollment</i>
Albany Med Short-term Disability (STD)	Regularly scheduled at least 16 hours/week (excludes Faculty/VPs and above)	After 12 months of employment* (*House Staff eligible as of hire date); <i>automatic enrollment</i>
Supplemental Disability (Farmington)	Regularly scheduled at least 16 hours/week	After 90 days of employment, varies by application date
Long-term Disability (LTD)	Salary and Salaried non-exempt employees only; Regularly scheduled at least 35 hours/week	After 3 months of employment; <i>automatic enrollment</i>
LTD Buy-Up	Salary and Salaried non-exempt employees only; Regularly scheduled at least 35 hours/week	After 3 months of employment
Pet Insurance	Regularly scheduled at least 20 hours/week	1st of month, or 1st of 2nd month, following application (varies by date); employees can enroll/unenroll at any time
403(b)	All employees except Albany Medical College students	After 30 days of employment; <i>automatic enrollment</i>
Albany Medical Center Retirement Plan	All employees except per diem employees and pre-docs	Participants must be age 21 or older
		One-year waiting period for participants under age 30
		1,000 hour requirement to enter plan
		<i>Automatic enrollment</i>

Helpful Resources

Provider	Phone	Website
Albany Medical Center Benefits (HR)	(518) 262-8414	On intranet, Workforce tab > Albany Med Work/Life > Benefits
Benefits Support Center (Benefitfocus)	(844) 267-2356	AlbanyMed.HRintouch.com
Aetna (Accident, Critical Illness)	(800) 607-3366	myaetnasupplemental.com
CDPHP	(877) 724-2579	CDPHP.com
Delta Dental	(800) 932-0783	deltadentalins.com
Farmington	(800) 621-0067	farmingtonco.com
Fidelity Investments (403(b))	(800) 343-0860	netbenefits.com/AMC
Guardian (Vision)	(888) 600-1600	GuardianAnytime.com
HealthEquity (FSAs, HSA)	(866) 346-5800	My.HealthEquity.com
Pet Insurance (Nationwide)	(800) 540-2016	AlbanyMed.HRintouch.com
Social Security	(800) 772-1213	ssa.gov
Sun Life (Disability)	(866) 806-3619	sunlife.com/us/en
Sun Life (Life Insurance)	(800) 247-6875	sunlife.com/us/en
Wellbeing		On intranet, Workforce tab > Albany Med Work/Life > Wellbeing



Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2023. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html Phone: 1-877-357-3268

GEORGIA – Medicaid	INDIANA – Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: (678) 564-1162, Press 2	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-766-9012
KENTUCKY – Medicaid	LOUISIANA – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	Website: www.medicicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: (617) 886-8102
MINNESOTA – Medicaid	MISSOURI – Medicaid
Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA – Medicaid	NEBRASKA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178

NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
Medicaid Website: http://dhcftp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218
NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
VERMONT– Medicaid	VIRGINIA – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2023, or for more information on special enrollment rights, contact either:

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

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

Paperwork Reduction Act Statement

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

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

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

September 2023

Women’s Health and Cancer Rights Act Notice

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women’s Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prosthesis; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

Please refer to the Benefits Decision Guide, benefit overviews, or Albany Med Employee Medical Plan Summary Plan Description (SPD) for more information, or contact CDPHP directly at (877) 724-2579.

Important Notice from Albany Med Health System About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Albany Med Health System and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Albany Med Health System has determined that the prescription drug coverage offered by the Albany Med Employee Medical Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Albany Med Health System coverage will not be affected. If you decide to enroll in Medicare Part D, you may remain on our plan too. Your current coverage pays for other health expenses, in addition to prescription drugs, and you will still be eligible to receive all of your current health prescription drug benefits if you choose to enroll in Medicare prescription drug plan. Benefits from the Albany Med Employee Medical Plan will be coordinated with benefits from Medicare Part D.

If you do decide to join a Medicare drug plan and drop your current Albany Med Health System coverage, be aware that you and your dependents may not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Albany Med Health System and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact Albany Med Health System's Human Resources Department for further information at 518-262-8414. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Albany Med Health System changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	08/29/2023
Name of Entity/Sender:	Albany Med Health System
Contact – Position/Office:	Human Resources, Attn: Benefits
Address:	43 New Scotland Avenue, Mail Code 56, Albany, NY 12208-3479
Phone:	518-262-8414
Fax:	518-262-2135





ALBANY MED Health System

ALBANY MEDICAL CENTER

Human Resources
Mail Code-56
47 New Scotland Avenue
Albany, New York 12208-3478

IMPORTANT!

Your 2024 Benefits Decision Guide Has Arrived

