2026 Benefits Decision Guide

Get Ready To Enroll

ALBANY MED Health System

GLENS FALLS HOSPITAL


Glens Falls Hospital

WELCOME TO YOUR

2026 Glens Falls Hospital Benefits Guide

Your dedication and compassion have made Glens Falls Hospital the provider of choice for the communities we serve. In turn, we remain committed to providing you with flexible, comprehensive benefits that empower you and your family to be healthy, happy, and successful.

Because when you thrive, we all thrive.

We evaluate and update our programs each year to make sure you have the support you need. Please take time to review this guide and learn about the benefits available to you for 2026 so you can make informed, confident decisions.

As you select your coverage, remember that Glens Falls is part of the Albany Medical Health System. There are significant advantages to seeking care with any of our affiliates in the "Domestic Network." See page 4 for more details.

Thank you for your continued commitment to Glens Falls Hospital and the people we serve.

If you have questions, please contact Alicia Angus at ext. 1802 or Nancy Mills at ext. 1830.

What's Inside:

Enrolling or Updating Your Benefits

New employees have 30 days from their Date of Hire to enroll in benefits at Glens Falls Hospital and are eligible for benefits on the first of the month following their Date of Hire. For current employees, Open Enrollment is your annual opportunity to make changes to your benefit plans and coverage (unless you experience a Qualified 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 Qualified 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.)

Please note that any **benefit updates must be made within 30 days of your life event**.

How to Enroll

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

Open Enrollment Reminder

You must actively enroll to participate in the Medical Flexible Spending Account (FSA) and Dependent Care Assistance Program (DCAP), and elect a new contribution amount in the Health Savings Account (HSA) if you want to contribute in 2026.

Eligibility

The chart below is an overview of benefits eligibility.

Employee Status	Benefits Available to Enroll In									When You Can Enroll In or Update Benefits
	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 *Rates are higher for part-time employees*	●	●	●	●	●	●	●	●	●	**Newly Eligible:** 1st of the month following Date of Hire **Annual Open Enrollment**
Affordable Care Act (ACA) *Limited Benefits* 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** (updates must be made within 30 days)
Domestic partner* • 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) *Proof required*	●	●	●	●	●	●	●			

** If you want to enroll a domestic partner, you must contact Human Resources prior to enrollment, as there is a certification process. 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.*

Medical Plans

You have two choices for medical coverage:

- The Premier Access Plan
- The Premier Access High Deductible Health Plan (HDHP)

Both plans have three levels of coverage:

1. Albany Med Health System (AMHS) Domestic Network - Enhanced Value
2. Highmark/Express Scripts Network - Standard Value
3. Out-of-Network

Your out-of-pocket costs are the lowest when you receive care within the AMHS Domestic Network, which includes providers from Glens Falls Hospital, Albany Medical Center, Saratoga Hospital, Columbia Memorial Hospital, Visiting Nurses Associates of Albany, and other selected facilities.

Preventive care is always covered at 100% in both plans, with no deductible or copayments when care is received from a provider in the AMHS Domestic Network or Highmark/Express Scripts Network.

Both plans also feature protection for worst-case scenario years. Your out-of-pocket costs are limited to a single calendar year maximum — once you reach this maximum, no additional services are billed to you.

Cost-Saving Providers

It is important to utilize AMHS Domestic Network or Highmark/Express Scripts Network providers. With these providers, you will never receive a balance-billing charge.

Check to see if your provider is in Highmark's network

Here's an easy checklist to confirm your provider is in-network.

Contact Highmark Customer Service at 888-624-2287

OR:

1. Go to www.myhighmark.com and select Find Doctors and Rx
2. Look for the Highmark Blue Shield (Northeastern New York) Section and select Find Care
3. Select Find A Doctor
4. Choose a Location and Plan
5. Enter Alpha Prefix option: GNK
6. Select Continue

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.

New Hearing Aid Coverage

Starting in 2026, medical plans will include up to $2,000 annually for hearing aids (available every 36 months), with no age restrictions.

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 2026 is $4,400 if you have Employee medical coverage or $8,750 if you cover any dependents. If you are at least 55 years old—or will turn 55 any time in the calendar year—you can make an additional $1,000 contribution to an HSA. The maximum amount that can be deposited into your HSA includes any amount you contribute, as well as the Glens Falls contribution.

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). This is in addition to the Glens Falls Health Savings Account (HSA) contribution. The HRA will automatically start paying for eligible copays and coinsurance once you've met the Plan's deductible. Once the HRA is depleted, you will be responsible for copays and coinsurance up to the Plan's out-of-pocket maximum.

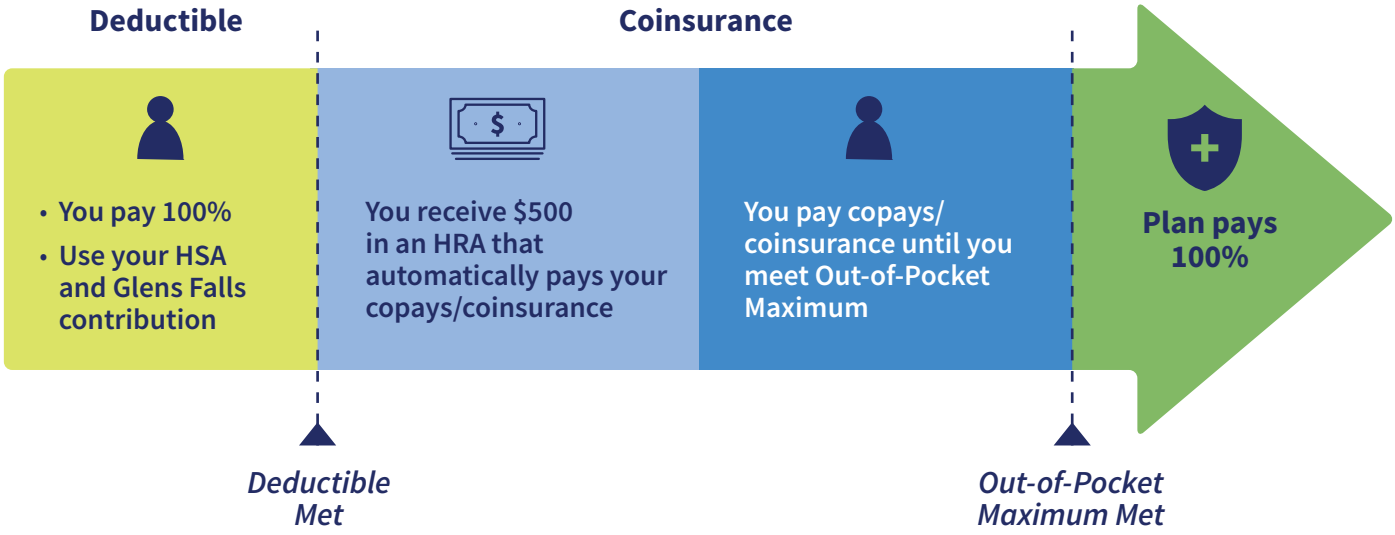
** Making pre-tax contributions means your contribution is taken from your paycheck before taxes are calculated. Therefore, you will pay less in taxes to save money for expenses you would pay anyway.*

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 if you meet your deductible**.

Medical Plan Comparison

	Premier Access Plan			Premier Access HDHP		
	AMHS Domestic Network	Highmark/ Express Scripts Network	Out-of-Network	AMHS Domestic Network	Highmark/ Express Scripts Network	Out-of-Network
Deductible[1] Individual/Family	$0 / $0	$1,000 / $2,000	$2,000 / $4,000	$1,700 / $3,400		$4,500 / $9,000
Out-of-Pocket Maximum[1] Individual/Family	$1,000 / $2,000	$4,000 / $8,000	$8,000 / $15,000	$4,000 / $8,000		$8,000 / $15,000
PCP[2]	$0	$30 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
Specialist[2]	$0	$60 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	$60 copayment	30% after deductible	$20 after deductible	20% after deductible	50% after deductible
Durable Medical Equipment[3]	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	$30 copayment	30% after deductible	Covered in full after deductible	Covered in full after deductible	50% after deductible

1 ***Premier Access Plan:*** *Expenses in the AMHS Domestic Network and Highmark/Express Scripts Network have SEPARATE deductibles and out-of-pocket maximums.*

Premier Access HDHP: *Expenses in the AMHS Domestic Network and Highmark/Express Scripts Network SHARE deductibles and out-of-pocket maximums.*

Both plans: *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 Highmark/Express Scripts.

Medical Plan Comparison (cont.)

	Premier Access Plan			Premier Access HDHP		
	AMHS Domestic Network	Highmark/ Express Scripts Network	Out-of-Network	AMHS Domestic Network	Highmark/ 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 copayment	Not covered	Not covered	$100 copayment after deductible	Not covered	Not covered
90-Day Supply						
Generic	$25 copayment	$50 copayment	Not covered	$25 copayment after deductible	$50 copayment after deductible	Not covered
Preferred Brand	$125 copayment	$250 copayment	Not covered	$125 copayment after deductible	$250 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).*

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 Highmark. 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 Highmark/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 Highmark/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.

Prescription Weight Loss Drug Coverage – EncircleRx Program

Certain criteria are required for employees to be eligible for weight loss medications. This includes meeting specific BMI criteria, verification of your BMI from your prescribing physician, and ongoing engagement activities with Omada®.

If you are currently taking a weight loss medication, you must continue to meet the criteria going forward to maintain coverage of your medication. You will be contacted by Express Scripts with specific requirement information.

These requirements do not apply for GLP-1 drugs that treat type 2 diabetes, or for medical plan participants who are under age 18. If you have questions about the Omada program, you can contact them directly at **support@omadahealth.com** or via the Omada app. If you have questions about the EncircleRx program or your coverage review, you can reach Express Scripts via the number provided on your prescription ID card.

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
1.518.926.2530

Albany Medical Center Pharmacy
43 New Scotland Ave, Albany, NY
Floor 1 of the Hospital
1.518.262.3263

Community Pharmacy at Saratoga Hospital
211 Church Street, Saratoga Springs, NY
Located Near the Main Lobby
1.518.580.2840

Diabetic Prescription Drug Coverage

	Premier Access Plan			Premier Access HDHP		
	AMHS Domestic Network	Highmark/ Express Scripts Network	Out-of-Network	AMHS Domestic Network	Highmark/ 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 (Highmark) 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 2026 medical plan eligibility is determined:

Salary Group 1	Salary Group 2	Salary Group 3
Annual base salary less than $70,000	Annual base salary $70,001–$160,000	Annual base salary of $160,001 or more*

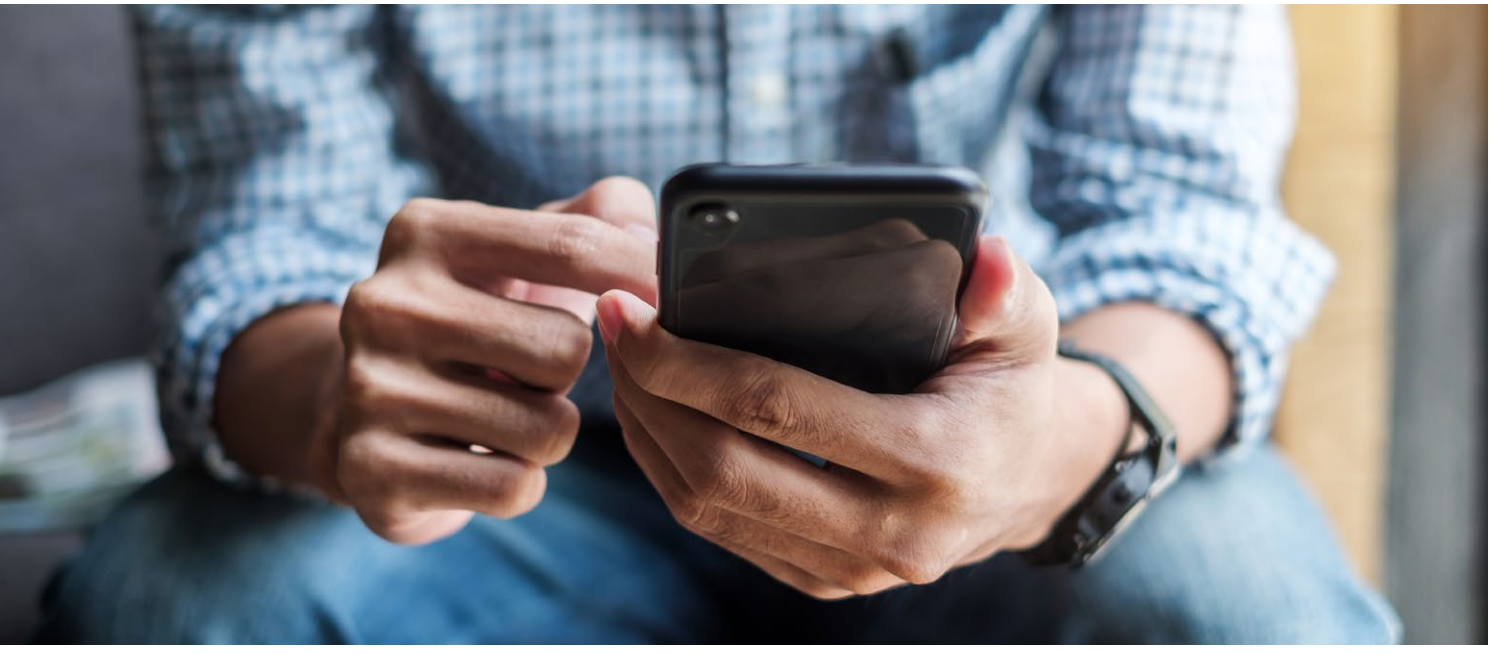
**IRS definition of a Highly Compensated Employee*

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

Choose the HDHP and save 50%!

	Salary Group 1 Bi-Weekly Payroll Deduction	Salary Group 2 Bi-Weekly Payroll Deduction	Salary Group 3 Bi-Weekly Payroll Deduction
Premier Access			
Employee	$44.77	$64.62	$82.15
Employee Plus Spouse	$188.31	$217.38	$266.31
Employee Plus Child(ren)	$150.92	$174.00	$216.46
Family	$258.46	$358.62	$437.08
Premier Access HDHP			
Employee	$22.38	$32.31	$41.08
Employee Plus Spouse	$94.15	$108.69	$133.15
Employee Plus Child(ren)	$75.46	$87.00	$108.23
Family	$129.23	$179.31	$218.54



PART-TIME RATES

Choose the HDHP and save 50%!

	Salary Group 1 Bi-Weekly Payroll Deduction	Salary Group 2 Bi-Weekly Payroll Deduction	Salary Group 3 Bi-Weekly Payroll Deduction
Premier Access			
Employee	$188.31	$222.46	$282.46
Employee Plus Spouse	$448.15	$515.08	$642.46
Employee Plus Child(ren)	$365.54	$420.00	$524.31
Family	$629.54	$716.77	$876.92
Premier Access HDHP			
Employee	$94.15	$111.23	$141.23
Employee Plus Spouse	$224.08	$257.54	$321.23
Employee Plus Child(ren)	$182.77	$210.00	$262.15
Family	$314.77	$358.38	$438.46

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.

Need Help Estimating Healthcare Costs?

Once you're registered on the Myhighmark app or website, you can easily compare costs for procedures across providers. Just go to "Estimate Your Costs" in the app, search for your procedure, and explore your options. This feature becomes available after your coverage starts—making it easier to plan and save!

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	$6.67	$17.01
Family	$20.44	$49.62

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 $3,400 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 $7,500 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	$3,400
Rollover	Maximum for calendar year 2025 into 2026: $660
Eligible Expenses	Qualified medical, dental, vision, & Rx expenses
Account Details	• 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 and funds remain in account when leaving Glens Falls
Administrator	Voya Financial
Contributions	Employee

Dependent Care Assistance Program (DCAP)

Eligible Dependents	• 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	$7,500 ($3,750 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	• 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	Voya Financial
Contributions	Employee

Additional Programs to Help You Stay Well

More Ways to Be Well Through Highmark

Highmark provides several programs to support your health and well-being:

- **Well360 Team** – A dedicated group of trained specialists:
  - Member Experience Specialists help you understand costs, coverage, and care options.
  - Nurses coordinate care before, during, and after hospital visits.
  - Care Navigators connect you with a new PCP or specialist and transfer medical records.
  - Wellness Coaches provide one-on-one support to manage stress, sleep better, quit tobacco, and more.
  - Behavioral Health Clinicians link you to mental health programs, support groups, and therapy.
- **Well360 Virtual Health** – Access therapy, psychiatry, and 24/7 urgent care online.
- **24/7 Nurseline** – Speak with a trained nurse anytime, day or night.
- **Baby BluePrints** – Free program for a healthier pregnancy for you and your baby.
- **Highmark Community Support** – Find free local resources for food, housing, work, transit, and more at highmarkcommunitysupport.com.
- **Blue365** – Exclusive discounts on fitness trackers, gyms, and vision, dental, and hearing services at blue365deals.com.

For full details, log in at myhighmark.com or download the MyHighmark app.

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 1.518.793.9768.

Wellness Reimbursement Account

You can complete wellness activities like annual physicals, a nicotine free attestation, vision and dental exams, and preventive screenings to 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.)

Virtual Mental Health Care

Aptihealth offers comprehensive care and support, including:

- Personalized assessment and care plan
- Therapy and medication management
- Direct messaging with therapists via a secure portal
- 24/7 support through a dedicated helpline

Services are available through secure video technology for New York State residents ages 5 and older. Learn more at aptihealth.com or download the AptiHealth app.

With **Highmark's Mental Well-Being**, powered by Spring Health, you can access a diverse national network of therapists. Services include:

- Therapy
- Coaching
- Self-guided exercises
- Online assessments
- Medication management -
- Care navigation

Treatment is available for everyone ages 6 and up. With the Premier Access Plan you'll have a $30 copay. With the Premier Access HDHP, services are covered at 20% coinsurance (telehealth not subject to deductible). Download the My Highmark App to get started.

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 at discounted group rates through Lincoln Financial Group.

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	• 60% base salary (based on your weekly salary) up to $1,000 per week • Pays benefits up to 26 weeks • Lincoln Financial Group payment coordinated with payments from: – 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	• 70% base salary (based on your weekly salary) up to $2,000 per week • Pays benefits up to 26 weeks • Lincoln Financial Group payment coordinated with payments from: – 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
Details	There are pre-existing conditions that apply to the policy
Maximum Monthly Benefit	50% of monthly salary up to $6,000 per month
Elimination Period	6 Months
Cost	100% Employee Paid

Other Voluntary Benefits

As much as we may not like to think about it, planning for the unexpected is always a good idea. Glens Falls Hospital offers several financial protection options for eligible employees.

Lincoln Financial Accident Insurance

Helps offset the costs of 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 and common injuries, includes emergency room visits, dental extractions, and use of ground/air ambulance
- Benefit payment not impacted by any other coverage
- Monthly costs available in Oracle

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

Lincoln Financial 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 available in Oracle

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

IMPORTANT: Hospital Indemnity Insurance is a fixed indemnity policy, NOT health insurance. More information is provided in Oracle during the enrollment process.

Lincoln Financial Critical Illness (Specified Disease) Insurance

Provides a benefit when diagnosed with a specific illness.

- Provides a lump-sum cash benefit upon first diagnosis of covered critical illness like heart attacks, stroke, cancer, organ failure, 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. Provides guaranteed death benefits and level premiums. Contact UNUM for more information.

MetLife Legal Plan

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 1.800.821.6400.

Allstate Identity Protection

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
- 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
- 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.**

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 through Lincoln Financial Group 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 through Lincoln Financial Group 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).
- **Spouse and Child Life Insurance:** You may purchase Life Insurance for your spouse ($10,000 or $20,000) on an after-tax basis. Please note that the $20,000 amount will require evidence of insurability. The spouse benefit is reduced by 50% when they reach age 75. 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).

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. The 2025 limit is $23,500, or $31,000 if you are age 50 or older. The 2026 IRS limits have not been released as of this publication. 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 TIAA. You can 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.

New 403(b) Roth Catch-up Rules for Higher Earners

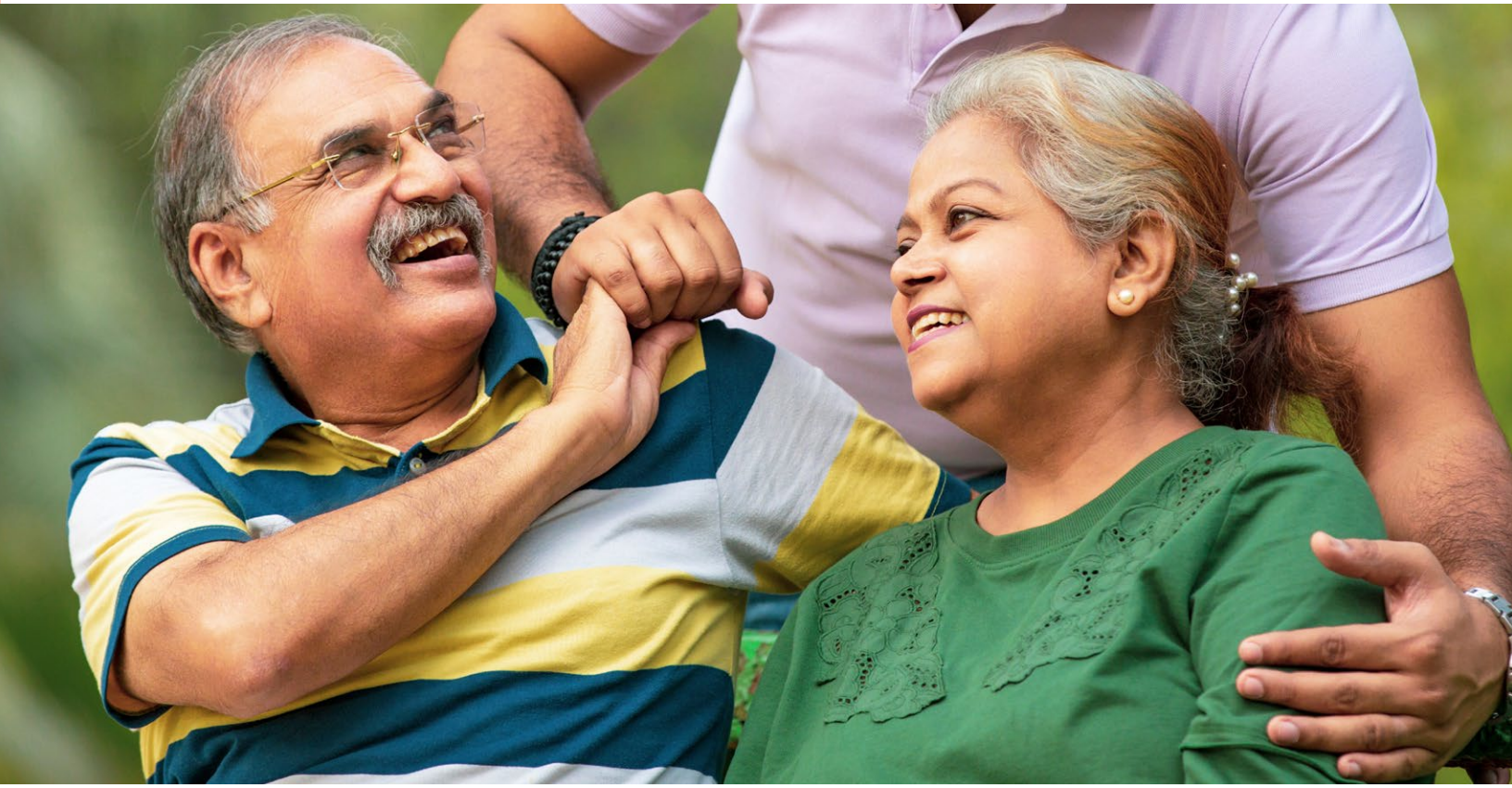
Beginning Jan. 1, 2026, employees who earned more than $145,000[1] from Albany Med Health System[2] in the prior year can only make catch-up contributions on a Roth[3] basis.

This threshold is indexed for inflation and is subject to change in future years. Impacted participants will be notified by Human Resources.

[1]As defined for Social Security FICA wages; FICA wages do not include earnings used to pay for medical, dental and/or vision premiums or FSA/HSA contributions.

[2]Includes earnings from Albany Medical Center, Columbia Memorial Health and Glens Falls Hospital.

[3]Roth contributions are made with after-tax dollars; distributions from a Roth 403(b) are tax-free and penalty-free, provided the five-year aging requirement has been satisfied and one of the following conditions is met: age 59-1/2, disability or death.



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	• 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	• 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*	• 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 $1,228.53 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	• 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	Due to employee or family member: • 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	Due to employee or family member: • 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	• 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*	• 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*	• 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	• Parent/Step-parent • Sibling/Step-sibling • Spouse • Child/Stepchild • Grandparent/Step-grandparent • Grandchild/Step-grandchild • Miscarriage	• 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	• 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
- Specialty stores
- Travel and entertainment
- Uniforms and clothing
- Wellness and fitness

PerkSpot Discounts

PerkSpot is a free online platform that provides you with exclusive discounts from thousands of national and local merchants. You can find deals on everything from electronics and travel to groceries and everyday essentials. Access savings via the PerkSpot website or mobile app, empowering you to make your paycheck go further.

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)
- Dell Computers
- Verizon Wireless
- Bay Optical
- Buyer's Edge
- Sleep Inn

Medicare Support Program

If you're approaching Medicare eligibility, Glens Falls offers free, personalized support through Brown & Brown's Medicare Advocacy Services. This program helps you and your family understand coverage options and make informed decisions. Contact MedicareEligibility@bbabsence.com or call 1.833.830.2386.

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
- Additional practices/facilities previously considered part of the domestic network

Highmark/Express Scripts Network: Health care professionals and facilities that are considered to be in the Highmark 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 Highmark/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.

Glens Falls Hospital

Human Resources Department
100 Park Street
Glens Falls, NY 12801
Tel: 518.926.1801
Fax: 518.926.1808
GlensFallsHospital.org

2026 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 2025 dates of service is January 31, 2026.**

Employee Name: _____

Employee Department: _____

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

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

__$25.00 *2025/2026 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)
__Colonoscopy
__Mammogram
__Papanicolaou Test (women)
__Skin

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

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.

Employee Signature: _____ Date: _____

Human Resources Use Only:

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

Benefits Provider Contact Information

Medical
Highmark
PO Box 4208
Buffalo, NY 14240
1.888.624.2287
www.highmark.com

Prescription Drug
Express Scripts
1.877.800.0931
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
Voya Financial
967 Elm Street
Manchester, NH 03101
1.888.401.3539
www.voya.com

Employee Assistance Program
Adirondack EAP
59 Glen Street
Glens Falls, NY 12801
1.518.793.9768

Behavioral Health
AptiHealth
www.aptihealth.com

SpringHealth
springhealth.com

Life Insurance
Lincoln Financial Group
1.877.275.5462
lincolnfinancial.com

Short-Term Disability
Long-Term Disability
Accident
Critical Illness
Hospital Idemnity
Lincoln Financial Group
1.877.275.5462
lincolnfinancial.com

Legal Plan
MetLife
1.800.821.6400
members.legalplans.com

Pet Insurance
Nationwide
1.877.738.7874
http://www.petinsurance.com/glensfallshospital

Identity Protection Plan
Allstate
1.800.789.2720
www.MyAIP.com

403(b) Partnership Pension Plan
TIAA
1.800.842.2252
TIAA.org

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

Medicare Advocacy Services
Brown & Brown
1.833.830.2386
MedicareEligibility@bbabsence.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.

Important Benefit Notices

Official plan documents, including Summary Plan Descriptions (SPDs), Summary of Benefits and Coverage (SBCs), and Benefit Summaries can be found on the Intranet. You may also contact Alicia Angus at ext. 1802 or Mary Winterson at ext. 1822 to obtain copies of these important documents.

Children's Health Insurance Program Notice

The Children's Health Insurance Program (CHIP) provides health coverage to eligible children, through both Medicaid and separate CHIP programs. CHIP is administered by states and funded jointly by states and the federal government to provides premium assistance.

HIPAA Notice of Privacy Practices

This notice describes how individual's health information is protected, rules for use, and disclosure as permitted under HIPAA.

HIPAA Special Enrollment Rights

This notice is being provided to help you understand your right to apply for group health coverage. Special enrollment is available in the following situations:

- Loss of Other Coverage
- Marriage, Birth or Adoption
- Medicaid or CHIP

Notice of Exchange

This notice provides some basic information about the new Marketplace and employment-based health coverage offered by Glens Falls Hospital.

Woman's Health and Cancer Rights Act (WHCRA)

The health plan, as required by the Women's Health and Cancer Rights Act of 1998, provides coverage for reconstructive surgery following a mastectomy.

Medicare Part D Creditable Coverage Notice

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.

Glens Falls Hospital has determined that the prescription drug coverage offered 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.

Wellness Program Disclosures

Glens Falls Hospital's Wellness Program is a voluntary wellness program. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act of 1996, as applicable, among others.

Hospital Indemnity Notice

This is a fixed indemnity plan, not health insurance. Since this policy does not have health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance. If you are looking for comprehensive health insurance, visit HealthCare.gov, call 1-800-318-2596 (TTY: 1-855-889-4325), or contact Glens Falls Hospital.

Newborns' and Mothers' Health Protection Act (NMHPA)

The health plan may not restrict benefits for a hospital stay to less than 48 to 96 hours based on type of delivery as required by the law.

Genetic Information Non-Discrimination Act (GINA)

The Genetic Information Nondiscrimination Act of 2008 protects employees against discrimination based on their genetic information. Unless otherwise permitted, your employer may not request or require any genetic information from you or your family members.

Mental Health Parity and Addiction Equity Act (MHPAEA)

The Mental Health Parity and Addiction Act of 2008 generally requires group health plans and health insurance issuers to ensure that financial requirements (such as co-pays and deductibles) and treatment limitations (such as annual visit limits) applicable to mental health or substance use disorder benefits are no more restrictive than the predominant requirements or limitations applied to substantially all medical/surgical benefits.

Michelle's Law

When a dependent child loses student status for purposes of the group health plan coverage as a result of a medically necessary leave of absence from a post-secondary educational institution, the group health plan will continue to provide coverage during the leave of absence for up to one year, or until coverage would otherwise terminate under the group health plan, whichever is earlier.

Uniformed Services Employment & Reemployment Rights Act (USERRA)

The Uniformed and Services Employment and Re-Employment rights Act of 1994 (USERRA) sets requirements for continuation of health coverage and re-employment in regard to an Employee's military leave of absence. These requirements apply to medical and dental coverage for you and your Dependents. They do not apply to any Life, Short Term or Long Term Disability or Accidental Death & Dismemberment coverage you may have.


Glens Falls Hospital

Notes

ALBANY MED Health System

GLENS FALLS HOSPITAL