

**BENEFIT INFORMATION SHEET**

Effective 12/01/14 -11/30/15

(Rates subject to change)

**MEDICAL INSURANCE**

**“iDirect3” INDEPENDENT HEALTH HDHP 0% CO-INSURANCE**

	<b>Actual Costs</b>	<b>STEL Contribution</b>	<b>Employee Contribution</b>
<b>SINGLE</b>	\$275.89/mo.	\$275.89/mo. <b>\$3,301.69/yr.</b>	None
<b>FAMILY</b>	\$731.10/mo.	\$531.10/mo. <b>\$6,373.20/yr.</b>	\$200.00/mo. \$100.00/pay

**HEALTHCARE REIMBURSEMENT ACCOUNTS (HRA)**

	<b>Reimbursement</b>			<b>Claims</b>	<b>Maximum Reimbursement</b>
	<b>STEL Pays</b>	<b>Employee Pays</b>	<b>STEL Pays</b>		
<b>SINGLE</b>	First \$1250	Next \$1250	Next \$2500	Up to \$5000.00	\$3750.00
<b>FAMILY</b>	First \$2500	Next \$2500	Next \$5000	Up to \$10,000.00	\$7500.00
	<b>Actual Cost</b>			<b>STEL Contribution</b>	<b>Employee Contribution</b>
	Varies			Varies	None

**DENTAL/VISION BENEFITS**

	<b>Actual Cost &amp; STEL Cost</b>	<b>Employee Contribution</b>
<b>SINGLE &amp; FAMILY</b>	Direct Reimbursement	None

**FLEXIBLE SPENDING ACCOUNT (SEC. 125 PLAN)**

<b>STEL Cost</b>	<b>Employee Contribution</b>
\$60 Administration Fee Per Account	None

**NOTES:**

1. Payroll deductions incurred the first two pays of each month.
2. If your medical insurance election requires an employee contribution and you do NOT choose to have your contribution on a pre-tax basis. Please call Mark Wasiewicz at 716-366-7792 x 212. Automatically, your contribution will be taken from your gross pay (before Federal, State, and FICA deductions). Please read the Sec. 125 Summary Plan description carefully.
3. Full time employees may elect to “Opt Out” of STEL’s medical insurance plan for \$2,000 Benefit Bonus.