

## Disclaimer

This benefit summary was prepared in order to assist you with the understanding of your employee benefits provided by Southern Tier Environments for Living. Every effort was made to ensure that the information contained in your summary is correct; however, there can be no warranty of complete accuracy.

Please be advised that this summary is not a legal document or contract; nor is it legally binding. In addition, it is not designed to replace the actual plan documents. In the event of a misstatement or omission, the legal documents will prevail and neither Northwest Insurance Services nor Southern Tier Environments for Living will be held responsible. Your right to any benefit ultimately depends on the Plan's legal documents. Southern Tier Environments for Living reserves the right to change benefits at any time.

We hope this summary of employee benefits has given you a better understanding of your benefits and how the plans work together to provide you and your family with protection and security.



**2014 - 2015**

## **Summary of Employee Benefits**

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## Insurance Carriers

### Independent Health

**Group # 21650**

[www.independenthealth.com](http://www.independenthealth.com)

Customer Service Telephone (716) 631-8701



### Lincoln Financial Voluntary Life and AD&D

**Group # STELNY**

**Policy # 40-0141943**

[www.lfg.com](http://www.lfg.com)

Customer Service Telephone (800) 423-2765



### Unum Voluntary Short Term Disability

**Group # E7226541**

[www.unum.com](http://www.unum.com)

Customer Service Telephone (866) 679-3054



### Beneflex

[www.mywealthcareonline.com/beneflexerie](http://www.mywealthcareonline.com/beneflexerie)

Customer Service Telephone (800) 454-3107



## Medical Plans



### iDirect 3 Series

#### Eligibility

Open Enrollment .....	December 1
Dependent Coverage .....	up to age 26
In Network Deductible .....	\$5,000/\$10,000
In Network Out of Pocket Maximum .....	\$5,000/\$10,000
Routine Physical Exams .....	\$0 <sup>1</sup>
Primary Care Physician Copay .....	\$0, after deductible
Specialist Copay .....	\$0, after deductible
Laboratory Testing .....	\$0, after deductible
Radiology Copay .....	\$0, after deductible
Ambulance Copay .....	\$0, after deductible
Emergency Room Copay .....	\$0, after deductible
Urgent Care Copay .....	\$0, after deductible
Inpatient Copay .....	\$0, after deductible
Inpatient Maternity Copay .....	\$0, after deductible
PT/OT/ST Copay .....	\$0, after deductible
DME .....	\$0, after deductible
Prosthetics & Orthotics .....	\$0, after deductible
Prescription Copay .....	\$0, after deductible
Out of Network Deductible .....	\$5,000/\$10,000
Out of Network Coinsurance .....	30%
Out of Network Out of Pocket Maximum .....	Unlimited

<sup>1</sup> Limited to one per year

## Health Reimbursement Arrangement



### Beneflex

A Health Reimbursement Arrangement (HRA) is an employer-funded benefit plan that reimburses employees for out-of-pocket medical expenses. If you are enrolled in the company's medical plan, Southern Tier Environments for Living's HRA will pay as follows:

**Single Coverage:** The HRA reimburses the first \$1,250 of medical deductible expenses. You may use your debit card or submit paper claims. You will pay the next \$1,250 of medical deductible expenses with your own money. If you reach \$2,500 of medical deductible expenses, the HRA will reimburse the amount between \$2,500 and \$5,000. You will need to submit a paper claim along with an Independent Health Explanation of Benefits for this portion of the HRA.

**Family Coverage:** The HRA reimburses the first \$2,500 of medical deductible expenses. You may use your debit card or submit paper claims. You will pay the next \$2,500 of medical deductible expenses with your own money. If you reach \$5,000 of medical deductible expenses, the HRA will reimburse the amount between \$5,000 and \$10,000. You will need to submit a paper claim along with an Independent Health Explanation of Benefits for this portion of the HRA.

When paying deductible expenses with your debit card, please wait until you receive your Independent Health's EOB, so that you know the actual amount of your deductible. When the debit card is not used, a request for reimbursement may be mailed, faxed, or emailed to Beneflex, Inc. Claim requests must include a Beneflex reimbursement form completed by the employee. Please include your EOB for deductible expenses. Beneflex will reimburse you from your HRA account by check.

## Flexible Spending Account



Beneflex

### Customer Service Information

Account Information: [www.mywealthcareonline.com/beneflexerie](http://www.mywealthcareonline.com/beneflexerie)

To register for the first time, your employee ID is:

STEL, First Initial, Last Initial, Last 4 digits of SSN

*For Example: STELAB1234*

In order to assist you with your out-of-pocket medical and dependent care expenses, Southern Tier Environments for Living offers a Flexible Spending Account (Cafeteria Section 125 Plan) through Beneflex. Contributions are made through a pre-tax, payroll deduction.

**Medical Care Account.** This account allows you to pay for certain qualified ,out-of-pocket, medical expenses. The maximum contribution allowed per year is \$2,500. See the Summary Plan Descriptions for more details.

**Dependent Care Account.** This account allows you to pay for qualified child care expenses. The maximum contribution allowed per year is \$5,000, or \$2,500 for married persons filing separately. Examples of qualified expenses are day care, certain after school programs, and certain summer camps.

**Adoption Assistance.** This account allows you to pay for adoption expenses on a pre-tax basis. The maximum contribution allowed per year is \$12,970.

The FSA is a “use or lose it” plan. All remaining funds in your account at the end of the plan year will be forfeited.

## Voluntary Insurance



### Voluntary Life and AD&D Insurance

100% Employee Paid

#### Employee Life Insurance

Coverage: \$10,000 to \$200,000 (\$10,000 increments)

\*Not to exceed 5 x your annual salary

Guarantee Issue Limit: \$100,000 for newly eligible employees

#### Spouse Life Insurance

Coverage: \$5,000 to \$100,000 (\$5,000 increments)

\*Not to exceed 50% of employee’s voluntary life benefit

Guarantee Issue Limit: \$10,000

#### Child(ren) Life Insurance

Children 14 days-6 months: \$250

6 months-age 19: \$10,000



### Voluntary Short Term Disability

100% Employee Paid

#### Eligibility

Active employees working at least 20 hours per week

#### Elimination Period

Choice of 0/7-180/180

#### Weekly Benefit

\$300-\$3,000, up to 40% of earnings

#### Benefit Duration

Choice of 3,6,12,or 24 months

\*Contact Human Resources for plan design options and premium information

## Glossary of Health Coverage and Medical Terms

This glossary has many commonly used terms, but isn't a full list. These glossary terms and definitions are intended to be educational and may be different from the terms and definitions in your plan. Some of these terms also might not have exactly the same meaning when used in your policy or plan, and in any such case, the policy or plan governs.

**Bold blue** text indicates a term defined in this Glossary.

**Co-insurance** Your share of the costs of a covered health care service, calculated as a percent (for example, 20%) of the allowed amount for the service. You pay co-insurance plus any **deductibles** you owe. For example, if the **health insurance** or **plan's** allowed amount for an office visit is \$100 and you've met your deductible, your co-insurance payment of 20% would be \$20. The health insurance or plan pays the rest of the allowed amount.

**Co-payment** A fixed amount (for example, \$15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

**Deductible** The amount you owe for health care services your **health insurance** or **plan** covers before your health insurance or plan begins to pay. For example, if your deductible is \$1000, your plan won't pay anything until you've met your \$1000 deductible for covered health care services subject to the deductible. The deductible may not apply to all services.

**Durable Medical Equipment (DME)** Equipment and supplies ordered by a health care **provider** for everyday or extended use. Coverage for DME may include: oxygen equipment, wheelchairs, crutches or blood testing strips for diabetics.

**Emergency Medical Condition** An illness, injury, symptom or condition so serious that a reasonable person would seek care right away to avoid severe harm.

**Emergency Medical Transportation** Ambulance services for an emergency medical condition.

**Emergency Room Care** **Emergency services** you get in an emergency room.

**Emergency Services** Evaluation of an emergency medical condition and treatment to keep the condition from getting worse.

## Glossary of Health Coverage and Medical Terms

**Excluded Services** Health care services that your **health insurance** or **plan** doesn't pay for or cover.

**Health Insurance** A contract that requires your health insurer to pay some or all of your health care costs in exchange for a **premium**.

**Home Health Care** Health care services a person receives at home.

**Hospice Services** Services to provide comfort and support for persons in the last stages of a terminal illness and their families.

**Hospitalization** Care in a hospital that requires admission as an inpatient and usually requires an overnight stay. An overnight stay for observation could be outpatient care.

**Hospital Outpatient Care** Care in a hospital that usually doesn't require an overnight stay.

**In-network Co-insurance** The percent (for example, 20%) you pay of the allowed amount for covered health care services to **providers** who contract with your **health insurance** or **plan**. In-network co-insurance usually costs you less than **out-of-network co-insurance**.

**In-network Co-payment** A fixed amount (for example, \$15) you pay for covered health care services to **providers** who contract with your **health insurance** or **plan**. In-network co-payments usually are less than **out-of-network co-payments**.

**Medically Necessary** Health care services or supplies needed to prevent, diagnose or treat an illness, injury, condition, disease or its symptoms and that meet accepted standards of medicine.

**Network** The facilities, **providers** and suppliers your health insurer or **plan** has contracted with to provide health care services.

**Non-Preferred Provider** A **provider** who doesn't have a contract with your health insurer or **plan** to provide services to you. You'll pay more to see a non-preferred provider. Check your policy to see if you can go to all providers who have contracted with your **health insurance** or plan, or if your health insurance or plan has a "tiered" **network** and you must pay extra to see some providers.

## Glossary of Health Coverage and Medical Terms

**Out-of-network Co-insurance** The percent (for example, 40%) you pay of the allowed amount for covered health care services to providers who do not contract with your **health insurance** or **plan**. Out-of-network co-insurance usually costs you more than **in-network co-insurance**.

**Out-of-network Co-payment** A fixed amount (for example, \$30) you pay for covered health care services from providers who do not contract with your **health insurance** or **plan**. Out-of-network co-payments usually are more than **in-network co-payments**.

**Out-of-Pocket Limit** The most you pay during a policy period (usually a year) before your **health insurance** or **plan** begins to pay 100% of the allowed amount. This limit never includes your **premium**, balance-billed charges or health care your health insurance or plan doesn't cover. Some health insurance or plans don't count all of your **co-payments**, **deductibles**, **co-insurance** payments, out-of-network payments or other expenses toward this limit.

**Physician Services** Health care services a licensed medical physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine) provides or coordinates.

**Plan** A benefit your employer, union or other group sponsor provides to you to pay for your health care services.

**Preauthorization** A decision by your health insurer or **plan** that a health care service, treatment plan, **prescription drug** or **durable medical equipment** is **medically necessary**. Sometimes called prior authorization, prior approval or precertification. Your **health insurance** or plan may require preauthorization for certain services before you receive them, except in an emergency. Preauthorization isn't a promise your health insurance or plan will cover the cost.

**Preferred Provider** A **provider** who has a contract with your health insurer or **plan** to provide services to you at a discount. Check your policy to see if you can see all preferred providers or if your **health insurance** or plan has a "tiered" **network** and you must pay extra to see some providers. Your health insurance or plan may have preferred providers who are also "participating" providers. Participating providers also contract with your health insurer or plan, but the discount may not be as great, and you may have to pay more.

## Glossary of Health Coverage and Medical Terms

**Premium** The amount that must be paid for your **health insurance** or **plan**. You and/or your employer usually pay it monthly, quarterly or yearly.

**Prescription Drug Coverage** **Health insurance** or **plan** that helps pay for **prescription drugs** and medications.

**Prescription Drugs** Drugs and medications that by law require a prescription.

**Primary Care Physician** A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine) who directly provides or coordinates a range of health care services for a patient.

**Primary Care Provider** A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine), nurse practitioner, clinical nurse specialist or physician assistant, as allowed under state law, who provides, coordinates or helps a patient access a range of health care services.

**Provider** A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine), health care professional or health care facility licensed, certified or accredited as required by state law.

**Skilled Nursing Care** Services from licensed nurses in your own home or in a nursing home. Skilled care services are from technicians and therapists in your own home or in a nursing home.

**Specialist** A physician specialist focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent or treat certain types of symptoms and conditions. A non-physician specialist is a **provider** who has more training in a specific area of health care. person would seek care right away, but not so severe as to require **emergency room care**.

**UCR (Usual, Customary and Reasonable)** The amount paid for a medical service in a geographic area based on what **providers** in the area usually charge for the same or similar medical service. The UCR amount sometimes is used to determine the allowed amount.

**Urgent Care** Care for an illness, injury or condition serious enough that a reasonable person would seek care right away, but not so severe as to require **emergency room care**.

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