



YADKIN VALLEY ECONOMIC DEVELOPMENT DISTRICT, INC.

Annual Enrollment Information Effective December 1, 2016

At Yadkin Valley Economic Development District, Inc. (YVEDDI) we are confident that our people are the reason behind our success. We recognize your hard work and have put together a benefits package that will take care of you and your family's needs throughout the year.

As a full-time employee consistently working at least 30 hours a week, you are eligible to participate in our healthcare benefit plan. This is your opportunity to review and consider any changes to your current benefit elections for the benefit plan year that begins December 1, 2016.

For a complete summary of our benefit package, please visit our benefits web page at www.hcwbenefits.com. You will find links to our insurance carriers, enrollment and claim forms, as well as useful links to other resources. Our user name is "yveddi" and "27011" is our password. This website will be updated December 1, 2016 to reflect our new benefit offerings.

HEALTHCARE REFORM UPDATE

Individual Mandate

As of January 1, 2014, every person was required to have health insurance, whether purchased through their employer or through the Health Insurance Marketplace; otherwise they will be assessed a tax penalty.

Health Insurance Marketplace (Also known as the Exchange)

- Our plan is designed to be affordable and in compliance with Healthcare Reform requirements; however, you may be able to find a lower cost plan through the Marketplace. With that said, the Marketplace coverage may not be as rich of a plan.
- If you choose to drop yourself or any member of your family during our open enrollment that creates a special limited enrollment period in which you may be eligible to get coverage in the Marketplace.
- Employees who choose to purchase coverage through the Marketplace may not be eligible to receive a premium tax credit from the government.
- Marketplace open enrollment will be held from November 1, 2016 through January 31, 2017 with the earliest effective date for coverage January 1, 2017.
- If you missed the annual enrollment deadlines for the Marketplace or our health plan, you will not be able to enroll in health insurance coverage unless you experience certain life events, such as the birth or adoption of a child, or a termination of employment.





MEDICAL PLAN

Blue Cross Blue Shield of NC (BCBSNC)

We are continuing our medical plan offered through BCBSNC. This plan gives you the choice to see “in-network” or “out-of-network” physicians. By choosing an “in-network” physician, your out-of-pocket expenses will be considerably less.

The medical chart below is a high level summary of your in-network medical benefits. You may also visit the BCBSNC website at www.bcbsnc.com to see a listing of participating providers in your area.

Place of Service	In-Network	Out-of-Network
Office Visit	PCP: \$20 Copay Specialist: 60%*	PCP: 50%* Specialist: 50%*
Prescription Drugs (Tier 1/Tier 2/Tier 3/Tier 4)	Retail: \$4/\$35/\$50/25% ¹ Mail: 3 x Copay	Copay + charge over in-network allowed amount
Emergency Room	60%*	60%*
Urgent Care	60%*	60%*
Inpatient Care	\$250 Copay, then 80%*	\$500, then 50%*
Outpatient Care	60%*	50%*
Vision Care	Routine Exam: 100%	Not Covered
Annual Deductible	\$1,500/\$3,000	\$3,000/\$6,000
Out of Pocket Maximum	\$3,500/\$7,000	\$7,000/\$14,000

*After deductible

¹ Tier 4 Specialty Drugs are subject to 25% coinsurance and have a \$50 Drug Minimum and a \$100 per Drug Maximum for each 30-day supply.

Preventive Care is covered at 100% with a preventive primary diagnosis code. The service must be a covered preventive care benefit under healthcare reform. Certain over the counter preventive medications are now available at no cost. During your annual physical if anything is discussed or performed outside of the healthcare reform approved screenings, your visit may not be covered at 100%. For a list of covered preventive benefits under healthcare reform please visit www.bcbsnc.com/preventive





DENTAL PLAN

Companion Life

We understand the importance of dental insurance to protect you and your family from oral health problems and expenses. Our dental insurance coverage will continue with Companion Life and employees may purchase this coverage on a voluntary basis. Please be advised that if you visit a non-participating dental provider, you may be asked to pay for the visit up front.

Place of Service	Base Plan		Buy-Up Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Benefit Period	Contract		Contract	
Preventive Care	100%*		100%*	
Basic Care	80%*		80%*	
Major Care	50%*		50%*	
Orthodontia	Not Covered		50% (Child Only)	
Deductible	\$100 Lifetime per Member		\$100 Lifetime per Member	
Annual Maximum	\$1,000		\$2,000	
Orthodontia Lifetime Max	N/A		\$1,000	

*After deductible

Timely entrants are subject to benefit waiting period. You will be considered a timely entrant if you enroll when first eligible or upon a qualifying event.

LIFE INSURANCE PLAN

USAbLe

All full-time employees are provided with life insurance coverage. Your life insurance will continue to be provided by USAbLe and is paid for 100% by Yadkin Valley Economic Development District, Inc. Your benefit is 1 x your earnings, up to a maximum of \$50,000.

Eligible employees may purchase dependent life insurance on a voluntary basis. If you are interested in enrolling in this benefit, please see Human Resources.





PAYROLL DEDUCTIONS

2016-2017 Plan Year

MEDICAL	BI-WEEKLY DEDUCTIONS	MONTHLY DEDUCTIONS
Employee Only	\$46.01	\$92.02
Employee + 1	\$317.48	\$634.95
Family	\$567.48	\$1,134.96

BASE DENTAL	BI-WEEKLY DEDUCTIONS	MONTHLY DEDUCTIONS
Employee Only	\$14.17	\$28.34
Employee + Spouse	\$26.78	\$53.56
Employee + Child(ren)	\$31.62	\$63.23
Family	\$44.87	\$89.74

BUY-UP DENTAL	BI-WEEKLY DEDUCTIONS	MONTHLY DEDUCTIONS
Employee Only	\$20.12	\$40.23
Employee + Spouse	\$38.03	\$76.05
Employee + Child(ren)	\$47.36	\$94.71
Family	\$66.18	\$132.36

*Medical and dental premiums are deducted from pay on a pre-tax basis. Changes to pre-tax benefits can only be made during the annual open enrollment period, or if you have a change in status during the plan year.





WHAT YOU NEED TO DO

Medical & Dental

You will be enrolled just as you are enrolled today. Only complete a form if you want to enroll or make changes to your coverage.

Life Insurance Coverage

You can update your beneficiary information at any time by completing a beneficiary form.

Please turn in all forms by 11/21/2016. If you have any questions, please contact Lisa Sexton in Accounting or Janet Phillips, HR Manager.

