



## **YADKIN VALLEY ECONOMIC DISTRICT, INC.**

We are pleased to provide you with the 2017-2018 Benefits Digest. This guide is intended to provide a summary of the benefit programs available to all benefit eligible employees. It is only an overview and you must review specific plan brochures and plan documents for full program details, limitations and exclusions.

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At Yadkin Valley Economic District, Inc., we are confident that our people are the reason behind our successes. We truly value you as an employee and part of our professional family. Our goal is to offer the very best healthcare possible to you and your loved ones. With this in mind, we have developed a comprehensive employee benefit package designed to protect you and your family.

This brochure provides benefit information available December 1, 2017 through November 30, 2018. Please make sure that you visit our benefits web page at [www.hcwbenefits.com](http://www.hcwbenefits.com) for a complete summary of our benefit package. You will also find links to our insurance carriers, enrollment and claim forms, as well as links to other resources. Our user name is “**yveddi**” and “**27011**” is our password.

If you have comments, questions or other inquiries, please contact Human Resources.

**Medical Plan** [www.bcbsnc.com](http://www.bcbsnc.com) | 877-258-3334

Your medical coverage through Blue Cross Blue Shield of NC is an “open access” PPO plan, which means that you do not need to select a primary care doctor nor will you need a referral to visit a specialist. As long as you remain in the network, your benefits will be covered at the higher in-network benefit amount.

	IN-NETWORK	OUT-OF-NETWORK
<b>Benefit Period</b>	Contract: 12/1 – 11/30	
<b>Office Visit</b>	PCP: \$20 Copay Specialist: 60%* Virtual: \$20 Copay	PCP: 50%* Specialist: 50%* Virtual: Not Covered
<b>Prescription Drugs</b>	\$4/\$25/\$35/\$75/25%** Mail Order: 3 x Copay (Essential Formulary)	Copay + charge over in-network allowed amount (Essential)
<b>Emergency Room</b>	60%*	60%*
<b>Urgent Care</b>	60%*	60%*
<b>Annual Deductible</b>	\$2,000/\$4,000	\$4,000/\$8,000
<b>Out-of-Pocket Maximum</b>	\$4,000/\$8,000	\$8,000/\$16,000
<b>Inpatient Care</b>	\$250 Copay, then 80%*	\$500 Copay, then 50%*
<b>Outpatient Care</b>	60%*	50%*
<b>Routine Vision Exam</b>	100% (every benefit period)	Network Only

\* Coverage provided after deductible

\*\* \$100 drug minimum & \$200 drug maximum for each 30-day supply of tier 5 Specialty Brand Drugs

Preventive Care is covered at 100% with a preventive primary diagnosis code. The service must be a covered preventive care benefit under healthcare reform. 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](http://www.bcbsnc.com/preventive)

Effective December 1, 2017, virtual visits are offered through the BCBSNC medical plan. The service is provided by MDLive. MDLive provides fast and inexpensive access to board certified physicians, who can diagnose illness, recommend treatment and prescribe medications via video conference 24/7. Employees are responsible for paying the access fee, which is \$45. This cost is applied to your deductible. If you are covered under the CALYX medical plan, you and your covered dependents can reach MDLive by downloading the MDLive app or visiting [mdlive.bcbsnc.com](http://mdlive.bcbsnc.com).

**Dental Plan** [www.companionlife.com](http://www.companionlife.com) | 800-753-0404

Your dental plan is provided by Companion Life. While there is a network associated with this plan, there is no penalty for not using the network. Whether your dentist is in or out-of-network, the benefits will be paid the same regardless. Dentists who are in-network cannot balance bill you for amounts over the allowed charges; however, non-network dentists may bill you for amounts over the allowed charges.

Level of Coverage	Base Plan		Buy-Up Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Benefit Period</b>		Contract		Contract
<b>Preventive</b>		100%*		100%*
<b>Basic Care</b>		80%*		80%*
<b>Major Care</b>		50%*		50%*
<b>Orthodontia</b>		N/A		50% (Child Only)
<b>Endodontics</b>		Major		Basic
<b>Periodontics</b>		Major		Basic
<b>Deductible</b>	\$100 Lifetime per Member		\$100 Lifetime per Member	
<b>Annual Maximum</b>		\$1,000		\$2,000
<b>Deferral of Benefits</b>	Timely: 12-month wait for Major		Timely: 12-month wait for Major & Ortho	
<b>UCR Level</b>		90 <sup>th</sup>		90 <sup>th</sup>

\* Coverage provided after deductible

**Life Insurance** [www.myusablelife.com](http://www.myusablelife.com) | 800-648-0271

- 1 x earnings to a max of \$50,000 paid by YVEDDI; benefit reduces by 35% at age 65 and terminates at retirement
- Dependent life coverage is available and is employee paid
  - Spouse coverage is \$1,000 benefit
  - Dependent coverage is \$100 (birth to 6 months), then \$1,000 (to age 19 or 26 if full-time student)
  - If you are interested, please see Human Resources

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## Employee Eligibility

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All employees working 30 hours or more per week are eligible for benefits.  
Eligible employees may cover their legally married spouse.

Benefits Begin:	Day following 90 days of employment (Medical and Life) 1 <sup>st</sup> of the month following 90 days date of hire (Dental)
Benefits Terminate:	End of the month following date of termination (Medical and Dental) Date of termination (Life)
Dependent Age Limits	
Medical:	Age 26
Dental:	Age 26, if unmarried
Life:	To age 19 or 26 if a full-time student

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## Employee Contributions

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Employee contributions are the employee's share of premium cost and are made through payroll deductions. Payroll deductions, as listed below, are deducted on a pre-tax basis 24 times per year.

MEDICAL	Deduction
Employee	\$44.62
Employee + 1	\$335.52
Family	\$606.28

DENTAL – Base Plan	Deduction
Employee	\$13.66
Employee + Spouse	\$25.81
Employee + Child(ren)	\$30.47
Family	\$43.25

DENTAL – Buy-Up Plan	Deduction
Employee	\$19.39
Employee + Spouse	\$36.65
Employee + Child(ren)	\$45.65
Family	\$63.79