



2015 **benefits** DIGEST

YADKIN VALLEY ECONOMIC DISTRICT, INC.

We are pleased to provide you with the 2015 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.

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, 2015 through November 30, 2016. Please make sure that you visit our benefits web page at 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 | 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
Calendar/Contract Year	Contract	
Office Visit	PCP: \$20 Copay Specialist: 60%*	50%*
Prescription Drugs	\$4/\$35/\$50/25%** Mail Order: 3 Copays	Copay + charge over in-network allowed amount
Emergency Room	60%*	60%*
Urgent Care	60%*	60%*
Annual Deductible	\$1,500/\$3,000	\$3,000/\$6,000
Out-of-Pocket Maximum	\$3,500/\$7,000 (includes deductible, coinsurance, & medical/Rx Copays)	\$7,000/\$14,000 (includes deductible, coinsurance, & medical/Rx Copays)
Inpatient Care	\$250 Copay, then 80%*	\$500 Copay, then 50%*
Outpatient Care	60%*	50%*
Routine Vision Exam	100% (every benefit period)	Network Only

* Coverage provided after deductible.

** \$50 drug minimum & \$100 drug maximum for each 30 day supply of tier 4 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

Dental Plan 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.

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

- Employer paid benefit
- 1 x earnings to a max of \$50,000
- 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

Employee Eligibility

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)
1st of the month following 90 days date of hire (Dental)

Benefits Terminate: End of the month following date of termination (Medical, Dental & Life)

Dependent Age Limits

Medical: Age 26

Dental: Age 26

Employee Contributions

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	Semi-monthly Contribution	Monthly Contribution
Employee	\$43.51	\$87.01
Employee + 1	\$299.86	\$599.72
Family	\$535.97	\$1,071.94

DENTAL – Base Plan	Semi-monthly Contribution	Monthly Contribution
Employee	\$14.13	\$28.25
Employee + Spouse	\$26.69	\$53.37
Employee + Child(ren)	\$31.51	\$63.01
Family	\$44.72	\$89.43

DENTAL – Buy-Up Plan	Semi-monthly Contribution	Monthly Contribution
Employee	\$20.05	\$40.09
Employee + Spouse	\$37.89	\$75.78
Employee + Child(ren)	\$47.19	\$94.38
Family	\$65.96	\$131.91