



**Gallagher**

Insurance | Risk Management | Consulting



# 2020 **benefits** DIGEST

## Yadkin Valley Economic Development District, Inc.

We are pleased to provide you with the 2020-2021 Benefits Digest. This guide is intended to provide a high level summary of the benefit programs available to all benefit eligible employees.

At Yadkin Valley Development District, Inc., we are confident that our people are the reason behind our successes. We value you as an employee and part of our professional team. With this in mind, we have developed a comprehensive employee benefit package to protect you and your family.

This brochure provides benefit information available December 1, 2020 through November 30, 2021.

Please make sure that you visit our benefits web page at [www.clients.hcwbenefits.com/portal2/index.php](http://www.clients.hcwbenefits.com/portal2/index.php) 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.

### Employee Eligibility

All employees working 30 hours or more per week are eligible for benefits.

Benefits Begin: Date following 90 days of employment  
Benefits Terminate: End of the month following date of termination (Medical, Dental, & Vision);  
Date of termination (Life & Voluntary Life)

Dependent Age Limits  
Medical, Dental, Vision: Age 26  
Voluntary Life: Age 19 or 26 if a full time student

Your medical coverage through Blue Cross Blue Shield of NC is an “open access” PPO plan using the Blue Options Network, 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 Year</b>	Contract: 12/1-11/30	
<b>Preventive Care</b>	100%	Not Covered
<b>Office Visit</b>	PCP: \$20 Copay Specialist: 60%* Virtual: \$10 Copay	PCP: 50%* Specialist: 50%* Virtual: Not Covered
<b>Prescription Drugs Essential Formulary</b>	Retail: \$4/\$25/\$35/\$75/25% <sup>1</sup> Mail Order: 3x Copay	Copay + charge over in-network allowed amount
<b>Emergency Room</b>	60%*	60%*
<b>Urgent Care</b>	\$100 Copay	\$100 Copay
<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%*

\*Coverage provided after deductible

<sup>1</sup>Tier 5 Specialty Drugs are subject to 25% coinsurance and have a \$100 Drug Minimum and a \$200 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 for which you have a prescription 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](http://www.bcbsnc.com/preventive)

## Virtual Visits

www.mdlive.com/ncvideodoc.com | 888-657-9982

BCBSNC has partnered with virtual visit provider MDLIVE to provide you and your family with access to fast and convenient quality medical care. Video consultations are available 24/7.

- This is intended for non-emergency care only.
- Provides diagnosis and treatment (including some prescription drugs) by board- certified physicians for ailments such as allergies, sore throat, flu, respiratory infections etc.
- Consultations available online or available through the MDLIVE mobile application available on the iTunes store and Google Play.
- Members will pay a \$10 consultation fee. Reference your BCBSNC Group Number (on your medical ID card) when accessing care.
- Pediatric, behavioral & psychiatric services are available.

## Dental Plan

[www.principal.com](http://www.principal.com) | 800-247-4695

Your dental plan is provided by Principal. Dentists who are in-network cannot balance bill you for amounts over the allowed charges. In-network dentists will always file claims on your behalf. Late entrant waiting periods may apply if you are electing after first eligible.

BASE PLAN	IN-NETWORK	OUT-OF-NETWORK
<b>Benefit Period</b>	Calendar Year	
<b>Single/Family Deductible</b>	\$0	\$100 Lifetime per Member
<b>Benefit Max</b>	\$1,000	
<b>Benefit Max Rollover</b>	\$250 up to \$1,000 max	
<b>Orthodontia Lifetime Max</b>	N/A	
<b>Preventive Care</b>	100%	100%*
<b>Basic Care</b>	80%	80%*
<b>Major Care (includes endo &amp; periodontics)</b>	50%	50%*
<b>Orthodontia Care</b>	N/A	
<b>UCR Level</b>	Negotiated Fee	90 <sup>th</sup>

\*Coverage provided after deductible

BUY UP PLAN	IN-NETWORK	OUT-OF-NETWORK
<b>Benefit Period</b>	Calendar Year	
<b>Single/Family Deductible</b>	\$0	\$100 Lifetime per Member
<b>Benefit Max</b>	\$2,000	
<b>Benefit Max Rollover</b>	\$500 up to a \$2,000 max	
<b>Orthodontia Lifetime Max</b>	\$1,000	
<b>Preventive Care</b>	100%	100%*
<b>Basic Care (includes endo &amp; periodontics)</b>	80%	80%*
<b>Major Care</b>	50%	50%*
<b>Orthodontia Care (Child Only)</b>	50%	50%
<b>UCR Level</b>	Negotiated Fee	90 <sup>th</sup>

\*Coverage provided after deductible

## Vision Plan

[www.superiorvision.com](http://www.superiorvision.com) | 800-923-6766

Your vision plan is provided by Superior Vision. Using an in-network provider will lower your cost.

	IN-NETWORK	OUT-OF-NETWORK <sup>2</sup>
<b>Benefit Frequency</b>	Exam- 12 months Lenses & Contacts- 12 months Frames- 24 months	
<b>Exam</b>	\$10 Copay	Ophthalmologist: Up to \$44 Optometrist: Up to \$39
<b>Frames &amp; Lenses</b>	\$25 Copay <sup>1</sup>	Frames: Up to \$60 Allowance Lenses: Allowance varies from \$26-\$76
<b>Elective Contact Lenses in lieu of Lenses &amp; Frames</b>	Up to \$150 Allowance	Up to \$100 Allowance

<sup>1</sup>Frames are covered up to \$150 Allowance plus discount on balance over allowance after copay

<sup>2</sup>Copays apply to Out of Network providers for exams, lenses, and frames

- 100% Employer paid benefit
  - 1 x earnings to a maximum of \$50,000
  - Age reduction schedule applies and benefits terminate at retirement
- Additional life insurance is available for your spouse and dependents
  - Spouse - \$1,000 benefit
  - Dependents - \$100 from birth to 6 months, then \$1,000 from 6 months to age 19 or age 26 if a full time student
  - If you are interested in dependent life coverage, please see Human Resources

## Employee Deductions

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. Teachers and Teacher Assistants will contribute during 19 pay periods. All other employees will contribute semi-monthly.

MEDICAL PLAN	SEMI-MONTHLY CONTRIBUTION	19 PAY PERIODS CONTRIBUTION
<b>Employee</b>	\$62.42	\$78.84
<b>Employee + 1</b>	\$366.76	\$463.27
<b>Family</b>	\$650.23	\$821.34

DENTAL BASE PLAN	SEMI-MONTHLY CONTRIBUTION	19 PAY PERIODS CONTRIBUTION
<b>Employee</b>	\$14.14	\$17.86
<b>Employee + Spouse</b>	\$26.57	\$33.56
<b>Employee + Child(ren)</b>	\$32.05	\$40.48
<b>Family</b>	\$46.62	\$58.89

DENTAL BUY UP PLAN	SEMI-MONTHLY CONTRIBUTION	19 PAY PERIODS CONTRIBUTION
<b>Employee</b>	\$20.19	\$25.50
<b>Employee + Spouse</b>	\$36.52	\$46.12
<b>Employee + Child(ren)</b>	\$48.56	\$61.33
<b>Family</b>	\$68.27	\$86.24

VISION PLAN	SEMI-MONTHLY CONTRIBUTION	19 PAY PERIODS CONTRIBUTION
<b>Employee</b>	\$3.27	\$4.12
<b>Employee + Spouse</b>	\$6.53	\$8.25
<b>Employee + Child(ren)</b>	\$7.50	\$9.47
<b>Family</b>	\$11.55	\$14.59

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

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all the terms, coverages, exclusions, limitations, and conditions of the actual contract language. The policies themselves must be read for those details. The intent of this document is to provide you with general information about your employee benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by legal counsel who specialize in this practice area.