



2024 Benefits at a Glance

A quick look at your benefits through YVEDDI. Refer to the plan documents for more detailed information.

Effective December 1, 2024



Group Medical Triple Option Plans



Medical Plan Options	Enhanced Plan		Standard Plan		Economy Plan	
	Blue Options All Copay		Blue Options 1-2-3		HSA Plan**	
Preventive Care	100% Covered		100% Covered		100% Covered	
Primary Physician	\$30 Copay*		\$20 Copay*		40% after deductible	
Specialist Physician	\$60 Copay		30% after deductible		40% after deductible	
Lab & Imaging Services	30% after deductible		30% after deductible		40% after deductible	
Urgent Care Center	\$60 Copay		\$100 Copay		40% after deductible	
Emergency Room	\$300 Copay		30% after deductible		40% after deductible	
Prescription Medication Deductible	None		None		Medical Deductible Applies	
Tier 1	\$4 Copay		\$10 Copay		40% after deductible	
Tier 2	\$25 Copay		\$25 Copay		40% after deductible	
Tier 3	\$35 Copay		\$40 Copay		40% after deductible	
Tier 4	\$75 Copay		\$80 Copay		40% after deductible	
Tier 5	25%; min \$100/max \$200		25%; min \$100/max \$200		40% after deductible	
Deductible – Ind/Fam Mem/Fam	\$1,750/\$3,500		\$2,500/\$5,000		\$2,750/\$5,500/\$5,500	
Coinsurance	30% after deductible		Level 2 – 10% after deductible Level 3 – 30% after deductible		40% after deductible	
Out of Pocket Max – Ind/Fam Mem/Fam	\$4,750/\$9,500		\$5,000/\$10,000		\$5,500/\$7,000/\$11,000	
Tiers of Coverage	24 Pay Period Deduction	19 Pay Period Deduction	24 Pay Period Deduction	19 Pay Period Deduction	24 Pay Period Deduction	19 Pay Period Deduction
Employee Only	\$90.50	\$114.31	\$43.71	\$55.21	YVEDDI Paid	YVEDDI Paid
Employee + 1 Child	\$301.96	\$381.42	\$239.41	\$302.41	\$152.57	\$192.72
Employee + Children	\$569.28	\$719.08	\$486.79	\$614.89	\$345.44	\$436.34

* Log in to Blue Connect to select your Primary Care Provider (PCP) and your copay is waived for your first 3 visits to your selected PCP.

**This medical plan is compatible with a Health Savings Account (HSA). An HSA is an account owned by the employee. Employees can make pre-tax payroll contributions and pay for qualified medical expenses tax-free. The contributions made to this account are funds that can be kept year after year even if there is a change in employment. Health Equity is the partner company to BCBS for these accounts.

HealthEquity

More benefit information on the back. →



BlueCross BlueShield
of North Carolina



Vision Plan – Blue Cross Blue Shield

Network	Eye Med	
Eye Exam	\$10 Copay	
Lenses	\$25 Copay	
Necessary Contacts	\$25 Copay	
Elective Contacts	\$150 Allowance	
Fitting & Evaluation	\$55 Copay for standard fit	
Frames	\$150 Allowance; 20% off over allowance	
Frequency of Coverage	Exam-12 Mths Lenses-12 Mths Frames-24 Mths	
Tiers of Coverage	24 Pay Period Ded.	19 Pay Period Ded.
Employee Only	\$4.25	\$5.37
Employee/Spouse	\$8.08	\$10.20
Employee/Child(ren)	\$8.50	\$10.74
Employee/Family	\$12.50	\$15.78



Basic Term Life Insurance - US Able

Employee:	
Benefit Amount	1x annual salary with a maximum of \$75,000
AD&D Amount	1x annual salary with a maximum of \$75,000
Dependent Coverage:	Spouse - \$1,000 Child(ren) – \$100 to 6 months \$1,000 over 6 months

Employee coverage is provided to you at no cost by YVEDDI.
See Human Resources for cost of dependent coverage.



Voluntary Long Term Disability - US Able

Benefit Amount	60% of monthly earnings
Maximum Benefit Amount	\$5,000
Pre-Existing Limitation	12/6/24

Employee deduction is based on age and salary.
See Human Resources for cost.



Dental Plan – Blue Cross Blue Shield

	Base Plan		Buy Up Plan	
Deductible – Ind/Fam	Ind - \$25; Fam - \$75		Ind - \$25; Fam - \$75	
Annual Maximum	\$1,000/person (Includes Types I, II, and III Services)		\$2,000/person (Includes Types I, II, and III Services)	
Preventive Services – Type I	100% covered; No deductible		100% covered; No deductible	
Basic Services – Type II	80% covered after deductible		80% covered after deductible	
Major Services – Type III	50% covered after deductible		50% covered after deductible	
Orthodontics – Type IV	N/A		50% covered to age 19; No deductible	
Lifetime Ortho Services Maximum	N/A		\$2,000 per child	
Tiers of Coverage	24 Pay Period Ded.	19 Pay Period Ded.	24 Pay Period Ded.	19 Pay Period Ded.
Employee Only	\$18.31	\$23.12	\$20.10	\$25.38
Employee/Spouse	\$36.62	\$46.25	\$40.19	\$50.76
Employee/Child(ren)	\$41.19	\$52.03	\$49.11	\$62.03
Employee/Family	\$64.08	\$80.94	\$75.21	\$95.00

Voluntary Life Insurance - US Able

	Employee	Spouse
Benefit Amount	5x annual earnings up to \$300k in \$10k increments	\$5k to \$150k in \$5k increments; cannot exceed 50% of EE
Guaranteed Issue	\$120,000	\$30,000
AD&D Benefit Amount	Matches Life Benefit	Matches life benefit

Children

Benefit Amount	Birth to 6 months - \$100 Over 6 months - \$1k to \$10k in \$1k increments; cannot exceed 50% of EE
Guaranteed Issue	\$10,000
AD&D Benefit Amount	Matches Life Benefit

Employee deduction is based on age and salary.
See Human Resources for cost.

Other Benefit Services Offered

For more information and to elect coverage, visit:

Wishbone Pet Insurance

www.wishboneinsurance.com/yveddi

Legal Shield & ID Shield

www.shieldbenefits.com/yveddi

