



SEANC INSURANCE *Guide*



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LIFE IS FULL OF UNEXPECTED EVENTS.

A new addition to the family.
A toothache.
A car accident.
A hacker steals your passwords.
A cancer diagnosis.

For more than 55 years, SEANC Insurance has helped state employees and retirees rest easy knowing that when these events happen, they're covered.

Today, we offer a full line of supplemental insurance products – everything from term and whole life plans to vision and dental plans to identity theft insurance – that can give you the peace of mind you need to tackle all that life can throw at you.

SEANC is comprised of state employees and retirees like you who have dedicated their lives to serving North Carolina. Our members work together to win pay raises, secure affordable health care, protect retirement benefits and defend your rights.

We also use that unity to your advantage, negotiating competitive group rates with insurance companies to save you money!

Our products are designed with you in mind. Take advantage of these insurance programs available exclusively to SEANC members.

When unexpected events come along in life, SEANC Insurance will be by your side.

Why should I choose a SEANC plan?

Year-round enrollment

You don't have to wait until October to change your insurance plans. With SEANC you can change or enroll in products throughout the year.

Portable plans

If you decide to retire, move to another agency or to the private sector, you can remain insured.

\$1,000 AD&D Policy

SEANC members receive a \$1,000 Accidental Death and Dismemberment policy for joining the association!

Domestic partner coverage

Many of SEANC's insurance plans allow you to cover your domestic partner.

\$5,000 orthodontia benefit

Our dental plans have a generous lifetime orthodontia benefit up to \$5,000.

No waiting periods

Enroll in any SEANC plan by the 10th of the month and plans will become active the first of the following month.

Guaranteed issue in 180 days

Members are eligible for up to \$150,000 of term life insurance in the first 180 days of SEANC membership.

No extra fees for cosmetic lens

The Enhanced Plan options of our vision plans cover many cosmetic lens extras, including progressives, transitions, anti-glare, polycarbs and tint.

Our Insurance Products

TERM LIFE

Members can choose coverage amounts from \$10,000 to a maximum of \$500,000. Guaranteed coverage up to \$150,000 is available in the first 180 days of SEANC enrollment for currently employed active members who are new to SEANC or have renewed their membership after two years or more. Dependent coverage is available for your spouse for \$25,000 and children for \$10,000 at a cost of \$6.75 per month. This policy can be carried into retirement.

DENTAL

With a UnitedHealthcare dental benefit plan, you can get competitive group rates for you and your family. Best of all, you can visit the dentist of your choice. Oral cancer screenings and prenatal dental care is available, including orthodontia coverage for children (\$5,000 lifetime maximum).

ACCIDENTAL DEATH & DISMEMBERMENT

When you join SEANC, you receive a \$1,000 Accidental Death and Dismemberment policy at no cost to you. You can purchase additional coverage from \$25,000 to \$500,000 at competitive rates.

DISABILITY

Disability insurance is protection for the thing that matters most; your ability to earn an income. Sometimes referred to as paycheck protection, this insurance can replace a portion of your income if you're unable to work because of the birth of a child, any injury covered on or off the job.

VISION

This insurance offers cost-effective nationwide benefit plans and includes eye exams, lenses, eyeglass frames and contact lenses. The enhanced plan option covers many eyeglass lens extras such as progressive lenses. Discounts are available on non-covered cosmetic options and laser vision correction procedures. Members enrolled in a vision plan are also eligible for a hearing aid discount.

ACCIDENT

This coverage pays a benefit in addition to other insurance coverages if an accident occurs that results in medical expenses. Benefit amounts may vary based on the plan selected (Silver, Gold or Platinum.) You may also insure your spouse and children under the age of 26.

HOSPITAL CONFINEMENT & INDEMNITY

With medical costs on the rise, you may be faced with having to pay more for things that your health insurance won't cover. Hospital Confinement can help with coinsurance and deductibles.

PET

Make sure you're protected for veterinary expenses in case your pet gets sick or hurt. These easy-to-understand plans cover wellness, injuries, hereditary conditions, emergency care, hospitalization, surgery and more! The plan features a choice of deductible and reimbursement levels to best fit your budget.

Our Insurance Products

CRITICAL ILLNESS AND TRAUMA

BenExtend will provide coverage regardless of current or previous health conditions. We'd like to think science can stop contagious diseases in their tracks, but outbreaks such as the flu, SARS, COVID-19, along with issues related to trauma, have shown that's not always the case. With hospitalization, secondary critical illnesses, term life, and counseling benefits included, the AflacBenExtend product is a well-rounded plan to protect you and your loved ones from the unexpected.

CRITICAL ILLNESS

Lessen the burden of out of pocket expenses, if you are diagnosed with one of the covered conditions. You can purchase up to \$35,000 without answering medical questions. Dependent coverage is available for your spouse and children.

HOME/AUTO

Nearly everyone needs cost-effective auto, homeowners or renters insurance. Monthly premiums can be payroll deducted for your convenience.

FINAL EXPENSE

Final expense insurance is typically a smaller permanent life insurance policy designed to protect your loved ones from the responsibility of covering costly final expenses when you're gone, such as medical bills, funeral expenses, and unanticipated costs. These plans offer guaranteed coverage with no medical exam, choice of coverage amounts, and premiums guaranteed not to increase. Additionally, this final expense offering may include guaranteed access to additional life insurance coverage over time.

PERMANENT/WHOLE LIFE

Permanent life insurance ensures you and your family are protected for the life of the policy. This coverage offers guaranteed cash value that can grow over the years. The plan will remain in force as long as premiums continue to be paid, and your premiums cannot be increased. Eligible members may purchase coverage for themselves, spouse, unmarried dependent children through age 25 and grandchildren to age 15.

LONG-TERM CARE

This policy is designed to assist the person who has lost some or all ability to care for themselves due to an illness or accident. Services can be provided whether you are living in a private residence, assisted living facility or a nursing home. Your long-term insurance plan can be customized to fit your needs.

IDENTITY THEFT

Protect your identity and online privacy with Allstate's Identity Protection. This plan provides advanced identity monitoring and watches the dark web for breached data.

CANCER

Cancer insurance pays benefits to help pay for some of the direct medical and indirect non-medical costs related to cancer diagnosis and treatment. It has an optional \$10,000 initial diagnosis benefit. This insurance can help pay for expenses that your health plan isn't designed to cover, like deductibles, coinsurance and travel to and from cancer treatment centers. Most plans offer options to help protect your spouse or children, as well.

How to Enroll



Enroll online at **www.seanc.org/enroll**
You can download enrollment forms and enroll in SEANC products on our website.



Call **1-919-792-3350** or **1-800-222-2758**
Our member benefits specialists will be able to assist you with enrollment.



Email **insurance@seanc.org**
Email our member benefits specialists to receive more information on how to enroll in our products.

Whole Life vs Term Life INSURANCE

What's the difference?

| | TERM | WHOLE |
|-------------------|---|--|
| COVERAGE | Provides coverage for a specific amount of time. | Provides lifelong coverage. |
| COST | Provides the most affordable coverage. | Costs more than term life insurance. |
| PREMIUMS | Your premium can fluctuate based on age or a reduction schedule. | Your premium remains the same for your entire life. |
| CASH VALUE | <p>The policy provides no cash value but offers a lower premium.</p> <p>Often provides protection for specific times of need, such as mortgage or a child's college tuition.</p> | <p>Has a tax-deferred cash value that grows over the life of the policy, meaning you won't have to pay taxes on the gains while they are accumulating.</p> <p>Cash value can be borrowed against the policy if needed for any reason. If you don't repay the policy loans with interest, you will reduce your benefit.</p> |
| PAYOUT | Payout happens only if you pass away while you're covered. Otherwise, the payout ends when the term expires. | Payout happens when you pass away, or when it matures –typically at age 95 or older. |
| GUARANTEE | The benefit is guaranteed over a specific term. | The benefit is guaranteed over your lifetime. |



Term Life

Underwritten by Boston Mutual

Protect your family if something happens to you. Ensure that your family can pay the bills without your income by investing in a term life insurance policy. SEANC offers a term life insurance plan underwritten by Boston Mutual.

Members can choose coverage amounts from \$10,000 up to a maximum of \$500,000. Guaranteed coverage up to \$150,000 is available in the first 180 days of SEANC membership. Dependent coverage is available for your spouse up to \$25,000. Your children are eligible for coverage up to \$10,000 at a cost of only \$6.75 per month. This brochure is intended only to provide a summary of available coverage.

Coverage Options

Employee and Spouse

- Up to a maximum of \$500,000 in coverage
- Guaranteed coverage up to \$150,000 is available in the first 180 days of SEANC membership
- Spouses may be insured for up to \$25,000
- Your spouse under the age of 70 is eligible

Children

- Insurance is available for unmarried dependent children age 14 days through age 19 (to age 25 if full-time student)
- Handicapped children over the age 19 are eligible
- Cover your children for \$10,000 at a cost of only \$6.75 per month

Monthly Member Rates and Sample Monthly Premium Costs

| Member Age | \$10,000 | \$20,000 | \$50,000 | \$100,000 | \$150,000 |
|------------|----------|----------|----------|-----------|-----------|
| <24 | \$0.52 | \$1.04 | \$2.60 | \$5.20 | \$7.80 |
| 25-29 | \$0.63 | \$1.26 | \$3.15 | \$6.30 | \$9.45 |
| 30-34 | \$0.81 | \$1.62 | \$4.05 | \$8.10 | \$12.15 |
| 35-39 | \$1.27 | \$2.54 | \$6.35 | \$12.70 | \$19.05 |
| 40-44 | \$1.96 | \$3.92 | \$9.80 | \$19.60 | \$29.40 |
| 45-49 | \$2.99 | \$5.98 | \$14.95 | \$29.90 | \$44.85 |
| 50-54 | \$5.06 | \$10.12 | \$25.30 | \$50.60 | \$75.90 |
| 55-59 | \$8.74 | \$17.48 | \$43.70 | \$87.40 | \$131.10 |
| 60-64 | \$12.65 | \$25.30 | \$63.25 | \$126.50 | \$189.75 |
| 65-69 | \$21.28 | \$42.56 | \$106.40 | \$212.80 | \$319.20 |
| 70-74 | \$60.61 | \$121.22 | \$303.05 | \$606.10 | \$909.15 |



Permanent/Whole Life

Underwritten by Boston Mutual

Permanent life insurance ensures you and your family are protected for the life of the policy. This coverage offers guaranteed cash value that can grow over the years. The plan will remain in force as long as premiums continue to be paid, and your premiums cannot be increased.

Eligible members may purchase coverage for themselves, spouse, unmarried dependent children through age 25 and grandchildren to age 15. This brochure is intended only to provide a summary of available coverage.

Coverage Options

Employee and Spouse

- Up to a maximum of \$200,000 in coverage
- Eligible to enroll up to age 72
- Monthly deductions range from \$8.67-\$130.00 per month for employees age 18-72
- Monthly deductions range from \$8.67-\$65.00 per month for spouses

Children

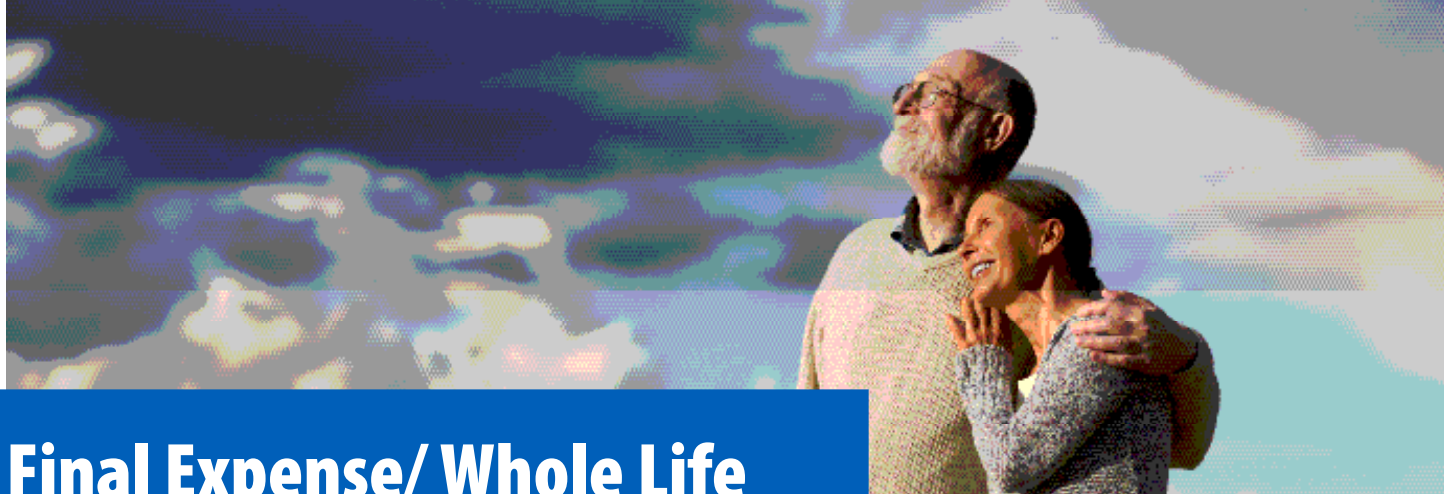
- Coverages range from \$1,000-\$25,000 in unit increments of \$1,000
- Insurance is also available for unmarried dependent children age 15 days through age 25
- Grandchildren are eligible from age 15 days to age 15
- The amounts available are from \$4.33 to \$21.67 per month, even if you choose not to buy coverage for yourself

Sample Whole Life Insurance Pricing

ICC13 END-95 (ESO) 3/13 and END-95 (ESO) 3/13

| Age at Enrollment | \$13 monthly premium | \$26 monthly premium | \$52 monthly premium | \$78 monthly premium | \$104 monthly premium | \$117 monthly premium |
|-------------------|-------------------------|-------------------------|-------------------------|-------------------------|--------------------------|--------------------------|
| 25 | \$18,145 | \$39,693 | \$82,819 | \$125,947 | \$169,073 | \$190,636 |
| 30 | \$14,795 | \$32,365 | \$67,529 | \$102,695 | \$137,859 | \$155,442 |
| 35 | \$11,941 | \$26,120 | \$54,500 | \$82,882 | \$111,262 | \$125,452 |
| 40 | \$9,514 | \$20,813 | \$43,426 | \$66,040 | \$88,654 | \$99,960 |
| 45 | \$7,455 | \$16,307 | \$34,026 | \$51,745 | \$69,464 | \$78,323 |
| 50 | \$5,753 | \$12,585 | \$26,259 | \$39,934 | \$53,608 | \$60,445 |
| 55 | \$4,450 | \$9,736 | \$20,314 | \$30,892 | \$41,470 | \$46,759 |
| 60 | \$3,440 | \$7,525 | \$15,702 | \$23,879 | \$32,055 | \$36,144 |
| 65 | \$2,620 | \$5,732 | \$11,960 | \$18,188 | \$24,416 | \$27,530 |

These rates are based on non-smoking member policies. The amounts listed are face value.



Final Expense/ Whole Life

Underwritten by Gerber Life Insurance Company

A Gerber Life Guaranteed Life policy is a whole life insurance policy that enables you to purchase life insurance protection in your later years (age 50 to 80), so your family members won't have to take on the responsibility of covering any costly final expenses when you're gone. With the cost of a funeral averaging over \$7,000¹ and Social Security providing a one-time death payment of only \$255² (if you qualify), your family could be left with a large funeral bill and other final expenses. This plan offers coverage up to \$25,000, which will help make life a little easier for your family at a time when they may need it most.

Plan Highlights

- **You can't be turned down** — Regardless of your health, if you are between 50 and 80 years old, your acceptance is guaranteed.
- **You choose your coverage amount** — U.S. Citizens and permanent legal residents can choose a guaranteed face amount from \$5,000 to \$25,000 (total of all combined Gerber Life Guaranteed Life policies is \$25,000).
- **No medical exams are required** — There are no medical exams or lengthy health questionnaires to fill out.
- **Beneficiary proceeds are generally not taxable** — Under current federal law, the Guaranteed Life policy death benefit is not subject to federal income tax when paid to a named beneficiary.
- **Your premiums never increase** — Once you select the coverage amount you need, your premiums are guaranteed to never increase for as long as you hold the policy.

Sample Monthly Premiums for Various Coverage Amounts*

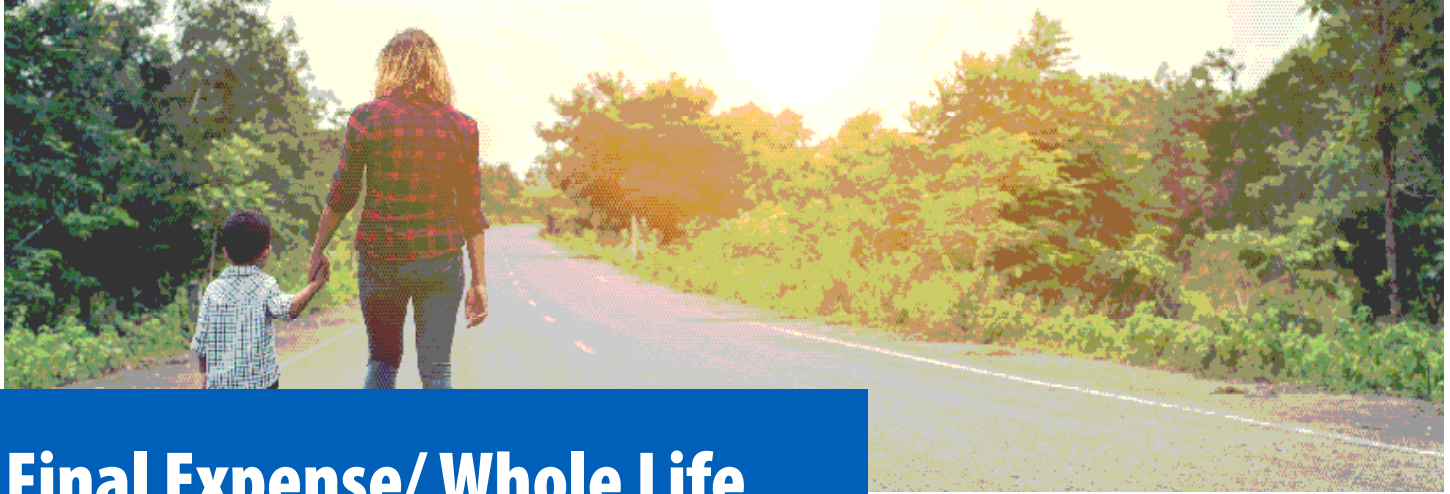
| | \$5,000 | | \$7,000 | | \$10,000 | | \$15,000 | | \$20,000 | | \$25,000 | |
|-----|----------|---------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Age | Male | Female | Male | Female | Male | Female | Male | Female | Male | Female | Male | Female |
| 50 | \$22.50 | \$17.69 | \$31.14 | \$24.40 | \$44.09 | \$34.47 | \$65.68 | \$51.24 | \$87.27 | \$68.02 | \$108.86 | \$84.79 |
| 60 | \$32.40 | \$25.99 | \$45.00 | \$36.02 | \$63.89 | \$51.06 | \$95.38 | \$76.13 | \$126.87 | \$101.20 | \$158.36 | \$126.27 |
| 70 | \$50.05 | \$38.23 | \$69.70 | \$53.15 | \$99.18 | \$75.53 | \$148.32 | \$112.84 | \$197.45 | \$150.15 | \$246.59 | \$187.46 |
| 80 | \$124.12 | \$88.64 | \$173.40 | \$123.73 | \$247.32 | \$176.37 | \$370.52 | \$264.09 | \$493.72 | \$351.82 | \$616.92 | \$439.55 |

* Monthly rates shown above include a discount for ACH payments (preauthorized checking).

Put the Power of Gerber Life Behind You

Since 1967, Gerber Life has been providing life insurance to families, helping them achieve financial security and insurance protection. You can depend on us to put you and your family first. And you can count on a strong and stable company with an "A" (Excellent) rating from A.M. Best.³ We look forward to helping you and yours. To learn more, please contact your insurance agent.

¹ 2015 National Funeral Directors Association (NFDA) General Price List Survey. ² Social Security Administration website: <http://www.ssa.gov>. ³ This rating is the third highest awarded out of 13 possible categories. The rating refers only to the overall financial status of the Company and is not a recommendation of the specific policy provisions, rates or practices of the Company.



Final Expense/ Whole Life

Underwritten by MassMutual Life Insurance Company

A MassMutual Whole Life Insurance policy provides lifetime coverage at a set premium, builds cash value from which you can borrow¹, and pays a death benefit to your loved ones. MassMutual has been helping people build better financial futures for more than 167 years and is a trusted leader with financial strength ratings among the highest of any company.³

Consider the Advantages

- **Provides guarantees:** Regardless of health, **actively-at-work members** (ages of 18-75) and their **dependent children/grandchildren** (ages 14 days-26 years) have access to **guaranteed coverage**.

Note: Spouses (ages 18-60) of actively-at-work members and member retirees (to age 75) can apply for coverage but are subject to limited underwriting review (coverage is not guaranteed). Retirees' spouses/children are ineligible for coverage under this plan.
- Choose your coverage amount: SEANC members can choose a guaranteed face amount from \$10,000 to \$25,000 per year up to a lifetime maximum of \$100,000 (retirees can apply for a maximum of \$25,000 annually). Members can apply for additional coverage, but this coverage is not guaranteed. Note: Spouses/dependents are eligible for \$25,000 if the member takes \$25,000+ coverage.
- **No medical exams are required** nor lengthy health questionnaires to fill out.
- **Premiums will never increase** for the coverage amount you have selected. Note: This is an individual policy, which is owned by you.
- **Guaranteed cash value** that accumulates on a tax-deferred basis over time. Your policy is also **eligible to earn dividends**, offering the potential to further increase your cash value. You can take a loan from this cash value or access the full amount if you decide to cancel the policy.^{1,2}
Beneficiary proceeds are generally not taxable under current federal law when paid to the named beneficiary.
Terminal illness provision that enables you to receive a portion of your death benefit if diagnosed with a terminal illness that is expected to result in death within 12 months.

Sample Monthly Premiums for Various Coverage Amounts*

| | \$10,000 Coverage | | \$25,000 Coverage | | \$50,000 Coverage | | \$75,000 Coverage | |
|-----|-------------------|-----------------------|-------------------|-----------------------|-------------------|-----------------------|-------------------|-----------------------|
| Age | Monthly Premium | Guaranteed Cash Value | Monthly Premium | Guaranteed Cash Value | Monthly Premium | Guaranteed Cash Value | Monthly Premium | Guaranteed Cash Value |
| 30 | \$11.40 | \$3,502 | \$22.50 | \$8,757 | \$41.00 | \$17,514 | \$59.50 | \$26,271 |
| 40 | \$16.70 | \$3,032 | \$35.75 | \$7,581 | \$67.50 | \$15,163 | \$99.25 | \$22,745 |
| 50 | \$26.40 | \$2,239 | \$60.00 | \$5,598 | \$116.00 | \$11,197 | \$172.00 | \$16,796 |
| 60 | \$43.40 | \$2,044 | \$102.50 | \$5,111 | \$201.00 | \$10,223 | \$299.50 | \$15,334 |
| 70 | \$72.10 | \$3,172 | \$174.25 | \$7,930 | \$344.50 | \$15,861 | \$514.75 | \$23,791 |

* Represents non-gender, non-tobacco rates; age based on the certificate effective date; cash values shown are at the later of 10 years after the certificate date or the end of the certificate year which starts when the insured is age 65.

¹Access to cash values through borrowing will reduce the policy's cash value and death benefit, increase the chance the policy will lapse, and may result in a tax liability if the policy terminates before the death of the insured.

²Dividends are not guaranteed. You are eligible to earn beginning on the second anniversary. MassMutual has paid dividends to eligible participating policyowners every year since 1869.

³Financial strength ratings are as of 01/27/2020: A.M. Best A++; Fitch AA+; Moody's Aa3; Standard & Poor's AA+. Ratings are for MassMutual and its subsidiaries, C.M. Life Insurance Company and MML Bay State Life Insurance Company. Ratings are subject to change.

Illness, Trauma, Accident (BenExtend)

Underwritten by AFLAC

BenExtend will provide coverage regardless of current or previous health conditions. We'd like to think science can stop contagious diseases in their tracks, but outbreaks such as the flu, SARS, COVID-19, along with issues related to trauma, have shown that's not always the case. With hospitalization, secondary critical illnesses, term life, and counseling benefits included, the AflacBenExtend product is a well-rounded plan to protect you and your loved ones from the unexpected.



Hospitalization



Critical Illness



Life Insurance



Telecounseling



Health Screening

| | | | | | |
|--------------------------------------|--|-------------------------|----------------|---|--|
| PLAN 1 (HIGH/ PLATINUM) | \$1,500 admission \$200/day confinement up to day 15 | up to \$5,000 | \$5,000 | UNLIMITED CALLS INCLUDED | \$100 per calendar year per insured |
| PLAN 2 (MID/ GOLD) | \$1,000 admission \$200/day confinement up to day 15 | up to \$3,000 | \$5,000 | UNLIMITED CALLS INCLUDED | \$50 per calendar year per insured |
| PLAN 3 (LOW/ SILVER) | \$500 admission \$125/day confinement up to day 15 | up to \$3,000 | \$5,000 | UNLIMITED CALLS INCLUDED | \$50 per calendar year per insured |

Monthly Member Premiums

| | PLAN 1 | PLAN 2 | PLAN 3 |
|-------------------------------|---------|---------|---------|
| Member | \$33.17 | \$23.65 | \$17.67 |
| Member and spouse | \$66.43 | \$47.17 | \$35.13 |
| Member and dependent children | \$47.16 | \$34.74 | \$25.27 |
| Member and family | \$80.42 | \$58.26 | \$42.73 |

Enroll

To learn more or enroll, go to www.seanc.org/aflac or call (833) 206-3553 Monday - Friday; 8:00am - 5:00pm (EST).

BenExtend Details

| Hospital Benefits Overview In order to receive benefits for accidental injuries due to a covered accident, an insured must be admitted within six months (In Vermont, or as soon as reasonably | PLAN 1 | PLAN 2 | PLAN 3 |
|---|----------------------|----------------------|----------------------|
| HOSPITAL ADMISSION (per confinement) – once per covered sickness or accident per calendar year for each insured Payable when an insured is admitted to a hospital and confined as an in-patient because of a covered accidental injury or covered sickness. We will not pay benefits for confinement to an observation unit, or for emergency room treatment or outpatient treatment. We will not pay benefits for Hospital Admission of a newborn child following his birth. However, we will pay for a newborn's admission to a Hospital Intensive Care Unit if, following birth, he is confined as an inpatient as a result of a covered accidental injury or covered sickness (including congenital defects, birth abnormalities, and/or premature birth). | \$1,500 | \$1,000 | \$500 |
| HOSPITAL CONFINEMENT (per day) – maximum of 15 days per confinement for each covered sickness or accident for each insured Payable for each day that an insured is confined to a hospital as an inpatient as the result of a covered accidental injury or because of a covered sickness. If we pay benefits for confinement and the insured becomes confined again within 6 months because of the same or related condition, we will treat this confinement as the same period of confinement. This benefit is payable for only one hospital confinement at a time even if caused by more than one covered accidental injury, more than one covered sickness, or a covered accidental injury and a covered sickness. We will not pay this benefit for confinement to an observation unit or a recovery unit. We will not pay this benefit for emergency room treatment or outpatient surgery or outpatient treatment. | \$200 Days 1 - 15 | \$200 Days 1 - 15 | \$125 Days 1 - 15 |

| | |
|--|--|
| CANCER (Internal or Invasive) 100% | BONE MARROW TRANSPLANT (Stem Cell Transplant) 100% |
| HEART ATTACK (Myocardial Infarction) 100% | SUDDEN CARDIAC ARREST 100% |
| STROKE (Ischemic or Hemorrhagic) 100% | NON-INVASIVE CANCER 25% |
| MAJOR ORGAN TRANSPLANT 100% | CORONARY ARTERY BYPASS SURGERY 25% |
| KIDNEY FAILURE (End-Stage Renal Failure) 100% | SKIN CANCER (Once per Calendar Year) \$250 |
| Initial Diagnosis – We will pay a benefit based on the face amount upon diagnosis of a covered critical illness. Additional Diagnosis – Once benefits have been paid for a covered critical illness, we will pay benefits for each different critical illness when the date of diagnosis is separated by at least 6 consecutive months (In Tennessee, 30 consecutive days). Reoccurrence – Once benefits have been paid for a covered critical illness, we will pay benefits for that same critical illness when the date of diagnosis is separated by at least 6 consecutive months. | |
| Benefits will be based on the face amount in effect on the critical illness date of diagnosis. If the claim is for a cancer diagnosis, the insured must be treatment-free from cancer for at least 12 months and must be in complete remission before the date of a subsequent cancer diagnosis. | |
| Health Screening Benefit / \$100 High / \$50 Mid / \$50 Low per calendar year per insured | |
| Payable for health screening tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations. Residents of Massachusetts are not eligible for the Health Screening Benefit. | |
| Term Life Rider / \$5,000 All Plans | |
| If the insured dies while covered under this plan, we will pay the amount shown as a lump-sum benefit to the insured's designated beneficiary. Benefit is paid once per insured. | |
| Successor Insured Benefit | |
| If spouse coverage is in force at the time of the employee's death, the surviving spouse may elect to continue coverage. Coverage would continue according to the existing plan and would also include any dependent child coverage in force at the time. | |



Vision

Underwritten by UnitedHealthCare

SEANC offers three nationwide vision plans through Spectera that include eye exams, lenses, eyeglass frames and contact lenses. The enhanced plan option covers many eyeglass lens extras, such as progressive lenses. Discounts are available on non-covered cosmetic options and laser vision correction procedures.

Rates start at just \$13.33 per month for the Enhanced Plan Option 1, and once the plan is in effect, there are no waiting periods. Enrollment forms received by the 10th of the month will be effective on the first of the following month.

You can save up to 80% off industry prices of name-brand and private-label hearing aids. Please note that enrollment in the SEANC Vision Insurance Plan is required to take advantage of the hearing aid discounts. Go to www.seanc.org/vision for more details. Contact UnitedHealthcare Hearing today and mention promo code UHC MYVISION to receive your discounted pricing. Call: 1-855-523-9355, TTY 711 or visit www.uhc hearing.com.

Do you have the best vision plan?

| | OUR PLAN | OTHER PLANS |
|-----------------------------------|----------|-------------|
| *Standard Anti-Reflective Coating | INCLUDED | \$12+ |
| *Anti-glare coating | INCLUDED | \$44+ |
| *Photochromic | INCLUDED | \$70+ |
| *Progressives | INCLUDED | \$45-\$95 |
| *UV treatment | INCLUDED | \$10+ |
| *Tint | INCLUDED | \$14+ |
| *Polycarbonate Lenses | INCLUDED | \$35+ |

You can save up to 80% off industry prices of name-brand and private-label hearing aids.

*Based on the 2019 Enhanced Option 1 and Option 2 plans.

Find a Network Provider

Members are allowed to visit any licensed provider, in or out of the Spectera network, and still receive benefits. When utilizing a participating provider, members can save more. Find an in-network provider at www.myspectera.com or call 1-800-638-3120.

SEANC Vision Plans

(E) = Employee Only

(E + 1) = Employee + One

(E + F) = Employee + Family

| PLAN NAME | STANDARD | ENHANCED OPTION 1 | ENHANCED OPTION 2 |
|--|--|---|---|
| Monthly Premium | \$6.74 (E) \$12.36 (E + 1) \$20.93 (E + F) | \$13.33 (E) \$24.39 (E + 1) \$41.34 (E + F) | \$12.29 (E) \$22.51 (E + 1) \$38.14 (E + F) |
| Exams | Once Every 12 Months 100% with a \$15 copay | | |
| Lenses | Once Every 12 Months | | Once Every 24 Months |
| | \$15 copay (applied to lenses and frame); 100% coverage for single vision, lined bifocal, trifocal and lenticular lenses | \$25 copay (applied to lenses and frame); 100% coverage for single vision, lined bifocal, trifocal and lenticular lenses | \$25 copay (applied to lenses and frame); 100% coverage for single vision, lined bifocal, trifocal and lenticular lenses |
| Frames | Once Every 24 Months | | |
| | \$15 copay (applied to lenses and frame); \$130 frame allowance at any in-network retail chain providers or private practice providers | \$25 copay (applied to lenses and frame); \$130 frame allowance at any in-network retail chain providers or private practice providers | \$25 copay (applied to lenses and frame); \$130 frame allowance at any in-network retail chain providers or private practice providers |
| Contact Lenses (in lieu of glasses) | Once Every 12 Months | | Once Every 24 Months |
| | Elective: \$15 copay up to 6 boxes; allowance up to \$150 | Elective: \$25 copay up to 6 boxes; allowance up to \$150 | Elective: \$25 copay up to 4 boxes; allowance up to \$125 |
| Cosmetic Lens Options | Scratch Resistant Coating, Polycarbonate Lenses for children up to age 19 | Scratch Resistant Coating, Standard and Deluxe Progressives, Standard Anti-Reflective Coating, Edge Coating, Photochromic, Tints, Polycarbonate lenses and UV Coating | Scratch Resistant Coating, Standard and Deluxe Progressives, Standard Anti-Reflective Coating, Edge Coating, Photochromic, Tints, Polycarbonate lenses and UV Coating |



Dental

Underwritten by UnitedHealthCare

SEANC offers three dental plans through the National UnitedHealthcare network. The plans include an annual individual deductible from \$25 to \$50, and preventative care is 100% covered with no deductible for two visits per year.

Rates start at just \$23.21 per month for the member standard option, and once the plan is in effect, there are no waiting periods. Enrollment forms received by the 10th of the month will be effective on the first of the following month.

Plan Highlights

- Annual Benefit maximum of \$5,000 (Premium Plan)
- Preventive care is covered 100% in our network
- See any dentist and save by using our network
- The plan has a national network of 100,000+ dentists
- There's no need to get referrals to see a specialist
- You can use your Health Care Flexible Spending Account to pay for eligible dental expenses
- The Dental Cost Calculator shows what you'll pay for dental treatments and lets you compare between dentists
- Two of the plan options (Premium & Core) cover Major Services (such as Bridges, Dentures and Crowns)
- Extra dental visits during pregnancy and the first three months

Monthly Member Premiums

| | PREMIUM | CORE | BASIC |
|----------------------|----------|----------|---------|
| Member | \$55.20 | \$29.18 | \$23.21 |
| Member and one child | \$110.02 | \$56.49 | \$44.92 |
| Member and spouse | \$110.73 | \$58.84 | \$46.80 |
| Member and children | \$143.59 | \$71.94 | \$57.23 |
| Member and family | \$204.17 | \$100.72 | \$80.12 |

Find a Network Provider

Members are allowed to visit any licensed provider, in or out of the UnitedHealthcare network, and still receive benefits. When utilizing a participating provider, members can save more. Find an in-network provider at www.myuhcdental.com.

SEANC Dental Plans

NEW! The Prenatal Dental Care (not available in WA) and Oral Cancer Screening programs are covered under all plans.

(M) = Member

(M+C) = Member + 1 Child

(M+S) = Member + Spouse

(M+CC) = Member + Child(ren)

(M+F) = Member + 1 Family

| Plan Name | PREMIUM | CORE | BASIC |
|--|--|---|--|
| Monthly Premium Rates effective until 12/31/2021 | \$55.20 (M) \$110.02 (M+C) \$110.73 (M+S) \$143.59 (M+CC) \$204.17 (M+F) | \$29.18 (M) \$56.49 (M+C) \$58.84 (M+S) \$71.94 (M+CC) \$100.72 (M+F) | \$23.21 (M) \$44.92 (M+C) \$46.80 (M+S) \$57.23 (M+CC) \$80.12 (M+F) |
| Annual Benefit Maximum | \$5,000 | In-\$1,500 Out-\$1,250 | \$1,250 |
| Orthodontia Lifetime Maximum | \$5,000 | \$0 Not Covered | \$0 Not Covered |
| Annual Deductible Before the plan pays, you'll pay the deductible. | \$50 (M) \$150 (Family) | \$25 (M) \$75 (Family) | \$25 (M) \$75 (Family) |
| Waiting Period | None | | |
| Preventative and Diagnostic Services | | | |
| Preventative and Diagnostic Co-Insurance | 100% | In-100% Out-80% | 100% |
| Routine exam, teeth cleaning, fluoride treatments (up to age 16) | 2 times per consecutive 12 months. | | |
| Intraoral Radiographs (Full Mouth X-rays) | 1 time per 36 months (complete series and Panorex) | | |
| Bitewing and Extraoral X-rays (Adults and child(ren)) | Bitewing: 1 series per calendar year. Extraoral: 2 films per calendar year. | | |
| Basic Services | | | |
| Basic Co-Insurance | 80% | In-80% Out-60% | 70% |
| Simple extractions, fillings, therapeutic pulpotomy and palliative treatment | Covered | | |
| Sealants (for dependent children to age 16) | Once per first or second permanent molar every 36 months. | | |
| Space maintainers (for dependent children to age 16) | 1 per consecutive 60 months. | | |
| Periodontal maintenance (following active or adjunctive periodontal therapy) | 2 times per consecutive 12 months. | | |
| Major Services | | | |
| Major Co-Insurance | 50% | In-50% Out-20% | 0% Not Covered |
| Crowns, implants, inlays and onlays | 1 time per tooth per consecutive 60 months. Crown re-placements: 1 time per consecutive 60 months from initial | | 0% Not Covered |
| Bridges/Dentures | Full/partial dentures: 1 time per consecutive 60 months. Relining and rebasing dentures: 6 months after initial installation and 1 time per consecutive 12 months. | | 0% Not Covered |
| Denture Repairs and Adjustments | 12 months after initial insertion, 1 time per 6 months. | | 0% Not Covered |
| Relines and Rebases Dentures | 6 months after initial installation and 1 time per consecutive 12 months. | | 0% Not Covered |
| Endodontics, Oral Surgery | Covered. | | 0% Not Covered |
| Anesthesia | Covered as a basic service. | | 0% Not Covered |
| Periodontal Scaling and Root Planing | One time per quadrant per consecutive 24 months. | | 0% Not Covered |
| Periodontal Surgery | Once per quadrant or site every 36 months. | | 0% Not Covered |
| Root Canal Therapy | 1 time per tooth per lifetime. | | 0% Not Covered |
| Occlusal Guards | Covered if prescribed to control habitual grinding. | | 0% Not Covered |
| Orthodontia (dependent children only) | | | |
| Orthodontia Co-Insurance | 50% (child up to age 19) | 0% Not Covered | 0% Not Covered |

Please refer to the UnitedHealthCare Dental Plan Certificate of Coverage for a detailed description of the plan benefits.

NOTE: The Core Plan is not available to residents in AL, LA, MS or TX.



Voluntary Benefits

Underwritten by Colonial Life

Colonial Life Disability Insurance

You never know when a disability could impact your way of life. Fortunately, there's a way to help protect your income. If a covered accident or sickness prevents you from earning a paycheck, disability insurance can provide a monthly benefit to help you cover your ongoing expenses.

Colonial Life Cancer Insurance

Cancer insurance helps pay for some of the direct medical and indirect non-medical costs related to cancer diagnosis and treatment. It can help pay for expenses that your health plan isn't designed to cover, like deductibles, coinsurance and travel to and from cancer treatment centers. Most plans offer options to help protect your spouse or children, as well.

Colonial Life Hospital Confinement Indemnity Insurance

Our Individual Medical Bridge insurance can help with medical costs that your health insurance may not cover. These benefits are available for you, your spouse and eligible dependent children. Guaranteed Issue options available for actively at work state employees for 2021!

Enroll

To enroll call 1-888-732-6248 or email ncgov@coloniallifesales.com.

Coverage is subject to policy exclusions and limitations that may affect benefits payable. See your Colonial Life benefits counselor for complete details. Underwritten by Colonial Life & Accident Insurance Company, Columbia, SC ©2019 Colonial Life & Accident Insurance Company. All rights reserved. Colonial Life is a registered trademark and marketing brand of Colonial Life & Accident Insurance Company.



Accidental Death & Dismemberment

Underwritten by Life Insurance Company of North America

SEANC members receive a \$1,000 Accidental Death and Dismemberment policy for joining the association at no additional cost!

The Voluntary Accidental Death and Dismemberment Insurance plan provides your family with valuable financial protection in the event of unintentional death, dismemberment of the insured or other covered loss due to a covered accident. Members can purchase additional coverage from \$25,000 to \$500,000 at competitive rates.

Coverage Options

Employee and Spouse

- An employee can receive coverage ranging from \$25,000 to a maximum of \$500,000
- Spouses can be insured at 50% of your Principal Sum up to a maximum of \$250,000 with no eligible dependent children
- Spouses can be insured at 40% of your Principal Sum up to a maximum of \$200,000 with eligible dependent children receiving 10% each

Children

- Members can be insured at 15% of your Principal Sum up to \$25,000

Plan Highlights

- Keep coverage with no age reduction
- No health evidence required
- Travel Assistance Services included
- Affordable group rates
- Payroll deduction
- Dependent coverage available

| Accident | Percentage of the Principal Sum |
|--|---------------------------------|
| Loss of Life | 100% |
| Total paralysis of upper and lower limbs | 100% |
| Total paralysis of both lower limbs | 66.7% |
| Loss of two or more hand or feet | 100% |
| Loss of one hand or foot | 50% |

Enrollment Info

- You can download the enrollment form at www.seanc.org/insurance



Accident

Underwritten by Boston Mutual

While many health insurance plans will cover most of the major expenses, you could still be left with out-of-pocket expenses such as co-payments, deductibles, transportation and lodging costs and emergency room expenses.

Group Accident Coverage complements your medical coverage by providing you with a benefit payment for covered medical services once your coverage is effective. This payment can be used as you see fit, especially to help with the out-of-pocket expenses you may incur as a result of an accident.

- 1 out of 8 people each year seek medical attention for an injury.
- The average household cost associated with lost wages, medical and other injury related expenses is \$6,700.
- There are over 40 million visits each year to hospital emergency rooms for treatment of an injury.
- 39% of all injuries occur in or around the home.
- 71% of all unintentional injury-related deaths occur off the job.

* Source: Injury Facts, 2015 Edition

Plan Highlights

- Family coverage available
- Portable
- Affordable
- Pays in addition to other coverage
- Effective on enrollment date

| MONTHLY PREMIUMS | SILVER | GOLD | PLATINUM |
|---------------------|---------|---------|----------|
| Member | \$5.09 | \$10.53 | \$15.83 |
| Member and spouse | \$9.14 | \$19.14 | \$28.88 |
| Member and children | \$11.66 | \$24.68 | \$37.10 |
| Member, spouse and | \$15.71 | \$33.29 | \$50.15 |

| EVENT | BENEFIT |
|---|-----------------------------------|
| Hospital Care | |
| Hospital Admission | \$1,000 - \$3,000 |
| Hospital Confinement | \$250 - \$750 |
| Hospital Intensive Care Unit Confinement | \$500 - \$1,500/day up to 30 days |
| Lodging | \$100 - \$300 per day |
| Rehabilitation Unit | \$75 - \$225 |
| Transportation | \$300 - \$900 |
| Emergency Care | |
| Air Ambulance | \$500 - \$1,500 |
| Ground Ambulance | \$100 - \$300 |
| Appliance | \$50 - \$150 |
| Blood, Plasma, Platelets | \$100 - \$300 |
| Physician Office/Urgent Care - Initial Visit | \$25 - \$75 |
| Outpatient Surgery Facility Service | \$100 - \$300 |
| Abdominal or Thoracic with repair | \$500 - \$1,500 |
| Abdominal or Thoracic without repair | \$50 - \$150 |
| Hernia | \$50 - \$150 |
| Emergency Room | |
| Emergency Room Treatment | \$50 - \$300 |
| Major Injury | |
| Accidental Death (member or spouse) | \$50,000 |
| Accidental Death (children) | \$10,000 |
| Accidental Death/Common Carrier (member or | \$100,000 |
| Accidental Death/Common Carrier (children) | \$20,000 |
| Coma | \$5,000 |
| Dismemberment (loss of both hands or both feet | \$10,000 |
| Dismemberment (loss of one hand, or one foot or | \$5,000 |
| Dismemberment (loss of two or more fingers or | \$1,200 |
| Dismemberment (loss of one finger or one toe) | \$600 |
| Catastrophic Accident (Member or Spouse) | \$50,000 |
| Catastrophic Accident (Children) | \$10,000 |
| Continuing Care | |
| Epidural Pain Management | \$50 - \$150 |
| Physician Follow-Up Care | \$50 - \$150 |
| Spinal Manipulation | \$15 - \$45 |
| Therapy Services – Occupational, Physical & | \$15 - \$45 |

| EVENT | BENEFIT |
|---|---|
| Specific Loss | |
| Burns- 2nd degree, which cover at least 36% of the body | \$750- \$2,250 |
| Burns- 3rd degree, which cover at least 9 sq. inches but less than 35 sq. | \$1,500 - \$4,500 |
| Burns- 3rd degree, which cover 35 or more | \$10,000 - \$30,000 |
| Skin Grafts | 25% of applicable |
| Concussion | \$150 - \$450 |
| Emergency dental work (crown) | \$150 - \$450 |
| Emergency dental work (extraction) | \$50 - \$150 |
| Eye Injury | \$250 - \$750 |
| Gunshot wound | \$1,000 - \$3,000 |
| Laceration (without stitches) | \$25 - \$75 |
| Laceration (stitches up to 3") | \$50 - \$150 |
| Laceration (stitches 3"-5") | \$200 - \$600 |
| Laceration (stitches over 5") | \$400 - \$1,200 |
| Organized Sports | \$500 - \$1,500 |
| Prosthetic device (one) | \$500 - \$1,500 |
| Prosthetic device (more than one) | \$1,000 - \$3,000 |
| Ruptured Disc | \$500 - \$1,500 |
| Tendon, Ligament, Rotator Cuff (one) | \$600 - \$1,800 |
| Tendon, Ligament, Rotator Cuff (more | \$900 - \$2,700 |
| Tendon, Ligament, Rotator Cuff (exploratory without repair) | \$150 - \$450 |
| Torn Knee Cartilage (surgery with | \$750 - \$2,250 |
| Torn Knee Cartilage (exploratory | \$150 - \$450 |
| Diagnostic Imaging | |
| Medical Imaging | \$100 - \$300 |
| X-Rays | \$25 - \$75 |
| Dislocations & Fractures | |
| Dislocation (Closed with Anesthesia) | \$100 - \$6,000 |
| Dislocation (Open with Anesthesia) | \$200 - \$12,000 |
| Dislocation (Closed without Anesthesia) | 25% of the closed with anesthesia benefit |
| Fractures (Closed) | \$50 - \$7,500 |
| Fractures (Open) | \$100 - \$15,000 |
| Chip Fracture | 25% of the closed |



Critical Illness with Cancer

Underwritten by Boston Mutual

Every year about 735,000 Americans have a heart attack¹. Lessen the burden of out-of pocket-expenses if a life-changing illness or health event strikes. Dependent coverage is available for your spouse and children (up to age 26). There is no additional charge to cover children. Member benefit amounts are portable and available from \$5,000 to \$50,000.

| Covered Specified Critical Illness | Percent of Benefit Amount |
|--------------------------------------|---------------------------|
| Cancer | 100% |
| Carcinoma in situ | 30% |
| Skin Cancer | \$300 one-time (lifetime) |
| Heart Attack (Myocardial Infarction) | 100% |
| Coronary Artery Bypass Surgery | 30% |
| Angioplasty & Stent Insertion | 30% |
| Stroke | 100% |
| Coma | 100% |
| Paralysis | 100% |
| Severe Burns | 100% |
| Major Organ Transplant | 100% |
| Alzheimer's Disease | 100% |
| ALS (Lou Gehrig's Disease) | 100% |
| Loss of Sight/Speech/Hearing | 100% |
| End Stage Renal Disease | 100% |
| Benign Brain Tumor | 100% |

Enroll

To enroll call 1-800-222-2758 or 919-792-3350.

| SAMPLE PRICING | | | |
|----------------|----------|----------|----------|
| Issue Ages | \$10,000 | \$25,000 | \$50,000 |
| 18-29 | \$5.40 | \$13.50 | \$27.00 |
| 30-39 | \$9.80 | \$24.50 | \$49.00 |
| 40-49 | \$18.00 | \$45.00 | \$90.00 |
| 50-59 | \$30.60 | \$76.50 | \$153.00 |
| 60-69 | \$52.00 | \$130.00 | \$259.99 |

This brochure provides a general description of the important features of the policy/certificate. This brochure is not the insurance contract and only the actual policy/certificate provisions will control. See certificate for detail regarding exclusions. Policy Series - WS-CI 4/12

¹ Mozaffarian D, Benjamin EJ, Go AS, et al. Heart disease and stroke statistics—2015 update: a report from the American Heart Association. Circulation. 2015;131:e29-322.



Pet Insurance

Offered by Nationwide®

Make sure you're protected for veterinary expenses in case your pet gets sick or hurt. My Pet ProtectionSM is a pet insurance plan that reimburses 90% of veterinary bills¹ with a low \$250 annual deductible and a generous \$7,500 maximum annual benefit. **Like all other pet insurers, we don't cover pre-existing conditions.** However, we go above and beyond with extra features such as emergency boarding, Vet Helpline® unlimited (24/7) access to a veterinary professional, lost pet advertising and more.

Coverage

- Accidents, including poisonings and allergic reactions
- Injuries, including cuts, sprains and broken bones
- Common illnesses, including ear infections, vomiting and diarrhea
- Serious/chronic illnesses, including cancer and diabetes
- Hereditary and congenital conditions
- Surgeries and hospitalization
- X-rays, MRIs and CT scans
- Prescription medications and therapeutic diets

Plan Highlights

- Up to 90% back on vet bills¹
- \$250 annual deductible
- \$7,500 max annual benefit
- Use any vet you choose
- Exclusivity - Unavailable to the general public
- One set price, regardless of the pet's age
- The best deal anywhere: an average savings of 30% over similar plans from other pet insurers²
- A wellness plan option that includes spay/neuter, vaccinations and more
- Sign up multiple pets with individual plans and receive a discount³ for even more savings

Enroll

To enroll www.petinsurance.com/affiliates/SEANC or call 877-738-7874.

| MY PET PROTECTION PLAN SAMPLE PRICING | |
|--|--|
| Dog Raleigh, NC \$250 annual deductible \$39.57/month | Cat Raleigh, NC \$250 annual deductible \$23.74/month |

¹ Some exclusions may apply. Certain coverages may be subject to pre-existing exclusion. See policy documents for a complete list of exclusions.

² Average based on similar plans from top competitors' websites for a 4-year old Labrador retriever in Calif., 90631. Data provided using information available as of December 2017.

³ Pet owners receive a 5% multiple-pet discount by insuring two to three pets or a 10% discount on each policy for four or more pets.



Legal Plan

The Legal Plan provides you with easy access to a national network of over 15,000 experienced attorneys, and provides coverage for the most frequently needed personal legal services. It's like having your own attorney on retainer. The plan fully covers attorney fees for services such as preparation of wills, powers of attorney, living wills, real estate transactions, traffic ticket defense, debt collection defense, identity theft defense and much more. The SEANC Legal Plan is a benefit provided by Hyatt Legal Plans, a MetLife Company.

Covered Services

Wills And Estate Planning

- Wills and Codicils
- Power of Attorney
- Living Wills

Real Estate Matters

- Sale, Purchase or Refinancing of Your Home
- Tenant Problems / Eviction
- Defense (where you are the tenant)
- Home Equity Loans
- Security Deposit Assistance (for the tenant)

Defense of Civil Lawsuits

- Civil Litigation Defense
- Administrative Hearings
- Incompetency Defense

Consumer Protection

- Consumer Protection Matters
- Small Claims Assistance
- Personal Property Protection

Debt Matters

- Debt Collection Defense
- Identity Theft Defense
- Tax Audits

Document Preparation

- Affidavits, Deeds
- Demand Letters
- Mortgages, Promissory Notes
- Document Review
- Elder Law Matters

Family Law

- Prenuptial Agreement
- Protection from Domestic Violence
- Adoption and Legitimization
- Uncontested Guardianship
- Name Change

Traffic Matters / Criminal

- Traffic Ticket Defense (Excludes DUI)
- Restoration of Driving Privileges
- Juvenile Court Defense

Pricing

- \$12.95 per person or family per month

Contact

- 1-800-821-6400



Identity Protection

Underwritten by Allstate

Allstate's comprehensive solution protects your identity and online privacy. If you become an identity theft victim, lose your wallet or simply have a question concerning a breach, our Privacy Advocates® are committed to resolving your concerns from start to finish. By detecting fraud at the source, Allstate's PrivacyArmor benefit will minimize damages and better protect you from the fastest-growing crime in America.

Coverage Options

- Identity and credit monitoring
- Identity theft reimbursement
- Fraud remediation and restoration
- High-risk transaction alerts
- Wallet protection
- 24/7 Privacy Advocate remediation
- Social media monitoring
- Financial threshold monitoring
- Digital exposure reports
- \$1 million identity theft insurance policy
- Tri-bureau credit alerts
- Additional alerts on financial account transactions

Pricing

- \$9.95 per person / month
- \$17.95 per family / month



Additional Policies

Auto/Home Insurance

Join many of your fellow members who are saving money on their auto and home insurance through the Auto and Home Insurance Program for SEANC members. Just look at a few of the many benefits of this program:

- Special savings
- Quality coverage options to meet your individual needs
- Convenient payment options, including payroll deduction and EFT
- 24/7 claim reporting

Access libertymutual.com/seanc, metlife.com/seanc and travelers.com/seanc to learn more about these benefits, including products, services, exclusions and legal disclaimers.



Liberty Mutual
INSURANCE

1-800-230-0827

Client Code: 101391



MetLife

1-800-438-6388

Discount Code: BMO



1-888-695-4640

Discount Code: 4110

Long-term Care

Long-term care insurance provides a pool of money to help you cover the expense of care in your own home, an assisted living facility, an adult day care center or a nursing home. Besides your personal savings and retirement income, Medicare (your health insurance after age 65) may pay up to 100 days in a skilled facility AFTER a 3-day hospital visit. Medicaid only covers long-term care if you spend down your assets to very low levels. Long-term care insurance is designed to pick up and provide coverage where Medicare and your State Health supplement leave off.



SOUTHEASTERN
SENIOR
STRATEGIES, LLC

1-866-582-5260

Misty B. Smith

SEANC–State Employees Association of North Carolina

SEANC has partnered with Spectera Vision to deliver affordable, innovative vision care solutions. SEANC is proud to offer dual choice benefit plan designs to all SEANC members and their dependents. You must be a member of SEANC to enroll. For information on becoming a member, contact SEANC at 800-222-2758. Visit www.seanc.org or www.myspectera.com.

| Covered Benefits | In-Network Benefit Plan Options | | |
|---|--|--|--|
| | Standard Plan | Enhanced Option 1 | Enhanced Option 2 |
| Exams | Once Every 12 Months | | |
| | 100% with a \$15 copay | 100% with a \$15 copay | 100% with a \$15 copay |
| Lenses | Once Every 12 Months | | Once Every 24 Months |
| | \$15 copay (applied to lenses and frame); 100% coverage for single vision, lined bifocal, trifocal and lenticular lenses | \$25 copay (applied to lenses and frame); 100% coverage for single vision, lined bifocal, trifocal and lenticular lenses | \$25 copay (applied to lenses and frame); 100% coverage for single vision, lined bifocal, trifocal and lenticular lenses |
| Frames | Once Every 24 Months | | |
| | \$15 copay (applied to lenses and frame); \$130 frame allowance at retail chain providers or private practice providers | \$25 copay (applied to lenses and frame); \$130 frame allowance at retail chain providers or private practice providers | \$25 copay (applied to lenses and frame); \$130 frame allowance at retail chain providers or private practice providers |
| Contact Lenses ^{1, 2} in lieu of glasses | Once Every 12 Months | | Once Every 24 Months |
| | Elective: \$15 copay; allowance up to \$150 | Elective: \$25 copay; allowance up to \$150 | Elective: \$25 copay; allowance up to \$125 |
| Cosmetic Lens Options | Scratch resistant coating, Polycarbonate lenses for children up to age 19 | Scratch resistant coating, Standard and Deluxe Progressives, Anti-Reflective Lenses, Edge Coating, Tints, Polycarbonate lenses, Photochromic, UV Coating | Scratch resistant coating, Standard and Deluxe Progressives, Anti-Reflective Lenses, Edge Coating, Tints, Polycarbonate lenses, Photochromic, UV Coating |

Covered-in-full elective contact lenses

The fitting/evaluation fees, contact lenses and up to two follow-up visits are covered in full (after copay). If you choose disposable contacts, up to six boxes are included when obtained from a network provider (up to four are included for Enhanced Option 2).

All other elective contact lenses

An allowance is applied toward the fitting/evaluation fees and purchase of non-selection contact lenses (materials copay does not apply). Gas permeable and bifocal contact lenses are all examples of non-selection contacts.

Covered-in-full elective contact lens benefit does not apply at Costco, Walmart or Sam's Club locations. The allowance for all other elective contact lenses will be applied toward the fitting/evaluation fee and purchase of all contacts.

Necessary contact lenses¹

Covered-in-full (after applicable copay)

Benefits at an OUT-OF-NETWORK Provider

Please note: Receipts for services and materials purchased on different dates must be submitted together at the same time to receive reimbursement. Receipts must be submitted within 12 months of the date of service.

| | | | |
|----------------------|------------|--------------------|---|
| Exam | up to \$40 | Lenticular Lenses: | up to \$80 |
| Single Vision Lenses | up to \$40 | Frames: | up to \$45 |
| Bifocal Lenses | up to \$60 | Contacts: | up to \$150 (elective) ³ , up to \$125 for Enhanced Option 2 (elective) ³ |
| Trifocal Lenses | up to \$80 | Contacts: | up to \$210 (medical) ¹ |

1 Necessary contact lenses are determined at the provider's discretion for one or more of the following conditions: Following post cataract surgery without intraocular lens implant; to correct extreme vision problems that cannot be corrected with spectacle lenses; with certain conditions such as keratoconus, anisometropia, irregular corneal/astigmatism, aphakia, facial deformity, or corneal deformity. If your provider considers your contacts necessary, you should ask your provider to contact UnitedHealthcare Vision confirming reimbursement that UnitedHealthcare Vision will make before you purchase such contacts.

2 Your contact lens allowance is applied to the fitting/evaluation fees as well as the purchase of contact lenses. The allowance may be separated at some retail chain locations between the examining physician and the optical store.

3 The out-of-network reimbursement applies to materials only. The fitting/evaluation is not included.

Benefits available every 12 or 24 months (depending on the benefit frequency), based on last date of service.

At a participating network provider, you will receive a 20% discount on an additional pair of eyeglasses or contact lenses. This program is available after your vision benefits have been exhausted. Please note that this discount shall not be considered insurance, and that UnitedHealthcare Vision shall neither pay nor reimburse the provider or member for any funds owed or spent. Not all providers may offer this discount. Please contact your provider to see if they participate. Discounts on contact lenses may vary by provider. Additional materials do not have to be purchased at the time of initial material purchase. Additional materials can be purchased at a discount any time after the insured benefit has been used.

Please note: If there are differences in this document and the Group Policy, the Group Policy is the governing document.

Spectera® Vision coverage provided by or through UnitedHealthcare Insurance Company, located in Hartford, Connecticut, or its affiliates. Administrative services provided by Spectera, Inc., United HealthCare Services, Inc. or their affiliates. Plans sold in Texas use policy form VPOL.06.TX and associated COC form number VCOC.INT06.TX. Plans sold in Virginia use policy form number VPOL.06.VA or VPOL.13.VA and associated COC form number VCOC.INT06.VA or VCOC.CER.13.VA.



Vision Plan Enrollment Form

1. Check the appropriate boxes

Coverage desired, monthly rates¹

Standard Plan Rates

| | |
|--|---------|
| <input type="checkbox"/> Employee Only | \$6.74 |
| <input type="checkbox"/> Employee + One | \$12.36 |
| <input type="checkbox"/> Employee + Family | \$20.93 |

Enhanced Plan, Option 1

| | |
|--|---------|
| <input type="checkbox"/> Employee Only | \$13.33 |
| <input type="checkbox"/> Employee + One | \$24.39 |
| <input type="checkbox"/> Employee + Family | \$41.34 |

Enhanced Plan, Option 2

| | |
|--|---------|
| <input type="checkbox"/> Employee Only | \$12.29 |
| <input type="checkbox"/> Employee + One | \$22.51 |
| <input type="checkbox"/> Employee + Family | \$38.14 |

Effective Date:

Applications received in the SEANC home office by the 10th of the month will be effective the 1st of the following month.

These rates are effective until 12/31/2021.

Forms may be faxed to SEANC office: 1-919-792-3321 or mailed to:

ATTN: Insurance Department
1621 Midtown Place
Raleigh, NC 27609

You must be a member of SEANC to enroll.

For more information on becoming a member, call 800-222-2758 or visit www.seanc.org. After enrolling, visit www.myspectera.com for network provider search, benefits and claims information.

¹ Rates are in effect until 12/31/2021

2. Employee Information (please print clearly):

| | | | |
|-------------------------|------------|--|---|
| Social Security Number: | - | - | SEANC# |
| Your Name: | First Name | Middle Initial | Last Name |
| Birth Date: | / | / | Gender: <input type="checkbox"/> M <input type="checkbox"/> F |
| Marital Status: | | <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Domestic Partnership | |
| Address: | | | |
| Home Phone: () | - | Work Phone: () | - |
| Cell Phone: () | - | Personal email address: | |

3. List all eligible family members below (if electing dependent coverage): Adult dependent children up to age 26.

| | First Name | Last Name | Birth Date | Gender |
|--------|------------|-----------|------------|---|
| Spouse | | | / / | <input type="checkbox"/> M <input type="checkbox"/> F |
| Child | | | / / | <input type="checkbox"/> M <input type="checkbox"/> F |
| Child | | | / / | <input type="checkbox"/> M <input type="checkbox"/> F |
| Child | | | / / | <input type="checkbox"/> M <input type="checkbox"/> F |
| Child | | | / / | <input type="checkbox"/> M <input type="checkbox"/> F |

I agree to continue enrollment in the vision plan for a period of 12 months

- ☐ I authorize payroll/pension deduction for this insurance ☐ I authorize bank draft
☐ I prefer to have my premiums invoiced

I, the undersigned, hereby authorize my employer to deduct premiums for the SEANC Insurance identified above from my wages/pension or bank draft on a monthly basis, in such amounts as are currently established pursuant to the SEANC insurance contract with the provider, or in such adjusted amounts as may be established by SEANC and the provider by contract subsequent to the date of this authorization. This authorization shall continue until cancelled by me by written notice to the SEANC Central Office.

Your Signature

Date



Effective Date:

| | | Basic Plan | Core Plan | Premium Plan |
|--|---------------------|------------|------------|--------------|
| | Member Only | ☐ \$23.21 | ☐ \$29.18 | ☐ \$55.20 |
| | Member + 1 Child | ☐ \$44.92 | ☐ \$56.49 | ☐ \$110.02 |
| | Member + Spouse | ☐ \$46.80 | ☐ \$58.84 | ☐ \$110.73 |
| | Member + Child(ren) | ☐ \$57.23 | ☐ \$71.94 | ☐ \$143.59 |
| | Member + 1 Family | ☐ \$80.12 | ☐ \$100.72 | ☐ \$204.17 |

Mail: ATTN: Insurance Department
1621 Midtown Place
Raleigh, NC 27609

| | | | | | | | | | | | | | |
|---|--|------------|--|---|--|---|--|--|--|----------------|--|-----------|--|
| Social Security Number: - - | | | | | | SEANC# | | | | | | | |
| Your Name: | | First Name | | | | | | | | Middle Initial | | Last Name | |
| Birth Date: / / | | | | Gender: <input type="checkbox"/> M <input type="checkbox"/> F | | | | Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Domestic Partnership | | | | | |
| Address: | | | | | | | | | | | | | |
| Home Phone: () - | | | | | | Work Phone: () - | | | | | | | |
| Cell Phone: () - | | | | | | Personal email address: | | | | | | | |

| | | First Name | Last Name | Birth Date | Gender |
|--|--------|------------|-----------|------------|---|
| | Spouse | | | / / | <input type="checkbox"/> M <input type="checkbox"/> F |
| | Child | | | / / | <input type="checkbox"/> M <input type="checkbox"/> F |
| | Child | | | / / | <input type="checkbox"/> M <input type="checkbox"/> F |
| | Child | | | / / | <input type="checkbox"/> M <input type="checkbox"/> F |
| | Child | | | / / | <input type="checkbox"/> M <input type="checkbox"/> F |

Date _____

State Employees Association of North Carolina

NEW! The Prenatal Dental Care (not available in WA) and Oral Cancer Screening programs are covered under all plans.

| | Premium Plan | Core Plan | Basic Plan |
|---|---|---|--|
| Annual Maximum Benefit* | \$5,000 | In - \$1,500 Out - \$1,250 | \$1,250 |
| Orthodontia Lifetime Policy Maximum | \$5,000 | Not Covered | Not Covered |
| Deductible (Individual) | \$50 | \$25 | \$25 |
| Deductible (Family) | \$150 | \$75 | \$75 |
| Preventive and Diagnostic Services | High Option Plan | Network Incentive Option | Standard Option Plan |
| Preventive & Diagnostic Co-Insurance | 100% | In – 100% Out – 80% | 100% |
| Oral evaluation Exams (Routine Exam) | 2 times per consecutive 12 months | 2 times per consecutive 12 months | 2 times per consecutive 12 months |
| Dental Prophylaxis (Teeth Cleaning) | 2 times per consecutive 12 months | 2 times per consecutive 12 months | 2 times per consecutive 12 months |
| Fluoride Treatments | 2 times per consecutive 12 months to age 16 | 2 times per consecutive 12 months to age 16 | 2 times per consecutive 12 months to age 16 |
| Intraoral Radiographs (Full Mouth X-rays) | 1 time per 36 months (complete series and Panorax) | 1 time per 36 months (complete series and Panorax) | 1 time per 36 months (complete series and Panorax) |
| Bitewing and Extraoral X-rays | Bitewing: 1 series per calendar year Extraoral: 2 films per calendar year | Bitewing: 1 series per calendar year Extraoral: 2 films per calendar year | Bitewing: 1 series per calendar year Extraoral: 2 films per calendar year |
| Adults and child(ren) | | | |
| Basic Services | High Option Plan | Network Incentive Option | Standard Option Plan |
| Basic Co-Insurance | 80% | In – 80% Out – 60% | 70% |
| Sealants | Once per first or second permanent molar every 36 months for dependent children to age 16. | Once per first or second permanent molar every 36 months for dependent children to age 16. | Once per first or second permanent molar every 36 months for dependent children to age 16. |
| Space maintainers | 1 per consecutive 60 months for dependent children to age 16. | 1 per consecutive 60 months for dependent children to age 16. | 1 per consecutive 60 months for dependent children to age 16. |
| Simple Extractions | Covered | Covered | Covered |
| Restorations (Routine Fillings) | Covered | Covered | Covered |
| Therapeutic Pulpotomy | Covered | Covered | Covered |
| Periodontal maintenance | 2 times per consecutive 12 months following active or adjunctive periodontal therapy | 2 times per consecutive 12 months following active or adjunctive periodontal therapy | 2 times per consecutive 12 months following active or adjunctive periodontal therapy |
| Palliative Treatment | Covered | Covered | Covered |
| Major Services | High Option Plan | Network Incentive Option | Standard Option Plan |
| Major Co-Insurance | 50% | In – 50% Out – 20% | 0% Not Covered |
| Endodontics | Covered | Covered | Not Covered |
| Denture Repairs | 12 months after initial insertion, 1 time per 6 months | 12 months after initial insertion, 1 time per 6 months | Not Covered |
| Adjustment to Dentures | 12 months after initial insertion, 1 time per 6 months | 12 months after initial insertion, 1 time per 6 months | Not Covered |
| Oral Surgery | Covered | Covered | Not Covered |
| Periodontal Scaling and Root Planning | One time per quadrant per consecutive 24 months | One time per quadrant per consecutive 24 months | Not Covered |
| Root Canal Therapy | 1 time per tooth per lifetime | 1 time per tooth per lifetime | Not Covered |
| Periodontal Surgery | Once per quadrant or site every consecutive 36 months | Once per quadrant or site every consecutive 36 months | Not Covered |
| Oral Surgery – Other Surgical | Covered | Covered | Not Covered |
| Anesthesia | Covered as a basic service | Covered as a basic service | Not Covered |
| Bridges/Dentures | Full Denture/Partial Denture: 1 per consecutive 60 months. Relining and Rebasing Dentures: 6 months after initial installation and 1 time per consecutive 12 months. | Full Denture/Partial Denture: 1 per consecutive 60 months. Relining and Rebasing Dentures: 6 months after initial installation and 1 time per consecutive 12 months. | Not Covered |
| Crowns/Inlays/Onlays | 1 time per tooth per consecutive 60 months Crown replacement: 1 time per consecutive 60 months from initial or supplemental placement. | 1 time per tooth per consecutive 60 months Crown replacement: 1 time per consecutive 60 months from initial or supplemental placement. | Not Covered |
| Implants Procedures | 1 time per tooth per consecutive 60 months | 1 time per tooth per consecutive 60 months | Not Covered |
| Refines and Rebases Dentures | Relining and Rebasing Dentures: 6 months after initial installation and 1 time per consecutive 12 months | Relining and Rebasing Dentures: 6 months after initial installation and 1 time per consecutive 12 months | Not Covered |
| Occlusal Guards | Covered if prescribed to control habitual grinding | Covered if prescribed to control habitual grinding | Not Covered |
| Orthodontia | High Option Plan | Network Incentive Option | Standard Option Plan |
| Orthodontia Co-Insurance | 50% (for dependent children only - up to age 25) | 0% Not Covered | 0% Not Covered |

*The Annual Maximum Benefit is the maximum amount the plan will pay each calendar year. It is a combined annual maximum for network and out-of-network benefit services.

Please refer to the UnitedHealthcare Dental Plan Certificate of Coverage for a detail description of the plan benefits. Note: The Core Plan is not available to residents in AL, LA, MS or TX.

Insurance Checklist

- ☐ Accident
- ☐ Accidental Death & Dismemberment
- ☐ Auto/Home
- ☐ BenExtend (Aflac)
- ☐ Cancer (Colonial Life)
- ☐ Critical Illness with Cancer
- ☐ Dental
- ☐ Disability
- ☐ Final Expense/ Whole Life (Gerber Life)
- ☐ Final Expense/Whole Life (MassMutual Life)
- ☐ Hospital Confinement Indemnity (Colonial Life)
- ☐ Legal Plan
- ☐ Identity Protection
- ☐ Long-term Care
- ☐ Pet
- ☐ Permanent/Whole Life (Boston Mutual)
- ☐ Term Life (Boston Mutual)
- ☐ Vision

[illegible]

Insurance Directory

| Resource | Phone Number | Website |
|----------------------------------|---|--|
| Aflac | (833) 206-3553 | www.seanc.org/aflac |
| Colonial Life | 888-732-6248 | www.visityouville.com/en/SEANC |
| Legal Plan | 800-821-6400 | www.seanc.org/insurance |
| Info Armor | 800-789-2720 | www.infoarmor.com/seanc |
| Liberty Mutual | 800-230-0827 (client #101391) | www.seanc.org/insurance/auto |
| MetLife | 800-438-6388 | www.seanc.org/insurance |
| North Carolina Retirement System | 877-627-3287 (Active) 877-733-4191 (Retired) | www.myncretirement.com |
| North Carolina State Health Plan | 888-234-2416 | www.shpnc.org |
| SEANC Headquarters | 800-222-2758 | www.seanc.org |
| SEANC Insurance Department | 919-792-3350 | www.seanc.org/insurance |
| Southeastern Senior Strategies | 1-866-582-5260 | www.sssltc.com |
| State Employees' Credit Union | 888-732-8562 | www.ncsecu.org |
| Travelers | 888-695-4640 | www.seanc.org/insurance |



MAIL

1621 Midtown Pl
Raleigh, NC 27609

EMAIL

insurance@seanc.org

PHONE

800-222-2758
919-792-3350

FAX

919-792-3321