

# SEANC Membership AND BENEFITS GUIDE



STATE EMPLOYEES ASSOCIATION  
OF NORTH CAROLINA

# Table of Contents

## MEMBERSHIP

Why You Should Join	3
Legislative Victories	4-5
EMPAC	6
Scholarship	7
Discounts	8
Purchasing Power	9
Regions and Districts	10
How to Get Involved	11

## INSURANCE

Why choose a SEANC plan?	13
Insurance Products Overview	14-15
How to Enroll	15
Whole Life vs Term Life	16
Insurance Products	17-35
Directory	36
Enrollment Forms	37-40
Membership Application	41-42

Working for the state can be a rewarding and often thankless job.

Whether it's protecting our neighborhoods from criminals, keeping our roads safe, teaching our next generation of leaders and scholars, putting out wildfires or caring for our most vulnerable citizens, every day you dedicate your lives to public services.

SEANC understands what you go through each day, and we're here to help.

There is strength in numbers. By joining SEANC today, you will stand with 46,000 state employees and retirees working together to ensure that you have a voice.

SEANC is the one association standing up for state employees and retirees inside and outside of the General Assembly, working to enhance your pay, protect your rights, secure your retirement and make your health plan affordable.

We offer affordable group insurance plans that help protect you in times of need — everything from term life to vision to dental to identity theft.

And with your membership, you can get discounts all over the state at restaurants, shops, events, amusement parks and more.

SEANC is here for you.

Come on this journey with us by joining today to empower yourself, your family and your coworkers.

# Why You Should Join

## > **MEMBERSHIP CARD**

Your membership card can be used for discounts at places statewide.

## > **AFFORDABLE INSURANCE**

Access to affordable insurance programs for both active and retired members with insurance specialists on staff ready to assist you.

## > **\$1,000 AD&D POLICY**

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

## > **PUBLICATIONS**

Your membership includes frequently published print publications and weekly informational emails to keep you informed.

## > **DISCOUNTS**

Members have access to more than 3,000 local and national discounts.

## > **ADVOCACY**

Full-time representation inside and outside the General Assembly and other governmental boards.

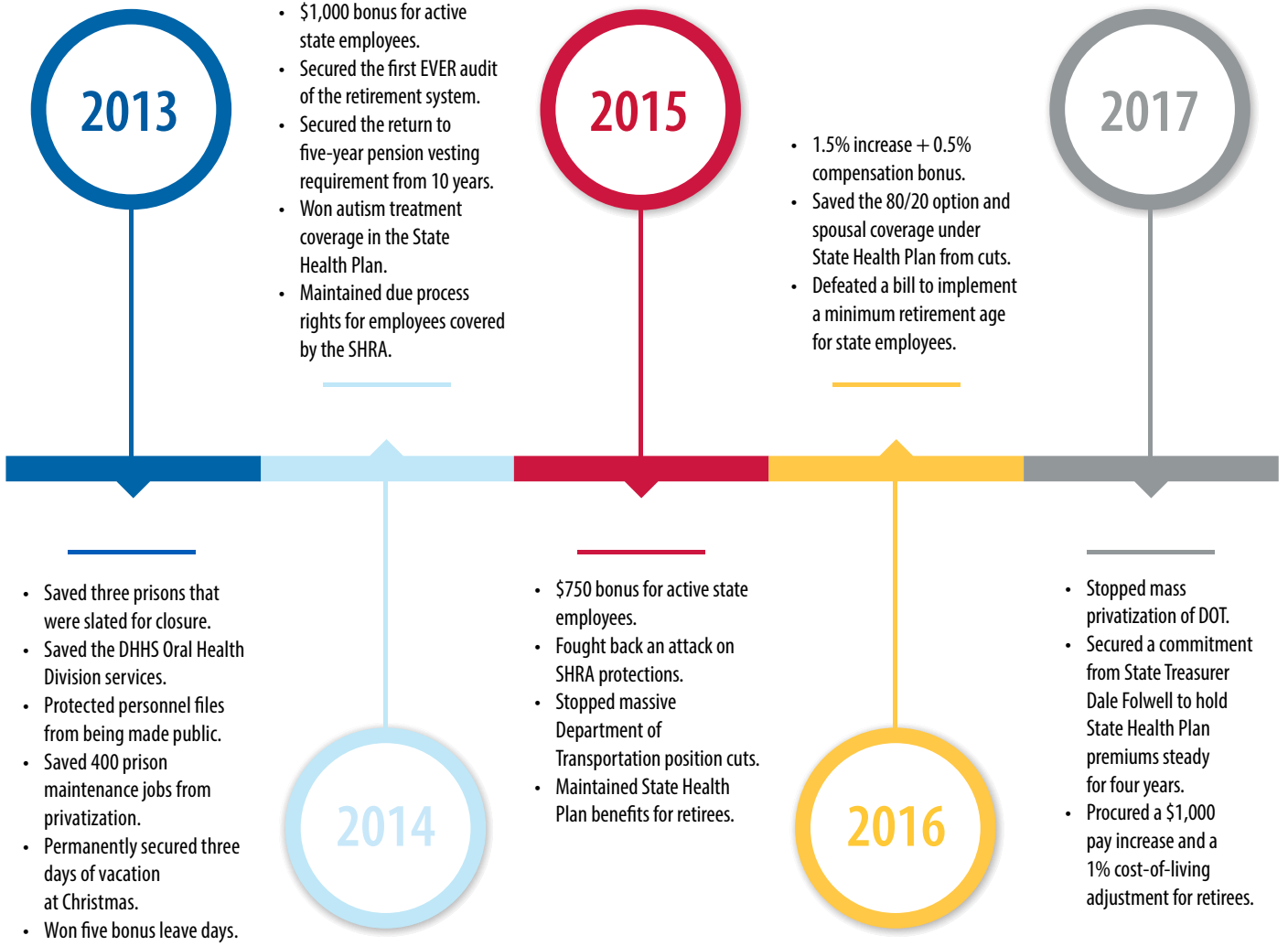
## > **SCHOLARSHIPS**

College scholarship programs are available for members and their families.

## > **PURCHASING POWER**

Access to Purchasing Power to alleviate the stress of big-ticket purchases through monthly installments with no credit check!

# LEGISLATIVE VICTORIES



## MAINTAINING AND INCREASING YOUR PAY

**Pay raises** for state employees and retirees are always at the top of the list of our legislative priorities. We work tirelessly with legislators during the state budget process to ensure the sacrifices that state employees and retirees make are properly recognized. Along with raises, **longevity pay** is an important tool to honor that dedication and retain a strong workforce. Teachers lost their longevity pay in this decade, but SEANC has been able to protect it for state employees.

## STRENGTHENING THE STATE HEALTH PLAN

Health care is one of the largest expenditures most working families make each year. SEANC is the only organization watching over the State Health Plan, and fought successfully to move it to governance by an independent board. We also ensure that it is fully funded each year. Currently, we are fighting to implement the Clear Pricing Project to bring transparency and cost savings to the plan for state employees, retirees and taxpayers.

# LEGISLATIVE VICTORIES

- Successfully lobbied for \$15 per hour minimum wage for most state employees. The first such minimum for state employees in the nation!
- Most other state employees received a 2% raise.
- Doubled the line-of-duty death benefit and secured a 4% raise for correctional officers.

2019

- Served as employees' voice as the COVID pandemic caused major disruption throughout the world.
- Played an integral role in securing COVID tests for all state employees.
- Fought and won hazard pay for employees on the front lines of the pandemic.

2021

- Secured an additional 1% pay increase for most state employees resulting in a 3.5% total increase, and a 4% bonus for retirees.
- Minimum wage increase for non-certified school employees to \$15 per hour.
- Protection of employee personnel records.
- State Health Plan was fully funded. No premium increase for the fifth consecutive year.

2018

- Released a report on prison safety that led to the creation of a legislative task force aimed at making our prisons safer for employees.
- Secured a 2.5% pay raise in each of the next two years and five days of bonus leave for most state employees.
- Secured supplements of up to \$7,500 for correctional personnel serving in prisons with high vacancy rates.

2020

- Secured a 5% pay increase and bonuses for most state employees.
- Extended minimum wage for non-certified school employees to \$15 per hour in 2022.
- Secured a 5% supplement for retirees.
- Gained an experience-based step-pay plan for correctional officers and probation and parole employees.

2022

## PROTECTING THE RETIREMENT SYSTEM

SEANC is the state's leading advocate for a strong and healthy retirement system, and has been at the forefront of several key battles this decade to make sure your money is safe. We conducted a forensic audit in 2014 to prove that hundreds of millions of dollars were going to Wall Street money managers, and we helped elect a State Treasurer in 2016 to end this practice. We fight each year to stop attempts to kill the defined benefit pension system, and make sure each year it is fully funded by the legislature.

## PREVENTING PRIVATIZATION

Almost every year, regardless of what party is in charge, we see attempts to sell off functions of state government to the highest bidder. SEANC is your only voice fighting to stop privatization and outsourcing of your job. In the last decade, we've thwarted attempts to privatize prison maintenance and health care, the state's information technology services, the state ferry system and even the N.C. Zoo, just to name a few.

# EMPLOYEES POLITICAL ACTION COMMITTEE



The Employees Political Action Committee (EMPAC) is elevating the issues important to state employees, retirees and their families by supporting candidates who will fight to protect and enhance our rights and benefits.

Thanks to our more than 10,000 SEANC member investors, EMPAC was able to offer campaign support in 89 legislative races and successfully elected 80% of our EMPAC-endorsed candidates in 2020.

EMPAC's strong reputation for true bipartisan endorsements and commitment to our issues, led to EMPAC topping the 2018 list of Longleaf Politics' "16 endorsements that matter in N.C. politics." In 2020, EMPAC was rated by N.C. FREE as the sixth largest PAC in N.C.



## HOW CAN I HELP EMPAC?

- Invest in EMPAC by payroll or pension deduction
- Become involved with your district EMPAC
- Vote for political candidates who support state employees and retirees
- Become a SEANC Member Advocate



## WHO DOES EMPAC SUPPORT?

- EMPAC endorses candidates, not parties
- House and Senate candidates for the N. C. General Assembly and statewide candidates
- Candidates who embrace state employee issues — regardless of political party



# SCHOLARSHIP FOUNDATION

The SEANC Scholarship Foundation is dedicated to raising, receiving, and disbursing funds to further the educational process of SEANC members in good standing, their spouses and/or dependent children. Funds awarded may be used to attend accredited schools:

- Four-year universities/colleges
- Two-year community/technical colleges

Applications are available on [www.seanc.org/scholarship](http://www.seanc.org/scholarship) in January and are accepted by the district scholarship chairperson. Applications must be postmarked by April 15 and mailed to the district scholarship chairperson.

## CATEGORIES

### MERIT

Based on academic performance without regard to financial need. Applicant must be enrolled full-time in, or have applied to an accredited four-year university/college, or two-year community/technical college.

### FINANCIAL NEED

Based on academic performance and financial need. Applicant must be enrolled full-time in, or have applied to an accredited four-year university/college, or two-year community/technical college.

### MEMBERS ONLY

Awarded to active and associate members who are working full-time and wish to continue their education on a part-time basis. Applicant must be enrolled before disbursement of funds are issued.

### RETIREE GRANDCHILD — FINANCIAL NEED

Based on academic performance and financial need. Applicant must be enrolled full-time in, or have applied to an accredited four-year university/college, or two-year community/technical college.

### RETIREE GRANDCHILD — MERIT

Based on academic performance without regard to financial need. Applicant must be enrolled full-time in, or have applied to an accredited four-year university/college, or two-year community/technical college.



## APPLY

### Website

[seanc.org/scholarship](http://seanc.org/scholarship)

### Important Dates

Application available: **January**

Application deadline: **April 15**



**\$100,000+ AWARDED**



**40+ COLLEGES REPRESENTED**



**100+ STUDENTS AWARDED**

## CONTRIBUTE

### Deduction

[www.scholarship.seanc.org](http://www.scholarship.seanc.org)

### State Employees Combined Campaign

Select #1563

### Check

Mail payable to the  
SEANC Scholarship Foundation  
1621 Midtown Place  
Raleigh, NC 27609

# MEMBER DISCOUNTS

Your SEANC membership pays for itself with everyday savings from restaurants to state attractions to hotels. No need to carry discounts when you're shopping, enjoying entertainment and dining. Your SEANC membership card is all you need to take advantage of the local and national member discounts.

Check out the details of your discounts by visiting [www.seanc.org/discounts](http://www.seanc.org/discounts). Member login is required to access the discounts page on the SEANC website. For more information on how to login to the SEANC website at [www.seanc.org](http://www.seanc.org).



## SAVE MONEY WITH PERKSCONNECT!

Take advantage of thousands of discounts at local and national businesses through SEANC's partnership with PerksConnect! Discounts are available in automotive, beauty, clothing, entertainment, financial services, fitness & wellness, food & dining, health & medical services, contractors, insurance, legal services, event services, real estate services, retail, travel and more. You can also search for discounts specifically in your location.



Through Purchasing Power, SEANC members have access to thousands of products from the hottest brands with the ability to pay for them in 12 monthly zero-interest installments without a credit check! For more information visit: [seanc.purchasingpower.com](http://seanc.purchasingpower.com).

## Zero Interest, No Credit Check, No Hidden Fees, Pay Over Time, Payroll Deduction



### What are the requirements to enroll in Purchasing Power?

- Active and retired members must have an annual income of \$16K.
- Retirees cannot combine any other funds for the total of \$16K (Retirement System income only).
- You must be employed with the state for at least six months.
- Part-time employees are allowed to enroll, but will need to use bank draft for monthly deductions.

### How do I set up my account online?

- Go to [www.seanc.purchasingpower.com](http://www.seanc.purchasingpower.com).
- Click the "Sign up" button.

### Do I need to submit my pay stub when I set up my account?

- Most people will need to upload a copy of a recent paycheck stub after placing the first order.

### How long does it usually take to approve my account after pay stub submission?

- If your status does not state that you are "active" in the system, you will need to wait until the eligibility file is sent to Purchasing Power.
- SEANC submits the eligibility files to Purchasing Power on Monday and Thursday at 9 a.m.

### What are the options for paying off my balance?

- You can pay off your balance with a check or credit card at any time. However, there is no discount or penalty for early payoff.

### Where can I access my payment history and account balance?

- Login on [seanc.purchasingpower.com](http://seanc.purchasingpower.com).
- Click on "My Account."

### How long does it take for items to ship?

- Small parcel items normally arrive four to six business days after you receive your shipment confirmation.
- Freight items such as appliances, furniture, and TV's will normally take two to three weeks for delivery.

### How do I place an order?

- The best way to place an order is online at [www.seanc.purchasingpower.com](http://www.seanc.purchasingpower.com).
- Call 1-888-923-6236 (you will need to sign an online authorization form).
- Purchases can also be made through the mobile app.

### Is there a limit to how much I can buy?

The spending limit is determined by the member's annual pay.

### How do I submit my most recent pay stub?

You have the following submission options:

- **Upload** at [seanc.purchasingpower.com](http://seanc.purchasingpower.com) when prompted.
- **Upload** on the Purchasing Power app.
- **Email** to [www.orderprocessing@purchasingpower.com](mailto:www.orderprocessing@purchasingpower.com).
- **Mail** to Order Processing  
Purchasing Power, LLC  
1349 West Peachtree Street NW, Suite 1100  
Atlanta, GA 30309

### Can I make another purchase while still paying for a previous order?

You can make another purchase if:

- You haven't reached your order limit.
- You haven't reached your spending limit.
- Your account is up-to-date and in good standing.

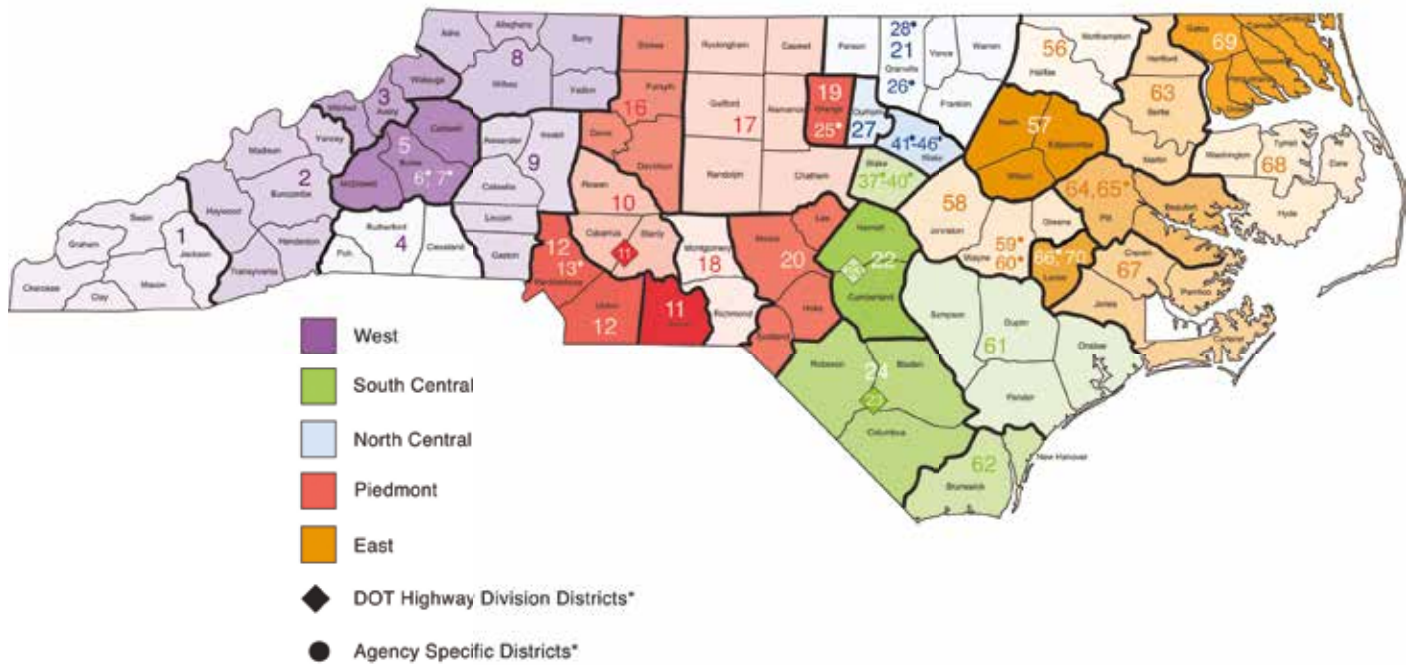
### What happens if my balance is past due or I fall on hard times?

- Contact Purchasing Power to make payment arrangements.
- After 90 days of delinquent payments your account may be subject to a third party for collections.

### How can I update my payment information?

- Update your information online at [seanc.org/create-profile](http://seanc.org/create-profile). Then, select "Update bank information" or contact SEANC at 800-222-2758.

# REGIONS AND DISTRICTS



\* Districts represent the entire county listed unless otherwise noted.

## West

- D-1 Cherokee, Clay, Graham, Macon, Jackson, Swain
- D-2 Buncombe, Haywood, Henderson, Madison, Transylvania, Yancey
- D-3 Avery, Mitchell, Watauga
- D-4 Cleveland, Rutherford, Polk
- D-5 Burke, Caldwell, McDowell (all agencies except Broughton Hospital and J. Iverson Riddle Developmental Center)
- D-6 Broughton Hospital
- D-7 J. Iverson Riddle Developmental Center
- D-8 Alleghany, Ashe, Surry, Wilkes, Yadkin
- D-9 Alexander, Catawba, Gaston, Iredell, Lincoln

## North Central

- D-21 Franklin, Granville, Person, Vance, Warren (all agencies except DOT and DPS)
- D-26 Granville Correctional Institution
- D-27 Durham
- D-28 Central Regional Hospital
- D-41 Raleigh (Justice, Judicial, Governor Morehead School, Community Corrections, Courthouse, Intensive Surveillance, DJJDP, Franklin, Wake and Warren Correctional Institution)
- D-42 Raleigh (DHHS, State Treasurer's Office, Labor, Employment Security Commission, Radiation Protection, Wildlife, 2728 Capital Blvd., Old Revenue Building, Justice Building)
- D-43 Raleigh (DMV, Transportation Data Services Center, DOT 5th Highway Division)

- D-44 Raleigh (Administration, Governor's Office, Cultural Resources, Public Instruction, Community Colleges, State Auditor, State Controller, Wake Technical Community College, Secretary of State, NC Education Lottery, ITS)
- D-45 Raleigh (DOC, Central Prison)
- D-46 Raleigh (Revenue, Credit Union)

## Piedmont

- D-10 Cabarrus, Rowan, Stanly (all agencies except DOT in Stanly and Cabarrus counties)
- D-11 Anson (All agencies) and DOT in Stanly and Cabarrus counties
- D-12 Mecklenburg, Union (all agencies except UNC-Charlotte and Central Piedmont Community College)
- D-13 UNC-Charlotte and Central Piedmont Community College
- D-16 Davidson, Davie, Forsyth, Stokes
- D-17 Alamance, Caswell, Chatham, Guilford, Randolph, Rockingham
- D-18 Montgomery, Richmond
- D-19 Orange County (all agencies, including UNC-Chapel Hill and UNC Hospitals)
- D-20 Hoke, Lee, Moore, Scotland
- D-25 Orange (UNC-Chapel Hill)

## South Central

- D-22 Cumberland, Harnett (all agencies except DOT)
- D-23 DOT, 6th Highway Division
- D-24 Bladen, Columbus, Robeson (all agencies except DOT)
- D-37 Raleigh (DOT, except where otherwise noted)

- D-38 Raleigh (Crime Control and Public Safety, Insurance, Commerce, General Assembly, Agriculture, Lieutenant Governor's Office, NC Housing Finance, ABC Warehouse, DENR)
- D-39 Raleigh (NCSU, National Guard Armory, ESC Regional Office, Utilities Commission, NC Cooperative Extension Services—Wake)
- D-40 Raleigh (NC Correctional Institution for Women, Raleigh Correctional Center for Women, Randall Building, Shore Building, 840 W. Morgan, Warehouse, Purchasing, Engineering, Pharmacy, Enterprise Administration, Health Services, Educational Services, Johnston Correctional Institution)
- D-61 Duplin, Onslow, Pender, Sampson
- D-62 Brunswick, New Hanover

## East

- D-56 Halifax, Northampton
- D-57 Edgecombe, Nash, Wilson
- D-58 Greene, Johnston, Wayne (all agencies except Johnston Correctional Center)
- D-59 Cherry Hospital (Goldsboro)
- D-60 O'Berry Neuro-Medical Center (Goldsboro)
- D-63 Bertie, Hertford, Martin
- D-64 Beaufort, Pitt (all agencies except East Carolina University)
- D-65 East Carolina University
- D-66 Caswell Developmental Center (Kinston)
- D-67 Carteret, Craven, Jones, Pamlico
- D-68 Dare, Hyde, Tyrrell, Washington
- D-69 Camden, Chowan, Currituck, Gates, Pasquotank, Perquimans (all agencies)
- D-70 Lenoir (all agencies except Caswell Developmental Center)

# HOW TO GET INVOLVED



## ATTEND DISTRICT MEETINGS

Email [contact@seanc.org](mailto:contact@seanc.org) to get your district chair's contact information.



## VOLUNTEER AT AN EVENT

Email [contact@seanc.org](mailto:contact@seanc.org) to volunteer for local events.



## SCHEDULE AN EVENT

Contact your Member Relations Representative to schedule a local event at your workplace.



## SETUP YOUR ONLINE PROFILE

Go to [seanc.org](http://seanc.org) to view district information, your SEANC profile and discounts.

## HOW TO GET INVOLVED



## RECRUIT MEMBERS & BUSINESSES

We provide incentives for recruiting members & business discounts.



## READ OUR PUBLICATIONS

Follow us on social media, read The Reporter and The Scoop.



# SEANC INSURANCE



## 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 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.

## > \$1,000 AD&D POLICY

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

## > \$2,000 ORTHODONTIA BENEFIT

Our dental plans have a generous lifetime orthodontia benefit up to \$2,000.

## > 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.

## > PORTABLE PLANS

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

## > DOMESTIC PARTNER COVERAGE

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

## > NO WAITING PERIODS

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

## > 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

## 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.

## 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.

## 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.

## CRITICAL ILLNESS

Lessen the burden of out-of-pocket expenses, if you are diagnosed with one of the covered conditions. Dependent coverage is available for your spouse and children.

## CRITICAL ILLNESS & TRAUMA

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 Aflac BenExtend product is a well-rounded plan to protect you and your loved ones from the unexpected.

## DENTAL

With a Delta Dental benefit plan, you can get competitive group rates for you and your family and a national network of thousands of dentists. Oral cancer screenings and prenatal dental care is available, including orthodontia coverage for adults and children (\$2,000 lifetime maximum).

## 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.

## HOME/AUTO

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

## HOSPITAL CONFINEMENT

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 coverage can help with coinsurance and deductibles.

## 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.

## LONG-TERM CARE

This policy is designed to assist the people who have 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.

# OUR INSURANCE PRODUCTS

## 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.

## 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.

## TELADOC

Access board certified doctors and therapists by phone, video, or app 24/7/365. Speak to a licensed doctor from anywhere. \$0 visit fee — unlimited visits. Coverage for the whole family for one low rate.

## 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.

## 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.

## HOW TO ENROLL



### Enroll online at [seanc.org/insurance](https://seanc.org/insurance)

You can download enrollment forms and enroll in SEANC products on our website.



### Call 1-919-833-6436 or 1-800-222-2758

Our member benefits specialists will be able to assist you with enrollment.



### Email [insurance@seanc.org](mailto: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
<b>Coverage</b>	Provides <b>coverage for a specific amount of time.</b>	Provides <b>lifelong coverage.</b>
<b>Cost</b>	Provides the <b>most affordable coverage.</b>	<b>Costs more</b> than term life insurance.
<b>Premiums</b>	Your <b>premium can fluctuate</b> based on age or a reduction schedule.	Your <b>premium remains the same</b> for your entire life.
<b>Cash Value</b>	The policy provides <b>no cash value</b> but offers a lower premium.  Often provides protection for specific times of need, such as a <b>mortgage</b> or a child's <b>college tuition.</b>	Has a tax-deferred <b>cash value that grows</b> over the life of the policy, meaning you won't have to pay taxes on the gains while they are accumulating.  <b>Cash value can be borrowed</b> against the policy if needed for any reason. If you don't repay the policy loans with interest, you will reduce your benefit.
<b>Payout</b>	Payout <b>happens only if you pass away while you're covered.</b> Otherwise, the payout ends when the term expires.	Payout <b>happens when you pass away, or when it matures</b> — typically at age 95 or older.
<b>Guarantee</b>	<b>The benefit is guaranteed</b> over a specific term.	<b>The benefit is guaranteed</b> 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 membership
- Spouses may be insured for up to \$25,000
- Your spouse under the age of 70 is eligible. Spouse/children cost \$6.75 per month

### Children

- Insurance is available for unmarried dependent children age 14 days through age 19 (to age 25 if full-time student)
- Handicapped children over age 19 are eligible
- Cover your children for \$10,000 at a cost of only \$2.20 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 per month for employees age 18-72
- Monthly deductions range from \$8.67-\$65 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 \$7,000<sup>1</sup> and Social Security providing a one-time death payment of only \$255<sup>2</sup> (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\*

Age	\$5,000		\$7,000		\$10,000		\$15,000		\$20,000		\$25,000	
	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.<sup>3</sup> We look forward to helping you and yours. To learn more, please contact a SEANC Insurance Specialist.

<sup>1</sup> 2015 National Funeral Directors Association (NFDA) General Price List Survey. <sup>2</sup> Social Security Administration website: <http://www.ssa.gov>. <sup>3</sup> 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 borrow<sup>1</sup>, 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.<sup>3</sup>

## 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.<sup>1,2</sup>
- **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*								
Age	\$10,000 Coverage		\$25,000 Coverage		\$50,000 Coverage		\$75,000 Coverage	
	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.

<sup>1</sup> Access 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.

<sup>2</sup> Dividends 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.

<sup>3</sup> Financial 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, HOSPITALIZATION

(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 Aflac BenExtend product is a well-rounded plan to protect you and your loved ones from the unexpected.

	Hospitalization	Critical Illness	Life Insurance	Telecounseling	Health Screening
<b>PLAN 1</b> (HIGH/ PLATINUM)	<b>\$1,500</b> admission <b>\$200/day</b> confinement up to day 15	up to <b>\$5,000</b>	<b>\$5,000</b>	<b>UNLIMITED CALLS INCLUDED</b>	<b>\$100</b> per calendar year per insured
<b>PLAN 2</b> (MID/ GOLD)	<b>\$1,000</b> admission <b>\$200/day</b> confinement up to day 15	up to <b>\$3,000</b>	<b>\$5,000</b>	<b>UNLIMITED CALLS INCLUDED</b>	<b>\$50</b> per calendar year per insured
<b>PLAN 3</b> (LOW/ SILVER)	<b>\$500</b> admission <b>\$125/day</b> confinement up to day 15	up to <b>\$3,000</b>	<b>\$5,000</b>	<b>UNLIMITED CALLS INCLUDED</b>	<b>\$50</b> 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 [seanc.org/aflac](http://seanc.org/aflac) or call (833) 206-3553 Monday - Friday; 8:00 am - 5:00 pm (EST).

# BENEXTEND DETAILS



Hospital 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 possible of the date of the covered accident).		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 six 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			
<p><b>Initial Diagnosis</b> — We will pay a benefit based on the face amount upon diagnosis of a covered critical illness.</p> <p><b>Additional Diagnosis</b> — 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 six consecutive months (In Tennessee, 30 consecutive days).</p> <p><b>Reoccurrence</b> — 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 six consecutive months.</p>				
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.				
<b>Health Screening Benefit / \$100 High / \$50 Mid / \$50 Low</b> (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.				
<b>Term Life Rider / \$5,000 All Plans</b>				
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.				
<b>Successor Insured Benefit</b>				
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 first of the month will be effective on the first of the following month.

## HEARING AIDS

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](http://www.seanc.org/vision) for more details. Contact UnitedHealthcare Hearing today and mention promo code UHCMYVISION to receive your discounted pricing. **Call: 855-523-9355, TTY 711 or visit: [uhchearing.com](http://uhchearing.com).**



*Mention promo  
code **myVision**  
for hearing aid  
discounted  
pricing!*

# 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 provider or private practice provider	\$25 copay (applied to lenses and frame); \$130 frame allowance at any in-network retail chain provider or private practice provider	\$25 copay (applied to lenses and frame); \$130 frame allowance at any in-network retail chain provider or private practice provider
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

## 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 [myspectera.com](https://myspectera.com) or call 800-638-3120.**





# DENTAL

Underwritten by Delta Dental

SEANC offers three dental plans through the National Delta Dental 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 \$22.05 per month for the Basic Plan, and once the plan is in effect, there are no waiting periods. Enrollment forms received by the first 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 150,000+ 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 following delivery
- \$2000 Orthodontia Benefit for adults and children

### Monthly Member Premiums

	PREMIUM	CORE	BASIC
Member	\$53.53	\$27.72	\$22.05
Member and one child	\$106.69	\$53.67	\$42.67
Member and spouse	\$107.38	\$55.90	\$44.46
Member and children	\$139.24	\$68.34	\$54.37
Member and family	\$197.99	\$95.68	\$76.11

## FIND A NETWORK PROVIDER

Members are allowed to visit any licensed provider, in or out of the Delta Dental network, and still receive benefits. When utilizing a participating provider, members can save more. Find an in-network provider at [deltadentalinc.com/findadentist](http://deltadentalinc.com/findadentist).

# DENTAL PLANS



(M) = Member (M+C) = Member + 1 Child (M+S) = Member + Spouse (M+CC) = Member + Child(ren) (M+F) = Member + 1 Family

	PREMIUM	CORE	BASIC
<b>Monthly Premium</b> Rates effective until 12/31/2024	\$53.53 (M) \$106.69 (M+C) \$107.38 (M+S) \$139.24 (M+CC) \$197.99 (M+F)	\$27.72(M) \$53.67(M+C) \$55.90 (M+S) \$68.34 (M+CC) \$95.68 (M+F)	\$22.05(M) \$42.67 (M+C) \$44.46 (M+S) \$54.37 (M+CC) \$76.11(M+F)
<b>Annual Benefit Maximum</b>	\$5,000	In-\$1,500 Out-\$1,250	\$1,250
<b>Orthodontia Lifetime Maximum</b>	\$2,000	\$0 Not Covered	\$0 Not Covered
<b>Annual Deductible</b> Before the plan pays, you'll pay the deductible.	\$50 (M) \$150 (Family)	\$25 (M) \$75 (Family)	\$25 (M) \$75 (Family)
<b>Waiting Period</b>	None		
<b>Preventative and Diagnostic Services</b>			
Preventative and Diagnostic Co-Insurance	<b>100%</b>	<b>In-100% Out-80%</b>	<b>100%</b>
Routine exam, teeth cleaning, fluoride treatments (up to age 16)	2 times per calendar year.		
Intraoral Radiographs (Full Mouth X-rays)	1 time in any three-year period (complete series and Panorex)		
Bitewing and Extraoral X-rays (Adults and child(ren))	Bitewing: 2 per calendar year. Extraoral: 2 films per calendar year.		
Space maintainers (for dependent children to age 16)	1 per five-year period.		
<b>Basic Services</b>			
Basic Co-Insurance	<b>80%</b>	<b>In-80% Out-60%</b>	<b>70%</b>
Simple extractions, fillings, therapeutic pulpotomy and palliative treatment	Covered		
Sealants (for dependent children to age 16)	Once per tooth for first or second permanent molar per three-year period.		
Periodontal maintenance (following active or adjunctive periodontal therapy)	2 times per calendar year with a documented history of periodontal disease.		
<b>Major Services</b>			
Major Co-Insurance	<b>50%</b>	<b>In-50% Out-25%</b>	<b>0% Not Covered</b>
Crowns, implants, inlays and onlays	1 time per tooth per any five-year period. Crown replacements: 1 time any five-year period from initial or supplemental placement.		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.		70% Covered
<b>Orthodontia (dependent children only)</b>			
Orthodontia Co-Insurance	No age limit	0% Not Covered	0% Not Covered

\*Women who are pregnant and have gum disease, individuals with diabetes and gum disease, as well as individuals at risk for infective endocarditis, or other at-risk conditions such as renal failure, immune suppressed systems due to chemotherapy and/or radiation, organ transplant, or stem cell transplant may be eligible for additional prophylaxes (cleanings) or fluoride treatment. The patient should talk with his or her dentist about treatment.

\*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 Delta Dental Certificate of Coverage for a detail description of the plan benefits.



# 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.

- One out of eight 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 children	\$15.71	\$33.29	\$50.15

Underwritten by Boston Mutual Life Insurance Company. The information provided here is a brief description of the important features of WPS-ACC 07/15. It is not a certificate of insurance or evidence of coverage. Any discrepancies between this brochure and the group policy will be resolved by the language issued in the Master Policy. Please refer to the Master Policy and individual Certificates of Coverage for a detailed description of the benefits, limitations, and exclusions.

EVENT	BENEFIT
<b>HOSPITAL CARE</b>	
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
<b>EMERGENCY CARE</b>	
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
<b>EMERGENCY ROOM</b>	
Emergency Room Treatment	\$50 - \$300
<b>MAJOR INJURY</b>	
Accidental Death (member or spouse)	\$50,000
Accidental Death (children)	\$10,000
Accidental Death/Common Carrier (member or spouse)	\$100,000
Accidental Death/Common Carrier (children)	\$20,000
Coma	\$5,000
Dismemberment (loss of both hands or both feet or both eyes)	\$10,000
Dismemberment (loss of one hand, or one foot or sight of one eye)	\$5,000
Dismemberment (loss of two or more fingers or two or more toes)	\$1,200
Dismemberment (loss of one finger or one toe)	\$600
Catastrophic Accident (Member or Spouse)	\$50,000
Catastrophic Accident (Children)	\$10,000
<b>CONTINUING CARE</b>	
Epidural Pain Management	\$50 - \$150
Physician Follow-Up Care	\$50 - \$150
Spinal Manipulation	\$15 - \$45
Therapy Services – Occupational, Physical & Speech	\$15 - \$45

EVENT	BENEFIT
<b>SPECIFIC LOSS</b>	
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. inches of the body	\$1,500 - \$4,500
Burns- 3rd degree, which cover 35 or more sq. inches of the body	\$10,000 - \$30,000
Skin Grafts	25% of applicable burn benefit
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 than one)	\$900 - \$2,700
Tendon, Ligament, Rotator Cuff (exploratory without repair)	\$150 - \$450
Torn Knee Cartilage (surgery with repair)	\$750 - \$2,250
Torn Knee Cartilage (exploratory without repair)	\$150 - \$450
<b>DIAGNOSTIC IMAGING</b>	
Medical Imaging	\$100 - \$300
X-Rays	\$25 - \$75
<b>DISLOCATIONS &amp; FRACTURES</b>	
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 benefit

POLICY BENEFITS



# TELADOC

Take control of your health! Access board certified doctors and therapists by phone, video, or app 24/7/365.  
**SEANC member cost is just \$10/month including dependents!**

## COVERED SERVICES

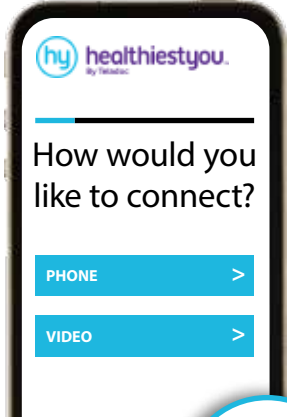
- **TALK TO A DOCTOR 24/7 \$0 visit fee — Unlimited Visits**  
Speak to a licensed doctor by phone or video from anywhere.
- **EXPERT MEDICAL SERVICES \$0 visit fee — Unlimited Visits**  
Receive a second opinion on an existing diagnosis and treatment for any condition.
- **MENTAL HEALTH “myStrength Complete” \$0 visit fee — Unlimited Visits**  
Connect with a licensed therapist by phone/video. Explore skill building tools and resources based on your ongoing needs and preferences.
- **NECK / BACK CARE \$0 visit fee — Unlimited Visits**  
Relieve your back pain through guided videos with a certified health coach.
- **DERMATOLOGY \$0 visit fee — Unlimited Visits**  
Upload photos of your condition to the app and get a treatment plan from a dermatologist within two business days.
- **NUTRITION \$0 visit fee — Unlimited Visits**  
Connect with a certified dietitian and start meeting your nutrition goals today!

## PRICING

\$10 per month including dependents.

## CONTACT (for questions about the plan)

healthiestyou.com  
866-703-1259





# 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.
- Spouse can be insured at 50% of your Principal Sum up to a maximum of \$250,000 with no eligible dependent children.
- Spouse 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
- 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 INFORMATION

You can download the enrollment form at [www.seanc.org/insurance](http://www.seanc.org/insurance).



# CRITICAL ILLNESS WITH CANCER

Underwritten by Boston Mutual

Every year about 735,000 Americans have a heart attack<sup>1</sup>. 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%

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

## ENROLL

To enroll call 800-222-2758 or 919-833-6436.

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

<sup>1</sup> 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.



## LEGAL PLAN

Offered by MetLife Legal Plans

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 MetLife Legal Plans.

## 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

800-821-6400





# PET INSURANCE

Offered by Nationwide®

Nationwide pet insurance helps you cover veterinary expenses so you can provide your pets with the best care possible without worrying about the cost. Simply pay for coverage through a convenient after-tax payroll deduction. We offer a choice of reimbursement options so you can find coverage that fits your budget. With two budget friendly options, there's never been a better time to protect your pet.

## **Our popular My Pet Protection® pet insurance plans now feature more choices and more flexibility:**

- **Get cash back on eligible vet bills:** Choose your reimbursement level of 50% or 70%<sup>1</sup>
- **Available exclusively for members:** Plans with preferred pricing only offered through SEANC
- **Use any vet anywhere:** No networks, no pre-approvals

## COVERAGE

- Accidents
- Illnesses
- Hereditary and congenital conditions
- Cancer
- Dental diseases
- Behavioral treatments
- Rx therapeutic diets and supplements
- And more

## **Plus, every My Pet Protection policy® includes these additional benefits to maximize your value:**

- Advertising and reward expenses
- Emergency and boarding
- Loss due to theft
- Mortality benefit

## PLAN HIGHLIGHTS

- 24/7 access to veterinary experts (\$150 value)
- Available via phone, chat and email
- Unlimited help for everything from general pet questions to identifying urgent care needs
- Save time and money by filling pet prescriptions at participating in-store retail pharmacies across the United States
- Rx claims submitted directly to Nationwide
- More than 4,700 pharmacy locations
- Exclusive product for SEANC members only
- Preferred pricing for SEANC members
- Multiple pet discounts
- Guaranteed issuance
- No waiting period for hereditary condition coverage

## ENROLL

To enroll visit [seanc.org/insurance/pet](https://seanc.org/insurance/pet) or call 877-738-7874.

<sup>1</sup> Some exclusions may apply. Certain coverages may be subject to pre-existing exclusion. See policy documents for a complete list of exclusions. Reimbursement options may not be available in all states.



# 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

- \$7.95 per person/month
- \$13.95 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 [www.libertymutual.com/seanc](http://www.libertymutual.com/seanc), [www.metlife.com/seanc](http://www.metlife.com/seanc), and [www.travelers.com/seanc](http://www.travelers.com/seanc) to learn more about these benefits, including products, services, exclusions and legal disclaimers.



### 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 Plan supplement leave off.



# INSURANCE DIRECTORY

Resource	Phone Number	Website
Aflac (BenExtend)	Enrollment: 833-206-3553 Claims: 800-433-3036	<a href="http://seanc.org/aflac">seanc.org/aflac</a>
Allstate Identity Protection	877-738-7874	<a href="http://seanc.org/allstate-identity">seanc.org/allstate-identity</a>
Boston Mutual (Term Life and Whole Life)	800-669-2668	<a href="http://seanc.org/insurance">seanc.org/insurance</a>
CIGNA (Accidental Death & Dismemberment)	800-997-1654	<a href="http://seanc.org/insurance/accidental-death-and-dismemberment">seanc.org/insurance/accidental-death-and-dismemberment</a>
Colonial Life	888-732-6248	<a href="http://learn.coloniallife.com/ncseanc">learn.coloniallife.com/ncseanc</a>
Delta Dental	800-662-8856	<a href="http://deltadentalinc.com">deltadentalinc.com</a>
Gerber	800-283-8376	<a href="http://seanc.org/insurance/finalexpense">seanc.org/insurance/finalexpense</a>
Legal Plan	800-821-6400	<a href="http://seanc.org/insurance/legal-plan">seanc.org/insurance/legal-plan</a>
Liberty Mutual	800-230-0827 (Client #: 101391)	<a href="http://seanc.org/insurance/auto">seanc.org/insurance/auto</a>
Mass Mutual	844-975-7522	<a href="http://seanc.org/insurance/finalexpense">seanc.org/insurance/finalexpense</a>
Farmers	800-438-6381	<a href="http://seanc.org/insurance/auto">seanc.org/insurance/auto</a>
Nationwide Pet Insurance	877-738-7874	<a href="http://seanc.org/insurance/pet">seanc.org/insurance/pet</a>
North Carolina Retirement System	877-627-3287 (Active) 877-733-4191 (Retired)	<a href="http://myncretirement.com">myncretirement.com</a>
North Carolina State Health Plan	888-234-2416	<a href="http://shpnc.org">shpnc.org</a>
SEANC Headquarters	800-222-2758	<a href="http://seanc.org">seanc.org</a>
SEANC Insurance Department	919-792-3350	<a href="http://seanc.org/insurance">seanc.org/insurance</a>
Spectera (Vision)	800-638-3120	<a href="http://seanc.org/insurance/vision">seanc.org/insurance/vision</a>
Southeastern Senior Strategies (Long-term care)	866-582-5260	<a href="http://sssltc.com">sssltc.com</a>
State Employees' Credit Union (SECU)	888-732-8562	<a href="http://ncsecu.org">ncsecu.org</a>
Teladoc	866-703-1259	<a href="http://healthiestyou.com">healthiestyou.com</a>
Travelers	888-695-4640	<a href="http://seanc.org/insurance/auto">seanc.org/insurance/auto</a>



# Vision Plan Enrollment Form

## 1. Check the appropriate boxes

Coverage desired, monthly rates <sup>1</sup>		Effective Date:
<b>Standard Plan Rates</b>		<p>Applications received in the SEANC home office by the 1st of the month will be effective the 1st of the following month.</p> <p><b>These rates are effective until 12/31/2025.</b></p> <p>Forms may be faxed to SEANC office: 1-919-792-3321 or mailed to:            ATTN: Insurance Department            1621 Midtown Place            Raleigh, NC 27609</p> <p><b>You must be a member of SEANC to enroll.</b></p> <p>For more information on becoming a member, call 800-222-2758 or visit <a href="http://www.seanc.org">www.seanc.org</a>. After enrolling, visit <a href="http://www.myspectera.com">www.myspectera.com</a> for network provider search, benefits and claims information.</p>
<input type="checkbox"/> Employee Only	\$6.74	
<input type="checkbox"/> Employee + One	\$12.36	
<input type="checkbox"/> Employee + Family	\$20.93	
<b>Enhanced Plan, Option 1</b>		
<input type="checkbox"/> Employee Only	\$13.33	
<input type="checkbox"/> Employee + One	\$24.39	
<input type="checkbox"/> Employee + Family	\$41.34	
<b>Enhanced Plan, Option 2</b>		
<input type="checkbox"/> Employee Only	\$12.29	
<input type="checkbox"/> Employee + One	\$22.51	
<input type="checkbox"/> Employee + Family	\$38.14	

<sup>1</sup> Rates are in effect until 12/31/2025

## 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



# 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](http://www.seanc.org) or [www.myspectera.com](http://www.myspectera.com).

Covered Benefits	In-Network Benefit Plan Options		
	Standard Plan	Enhanced Option 1	Enhanced Option 2
<b>Exams</b>	<b>Once Every 12 Months</b>		
	100% with a \$15 copay	100% with a \$15 copay	100% with a \$15 copay
<b>Lenses</b>	<b>Once Every 12 Months</b>		<b>Once Every 24 Months</b>
	\$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
<b>Frames</b>	<b>Once Every 24 Months</b>		
	\$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
<b>Contact Lenses</b> <sup>1,2</sup> in lieu of glasses	<b>Once Every 12 Months</b>		<b>Once Every 24 Months</b>
	Elective: \$15 copay; allowance up to \$150	Elective: \$25 copay; allowance up to \$150	Elective: \$25 copay; allowance up to \$125
<b>Cosmetic Lens Options</b>	Scratch resistant coating, Polycarbonate lenses for children up to age 19	Scratch resistant coating, Standard, Deluxe, Premium and Platinum Progressives, Standard Anti-Reflective Lenses, Edge Coating, Tints, Polycarbonate lenses (adult and children), Photochromic, UV Coating	Scratch resistant coating, Standard, Deluxe, Premium, and Platinum Progressives, Standard Anti-Reflective Lenses, Edge Coating, Tints, Polycarbonate lenses (adult and children), 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 lenses<sup>1</sup>

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) <sup>3</sup> , up to \$125 for Enhanced Option 2 (elective) <sup>3</sup>
Trifocal Lenses	up to \$80	Contacts:	up to \$210 (medical) <sup>1</sup>

<sup>1</sup> 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.

<sup>2</sup> 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.

<sup>3</sup> 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.INT.06.VA or VCOC.CER.13.VA.



## Dental Plan Enrollment Form

Effective Date: \_\_\_\_\_

### 1. Check the appropriate box for coverage desired:

	Basic Plan	Core Plan	Premium Plan
Member Only	\$22.05	\$27.72	\$53.53
Member + 1 Child	\$42.67	\$53.67	\$106.69
Member + Spouse	\$44.46	\$55.90	\$107.38
Member + Child(ren)	\$54.37	\$68.34	\$139.24
Member + 1 Family	\$76.11	\$95.68	\$197.99

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

**These rates are effective until 12/31/2024.**

For more information on becoming a member, call 800-222-2758 or visit [www.seanc.org](http://www.seanc.org) or [www.deltadentalnc.com](http://www.deltadentalnc.com). After enrolling, visit [www.memberportal.com](http://www.memberportal.com) for provider search, benefits and claims information.

Send forms to SEANC office:

Fax: 1-919-792-3321

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

**You must be a member of SEANC to enroll.**

### 2. Employee Information (please print clearly):

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

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

	First Name	Last Name	Birth Date	Gender
Spouse			/ /	M F
Child			/ /	M F
Child			/ /	M F
Child			/ /	M F
Child			/ /	M F

#### I agree to continue enrollment in the dental 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 office.

Your Signature \_\_\_\_\_

Date \_\_\_\_\_

## State Employees Association of North Carolina

	Premium Plan	Core Plan	Basic Plan
Annual Maximum Benefit*	\$5,000	In - \$1,500 Out - \$1,250	\$1,250
Orthodontia Lifetime Policy Maximum	\$2,000	Not Covered	Not Covered
Deductible (Individual)	\$50	\$25	\$25
Deductible (Family)	\$150	\$75	\$75
<b>Preventive and Diagnostic Services</b>	<b>100%</b>	<b>In - 100% Out - 80%</b>	<b>100%</b>
Preventive & Diagnostic Co-Insurance	2 times per calendar year	2 times per calendar year	2 times per calendar year
Oral evaluation Exams (Routine Exam)	2 times per calendar year *	2 times per calendar year *	2 times per calendar year *
Dental Prophylaxis (Teeth Cleaning) *	2 times per calendar year *	2 times per calendar year *	2 times per calendar year *
Fluoride Treatments	2 times per calendar year to age 16	2 times per calendar year to age 16	2 times per calendar year to age 16
Intraoral Radiographs (Full Mouth X-rays)	1 time per 3 year period (complete series and Panorax)	1 time per 3 year period (complete series and Panorax)	1 time per 3 year period (complete series and Panorax)
Brewing and Extroral X-rays	Brewing: 2 per calendar year Extroral: 2 films per calendar year	Brewing: 2 per calendar year Extroral: 2 films per calendar year	Brewing: 2 per calendar year Extroral: 2 films per calendar year
Adults and child(ren)	1 per 5 year period for dependent children to age 16.	1 per 5 year period for dependent children to age 16.	1 per 5 year period for dependent children to age 16.
Space maintainers	Covered	Covered	Covered
Brush Biopsy	Covered	Covered	Covered
<b>Basic Services</b>	<b>80%</b>	<b>In - 80% Out - 60%</b>	<b>70%</b>
Basic Co-Insurance	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.
Sealants	Covered	Covered	Covered
Simple Extractions	Covered	Covered	Covered
Restorations (Routine Fillings)	Covered	Covered	Covered
Periodontal maintenance	2 times per calendar year with a documented history of periodontal disease	2 times per calendar year with a documented history of periodontal disease	2 times per calendar year with a documented history of periodontal disease
Palliative Treatment	Covered	Covered	Covered
<b>Major Services</b>	<b>50%</b>	<b>In - 50% Out - 25%</b>	<b>0% Not Covered</b>
Major Co-Insurance	Covered	Covered	Not Covered
Endodontics	12 months after initial insertion, 1 time per 6 months	12 months after initial insertion, 1 time per 6 months	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	Covered	Covered	Not Covered
Oral Surgery	One time per quadrant per consecutive 24 months	One time per quadrant per consecutive 24 months	Not Covered
Periodontal Scaling and Root Planning	1 time per tooth per lifetime	1 time per tooth per lifetime	Not Covered
Root Canal Therapy	Once per quadrant or site every consecutive 36 months	Once per quadrant or site every consecutive 36 months	Not Covered
Periodontal Surgery	Covered	Covered	Not Covered
Oral Surgery - Other Surgical	Covered as a basic service	Covered as a basic service	Covered as a basic service
Anesthesia	Full Denture/Partial Denture: 1 per five year period	Full Denture/Partial Denture: 1 per five year period	Not Covered
Bridges/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
Crowns/Inlays/Onlays	1 time per tooth per five year period	1 time per tooth per five year period	Not Covered
Crown replacement: 1 time per five year period from initial or supplemental placement.	1 time per five year period from initial or supplemental placement.	1 time per five year period from initial or supplemental placement.	Not Covered
Implants Procedures	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
Retines and Rebasings Dentures	Covered if prescribed to control habitual grinding	Covered if prescribed to control habitual grinding	Covered as a basic service
Occlusal Guards	<b>50% - No age limit</b>	<b>0% Not Covered</b>	<b>0% Not Covered</b>
<b>Orthodontia</b>	<b>50% - No age limit</b>	<b>0% Not Covered</b>	<b>0% Not Covered</b>
<b>Orthodontia Co-Insurance</b>	<b>50% - No age limit</b>	<b>0% Not Covered</b>	<b>0% Not Covered</b>

\*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.

\*Women who are pregnant and have gum disease, individuals with diabetes and gum disease, as well as individuals at risk for infective endocarditis, or other at-risk conditions such as renal failure, immune suppressed systems due to chemotherapy and/or radiation, organ transplant, or stem cell transplant may be eligible for additional prophylaxes (cleanings) or fluoride treatment. The patient should talk with his or her dentist about treatment.

Please refer to the Delta Dental Certificate of Coverage for a detail description of the plan benefits.





# MEMBERSHIP APPLICATION

Preferred SEANC District (optional)

County of Residence

County of Work (if different from residence)

Department / Agency / School and Hire Date (Required for Payroll Deduction)

Job Title / Profession

## Member Information

## Membership Type (check one)

Social Security Number (Required)

Active Employee  Retired Employee  Associate\*  Affiliate\*\*

\* Available to employees of the State Employees' Credit Union, SEANC staff, former scholarship winners, and those individuals who do not qualify for an active membership whose spouse, parent, or grandparent were active members of SEANC, or the SEANC member has passed away on or after October 1, 2016.

\*\* Available to those persons or organizations who support the purposes of SEANC.

Last Name Full First Name, Middle Initial

### Employer

Date of Birth Gender

State  Temporary/Part time  Local Government: \_\_\_\_\_

Street / P.O. Box / Apt. Number

Type of Employment:  Full time or  Part time

City / Town State Zip Code

10 months  11 months  12 months  Other: \_\_\_\_\_

## Contact Information

## Monthly Cost

Home Phone

### Employees

### Retirees

\$ 14.00

Membership Dues

\$ 10.00

\$ 3.00

EMPAC\*

\$ 3.00

**\$ 17.00**

**Monthly Cost**

**\$ 13.00**

Work Phone

\* Contributions to the Employees Political Action Committee (EMPAC) are voluntary and are used for political purposes to support candidates and issues that affect state employees and retirees. Members may decline to participate by checking this box  or may cancel at any time with one month's written notice to the SEANC Central Office. If you desire to contribute a different monthly amount to EMPAC, indicate your total monthly contribution here \_\_\_\_\_. North Carolina Law requires EMPAC to report the name, address, occupation and employer of individuals whose contributions exceed \$50 in a calendar year; contributions are limited to \$5,000 per individual per election cycle.

Cell Phone

Email Address (personal)

Email Address (work)

## Payment Options (Choose One)

A. Payroll/Pension Deduction

B. EFT Bank Draft

C. Credit Card (Purchasing Power does not except credit card payments).

Annual or  Monthly

Visa  Mastercard  Debit

Name of Financial Institution

Card Number

9-digit Routing Number Checking Account Number

Expiration Date CVW

I authorize SEANC membership dues to be deducted from my wages/pension or checking account on a monthly basis, in the amount currently established by the SEANC Bylaws, or in an adjusted amount as may be approved by the membership subsequent to the date of this authorization. I further authorize my employer or pension plan to deduct voluntary EMPAC contributions in the amount designated above from my wages/pension on a monthly basis for transmittal to SEANC in a lump sum with my SEANC dues. These authorizations shall continue until canceled by me by written notice to the SEANC Office. These payments are non-refundable. Contributions or gifts to SEANC and EMPAC are not tax deductible as charitable contributions.

By providing my phone number, I understand that SEANC and its affiliates may use automated calling technologies and/or text message me on my cellular phone on a periodic basis. SEANC will never charge for text message alerts. Carrier message and data rates may apply to such alerts. Text STOP to 787753 to stop receiving messages. Text HELP to 787753 for more information.

I understand that: 1) I am not required to make contributions to EMPAC as a condition of my employment by my employer or membership in SEANC; 2) I may refuse to contribute without any reprisal; 3) only members and executive/administrative staff who are U. S. citizens or lawful permanent residents are eligible to contribute; 4) the amounts on this form are merely a suggestion, and I may contribute more or less by this or some other means without fear of favor or disadvantage from SEANC or my employer; 5) SEANC and SEIU use the money they receive for political purposes, including, but not limited to, addressing issues of political or public importance and contributing to and spending money in connection with federal, state and local elections.

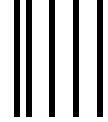
Signature (Required)

Date

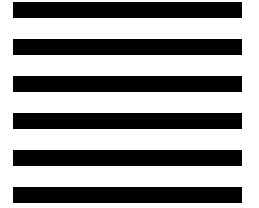
Recruited by (print name/ID number)

TO MAIL:

COMPLETE APPLICATION, FAX (919-829-5829) OR REMOVE AT PERFORATION, FOLD IN HALF, TAPE TO SEAL AND MAIL. POSTAGE IS FREE!



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NECESSARY  
IF MAILED  
IN THE  
UNITED STATES



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MEMBER RELATIONS DEPARTMENT  
STATE EMPLOYEES ASSOCIATION OF NORTH CAROLINA  
1621 MIDTOWN PL  
RALEIGH NC 27690-5923



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← TAPE ACROSS HERE TO SEAL. →





## **STATE EMPLOYEES ASSOCIATION OF NORTH CAROLINA**

### **Mail**

1621 Midtown Place  
Raleigh, NC 27609

### **Phone**

800-222-2758  
919-833-6436

### **Email**

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contact@seanc.org

### **Fax**

919-792-3321  
800-296-4999

### **Website**

[www.seanc.org](http://www.seanc.org)

### **Facebook**

[SEANC.Local2008](https://www.facebook.com/SEANC.Local2008)



### **Twitter**

[@SEANC](https://twitter.com/SEANC)