

SEANC Membership AND BENEFITS GUIDE



STATE EMPLOYEES ASSOCIATION
OF NORTH CAROLINA

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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 life 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 access discounts all over the state and nation 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

ADVOCACY

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

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!

INFORMATION

Your membership includes publications and weekly emails to keep you informed.

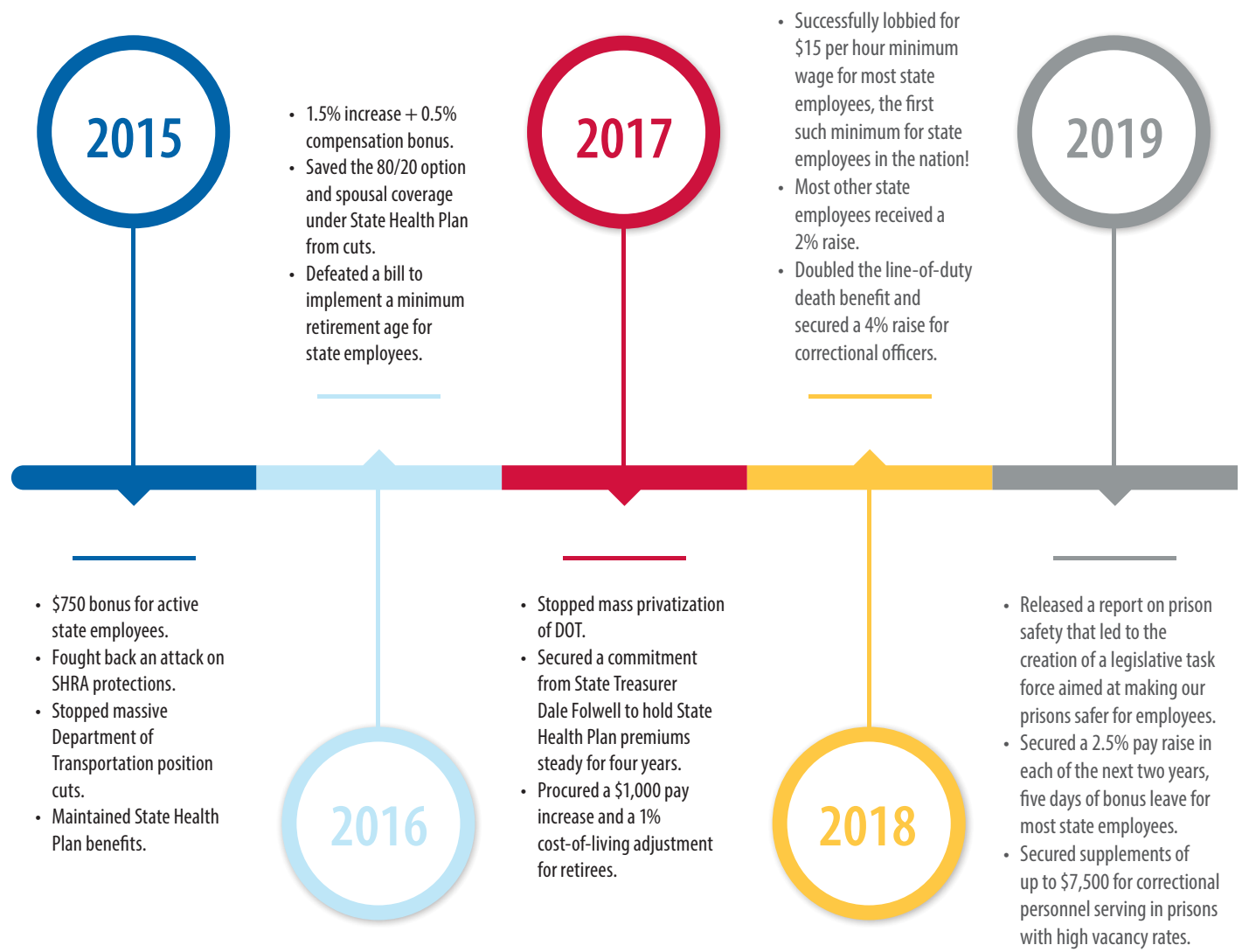
SCHOLARSHIPS

SEANC awards more than \$100,000 to members and their families each year.

DISCOUNTS

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

LEGISLATIVE VICTORIES



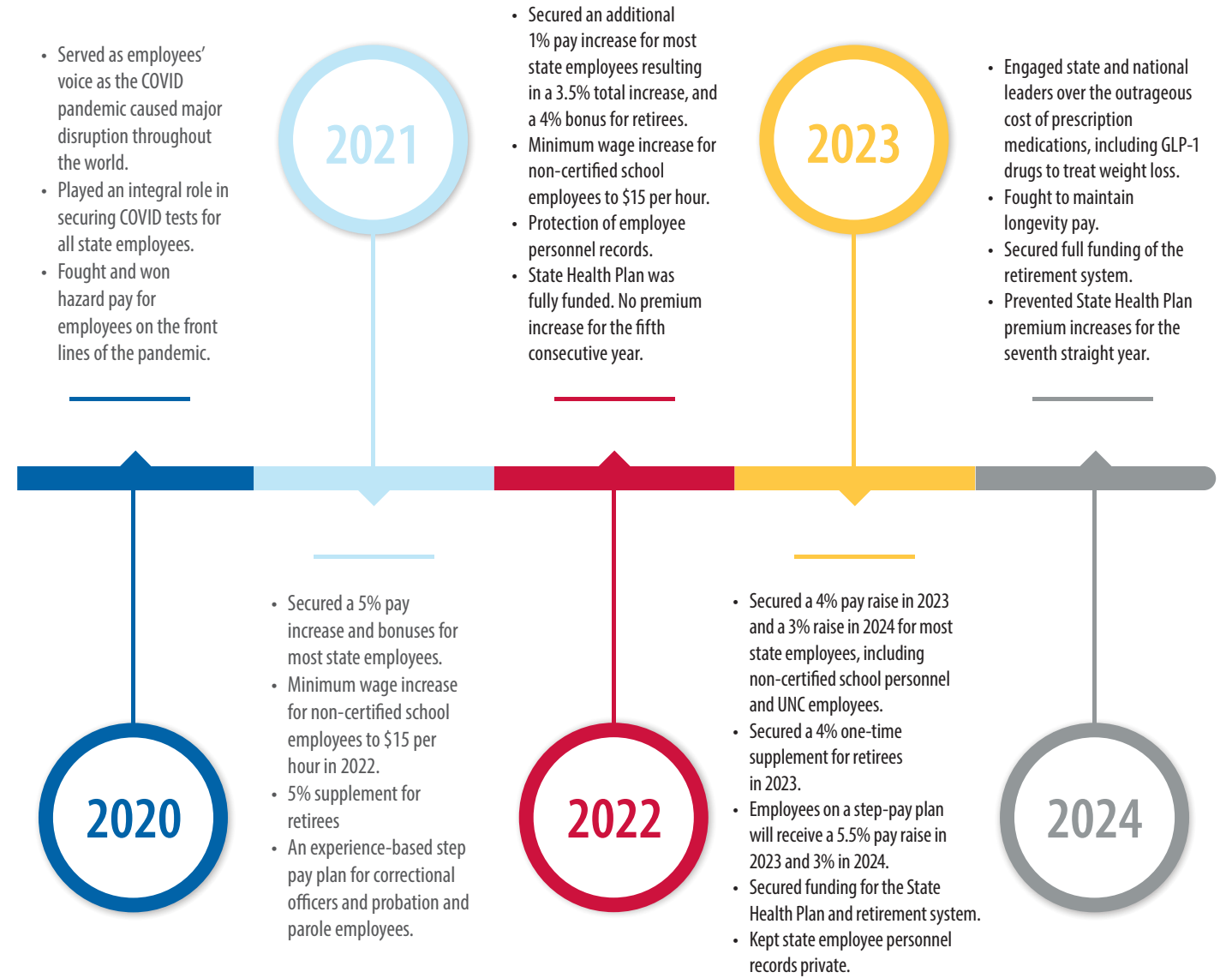
MAINTAINING AND INCREASING YOUR PAY

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 fight for appropriate funding of the State Health Plan which is increasingly important as healthcare costs increase.

LEGISLATIVE VICTORIES



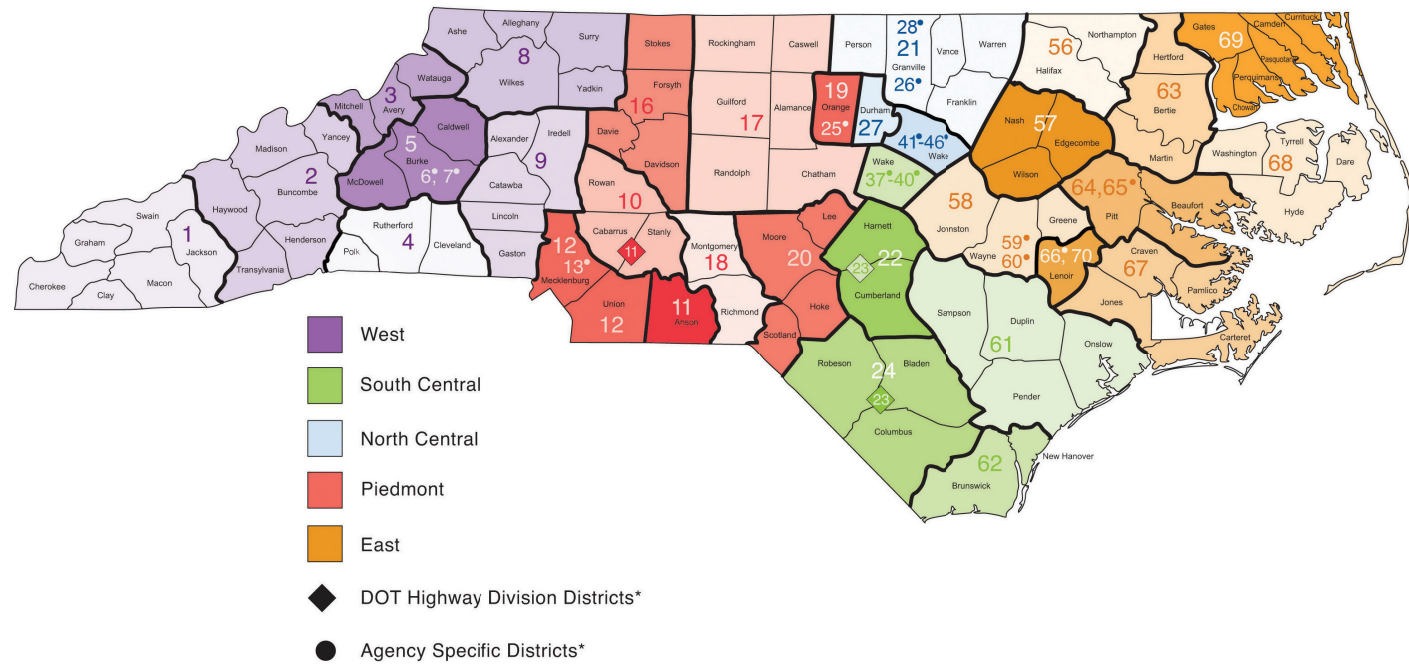
PROTECTING THE RETIREMENT SYSTEM

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.

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 to get your district chair's contact information.



VOLUNTEER AT AN EVENT

Email contact@seanc.org to volunteer for local events.



SCHEDULE AN EVENT

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

HOW TO GET INVOLVED



VISIT OUR WEBSITE

Go to seanc.org to view district information, your SEANC profile and discounts.



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.

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 120 legislative races and successfully elected 94% of our EMPAC-endorsed candidates in 2024.

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/pension deduction or bank draft
- 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/retiree 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

Check the SEANC website (seanc.org/scholarship) in January to apply.

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

Important Dates

Application available: January
Application deadline: April 15



\$100,000+ AWARDED ANNUALLY



40+ COLLEGES REPRESENTED



100+ STUDENTS AWARDED

CONTRIBUTE

Check

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




TOCO AT WORK

The **Toco at Work** program provides comprehensive vehicle repair protection, offering you peace of mind and financial security.

DISCOVER OUR KEY BENEFITS

| | | | |
|--|--|--|--|
|  <p>White Glove Concierge Experience top-notch service. Toco's concierge provides immediate assistance from the moment a breakdown occurs, ensuring you can stay focused on your safety.</p> |  <p>Auto Repair Concierge Toco pays the mechanic directly for covered repairs at the time of service. Choose any licensed mechanic for your repairs.</p> |  <p>Roadside Reimbursement Get help when you need it most. Toco reimburses costs for roadside assistance services like battery jumps, flat tire changes, lockouts, and running out of gas.</p> |  <p>Rental Reimbursement If your car needs repairs, Toco covers the cost of a rental car so you won't miss work.</p> |
|--|--|--|--|




WHY YOU NEED VEHICLE REPAIR PROTECTION

| | | |
|--|---|--|
|  <p>Vehicle Outside Factory Warranty A large portion of vehicles on the road today (229 million) are no longer covered by factory warranties. This means you are responsible for repair costs.</p> |  <p>High Frequency of Breakdowns Each year, 69 million vehicle breakdowns occur in the US, significantly higher than 6 million car accidents.</p> |  <p>Financial Emergencies Even minor breakdowns can lead to financial stress. Approximately 60% of Americans struggle to cover unexpected expenses of \$500 or more.</p> |
|--|---|--|

HERE'S ANOTHER PERK: Openbay+

Millions of people have decided to keep their vehicle longer, increasing the cost to maintain and repair vehicles. The average cost can reach \$1,000 annually. Toco Openbay+ gives all the members access to steeply discounted vehicle maintenance and repair services with a nationwide network of high-quality automotive service professionals.



-  **Savings of up to 25% on auto repairs and maintenance**
When you request service with Toco Openbay+ you can compare multiple, discounted estimates by price, amenities, location, ratings and reviews. All estimates include parts, labor, and taxes, where applicable.
-  **Access to a created service provider network**
Toco Openbay+ gives you access to all kinds of service providers from major national brands like Goodyear, Pep Boys, Jiffy Lube, Kwik Kar, BRAKEmax, and many others including local specialists and even mobile mechanics who will service your vehicle in your driveway if you choose.
-  **Easy online scheduling**
When you book online with Toco Openbay+, you pick the appointment time that works for you. The entire booking process takes just a minute or two.

FIXED MONTHLY PRICES, REGARDLESS OF THE TYPE OF VEHICLE YOU DRIVE. THIS IS A FIRST IN THE INDUSTRY!

| | Engine | Transmission | Drive Axle | 4x4 Transfer Case | Cooling System | Air Conditioning | Electrical | Brakes | Suspension | Non-Powertrain Parts | Low Monthly Rates |
|-------------------|--------|--------------|------------|-------------------|----------------|------------------|------------|--------|------------|--------------------------------------|-------------------|
| POWERTRAIN | ✓ | ✓ | ✓ | ✓ | | | | | | water pump, fuel pump, & alternator | \$59.95 |
| PLUS | | | | | ✓ | ✓ | ✓ | ✓ | ✓ | included within other listed systems | \$59.95 |
| PREMIUM | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | included within other listed systems | \$99.95 |

Annual Deductible is \$200. Annual limit of liability is \$5,000 and up to two claims per year. The vehicle must be under 15 years old and 150,000 miles at the time of enrollment.



Don't miss out on this exclusive benefit.
For more information, scan to visit our website:
Or, call us at **(800) 262-6458**



MEMBER DISCOUNTS

Your SEANC membership pays for itself with everyday savings from restaurants to state attractions to hotels. Check out the details of your discounts by visiting seanc.org/discounts.



Home Security



Mobile Phone Advantage Program



Computers

Theatre Tickets



Our State magazine subscription



Kings Quarters (next to Kings Dominion theme park)

Theme Parks Tickets



MEMBER PERKS

Visit seanc.abenity.com/GO

We've cut out the middleman so members save more!

Enjoy private discounts and corporate rates on everything from pizza and the zoo, to movie tickets, oil changes, car rentals, and hotels. With thousands of discounts, \$4,500+ in per member savings, and over a million redemption locations, you'll always have a reason to *Celebrate Your Savings!*



Harry & David



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 to change your insurance plans. With SEANC you can change or enroll in products throughout the year. Also, you don't need to re-enroll every 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 premium dental plan has 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.

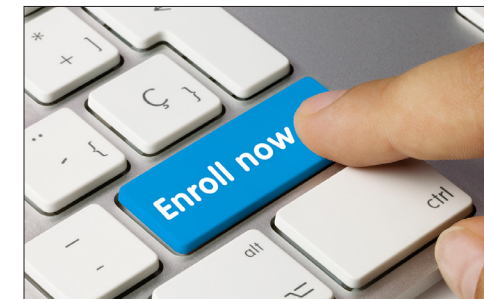
NO WAITING PERIODS

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.

Enrollment is Easy!

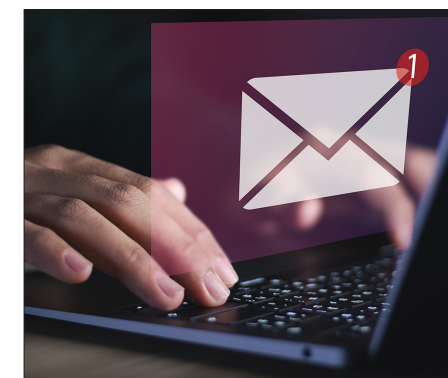
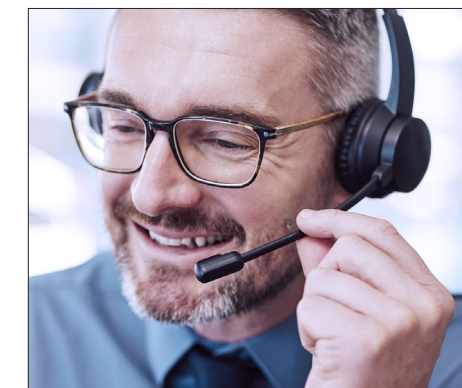


ENROLL ONLINE

at seanc.org/insurance
Download enrollment forms and enroll in some SEANC products on our website.

CALL 1-919-833-6436 or
1-800-222-2758

Our member insurance specialists will assist you with enrollment.



EMAIL insurance@seanc.org

Email a member insurance specialist to receive more information on how to enroll in SEANC products.

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.

ACCIDENT 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.

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.

HOME HEALTH CARE

ManhattanLife's Home Health Care Select Insurance is an affordable solution that provides both the flexibility and the financial support you need to recover at home surrounded by family and those that you love. These plans can also minimize financial stress and allow you to focus your energy and attention on your own personal recovery.

IDENTITY THEFT

A robust digital security plan to help protect you and your family from financial and identity fraud. MetLife and Aura Fraud Protection helps safeguard the things that matter to you most.

LEGAL PLAN

MetLife's Legal Plan provides easy access to a national network of over 18,000 experienced attorneys and provides coverage for the most frequently needed legal services.

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.

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

OUR INSURANCE PRODUCTS

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.

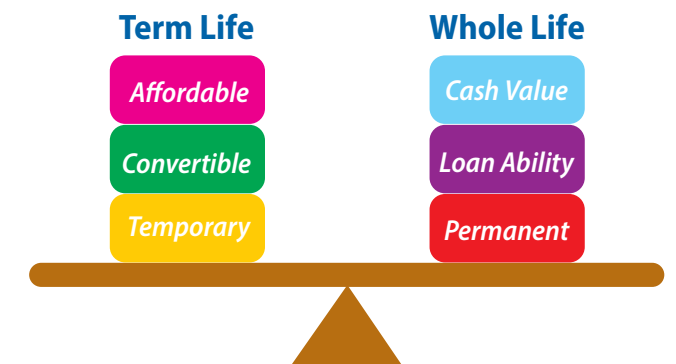
SHORT-TERM DISABILITY

The Aflac Group Disability Advantage insurance plan provides payment of a monthly disability benefit when a covered member is disabled and unable to work due to an injury or sickness. Benefit payments begin after any applicable waiting period is satisfied and continue during disability, up to the final approved disability benefit period.

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.

Whole Life vs Term Life What's the difference?



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



TERM LIFE

Underwritten by Boston Mutual

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

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

COVERAGE OPTIONS

Employee and Spouse

- Up to a maximum of \$500,000 in coverage
- Guaranteed coverage up to \$150,000 is available in the first 180 days of 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 |

Insurance rates quoted in Membership Guide are subject to change.



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. Insurance rates quoted in Membership Guide are subject to change.



FINAL EXPENSE / WHOLE LIFE

Underwritten by MassMutual Life Insurance Company

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

CONSIDER THE ADVANTAGES

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

Note: Spouses (ages 18-60) of actively-at-work members and member retirees (to age 75) can apply for coverage but are subject to limited underwriting review (coverage is not guaranteed). Retirees' spouses/children are ineligible for coverage under this plan.

- Choose your coverage amount: SEANC members can choose a guaranteed face amount from \$10,000 to \$25,000 per year up to a lifetime maximum of \$100,000 (retirees can apply for a maximum of \$25,000 annually). Members can apply for additional coverage, but this coverage is not guaranteed. Note: Spouses/dependents are eligible for \$25,000 if the member takes \$25,000+ coverage.

- **No medical exams are required** nor lengthy health questionnaires to fill out.
- **Premiums will never increase** for the coverage amount you have selected. Note: This is an individual policy, which is owned by you.
- **Guaranteed cash value** that accumulates on a tax-deferred basis over time. Your policy is also **eligible to earn dividends**, offering the potential to further increase your cash value. You can take a loan from this cash value or access the full amount if you decide to cancel the policy.^{1,2}
- **Beneficiary proceeds are generally not taxable** under current federal law when paid to the named beneficiary.
- **Terminal illness provision** that enables you to receive a portion of your death benefit if diagnosed with a terminal illness that is expected to result in death within 12 months.

Sample Monthly Premiums for Various Coverage Amounts*

| 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.

¹ 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.

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

³ 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.

Insurance rates quoted in Membership Guide are subject to change.



FINAL EXPENSE / WHOLE LIFE

Underwritten by Gerber Life Insurance Company

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

PLAN HIGHLIGHTS

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

Sample Monthly Premiums for Various Coverage Amounts*

| 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.³ We look forward to helping you and yours. To learn more, please contact a SEANC Insurance Specialist.

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

Insurance rates quoted in Membership Guide are subject to change.



ILLNESS, TRAUMA, HOSPITALIZATION

(BENEXTEND) Underwritten by Aflac Group

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

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

Insurance rates quoted in Membership Guide are subject to change.

ENROLL

To learn more or enroll, go to 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).

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).

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.

| | |
|---|--|
| CANCER (Internal or Invasive) 100% | BONE MARROW TRANSPLANT (Stem Cell Transplant) 100% |
| HEART ATTACK (Myocardial Infarction) 100% | SUDDEN CARDIAC ARREST 100% |
| STROKE (Ischemic or Hemorrhagic) 100% | NON-INVASIVE CANCER 25% |
| MAJOR ORGAN TRANSPLANT 100% | CORONARY ARTERY BYPASS SURGERY 25% |
| KIDNEY FAILURE (End-Stage Renal Failure) 100% | SKIN CANCER (Once per Calendar Year) \$250 |

Initial Diagnosis — We will pay a benefit based on the face amount upon diagnosis of a covered critical illness.
Additional Diagnosis — Once benefits have been paid for a covered critical illness, we will pay benefits for each different critical illness when the date of diagnosis is separated by at least six consecutive months (In Tennessee, 30 consecutive days).
Reoccurrence — Once benefits have been paid for a covered critical illness, we will pay benefits for that same critical illness when the date of diagnosis is separated by at least six consecutive months.

Benefits will be based on the face amount in effect on the critical illness date of diagnosis. If the claim is for a cancer diagnosis, the insured must be treatment-free from cancer for at least 12 months and must be in complete remission before the date of a subsequent cancer diagnosis.

Health Screening Benefit / \$100 High / \$50 Mid / \$50 Low (per calendar year per insured)

Payable for health screening tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations. Residents of Massachusetts are not eligible for the health screening benefit.

Term Life Rider / \$5,000 All Plans

If the insured dies while covered under this plan, we will pay the amount shown as a lump-sum benefit to the insured's designated beneficiary. Benefit is paid once per insured.

Successor Insured Benefit

If spouse coverage is in force at the time of the employee's death, the surviving spouse may elect to continue coverage. Coverage would continue according to the existing plan and would also include any dependent child coverage in force at the time.

Insurance rates quoted in Membership Guide are subject to change.



SHORT TERM DISABILITY

Underwritten by Aflac Group

The Aflac Group Disability Advantage insurance plan provides payment of a monthly disability benefit when a covered member is disabled and unable to work due to an injury or sickness. Benefit payments begin after any applicable waiting period is satisfied and continue during disability, up to the final approved disability benefit period.

| | |
|---|--|
| Benefit Amounts | \$300 to \$6,000 monthly benefit |
| Coverage | Non-Occupational |
| Payment Method | Payroll Deducted |
| Maximum Income Replacement | 66% of the employee's base annual pay |
| Pre-existing Condition Exclusion | 12/12 (partial and pre-existing covered at 50%) |
| Waiting Period Options | You choose when your benefit begins -1st day accident, 8th day sickness; 15th day accident, 15th day sickness; 31st day accident, 31st day sickness |
| Terms | You choose the length of your disability plan - 3 month, 6 month, or 12 month |
| Waiver of Premium | After 90 consecutive days of disability caused by a covered sickness or injury, for as long as they remain disabled, up to the application benefit period. |
| Eligibility | Employee must work at least 19 hours per week with a base annual pay of at least \$9,000. |
| Eligible Age | Employee: 18-74 (Plan terminates at age of 75) |

| Sample Rates for \$1,000/month (47 year old member) | | | |
|---|---------|---------|---------|
| Term | 0/7 | 14/14 | 30/30 |
| 3 Months | \$33.20 | \$18.40 | n/a |
| 6 months | \$43.30 | \$25.80 | \$16.00 |
| 12 Months | \$63.90 | \$35.60 | \$25.90 |

Insurance rates quoted in Membership Guide are subject to change.

DISABILITY DETAILS



Total Disability (including Pregnancy)

This benefit pays the monthly benefit when a covered employee is totally disabled and unable to work due to sickness or injury.

Total Disability Benefits will end when:

- The employee is cleared by the doctor and returns to his full-time job, or
- The employee earns 80% or more of pre-disability income working at any job, or
- The employee reaches the end of the total disability benefit period.

Pregnancy Benefit is covered as with any accident or sickness.

Pre-Existing Conditions Benefit (including Pregnancy)

During the first 12 months of coverage, this benefit pays 50% of the covered employee's applicable monthly disability benefit for a disability due to a pre-existing condition, including pregnancy. Benefits begin following the expiration of an applicable elimination period.

Pre-existing Condition is an illness, disease, infection, disorder, pregnancy, or injury that existed within the 12-month period before the effective date of coverage.

Partial Disability Benefit

This benefit pays 50% of the monthly benefit when a covered employee is partially disabled and returns to work earning less than 80% of base income due to sickness or injury. Benefits begin following the elimination period.

Partial Disability Benefits will end when:

- The employee is cleared by the doctor and returns to his full-time job, or
- The employee earns 80% or more of pre-disability income working at any job, or
- The employee reaches the end of the partial disability benefit period, a maximum of 3 months.

The Partial Disability Benefit has its own benefit period; it is not subject to the Total Disability Benefit Period. The employee may be eligible for the Partial Disability Benefit even if they have not received the Total Disability Benefit.

Mental Illness Limited Benefit

This benefit pays the monthly disability benefit when a covered employee is totally disabled due to a mental illness and is under the care and attendance of a doctor. The mental illness benefit must be verified by a doctor. The maximum benefit for a disability due to mental illness is 90 days per occurrence within a 12 month lifetime maximum benefit period.

Health Advocacy and Medical Bill Saver

Dealing with health care and health coverage can be complicated — and often stressful. But now you have Health Advocacy and Medical Bill Saver. This is also available to family members. With Health Advocacy, you have a team of experts who can help solve your health care and insurance-related questions. They can assist you with a variety of needs like finding specialists, clarifying coverage, addressing claim issues, getting second opinions — and even help negotiating medical bills.

To get started, call 855-423-8585.

MeMD Telemedicine

Now, when an illness strikes, you can get care right where you are — from your phone, app or online. That's because your Aflac group plan now comes with telemedicine service from MeMD that allows you to reach a health provider, day or night, using your phone or computer. And it's available as soon as your Aflac Group coverage starts.

Activate and login to your account at www.MeMd.me/Aflac

ENROLL

To learn more or enroll, go to www.seanc.org/insurance/short-term-disability or call (833) 206-3553 Monday - Friday; 8 a.m. - 5 p.m. (EST).

Must keep plan for 12 months.



HOME HEALTH CARE SELECT

Individual Coverage from ManhattanLife

Health. Value. Peace of Mind.

If possible, wouldn't you rather recuperate from an injury or chronic illness in the comfort of your own home? A sudden illness, injury, or debilitating chronic condition can happen to any individual at any age.

ManhattanLife's Home Health Care Select Insurance is an affordable solution that provides both the flexibility and financial support you need to recover at home, surrounded by those you love. These plans can also minimize financial stress, allowing you to focus your energy on your own personal recovery.

NORTH CAROLINA PLAN COST

Monthly Base Rates + RX (includes \$20 annual policy fee)

| Attained Age | Classic | Premier | Deluxe |
|--------------|---------|----------|----------|
| 45-49 | \$14.57 | \$22.30 | \$23.26 |
| 50-54 | \$15.65 | \$24.05 | \$25.07 |
| 55-59 | \$17.77 | \$27.42 | \$28.59 |
| 60-64 | \$19.38 | \$30.00 | \$31.53 |
| 65-69 | \$22.60 | \$35.15 | \$37.41 |
| 70-74 | \$33.86 | \$53.18 | \$57.97 |
| 75-79 | \$45.13 | \$71.21 | \$81.27 |
| 80-84 | \$59.61 | \$94.38 | \$111.30 |
| 85-89 | \$75.11 | \$119.17 | \$143.13 |

HOME HEALTH CARE SELECT BENEFITS¹

- Daily maximum benefit of \$150-\$450 with a maximum benefit period of 365 days² for the services (at right) in your home from an approved Home Health Care Select practitioner, subject to the eligibility conditions.

Home Health Care Aide¹

- Daily benefit for each day you require Home Health Care aide services in your home. Maximum benefit period of 60 days.

Prescription Drug Benefit¹

- Per prescription benefit of \$10/Generic, or \$25/Brand.

Restoration of Benefits¹

- The maximum benefit period for Home Health Care Select and aide benefits will be restored if benefits have not been paid or required for 180 consecutive days.

Insurance rates quoted in Membership Guide are subject to change.

| Plan Features & Benefits | |
|---|---|
| • Issue ages 45-89 | • Simple underwriting! |
| • Guaranteed Renewable for life | • Prescription drug benefits available in most states |
| • 30 day "free look" period to examine the policy | |

| Services | Classic | Premier | Deluxe |
|-------------------------|---------|---------|--------|
| | \$150 | \$300 | \$450 |
| Nursing Care | \$75 | \$150 | \$200 |
| Physical Therapy | \$75 | \$150 | \$200 |
| Speech Pathology | \$75 | \$150 | \$200 |
| Occupational Therapy | \$75 | \$150 | \$200 |
| Chemotherapy Specialist | \$60 | \$120 | \$200 |
| Enterostomal Therapy | \$50 | \$100 | \$200 |
| Medical Social Services | \$100 | \$200 | \$300 |
| Respiration Therapy | \$50 | \$100 | \$200 |

| Classic | Premier | Deluxe |
|---------|---------|--------|
| \$40 | \$80 | \$120 |

| Maximum Benefit per Policy Year | | |
|---------------------------------|---------|--------|
| Classic | Premier | Deluxe |
| \$300 | \$600 | \$600 |

HOME HEALTH CARE



MONTHLY RIDER RATES

| Rider | Insured | Rider | Insured |
|--------------------------|---------|--------------------------------|---------|
| Accident Expense \$1,250 | \$2.45 | Accident Death & Dismemberment | \$0.92 |
| Accident Expense \$2,500 | \$4.91 | Home Medical Equipment | \$2.12 |
| Ambulance | \$0.94 | Routine Annual Exam | \$3.96 |

Routine Annual Physical Examination³

- One benefit per year for a routine annual physical examination, subject to a 12-month waiting period.

| Routine Annual Physical Examination Benefit |
|---|
| \$150 |

Accidental Death & Dismemberment³

- Benefits for accidental death or an accidental bodily injury resulting in the loss of finger, toe, hand, arm, foot, leg, or sight. To be covered, death or dismemberment must occur within 90 days of the covered accident and while this policy and rider are in force.
- Lifetime maximum is \$10,000

| Accidental Death & Dismemberment Benefit | |
|--|---------|
| \$10,000 | |
| Maximum Disbursement Benefit | |
| Sight, both eyes | \$5,000 |
| Sight, one eye | \$2,500 |
| Hand/arm/foot/leg (multi) | \$5,000 |
| Hand/arm/foot/leg (single) | \$2,500 |
| Finger or toe (multi) | \$500 |
| Finger or toe (single) | \$250 |

Home Medical Equipment Benefit Rider³

- Benefits paid when you need home medical equipment prescribed by your physician while receiving Home Health Care Select services and/or Home Health Care aide benefits.
- Lifetime maximum is \$500.

| Home Medical Equipment Benefit | |
|-----------------------------------|--|
| \$100 per piece | |
| Home Medical Equipment limited to | |
| Mobility assistance | |
| Transfer aids | |
| Bathroom safety | |
| Home accommodations | |
| Personal medical equipment | |

Ambulance Benefit Rider³

- Benefits paid for transportation in an ambulance for emergency care, including transportation from one medical facility to another when health care services are provided during the trip.
- Lifetime maximum is \$2,500.

| Ambulance Benefit | |
|-----------------------|------------------|
| \$200 per trip | |
| Per each one-way trip | 4 trips per year |

Accident Expense Benefit Rider³

- Benefits for dislocations, fractures, or knee ligament tears when treated by a health care practitioner in a hospital emergency room, urgent care facility, or physicians office within 48 hours of the covered accident.

| Maximum Dismemberment per Accident | | |
|------------------------------------|----------|----------|
| Option 1 | Option 2 | |
| \$1,250 | \$2,500 | |
| Maximum Dismemberment Benefit | | |
| | Option 1 | Option 2 |
| Fracture, hip or skull | \$1,250 | \$2,500 |
| Dislocation Hip | \$1,000 | \$2,000 |
| Tear, knee ligament or meniscus | \$500 | \$1,000 |
| Dislocation knee | \$500 | \$1,000 |
| Fracture, all other | \$250 | \$500 |

¹ See Policy and/or Outline Coverage for state-specific details. ² Maximum benefit period may vary by state. ³ See the Rider and/or Outline of Coverage for state-specific details.

Insurance rates quoted in Membership Guide are subject to change.

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.

Insurance rates quoted in Membership Guide are subject to change.

| EVENT | BENEFIT |
|---|-----------------------------------|
| HOSPITAL CARE | |
| Hospital Admission | \$1,000 - \$3,000 |
| Hospital Confinement | \$250 - \$750 |
| Hospital Intensive Care Unit Confinement | \$500 - \$1,500/day up to 30 days |
| Lodging | \$100 - \$300 per day |
| Rehabilitation Unit | \$75 - \$225 |
| Transportation | \$300 - \$900 |
| EMERGENCY CARE | |
| Air Ambulance | \$500 - \$1,500 |
| Ground Ambulance | \$100 - \$300 |
| Appliance | \$50 - \$150 |
| Blood, Plasma, Platelets | \$100 - \$300 |
| Physician Office/Urgent Care - Initial Visit | \$25 - \$75 |
| Outpatient Surgery Facility Service | \$100 - \$300 |
| Abdominal or Thoracic with repair | \$500 - \$1,500 |
| Abdominal or Thoracic without repair | \$50 - \$150 |
| Hernia | \$50 - \$150 |
| EMERGENCY ROOM | |
| Emergency Room Treatment | \$50 - \$300 |
| MAJOR INJURY | |
| Accidental Death (member or spouse) | \$50,000 |
| Accidental Death (children) | \$10,000 |
| Accidental Death/Common Carrier (member or 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 |
| CONTINUING CARE | |
| Epidural Pain Management | \$50 - \$150 |
| Physician Follow-Up Care | \$50 - \$150 |
| Spinal Manipulation | \$15 - \$45 |
| Therapy Services – Occupational, Physical & Speech | \$15 - \$45 |

Insurance rates quoted in Membership Guide are subject to change.

| EVENT | BENEFIT |
|--|---|
| SPECIFIC LOSS | |
| Burns- 2nd degree, which cover at least 36% of the body | \$750 - \$2,250 |
| Burns- 3rd degree, which cover at least 9 sq. inches but less than 35 sq. 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 |
| DIAGNOSTIC IMAGING | |
| Medical Imaging | \$100 - \$300 |
| X-Rays | \$25 - \$75 |
| DISLOCATIONS & FRACTURES | |
| Dislocation (Closed with Anesthesia) | \$100 - \$6,000 |
| Dislocation (Open with Anesthesia) | \$200 - \$12,000 |
| Dislocation (Closed without Anesthesia) | 25% of the closed with anesthesia benefit |
| Fractures (Closed) | \$50 - \$7,500 |
| Fractures (Open) | \$100 - \$15,000 |
| Chip Fracture | 25% of the closed benefit |



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

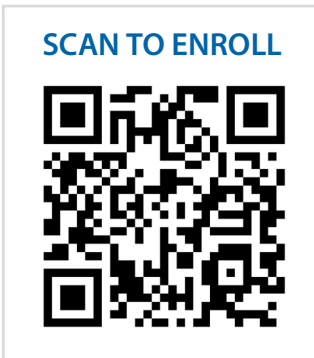
- **TALK TO A DOCTOR 24/7 \$0 visit fee — Unlimited Visits**
 Speak to a licensed doctor by phone or video from anywhere.
- **EXPERT MEDICAL SERVICES \$0 visit fee — Unlimited Visits**
 Receive a second opinion on an existing diagnosis and treatment for any condition.
- **MENTAL HEALTH “myStrength Complete” \$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.
 Insurance rates quoted in Membership Guide are subject to change.

CONTACT (for questions about the plan)

healthiestyou.com
 866-703-1259



CRITICAL ILLNESS WITH CANCER

Underwritten by Boston Mutual

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

| COVERED SPECIFIED CRITICAL ILLNESS | PERCENT OF BENEFIT AMOUNT | SAMPLE PRICING | | |
|--------------------------------------|---------------------------|----------------|----------|----------|
| | | Issue Ages | \$10,000 | \$25,000 |
| Cancer | 100% | | | |
| Carcinoma in situ | 30% | | | |
| Skin Cancer | \$300 one-time (lifetime) | | | |
| Heart Attack (Myocardial Infarction) | 100% | | | |
| Coronary Artery Bypass Surgery | 30% | | | |
| Angioplasty & Stent Insertion | 30% | | | |
| Stroke | 100% | | | |
| Coma | 100% | | | |
| Paralysis | 100% | | | |
| Severe Burns | 100% | | | |
| Major Organ Transplant | 100% | | | |
| Alzheimer's Disease | 100% | | | |
| ALS (Lou Gehrig's Disease) | 100% | | | |
| Loss of Sight/Speech/Hearing | 100% | | | |
| End Stage Renal Disease | 100% | | | |
| Benign Brain Tumor | 100% | | | |

| ENROLL | | | | |
|--|--|--|--|--|
| To enroll call 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

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

Insurance rates quoted in Membership Guide are subject to change.



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 group 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.

Insurance rates quoted in Membership Guide are subject to change.



LEGAL PLAN

Offered by MetLife Legal Plans

The Legal Plan provides you with easy to access to a national network of over **18,000** experienced attorneys and provides coverage for the most frequently needed legal services. **New for 2024**, the plan has been upgraded to include: Four hours of network attorney time and services for non-covered matters, Identity Restoration, and Reproductive Assistance Law (20 hours). 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.

COVERAGE OPTIONS

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

DOCUMENT PREPARATION

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

PRICING

\$12.95 per person or family per month

Insurance rates quoted in Membership Guide are subject to change.

CONSUMER PROTECTION

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

MONEY MATTERS

- Debt Collection Defense
- Identity Theft Defense
- Tax Audits
- Identity Restoration

FAMILY LAW

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

TRAFFIC MATTERS / CRIMINAL

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

ENROLL

Call SEANC Office at 800-222-2758



MY PET PROTECTION®

Offered by MetLife

No matter what unpredictable antics your furry family members get into, your family isn't complete without them. With **MetLife Pet Insurance**, you can feel confident that their health and your wallet are protected if you're faced with an unexpected trip to the vet. 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.

MY PET PROTECTION® FEATURES

- **Get cash back on eligible vet bills:** Choose your reimbursement level of 50% to 90%¹
- **Available exclusively for members:** SEANC preferred pricing
- **Use any vet anywhere:** No networks, no pre-approvals

Why MetLife Pet Insurance?

- Preferred pricing only offered through SEANC with additional discounts and additional rewards/saving offers on pet care.
- Flexible coverage with up to 90% reimbursement and freedom to visit any U.S. licensed vet with no networks or pre-approvals.
- Family plans available covering multiple cats and dogs on one policy.
- 24/7 access to Telehealth Veterinary Concierge Services—because accidents and illnesses don't always wait for your vet to be open.
- Coverage of previously covered pre-existing conditions when switching providers.
- MetLife Pet mobile app to submit and track claims, manage your pet's health and wellness and find nearby pet services.

Essential Needs

- Accidents & Illnesses
- Diabetes
- Ear Infections
- Pancreatitis
- Cancer
- Hip Dysplasia
- Cruciate Ligament
- and more...

Policy Features

- Telehealth
- Mortality Benefits
- Discounts & Rewards
- Deductible Savings
- and more...



Optional Preventative Care Coverage

- Flea & Tick
- Spay and Neuter
- Heartworm
- Behavioral Training
- Teeth Cleaning
- and more...

Sophisticated Care

- Laser Therapy
- Holistic Care
- Acupuncture
- Hydrotherapy
- IVDD
- and more...

GET A QUOTE OR ENROLL TODAY!

Visit: www.metlife.com/getpetquote

Call: 1-800-GET-MET8

Scan the QR code:



Pet Insurance



¹ Reimbursement options include: 70%, 80% and 90%, and a 50% option for MetGen policies. Pet age restrictions may apply.



IDENTITY PROTECTION

Protection by MetLife + Aura

With MetLife and Aura, you'll have the option to enroll in a robust digital security plan to help protect you and your family from financial and identity fraud. MetLife and Aura Identity & Fraud Protection helps safeguard the things that matter to you most: your identity, money and assets, family, reputation, and privacy with Protection Plus.

PROTECTION PLUS FEATURES

Financial Fraud Protection

- Credit Monitoring & Alerts (3 bureau)
- Annual Credit Report (3 bureau)
- Monthly Credit Score Tracker¹
- In-Platform Credit Dispute
- Credit, Bank & Utility Account Freeze Assistance
- Home & Vehicle Title Monitoring
- Financial Accounts and Transactions Monitoring
- Investment & Loan Account Monitoring
- High-Risk Transaction Alerts
- Payday/Specialty Loans Block
- Experian Credit Lock
- Credit Score Simulator

Identity Theft Protection

- Privacy Assistant & Spam Reduction
- Dark Web Monitoring
- Digital Vault
- SSN & Identity Authentication Alerts
- Criminal, Court & Public Records Monitoring
- USPS Address Monitoring
- Social Media Account Monitoring and Takeover Alerts
- Gamertag Monitoring
- Social Media Privacy Checkup

Family Safety included (with family coverage only)

- Parental Controls
- Child Cyberbullying Protection
- 3-Bureau Child Credit Freeze Wizard
- Child SSN Monitoring & Alerts
- Sex Offender Geo Alerts
- Family Sharing
- Child Safety Checklist

Services and Support

- \$5M Insurance Policy per Enrolled Adult²
- Lost Wallet Protection with \$500 Emergency Cash
- 24/7/365 100% US-based Customer Care
- White Glove Fraud Resolution Services
- Restoration Services for Pre-Existing Fraud Events
- Mobile App (iOS & Android)
- Online Resolution Tracker

Privacy and Device Protection

- Password Manager
- Email Alias
- Safe Web Browsing
- IP Address Monitoring
- Wi-Fi Security/VPN (unlimited devices)
- Antivirus (unlimited devices)
- AI-Powered Call & Text Screening

PRICING

- \$7.50 per person/month
- \$13.50 per family/month



¹ Monthly credit score tracker: The score you receive with Aura is provided for educational purposes to help you understand your credit. It is calculated using the information contained in your TransUnion or Experian credit file. Lenders use many different credit scoring systems, and the score you receive with Aura is not the same score used by lenders to evaluate your credit. ² As a component of becoming an Aura Plan member, Consumers receive identity theft insurance through a group policy issued to Aura which is underwritten and administered by American Bankers Insurance Company of Florida, an Assurant company, which is not an affiliate or subsidiary of MetLife. Checking & Savings Cash Recovery and 401(K) & HSA Cash Recovery are part of and not in addition to the Expense Reimbursement limit of liability. The description herein is a summary and intended for informational purposes only and does not include all terms, conditions and exclusions of the policies described. Please refer to the actual policies for terms, conditions, and exclusions of coverage. Coverage may not be available in all jurisdictions.

No one can prevent all identity theft or monitor all transactions effectively.

Insurance rates quoted in Membership Guide are subject to change.



SPECTERA 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 **\$6.74 per month** for the Standard 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. The enrollment form is located on pages 41-42 of this guide.

Insurance rates quoted in Membership Guide are subject to change.

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 for more details. Contact UnitedHealthcare Hearing today and mention promo code MYVISION to receive your discounted pricing. **Call: 855-523-9355, TTY 711 or visit: uhcheating.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 |

Insurance rates quoted in Membership Guide are subject to change.

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 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 \$23.81 per month for the Basic Plan. Enrollment forms received by the first of the month will be effective on the first of the following month. The enrollment form is located on pages 43-44 of this guide.

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 | \$56.45 | \$31.90 | \$23.81 |
| Member and one child | \$122.23 | \$64.02 | \$51.60 |
| Member and spouse | \$115.97 | \$61.41 | \$48.02 |
| Member and children | \$122.23 | \$64.02 | \$51.60 |
| Member and family | \$203.83 | \$105.10 | \$82.20 |

Insurance rates quoted in Membership Guide are subject to change.

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.

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 |
|--|--|---|---|
| Monthly Premium Rates effective until 12/31/2025 | \$56.45 (M) \$122.23 (M+C) \$115.97 (M+S) \$122.23 (M+CC) \$203.83 (M+F) | \$31.90(M) \$64.02(M+C) \$61.41 (M+S) \$64.02 (M+CC) \$105.10 (M+F) | \$23.81(M) \$51.60 (M+C) \$48.02 (M+S) \$51.60 (M+CC) \$82.20 (M+F) |
| Annual Benefit Maximum | \$5,000 | In-\$1,500 Out-\$1,250 | \$1,250 |
| Orthodontia Lifetime Maximum | \$2,000 | \$0 Not Covered | \$0 Not Covered |
| Annual Deductible <small>Before the plan pays, you'll pay the deductible.</small> | \$50 (M) \$150 (Family) | \$25 (M) \$75 (Family) | \$25 (M) \$75 (Family) |
| Waiting Period | None | | |
| Preventative and Diagnostic Services | | | |
| Preventative and Diagnostic Co-Insurance | In-100% Out-80% | In-100% Out-80% | In-100% Out-80% |
| 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. | | |
| Basic Services | | | |
| Basic Co-Insurance | In-80% Out-60% | In-80% Out-60% | In-70% Out-50% |
| 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. | | |
| Major Services | | | |
| Major Co-Insurance | In-50% Out-25% | In-50% Out-25% | 0% Not Covered |
| Crowns, implants, inlays and onlays | 6 month implant waiting period. 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 |
| Orthodontia (dependent children only) | | | |
| 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.
 *Out-of-network reimbursement has changed from 90th UCR to the PPO fee schedule.

Insurance rates quoted in Membership Guide are subject to change.



ADDITIONAL POLICIES

AUTO/HOME INSURANCE

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

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

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



800-230-0827

Client Code: 101391



800-438-6381

farmers.com/groupselect

Discount Code: BMO



888-695-4640

Discount Code: 4110

LONG-TERM CARE

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



**SOUTHEASTERN
SENIOR
STRATEGIES, LLC**

919-280-1693

Misty B. Smith



Vision Plan Enrollment Form

1. Check the appropriate boxes

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

¹ 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 _____

M57304 7/19 © 2019 Spectera, Inc.



SEANC—State Employees Association of North Carolina

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

| Covered Benefits | In-Network Benefit Plan Options | | |
|--|--|---|--|
| | Standard Plan | Enhanced Option 1 | Enhanced Option 2 |
| Exams | Once Every 12 Months | | |
| | 100% with a \$15 copay | 100% with a \$15 copay | 100% with a \$15 copay |
| Lenses | Once Every 12 Months | | Once Every 24 Months |
| | \$15 copay (applied to lenses and frame); 100% coverage for single vision, lined bifocal, trifocal and lenticular lenses | \$25 copay (applied to lenses and frame); 100% coverage for single vision, lined bifocal, trifocal and lenticular lenses | \$25 copay (applied to lenses and frame); 100% coverage for single vision, lined bifocal, trifocal and lenticular lenses |
| Frames | Once Every 24 Months | | |
| | \$15 copay (applied to lenses and frame); \$130 frame allowance at retail chain providers or private practice providers | \$25 copay (applied to lenses and frame); \$130 frame allowance at retail chain providers or private practice providers | \$25 copay (applied to lenses and frame); \$130 frame allowance at retail chain providers or private practice providers |
| Contact Lenses ^{1,2} in lieu of glasses | Once Every 12 Months | | Once Every 24 Months |
| | Elective: \$15 copay; allowance up to \$150 | Elective: \$25 copay; allowance up to \$150 | Elective: \$25 copay; allowance up to \$125 |
| Cosmetic Lens Options | Scratch resistant coating, Polycarbonate lenses for children up to age 19 | Scratch resistant coating, Standard, 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 lenses¹

Covered-in-full (after applicable copay)

Benefits at an OUT-OF-NETWORK Provider

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

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

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

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

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

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

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

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

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



Dental Plan Enrollment Form

Effective Date: _____

1. Check the appropriate box for coverage desired:

| | Basic Plan | Core Plan | Premium Plan |
|---------------------|------------|-----------|--------------|
| Member Only | \$23.81 | \$31.90 | \$56.45 |
| Member + 1 Child | \$51.60 | \$64.02 | \$122.23 |
| Member + Spouse | \$48.02 | \$61.41 | \$115.97 |
| Member + Child(ren) | \$51.60 | \$64.02 | \$122.23 |
| Member + 1 Family | \$82.20 | \$105.10 | \$203.83 |

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

These rates are effective until 12/31/2025.

For more information on becoming a member, call 800-222-2758 or visit www.seanc.org or www.deltadentalnc.com. After enrolling, visit 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 Central Office.

Your Signature _____

Date _____



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)

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.

Employer

State Temporary/Part time/Contract* Local Government: _____
**Must choose EFT Bank Draft Payment Option B*

Type of Employment: Full time or Part time

10 months 11 months 12 months Other: _____

Monthly Cost

| Employees | Membership Dues | Retirees/ Local Government |
|-----------------|-----------------|----------------------------|
| \$ 14.00 | EMPAC* | \$ 10.00 |
| \$ 5.00 | Monthly Cost | \$ 5.00 |
| \$ 19.00 | | \$ 15.00 |

* 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.

Contact Information

Home Phone _____

Work Phone _____

Cell Phone _____

Email Address (personal) _____

Email Address (work) _____

Payment Options (Choose One)

A. Payroll/Pension Deduction
 B. EFT Bank Draft

Name of Financial Institution _____

9-digit Routing Number _____ Checking Account Number _____

C. Credit Card
 Annual or Monthly or One-time Payment
 Visa Mastercard Debit

Name on Card _____ Card 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 uses the money received 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) _____

Complete application and send to SEANC via fax (919-829-5829) or mail using the attached envelope. POSTAGE IS FREE!

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 |
| Preventive & Diagnostic Co-Insurance | In - 100% Out - 80% | In - 100% Out - 80% | In - 100% Out - 80% |
| Dental 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 Panorex) | 1 time per 3 year period (complete series and Panorex) | 1 time per 3 year period (complete series and Panorex) |
| Bitewing and Extraoral X-rays | Bliewing: 2 per calendar year Extraoral: 2 films per calendar year | Bliewing: 2 per calendar year Extraoral: 2 films per calendar year | Bliewing: 2 per calendar year Extraoral: 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 |
| Basic Services | In - 80% Out - 60% | In - 80% Out - 60% | In - 70% Out - 50% |
| Sealants | Once per first or second permanent molar every 36 months for dependent children to age 16. | Once per first or second permanent molar every 36 months for dependent children to age 16. | Once per first or second permanent molar every 36 months for dependent children to age 16. |
| 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 documented history of periodontal disease |
| Palliative Treatment | Covered | Covered | Covered |
| Major Services | In - 50% Out - 25% | In - 50% Out - 25% | 0% Not Covered |
| Endodontics | Covered | Covered | Not Covered |
| Denture Repairs | 12 months after initial insertion. 1 time per 6 months | 12 months after initial insertion. 1 time per 6 months | Not Covered |
| Adjustment to Dentures | 12 months after initial insertion. 1 time per 6 months | 12 months after initial insertion. 1 time per 6 months | Not Covered |
| Oral Surgery | Covered | Covered | Not Covered |
| Periodontal Scaling and Root Planing | One time per quadrant per consecutive 24 months | One time per quadrant per consecutive 24 months | Not Covered |
| Root Canal Therapy | 1 time per tooth per lifetime | 1 time per tooth per lifetime | Not Covered |
| Periodontal Surgery | Once per quadrant or site every consecutive 36 months | Once per quadrant or site every consecutive 36 months | Not Covered |
| Oral Surgery - Other/Surgical | Covered | Covered | Not Covered |
| Anesthesia | Covered as a basic service | Covered as a basic service | Covered as a basic service |
| Bridges/Dentures | Full Denture/Partial Denture: 1 per five year period Relining and Rebasing Dentures: 6 months after initial installation and 1 time per consecutive 12 months. | Full Denture/Partial Denture: 1 per five year period 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 Crown replacement: 1 time per five year period from initial or supplemental placement. | 1 time per tooth per five year period Crown replacement: 1 time five year period from initial or supplemental placement. | Not Covered |
| Implants Procedures | 6 month waiting period. 1 time per tooth per five year period | 6 month waiting period. 1 time per tooth per five year period | Not Covered |
| Retines and Rebasess Dentures | 6 months after initial installation and 1 time per consecutive 12 months. | 6 months after initial installation and 1 time per consecutive 12 months. | Not Covered |
| Occlusal Guards | Covered if prescribed to control habitual grinding | Covered if prescribed to control habitual grinding | Covered as a basic service |
| Orthodontia Co-Insurance | 50% - No age limit | 0% Not Covered | 0% Not Covered |

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

**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.

*Out-of-and work reimbursement has changed from 90th UCR to the PPO fee schedule.

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



STATE EMPLOYEES ASSOCIATION OF NORTH CAROLINA

Mail

1621 Midtown Place
Raleigh, NC 27609

Phone

800-222-2758
919-833-6436

Email

insurance@seanc.org
contact@seanc.org

Fax

919-792-3321
800-296-4999

Website

www.seanc.org



Facebook

SEANC1947

Twitter

@SEANC