



SEQUENCE

Quality and Compliance Services



PLAN YEAR

January 1, 2015 – December 31, 2015



Our employees are our most valuable asset.

Your Dedicated Team for Benefits



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And of course Jo Grabar and Jenny Cullett!

Changes for 2015

****NO CHANGES IN CARRIERS OR COVERAGE!****

Health Care Reform

- **Taxes** that effect your premiums 4% of premium increase to **Sequence** plan
 - PCORI \$2 per covered life annually
 - Reinsurance Fees \$44 (in 2015 was \$63 in 2014) per covered life annually
 - Premium Tax raising from 2% to 4 ½%

Exchange “Marketplace”

You and your family are not eligible for a subsidy through the Exchange because **Sequence** is providing you with “affordable minimum value coverage”

Individual Mandate

Starting in 2014 every person is required to have health insurance or face a tax penalty (2014 \$95 per person or 1% of income, 2015 \$325 per person or 2% of income)

Effects to your health insurance policy

No Pre-Existing Conditions

All copays including RX count towards Out-of-Pocket Maximum

HDHP / HSA (Base) Option – BlueCross BlueShield NC

Plan Feature	In-Network (Amounts You Pay)	Out-of-Network (Amounts You Pay)
Deductible (if you cover anyone other than yourself, individual deductible does not apply and you must meet family deductible)	\$3,000 individual \$6,000 family	\$6,000 individual \$12,000 family
Coinsurance	0%	30%
Out-of-Pocket (includes deductible)	\$3,000 individual \$6,000 family	\$7,250 individual \$10,500 family
Preventive Care	0%, deductible does not apply	Deductible then 30%
Office Visits	Ded then 0%	Ded then 30%
Lens & Frame <i>Reimbursement</i>	\$150	\$150
Urgent Care Centers / Emergency Services	Ded then 0%	
Facility Services	Ded then 0%	Ded then 30%
Outpatient Therapies	Ded then 0%	Ded then 30%
X-Ray and Laboratory Services (unless preventative, which is covered 100%)	Ded then 0%	Ded then 30%
Mental Health and Substance Abuse Services	Ded then 0%	Ded then 30%
Prescription Drug Coverage	Ded then 0%	Ded then 0% + charge over in-network allowed amount

Preventive Care covered at 100%


Women's Preventive Health

Health Savings Account Feature: You are eligible for a bank account to save for your deductible and out-of-pocket medical expenses. IRS will allow you to contribute up to \$3350 (employee-only coverage) or \$6650 (if covering other dependents) in calendar year 2015. Sequence will contribute \$200 Employee Only & \$250 Employee + Dependents per year on a quarterly basis into your personal HSA account. You may elect through pre-tax payroll deductions to contribute additional funds to your HSA, so long as your contributions plus the employer contributions do not exceed the IRS *calendar year* limits. Though your HSA is designed for you to cover your deductible, the money in an HSA may be used for any IRS-eligible expenses. Due to Health Care Reform legislation, over-the-counter medication is NOT an eligible expense. Note: HSA company funding for new hires is prorated based on the effective date of coverage.


H S A Accounts Changing From Benefit Wallet to Health Equity

You must transfer funds
trustee to trustee

<http://healthequity.com/ed/bcbsnc/>

**BlueCross BlueShield
of North Carolina**

Account services provided by:
HealthEquity
Building Health Savings

 [Get Help](#) [Log In](#)


Do you have an existing HSA?

Transfer it to HealthEquity to avoid service fees and consolidate your accounts.

Depending on your balance,
incentives may apply!



Is your account with
BenefitWallet?
click here.



Is your account with
another administrator?
click here.







See how *you*
can save
with an HSA


[Learn More](#)

 Videos 

 Documents 

 Tools & Forms 

 Contact HealthEquity 



Expert advice available every hour of every day

Because questions about your health accounts can arrive when you least expect it, HealthEquity's expert friends are available **every hour of every day** to share advice and relieve your concerns. **Call or email us now.**

PPO (Buy Up) Option – BlueCross BlueShield NC

Plan Feature	In-Network (Amount You Pay)	Out-of-Network (Amount You Pay)
Deductible	\$2,000 individual \$4,000 family	\$4,000 individual \$8,000 family
Coinsurance	20%	30%
Out-of-Pocket (includes deductible, co-insurance, all copays including RX)	\$4,000 individual \$8,000 family	\$8,000 individual \$16,000 family
Preventative Care	0%, deductible does not apply	Benefits Not Available (except certain mandated tests)
Office Visits (Primary / Specialist)	\$25 / \$50	Ded then 30%
Routine Vision Exams (1x benefit period)	0% (part of preventive)	Benefits Not Available
Lens & Frames <i>Reimbursement</i>	\$150	\$150
Urgent Care Centers / Emergency Services	\$50 Urgent Care / \$300 Emergency Room	
Facility Services	Ded then 20%	Ded then 30%
Outpatient Therapies (Primary / Specialist)	\$25 / \$50	Ded then 30%
X-Ray and Laboratory Services (unless preventative, which is covered 100%)	Ded then 20%	Ded then 30%
Mental Health and Substance Abuse Services (Office // Inpatient/Outpatient)	\$50 // Ded then 20%	Ded then 30%
Prescription Drug Coverage	\$10 / \$40 / \$55 / Tier 4 25% (min \$50 – max \$100)	

Preventive Care covered at 100%

Women's Preventive Health

Health and Wellness Resources

Getting the most out of your plan

Consider your options for care to save you money and time! Get the Right Care Quickly!

Member Services

More convenient than ever

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- + Programs and services to help you live a healthier life
- + Deals for you: healthy savings on healthy products
- + Convenient phone support for your health questions
- + An easy-to-use Web portal to help manage your plan

Say goodbye to filing cabinets and misplaced stacks of paper. With mybcbnsnc.com, you'll have fast, convenient access to your coverage details, including the health and wellness tools that you use most. The interactive, personalized dashboard is your gateway to resources like:

- + **Account Information:** Request a replacement ID card, or update your account and contact information in just minutes.
- + **Benefits and Claims:** View the balance of your deductible. Access information on your benefits and how they work. Easily manage your claims – sort by member or date of service, then download and print.
- + **Doctors and Facilities:** Find a doctor, and compare the cost of procedures at various health providers.
- + **Prescriptions:** Compare drug prices and get prescription and generic drug information.
- + **Wellness Resources:** Get online access to seminars, preventive care adherence tips and healthy living conversations that help you stay on top of your health.

Log in to Member Services online or via your mobile device at mybcbnsnc.com today to learn more, and to take advantage of these exciting special features.



With mybcbnsnc.com get account information, benefits and claims, doctors and facilities, prescriptions, wellness resources

24 Hour/7 Days a week Nurse line to speak with a Registered Nurse

HealthLineBlue

Need care? Don't guess.

A mistap while jogging. An odd rash with no other symptoms. The intersection of the car door and your thumb. It hurts, but is it serious?

We know it's tough to tell. So whether you need tips on symptom relief at home, guidance on finding immediate medical care in urgent situations, or information about your overall health, **Health Line Blue** is there for you.

When you have a question, all you have to do is dial our toll-free number to speak to a member of the Health Line Blue team. Our trained nurses are available 24/7 to speak in on minor conditions like:

- + Stomach aches
- + Headaches
- + Sore throat
- + Cuts and scrapes
- + Rashes
- + Possible strains or sprains
- + Insect bites
- + Minor allergic reactions

Whether the best course of action is urgent care, watching and waiting, or a trip to the E.R., we'll help you decide what to do next.

Remember: If you're facing an issue that threatens your life or health, never hesitate to go straight to the emergency room!



Day or night, you can call Health Line Blue at **877-477-2424**. To learn more, visit us at bcbnsnc.com/urgent.

How Health Line Blue makes the difference

	Avg. Member Wait Time ¹	Avg. Member Cost ²
Health Line Blue	13.5 Seconds	\$0
Urgent Care	10-45 minutes	\$53.77
Emergency Room	4 hours, 7 minutes	\$390.62



Staying healthy means more than just seeing the doctor once or twice a year – and BCBNSNC is committed to helping its members find great savings whenever they can. **Blue365** gives members access to exclusive discounts on healthy products and services at no additional cost³:

- + Gym Memberships
- + Laser eye surgery
- + Vision Services
- + Healthy Eating
- + Family Activities

You'll also receive special weekly deals from nationally and locally recognized companies – delivered right to your e-mail inbox. From sports gear to medical bracelets to personal care, you'll always find healthy, practical savings with Blue365.

Joining is easy – simply visit bcbnsnc.com/blue365 to register.

Discounts on gym memberships, laser eye surgery, weekly special deals from sports gear to medical bracelets

Join bcbnsnc.com/blue3

- + Asthma
- + Coronary artery disease
- + Heart failure
- + Diabetes

We also offer ongoing educational support through our Healthy Outcomes Condition Care program. With Condition Care, you'll have access to a number of educational tools and resources to manage your condition. It's personal. It's private. And it's available at no additional cost.

To learn more about health programs available from BCBSNC, visit mybcbnc.com.



The best health care - now even better



To find a Blue Distinction Center near you, log on to mybcbsnc.com, visit Doctors and Facilities, then select Blue Distinction Centers.

- + Staff are experts in their specialties, with hundreds of hours of experience.
- + Patients receive the highest level of support at all stages of treatment.
- + Patients who receive surgery or other procedures have fewer complications.

Blue Distinction Centers for Specialty Care® receive designations for those procedures in which they specialize. A Center for Bariatric Surgery, for example, has a proven track record in performing gastric bypass surgery or placing lap bands. Blue Distinction Centers may be certified in one or more of these areas:

- Bariatric surgery
- Cardiac care
- Complex and rare cancers
- Knee and hip replacements
- Spinal surgery
- Transplants



With BlueCard, your BCBSNC coverage travels with you. We've partnered with health care providers around the U.S. – and in over 200 countries and territories – to ensure that wherever you go, there we are.⁷

Our **Blue National Doctor and Hospital Finder** is a convenient, easy way to track down medical care, complete with maps and directions. You can access the service online or download the app to your iPhone, iPod Touch or iPad, or to your Android-enabled mobile device.¹³ And with **Blue Card Worldwide**,¹⁴ you'll avoid extra paperwork or upfront fees – in other words, you can expect the same care abroad that you'd receive right here at home.

To learn more, visit babysync.com, and click on "Find a Doctor," or call BlueCard Access at 800-810-BLUE (2583).

The Blue Card

Home is where the card is

At Blue Cross and Blue Shield of North Carolina, we're proud of our commitment to our members' health and wellness. We've worked hard to create a practical, varied suite of offerings that has something for everybody - but we know it can be a lot to take in. We encourage you to take advantage of the quick reference below, and to contact us at any time if you have additional questions.

Resource	Getting the most out of your plan
Member Services	Log in to Member Services online or via your mobile device at mybluecare.com today to learn more, and to take advantage of the exciting special features.
HealthLine Blue	Day or night, you can call Health Line Blue at 877.477.2424 . To learn more, visit us at bluecare.com/urgent .
Blue365	Joining is easy—simply visit bluecare.com/blue365 to register.
Personal Health Support	To learn more about what health programs available from CBICSN, visit mybluecare.com .
Blue Distinction Centers	To find a Blue Distinction Center near you, log on to bluecare.com , visit Doctors and Facilities, then select your Blue Distinction Centers.
BlueCard	Visit the Blue National Doctor and Hospital Finder at bluecare.com and click on "Find a Doctor," or call BlueCard Access 800-810-BLUE (2583) .

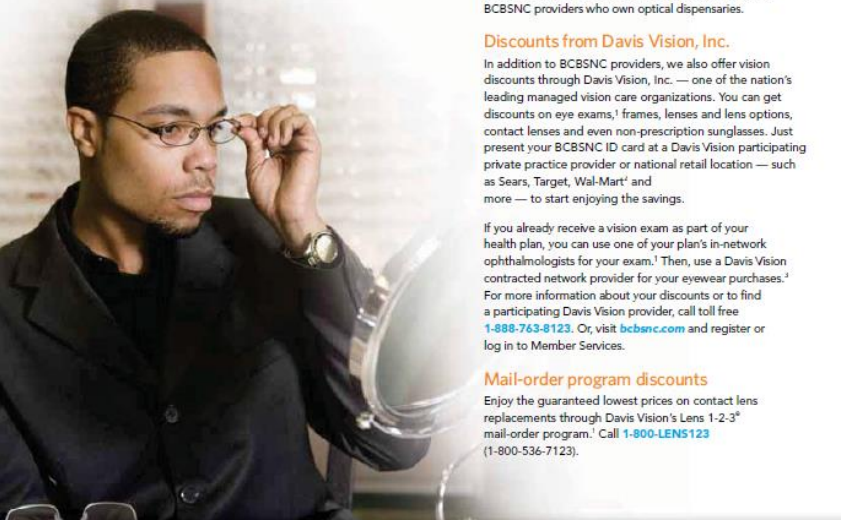
1. **Smith et al.** presents a hypothesis that the function of the *hsp70* gene is to protect cells from oxidative stress. The authors provide evidence that the *hsp70* gene is induced by oxidative stress and that the protein it encodes is involved in the response to oxidative stress.
2. **Lee et al.** present a hypothesis that the function of the *hsp70* gene is to protect cells from oxidative stress. The authors provide evidence that the *hsp70* gene is induced by oxidative stress and that the protein it encodes is involved in the response to oxidative stress.
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Access to care Worldwide

Vision Discounts

for vision services and laser eye surgery

Blue Cross and Blue Shield of North Carolina is proud to offer you exceptional vision discounts to help you maintain your vision health.



Take advantage of vision discounts available from Blue Cross and Blue Shield of North Carolina (BCBSNC) network optometrists as well as those in Davis Vision, Inc. nationwide network.

Discounts from BCBSNC providers

Receive a 30-percent discount on prescription eyewear including lenses, frames and non-disposable contact lenses. Get a 15-percent discount on disposable contact lenses prescribed and purchased from any of our participating BCBSNC providers who own optical dispensaries.

Discounts from Davis Vision, Inc.

In addition to BCBSNC providers, we also offer vision discounts through Davis Vision, Inc. — one of the nation's leading managed vision care organizations. You can get discounts on eye exams,¹ frames, lenses and lens options, contact lenses and even non-prescription sunglasses. Just present your BCBSNC ID card at a Davis Vision participating private practice provider or national retail location — such as Sears, Target, Wal-Mart[®] and more — to start enjoying the savings.

If you already receive a vision exam as part of your health plan, you can use one of your plan's in-network ophthalmologists for your exam.¹ Then, use a Davis Vision contracted network provider for your eyewear purchases.¹ For more information about your discounts or to find a participating Davis Vision provider, call toll free 1-888-763-8123. Or, visit bcbsnc.com and register or log in to Member Services.

Mail-order program discounts

Enjoy the guaranteed lowest prices on contact lens replacements through Davis Vision's Lens 1-2-3[®] mail-order program.¹ Call 1-800-LENS123 (1-800-536-7123).

Vision Discounts

Vision Discounts

Laser eye surgery discounts

Davis Vision offers corrective laser eye surgery discounts. There are no claims to file — just show your BCBSNC ID card at the doctor's office. Your program discount will include your consultation, the laser procedure, follow-up visits and any additional procedures for over/under correction.⁵

Procedure	Network Locations	Member receives the lesser of the following discounts:		
		Usual and Customary Discount	Advertising Specials Discount	Fixed Pricing
LASIK with custom/ wavefront	NC Davis Vision laser provider locations	Up to 25%	Up to 5%	\$1,295
LASIK with both custom and intra-lase	NC Davis Vision laser provider locations	Up to 25%	Up to 5%	\$1,895

LEARN MORE!

To find out more information, or to find a North Carolina provider, visit bcbsnc.com and register or log in to Member Services. Or, call Davis Vision toll free at 1-888-763-8123.

The Blue Extra[™] Vision and Laser Vision Correction Discount Program may not apply to all health plans. Discounts on certain goods and services may not be provided directly by Blue Cross and Blue Shield of North Carolina (BCBSNC), but may instead be arranged by BCBSNC for member convenience. Any discounts are outside your health plan benefits. BCBSNC is not liable for problems resulting from goods and services it does not provide directly, such as goods and services not being provided or being provided negligently. BCBSNC may change or discontinue this program at any time.

¹ Discounts for eye exams are available provided there is no medical allowance in your health plan.

Next, members will receive comparable values through their everyday low prices on examinations, frames and lens purchases.

Members may receive an eye exam at one participating location and eyeglasses from a different participating location. Members should verify that their selected provider for eyeglasses accepts a prescription from another provider before services. For continuity of care, Davis Vision recommends all services be provided at a single participating location.

⁴ Davis Vision, Inc. conducts pricing reviews to ensure that their published prices are competitive. Lens 1-2-3 also conducts special promotions throughout the year that offer additional savings opportunities. To receive a price match, call 1-800-536-7123.

⁵ Follow-up visits and additional procedures must be related to the original visit and occur within one-hundred twenty (120) days of the procedure.

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Your Cost for Medical Insurance

H S A (BASE) Monthly Premium (12 pay periods)	
Employee	\$0
Employee and Spouse	\$365.10
Employee and Child(ren)	\$366.41
Family	\$775.05

PPO (BUY-UP) Monthly Premium (12 pay periods)	
Employee	\$41.90
Employee and Spouse	\$579.43
Employee and Child(ren)	\$493.67
Family	\$1123.66

Example 1: 3 office visits, 1 Primary (\$110) 2 Specialists (\$240)

Employee Only

Low Claims

Expense	BUY UP PPO	BASE H S A
PCP Visit	\$25	\$110
Specialist Visits	2 x \$50 = \$100	2 x \$240 = \$480
HSA Employer Contribution	N/A	\$200
Annual medical premium	\$503 \$25 + \$100 + \$503 = \$628	\$0 (\$110 + \$480 = \$590 - \$200 H S A= \$390

Example 2: Major Surgery \$70,000 in claims with 1 PCP visit, 4
Specialist visits

Employee Only

High Claims

Expense	BUY UP PPO	BASE H S A
PCP Visit	$1 \times \$25 = \25	Deductible item
Specialist Visits	$4 \times \$50 = \200	Deductible item
Deductible Items	\$2000 Ded and 20% coins to \$1,775 = \$3,775 (\$4,000 minus copays)	\$3,000 Ded + 0%coins = \$3,000
HSA Employer Contribution	N/A	\$200
Annual medical premium	\$503 $\$25 + \$200 + \$3,775 + \$503 =$ \$4,503	\$0 $\$3000 \text{ Ded} - \200 = \$2,800

Example 3: 4 office visits, 2 primary (\$110) 2 specialists (\$240)

Employee and Child(ren) Only

Low Claims

Expense	BUY UP PPO	BASE H S A
PCP Visit	$2 \times \$25 = \50	$\$110 \times 2 = \220
Specialist Visits	$2 \times \$50 = \100	$\$240 \times 2 = \480
HSA Employer Contribution	N/A	\$250
Annual medical premium	$\$5924$ $\$50 + \$100 + \$5924 =$ \$6074	$\$4397$ $(\$220 + \$480 = \$700 - \$250 =$ $\$450) + \$4397 =$ \$4847
Annual medical premium Example with Spouse	$\$6953$ $\$50 + \$100 + \$6953 =$ \$7103	$\$4381$ $(\$220 + \$480 = \$700 - \$250 =$ $\$450) + \$4381 =$ \$4831

Example 4: Employee and Child both have \$10,000 procedures with 2 PCP visits (\$110) and 4 Specialist visits (\$240) split between High Claims
Employee and Child(ren) Only

Expense	BUY UP PPO	BASE H S A
PCP Visit	$2 \times \$25 = \50	$2 \times \$110 = \220 (\$110 each)
Specialist Visits	$4 \times \$50 = \200	$4 \times \$240 = \960 (\$480 each)
Deductible Items (surgery and MRI)	\$2000 Ded and 20% coins \$1600 = \$3600 <u>each</u>	$(\$6000 \text{ ded} - \$220 - \$960) =$ \$4820 <u>together</u>
HSA Employer Contribution	N/A	\$250
Annual medical premium	\$5924 $\$50 + \$200 + \$3600 + \$3600 +$ $\$5924 = \text{\textcolor{red}{\$13,374}}$	\$4397 $\$220 + \$960 + \$4820 = \6000 $+\$4397 - \$250 = \text{\textcolor{red}{\$10,147}}$
Annual medical premium <i>Example with Spouse</i>	\$6953 $\$50 + \$200 + \$3600 + \$3600 +$ $\$6953 = \text{\textcolor{red}{\$14,403}}$	\$4381 $\$220 + \$960 + \$4820 = \6000 $+\$4381 - \$250 = \text{\textcolor{red}{\$10,131}}$

Example 5: 8 office visits, 4 Primary (\$110) 4 Specialist (\$240)

Family

Low Claims

Expense	BUY UP PPO	BASE H S A
PCP Visit	$4 \times \$25 = \100	$\$110 \times 4 = \440
Specialist Visits	$4 \times \$50 = \200	$\$240 \times 4 = \960
HSA Employer Contribution	N/A	\$250
Annual medical premium	$\$13,484$ $\$100 + \$200 + \$13,484 =$ \$13,784	$\$9,301$ $(\$440 + \$960 = \$1,400 - \$250 =$ $\$1,150) + \$9,301 =$ \$10,451

Example 6: Major Surgery \$50,000 with 8 PCP visits (\$110), 8 Specialist visits (\$240) an MRI (\$1,200) Surgery and MRI are on the same person (office visits for this example are also the same person)

High Claims

Family

Expense	BUY UP PPO	BASE H S A
PCP Visit	$8 \times \$25 = \200	$8 \times \$110 = \880
Specialist Visits	$8 \times \$50 = \400	$8 \times \$240 = \$1,920$
Deductible Items (surgery and MRI)	\$2000 Ded and 20% coins (\$2,000 - \$600 in copays) \$1400 = \$3400	(\$6000 Ded - \$880 - \$1920) = \$3200
HSA Employer Contribution	N/A	\$250
Annual medical premium	\$13,484 \$200 + \$400 + \$3400 + \$13,484 = \$17,484	\$9,301 (\$880 + \$1920 + \$3200 = \$6000 - \$250 =) \$5750 + \$9,301 = \$15,051



Starting January 1, 2015 I wish to **CHANGE** my BCBSNC #075416 coverage to:

☐

The **BASE** Plan for this amount per (12) payroll periods:

☐

\$0 Employee

☐

\$365.10 Employee and Spouse

☐

\$366.41 Employee and Child (ren)

☐

\$775.05 Family

☐

The **BUY UP** Plan for this amount per (12) payroll periods:

☐

\$41.90 Employee

☐

\$579.43 Employee and Spouse

☐

\$493.67 Employee and Child (ren)

☐

\$1,123.66 Family

You DO NOT have to fill this
Out if you are NOT switching
Between Base and Buy-Up
Medical Plans

*I do not need to fill this out if I am not making any changes.

*I understand that I can only change plans at open enrollment each year and this is my election until 12-31-15. *If I am changing anything else (add or drop dependent, address change, etc.) I must complete a change form from BCBSNC.*

Print Name

Social Security Number

Date of Birth

Signature

Today's Date

***HSA ONLY**

Health Savings Account (HSA) Payroll Deduction

☐ New Enrollment ☐ Change Deduction

1. What is this form for?

Your employer is offering you the option to contribute to your HSA account pre-tax through payroll deduction. You may also choose to contribute on your own after your HSA account has been opened and take the deduction on your income taxes to the extent appropriate under applicable law. Please list your contribution below.

2. Contributor Information

Print Full Name: _____

Employee SS#: _____

3. Signatures

I understand the eligibility requirements for the HSA deposit and state that I qualify to make the deposit. I understand that due to banking regulations I will be unable to open or deposit money into an HSA if the address I provided during enrollment is a PO BOX.

Signature of Employee: _____

Date: _____

4. Contribution Information

I want the following annual amount placed into my HSA account from payroll deduction. (Please see the reverse side of this form for assistance determining your contribution amount.)

\$ _____ Per Paycheck
will allow you to change your Payroll deductions Quarterly

***Please see back for guidance for contributions**

Certification of HSA Eligibility

***HSA ONLY**

Name: _____

SS#: _____

I understand that in order for _____ (the "Employer") to contribute to a health savings account (HSA) on my behalf, I must meet all of the following HSA eligibility conditions:

☐ I have self-only coverage OR family coverage under the Employer Group Health Plan, which I understand qualifies as a high deductible health plan (HDHP) under Code § 223(c)(2).

☐ I cannot be claimed as another person's tax dependent.

☐ I am not entitled to (enrolled in) Medicare, Medicaid or Tri-Care benefits.

☐ If I have any health coverage other than my coverage under the Employer Group Health Plan, that coverage is either: (a) HDHP coverage which meets the statutory requirements established by IRC §233(c)(2) and subsequent federal guidance releases; or (b) permitted non-HDHP insurance or coverage (see list of permitted coverage on the reverse side of this form).

☐ If I am married, my spouse does not have any non-HDHP family coverage such as enrollment in a General Purpose Flexible Spending Account (FSA).

By signing this form and returning it to the Employer, I certify that all of the statements above are true. I understand that I am not eligible for HSA contributions during any month in which I do not meet all of the above HSA eligibility conditions and I agree that I will notify the Employer immediately in writing, if I cease to meet any of these conditions. I also understand that the Employer will make contributions to an HSA on my behalf on the basis of my certification and that the Employer's HSA contributions and my own HSA contributions (if any) are subject to certain aggregate limits under federal tax law.

Employee Signature: _____

Date: _____

Permitted Other Coverage

- Accident or Disability Insurance
 - Dental or Vision Insurance
 - Long-Term Care Insurance
 - Limited Benefit FSA (dental, vision or preventive only)*
 - Limited Benefit HRA (post deductible expenses, suspended HRA or Retiree HRA)*
 - Cancer Policy
 - Worker's Comp
 - Tort liabilities
 - Hospitalization which pays a fixed amount per day
- *Your spouse may be enrolled in an "employee only" or "employee plus child" Flexible Spending Account – however, if the spouse is enrolled in a "General Purpose FSA" you are ineligible for HSA account contributions.

This form is for H S A ONLY! If you
Selected the PPO plan, please disregard this
form

This form is for H S A ONLY! You are
Certifying that you are eligible to have an
H S A bank account open

Dental Insurance

Guardian Group #TBD



Who is Eligible and When:

Full-time employees routinely scheduled to work 30 or more hours per week

You are eligible on the 1st of the month following 30 days of employment.

Dependent children are covered to age 26, regardless of student status.

NEW Carrier

Type of Service	Amount You Pay	
	In Network	Out of Network
Annual Calendar Year Deductible	\$0	\$25 Individual / \$50 Family
Annual Benefit Maximum	\$1,200 per Individual	\$1,200 per individual
Diagnostic/Preventive Services Exam Routine Cleanings Fluoride Treatment (age appropriate) Sealants (age appropriate) Space Maintainers (age appropriate) X-rays	0%	0%
Basic Services Fillings Periodontics (anything to do with gums) Endodontics (root canals) Extractions (simple and complex)	20% after Deductible	20% after Deductible
Major Services General Anesthesia Bridges and Dentures Crowns Inlays, Onlays and Veneers	50% after Deductible	50% after Deductible
Orthodontics – Child Only	50%	50%
	\$1,200 Lifetime Maximum	\$1,200 Lifetime Maximum
Maximum Accumulation Plan Included	Allows for a portion of unused max benefit to carry over to next year's max benefit amount.	

Guardian will
takeover Maximum
Accumulation
Accounts

Monthly Premium (12 pay periods)	
Employee	\$0
Employee and Spouse	\$30.85
Employee and Child(ren)	\$56.70
Family	\$96.25

Rates are DECREASING!

[Find an In-Network Provider](#)



Look up claims online at guardiananytime.com



Flexible Spending Accounts (FSA) – TASC



Who is Eligible and When:

Full-time employees routinely scheduled to work 30 or more hours per week

You are eligible on the 1st of the month following 30 days of employment.

Benefits You Receive:

FSAs provide you with an important tax advantage that can help you pay health care and dependent care expenses on a pre-tax basis. By anticipating your family's health care and dependent care costs for the next year, you can actually lower your taxable income.

Health Care Reimbursement FSA

This program lets Sequence, Inc. employees pay for certain IRS-approved medical care expenses not covered by their insurance plan with pre-tax dollars. The annual **maximum you may contribute is \$1,500. If you have an HSA bank account associated with your medical plan, the following expenses are the only ones you can reimburse from an FSA and you must select *Limited Benefit FSA* on your FSA enrollment form:**

Vision services, including contact lenses, contact lens solution, eye examinations, and eyeglasses

Dental services and orthodontia

Otherwise you are eligible for the general purpose FSA and can use your FSA for any IRS-eligible medical expense.

Dependent Care FSA

The Dependent Care FSA lets Sequence Inc. employees use pre-tax dollars towards qualified dependent care such as caring for children under the age of 13 or caring for elders. The annual maximum amount you may contribute to the Dependent Care FSA is **\$5,000 (or \$2,500 if married and filing separately)** per calendar year.

Examples include:

The cost of child or adult dependent care

The cost for an individual to provide care either in or out of your house

Nursery schools and preschools (excluding kindergarten)

Life and AD&D Insurance

Disability Insurance

BCBS/USable Group# 075416



Same Carrier

Life, STD and LTD
All at NO COST to You!

Who is Eligible and When:

Full-time employees routinely scheduled to work 30 or more hours per week
You are eligible on the 1st of the month following 30 days of employment

Basic Life & AD&D Insurance

Sequence provides basic life insurance for each employee based on a flat **\$50,000**
AD&D rider provides for double this benefit if death is by accident. Also provides for certain amount of the life benefit if you should lose certain limbs/appendages. See policy booklet for specific list.

Benefits You Receive:

Sequence provides full-time employees with short and long-term disability income benefits, and pays the full cost of this coverage. In the event you become disabled from a non work-related injury or sickness, disability income benefits are provided as a source of income. You are not eligible to receive short-term disability benefits if you are receiving workers' compensation benefits.

	Short-term Disability	Long-term Disability
Benefits Begin	15 th day of disability	91 st day of disability
Benefits Payable	Up to 11 weeks	Reducing Benefit Duration (To age 65)
Percentage of Income Replaced	60%	60%
Maximum Benefit	\$1,000/week	\$5,000/month

401k and Profit Sharing

Lincoln Trust Company



Who is Eligible and When:

You are eligible for employee contributions (up to 100% of your eligible compensation but not more than IRS limit, which is \$18,000 for 2015) after you have completed 6 months of service. After meeting eligibility, you may join the plan: January 1st, April 1st, July 1st or October 1st.

Company Contributions begin in the 1st quarter after you have satisfied the eligibility waiting period.

Benefits You Receive:

To help you prepare for the future:

Sequence may make profit sharing contributions at its discretion, which will be allocated amongst all eligible employees, whether or not they make contributions.

Sequence may also make safe harbor non-elective contributions of 3% of your compensation.

Profit Sharing Vesting: Fully invested after six years

For Safe Harbor: You are immediately 100% vested

This plan is subject to IRS regulations.

Employee Assistance Program – New Directions Behavioral Health



Who is Eligible and When:

- Full-time employees routinely scheduled to work 30 or more hours per week.
- You are eligible on the 1st of the month following 30 days of employment.

Benefits You Receive:

At no additional cost to you, an Online Employee Assistance Program (EAP) is provided by **New Directions Behavioral Health**. Online Employee Assistance **offers access to resources, articles and information on a variety of topics including personal health, family matters, financial and legal concerns free of charge to you** and your employees. This service is available online 24 hours a day, seven days a week. New Directions Behavioral Health is a leader in managed behavioral health, work-life services, crisis intervention and Human Resources support services. You are also entitled to one telephonic visit per issue. This is **completely confidential** and your employer would have no knowledge of your using this service.

Visit the website at www.ndbh.com or call (800) 624-5544

Paid Time Off



Who is Eligible and When:

Full-time employees, as defined by the Sequence, Inc. Employee Handbook.

Benefits You Receive:

Sequence, Inc. encourages all employees to make the most of their PTO time. Regular breaks from daily work make everyone more productive. However, because circumstances do not always permit everyone to take PTO time when it is requested, Sequence, Inc. will offer employees the option of taking the dollar equivalent of their earned PTO hours at their regular pay rate at the end of the year. PTO hours accrued and used will be maintained and tracked in the Sequence, Inc. timekeeping system.

PTO Guidelines for Exempt Employees

Each regular full-time exempt employee will earn 192 hours of PTO per calendar year. Earned PTO time will accrue monthly at a rate of 16 hours per calendar month.

If a new employee begins their employment in January and works the full year, they will earn the full 192 hours of PTO time. If an employee begins their employment February and works the full year, that employee would earn 174 hours of PTO time, and so on.

PTO Guidelines for Non-Exempt Employees

Each regular full-time non-exempt employee will earn PTO at the rate of .02 hours per client-billable hour worked up to 40 hours per week. PTO will not accrue for hours worked beyond 40 in a week.

Example: Employee works 40 hours per week for 50 weeks

$40 \times 50 = 2,000$ hours

Earned PTO = $2,000 \text{ hours worked} \times .02 = 40$ hours

Compensatory (or Comp) time is defined as:

- Time off with pay in lieu of overtime pay for irregular or occasional overtime work.

Exempt Employees may choose to request that earned overtime be designated as comp time in lieu of overtime pay.

Employees may accumulate up to 40 hours of comp time at any given time and up to a maximum of 80 hours of comp time in a calendar year.

Comp time hours accrued and used will be maintained and tracked in the timekeeping system provided by the Company.

Deadline for Open Enrollment is Tuesday December 16th

BCBS Medical

If you are **NOT** changing plans between Base and Buy Up, you do **NOT** have to complete the dual option sheet

If you are making any changes to dependents you are covering, your address, or any other information, please complete a BCBS change form

If you are on the H S A you will **have to complete** a new Payroll deduction sheet and H S A certification

Guardian Dental *New Carrier*

You will be enrolled as you are currently. If you want to make any changes to your enrollment you will need to fill out a Guardian change form

TASC – FSA

If you participate in the medical FSA and/or the dependent daycare, you **have to re enroll** every year!

Life – UsAble

If you want to change/update your beneficiary, please complete the section of the BCBS change form that pertains.

QUESTIONS?

