



# Benefits Summary



That's why at Sequence, Inc., we are committed to a comprehensive employee benefit program that helps our employees stay healthy, feel secure and maintain a work/life balance.

## Stay Healthy

Medical Care  
Dental Care  
Vision Care  
Health Savings Account  
Flexible Spending Account

## Feel Secure

Short - Term & Long-Term Disability Insurance  
Personalized Disability Buy-up Plan  
Life and Accidental Death &  
Dismemberment Insurance  
401(k) / Profit Sharing  
529 College Savings Plan

## Work/Life Balance

Employee Assistance Program  
Vacation Program

Our insurance plans are designed to help you attain the health and dental services you need on a regular basis as well as to protect you against catastrophic financial loss in the event of a serious health condition, disability, or death. They represent a significant part of the total compensation package you have with Sequence, Inc.. Within this packet of materials is information that is pertinent to your benefits, so please take a few minutes to read over the information.

# CONTACT INFORMATION



Refer to this list when you need to contact one of your benefit vendors. For general information contact Human Resources. **Your FIRST call should be to your DEDICATED Service Team**

## YOUR SERVICE TEAM

**Leslie Tatum** // Primary Client Care Advocate // (919) 755-3231 // [leslie.tatum@banyaninc.com](mailto:leslie.tatum@banyaninc.com)

**Debbie Macik** // Client Services Manager // (919) 755-3244 // [deborah.macik@banyaninc.com](mailto:deborah.macik@banyaninc.com)

## MEDICAL ..... page 4-8

BlueCross BlueShield of NC // (800) 446-8053 // [www.bcbsnc.com](http://www.bcbsnc.com)

Customer Service (Claims, Benefit Questions & ID Cards)

## HEALTH SAVINGS ACCOUNT (HSA) ..... page 9

HealthEquity // (866) 346-5800 // [www.healthequity.com](http://www.healthequity.com)

Customer Service (Claims, Benefit Questions & ID Cards)

## FLEXIBLE SPENDING ACCOUNT (FSA) ..... page 11

HealthEquity // (866) 346-5800 // [www.healthequity.com](http://www.healthequity.com)

Customer Service (Claims, Benefit Questions & Information)

## DENTAL ..... page 12

BlueCross BlueShield of NC // (888) 471-2739 // [www.bcbsnc-dental.com](http://www.bcbsnc-dental.com)

Customer Service (Claims, Benefit Questions & ID Cards)

## VISION ..... page 13

BlueCross BlueShield of NC Blue 20/20 // (855) 400-3641 // [www.eyemedvisioncare.com/bcbsnc/](http://www.eyemedvisioncare.com/bcbsnc/)

Customer Service (Claims & Benefit Questions)

## SHORT-TERM & LONG-TERM DISABILITY .....page 14

BlueCross BlueShield of NC // (800) 446-8053 // [www.bcbsnc.com](http://www.bcbsnc.com)

Customer Service (Claims & Benefit Questions)

## PERSONALIZED DISABILITY BUY-UP PLAN .....page 14

Questions: Chris Gure // (919) 322-2761 // [chris.gure@frpadvisors.com](mailto:chris.gure@frpadvisors.com) // [www.fortressfp.com](http://www.fortressfp.com)

## LIFE & ACCIDENTAL DEATH & DISMEMBERMENT ..... page 15

BlueCross BlueShield of NC // (800) 446-8053 // [www.bcbsnc.com](http://www.bcbsnc.com)

Customer Service (Claims & Benefit Questions)

## 401 (K) / PROFIT SHARING ..... page 16

Online Access / Account Admin: Fidelity // (800) 294-4015 // [www.netbenefits.com](http://www.netbenefits.com)

Retirement & Investment Questions: Chris Gure // (919) 322-2761 // [chris.gure@frpadvisors.com](mailto:chris.gure@frpadvisors.com)

## 529 COLLEGE SAVINGS PLAN .....page 16

Questions: Chris Gure // (919) 322-2761 // [chris.gure@frpadvisors.com](mailto:chris.gure@frpadvisors.com) // [www.collegeamerica.com](http://www.collegeamerica.com)

## EMPLOYEE ASSISTANCE PROGRAM (EAP) ..... page 17

New Directions Behavioral Health // (800) 624-5544 // [www.ndbh.com](http://www.ndbh.com)

Customer Service

## VACATION / PAID TIME OFF ..... page 17

Carrie Brown // (919) 844-7171

# MEDICAL INSURANCE



## Provider: BlueCross BlueShield of NC (Group # 075416)

### Who is eligible and when:

All full-time employees who regularly work 30 hours per week or more are eligible on the first of the month following 30 days of employment.

\*Note: Dependent children are eligible to be covered up to age 26, regardless of student status.

Blue Options <b>HSA</b> Plan Features	In-Network	Out-of-Network
<b>Deductible</b> ( <i>per Benefit Period</i> )	\$3,000 Single \$6,000 Family Member \$6,000 Family Unit	\$6,000 Single \$12,000 Family Member \$12,000 Family Unit
<b>Coinsurance</b> ( <i>After Deductible</i> )	0%	30%
<b>Total Out-of-Pocket</b> ( <i>per Benefit Period</i> )	\$3,000 Single \$6,000 Family Member \$6,000 Family Unit	\$7,250 Single \$13,250 Family Member \$15,750 Family Unit
<b>Preventive Care</b>	Covered 100%	Deductible then 30%
<b>Office Visit</b> (Primary Care or Specialist) <i>Includes office surgery, consultation, x-rays, labs and 4 office visits for the evaluation and treatment of obesity in and out of network)</i>	Deductible then 0%	Deductible then 30%
<b>Urgent Care or Emergency Room Visit</b>	Deductible then 0%	
<b>Ambulatory Surgical Center</b>	Deductible then 0%	Deductible then 30%
<b>Inpatient Hospital Services</b> <i>Includes physician services, hospital and hospital-based services, and maternity delivery, prenatal and post-delivery care</i>	Deductible then 0%	Deductible then 30%
<b>Outpatient Hospital Services</b> <i>Includes physician services, hospital and hospital-based services, hospital based clinics, outpatient diagnostic rehabilitative therapies and other therapies)</i>	Deductible then 0%	Deductible then 30%
<b>Short-Term Rehabilitative Therapies:</b> Physical/Occupational ( <i>Max 30 visits per benefit period</i> ) Speech Therapy ( <i>Max 30 visits per benefit period</i> )	Deductible then 0%	Deductible then 30%
<b>Skilled Nursing Facility</b> ( <i>Max 60 days per benefit period</i> )	Deductible then 0%	Deductible then 30%
<b>Home Health Care, Durable Medical Equipment and Hospice Services</b>	Deductible then 0%	Deductible then 30%

Blue Options <b>HSA</b> Plan Features	In-Network	Out-of-Network
<b>Maternity</b> <i>(Includes Prenatal and Post-Delivery Care)</i>	Deductible then 0%	Deductible then 30%
<b>Infertility Services</b> <i>Combined In-Network &amp; Out-of-Network Lifetime Maximum of 3 ovulation induction cycles, with or without insemination, per Member for Infertility services, provided in all places of service.</i>	Deductible then 0%	Deductible then 30%
<b>Mental Health &amp; Substance Abuse Services</b> <i>(Includes office visits, inpatient &amp; outpatient services)</i>	Deductible then 0%	Deductible then 30%
<b>Prescription Drug Coverage</b> <i>(Generic and Brand Drugs Covered)</i>	Deductible then 0%	Deductible then 30% & Charge over in-network

**Unlimited lifetime maximum benefits** per enrolled member.

Deductible and coinsurance accumulation from **January 1st through December 31st** of each year.

**\*Health Savings Account Feature:** You are eligible for a bank account to save for your deductible and out-of-pocket expenses. IRS will allow you to contribute up to \$3400 (employee-only coverage) or \$6750 (if covering other dependents). Sequence will contribute \$250 Employee Only & \$250 Employee + Dependents per year on a quarterly basis into your personal H S A account. You may contribute more through pre-tax payroll deductions, so long as your contributions plus the employer contributions do not exceed IRS limits.



### How You Can Save Money on Prescription Drugs!

Wal-Mart, Sam's Club, Costco, Target and others offer a \$4 Prescription Program which covers up to a 30 day supply of eligible generic drugs at commonly prescribed dosages. A list of all eligible drugs can be found on the following websites: [walmart.com](http://walmart.com), [samsclub.com](http://samsclub.com), [costco.com](http://costco.com) and [target.com](http://target.com). You do not have to be a member of Sam's Club or Costco to have your prescriptions filled.

Your Share of the Cost per Monthly Paycheck	Elections	Your Cost
	Employee Only	\$0.00
	Employee & Spouse	\$318.13
	Employee & Child(ren)	\$321.22
	Employee & Family	\$621.76

# MEDICAL INSURANCE



## Provider: BlueCross BlueShield of NC (Group # 075416)

### Who is eligible and when:

All full-time employees who regularly work 30 hours per week or more are eligible on the first of the month following 30 days of employment.

\*Note: Dependent children are eligible to be covered up to age 26, regardless of student status.

Blue Options <b>Co-Pay</b> Plan Features	In-Network	Out-of-Network
<b>Deductible</b> ( <i>per Benefit Period</i> )	\$2,000 Single \$4,000 Family	\$4,000 Single \$8,000 Family
<b>Coinsurance</b> ( <i>After Deductible</i> )	20%	50%
<b>Total Out-of-Pocket</b> ( <i>per Benefit Period, includes deductible, coinsurance &amp; co-pays including RX</i> )	\$4,000 Single \$8,000 Family	\$8,000 Single \$16,000 Family
<b>Preventive Care</b>	Covered 100%	Not Covered
<b>Office Visit</b> (Primary Care or Specialist)	Primary Care: \$25 Specialist: \$50	Deductible then 50%
<b>Urgent Care or Emergency Room Visit</b>	Urgent Care: \$75 Emergency Room: \$300	
<b>Ambulatory Surgical Center</b>	Deductible then 20%	Deductible then 50%
<b>Inpatient Hospital Services</b> <i>Includes physician services, hospital and hospital-based services, and maternity delivery, prenatal and post-delivery care</i>	Deductible then 20%	Deductible then 50%
<b>Outpatient Hospital Services</b> <i>Includes physician services, hospital and hospital-based services, hospital based clinics, outpatient diagnostic rehabilitative therapies and other therapies</i>	Deductible then 20%	Deductible then 50%
<b>Short-Term Rehabilitative Therapies:</b> Physical/Occupational ( <i>Max 30 visits per benefit period</i> ) Speech Therapy ( <i>Max 30 visits per benefit period</i> )	Deductible then 20%	Deductible then 50%
<b>Skilled Nursing Facility</b> ( <i>Max 60 days per benefit period</i> )	Deductible then 20%	Deductible then 50%
<b>Home Health Care, Durable Medical Equipment and Hospice Services</b>	Deductible then 20%	Deductible then 50%

Blue Options <b>Co-Pay</b> Plan Features	In-Network	Out-of-Network
<b>Maternity</b> <i>(Includes Prenatal and Post-Delivery Care)</i>	Office Visit: \$25 In/Outpatient: Deductible then 20%	Deductible then 50%
<b>Infertility Services</b> <i>Combined In-Network &amp; Out-of-Network Lifetime Maximum of 3 ovulation induction cycles, with or without insemination, per Member for Infertility services, provided in all places of service.</i>	Deductible then 20%	Deductible then 50%
<b>Mental Health &amp; Substance Abuse Services</b> <i>(Includes office visits, inpatient &amp; outpatient services)</i>	Office Visit: \$50 In/Outpatient: Deductible then 20%	Deductible then 50%
<b>Prescription Drug Coverage</b> <i>(Generic and Brand Drugs Covered)</i>	\$10 / \$40 / \$55 / 25% (Maximum \$100)	\$10 / \$40 / \$55 / 25% & Charge over in-network

**Unlimited lifetime maximum benefits** per enrolled member.  
Deductible and coinsurance accumulation from **January 1st through December 31st** of each year.

# Summary of Benefits and Coverage (SBC)

A Summary of Benefits and Coverage (SBC) for the medical plan offered to full-time employees of Sequence, Inc. has been prepared by our insurance carrier, BlueCross BlueShield of NC, in accordance with the requirements of the Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act (collectively referred to as “PPACA”). The SBC is available in your account online at [www.mybcbsnc.com](http://www.mybcbsnc.com). If you have not registered with BCBS in the past, you will want to register and view this notice prior to electing coverage. A paper copy is also available, free of charge, by calling the toll-free number on the back of your ID card. Also, a paper or electronic copy is available from HR if you don’t have online access or if you are not yet enrolled.

Your Share of the Cost per Monthly Paycheck	Elections	Your Cost
	Employee Only	\$99.83
	Employee & Spouse	\$601.24
	Employee & Child(ren)	\$524.17
	Employee & Family	\$1,065.25



## Preventive Care and Why It's Important

Did you know that the United States spends more annually on health care than any other country? However, Sequence, Inc. is committed to helping you spend less on your own health care, and proper prevention is the best place to start.

### Consider These Facts

As the old saying goes, “an ounce of prevention is worth a pound of cure.” Consider these eye-opening statistics from the Centers for Disease Control and Prevention:

- Heart disease is the leading cause of death for both men and women in the United States.
- Obesity is reaching monumental proportions; about one-third of adults in America are considered obese.
  - Seriously overweight employees spend more days at the doctor and in the hospital each year than healthy individuals, and are more likely to call in sick to work.
  - Cigarette smoking is the leading cause of preventable death in the United States.
  - Breast cancer is the leading cause of death among American women in their forties. Early detection is key to saving lives; when detected at an early stage, the 5-year survival rate is significantly higher than for breast cancer that has progressed to later stages.



### Prevention Works When Used

Researchers have estimated that preventable illness makes up approximately 70 percent of the burden of illness and the associated costs. Studies have also shown that when used, the outcomes of wellness benefits prove positive.

In addition, healthy lifestyle choices like not smoking, exercising regularly and eating nutritiously can greatly improve your overall health and help prevent many future medical conditions. Unfortunately, many employees do not take advantage of the valuable preventive services available to them. Many preventive services, such as screenings and immunizations, are available to you free of charge through your health plan.



## HEALTH SAVINGS ACCOUNT (HSA)



Provider: Health Equity (Group #: NC 075416)

Your HSA plan is intended to be a high deductible health plan (HDHP) that qualifies its members to contribute to a health savings account (HSA), unless its members are otherwise ineligible under applicable federal requirements. Please consult a qualified tax advisor if you are unsure about whether or not you are ineligible.

### What is a High Deductible Health Plan (HDHP)?

First dollar coverage is not allowed, except for preventive care.

Deductible applies to **ALL** expenses (except for preventive care in most cases)

**You pay the total cost of doctor's visit, Rx, MRI, etc.**

Once the deductible is met, you pay applicable co-pays until the out-of-pocket maximum is met.

If you have family coverage you must meet FULL family deductible, and then you pay applicable co-pays until the out-of-pocket maximum is met.

### What is a Health Savings Account (HSA)?

A savings account owned by the employee that allows you to put pre-tax money in the account to use for qualified medical expenses.

HSA balance accumulates tax-free and carries over year to year. You do not lose it.

Includes: Debit Card and online banking capabilities.

### Additional Notes:

If someone contributes a full year's contribution but is eligible only part of the year they may be subject to taxes and penalties, unless they are still enrolled in a QHDHP on January 1<sup>st</sup> following a full 12 months of coverage.

You cannot contribute to the HSA if you are covered by another plan that is NOT a high deductible health plan.

You cannot contribute if you are entitled to Medicare benefits.

It is only taxable if used for non-qualified expenses (list on next page); 20% penalty.

For more information about HSA accounts, employees can access [www.treas.gov](http://www.treas.gov) and click on "Health Savings Account" (on the left-hand side).

<b>Health Savings Account (HSA) Contribution Limits</b>	<b>2017 Based on Calendar Year</b>
Individual Coverage	\$3,400
Family Coverage	\$6,750
Catch-Up Contributions <i>Age 55 or older</i>	\$1,000

### What is a Qualified HSA Expense?

The products and services listed below are examples of medical expenses eligible for payment under your Health Savings Account. This list is not all-inclusive; additional expenses may qualify, and the items listed on the following page are subject to change in accordance to IRS regulations. Visit [www.irs.gov](http://www.irs.gov) for a complete

<b>Baby/Child to Age 13</b> Lactation Consultant* Lactation Supplies Lead-Based Paint Removal Special Formula* Special School/Teacher Well-Baby Care  <b>Dental</b> Dental X-Rays Dentures & Bridges Exams & Teeth Cleaning Extractions & Fillings Gum Treatment Oral Surgery Orthodontia & Braces Crowns & Root Canals  <b>Vision</b> Artificial Eyes Eye Exams Eye Glass & Contacts Laser Eye Surgeries Optometrist Prescription Sunglasses Radial Keratotomy/LASIK  <b>Hearing</b> Hearing Devices & Batteries Hearing Exams  <b>Lab Exams/Tests</b> Blood & Metabolism Tests Body Scans Cardiographs Laboratory Fees  Urine & Stool Analysis X-Rays	<b>Medical Equipment</b> Abdominal & Back Supports* Air Purification Equipment* Arches & Orthopedic Shoes Contraceptive Devices Crutches & Wheel Chairs Diagnostic Items (i.e. blood sugar test kits) Exercise Equipment* Hospital Beds Mattresses* Medical Alert Bracelet Nebulizers Oxygen* Post-Mastectomy Clothing Prosthesis Splints/Casts/ Support Hose Syringes Wigs*  <b>Medical Procedures</b> Abortion Acupuncture Alcohol & Drug Addiction Ambulance Artificial Limbs & Teeth Autoette/Maintenance Home Care/Nursing Infertility Treatment In Vitro Fertilization Norplant Insertion/ Removal Reconstructive Surgery* Service Animals* Sterilization Transplants Vaccinations/Immunizations	<b>Medication</b> Birth Control Homeopathic Medications* Insulin Prescription Drugs  <b>Obstetrics</b> Lamaze Class Midwife Expenses OB/GYN Exams OB/GYN Maternity Fees Pre-/Postnatal Treatments Breast Pumps  <b>Practitioners</b> Allergist Chiropractor Dermatologist Homeopath* Osteopath Physician Psychiatrist or Psychologist  <b>Therapy</b> Alcohol & Drug Addiction Exercise* Hypnosis Occupational Physical Speech Weight Loss Programs*  <b>Other</b> COBRA Payments Founder's Fees  Long-Term Care Insurance Medicare Parts A, B & D
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# FLEXIBLE SPENDING ACCOUNTS (FSA)



Provider: Health Equity (Group #: NC 075416)

## Who is eligible and when:

All full-time employees who regularly work 30 hours per week or more are eligible on the first 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 \$2,600. 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)



# DENTAL INSURANCE



## Provider: BCBS Dental Blue (Group # 075416)

### Who is Eligible and When:

All full-time employees who regularly work 30 hours per week or more are eligible after 1st of the month after 30 days of employment.

\*Note: Dependent children are eligible to be covered up to age 26, regardless of student status.

### Benefits You Receive:

- \$50 Deductible per Member / \$150 per Family per **CALENDAR YEAR**
- \$2,000 Benefit Maximum per Member per **CALENDAR YEAR**
- Late Entrants: There is a 12-month waiting period for Basic, Major & Orthodontia
- Visit [www.bcbsnc-dental.com](http://www.bcbsnc-dental.com) to find a provider near you.

Level of Service (you pay)	What is Covered?
Preventive Services (0%)	Routine Oral Exams, Cleanings, X-rays, Fluoride Application, Sealants, Space Maintainers
Basic Services (Deductible then 20%)	Routine Fillings, Oral Surgery, Simple Extractions, Endodontics
Major Services (Deductible then 50%)	Crowns, Periodontics, Inlays and Onlays, Complete Dentures, Fixed Partial Dentures
Orthodontia (50%) for eligible members to age 19	\$2,000 Lifetime Maximum

Your Share of the Cost per Paycheck (12x)	Elections	Your Cost
	Employee Only	\$0.00
	Employee & Spouse	\$31.45
	Employee & Child(ren)	\$57.80
	Employee & Family	\$98.15

## BCBS Rollover Benefit

BCBS's Rollover Benefit allows for a portion of unused maximum benefit to carry over to next year's maximum benefit amount. To qualify, you must have had a dental service performed within the Calendar year, and used less than \$800 of benefit. If the qualification is met, \$400 will be carried over to next year's maximum benefit. You can accumulate no more than \$1,200 total extra benefit.

# VISION COVERAGE



## Provider: BCBS Blue 20/20 (Group # V75416)

### Who is Eligible and When:

All full-time employees who regularly work 30 hours per week or more are eligible after 1st of the month after 30 days of employment.

\*Note: Dependent children are eligible to be covered up to age 26 regardless of student or marital status.

### Benefits You Receive:

Vision Plan Features	In-Network	Out-of-Network
Annual Vision Exam <i>Every 12 Months</i>	\$10 Copay	Up to \$39
LENSES: Single Bifocal Trifocal Lenticular Standard & Progressive Lens <i>Every 12 Months</i>	\$25 Copay	Up to \$25 Up to \$39 Up to \$63 Up to \$63 Up to \$39
Standard Frames <i>Every 24 Months</i>	80% of Balance over \$130 Allowance	Up to \$65
Contact Lens Fitting Exam <i>Every 12 Months</i>	\$25 Copay	Not Covered
Contact Lenses (per pair): in lieu of all other lens and frame benefits <i>Every 12 Months</i>	Elective: Conventional - 85% of balance over \$130 Allowance; Disposable - 100% of balance over \$130 Allowance; Medically Necessary: \$0 Copay	Elective: Up to \$104 Medically Necessary: Up to \$200

Your Share of Cost per Paycheck (12x)	Elections	Your Cost
	Employee	\$7.85
	Employee + Spouse/Domestic Partner	\$14.92
	Employee + Child(ren)	\$15.70
	Employee + Family	\$23.08

## DISABILITY INSURANCE



Provider: Blue Cross Blue Shield of NC (Group # 075416)

### Who is Eligible and When:

All full-time employees who regularly work 30 hours per week or more are eligible on the 1st of the month following 30 days of employment.

### Benefits You Receive:

Sequence, Inc. provides full-time employees with short and long-term disability income benefits. 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 <sup>th</sup> Day of Injury or Illness	91 <sup>st</sup> Day of Injury or Illness
Benefits Payable	11 Weeks	To Social Security Normal Retirement Age
Percentage of Income Replaced	60%	60%
Maximum Benefit	\$1,000 per Week Maximum	\$5,000 per Month Maximum

## PERSONALIZED DISABILITY BUY-UP PLAN



Provider: Mass Mutual Financial Group (Group # D3089)

### Who is Eligible and When:

All full-time employees who regularly work 30 hours per week or more are eligible on the first of the month following 30 days of employment.

### Benefits You Receive:

Tax-free benefits payable after 181 days until age 65, including increases for cost-of-living, retirement plan benefit continuation, and additional chronic-care benefit payments.

# LIFE AND AD&D INSURANCE



## Provider: Blue Cross Blue Shield of NC (Group # 075416)

### Who is Eligible and When:

All full-time employees who regularly work 30 hours per week or more are eligible on the 1st of the month following 30 days of employment.

### Basic Life Insurance

Sequence, Inc. provides full-time employees with \$50,000 group life and accidental death and dismemberment (AD&D) insurance, and pays the full cost of this benefit. In the event of accidental death or dismemberment, the benefit is doubled. Benefits begin to reduce at age 65, and terminate upon your retirement. Contact Human Resources to update your beneficiary information.

## Provider: USABLE

### Who is Eligible and When:

All full-time employees who regularly work 30 hours per week or more are eligible after 1st of the month after 30 days of employment.

### Benefits You Receive:

Employees who want to purchase additional Life Insurance have the opportunity to purchase at inexpensive group rates, through monthly payroll deductions. If you enroll yourself, you may also enroll your dependents in this benefit. You can purchase coverage on yourself in \$10,000 increments to a maximum of \$300,000, not to exceed 5x Earnings. You can also purchase coverage in \$5,000 increments on spouse/domestic partner to a max of \$150,000 (not to exceed 50% of your personal election).

You are guaranteed approval for \$120,000 on yourself if under age 70. Your spouse/domestic partner is guaranteed approval \$30,000 if under age 70. You may also purchase coverage on your child(ren) to a maximum of \$10,000. If you go over these amounts (or are a late entrant) you must answer health questions to prove evidence of insurability.

### Per Month Cost for Each \$1,000 of Employee, Spouse and Child(ren) Life Insurance Coverage (Includes AD&D)

Age	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
EE & SP Life Rate	\$.101	\$.108	\$.124	\$.133	\$.186	\$.284	\$.405	\$.572	\$.690	\$1.30	\$2.09
Dependent Children	\$ .164 per \$1,000. One premium regardless of number of children covered.										

## 401(K) / PROFIT SHARING



Provider: Fidelity

### Who is Eligible and When:

You are eligible after three months of employment. Beginning the first day of the month following your three month waiting period you will be automatically enrolled at a rate of 3%. You are able to opt-out of the automatic enrollment as well as adjust your amount and type of contribution at any time.

### Plan Highlights:

- Sequence will match 100% of the first 3% you contribute and 50% on the next 2% of your contributions. Example: If you contribute 5% Sequence will contribute 4%.
- Diversified menu of investment choices including calendar year based retirement plan portfolios managed by JP Morgan.
- Roth deferrals are available.
- New for 2017: After tax contributions with the option to convert to Roth.
- Roll-ins to the plan are allowed beginning the first day of employment.
- Sequence may make additional profit sharing contributions subject to a six year vesting schedule.

## 529 COLLEGE SAVINGS PLAN



Provider: American Funds CollegeAmerica 529 Plan

### Who is Eligible and When:

You are eligible after your first day of employment regardless of hours worked.

### Plan Highlights:

- Tax-free savings for Community, Technical, or University college programs.
- Nationwide choice with no limit on where the student attends classes.
- Simple investment choices with the option to choose a target enrollment year portfolio.
- Flexibility to change beneficiary among siblings and other family members.
- Ability to use funds for non-college expenses if necessary, taxes may apply.



## EMPLOYEE ASSISTANCE PROGRAM



### Who is Eligible and When:

All full-time employees who regularly work 30 hours per week or more are eligible on the first 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](http://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 carrying 120 hours of unused PTO time over into the next calendar year.

### PTO Guidelines for Full-Time Employees

Each regular full-time 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.

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 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.

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## Your Dedicated Service Team



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This Benefits at a Glance provides summary information about your benefits under Company benefit programs. In the event of any discrepancy between or among this summary, Summary Plan Descriptions, and Plan Documents, the Plan Documents control all benefit definitions and descriptions.