



Benefits Summary

2016 PLAN YEAR





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
Health Savings Account
Flexible Spending Account

Feeling Secure

Short-Term Disability Insurance
Long-Term Disability Insurance
Life and Accidental Death &
Dismemberment Insurance
401(k)/Profit Sharing

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

Debbie Linger // Client Care Advocate // (919) 755-3240 // debbie.linger@banyaninc.com

Allison Sabin // Client Care Advocate // (919) 755-3241 // allison.sabin@banyaninc.com

Tanya Pritchard // Client Care Advocate // (919) 755-3255 // tanya.pritchard@banyaninc.com

Barbara Josselyn // Client Care Advocate // (919) 755-3290 // Barbara.josselyn@banyaninc.com

Debbie Macik // Client Services Manager // (919) 755-3244 // deborah.macik@banyaninc.com

MEDICAL page 4

BlueCross BlueShield of NC // (877) 258-3334 // www.bcbsnc.com

Customer Service (Claims, Benefit Questions & ID Cards)

HEALTH SAVINGS ACCOUNT (HSA) page 9

HealthEquity // (866) 346-5800 // www.healthequity.com

Customer Service (Claims, Benefit Questions & ID Cards)

FLEXIBLE SPENDING ACCOUNT (FSA) page 11

TASC // (800) 422-4661 // www.tasconline.com

Customer Service (Claims, Benefit Questions & Information)

DENTAL page 12

Guardian // (800) 627-4200 // www.guardiananytime.com

Customer Service (Claims, Benefit Questions & ID Cards)

SHORT-TERM/LONG-TERM DISABILITY page 13

BlueCross BlueShield of NC // (877) 258-3334 // www.bcbsnc.com

Customer Service (Claims & Benefit Questions)

LIFE & ACCIDENTAL DEATH & DISMEMBERMENT page 13

BlueCross BlueShield of NC // (877) 258-3334 // www.bcbsnc.com

Customer Service (Claims & Benefit Questions)

401 (K) / PROFIT SHARING page 14

Lincoln Trust Company // (800) 831-8675 // www.lincolntrustco.com

Customer Service (Claims & Benefit Questions)

EMPLOYEE ASSISTANCE PROGRAM (EAP) page 14

New Directions Behavioral Health // (800) 624-5544 // www.ndbh.com

Customer Service

VACATION / PAID TIME OFF page 15

Caroline Monson // (919) 844-7171

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.

MEDICAL 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 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 HSA Plan Features	In-Network	Out-of-Network
Deductible (<i>per Benefit Period</i>)	\$3,000 Single \$6,000 Family Unit	\$6,000 Single \$12,000 Family Unit
Coinsurance (<i>After Deductible</i>)	0%	30%
Total Out-of-Pocket (<i>per Benefit Period</i>)	\$3,000 Single \$6,000 Family Member \$6,000 Family Unit	\$7,250 Single \$13,100 Family Member \$14,500 Family Unit
Preventive Care	Covered 100%	Deductible then 30%
Office Visit (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%
Urgent Care or Emergency Room Visit	Deductible then 0%	
Ambulatory Surgical Center	Deductible then 0%	Deductible then 30%
Inpatient Hospital Services <i>Includes physician services, hospital and hospital-based services, and maternity delivery, prenatal and post-delivery care</i>	Deductible then 0%	Deductible then 30%
Outpatient Hospital Services <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%
Short-Term Rehabilitative Therapies: 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%
Skilled Nursing Facility (<i>Max 60 days per benefit period</i>)	Deductible then 0%	Deductible then 30%
Home Health Care, Durable Medical Equipment and Hospice Services	Deductible then 0%	Deductible then 30%

Blue Options HSA Plan Features	In-Network	Out-of-Network
Maternity <i>(Includes Prenatal and Post-Delivery Care)</i>	Deductible then 0%	Deductible then 30%
Infertility Services <i>Combined In-Network & 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%
Mental Health & Substance Abuse Services <i>(Includes office visits, inpatient & outpatient services)</i>	Deductible then 0%	Deductible then 30%
Lens & Frame Coverage <i>Prescribed Eyeglass Lens & Frame or hard, soft or disposable lenses reimbursement</i>	\$150	
Prescription Drug Coverage <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 \$3350 (employee-only coverage) or \$6750 (if covering other dependents). Sequence will contribute \$200 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. Generics are also available for \$10 per a 90 day supply. A list of all eligible drugs can be found on the following websites: walmart.com, samsclub.com, costco.com and 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	\$379.13
	Employee & Child(ren)	\$399.37
	Employee & Family	\$823.69

MEDICAL 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 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 Co-Pay Plan Features	In-Network	Out-of-Network
Deductible (per Benefit Period)	\$2,000 Single \$4,000 Family	\$4,000 Single \$8,000 Family
Coinsurance (After Deductible)	20%	30%
Total Out-of-Pocket (per Benefit Period, includes deductible, coinsurance & co-pays including RX)	\$4,000 Single \$8,000 Family	\$8,000 Single \$16,000 Family
Preventive Care	Covered 100%	Deductible then 30%
Office Visit (Primary Care or Specialist)	Primary Care: \$25 Specialist: \$50	Deductible then 30%
Urgent Care or Emergency Room Visit	Urgent Care: \$50 Emergency Room: \$300	
Ambulatory Surgical Center	Deductible then 20%	Deductible then 30%
Inpatient Hospital Services <i>Includes physician services, hospital and hospital-based services, and maternity delivery, prenatal and post-delivery care</i>	Deductible then 20%	Deductible then 30%
Outpatient Hospital Services <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 30%
Short-Term Rehabilitative Therapies: Physical/Occupational (Max 30 visits per benefit period) Speech Therapy (Max 30 visits per benefit period)	Deductible then 20%	Deductible then 30%
Skilled Nursing Facility (Max 60 days per benefit period)	Deductible then 20%	Deductible then 30%
Home Health Care, Durable Medical Equipment and Hospice Services	Deductible then 20%	Home Health: Deductible then 20% All Other: Deductible then 30%

Blue Options Co-Pay Plan Features	In-Network	Out-of-Network
Maternity <i>(Includes Prenatal and Post-Delivery Care)</i>	Office Visit: \$25 In/Outpatient: Deductible then 20%	Deductible then 30%
Infertility Services <i>Combined In-Network & 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 30%
Mental Health & Substance Abuse Services <i>(Includes office visits, inpatient & outpatient services)</i>	Office Visit: \$50 In/Outpatient: Deductible then 20%	Deductible then 30%
Lens & Frame Coverage <i>Prescribed Eyeglass Lens & Frame or hard, soft or disposable lenses reimbursement</i>	\$150	
Prescription Drug Coverage <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.mycbsnc.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	\$69.18
	Employee & Spouse	\$598.67
	Employee & Child(ren)	\$524.11
	Employee & Family	\$1,159.10



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)



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 QDHP on January 1st 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 and click on "Health Savings Account" (on the left-hand side).

Health Savings Account (HSA) Contribution Limits	2016 Based on Calendar Year
Individual Coverage	\$3,350
Family Coverage	\$6,750
Catch-Up Contributions Age 55 or older	\$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 for a complete

Baby/Child to Age 13 Lactation Consultant* Lactation Supplies Lead-Based Paint Removal Special Formula* Special School/Teacher Well-Baby Care Dental Dental X-Rays Dentures & Bridges Exams & Teeth Cleaning Extractions & Fillings Gum Treatment Oral Surgery Orthodontia & Braces Crowns & Root Canals Vision Artificial Eyes Eye Exams Eye Glass & Contacts Laser Eye Surgeries Optometrist Prescription Sunglasses Radial Keratotomy/LASIK Hearing Hearing Devices & Batteries Hearing Exams Lab Exams/Tests Blood & Metabolism Tests Body Scans Cardiographs Laboratory Fees Urine & Stool Analysis X-Rays	Medical Equipment 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* Medical Procedures 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	Medication Birth Control Homeopathic Medications* Insulin Prescription Drugs Obstetrics Lamaze Class Midwife Expenses OB/GYN Exams OB/GYN Maternity Fees Pre-/Postnatal Treatments Breast Pumps Practitioners Allergist Chiropractor Dermatologist Homeopath* Osteopath Physician Psychiatrist or Psychologist Therapy Alcohol & Drug Addiction Exercise* Hypnosis Occupational Physical Speech Weight Loss Programs* Other COBRA Payments Founder's Fees Long-Term Care Insurance Medicare Parts A, B & D
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FLEXIBLE SPENDING ACCOUNTS (FSA)



Provider: TASC

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 \$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:

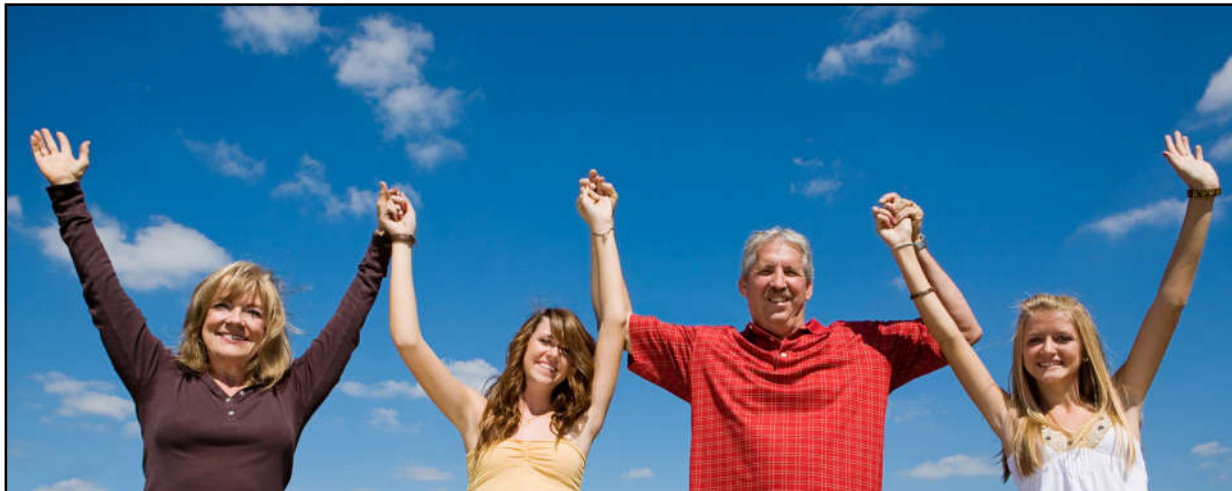
- Vision services, including contact lenses, contact lens solution, eye examinations, and eyeglasses
- Dental services and orthodontia

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)



DENTAL INSURANCE



Provider: Guardian (Group # 508190)

Who is Eligible and When:

All full-time employees who regularly work 30 hours per week or more are eligible after 90 days of employment.

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

Benefits You Receive:

- SEE ANY DENTIST ANYWHERE!
- In-Network Providers have no deductible
- \$25 Deductible per Member / \$150 per Family per **CALENDAR YEAR** for Out-of-Network Providers
- Deductible is waived with in-network providers
- \$1,200 Benefit Maximum per Member per **CALENDAR YEAR** (Jan 1 – Dec 31)
- Higher Benefits with Principal Providers (<http://www.guardiananytime.com>)
- Before treatment begins for inlays, onlays, single crowns, prosthetics, periodontics and oral surgery, you may file a dental treatment plan with Guardian Life Insurance Company. Guardian Life will provide a

Level of Service	What is Covered?
Preventive Services (0%)	Bitewing X-rays, Full Mouth X-rays, Cleanings, Oral Exams, Sealants
Basic Services (20%)	Fillings, Scaling & Root Planing, Simple & Surgical Extractions, Endodontics, Periodontics, Oral Surgery
Major Services (50%)	General Anesthesia, Dentures, Single Crowns
Orthodontia (50%)	\$1,200 Lifetime Maximum

Elections	Per Payroll
Employee Only	\$0.00
Employee & Spouse	\$30.85
Employee & Child(ren)	\$56.70
Employee & Family	\$96.25

written response indicating benefits that may be payable for proposed treatment.

Guardian Rollover Benefit

Guardian'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 \$600 of benefit. If the qualification is met, \$300 will be carried over to next year's maximum benefit (\$400 if you are using in-network providers). You can accumulate no more than \$1,200 total extra benefit.

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 first 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 th Day of Injury or Illness	91 st 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

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 first 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.

Retirement Plan



Provider: Fidelity

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 2016) 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
- Rollover Contribution: You can roll over part or all of an eligible rollover distribution you receive from an eligible retirement plan into this Plan even if you have not yet satisfied the age and service Eligibility requirements.
- This plan is subject to IRS regulations.

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 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 x 50 = 2,000 hours

Earned PTO = 2,000 hours worked x .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.

Your Dedicated Service Team



LESLIE TATUM
Primary Client Care Advocate
Service, Claims, Enrollment
(919) 755-3231 office
(919) 326-9868 fax
leslie.tatum@banyaninc.com



DEBBIE LINGER
Client Care Advocate
Service, Claims, Enrollment
(919) 755-3240 office
(919) 326-9868 fax
debbie.linger@banyaninc.com



ALLISON SABIN
Client Care Advocate
Service, Claims, Enrollment
(919) 755-3241 office
(919) 326-9868 fax
allison.sabin@banyaninc.com



TANYA PRITCHARD
Client Care Advocate
Service, Claims, Enrollment
(919) 755-3255 office
(919) 326-9868 fax
tanya.pritchard@banyaninc.com



BARBARA JOSSELYN
Client Care Advocate
Service, Claims, Enrollment
(919) 755-3290 office
(919) 326-9868 fax
barbara.josselyn@banyaninc.com



DEBBIE MACIK
Client Services Manager
Service, Claims, Enrollment
(919) 755-3244 office
(919) 326-9868 fax
deborah.macik@banyaninc.com



BRADLEY BOTTS
Vice President, Client Services
(919) 755-3246 office
(336) 335-1100 fax
bradley.botts@banyaninc.com

