



Benefit Summary



PLAN YEAR | **January 1, 2015 – December 31, 2015**



Our employees are our most valuable asset.

That's why at Sequence 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
- Dental
- Health Savings Account

Feeling Secure

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

Work/Life Balance

- Employee Assistance Program
- Flexible Spending Accounts
- Paid Time Off (PTO)

Contact Information

Refer to this list when you need to contact one of your benefit vendors. For general information contact Caroline Monson, Sequence, Inc, Business Office Manager.

Your first call should be to your DEDICATED Service Team

YOUR SERVICE TEAM

(919) 755-3231 Leslie Tatum, Client Care Advocate, leslie.tatum@banyaninc.com
(919) 755-3240 Debbie Linger, Client Care Advocate, debbie.linger@banyaninc.com
(919) 755-3244 Deborah Macik, Client Services Manager, deborah.macik@banyaninc.com
(919) 755-3246 Brad Botts, VP of Client Services, bradley.botts@banyaninc.com

MEDICAL:

Blue Cross and Blue Shield of NC - <http://www.bcbsnc.com>
(877) 258-3334 Customer Service (ex: medical claims, benefit questions)
(800) 810-2583 Blue Card PPO Program (to find a participating provider outside of NC)
(800) 359-2422 Magellan Behavioral Health (pre-auth for mental health & substance abuse)

HEALTH SAVINGS ACCOUNT (H S A):

Health Equity
(866) 346-5800 Customer Service
<http://www.healthequity.com>

DENTAL:

Guardian
(800) 541-7846 Claims
<http://www.guardiananytime.com>

LIFE & ACCIDENTAL DEATH & DISMEMBERMENT:

USABLE/BCBS
(800) 370-5856 Customer Service
<http://www.usablelife.com>

SHORT-TERM/ LONG-TERM DISABILITY:

USABLE/BCBS
(800) 370-5856 Customer Service
<http://www.usablelife.com>

FLEXIBLE SPENDING ACCOUNTS (FSA):

TASC
(800) 422-4661
<http://www.tasconline.com>

401(K)/PROFIT SHARING:

Lincoln Trust Company
(800) 831-8675 Customer Service
<http://www.lincolntrustco.com>

EMPLOYEE ASSISTANCE PROGRAM (EAP):

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

VACATION/ PAID TIME OFF:

Caroline Monson, Business Office Manager
(919) 844-7171

Medical Insurance

BCBSNC Group# 075416



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 eligible up to age 26, regardless of student or marital status

Key Features of the Base Option:

- Unlimited Lifetime Maximum per Member
- Higher benefits with BCBS Network providers. Usual, Reasonable and Customary (UCR) limits apply to out-of-network benefits. (Member pays according to benefit structure on next page + charge over UCR)
- Deductible and coinsurance accumulation from January 1st through December 31st of each year
- Routine Refractive Vision exam 1x per benefit period – covered 100%. \$150 Lens/Frame reimbursement.
- Preventive Care (including Mammograms and Colonoscopies) is covered at 100%. See policy booklet or go to <http://www.bcbsnc.com/preventive> for list of specific tests covered.
- 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.

Key Features of the Buy Up Option:

- Unlimited Lifetime Maximum per Member
- Higher benefits with BCBS Network providers. Usual, Reasonable and Customary (UCR) limits apply to out-of-network benefits. (Member pays according to benefit structure on next page + charge over UCR)
- Deductible and coinsurance accumulation from January 1st through December 31st of each year
- Out-of-Pocket Maximum includes deductible, coinsurance AND co-pays (including Rx co-pays)
- Routine Refractive Vision exam 1x per benefit period – covered 100%. \$150 Lens/Frame reimbursement.
- Preventive Care (including Mammograms and Colonoscopies) is covered at 100%. See policy booklet or go to <http://www.bcbsnc.com/preventive> for list of specific tests covered.

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) Coinsurance Out-of-Pocket (includes deductible)	\$3,000 individual \$6,000 family 0% \$3,000 individual \$6,000 family	\$6,000 individual \$12,000 family 30% \$7,250 individual \$10,500 family
Preventative Care	0%, deductible does not apply	Ded 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

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

PPO (Buy Up) Option – BlueCross BlueShield NC

Plan Feature	In-Network (Amounts You Pay)	Out-of-Network (Amounts You Pay)
Deductible	\$2,000 individual \$4,000 family	\$4,000 individual \$8,000 family
Coinsurance	20%	30%
Out-of-Pocket (includes deductible, coinsurance and copays, including Rx copays)	\$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)	

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

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.

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% \$1,200 Lifetime Maximum	50% \$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.	

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

Life and AD&D Insurance

USAble/BCBS Group# 075416



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:

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.
- This benefit is being offered at no cost to you.

Disability Insurance

USAble/BCBS Group# 075416



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:

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

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.

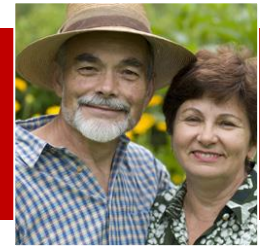
Dependent Care FSA

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)

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 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.

Notes

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Notes cont'd...

Please use this area to write down questions you may have or to record the name, number, date & time of the person you speak with when calling the carriers with a question/claim issue.

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Notes cont'd...

Please use this area to write down questions you may have or to record the name, number, date & time of the person you speak with when calling the carriers with a question/claim issue.

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Your Dedicated Team for Benefits



Leslie Tatum, Client Care Advocate
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919-755-3231



Deborah Macik, Client Services Manager
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The information in this Benefits Summary is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Summary was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies, or errors are always possible. In case of discrepancy between the Benefits Summary and the actual plan documents the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this summary, contact Human Resources.