

Employee Benefits Enrollment Guide

Plan Year: January 1, 2020 – December 31, 2020

Your Future Protected



**City of Goldsboro offers a wide range of voluntary benefits
that support you and your family.**

Learn & Enroll:
www.pierceins.com/goldsboronc
800-421-3142

Administered by:



City of Goldsboro Benefits Program

A message from the City Manager...



This booklet is intended to help you better understand the benefits that are available to you as a city employee. The Mayor, City Council, and I value your service to our community. You are out day and night, working to make Goldsboro a better place. My goal is to provide a safe and pleasant work environment for you with good pay and benefits. As I meet with newly hired employees, they are excited to have a job with the City and they believe we provide outstanding benefits. We all need to try to tap into and maintain their enthusiasm for being part of the city workforce.

Most of us work because we need the income and often make our decision on whether or not to work someplace based on the hourly rate of pay. As we spend time in the workforce, we begin to better understand the value of the benefits that our employer may offer. In the beginning, paid time off is a real treat. As we progress in age and have life events, we recognize that health insurance is a necessity and that medical procedures are expensive. Finally, as we approach the end of our careers, we see the value in a guaranteed retirement income and the benefit of the 401k contributions made on our behalf.

I want to say thank you to all the employees that have served on our Benefits Committee. They have provided good feedback and insight. If you have benefit questions or suggestions, don't hesitate to contact Human Resources or your Benefits Committee member.

I believe the City of Goldsboro is a great place to work. I hope you share my belief!

Tim Salmon

Tim Salmon
City Manager

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City of Goldsboro

is offering all eligible employees a comprehensive benefits plan.

- This is neither an insurance contract nor a summary plan description and only the actual policy provisions will prevail.

- All information in this booklet, including premiums, is subject to change.

- All policy descriptions are for information purposes only.

- Your actual policy may be different than those in this booklet.

New hires must enroll within 30 days to qualify for guarantee issue.

Arranged and enrolled by Pierce Insurance Agency, Inc.



2020 STATE HEALTH PLAN COMPARISON

Active and Non-Medicare Subscribers

PLAN DESIGN FEATURES	80/20 PLAN		70/30 PLAN	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Annual Deductible	\$1,250 Individual \$3,750 Family	\$2,500 Individual \$7,500 Family	\$1,500 Individual \$4,500 Family	\$3,000 Individual \$9,000 Family
Coinsurance	20% of eligible expenses after deductible is met	40% of eligible expenses after deductible and the difference between the allowed amount and the charge	30% of eligible expenses after deductible is met	50% of eligible expenses after deductible and the difference between the allowed amount and the charge
Out-of-Pocket Maximum (Combined Medical and Pharmacy)	\$4,890 Individual \$14,670 Family	\$9,780 Individual \$29,340 Family	\$5,900 Individual \$16,300 Family	\$11,800 Individual \$32,600 Family
Preventive Services	\$0 (covered at 100%)	N/A	\$0 (covered at 100%)	N/A
Office Visits	\$25 for PCP; \$10 if you use PCP on ID card; \$80 Specialist	40% after deductible is met	\$45 for PCP; \$30 if you use PCP on ID card; \$94 for Specialist	50% after deductible is met
Urgent Care	\$70		\$100	

PCP: Primary Care Provider

For additional information go to www.shpnc.org
To Enroll: <https://nc.secure-enroll.com>

PLAN DESIGN FEATURES	80/20 PLAN		70/30 PLAN	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Emergency Room (Copay waived w/admission or observation stay)	\$300 copay, then 20% after deductible is met		\$337 copay, then 30% after deductible is met	
Inpatient Hospital	\$300 copay, then 20% after deductible is met	\$300 copay, then 40% after deductible is met	\$337 copay, then 30% after deductible is met	\$337 copay, then 50% after deductible is met
PHARMACY BENEFITS				
Tier 1 (Generic)	\$5 copay per 30-day supply		\$16 copay per 30-day supply	
Tier 2 (Preferred Brand & High-Cost Generic)	\$30 copay per 30-day supply		\$47 copay per 30-day supply	
Tier 3 (Non-preferred Brand)	Deductible/coinsurance		Deductible/coinsurance	
Tier 4 (Low-Cost Generic Specialty)	\$100 copay per 30-day supply		\$200 copay per 30-day supply	
Tier 5 (Preferred Specialty)	\$250 copay per 30-day supply		\$350 copay per 30-day supply	
Tier 6 (Non-preferred Specialty)	Deductible/coinsurance		Deductible/coninsurance	
Preferred Diabetic Testing Supplies**	\$5 copay per 30-day supply		\$10 copay per 30-day supply	

** Preferred Brand is the OneTouch Test Strips. Non-preferred diabetic testing supplies are considered a Tier 3 member copay.

**For more information, contact Human Resources Management Department
919-580-4372**

WELLNESS BENEFIT

We are pleased to *announce* a new Wellness Assistance Benefit for the City of Goldsboro employees. It's a \$25.00 per month benefit that you can use to either offset your dental payroll deduction or use to reduce any Fitness Facility membership fee that you currently have or plan to have.

All gyms (excluding your home gym), fitness facilities (i.e., YMCA, Fitness 4 Life, Gold's Gym, etc... including Yoga facilities) are considered acceptable facilities for the purpose of this Wellness Assistance Benefit program. Employees who choose to use the City of Goldsboro facilities (W.A. Foster, Herman Park, and Police/Fire Department) may do so at no cost for the **employee only**.

What are the eligibility requirements?

In order to qualify for this benefit, you must meet the eligibility criteria to participate in the City of Goldsboro's health plan with the State Health Plan BCBS of NC.

LOCAL GOVERNMENT EMPLOYEE RETIREMENT SYSTEM (LGERS)

WHO IS ELIGIBLE AND WHEN:

This life-time benefit can be yours. *Membership in LGERS is automatic for eligible employees.*

You become an LGERS member on your hire date (or after a required local unit waiting period) if you are employed by a participating unit in a regular position that requires at least 1,000 hours of work in a calendar year. You will not be a contributing member of LGERS if your work is considered **temporary employment or statutorily-required interim employment**.

The Local Governmental Employees' Retirement System (LGERS) is a defined benefit plan qualified under Section 401(a) of the Internal Revenue Code. Defined benefit plans use a formula to calculate monthly retirement benefits once eligibility requirements have been met.

You, your employer, and the investment earnings on total contributions pay the cost of providing your retirement benefits. Your share of the cost is currently 6% of your compensation and is automatically deducted from your paycheck. Your compensation includes all eligible salaries and wages, as defined by statute, paid to you from public funds, earned at your covered job while working for your employer.

Vesting

You become vested in LGERS once you have completed a minimum of 5 years of creditable service. This means that you are eligible to apply for lifetime monthly retirement benefits based on the retirement formula in effect at the time of your retirement and the age and service requirements described provided you do not withdraw your contributions.

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Service Retirement (Unreduced Benefits)

You may retire with an unreduced service retirement benefit after you:

- Reach age 65 and complete 5 years of creditable service
- Reach age 60 and complete 25 years of creditable service
- Complete 30 years of creditable service at any age

Early Retirement (Reduced Benefits)

You may retire early with a reduced retirement benefit after you:

- Reach age 50 and complete 20 years of creditable service
- Reach age 60 (age 55 if you are a firefighter or rescue squad worker) and complete 5 years of creditable service.

Service Retirement – Law Enforcement Officers (Unreduced Benefits)

You may retire with an unreduced service retirement benefit after you:

- Reach age 55 and complete 5 years of creditable service as an officer
- Complete 30 years of creditable service at any age

Early Retirement – Law Enforcement Officers (Reduced Benefits)

You may retire early with a reduced retirement benefit after you reach age 50 and complete 15 years of creditable service as an officer.

Your early retirement benefit is calculated using the same formula as a service retirement benefit multiplied by a reduction percentage based on your age and/or service at early retirement. Because your benefit may be paid over a longer period of time than if you had waited until being eligible for service retirement, your benefit will be reduced.

Special Separation Allowance (Local Enforcement Officers Only)

As a law enforcement officer, if you retire on a service retirement allowance [i.e., 30 years of creditable service at any age, or age 55 with at least 5 years of credit as a law enforcement officer] you may be eligible for a monthly separation allowance payable until you reach age 62, or until you return to any employment with local government. Other conditions apply.

Active Employee Death Benefits

Although LGERS' primary purpose is to provide retirement income, we recognize that some employees will not live to enjoy their retirement benefits. For that reason, LGERS protects your beneficiary(ies) should you die before retiring with the death benefits described below.

Return of Contributions

After your death, your beneficiary will receive a return of your contributions plus interest at 4% compounded annually on your prior-year ending balance, through your date of death. This is a lump-sum payment. If you meet certain eligibility requirements, a monthly Survivor's Alternate Benefit may be paid to your beneficiary instead of a return of contributions if you have only one eligible beneficiary living at the time of your death.

Lump-Sum Death Benefit for Active Employees

The City of Goldsboro elected this coverage and if you die while still in active service after 1 year as a contributing member, your beneficiary will receive a lump-sum payment equal to your highest salary for 12 consecutive months during the 24 months before you die. The lump-sum payment will be at least \$25,000 but no more than \$50,000 and is also paid if you die within 180 days of your last day of service. The death benefit is in addition to any other benefits to which your beneficiary(ies) may be entitled. For this death benefit, you may name the same or a different beneficiary(ies) than the one(s) you named to receive the return of contributions.

If you are a firefighter or rescue squad worker killed in the line of duty, your beneficiary also may be entitled to a \$50,000 line-of-duty death benefit. This lump sum benefit is administered jointly by the North Carolina Industrial Commission and the Department of State Treasurer.

For additional information including disability retirement benefits please visit the NC State Treasurer website at www.myncretirement.com for additional information about disability benefits and the required forms.

401(K)/457

WHO IS ELIGIBLE AND WHEN:

457 & 401K Supplemental Retirement Plan: The City of Goldsboro offers the NC Supplemental Retirement Plans, 401K and 457. The City contributes 4% to the 401K for all non-sworn full-time employees and 5% for sworn police officers (per Council approval). The 457 plan is voluntary with no contribution by the City. The 457 and the 401k allow employees to set aside funds through payroll deduction and is tax deferred. Income tax is due when the deferred earnings are returned to the individual normally at retirement.

BENEFITS YOU RECEIVE:

By saving on a pre-tax basis, you can reduce the taxes you pay today and delay paying taxes on the money you save, as well as your account earnings, until you withdraw the money from the plan.

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VACATION AND SICK LEAVES

WHO IS ELIGIBLE AND WHEN:

Employees serving a probationary period following initial employment may accumulate vacation leave and may be permitted to take vacation leave during the first six months of the probationary period.

VACATION

Vacation leave may be used for rest and relaxation, school appointments, and other personal needs. Employees whose duties require them to collect money from customers may be required to take five (5) consecutive days of vacation each calendar year subject to procedures developed by the Finance Director.

SICK LEAVE

The City of Goldsboro Sick leave benefits allow you be paid for time away from work if you or a family member becomes ill or injured. You may ask to use these benefits days after you start earning sick leave benefits.

Sick leave may be granted to an employee absent from work for any of the following reasons: sickness, bodily injury, temporary disabilities, required physical or dental examinations or treatment, or exposure to a contagious disease, when continuing work might jeopardize the health of others.

Sick leave may be used when an employee must care for a member of his or her immediate family who is ill or needs medical care.

LEAVE WITHOUT PAY

A full-time employee may be granted a leave of absence without pay for a period of up to three months by the City Manager. Other than the reasons specified for Family Medical Leave and military commitment, the leave may be used for reasons of continuation of education, special work that will permit the City to benefit by the experience gained or the work performed, or for other reasons deemed justified by the City Manager.

The employee shall apply in writing to the supervisor for leave. The employee is obligated to return to duty within or at the end of the time determined appropriate by the City Manager. Upon returning to duty after being on leave without pay, the employee shall be entitled to return to the same position held at the time leave was granted or to one of like classification, seniority, and pay. If the employee decides not to return to work, the supervisor shall be notified immediately. Failure to report at the expiration of a leave of absence, unless an extension has been requested, shall be considered a resignation.

Leave Without Pay (unpaid leave) may be granted **only** when the employee has exhausted all appropriate types of paid leave with the exception of Workers Compensation, Short Term Disability, military commitment and for adverse weather and emergency conditions.

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Vacation/Sick Leave: Accrual Rate

Each full-time employee of the City shall earn vacation, sick and holiday at the following schedule, respectively, prorated by the average number of hours scheduled in the workweek:

Regular Personnel (based upon 40 hour Week) Years of Service	Vacation Days	Hours	Sick Hours
Accrued Per Year		Accrued Per Month	Accrual Hours/Month
0 - 4 years	12	8	8
5 - 9 years	15	10	8
10 - 14 years	18	12	8
15 - 19 years	21	14	8
20 + years	23	15.33	8

Police Personnel (based upon 42.75 Week) Years of Service	Vacation Days	Hours	Sick Hours
Accrued Per Year		Accrued Per Month	Accrual Hours/Month
0 - 4 years	12	8.55	8.55
5 - 9 years	15	10.69	8.55
10 - 14 years	18	12.83	8.55
15 - 19 years	21	14.96	8.55
20 + years	23	16.39	8.55

Fire Personnel (based upon 56 hour Week) Years of Service	Vacation Days	Hours	Sick Hours
Accrued Per Year		Accrued Per Month	Accrual Hours/Month
0 - 4 years	12	11.20	11.2
5 - 9 years	15	14	11.2
10 - 14 years	18	16.80	11.2
15 - 19 years	21	19.60	11.2
20 + years	23	21.47	11.2

HOLIDAYS

The following 12 days, and other such days as the City Council may designate, are holidays with full pay for employees of the City.

As a full-time employee, you may be eligible to receive the following paid holidays each year:

New Year's Day	Labor Day
Martin Luther King Jr's Birthday	Veteran's Day
Easter Friday	Thanksgiving (2 days)
Memorial Day	Christmas (3 days)
Independence Day	

FAMILY AND MEDICAL LEAVE (FMLA)

The City will grant up to 12 weeks of family and medical leave per twelve months to eligible employees in accordance with the Family and Medical Leave Act of 1993 (FMLA). This means, for example, that Law Enforcement Officers scheduled for an annual average 42.75 hours work week will be entitled to 513 hours; Fire staff that are scheduled for 56 hours per week will be entitled to 672 hours; regular staff that are scheduled for 40 hours per week will be entitled to 480 hours. The 12- month period will be measured forward from the date any employee's first FMLA leave begins. For example, if the employee received FMLA on 9/11/14 and uses the full 12 weeks, the employee is not entitled to FMLA again until 9/11/15. The leave may be paid (coordinated with the City's Vacation, Compensatory Time and Sick Leave policies), unpaid, or a combination of paid and unpaid. Unpaid leave will be granted only when the employee has exhausted all appropriate types of paid leave. Additional time away from the job beyond the 12- week period may be approved in accordance with the City's Leave without Pay policy.

To qualify for FMLA coverage, the employee must have worked for the employer 12 months or 52 weeks; these do not have to be consecutive. However, the employee must have worked 1,250 hours during the twelve-month period immediately before the date when the FMLA time begins.

OTHER BENEFITS

The City may offer other group insurance plans to employees upon authorization of the City Manager and/or City Council.

Tuition Assistance Program

Full-time employees who have completed initial probation may apply for tuition reimbursement for courses taken on their own time or during educational leave which will improve their skills for their current job or prepare them for promotional opportunities with the City. These courses must lead to a certification program or a degree program. The employee must complete an Educational Incentive Assistance Application, attach acceptance letter, course registration or other documentation for proof of enrollment and forward to appropriate approval authority for processing prior to attending. Tuition, registration, fees, laboratory fees, and student fees are eligible expenses.

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Employees may be reimbursed eligible expenses up to a total of eleven hundred dollars (\$1100) per fiscal year. Satisfactory completion of the courses with at least a **"C"** in graded courses will be required for reimbursement. The employee will complete a Tuition and Book Reimbursement Application, attach grade(s) and receipts, and forward to appropriate approval authority for processing. Employees must be enrolled in an accredited college or university to receive tuition reimbursement. Departments may budget sufficient funds to allow employees to participate in this program.

If the employee voluntarily terminates employment with the City after completion of the course (award of degree) and prior to completing **twelve (12) consecutive months of active employment**, the employee will refund a prorated amount of the educational expenses provided to them in the previous twelve months. *For example, if the employee voluntarily terminates their employment with the City three (3) months after completion, the employee would owe the City (12 months – 3 months)/12 or 75 percent of the cost of the course.*

Professional Certification Program

Employees may request approval for advance payment of expenses for certification courses and materials. The employee must complete a Certification Expense Agreement with attached documents and submit it to the department head. As part of the City of Goldsboro's Professional Certification Program, the City will agree to advance educational expenses for the employee to attend. In consideration of payment of expenses, the employee agrees to the following:

If the employee is unable to complete the course, the employee shall reimburse the City for expenses paid. An exception may be made for what the City considers extreme extenuating circumstances (such as the employee's illness or the illness of a family member). If the employee fails to pass the certification exam after the first attempt, the employee will be responsible for any and all future associated expenses. However, the City will refund expenses paid for the final exam upon the employee passing the final exam. If the employee voluntarily terminates employment with the City prior to completing the course, the employee will refund the entire amount of the certification expenses provided to the employee. If the employee voluntarily terminates employment with the City after completion of the course and prior to completing **twelve (12) consecutive months of active employment**, the employee will refund a prorated amount of the educational expenses provided to them. *For example, if employee voluntarily terminates their employment with the City three (3) months after completion, the employee would owe the City (12 months-3 months)/12 or 75 percent of the cost of the course.*

The Certification Expense Agreement creates no contract of employment between the employee and the City. The employee may terminate employment with the City at any time and the City may terminate the employee's employment at any time.

Social Security

The City, to the extent of its lawful authority and power, extends Social Security benefits for its eligible employees and eligible groups and classes of such employees.

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Workers' Compensation

All employees of the City (full-time, part-time, and temporary) are covered by the North Carolina Workers' Compensation Act and are required to report all injuries arising out of and in the course of employment to their immediate supervisors at the time of the injury in order that appropriate action may be taken at once. This provision also applies to reactions to small pox vaccinations administered to City employees under Section 304 of the Homeland Security Act. Such reactions shall be treated the same as any other workers' compensation claim as regards leave and salary continuation.

Transitional duty may be provided when possible to aid an employee injured on the job to return to work as quickly as possible.

For more information, visit our website at www.goldsboronc.gov or contact Human Resources at 919-580-4372.

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Employee Benefits Overview: City of Goldsboro

Pre-Tax Benefits

-  **Flexible Spending Accounts – TASC**
-  **Dental Insurance – Delta Dental**
-  **Vision Insurance – Community Eye Care**

Post-Tax Benefits

-  **Cancer Insurance – Transamerica Life Insurance Company**
-  **Group Term Life Insurance - Dearborn National Life Insurance Company**
-  **Term Life Insurance - Transamerica Life Insurance Company**
-  **Universal Life Insurance – Transamerica Life Insurance Company**
-  **Disability Insurance – Dearborn National Life insurance Company**
-  **Accident Insurance – Transamerica Life Insurance Company**
-  **Critical Illness Insurance – Transamerica Life Insurance Company**
-  **Identity Theft Protection - LifeLock™ Identity Theft Protection**
-  **Pet Insurance – Nationwide**

Important Information

- The plan year is January 1, 2020 through December 31, 2020.
- If signing up for any coverage on your spouse and/or children, please have their dates of birth and social security numbers available when meeting with a Benefit Counselor.

How To Enroll: City of Goldsboro

How to Enroll

Open Enrollment



SCHEDULE APPOINTMENT with a benefit counselor: www.pierceins.com/goldsboronc



Enroll online: www.pierceins.com/goldsboronc



Call 1-800-421-3142

New Hires

You must enroll within 30 days of hire to qualify for guarantee issue.*



Enroll online: www.pierceins.com/goldsboronc



Call: 1-800-421-3142

*For complete details on underwriting, please speak with a representative of Pierce Insurance Agency, Inc. or call 1-800-421-3142.

Important Facts

- Please bring dates of birth and social security numbers for your spouse and/or children when meeting with the Benefit Counselor.
- Once you receive your policy please review it carefully.
- Pre-tax elections made during enrollment will continue until the next open enrollment at which time changes can be made.
- During the year family status changes may be made for marriage, divorce, death of a spouse or child, birth or adoption of a child, termination or commencement of a spouse's employment, or the transition of spouse's employment from full-time to part-time or vice-versa. Call 800-421-3142 to request a change in elections within 60 days of such change.
- An employee taking a leave of absence, other than under the Family & Medical Leave Act, may not be eligible to re-enter the Benefits Program until the next plan year.
- Please be aware there are certain benefits that may be subject to federal and state tax when premium is paid by pre-tax deduction.
- Contact Pierce Insurance Call Center for more information at 800-421-3142.

Begin your enrollment

You may complete your benefits enrollment online. However, we recommend meeting with a benefit counselor during open enrollment for a full description of all benefits.

Step 1 - Connect to the Website through your web browser at <https://pierceins.com/goldsboronc/> and click **Enroll Now**. *You may use your desktop computer or any mobile device to complete your enrollment.*

Step 2 - At the “Employee Login” screen, enter your *Social Security Number* and your personal identification number (*PIN*). Your PIN is a combination of the last 4 digits of your Social Security Number and the 2-digit year of your birth. *For example, if the last 4 digits of your SSN are 3214 and you were born on September 21, 1968, your Pin would be “321468”.* If you are having trouble logging on the system, contact Pierce Insurance Agency.

The screenshot shows the Transamerica Employee Benefits Enrollment Site. It features a login form with fields for "Employee ID or SSN" and "PIN", a "Forgot Password" link, and a "Log In" button. A disclaimer states: "By entering your user ID and Personal Identification Number, you are agreeing to the terms of the Consent to Enroll Electronically." To the right, a box titled "Enrollment Site" explains that users must have their employee ID or Social Security Number and PIN, and provides contact information for the Human Resources Department. At the bottom, there are links for "Security Info", "Privacy Policy", and "Admin Site".

The screenshot shows the "Welcome to Your Benefit Enrollment for Plan Year 2020" page. It includes a navigation bar with links for "Home", "You & Your Family", "My Benefits", and "Sign & Submit". A progress indicator shows "(0% Complete)". The main content area features a large image of a city street and a "Welcome" message. A section titled "Your Benefit Options" lists various insurance plans: Dental, Vision, Health Care FSA, Dependent Care FSA, Basic Term Life and AD&D, Short Term Disability, Transamerica TransSelect, Transamerica TransElite, Transamerica Accident Advance, Transamerica Critical Events, Transamerica Critical Events with Cancer, Transamerica CancerSelect Plus, Identity Theft, and Pet Insurance. A "Next" button is located at the bottom right.

Step 3 - When the Welcome Page appears on your screen you have successfully logged in! Follow the onscreen instructions to enroll in your benefits, find answers to your questions, download forms and more. Click Next to move to the next page.

Click You and Your Family to update personal information on yourself, your dependents or beneficiaries.

When you have finished making your selections, click sign and submit to review & sign your enrollment form.

You can move from plan to plan by clicking next or clicking review.



The forms icon will bring you to the forms library where all of your benefit plan documents are kept.

To sign and submit your enrollment form you will need to enter your PIN and click sign form.

Please enter your PIN below and click on **"SIGN FORM"** to complete your enrollment and submit your elections. By entering your PIN, you are electronically signing the **Benefit Verification/Deduction Confirmation Form** above. Please review it carefully before entering your PIN.

PIN:

Once you have completed your enrollment, you will receive an email confirmation within 24 hours. (You must enter your email address in the system during the enrollment to receive your confirmation.) If you do not receive an confirmation email, please contact Pierce Insurance Agency . You may also log back into the enrollment site to verify you submitted your enrollment form.



Flexible Spending Account (FSA)



To participate,
You **MUST ENROLL** in
this plan each year.

Save up to 30% on eligible expenses

Enroll in a TASC Flexible Spending Account (FSA) so you can use pretax dollars to pay for common, everyday expenses and reduce your taxable income.

Below is a partial list of reimbursable expenses that may be incurred by you, your spouse, or qualified dependents.

Eligible Medical Expenses

- Acupuncture
- Artificial limbs
- Bandages
- Birth control, contraceptive devices
- Birthing classes/Lamaze – only the mother's portion (not the coach/spouse) and the class must be only for birthing instruction, not child rearing
- Blood pressure monitor
- Chiropractic therapy/exams/adjustments
- Contact lens and contact lens solutions
- Co-payments
- Crutches (purchased or rented)
- Deductibles and co-insurance
- Diabetic supplies
- Eye exams
- Eyeglasses, contacts, or safety glasses (prescription)
- Flu shots
- Hearing aids and hearing aid batteries
- Heating pad
- Incontinence supplies
- Infertility treatments
- Insulin
- Lactation expenses (breast pumps, etc.)
- Laser eye surgery; LASIK
- Legal sterilization
- Medical supplies to treat an injury or illness
- Mileage to and from doctor appointments
- Nasal strips
- Optometrist's or ophthalmologist's fees
- Orthopedic inserts
- Physical exams
- Physical therapy (as medical treatment)

- Physician's fee and hospital services
- Pregnancy test
- Prescription drugs and medications
- Psychotherapy, psychiatric and psychological service
- Sales tax on eligible expenses
- Sleep apnea services/products (as prescribed)
- Smoking cessation programs
- Treatment for alcoholism or drug dependency
- Vaccinations
- Wrist supports, elastic wraps
- X-ray fees

Eligible OTC Medicines and Drugs

Over-the-counter (OTC) medicines and drugs, except for insulin, require a prescription from your physician to be reimbursable.

- Bengay, Flexall, pain relieving creams or gels
- Calamine lotion
- Canker/cold sore relievers
- Cold medicines
- Corn removal
- Diaper rash ointment
- GasX, baby gas drops
- Hemorrhoid creams and treatments
- Hydrogen peroxide or rubbing alcohol
- Indigestion or anti-acid relievers
- Laxatives
- Nicotine patch
- Pain relievers (Tylenol, Advil, Aspirin, etc.)
- Sinus medicines
- Suppositories
- Teething gel
- Wart removal medication

Product Details: Flexible Spending Account (FSA)

Use your TASC Card to pay for eligible expenses at the point of purchase instead of paying out-of-pocket and requesting a reimbursement.

Eligible Dental Expenses

- Braces and orthodontic services
- Cleanings
- Crowns
- Deductibles, co-insurance
- Dental implants
- Dentures, adhesives
- Fillings

Eligible Dependent Care Expenses

- Fees for licensed day care or adult care facilities
- Before and after school care programs for dependents under age 13
- Amounts paid for services (including babysitters or nursery school) provided in or outside of your home
- Nanny expenses attributed to dependent care
- Nursery school (preschool) fees
- Summer Day Camp – primary purpose must be custodial care and not educational in nature
- Late pick-up fees
- Does not cover medical costs; use Healthcare FSA for medical expenses incurred by you or your dependents

For more information regarding eligible expenses, please review IRS Publication 502/503 at [irs.gov](https://www.irs.gov) or ask your employer for a copy of your Summary Plan Description (SPD).

Eligible Disability Expenses

- Automobile equipment and installation costs for a disabled person in excess of the cost of an ordinary automobile; device for lifting a mobility impaired person into an automobile
- Braille books/magazines in excess of cost of regular editions
- Note-taker for a hearing impaired child in school
- Seeing eye dog (buying, training, and maintaining)
- Special devices, such as a tape recorder or typewriter for a visually impaired person
- Visual alert system in the home or other items such as a special phone required for a hearing impaired person
- Wheelchair or autoette (cost of operating/maintaining)

Requiring Additional Documentation

The following expenses are eligible only when incurred to treat a diagnosed medical condition. Such expenses require a **Letter of Medical Necessity** from your physician, containing the medical necessity of the expense, diagnosed condition, onset of condition, and physician's signature.

- Ear plugs
- Massage treatments
- Nursing services for care of a special medical ailment
- Orthopedic shoes (excess cost of ordinary shoes)
- Oxygen equipment and oxygen
- Support hose
- Varicose vein treatment
- Veneers
- Vitamins and supplements
- Wigs (for mental health condition of individual who loses hair because of a disease)

Product Details: Dependent Care Qualifications



To participate,
You **MUST ENROLL** in
this plan each year.

Determine if your Dependent Care expenses qualify for reimbursement from FSA



The TASC Dependent Care FSA allows you to use pretax dollars to pay for eligible expenses related to care for your child, disabled spouse, elderly parent, or other dependent who is physically or mentally incapable of self-care, so you (or your spouse) can work, look for work, or attend school full time. **Medical expenses for your dependent are not eligible for reimbursement under the TASC Dependent Care FSA.**

Eligibility for the dependent care benefit requires that certain criteria be met, which is outlined in this document.

- A) **The dependent care expenses must be work-related.** The care must be necessary for the employee and/or the employee's spouse to work, to look for work, or to attend school full-time, or if they are physically unable to care for their children.
- B) **The dependent care expenses provided during a calendar year cannot exceed \$5,000.** In the case of a separate return by a married individual, the limit is \$2,500. This amount may be less if the employee's earned income or spouse's earned income is less than \$5,000.

Dependent care expenses must be for the care of one or more qualifying persons.

A "Qualifying Person" is defined as one of the following:

- A dependent child who was under age 13 when care was provided and for whom a tax exemption can be claimed.
- A spouse who was physically or mentally not able to care for him/herself and lived with you for more than half the year.
- A dependent who was physically or mentally not able to care for him/herself and for whom an exemption can be claimed, and lived with you for more than half the year.

Eligible and Ineligible Expenses for Dependent Care FSA Reimbursement (partial list)

Allowed for Reimbursement:

- ☒ Fees for licensed day care or adult care facilities
- ☒ Before and after school care programs for dependents under age 13
- ☒ Amounts paid for services (including babysitters or nursery school) provided in or outside of your home
- ☒ Nanny expenses attributed to dependent care
- ☒ Nursery school (preschool) fees
- ☒ Summer Day Camp – primary purpose must be custodial care and not educational in nature
- ☒ Late pick-up fees

NOT Allowed for Reimbursement:

- ☐ Medical expenses
- ☐ Baby-sitter in or out of your home for reasons other than to enable you to work
- ☐ Activity fees/ educational supplies
- ☐ Food, clothing, and entertainment
- ☐ Transportation expenses
- ☐ Child support payments
- ☐ Kindergarten fees
- ☐ Overnight camp
- ☐ Late payment charges

Product Details: Dependent Care Qualifications

For more information regarding eligible Dependent Care expenses, please review IRS Publication 503 or ask your employer for a copy of your Summary Plan Description (SPD).

You can also find current contribution limits on our resource page at:

www.tasconline.com/benefits-limits

To receive the dependent care benefit, one must follow these procedures:

- A) All persons and organizations that provide dependent care for a qualified person must be identified. This information is requested on IRS Form 2441. The name, address, and taxpayer identification number of the provider must be included. Under certain circumstances, the taxpayer identification number will be a social security number.
- B) If the care is being provided by a center that cares for more than six persons, the center must comply with all state and local regulations.
- C) Payments made to relatives who are not dependents can be included. However, do not include amounts paid to a dependent for whom you can claim an exemption or for your child who is under age 19 at the end of the year, regardless of whether he or she is your dependent.
- D) Use Form W-10 to request the required information from the care provider.

Special rules apply to children of divorced or separated parents:

Even if you cannot claim your child as a dependent, he or she is treated as your qualifying person if all of the following are true:

- The child was under age 13 or was not physically or mentally able to care for himself or herself.
- One or both parents provided more than half of the child's support for the year and are divorced, legally separated, or lived apart at all times during the last 6 months of the calendar year.
- One or both parents had custody of the child for more than half of the year.
- You were the child's custodial parent. The custodial parent is the parent having custody for the greater portion of the calendar year. If the child was with both parents for an equal number of nights the parent with the higher adjusted gross income is the custodial parent.

A non-custodial parent that is entitled to claim the child as a dependent on their tax return may not treat the child as a qualifying individual for the dependent care benefit even when that parent is financially responsible for providing the care. Only one parent (the custodial parent) may qualify for the dependent care benefit for a taxable year. The regulations do not provide any relief for a non-custodial parent that incurs dependent care expenses for the portion of the year in which they have custody of the child to enable the non-custodial parent to work.

WEB EXPERIENCE



Make benefits feel like benefits again with TASC Universal Benefit Account™ – one-stop, online access to all enrolled accounts.

TASC's web and mobile tools ensure easy access, account management, and benefit fund security for our customers.

TASC Card Lock. All participants receive a TASC Card to access their benefit funds. If a card is lost or stolen, TASC Card Lock lets them disable a card in seconds from the TASC website or mobile app—and unlock it once it's found.

Pay the Provider. Instead of paying out of pocket and waiting to be reimbursed, participants can use their TASC Card to pay for eligible expenses, or they can use our convenient web payment feature. Simply scan or take a picture of the provider bill and upload it. TASC will then pay the bill directly from the appropriate benefit account.

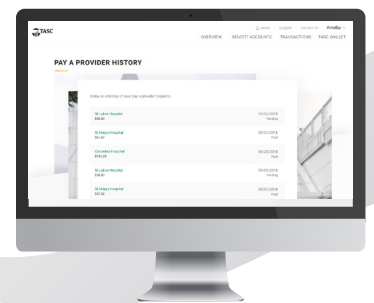
Email Alerts. Participants are notified when requests are received and paid, making it easy to stay on top of account activity and available funds.

Seamless Account Management. Our website, mobile app, and customer care call center make it easy for participants to manage their account and get the support they need, anytime and anywhere! Plus, account information is connected across all platforms, which means participants don't have to re-enter data or restart a process between devices.

Access to Individual Giving Accounts. TASC believes in giving back to the community and that's why every participant receives a complimentary giving account. They can designate a regular payroll deduction or do one-time transfers from their bank or MyCash account and select favorite charities to allocate donations to – all via the TASC website or mobile app. And with no fees to use the giving account, 100% of donations go to designated causes.

TASC Wallet. These user-friendly features make benefits management simple and fast:

- **ATM Locator.** Finds the nearest ATM to withdraw cash from MyCash account via TASC Card.
- **Card Management.** Stores image of TASC Card; lets participants lock a card, report lost/stolen cards, or request more cards.
- **Card Holder.** Stores digital images of other important cards (insurance cards, rewards cards – even a gym membership card).
- **Receipt Repository.** Keeps benefits-related receipts in one convenient place.



MOBILE EXPERIENCE



Track and manage all TASC benefits and access helpful tools, anywhere and anytime—with just one app!

The TASC mobile app includes special features that make it easy to keep TASC accounts safe and secure. We've made it even faster and easier to manage benefits on the go.

TASC Card Lock. Misplace a TASC Card? No worries. With a swipe of a finger, participants can lock access until they've located the card, then swipe it back on when found.

Fingerprint (Touch ID) and Facial Recognition. These capabilities protect participants' account information without the hassle of remembering another password.

Picture to Pay. Take a picture of an eligible benefit expense then submit it via the TASC mobile app. There are no forms to fill out and no need to sign in to a website. Just click and submit and we'll take care of the rest.

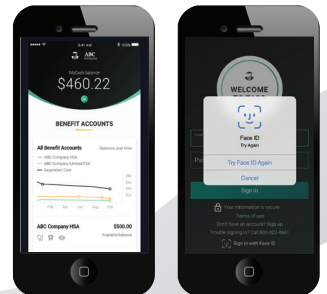
Expense Eligibility Check. Not sure an item is eligible for reimbursement? Find out in seconds on the app. It's the quickest way to make sure benefits are being spent correctly.

Mobile Alerts. Participants are notified when we've received a request and when it's been paid, making it easy to stay on top of account activity and available funds.

Seamless Account Management. Our website, mobile app, and customer care call center make it easy for participants to manage their account and get the support they need, anytime and anywhere! Plus, account information is connected across all platforms, which means participants don't have to re-enter data or restart a process between devices.

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- **Receipt Repository.** Keeps benefits-related receipts in one convenient place.



Search for "TASC" (green icon)

CARD EXPERIENCE



Discover one-card convenience and hassle-free reimbursements. It's the fastest, easiest way to access benefit funds.

The hassles of carrying multiple cards and trying to remember which card pays for what are a thing of the past with the **TASC Card**. Just swipe this stacked card at the point of purchase and eligible expenses are paid automatically with smart technology to know which account to draw funds from. Every participating employee receives a TASC Card and has access to several value-added card features:

TASC Card Decline Protection. As a bonus, each TASC Card comes with card decline protection which means participants never have to deal with the hassle or embarrassment of having a card declined due to insufficient funds in a benefit or MyCash account. And if a participant doesn't have enough funds to cover a purchase, TASC will approve the transaction and pay the difference, then be reimbursed from the participant's bank account (up to a pre-authorized amount) linked to their TASC Card.

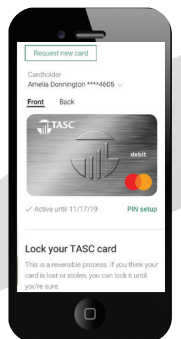
MyCash. When it's necessary to pay out-of-pocket and request a reimbursement, we make sure participants get their money back fast with MyCash. TASC deposits reimbursement payments directly into the linked MyCash account within 12 hours—faster than the speed of bank direct deposit. Participants can then use MyCash funds to cover non-benefit expenses everywhere Mastercard® is accepted or withdraw as cash from an ATM.

TASC Card Lock. If a TASC Card is lost or stolen, the participant can quickly disable it with TASC Card Lock online or via the TASC mobile app. Find it? Just a tap of the finger and the card is unlocked and ready to use.

TASC Wallet. This convenient organizer offers mobile and web access to the TASC Card with features like:

- **Card Management.** Stores image of TASC Card; lets participants lock a card, report lost/stolen cards, or request more cards.
- **Card Holder.** Stores digital images of other important cards (insurance cards, rewards cards – even a gym membership card).

The TASC Card is backed with seamless cross-channel customer care. Participants can get the help they need to manage their benefits and TASC Card through our website, mobile app, or call center.



Worksheet: Flexible Spending Account

Use this worksheet to calculate your annual healthcare and/or dependent care expenses in order to determine your total annual contribution to the FSA Plan.

STEP 1: Review the FSA Eligible Expenses flyer to understand which expenses are eligible for reimbursements under the FSA Plan.

STEP 2: Fill in your anticipated out-of-pocket expenses in the form below for you, your spouse, and dependents (expenses not covered by your health insurance plan).

STEP 3: Add up the total expenses in each column (A, B, C) for you and your family

STEP 4: Enter the total combined amount for A, B, C in the box for Total Annual FSA Contribution.

IMPORTANT: Make sure your total annual contribution is within the annual IRS contribution limits.

Expense Type	(A) Yourself	(B) Your Spouse	(C) Your Children
Medical Plan Deductibles	\$	\$	\$
Medical Plan Co-Payments (<i>i.e., doctor visits, hospital</i>)	\$	\$	\$
Prescription Drugs Co-Payments	\$	\$	\$
Dental/Orthodontia Expenses	\$	\$	\$
Vision Care Expenses	\$	\$	\$
Medical Supplies (<i>i.e., bandages, rubbing alcohol, etc.</i>)	\$	\$	\$
Dependent Care Expenses (<i>i.e., child care, elderly care</i>)	\$	\$	\$
Other Eligible Expenses	\$	\$	\$
TOTAL ANNUAL EXPENSES	\$	\$	\$
TOTAL ANNUAL FSA CONTRIBUTION	\$		



Dental Insurance

Delta Dental PPOSM plus Premier, #1233 Low
Coverage effective January 1, 2020

	Delta Dental PPO Dentist	Delta Dental Premier [®] Dentist	Non- participating Dentist
	Plan Pays	Plan Pays	Plan Pays*
Diagnostic & Preventive			
Diagnostic and Preventive Services includes exams, cleanings, fluoride, and space maintainers	100%	100%	100%
Brush Biopsy - to detect oral cancer	100%	100%	100%
Sealants - to prevent decay of permanent teeth	100%	100%	100%
Radiographs - X-rays	100%	100%	100%
Basic Services			
Emergency Palliative Treatment - to temporarily relieve pain	80%	80%	80%
Minor Restorative Services fillings and crown repair	80%	80%	80%
Periodontal Maintenance - cleanings following periodontal therapy	80%	80%	80%
Simple Extractions - non-surgical removal of teeth	80%	80%	80%

* When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. The Nonparticipating Dentist Fee may be less than what your dentist charges and you are responsible for that difference.

Maximum Payment \$1,500 per person total per calendar year on Diagnostic & Preventive and Basic Services.

Deductible \$50 deductible per person total per calendar year limited to a maximum deductible of \$150 per family per calendar year on all services except Diagnostic and Preventive Services, Sealants, Brush Biopsy, and X-rays.

Note - This document is only intended to provide a brief description of your benefits. Please refer to your Certificate and summary for a complete description of benefits, exclusions, and limitations.

A Healthy Smile Keep your smile healthy with dental benefits from Delta Dental. Your smile is a good indicator of your health. Did you know that your dentist can detect up to 120 different diseases, including diabetes and heart disease? Early detection is one of the best ways to prevent further complications.

Questions? If you have questions, call our Customer Service team at (800) 662-8856 or visit our website at www.DeltaDentalNC.com.

Welcome to North Carolina's largest dental benefits family!

As a member of Delta Dental of North Carolina, you have access to the nation's largest dental networks: Delta Dental PPO and Delta Dental Premier.

- It's easy to find a dentist! Four out of five dentists nationwide participate in our network.
- You have superior access to care and fee savings because of our agreements with participating dentists.
- Our dentists cannot balance bill you, which means more money in your pocket!
- No troublesome paperwork! Network dentists will fill out and file your claims.
- Pay only your copayments and/or deductibles when you receive care from network dentists -- there are no hidden fees.
- You can still visit nonparticipating dentists, but you may be billed the full amount at the time of service and then have to wait to be reimbursed.

Quality Dental Program With our quick and accurate claims processing, we pay more than 90% of claims in 10 days or less. Delta Dental also offers world-class customer service from our Certified Center of Excellence call center, as awarded by Benchmark Portal.

Online Access Our online Consumer Toolkit lets you access your dental plan securely over the Internet. You can find a dentist, check benefits, select paperless notices, review claims and amounts used toward maximums, print ID cards, and more -- all at your own convenience.

Bi-Weekly Premiums	Low Plan	High Plan
Employee only	\$9.64	\$14.24
Employee and spouse	\$18.49	\$27.65
Employee and child(ren)	\$26.98	\$38.71
Employee, spouse and child(ren)	\$36.17	\$52.11

Product Details: Dental Insurance

Delta Dental PPOSMplus Premier, #1233 High
Coverage effective January 1, 2020

	Delta Dental PPO Dentist	Delta Dental Premier[®] Dentist	Non-participating Dentist
	Plan Pays	Plan Pays	Plan Pays*
Diagnostic & Preventive			
Diagnostic and Preventive Services includes exams, cleanings, fluoride, and space maintainers	100%	100%	100%
Sealants – to prevent decay of permanent teeth	100%	100%	100%
Brush Biopsy – to detect oral cancer	100%	100%	100%
Radiographs – X-rays	100%	100%	100%
Basic Services			
Emergency Palliative Treatment – to temporarily relieve pain	80%	80%	80%
Minor Restorative Services fillings and crown repair	80%	80%	80%
Periodontal Maintenance cleanings following periodontal therapy	80%	80%	80%
Simple Extractions – non-surgical removal of teeth	80%	80%	80%
Major Services			
Endodontic Services – root canals	50%	50%	50%
Periodontic Services – to treat gum disease	50%	50%	50%
Other Oral Surgery – dental surgery	50%	50%	50%
Major Restorative Services – crowns	50%	50%	50%
Other Basic Services – misc. services	50%	50%	50%
Relines and Repairs – to bridges, dentures, and implants	50%	50%	50%
Prosthodontic Services – bridges, dentures, and implants	50%	50%	50%
Orthodontics			
Orthodontic Services – braces	50%	50%	50%
Orthodontic Age Limit	Up to age 19		

**When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. The Nonparticipating Dentist Fee may be less than what your dentist charges and you are responsible for that difference.*

Maximum Payment – \$1,500 per person total per calendar year on Diagnostic & Preventive, Basic Services, and Major Services. \$1,000 per person total per lifetime on Orthodontics.

Deductible – \$50 deductible per person total per calendar year limited to a maximum deductible of \$150 per family per calendar year on all services except Diagnostic and Preventive Services, Sealants, Brush Biopsy, X-rays, and Orthodontic Services.

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- Pay only your copayments and/or deductibles when you receive care from network dentists -- there are no hidden fees.
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A Healthy Smile Keep your smile healthy with dental benefits from Delta Dental. Your smile is a good indicator of your health. Did you know that your dentist can detect up to 120 different diseases, including diabetes and heart disease? Early detection is one of the best ways to prevent further complications.

MOBILE APP

View Benefits On-The-Go!

Take advantage of the Delta Dental app to get an on-the-go experience and important information right at your fingertips. Search Delta Dental in the Apple app store or Android Google Play



Enjoy the Simplicity of CEC!

Enrolling in CEC gives you the vision services you need and the ability to select the eyewear you want. With CEC, there's never any confusion about what's covered. It's that simple!

Why enroll in CEC? Here are a few simple reasons:



You'll Save Money!

CEC's vision benefits can save you up to 70% on routine eye care.



You Can Get Sunglasses!

Your eyewear allowance is completely flexible. You can get frames, lenses & contact lenses — *even non-prescription sunglasses!*



See Your Doctor!

With CEC, you can see your preferred doctor and we have 26 retail optical chains in-network.

	The Benefit	Bi-Weekly Rates
125 Plan	<ul style="list-style-type: none"> ■ An eye exam once a year (\$15 co-pay) ■ A \$125 allowance for eyewear annually (\$15 co-pay) ■ A contact lens fitting, re-fit, or evaluation once a year (\$15 co-pay) 	<p>Employee Only \$2.97</p> <p>Employee + One \$5.94</p> <p>Employee + Family \$9.12</p>
200 Plan	<ul style="list-style-type: none"> ■ An eye exam once a year (\$15 co-pay) ■ A \$200 allowance for eyewear annually (\$15 co-pay) ■ A contact lens fitting, re-fit, or evaluation once a year (\$15 co-pay) 	<p>Employee Only \$5.46</p> <p>Employee + One \$10.92</p> <p>Employee + Family \$16.38</p>

Eyewear Discounts

Members who exceed their allowance are eligible for discounts on the overage at most network providers — a 20% discount for glasses and a 10% discount for contact lenses.

Members Portal

CEC's website, cecvision.com, gives you 24/7 access to find a provider, view your benefit information check your current eligibility, print a temporary ID card and more.

Product Details: Vision Insurance

Plan Features

Out-of-Network Benefit

Whether a doctor is in-network or not, CEC allows you to use your full benefit with no penalties. You'll just need to submit an out-of-network claim form to CEC and you'll be reimbursed for the cost of the exam (minus the co-pay) and for the cost of the eyewear, up to the amount of the eyewear allowance (minus the co-pay). Reimbursement generally occurs within 60 days of submission. To learn more about filing an out-of-network claim, go to cecvision.com/oonform.

Optical Discounts

CEC understands that vision plan members may encounter sales promotions (such as "two-for-one sales") or steep discounts offered by some of our optical providers. As is true of most vision plans, providers will allow you to use only one of the following towards your purchase:

- Your CEC vision benefit, or
- The sales promotion (the sale price or discount)

Members who select the sales promotion are not eligible for reimbursement for that purchase.

Coverage for Fittings & Evaluations

The maximum coverage for contact lens fittings is \$100, and the maximum for contact lens evaluations is \$80.

Routine Vision Coverage

Coverage under the above plan does not include medical treatment or surgical treatment of the eyes. Examples that could necessitate your visit being filed, by your provider, to your medical insurance include diabetes mellitus, glaucoma, cataracts, and other medical conditions.

Fundus photography is not covered and coordination of benefits is not permitted, either with respect to other vision plans or with respect to vision benefits under health insurance plans.

Portability Benefit

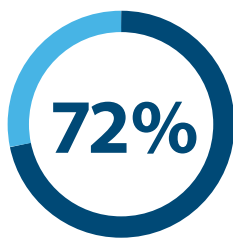
Existing CEC members who terminate employment will be able to enroll in the CEC portability plan within 60 days of their termination date. Coverage will commence on the first day of the month following receipt of the member's completed form. New membership cards will be mailed to the member prior to their new effective date.

LASIK Discounts

Members receive up to a 50% discount relative to national averages on LASIK from participating providers. LASIK is not an insured benefit.

The Importance of Vision

Routine eye care is more than just reading a chart on the wall. At your visit, your doctor will check the health of your eyes, which is important to your overall health and well-being. Undiagnosed diseases, such as diabetes, high blood pressure and glaucoma, can be detected during an annual eye exam.



of Americans need
glasses or contact lenses



Studies show that eye strain and other
bothersome visual symptoms occur in
50-90% of computer workers

Visit CECVision.com to find a provider



Cancer Insurance

GUARANTEE ISSUE*

CancerSelect® Plus

Cancer-only indemnity insurance | Underwritten by Transamerica Life Insurance Company

Nancy watched as a co-worker battled lung cancer. Everyone rallied around him for support, but he still faced major financial strain due to missed work and high deductibles. Knowing her pack-a-day habit and family history, Nancy doesn't worry if she'll get cancer, but when. And when the time comes, she's afraid medical insurance might not be enough.

Good medical insurance helps, but is it enough?

While some individuals diagnosed with cancer have meaningful and adequate health insurance to pay for most of the cost of treatment, privately insured workers face the prospect of crippling out-of-pocket costs.

If cancer is the disease you worry about most, you're not alone.

If you or one of your family members were to be diagnosed with cancer, would you want to face those chances? Now there's a way you can add more benefits for you and your family.

With this supplemental benefit your employer is making available, you'll not only have more resources to cope with any future diagnosis of cancer, but you'll also have wellness benefits to help you detect cancer early when it's most treatable.

You can insure yourself or add your eligible spouse and children.

If you are 18 years old or older, you can purchase this valuable supplemental benefit. You can also choose to insure your eligible family members, including your spouse age 18 or older, and your children from birth through age 25.

Valuable benefits for your life.

Review the attached benefits and costs for the insurance policy your employer has designed for your consideration. It's a long list of benefits, but they're all important. As you read through the list of all the ways this supplemental insurance pays, think about how you could possibly pay for all these costs on your own. Fighting cancer can be challenging both financially and emotionally, and the more resources you have, the better prepared you and your family will be.

This is a brief summary of CancerSelect® Plus, Group Cancer Insurance underwritten by Transamerica Life Insurance Company, Cedar Rapids, Iowa. Policy form series CPCAN200 and CCCAN200 Forms and form numbers may vary. This insurance may not be available in all jurisdictions. Limitations and exclusions apply. Refer to the policy, certificate and riders for complete details.

*You must speak with a representative of Pierce Insurance for complete details on guarantee issue guidelines.

Product highlights

- Pays benefits directly to you
- Spouse and dependent benefits available
- Payroll-deducted premiums
- Easy enrollment process

Contact information



VISIT
transamericabenefits.com



CUSTOMER SERVICE
1-888-763-7474

Product Details:



Cancer Insurance

Hospital Benefits	Plan Option 1 -1.00 Units	Plan Option 2 -3.00 Units	Policy Pays
Hospital Confinement	\$100	\$300	per day of covered confinement
Extended Benefits	\$200	\$600	per day; begins on day 91 of continuous confinement; in lieu of all other benefits (except surgery and anesthesia)
Attending Physician	\$20	\$60	per day while hospital confined; one visit per 24-hour period
Inpatient Drugs and Medicines	\$15	\$45	per day while hospital confined
Private Duty Nurse	\$100	\$300	per day while hospital confined; must be authorized by the attending physician; cannot be hospital staff or a family member
Ambulance	\$100	\$300	for service by a licensed ambulance service for transportation to a hospital; admittance required
Extended Care Facility	\$100	\$300	per day; up to the number of days for the prior hospital stay; admittance must be within 14 days of hospital discharge
Government or Charity Hospital	\$100	\$300	per day of covered confinement; in lieu of all other benefits
Hospice Care	\$100	\$300	per day of hospice care; 100-day lifetime maximum; not payable while hospital confined
Surgery Benefits	Plan Option 1 -1.00 Units	Plan Option 2 -2.00 Units	Policy Pays
Surgery	Inpatient \$1,000	\$2,000	maximum benefit; actual benefit is determined by the surgery schedule in the contract; for multiple procedures in same incision only the highest benefit is paid; for multiple procedures in separate incisions will pay highest benefit and then 50% for each lesser procedure
	Outpatient \$1,500	\$3,000	
Anesthesia	25%	25%	of covered surgery benefit

Product Details:



Cancer Insurance

Prosthesis	\$500	\$1,000	maximum benefit; pays actual charges per device requiring implantation
Hair Prosthesis	\$50	\$100	maximum benefit; pays actual charges for wig to cover hair loss from cancer treatment
Reconstructive Surgery			
Breast Cancer – simple or total mastectomy	\$120	\$240	for reconstructive surgery within 2 years of the initial cancer removal; excludes skin cancer and malignant melanoma; benefit not payable if paid under any other provision of the policy
Breast Cancer – radical mastectomy	\$170	\$340	
Cancers of the male or female genitalia	\$170	\$340	
Cancer of the head, neck, or oral cancers	\$250	\$500	
Second Surgical Opinion	\$100	\$200	when surgery is prescribed; excludes skin cancer
Ambulatory Surgical Center	\$150	\$300	maximum per day; pays actual charges for outpatient surgery at an ambulatory surgical center
Skin Cancer			
One removal	\$75	\$150	for removal of skin cancer (skin cancer does not include malignant melanoma or mycosis fungoides)
Per additional removal	\$35	\$70	
Radiation and Chemotherapy Benefits	Plan Option 1 - 1.00 Units	Plan Option 2 - 3.00 Units	Policy Pays
Radiation and Chemotherapy	\$5,000	\$15,000	maximum benefit per 12-month period; pays actual charges

Product Details: Cancer Insurance

Associated Radiation & Chemo Expenses	\$250	\$750	maximum benefit per 12-month period; pays actual charges for treatment consultations and planning, adjunctive therapy, radiation management, chemotherapy administration, physical exams, checkups, and laboratory or diagnostic tests; transportation and lodging are not included as associated expenses
Blood, Plasma, Blood Components, Bone Marrow and Stem Cell Transplant	\$5,000	\$15,000	maximum benefit per 12-month period; pays actual charges
Associated Blood & Plasma Expenses	\$250	\$750	maximum benefit per 12-month period; pays actual charges for administration of blood, plasma and blood components, transfusions, processing and procurement, or cross-matching, treatment consultations and planning, physical exams, checkups, and laboratory or diagnostic tests; transportation and lodging are not included as associated expenses
New or Experimental Treatment	\$5,000	\$15,000	maximum benefit per 12-month period; pays actual charges for drugs or chemical substances approved by the FDA for experimental use on humans or surgery or therapy endorsed by either the NCI or ACS for experimental studies received in the US or its territories

Product Details:



Cancer Insurance

Wellness & Non-Medical Benefits	Plan Option 1 - 2.00 Units	Plan Option 2 - 2.00 Units	Policy Pays
Annual Cancer Screening	\$100	\$100	per calendar year for cancer screening tests: <ul style="list-style-type: none"> • mammogram • pap smear • flexible sigmoidoscopy • prostate-specific antigen test • chest x-ray • hemocult stool specimen • ultrasound • CEA • CA125 • biopsy • thermography • colonoscopy • serum protein • electrophoresis • bone marrow testing • blood screening
Magnetic Resonance Imaging (MRI) Scan	\$100	\$100	per calendar year for MRI scan used as diagnostic tool for breast cancer
Non-Local Transportation	Included	Included	round-trip charges or private vehicle allowance, up to 750 miles at \$0.40 per mile, when required non-local hospital confinement is more than 50 miles from residence for an insured person and an adult immediate family member during confinement; payable once per confinement
Family Member Lodging	\$100	\$100	per day (maximum 50 days per 12 month period) for lodging expenses for an adult immediate family member when non-local hospital confinement is required
Outpatient Lodging	\$100	\$100	per day (maximum 50 days per 12 month period) for lodging expenses for an insured person to receive radiation or chemotherapy on an outpatient basis if not available locally
Physical Therapy & Speech Therapy	\$50	\$50	per treatment; limit one treatment per day

Product Details: Cancer Insurance

At-Home Nursing	\$100	\$100	per day, up to the number of days of the prior hospital stay when admitted within 14 days of hospital discharge
Waiver of Premium	Included	Included	waives premium for total disability due to cancer after 60 consecutive days of total disability; total disability must begin prior to the insured person's 70th birthday
Cancer Maintenance Therapy Benefit	Plan Option 1 - 1.00 Units	Plan Option 2 - 1.00 Units	Policy Pays
Cancer Suppressive Therapy Hematological Drugs Anti-Nausea Drugs Motility Agents	\$1,000	\$1,000	maximum benefit per 12-month period; pays actual charges
First Occurrence Rider (Rider Form Series CROCC100, 200 or 300)	Plan Option 1 - 1.00 Units	Plan Option 2 - 5.00 Units	Policy Pays
Initial Diagnosis Benefit	\$1,000	\$5,000	pays a one-time, lump-sum benefit when an insured person is initially diagnosed with cancer (except skin cancer), based on a microscopic examination of fixed tissue or preparations from the hemic system. Clinical diagnosis is accepted under certain conditions.

Product Details: Cancer Insurance

Specified Illness and Disease Rider (Rider Form Series CRSPD200)	Plan Option 1 - 1.00 Units	Plan Option 2 - 1.00 Units	Policy Pays
Provides benefits for losses that are the direct result of a covered specified illness or disease.			
Hospital Confinement	\$100	\$100	per day of covered confinement
Extended Benefits	\$200	\$200	per day; begins on day 91 of continuous confinement; in lieu of all other benefits (except surgery and anesthesia)
Attending Physician	\$20	\$20	per day while hospital confined; one visit per 24-hour period
Inpatient Drugs and Medicines	\$15	\$15	per day while hospital confined
Private Duty Nurse	\$100	\$100	per day while hospital confined; must be authorized by the attending physician; cannot be hospital staff or a family member
Ambulance	\$100	\$100	for service by a licensed ambulance service for transportation to a hospital; admittance required
Extended Care Facility	\$100	\$100	per day; up to the number of days for the prior hospital stay; admittance must be within 14 days of hospital discharge
Government or Charity Hospital	\$100	\$100	per day of covered confinement; in lieu of all other benefits
Hospice Care	\$100	\$100	per day of hospice care; 100-day lifetime maximum; not payable while hospital confined
Surgery	\$1,000	\$1,000	per surgery; pays the lesser of the amount shown or an amount determined by multiplying the work relative value unit obtained from the Medicare Physician Fee Schedule by \$25
Outpatient Surgery	\$1,500	\$1,500	per surgery; pays 150% of the surgery benefit
Anesthesia	25%	25%	per surgery; pays the selected percentage of the surgery benefit

Product Details: Cancer Insurance

Second Surgical Opinion	\$100	\$100	for a second opinion when the first opinion prescribes surgery as treatment
Ambulatory Surgical Center	\$150	\$150	maximum per day; pays charges for surgery performed at an ambulatory surgical center or hospital as an outpatient; paid in addition to the outpatient surgery benefit

Covered Specified Illnesses and Diseases include:

Adrenal Hypofunction (Addison's Disease)	Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease)	Botulism	Brucellosis	Budd-Chiari Syndrome
Cerebral Palsy	Cholera	Cystic Fibrosis	Diphtheria	Encephalitis
Hansen's Disease	Hepatitis (Chronic B or Chronic C with liver failure or hepatoma)	Histoplasmosis	Huntington's Chorea	Legionnaires' Disease
Lupus	Lyme Disease	Mad Cow Disease	Malaria	Meningitis
Muscular Dystrophy	Myasthenia Gravis	Necrotizing Fascitis	Osteomyelitis	Poliomyelitis
Primary Biliary Cirrhosis	Primary Sclerosing Cholangitis (Walter Payton's Liver Disease)	Q Fever	Rabies	Reye's Syndrome
Rheumatic Fever	Rocky Mountain Spotted Fever	Scarlet Fever	Scleroderma	Sickle Cell Anemia
Tay-Sachs Disease	Tetanus	Thalassemia	Toxic Epidermal Necrolysis	Toxic Shock Syndrome
Trichinosis	Tuberculosis	Tularemia	Typhoid Fever	Whooping Cough (Pertussis)

Actual charges means the amount actually paid by or on behalf of the insured and accepted by the provider as payment in full for services provided.

Bi-Weekly Premiums	Individual	Single Parent Family	Family
Plan Option 1	\$6.47	\$7.60	\$12.03
Bi-Weekly Premiums			
Plan Option 2	\$14.52	\$16.45	\$26.13

Limitations & Exclusions :



Cancer Insurance

We provide benefits only for cancer as defined herein, which is positively diagnosed while insurance is in force. It does not provide benefits for any other illness or disease.

- We may reduce or deny a claim or void insurance for loss incurred by an insured person during the first 2 years from the effective date of such insurance for any misstatements in the application which would have materially affected our acceptance of the risk.
- We will only pay for loss as a direct result of cancer. Proof of positive diagnosis must be submitted to us for each new claim. We will not pay for any other disease or incapacity that has been caused, complicated, worsened or affected by, or as a result of cancer, except as specifically covered under the contract.
- If a covered hospital confinement is due to more than one covered condition, benefits will be payable as though the confinement or expense were due to one condition. If a hospital confinement or expense is also due to a disease or condition that is not covered, benefits will be payable only for the part of the hospital confinement or expense due to the covered disease or condition.
- Under no condition will we pay any benefits for losses or medical expenses incurred prior to the effective date.

Pre-Existing Condition Limitation - No benefits are provided during the first 12 months for pre-existing conditions for which the insured person has been diagnosed, treated, or for which the insured person has incurred expense or has taken medication within 12 months prior to the effective date of such person's policy.

Total Disability means the inability to perform all of the material and substantial duties of the employee's regular occupation. Total Disability will be considered to exist when under the regular care and attendance of a physician for the necessary treatment of cancer but only until the employee has reached the maximum point of recovery and is still totally disabled. After the first two years of Total Disability, the employee will continue to be considered Totally Disabled if unable to engage in any employment or occupation for which he or she is or becomes qualified by reason of education, training, or experience. On or after age 65, Total Disability will mean that a physician has certified that the employee is unable to perform two or more Activities of Daily Living (continence, transferring, dressing, toileting, eating and bathing) without direct personal assistance as a result of cancer.

12-Month Benefit Period - The initial 12-Month Benefit Period is the 12-month period beginning on the date of positive diagnosis. Subsequent 12-Month Benefit Periods begin on the same month and day as the immediately preceding 12-Month Benefit Period; however, if the insured person incurs no covered loss during the 3 months after the end of any 12-Month Benefit Period, the next 12-Month Benefit Period will begin on the next date a covered loss is incurred. Benefit Periods are determined separately for each insured person.

First Occurrence Rider

Benefits are not payable:

- For cancer diagnosed prior to the Effective Date of this Rider;
- For any other illness or disease other than internal Cancer;
- For Skin Cancer or any Cancer excluded from insurance by name or specific description.

Limitations & Exclusions :



Cancer Insurance

Specified Illness and Disease Rider

This Rider provides benefits for the Initial Positively Diagnosed Specified Illness or Disease defined in this Rider on or after the Effective Date of this Rider. It does not provide benefits for any other illness or disease.

We will only pay for loss as a direct result of a Specified Illness or Disease. Proof of Positive Diagnosis must be submitted with each new claim. We will not pay for any disease or incapacity that has been caused, complicated, worsened, or affected by, or as a result of a Specified Illness or Disease or its treatment.

Benefits under “Waiver of Premium” of the Contract do not apply to this Rider for Total Disability due to a Specified Illness or Disease.

Termination of Insurance

Employee insurance will terminate on the earliest of:

- The date of the employee’s death;
- The date on which the employee ceases to be eligible for insurance;
- The last date for which premium payment has been made to us;
- The last date on which employment terminates;
- The date the group master policy terminates; or
- The date the employee sends us a written notice to cancel insurance.

Dependent insurance will terminate on the earliest of:

- The date the employee’s insurance terminates;
- The last date for which premium payment has been made to us;
- The date the dependent no longer meets the definition of dependent;
- The date the group master policy is modified so as to exclude dependent insurance; or
- The date the employee sends us a written notice to cancel dependent insurance.

We will have the right to terminate the insurance of any insured person who submits a fraudulent claim under the policy.

Portability Option

If an employee loses eligibility for this insurance for any reason other than nonpayment of premiums, insurance can be continued by paying the premiums directly to us within 31 days after termination. We will bill the employee directly once we receive notification to continue insurance.

Termination of the Group Master Policy

The policyholder may end the policy on any premium due date by submitting a 60-day advance written notice. A group will not be continued if it drops below the minimum required participation. The group master policy will be terminated and insurance of all remaining insureds will end, subject to the Portability Option.

Other Insurance with Us

An individual can only have one cancer policy or certificate with us. If a person already has cancer insurance with us, such person is not eligible to apply for this insurance.



Employer Paid: Group Term Life and AD&D Insurance

The death of a family member can mean not only dealing with the loss of a loved one, but the loss of financial security as well. With Dearborn National Life Insurance Company's Group Term Life plan, an employee can achieve peace of mind by giving their family the financial security they can depend on.

Eligibility	Active full time employees
Group Term Life Benefit: Employee	\$20,000
Guarantee Issue Amount - Employee	\$20,000
Group Term Life Age Reduction Schedule	Benefits reduce by 35% of the original amount at age 65; and further reduce by: 50% of the original amount at age 70.
Waiver of Premium	Elimination Period: 9 Months; Duration: To age 65
Accelerated Death Benefit (ADB)	Benefit: Up to 75% of the employee's life insurance; Life expectancy: 12 months or less
Portability Feature (Life Coverage)	Not Included
Conversion	Included
Beneficiary Resource Service	Includes grief, legal and financial counseling for beneficiaries, funeral planning; and online legal library, including templates to create a legal will and other legal documents.
Travel Resource Services	Helps travelers with the unexpected that may take place while traveling. Services include emergency medical assistance, financial, legal and communication assistance and access to other critical services and resources available via the Internet.

This piece is for illustrative purposes only. The disability and life insurance policies referenced may not be available in all states. All policies are subject to issue limitations, exclusions and other coverage conditions, which may include a waiting period for pre-existing conditions. Only the policy can provide the actual terms of coverage.

Products and services marketed under the Dearborn National® brand and the star logo are underwritten and/or provided by Dearborn National® Life Insurance Company (Downers Grove, IL) and certain of its affiliates. Dearborn National® Life Insurance Company is solely responsible for the life and disability products described in this flier.

Group Accidental Death & Dismemberment (AD&D)

Group AD&D is an additional death benefit that pays in the event a covered employee dies or is dismembered in a covered accident. AD&D benefit is a 24-hour coverage.

Group AD&D Benefit: Employee	Same as Basic Life
AD&D Age Reduction Schedule	Same as Basic Life

AD&D PRODUCT FEATURES INCLUDED:

- ▲ Seatbelt Benefit
- ▲ Airbag Benefit
- ▲ Repatriation Benefit
- ▲ Education Benefit
- ▲ Felonious Assault Benefit

AD&D Schedule of Loss*	Principal Sum
Loss of Life	100%
Loss of both hands or both feet	100%
Loss of one hand and one foot	100%
Loss of speech and hearing	100%
Loss of sight of both eyes	100%
Loss of one hand and sight of one eye	100%
Loss of one foot and sight of one eye	100%
Quadriplegia	100%

AD&D Schedule of Loss*	Principal Sum
Paraplegia	75%
Hemiplegia	50%
Loss of sight of one eye	50%
Loss of one hand or one foot	50%
Loss of speech or hearing	50%
Loss of thumb and index finger of the same hand	25%
Uniplegia	25%

*Loss must occur within 365 days of accident.

This piece is for illustrative purposes only. The disability and life insurance policies referenced may not be available in all states. All policies are subject to issue limitations, exclusions and other coverage conditions, which may include a waiting period for pre-existing conditions. Only the policy can provide the actual terms of coverage.



Term Life Insurance

GUARANTEE ISSUE*

Trans Select® 20 is term life insurance for employees.

If Something Happens to You, Is Your Family Ready for Tomorrow?

There is no way to know what will happen tomorrow, but there is a way to help protect your family against the unexpected. Trans Select 20 is Transamerica's term life insurance product designed to meet life's changes — today and tomorrow. With Trans Select 20, you can help secure your family's future if something happens to you or your loved ones.

Buying life insurance is a decision that should not be put off. Prudent financial planning with Transamerica term life insurance can help protect your family's future and give you peace of mind.

Trans Select 20 Benefits are Easy to Understand

Trans Select 20 premiums are scheduled to remain level for twenty years and are guaranteed level for the first five years. **Premiums may increase annually starting in year 6.** You can choose to pay these premiums through the convenience of payroll deduction.

Product highlights

- Waiver of premium benefit if you are laid-off from work
- Spouse and Dependent Benefits Available
- Terminal Illness Benefit
- Convenient Payroll Deduction
- Take insurance with you if you change employers or retire
- Renew insurance after initial term without providing medical history

How much life insurance do you need?

The amount of term life insurance you need will depend on your specific situation. One way to decide how much insurance you should buy is to consider the financial needs of your family if you were to pass away prematurely.

Here are some other factors to consider:

- What are your current earnings and other income sources, such as 401(k), savings and investments?
- How many people depend on you financially, your immediate family, parents and other dependents?
- Does your spouse work, and what is his or her earning capacity now and in the future?
- Can your family depend on Social Security earnings after your death?
- Do you have debt or any special financial needs, such as a mortgage, or your children's future educational needs?

*You must speak with a representative of Pierce Insurance for complete details on guarantee issue guidelines.

This is a brief summary of Trans Select 20, Term Life Insurance. Underwritten by Transamerica Life Insurance Company, Cedar Rapids, IA. Policy form series CPVTL200 and CCVTL200; Rider form series CRTIVT00, CRWPL200 and CRCHL200. Forms and form numbers may vary. This insurance may not be available in all jurisdictions. Limitations and exclusions apply. Refer to the policy, certificate and riders for complete details

Product Details: Term Life Insurance

Riders included with Base Insurance

- **Accelerated Death Benefit for Terminal Illness (Not Available in MA)** — We will pay the lesser of up to 50% of the life insurance death benefit or \$100,000 if the insured is diagnosed with a terminal illness, and still provide a benefit to the designated beneficiary.
- **Waiver of Premium Due to Layoff or Strike Rider (Not Available in CT, MA, MD, NJ, PR, TN or VA)** — Premiums will be waived up to 6 months if the owner is on strike or is involuntarily laid off.
- **Children's Term Rider (employee elected)**

Insurance Information and Issue Ages

Conversion

The owner of the term insurance may elect to convert the base term life insurance to whole life insurance within 31 days of termination under the policy.

Issue Ages

Employees	20 year term	16 – 65
Spouses	20 year term	16 – 65
Child(ren)	Child term insurance rider	Dependents age 15 days through age 25

20 Year Term Period

At the end of each term, the insurance will automatically renew unless cancelled by the owner. The new premium rate, based on the attained age of the insured and the death benefit, will be presented. The premium change will occur on the group renewal date. Subsequent term periods are 20 years or until the expiration date, if earlier.

Up to date information regarding our compensation practices can be found in the Disclosures section of our website at: www.tebcs.com.

Included Riders	Plan Option 1
Accelerated Death Benefit for Terminal Illness Rider Accelerates up to the lesser of \$100,000 or 50 %	Included
Waiver of Premium due to Layoff Rider	Included

*Riders not available to all ages, see Plan Design Rate Chart for details.

Limitations & Exclusions : Term Life Insurance

Accelerated Death Benefit for Terminal Illness Rider (Rider Form Series CRTIVT00) - If included in the plan design, accelerates a portion of the life insurance death benefit if an insured person is first diagnosed with a terminal illness which, in the best medical judgment, will result in death within 12 months. When exercised, an administrative fee of \$100 plus 12 months advanced interest will be deducted from the life insurance benefit payment. The accelerated amount will be deducted from the death benefit and this rider will terminate.

Child Term Insurance Rider (Rider Form Series CRCHL200) - If included in the plan design, allows an insured employee or spouse (but not both) to insure all eligible children for the selected amount of term insurance. Insurance on each child terminates on that child's 26th birthday or when the parent's insurance ends, whichever is earlier.

Waiver of Premium Due to Layoff or Strike Rider (Rider Form Series CRWPL200) - If included in the plan design, waives the premium for up to six months per 12-month period if the employee is involuntary laid off or on a covered strike. Benefits are limited to three layoffs/strikes per 12-month period and are based on the employee's layoff/strike only. Layoff of an insured spouse or child does not qualify for this waiver. Premium payments must have begun prior to layoff/strike. This rider terminates when the owner reaches age 65. This rider is not available to self-employed individuals.

Limitations and Exclusions

Accelerated Death Benefit for Terminal Illness Rider

We will not pay for conditions diagnosed prior to the effective date of the rider.

Termination of Insurance

Employee insurance will terminate on the earliest of:

- The date the employee sends us a written notice to cancel insurance;
- The certificate anniversary date following the employee's 100th birthday;
- The date the employee dies;
- The date the certificate lapses;
- The date the group master policy terminates.

Dependent insurance will terminate on the earliest of:

- The date the employee's insurance terminates;
- The date the dependent no longer meets the definition of dependent;
- The date the group master policy is modified so as to exclude dependent insurance;
- The date the employee sends us a written notice to cancel dependent insurance.

Portability Option

If an employee loses eligibility for this insurance for any reason other than nonpayment of premiums, insurance can be continued by paying the premiums directly to us. We will bill the employee directly once we receive notification to continue insurance.

Conversion Option

An insured person can convert his or her insurance to permanent life insurance on a policy form that we then issue, without any optional riders, in an amount not to exceed the amount of insurance terminating under the policy. The premium will be based on the insured person's age and class of risk at the time of conversion. We must receive a completed conversion application and any required premium within 31 days of termination. If the insured person dies within the 31-day conversion period, benefits will be paid as if insurance had continued, regardless of whether conversion was applied for.

Termination of the Group Master Policy

- The group master policy will end on the earliest of the following events: The date you submit a 60-day advance written request to us to terminate, the group master policy will terminate on the date specified in that request;
- If we give a 60-day advance written notice to you that we intend to terminate, the group master policy will terminate on the date specified in that notice;
- If any premium payable by you is not paid within its grace period, the group master policy will terminate on the day after the end of the grace period;
- If you fail to comply with any terms of the group master policy or the policyholder application, or otherwise fail to fulfill any obligations or duties under or pertaining to this insurance, or fail to comply with or cooperate with us in satisfying the requirements of any applicable law or regulation pertaining to this insurance, the group master policy will terminate on the 32nd day after we have given you written notice of our intent to terminate;
- or
- If the number of insureds during any 12-month period does not meet the minimum participation requirement shown in this proposal, the group master policy may terminate at our discretion on the 32nd day after we have given you written notice of our intent to terminate.



Universal Life Insurance

GUARANTEE ISSUE*

TransElite® is universal life insurance that helps provide financial protection at a competitive cost.

Underwritten by Transamerica Life Insurance Company

Help protect the people who depend on you.

Andrea chose universal life insurance because she didn't want to worry what would happen to her five-year-old, Samuel, in the event of her death. It helped her feel better about his well-being to know her life insurance death benefit would help him if the worst happened.

Universal life insurance can help safeguard your family members' futures, with benefits that can assist with your final expenses and their dependent care, living expenses or college tuition.

Get the benefits that fit your needs.

Andrea is doing her best to save for retirement. Her universal life insurance policy builds cash value¹ so she can borrow against it in the future and protect her savings if an unexpected expense arises. In her later years, her built-up cash value will continue to pay her cost of insurance, maintaining her policy even after she retires.

Life insurance should fit you, and we don't limit you with a one size fits all approach. Whether you're more interested in ensuring your ability to keep a death benefit from now until you're 100, just want to add to your term life policy or want to build cash value for your heirs, our universal life insurance policy works for just the right segment of the population: you.

Product highlights

- No Physicals or Blood work²
- Accumulates Cash Value
- Guaranteed 3% Interest Rate
- Withdrawal and Loan Options
- Convenient Payroll Deduction

Contact information



VISIT

transamericabenefits.com



CUSTOMER SERVICE

1-888-763-7474

*You must speak with a representative of Pierce Insurance for complete details on guarantee issue guidelines.

1 Upon written request, employees may borrow up to the available loan value of their certificate. The interest rate on cash value securing loans is 8.0% (7.4% in advance) with a minimum loan amount of \$250. The loan value of the certificate is the cash value less the amounts of any existing loans, loan interest payable in advance to the next certificate anniversary and three monthly deductions.

2 Acceptance based on answers to questions on the application for insurance.

Product Details: Universal Life Insurance

Enjoy our hassle-free application and claims process.

Apply by answering a few simple questions. No physicals or blood work required!³ Our easy-to-navigate website allows you to update your information, keep track of your policies, apply for loans, submit claims and more from your PC or mobile device.

Use your benefits when you need them most.

15 years after Andrea signs up for universal life insurance, her son Samuel's car (older than her policy) breaks down in his junior year of college. She borrows against her policy's cash value to get him a reliable car, and they pay it back together by the time he graduates.

Life is unpredictable. Universal life offers help that goes beyond traditional life insurance to meet challenging situations. If you need to borrow against the cash value, you can pay it back when times get better.

If you're diagnosed with a terminal illness, you can use a portion of the policy's death benefit to make a difficult time easier. If you're laid off, monthly deductions are waived for up to six months so you maintain your policy.

Take our portable, flexible policy with you.

When Andrea is offered a job with more travel and better salary at another company, she switches from payroll deduction to self-pay to keep her Transamerica policy. When Samuel gets a great job after college, she adjusts her premiums because she only needs to cover her own final expenses now that he can take care of himself. She lets him transfer the child term rider that had provided his life insurance while in college to his own universal life policy in his own name.

We let you keep your insurance when changing jobs and adjust premiums, death benefit and cash value amounts to meet changing personal financial situations like getting married, having a child, buying a house, seeing your child through graduation or retiring.

Eligibility

You can insure your eligible spouse, children (as Andrea did) and grandchildren with their own policies or purchase protection for your children through a child level term life insurance rider. The chart below gives the ages at which you and family members may apply, but all universal life policies can be maintained up to age 100.

Self	ages 16 – 80	\$10,000 – \$500,000 benefit not to exceed 5x base salary
Spouse or equivalent by law	ages 16 through 65	\$10,000 – \$100,000 benefit
Children/Grandchildren	ages 0 through 25 years	\$25,000 benefit
Children under Optional Child Term Rider	ages 15 days through 25 years	\$10,000 or \$20,000 benefit

Trust one of the best with your family's financial protection.

Not all insurance companies are the same, and not all policies offer the same benefits. Choose a company with a reliable history of helping families like yours for over 100 years.

This material was prepared for general distribution. It is being provided for informational purposes only and should not be viewed as an investment recommendation. If you need advice regarding your particular investment needs, contact a financial professional.

This is a brief summary of TransElite Universal Life Insurance underwritten by Transamerica Life Insurance Company, Cedar Rapids, IA. Policy form series CPGUL300 and CCGUL300.

Forms and form numbers may vary. This insurance may not be available in all jurisdictions.

Limitations and exclusion apply. Refer to the policy, certificate and riders for complete details.

Up to date information regarding our compensation practices can be found in the Disclosures section of our website at: www.tebcs.com.

Product Details:



Universal Life Insurance

Included Riders	Plan 1
Accelerated Death Benefit for Terminal Condition Rider Accelerates up to the lesser of \$100,000 or 75%	Included
Waiver of Monthly Deductions for Layoff or Strike Rider	Included
Employee Optional Rider	
Child Term Insurance Rider Benefit of \$10,000 or \$20,000 for each child All children in the family will be insured for the same coverage amount.	Included

HFA	TransElite HFA – Universal Life Insurance: HFA policies have flexible premiums and an accumulation value to provide the greatest death benefit amount per premium dollar and are ideal for those who want a higher death benefit, but are not interested in a high cash value accumulation. The premium is expected to provide coverage to the later of age 80 or 10 years, with no cash value expected at the coverage period's end. HFA policies have a minimum guaranteed interest rate and a maximum guaranteed cost of insurance. The premium is expected to sustain the policy to the later of age 80, or 10 years - however, skipped or reduced premium payments, changes in the non-guaranteed interest rate or charges, or acquiring a policy loan, a partial surrender, or a face amount increase could require additional payments. Coverage may be extended to age 100 and could require additional payments.
TI	Accelerated Death Benefit for Terminal Illness Rider (Form CRLTI1NC): Lets the insured "tap into" life insurance in the event of a future terminal illness diagnosis and still provides a benefit for the beneficiary.
WML	Waiver of Monthly Deductions Due to Layoff or Strike Rider (Form CRLWL1NC): Protects life insurance from lapsing for up to six months if the insured (employee only) is involuntarily laid off.

Limitations & Exclusions : Universal Life Insurance

If an insured employee withdraws the cash value, tax consequences and/or surrender charges may apply.

Fluctuations in interest rates or policy charges may require the payment of additional premiums.

Individuals currently on disability or on premium waiver are not eligible for insurance.

During the first two years, the death benefit for suicide is limited to the return of premiums paid, less any loans, partial surrender amounts, and accelerated benefits paid, if any.

Accelerated Death Benefit for Terminal Condition Rider

We will not pay for any conditions diagnosed prior to the effective date of the rider.

Waiver of Monthly Deductions for Layoff or Strike Rider

We will waive deductions for:

- up to three layoffs or strikes in one 12-month period;
- for up to six months in any one 12-month period.

A 12-month period will be measured from the date the first month deduction is waived.

If the portability/conversion option provision of the contract is exercised, if any, the policy owner will need to provide proof of being employed (other than self-employment) for the 6 months prior to the layoff or strike.

The policy owner will need to provide proof of being employed (other than self-employment) for the 6 months prior to the layoff or strike.

This rider is not available for self-employed individuals.

The rider will terminate on the earliest of:

- the date the contract ends;
- the date the contract lapses, subject to the grace period;
- the date the policy owner requests termination;
- the date the policy owner dies;
- the anniversary date on or after the insured reaches age 60;
- the date the policy owners assigns the contract to another individual; or the date a nonforfeiture option, if any, becomes effective.

Child Term Insurance Rider

- the date the contract ends;
- the date the contract lapses, subject to the grace period; the date the policy owner requests termination;
- the anniversary date on or after the insured child is no longer eligible as a dependent child; the anniversary date on or after the last insured child has reached age 26; or the date a nonforfeiture option, if any, becomes effective.

Termination of Insurance

Insurance, including all riders, ends on the earliest of the following dates:

- the monthly contract date following the receipt of written request for surrender.
- the maturity date.
- the date of death.
- the date the contract ends, lapses or becomes fully paid-up life insurance, subject to the grace period.
- the date a nonforfeiture option becomes effective.

Portability/Conversion Option

If an employee loses eligibility for this insurance due to termination or class eligibility, insurance can be converted to an individual policy by submitting an application and the first month's premium to us within 31 days after termination or class change. The amount of insurance cannot exceed the amount of insurance that ceases because of termination or class change, less the amount of any life insurance the insured is eligible for under the same or another group policy within 31 days after termination. No evidence of insurability is required.



Short-term Disability Insurance

GUARANTEE ISSUE*

Why do I need Disability Insurance?

- A fatal injury occurs every 5 minutes, and a disabling injury occurs every 1.5 seconds*
- There is a death caused by a motor vehicle crash every 12 minutes; there is a disabling injury every 14 seconds.*
- In the home, there is a fatal injury every 16 minutes and a disabling injury every 4 seconds.*

*National Safety Council, Injury facts, 2003 Edition

Monthly Expenses Worksheet:

Mortgage/rent	\$
Utilities	\$
Car	\$
Groceries	\$
Medical Bills	\$
Other	\$
Total	\$

You insure your life, your home and your automobile. But is your income insured?

- How long can you afford to go without a paycheck?
- How much coverage do you need?

Today, most Americans would not be able to make payments on their homes or keep their family financially stable without their current salary. STD reduces the burden during these unstable times. It is a convenient, economical way of securing an income while out of work from an unexpected injury or illness. Voluntary Group STD is a guaranteed issue coverage, which requires no health questionnaires to complete.

Eligibility	Active full time employees
Group STD Benefit	\$100 - \$800 in increments of \$50 not to exceed 60% of basic weekly earnings
Benefits Are Payable On	15th day for Injury 15th day for Sickness
Maximum Benefit Period	26 Weeks or until LTD begins, whichever is earlier
Total Disability	Total Disability means that due to Injury or Sickness the employee is unable to perform all of the material and substantial duties of the employee's regular occupation, and the employee's disability earnings, if any, are less than the percentage (20%) of the employee's pre-disability weekly earnings.
Partial Disability	Partial Disability means that during the elimination period the employee is able to perform some, but not all, of the material and substantial duties of the employee's regular occupation. After the elimination period, partial disability means that due to Injury or Sickness the employee is able to perform some but not all of the material and substantial duties of the employee's regular occupation, and the employee's disability earnings, if any are at least the minimum percentage (20%), but less than the maximum percentage of the employee's pre-disability weekly earnings (80%).
Pre-Existing Condition Limitation	12/12 - A Pre-Existing Condition is a Sickness or Injury for which you have received treatment within 12 months prior to your effective date. Any disability contributed to or caused by a Pre-Existing Condition within the first 12 months of your effective date will not be covered.
Additional Features	Survivor Benefit, Work Incentive Benefit, Worksite Modification Benefit, FMLA Coverage Extension, Recurrent Disability

This piece is for illustrative purposes only. The disability and life insurance policies referenced may not be available in all states. All policies are subject to issue limitations, exclusions and other coverage conditions, which may include a waiting period for pre-existing conditions. Only the policy can provide the actual terms of coverage.

Products and services marketed under the Dearborn National® brand and the star logo are underwritten and/or provided by Dearborn National® Life Insurance Company (Downers Grove, IL) and certain of its affiliates. Dearborn National® Life Insurance Company is solely responsible for the life and disability products described in this flier.

*You must speak with a representative of Pierce Insurance for complete details on guarantee issue guidelines.

Product Details:



Short-term Disability Insurance

Eligibility

You are eligible to enroll if you work the minimum number of hours per week required by your employer, and you have satisfied any waiting period.

Benefit Schedule

You may choose a weekly benefit amount from \$100 to \$800 in \$50 increments, not to exceed 60% of weekly earnings*.

Maximum Benefit Duration: 26 weeks**Elimination Period: 14 days for accident and 14 days for sickness**

Refer to your certificate of coverage to learn about "what are the deductible sources of income" or visit: pierceins.com/goldsboronc/ to access the certificate of coverage

You may select a weekly benefit of	Bi-Weekly Premiums										
	Based on 26 payroll deductions per year										
	ATTAINED AGE										
	0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+
\$100	\$1.47	\$1.47	\$1.47	\$1.59	\$1.59	\$1.80	\$1.90	\$2.19	\$2.70	\$3.25	\$3.96
\$150	\$2.21	\$2.21	\$2.21	\$2.39	\$2.39	\$2.71	\$2.85	\$3.29	\$4.04	\$4.88	\$5.93
\$200	\$2.94	\$2.94	\$2.94	\$3.18	\$3.18	\$3.61	\$3.79	\$4.38	\$5.39	\$6.51	\$7.91
\$250	\$3.68	\$3.68	\$3.68	\$3.98	\$3.98	\$4.51	\$4.74	\$5.48	\$6.74	\$8.13	\$9.89
\$300	\$4.42	\$4.42	\$4.42	\$4.78	\$4.78	\$5.41	\$5.69	\$6.58	\$8.09	\$9.76	\$11.87
\$350	\$5.15	\$5.15	\$5.15	\$5.57	\$5.57	\$6.32	\$6.64	\$7.67	\$9.43	\$11.39	\$13.84
\$400	\$5.89	\$5.89	\$5.89	\$6.37	\$6.37	\$7.22	\$7.59	\$8.77	\$10.78	\$13.02	\$15.82
\$450	\$6.63	\$6.63	\$6.63	\$7.17	\$7.17	\$8.12	\$8.54	\$9.87	\$12.13	\$14.64	\$17.80
\$500	\$7.36	\$7.36	\$7.36	\$7.96	\$7.96	\$9.02	\$9.48	\$10.96	\$13.48	\$16.27	\$19.78
\$550	\$8.10	\$8.10	\$8.10	\$8.76	\$8.76	\$9.93	\$10.43	\$12.06	\$14.82	\$17.90	\$21.75
\$600	\$8.83	\$8.83	\$8.83	\$9.55	\$9.55	\$10.83	\$11.38	\$13.15	\$16.17	\$19.52	\$23.73
\$650	\$9.57	\$9.57	\$9.57	\$10.35	\$10.35	\$11.73	\$12.33	\$14.25	\$17.52	\$21.15	\$25.71
\$700	\$10.31	\$10.31	\$10.31	\$11.15	\$11.15	\$12.63	\$13.28	\$15.35	\$18.87	\$22.78	\$27.69
\$750	\$11.04	\$11.04	\$11.04	\$11.94	\$11.94	\$13.53	\$14.23	\$16.44	\$20.22	\$24.40	\$29.67
\$800	\$11.78	\$11.78	\$11.78	\$12.74	\$12.74	\$14.44	\$15.18	\$17.54	\$21.56	\$26.03	\$31.64

*Weekly Earnings means your weekly rate of earnings from your employer in effect immediately prior to the date disability begins. It includes total income before taxes including deduction made for pre-tax contributions to a qualified deferred compensation plan, Section 125 plan, or flexible spending account. It does not include bonuses, overtime pay, or any extra compensation other than commissions. Commissions will be averaged over the 12 month period prior to the date disability begins.

The information provided is only a summary of the benefits available. Refer to a certificate for details and limitations of coverage (Policy number FDL-510-107)

Products and services marketed under the Dearborn National brand and the star logo are underwritten and/or provided by Dearborn National® Life Insurance Company® (Downers Grove, IL) (formerly known as Fort Dearborn Life Insurance Company®) in all states (excluding New York), the District of Columbia, the United States Virgin Islands, the British Virgin Islands, Guam and Puerto Rico.



Accident Insurance

GUARANTEE ISSUE*

AccidentAdvance® is accident insurance with benefits for unexpected injuries.

George enrolls himself, his wife and his kids in the accident insurance offered at the car dealership where he works, joking that his wife is such a klutz that they'll get plenty of use out of it. A few weeks later, he drops a cinder block on his foot while working in his garage, breaking a bone. He ends up with a cast, crutches and a joke his wife will never let him live down.

Get benefits to spend on what you need.

George's health insurance pays for many of his medical expenses, but he still has copays and a high deductible. He doesn't make commissions for sales on the days he misses work, and visiting the orthopedic specialist's office 50 miles away costs a lot in gas.

Because he has accident insurance, he has help recovering financially without dipping into their family savings or using a credit card. Accident insurance benefits are paid directly to the insured, letting him use them where and how they're most needed.

Get the benefits that fit your needs.

George gets specific amounts for his emergency care (including X-rays and physician care received within 96 hours of the accident), for follow-up visits and for his physical therapy while recovering. He would have gotten additional help had he needed an ambulance, initial hospitalization or intensive care. See this brochure for in-depth information about what benefits are paid for specific injuries or procedures.

Help protect yourself and your family.

George liked the ability to add his wife and kids to his policy. Because kids can be especially accident-prone, a family accident policy provides extra peace of mind. Employees and their spouses can be insured after reaching age 18, and eligible dependent children can keep their insurance through age 25.

Enjoy our hassle-free online claims process.

Our easy-to-navigate website allows you to update your information, keep track of your policies, submit claims and more from your PC or mobile device.

Product highlights

- Pays benefits directly to you
- Family options available
- Payroll-deducted premiums

This is a brief summary of AccidentAdvance®, Accident Insurance underwritten by Transamerica Life Insurance Company, Cedar Rapids, Iowa. Policy form series CPACC100 and CCACC100. Forms and form numbers may vary. This insurance may not be available in all jurisdictions. Limitations and exclusions apply. Refer to the policy, certificate and riders for complete details.

*You must speak with a representative of Pierce Insurance for complete details on guarantee issue guidelines.

Product Details:



Accident Insurance

Plan Option 1 (24-hour)		Accident Emergency Treatment		8.00 Units	
Accident Emergency Treatment Benefit		For physician treatment and X-rays in a hospital emergency room or doctor's office within 96 hours of the accident.		\$200	
Major Diagnostic Examination Benefit		For one CT Scan, MRI, or EEG completed within 90 days of the accident.		\$320	
Dislocation Benefit		Payable for joint dislocation reduced under general anesthesia. Dislocation reduced without general anesthesia paid at 25% of the joint's benefit amount. Multiple reduced dislocations are paid at 1 1/2 times the highest benefit amount. No other amount will be paid under this benefit.		Reduction	
		Dislocated Joint	Open	Closed	
		Hip	\$6,400	\$2,160	
		Knee or Shoulder	\$2,160	\$880	
		Collar Bone	\$3,440	\$640	
		Ankle or Foot (except toes)	\$2,160	\$640	
		Lower Jaw	\$2,160	\$1,120	
		Wrist or Elbow	\$1,760	\$880	
		Toe or Finger	\$480	\$240	
Fractures Benefit		For repair of a fracture sustained in an accident. A chip fracture is paid at 10% of the fracture's benefit amount. Multiple repaired fractures are paid at 1 1/2 times the highest benefit amount. No other amount will be paid under this benefit.		Reduction	
		Fractured Bone	Open	Closed	
		Coccyx	\$1,120	\$560	
		Hand (except fingers), Foot (except toes/heel), Wrist, Shoulder Blade, Forearm, Ankle, Elbow, Kneecap, Sternum or Lower Jaw	\$2,720	\$1,360	
		Hip	\$8,000	\$2,720	
		Leg	\$3,360	\$2,720	
		Nose, Heel or Fingers	\$2,720	\$560	
		Ribs	\$5,360	\$560	
		Skull	\$4,320	\$1,600	
		Toes	\$1,120	\$560	
		Upper Jaw, Upper Arm or Face (except Nose), Collar Bone	\$3,200	\$1,360	
		Vertebrae, Pelvis	\$1,360	\$1,360	
		Vertebral Processes	\$5,360	\$800	

For both dislocations and fractures, 1 1/2 times the highest dislocation or fracture benefit amount is paid. No other dislocation or fracture benefit is paid.

Product Details: Accident Insurance

Module 2 Follow-Up Visits and Physical Therapy		2.50 Units
Accident Follow-Up Treatment Benefit Maximum of three (3) follow-up visits per accident. Original treatment must have been within 96 hours of the accident. Treatment must be provided by a physician in their office or in a hospital on an outpatient basis; begin within 30 days of, and be completed within the 6 months following the later of: the accident; discharge from the hospital from a covered confinement; or discharge from an extended care facility.		\$25
Physical Therapy Benefit For treatments by a licensed physical therapist under a physician's advice that begin within 120 days of the accident and are completed within 1 year of the accident, not to exceed 10 treatments per accident.		\$25
Module 3 Initial Accident Hospitalization		3.00 Units
Initial Accident Hospitalization Benefit Payable once for the first hospital admission due to an accident. Benefit is payable once for the first Intensive Care Unit admission due to an accident. The ICU benefit is paid even if admitted to the hospital initially and then transferred to ICU later during the same hospitalization.		\$900
Ambulance Benefit For transportation to the nearest hospital for treatment within 96 hours of the accident by a licensed ambulance service.	Ground Ambulance	\$180
	Air Ambulance	\$900
Accident Hospital and ICU Income Rider (Form No. CRHICU00)		5.00 Units
Accident Hospital Income Benefit For hospital confinement for treatment of injuries beginning within 30 days of the accident. Benefit is payable for up to 365 days per accident.		\$125
Accident ICU Benefit For ICU confinement while the person is receiving the hospital income benefit. Benefit is payable for up to 15 days per accident.		\$375

Product Details: Accident Insurance

Expanded Benefits Rider (Form No. CREXPB00)**1.00 Unit**

The following benefits are payable once, per person, per accident for injuries sustained in a covered accident.

Burns

Must be treated by a physician within 96 hours of the accident. One or more skin grafts for a covered burn will be paid at 50% of the burn benefit amount paid for the burn involved.

Second-degree burns of body surface:

At least 25%, but not more than 35%

\$60

More than 35%

\$150**Third-degree burns of body surface:**

6 through 10 square centimeters

\$150

10 through 25 square centimeters

\$400

25 through 35 square centimeters

\$900

more than 35 square centimeters

\$1,200**Lacerations**

Must be treated or repaired within 96 hours of the accident.

Lacerations not requiring sutures

\$4

Single laceration less than 7.6 centimeters

\$8

Lacerations 7.6 to 20 centimeters

\$30

Lacerations over 20 centimeters

\$60**Eye Injury**

With surgical repair

\$40

Non-surgical removal of foreign body by physician

\$7**Emergency Dental Work**

One or more broken teeth repaired with crowns

\$30

One or more broken teeth resulting in extractions

\$8**Brain Concussion**

Must be diagnosed by a physician within 96 hours of the accident.

\$20**Coma**

Unconsciousness for 14 consecutive days with no reaction to external stimuli, no reaction to internal needs and require the use of life support systems.

\$1,500**Paralysis**

Lasting a minimum of 30 days

Quadriplegia (paralysis of four limbs)

\$1,500

Paraplegia (paralysis of lower limbs)

\$750**Tendons, Ligaments and/or Rotator Cuffs**

Must be detached, torn, ruptured or severed and surgically repaired by a physician within one (1) year of the accident. Only one of the benefits is payable.

Arthroscopic surgery with:
No repair

\$20

One repair

\$50

Two or more repairs

\$100**Ruptured Discs and/or Torn Knee Cartilage**

Must be surgically repaired by a physician within one (1) year of the accident. Only one of the benefits is payable.

Shaved cartilage or arthroscopic surgery with:
No repair

\$20

One repair

\$50

Two or more repairs

\$100

Product Details: Accident Insurance

Major Surgery

For an open abdominal, cranial or thoracic surgery performed by a physician within 1 year of the accident. Laparoscopic procedures are excluded.

\$150

Appliance

For a physician-recommended medical appliance to aid personal locomotion, such as crutches, leg braces, wheelchairs and walkers. This benefit is not payable for prosthetic devices.

\$20

Prosthetic Devices

For one or more prosthetic devices received within 1 year of the accident. This benefit is not payable for hearing aids, dental aids (including false teeth), glasses, cosmetic prosthetic devices, such as wigs, or joint replacement, such as an artificial hip or knee.

One prosthetic device

\$75

Two or more prosthetic devices

\$150

Blood, Plasma and Platelets

Required for the treatment of injuries due to a covered accident. Immunoglobulin is not covered.

\$40

Transportation

Benefit is payable for up to 2 round trips to the hospital per accident per insured person if special treatment and hospital confinement occurs within 30 days of the accident. The local attending physician must prescribe treatment that is not available locally. Benefit is not payable for transportation to any hospital within a 100-mile radius of the accident site or insured person's residence.

\$60

Family Lodging Benefit

Benefit is payable per day, maximum of 30 days, for one motel/hotel room for a member of the immediate family to accompany the insured person for treatment of injuries prescribed by a physician. Hospital confinement must be in a facility at least 100 miles from the insured person's residence and confinement must begin within 30 days of the accident. Benefits are not payable for services rendered by an immediate family member.

\$15

Wellness Benefit Rider (Form No. CRWELB00)

10.00 Units

Benefit is payable per calendar year for one annual health screening test listed for the insured employee and one test for an insured spouse.

Blood test for triglycerides	Flexible sigmoidoscopy
Bone marrow testing	Hemocult stool analysis
Breast ultrasound	Mammography
CA 125 (blood test for ovarian cancer)	Pap Test
CA 15-3 (blood test for breast cancer)	PSA (blood test for prostate cancer)
CEA (blood test for colon cancer)	Serum cholesterol test to determine HDL/LDL level
Chest X-ray	Serum Protein Electrophoresis (blood test for myeloma)
Colonoscopy	Stress test on a bicycle or treadmill
Fasting blood glucose test	Thermography

\$100

Rates, Limitations & Exclusions :



Accident Insurance

Bi-Weekly Premiums

Ver 3.0.NC.0.00

Accident Insurance	Rate Frequency	Employee	Employee and Child(ren)	Employee and Spouse	Employee, Spouse and Child(ren)
Plan Option I 24 Hours	Bi-weekly	\$7.98	\$9.72	\$12.25	\$14.26

**HSA Compatible - Based on its understanding of available guidance, Transamerica Life Insurance Company views the insurance benefits shown in this proposal as compatible with High-Deductible Health Plans and Health Savings Accounts. However, there is no guarantee that the relevant authorities will agree with Transamerica's understanding. Current guidance is not complete and is subject to change. Neither Transamerica nor its agents or representatives provide legal or tax advice. Accordingly, Transamerica encourages its customers to consult with and rely upon independent tax and legal advisors regarding their particular situations, the use of the products presented here with High-Deductible Health Plans and Health Savings Accounts, and the persons/dependents that may be insured under such plans and accounts.*

Issue State: North Carolina | Rate generation date: September 27, 2017

Limitations and Exclusions

We will not pay benefits for losses caused by or as a result of an insured person:

- Driving any taxi for wage, compensation or profit;
- Mountaineering, parachuting or hang gliding;
- Voluntarily taking, administering, absorbing or inhaling poison, gas or fumes;
- Alcoholism or drug addiction;
- Participating in any sport or sporting activity for wage, compensation, profit, or racing any type of vehicle in an organized event;
- Traveling in or descending from any vehicle or device for aerial navigation, except as a fare paying passenger in an aircraft operated by a commercial airline (other than a charter airline) on a regularly scheduled passenger trip;
- War, or any act of war, whether declared or undeclared;
- Participating in any activity or event, including the operation of a vehicle, while intoxicated or under the influence according to the laws of the jurisdiction in which the accident occurred;
- Participating in a riot, civil commotion, civil disobedience or unlawful assembly;
- Committing, attempting to commit, or taking part in a felony or assault or engaging in an illegal occupation;
- Intentionally self-inflicting bodily injury or attempting suicide while sane or insane;
- Any loss incurred while on active duty status in the armed forces. If you notify us of such active duty, we will refund any premiums paid for any period for which no insurance is provided as a result of this exception.

Termination of Insurance

Subject to the Portability Option, insurance on the employee will end on the earliest of:

- the date of his or her death;
- the date he or she ceases to be eligible for insurance;
- the last date for which premium payment has been made to us, subject to the grace period;
- the date he or she terminates employment;
- the date the group master policy terminates;
- the date he or she sends us a written notice to cancel insurance.

The insurance on a dependent will cease on the earliest of:

- the date of the employee's death;
- the date the employee's insurance terminates;
- the last date for which premium payment has been made to us, subject to the grace period;
- the date the dependent no longer meets the definition of dependent;
- the date the certificate is modified so as to exclude dependent insurance;
- the date the employee sends us a written notice to cancel insurance on a dependent.

Limitations & Exclusions : Accident Insurance

Extension of Benefits

Whenever termination of insurance under this section occurs due to termination of employment, such termination will be without prejudice to:

- any hospital confinement which began while insurance was in force; or
- any covered treatment or service for which benefits would be provided and which began while insurance was in force; provided, however that the insured person is and continues to be hospital confined or receiving treatment.

Such Extension of Benefits will continue for up to the earlier of:

- 30 days; or
- the date on which the insured person is no longer hospitalized or receiving treatment.

Portability Option

If an employee loses eligibility for this insurance for any reason other than nonpayment of premiums, insurance can be continued by paying the premiums directly to us within 31 days after termination. We will bill the employee directly once we receive notification to continue your insurance.

Termination of the Group Master Policy

The policyholder may end the policy on any premium due date by submitting a 60-day advance written notice. A group will not be continued if it drops below the minimum required participation. The group master policy will be terminated and insurance of all remaining insureds will end, subject to the Portability Option.

Other Insurance with Us

An individual can only have one accident policy or certificate with us. An individual can only have one disability income policy, certificate, or rider with us. If a person already has accident insurance with us, such person is not eligible to apply for this insurance. If a person already has disability income insurance with us, such person is not eligible to apply for the disability income riders.



Critical Illness Insurance

GUARANTEE ISSUE*

CriticalEvents® is critical illness insurance that pays lump sum benefits for specific illnesses.

Ed, a sous chef, signs up for his employer's critical illness insurance because his dad and grandfather had heart disease. He figures his fondness for steak and watching TV from his recliner aren't helping his health, either.

It pays to be ready.

When Ed has a heart attack and then bypass surgery, he's relieved his critical illness insurance pays a lump sum benefit. He doesn't have to use his retirement savings to cover missed work income, drives to the heart hospital and medical insurance deductibles.

You can't predict a critical illness like a heart attack, stroke or cancer, but you can prepare for the potential financial impact. Critical illness insurance can help ease financial stress with lump-sum cash benefits used however you see fit.

Product highlights

- No lifetime maximum
- No waiting period
- Benefits paid directly to you
- Payroll-deducted premiums
- Family options available

Money for what you need most.

Ed's costs add up faster than he expected, so he uses his critical illness insurance benefit payment for costs like:

- deductibles, co-pays, and his hospital bill
- his plane ticket to a specialized heart hospital
- the mortgage on his house while he's not bringing in income
- credit card payments and his utility bills
- day care costs for his two kids

Take our portable policy with you.

Several years later, Ed is offered the head chef position at another restaurant and gladly accepts the new job. He begins paying premiums directly to Transamerica so he can keep his policy. Keep your insurance when changing jobs by opting to pay premiums directly to us within 31 days of leaving your current job. Let us know you want to continue your critical illness insurance policy, and we'll bill you directly.

Enjoy our hassle-free claims process.

Our easy-to-navigate website allows you to manage your information, policies and claims from your PC or mobile device.

Up to date information regarding our compensation practices can be found in the Disclosures section of our website at: www.tebcs.com.

This is a brief summary of CriticalEvents® Critical Illness Insurance underwritten by Transamerica Life Insurance Company, Cedar Rapids, Iowa. Policy form series CPCI0500 and CCCI0500. Forms and form numbers may vary. This insurance may not be available in all jurisdictions. Limitations and exclusions apply. Refer to the policy, certificate and riders for complete details.

*You must speak with a representative of Pierce Insurance for complete details on guarantee issue guidelines.

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Product Details: Critical Illness Insurance

An employee may purchase a benefit amount based on the premiums. A spouse and child dependent amount will be a percentage of the employee-elected amount. Employees and spouses are eligible at age 18 and up, eligible children from birth through age 25.

Base Policy Benefits	Percentage of Benefit	Plan Option 1	Plan Option 2
Heart Attack	100%	Included	Included
Stroke	100%	Included	Included
Major Organ Failure	100%	Included	Included
End Stage Renal Failure	100%	Included	Included
Other Specified Organ Failure (Loss of sight, speech, or hearing)	100%	Included	Included
Miscellaneous Diseases - Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease), Encephalitis/meningitis, Rocky Mountain Spotted Fever, Typhoid Fever, Anthrax, Cholera, Primary Sclerosing Cholangitis (Walter Payton's Disease) and Tuberculosis	100%	Included	Included
Alzheimer's Disease	30%	Included	Included
Coronary Artery Disease Requiring Bypass Grafts	25%	Included	Included
Coronary Artery Disease Requiring Angioplasty/Stent	5%	Included	Included

	Plan Option 1	Plan Option 2
Dependent Insurance	50%	50%
First Occurrence	First occurrence after effective date	First occurrence after effective date
Rate Structure	Voluntary - Issue Age	Voluntary - Issue Age

Cancer Benefit Rider	Percentage of Benefit	Plan Option 1	Plan Option 2
Invasive Cancer	100%	None	Included
Bone Marrow Failure	100%	None	Included
Carcinoma In Situ	25%	None	Included
Prostate Cancer with TNM Classification of T1	25%	None	Included
Skin Cancer	5%	None	Included

Additional Benefit	Plan Option 1	Plan Option 2
Wellness Indemnity Benefit Rider	\$100	\$100
Recurrent Critical Illness Benefit Rider	25%	25%

Summary of Benefits: Critical Illness Insurance

Critical illness insurance provides a lump-sum cash benefit which the employee can use however they wish. After the critical illness diagnosis, the insured person will receive a lump-sum percentage of the elected benefit amount. The diagnosis must be made after the effective date of the certificate. Percentages for each covered critical illness are shown in the Product Details section of the proposal.

For example, if an employee purchased a benefit amount of \$30,000 and is diagnosed with a heart attack after the effective date, the employee will receive 100 percent of their benefit - a lump sum of \$30,000. For a different and subsequent critical illness, the insured person will receive an additional lump-sum benefit as long as the diagnosis is made 90 days or more after the last critical illness for which a benefit was paid. If the last critical illness benefit payment under this certificate was less than 100 percent of the applicable benefit amount, we will waive the requirements that the newly diagnosed illness must be medically unrelated and separated by 90 days.

Recurrent Critical Illness Benefit *(Rider Form Series CRRCI500)*

This benefit provides each insured person with an opportunity to receive an additional payment for the same critical illness. The Recurrence Benefit is a percentage of the Critical Illness Benefit amount and the percentage is selected by the employer. A recurrence of the same critical illness must be separated by a 12 month waiting period. For a cancer condition, the insured person must be treatment free for 12 months. Only one Recurrence Benefit will be paid for each critical illness. If the same employee in the earlier example also had the Recurrent Critical Illness Benefit Rider and undergoes another heart attack two years later, the employee would receive a percentage of their benefit elected by their employer. If their employer chose a 50 percent recurrent critical illness benefit, the employee would receive 50 percent of their \$30,000 benefit amount - \$15,000.

Wellness Indemnity Benefit Rider *(Rider Form Series CRWEL500)*

Transamerica is committed to providing support for out of pocket expenses associated with health screening tests. This benefit can help pay the costs for a screening test for early disease signs and lead to earlier intervention, better outcomes and healthier employees. The benefit is payable once per calendar year per insured person for one of the following health screening tests:

Biopsy	Chest x-ray	Pap test
Blood test for triglycerides	Colonoscopy	PSA (prostate-specific antigen tests)
Bone marrow testing	Fasting blood glucose test	Serum cholesterol test to determine HDL/LDL level
Breast ultrasound	Flexible sigmoidoscopy	Serum protein electrophoresis (blood test for myeloma)
CA 125 (blood test for ovarian cancer)	Hemoccult stool specimen	Stress test on a bicycle or treadmill
CA 15-3 (blood test for breast cancer)	Mammogram	Thermography
CEA (blood test for colon cancer)		

Critical illness definitions

Critical illness - One of the illnesses or conditions listed below positively diagnosed by a physician. It must be based on diagnostic criteria generally accepted by the medical profession, as defined below.

Alzheimer's disease - A clinically established disease diagnosed by a psychiatrist or neurologist which results in the inability to independently perform two or more daily living activities such as bathing, dressing, eating, toileting, transferring or continence.

Coronary artery disease requiring bypass grafts - Coronary artery disease requiring a surgical operation to correct narrowing or blockage of one or more coronary arteries with bypass grafts, as confirmed in writing by a board-certified cardiologist. Angiographic evidence to support the necessity for this surgery will be required. For purposes of this benefit, a surgical operation to correct narrowing or blockage does not include the following procedures: balloon angioplasty, laser embolectomy, atherectomy, stent placement or other non-surgical procedures.

Coronary artery disease requiring angioplasty/stent - Coronary artery disease requiring a balloon angioplasty or other forms of catheter-based percutaneous transluminal coronary artery therapy to correct the narrowing or blockage of one or more coronary arteries, as confirmed in writing by a board-certified cardiologist. This benefit is confined to the heart; therefore, a narrowing or blockage of renal arteries or other peripheral arteries is not coronary artery disease and does not qualify for this benefit.

End stage renal failure - The end stage failure which presents a chronic irreversible failure of both kidneys, and requires treatment by renal dialysis.

Heart attack - The ischemic death of a portion of heart muscle resulting from one or more obstructions of coronary arteries. A positive diagnosis must be supported by either of the following criteria:

- The presence of three or more of the following indicators:
 - pain, pressure, fullness, discomfort or squeezing in the center of the chest.
 - radiating pain to shoulder(s), neck, back, arm(s) or jaw.
 - new EKG changes indicative of myocardial infarction.
 - diagnostic increase of specific cardiac markers typical for heart attack.
 - confirmed image studies.
- In the event of death, an autopsy confirmation identifying heart attack as the cause of death.

Summary of Benefits: Critical Illness Insurance

Major organ failure - The irreversible failure of a heart, lung, pancreas, entire kidney or any combination that a physician determined there is medical evidence to support the complete replacement of such organ with an entire organ from a human donor. It can also be the irreversible failure of an insured person's liver for which a physician has determined that there is medical evidence to support the complete or partial replacement of the liver or liver tissue from a human donor. The transplant need must be due to severe disease.

Miscellaneous diseases - The following diseases will be considered critical illnesses when diagnosed by a physician: amyotrophic lateral sclerosis (Lou Gehrig's disease), encephalitis/meningitis, rocky mountain spotted fever, typhoid fever, anthrax, cholera, primary sclerosing cholangitis (Walter Payton's disease) or tuberculosis.

Other specified organ failure - One of the following occurring independently of any other covered critical illness:

- Loss of sight - the total and irreversible loss of all sight in both eyes.
- Loss of speech - the total and permanent loss of the ability to speak.
- Loss of hearing - the total and irreversible loss of hearing in both ears. Hearing loss that can be corrected by using any hearing aid or device will not be considered an irreversible loss.

Stroke - A cerebrovascular event resulting in permanent neurological damage, including infarction, hemorrhage or embolization of brain tissue from an extracranial source. The diagnosis must be based on:

- Documented neurological deficits; and
- Confirmatory neuroimaging studies.

Stroke does not include cerebral symptoms due to:

- Transient ischemic attack (TIA).
- Reversible neurological deficit.
- Migraine.
- Cerebral injury resulting from trauma or hypoxia.
- Vascular disease affecting the eye, optic nerve or vestibular functions.

Invasive cancer - Cancer evidenced by a malignant tumor and tissue invasion. Invasive cancer does not include pre-malignant conditions or conditions with malignant potential, prostatic cancers which are histologically described as TNM Classification T1 (including T1(a) or T1(b), or of other equivalent or lesser classification), and any malignancy associated with the diagnosis of HIV.

Carcinoma in situ - Cancer that stays in its original location, confined to the site without having invaded neighboring tissue.

Prostate cancer with TNM classification of T1 - Microscopic prostate tumors that are neither palpable nor visible on transrectal ultrasonography.

Skin cancer - Basal cell epithelioma or squamous cell carcinoma. Skin cancer does not include malignant melanoma or mycosis fungoides, which are not considered skin cancers.

Limitations & Exclusions: Critical Illness Insurance

We do not pay benefits for losses caused by, or as a result of, the insured person's:

- Participation or attempting to participate in an illegal activity.
- Intentionally causing self-inflicted injury.
- Committing or attempting to commit suicide, whether sane or insane.
- Involvement in any period of armed conflict.

Under no condition will we pay any benefits for losses incurred prior to the effective date.

Portability option

If an employee loses eligibility for this insurance for any reason other than nonpayment of premiums, insurance can be continued by paying the premiums directly to us at our administrative office within 31 days after termination. We will bill the employee directly once we receive notification to continue this insurance.

Termination of insurance

Employee insurance will terminate on the earliest of:

- The date the group master policy terminates, subject to the portability option.
- The date an employee ceases to be eligible for insurance.
- The date of the employee's death.
- The premium due date on which we fail to receive the employee's premium.
- The date the employee sends us a written notice to cancel insurance.

Dependent insurance will terminate on the earliest of:

- The date the employee's insurance terminates.
- The premium due date on which we fail to receive the employee's premium.
- The date the dependent no longer meets the definition of dependent.
- The date the group master policy or certificate is modified to exclude dependent insurance.
- The date the employee sends us a written notice to cancel dependent insurance.

We may end the insurance of any insured person who submits a fraudulent claim under the policy. Termination of the employee's insurance will not affect any claim which begins before the date of termination.

Termination of the group master policy

The group may end the policy on any premium due date by submitting a 60-day advance written notice. A group policy will not continue if it drops below the minimum required participation. The group master policy will be terminated and insurance of all remaining insureds will end, subject to the portability option.

Other insurance with us

An employee can only have one critical illness policy or certificate with us. If a person already has critical illness insurance with us, such person is not eligible to apply for this insurance.



FILING CLAIMS IS EASY

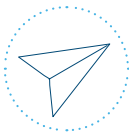
Accident, Cancer, Critical Illness, Term Life, Universal Life

That's why we've made our process as simple as possible. With several ways to file, choose the one that works best for you. Customers can download forms at TEBCS.com and submit a claim either online, email, phone, mail, or fax.



ONLINE

1. Log in at **TEBCS.com**. If you are not registered, click "New User Registration" and use your contract (certificate or policy) number and personal information to register.
2. Click on the policy for which you are filing a claim.
3. Once inside the policy's contract details, click on claims and again on the specific type of claim you want to file.
4. Complete all requested information. If your claim requires a specific form, it will be provided here.
5. Print a copy of your claim submission for your records.



EMAIL

1. Email claim documents to: **tebclaimsscanning@transamerica.com**.
2. Include the insured's name and policy/certificate number.
3. You will receive an email acknowledgment of receipt.



PHONE

1. Contact the Transamerica Claims Customer Service Department at: **888-763-7474**.
2. Have all claim information ready to provide.



FAX

- > Fax claim documents to: **866-586-6528**
- > Include the insured's name and policy/certificate number.
- > All documents should be clear and readable.



MAIL

- > Mail claim completed documents to:
**Transamerica Employee Benefits
Claims Processing
PO Box 869097
Plano, TX 75086-9701**
- > Include the insured's name and policy/certificate number.

Questions About Claims?



EMAIL
TEBcustresp@transamerica.com



CALL
888-763-7474
M-Thurs: 7:00 a.m. - 6:00 p.m (CST)
Fri: 7:00 a.m. - 5:00 p.m (CST)



Nationwide®
is on your side



Pet Insurance



my pet protection®
with wellness

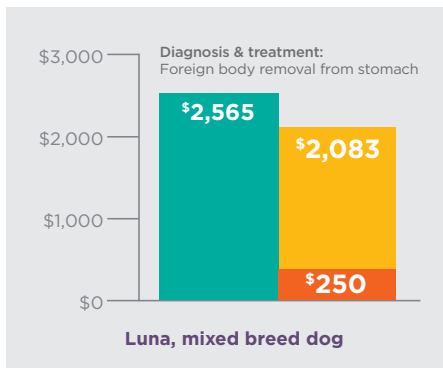


my pet protection®

- ✓ 90% back on eligible vet bills¹
- ✓ Exclusive to employees, not available to the general public
- ✓ Same price for pets of all ages
- ✓ Best deal: average savings of 30% over similar plans from other pet insurers²
- ✓ Wellness plan option that includes spay/neuter, vaccinations and more

Here's how My Pet Protection helped Nationwide® pet parents

Between big-ticket emergency vet bills and basic preventive care, My Pet Protection coverage helped keep these pet parents' bank accounts in the black.



*Annual deductible met on previous claim

■ Claim amount ■ Reimbursement by Nationwide ■ Annual deductible

Sample reimbursements are based on actual claims but have been edited for clarity. Coverage for wellness services only available on My Pet Protection with Wellness®.

Sign up multiple pets with individual plans and receive a discount³ for even more savings.



Nationwide®
is on your side



Pet Insurance



Accidents, including poisonings and allergic reactions	✓	✓
Injuries, including cuts, sprains and broken bones	✓	✓
Common illnesses, including ear infections, vomiting and diarrhea	✓	✓
Serious/chronic illnesses, including cancer and diabetes	✓	✓
Hereditary and congenital conditions	✓	✓
Surgeries and hospitalization	✓	✓
X-rays, MRIs and CT scans	✓	✓
Prescription medications and therapeutic diets	✓	✓
Wellness exams	✓	
Vaccinations	✓	
Spay/neuter	✓	
Flea and tick prevention	✓	
Heartworm testing and prevention	✓	
Routine blood tests	✓	

Just like all other pet insurers, we don't cover **pre-existing conditions**.* However, we go above and beyond with extra features such as **emergency boarding, lost pet advertising and more**. Plus, both plans have a low \$250 annual deductible and a generous \$7,500 maximum annual benefit.

*Any illness or injury that your pet had prior to the start of your policy will be considered a pre-existing condition.

Easy enrollment

1 Select the species (dog or cat)**

2 Provide your zip code

3 Pick your plan

**To enroll your bird, rabbit, reptile or other exotic pet, please call 888-899-4874.



Available to all pet insurance members. Unlimited, 24/7 access to a veterinary professional (\$150 value). Only from Nationwide®.



Get your pet insurance reimbursements deposited directly to your bank.

Submit claims right from your smartphone with the free VitusVet app.



Download from the App Store



Download from Google Play

Email, fax and snail mail claim submissions also available.

Learn more today. **PetsNationwide.com**

¹Some exclusions may apply. Certain coverages may be subject to pre-existing exclusion. See policy documents for a complete list of exclusions.

²Average based on similar plans from top competitors' websites for a 4-year-old Labrador retriever in Calif., 90631. Data provided using information available as of December 2017.

³Pet owners receive a 5% multiple-pet discount by insuring two to three pets or a 10% discount on each policy for four or more pets. Insurance terms, definitions and explanations are intended for informational purposes only and do not in any way replace or modify the definitions and information contained in individual insurance contracts, policies or declaration pages, which are controlling. Such terms and availability may vary by state and exclusions may apply. Underwritten by Veterinary Pet Insurance Company (CA), Columbus, OH, an A.M. Best A+ rated company (2018); National Casualty Company (all other states), Columbus, OH, an A.M. Best A+ rated company (2018). Agency of Record: DVM Insurance Agency. Nationwide, the Nationwide N and Eagle, and Nationwide is on your side are service marks of Nationwide Mutual Insurance Company. ©2019 Nationwide. 19GRP5832 2-19 19GRPMP2CARDFLR



LifeLock™
with  **Norton** | Benefit Plans



Identity Theft Protection

Enroll in LifeLock™ Identity Theft Protection

In today's world of online shopping, using public Wi-Fi and giving out Social Security numbers as a form of ID, our personal information can be exposed. You could miss certain identity threats by just monitoring your credit or bank statements. We see more, like your personal information on the dark web. LifeLock looks for uses of your personal information within our network, and alerts[†] you by phone[‡], text, email, or mobile app if we detect potentially suspicious activity. And if you become a victim of identity theft, a U.S.-based Identity Restoration Specialist will be dedicated to your case from start to finish.



There's a victim of identity theft every 2 seconds.¹



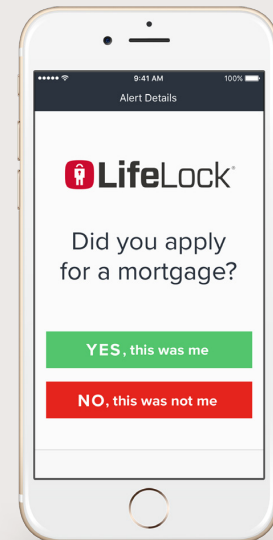
Nearly 14.5 billion dollars were stolen from identity theft victims in 2018.¹



Nearly 60 million Americans have been affected by identity theft.¹

HOW TO ENROLL

- Enroll through your employer during benefits enrollment.
- Provide the name, Social Security number, date of birth, address, email and phone number for you and each dependent you wish to enroll.
- Your LifeLock membership will begin when your enrollment is processed.
- After completing enrollment, your information is provided to LifeLock and your membership is activated. You will receive a 'welcome' email from LifeLock with instructions on how to take full advantage of your membership.



Alert modified for demonstration purposes.

No one can prevent all identity theft.

¹ LifeLock does not monitor all transactions at all businesses.

[‡] Phone alerts made during normal local business hours.

¹ Based on an online survey of 5,000 US adults conducted by The Harris Poll on behalf of Symantec, January 2019.

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We monitor for use of your personal information and send alerts[†] by text, phone[‡], email, or mobile app.

MOBILE APP
View Benefits On-The-Go:

Take advantage of the LifeLock app to get an on-the-go experience and important information right at your fingertips. Search LifeLock Identity Theft Protection in the Apple app store or Android Google Play. Downloading the app does not provide protection until enrollment has been completed.

Product Details:



Identity Theft Protection

An Essential Employee Benefit

CHOOSE THE LIFELOCK PLAN THAT'S RIGHT FOR YOU.

LIFELOCK™ BENEFIT ELITE is designed to help protect against identity theft plus monitor for threats to your identity and financial assets—your 401(k), investment, checking and savings accounts.[†] LifeLock Benefit Elite membership is only available as an employee payroll-deducted benefit.

LIFELOCK ULTIMATE PLUS™ provides peace of mind knowing you have LifeLock's most comprehensive identity theft protection. Enhanced services include bank account application and takeover alerts^{***}, online annual three-bureau credit reports and credit scores plus monthly one-bureau credit score tracking¹.

The credit scores provided are VantageScore 3.0 credit scores based on data from Equifax, Experian and TransUnion respectively. Any one bureau VantageScore mentioned is based on Equifax data only. Third parties use many different types of credit scores and are likely to use a different type of credit score to assess your creditworthiness.

LIFELOCK JUNIOR™ (Membership is available only as an added membership to an adult LifeLock plan) protection helps safeguard your child's Social Security number and good name with proactive identity theft protection designed specifically for children. To learn more about LifeLock Junior™ membership, and the specific features available with this plan, please visit LifeLock.com/products/lifelock-junior.

Special
employee benefit rate
starting as low as

\$3.69 BI-MONTHLY

Based on bi-monthly deductions for LifeLock Benefit Elite plan, employee only.

BI-MONTHLY PLAN OPTIONS		LifeLock Benefit Elite	LifeLock Ultimate Plus
	Employee Only [18 and over]	\$3.69	\$11.07
	Employee + Family*	\$7.38	\$22.14

*The LifeLock Junior plan is available for minors under the age of 18, and as an added membership to an adult LifeLock plan. LifeLock enrollment is limited to employees and their eligible dependents. Eligible dependents must live within the employee's household, or be financially dependent on employee. LifeLock services will only be provided after receipt and applicable verification of certain information about you and each family member. Please refer to employer group for the required information under your plan. In the event you do not complete the enrollment process for any family member, those individuals will not receive LifeLock services, but you will continue to be charged the full amount of the monthly membership selected until you cancel or modify your plan at your employer's next open enrollment period, which may be annually. Please note that we will NOT refund or credit you for any period of time during which we are unable to provide LifeLock services to any family member on your plan after your benefit effective date due to your failure to submit the information necessary to complete enrollment. If you do not complete the enrollment process for each family member, you may continue to pay more for LifeLock services than you otherwise would if you had selected a lower tier plan.

FEATURES	LifeLock Benefit Elite	LifeLock Ultimate Plus
LifeLock Identity Alert™ System†	✓	✓
Lost Wallet Protection	✓	✓
USPS Address Change Verification	✓	✓
Dark Web Monitoring**	✓	✓
LifeLock Privacy Monitor™	✓	✓
Reduced Pre-Approved Credit Card Offers	✓	✓
Fictitious Identity Monitoring	✓	✓
Court Records Scanning	✓	✓
Data Breach Notifications	✓	✓
Credit, Checking & Savings Account Activity Alerts***	✓	✓
Investment & 401K Account Activity Alerts***	✓	✓
24/7 Live Member Support	✓	Priority Support
U.S.-Based Identity Restoration Specialists	✓	✓
Stolen Funds Reimbursement†	up to \$1 Million	up to \$1 Million
Coverage for Lawyers and Experts†	up to \$1 Million	up to \$1 Million
Personal Expense Compensation†	up to \$1 Million	up to \$1 Million
Checking and Savings Account Application Alerts***		✓
Bank Account Takeover Alerts***		✓
Three-Bureau Credit Monitoring™		✓
Three-Bureau Annual Credit Reports and Credit Scores™ <small>The credit scores provided are VantageScore 3.0 credit scores based on data from Equifax, Experian and TransUnion respectively. Third parties use many different types of credit scores and are likely to use a different type of credit score to assess your creditworthiness.</small>	One-Bureau	One-Bureau
One-Bureau Monthly Credit Score Tracking™ <small>The credit score provided is a VantageScore 3.0 credit score based on Equifax data. Third parties use many different types of credit scores and are likely to use a different type of credit score to assess your creditworthiness.</small>		✓
File-Sharing Network Searches		✓
Sex Offender Registry Reports		✓

*Indicates features included within the Million Dollar Protection™ Package™

† If your plan includes credit reports, scores, and/or credit monitoring features ("Credit Features"), two requirements must be met to receive said features: (i) your identity must be successfully verified with Equifax; and (ii) Equifax must be able to locate your credit file and it must contain sufficient credit history information. IF EITHER OF THE FOREGOING REQUIREMENTS ARE NOT MET YOU WILL NOT RECEIVE CREDIT FEATURES FROM ANY BUREAU. If your plan also includes Credit Features from Experian and/or TransUnion, the above verification process must also be successfully completed with Experian and/or TransUnion, as applicable. If verification is successfully completed with Equifax, but not with Experian and/or TransUnion, as applicable, you will not receive Credit Features from such bureau(s) until the verification process is successfully completed and until then you will only receive Credit Features from Equifax. Any credit monitoring from Experian and TransUnion will take several days to begin after your successful plan enrollment. Please note that in order to enjoy all features in your chosen plan, such as bank account alerts, credit monitoring, and credit reports, it may require additional action from you and may not be available until completion.

† No one can prevent all identity theft.

† LifeLock does not monitor all transactions at all businesses.

† These features are not enabled upon enrollment. Member must take action to activate this protection.

*** Reimbursement and Expense Compensation, each with limits of up to \$1 million for Benefit Elite, Ultimate Plus, and \$25,000 for Junior. And up to \$1 million for coverage for lawyers and experts, if needed, for all plans. Benefits under the Master Policy are issued and covered by United Specialty Insurance Company (State National Insurance Company, Inc. for NY State members). Policy terms, conditions and exclusions at: LifeLock.com/legal. Copyright © 2019 Symantec Corporation. All rights reserved. Symantec, the Symantec Logo, LifeLock, and the LockMan Logo are trademarks or registered trademarks of Symantec Corporation or its affiliates in the U.S. and other countries. Other names may be trademarks of their respective owners. Norton LifeLock is the Consumer Division of Symantec.



EAP & Work-Life Services

Your EAP is a City of Goldsboro sponsored benefit that offers the support and resources you need to address personal or work related challenges and concerns. It's confidential and free to you and your household family members.

Help is available 24/7 /365 at 800.633.3353.

Access Your EAP & Work-Life Services

There are two ways to access your EAP and work-life services:

Call 800.633.3353 or Visit mygroup.com | Click on My Portal Login | Work-Life

User: [cityofgoldsboro](http://cityofgoldsboro.com) | Password: guest

Assessment and Counseling

Help is available 24/7 /365 through our toll-free number. When employees and family members call the EAP, they are offered a face-to-face counseling session in which a thorough assessment can be conducted by a licensed , experienced clinician in their area. Reasons to use the EAP include: marital difficulties, parenting, stress, depression, work-related concerns, alcohol and drug use/abuse, grief and loss, or preventative.

Online Services

- English and Spanish sites available
- 7 content divisions: Parenting, Aging, Balancing, Thriving, Living, Working, and International
- Searchable databases and resource links for child care providers, elder care and related services, adoption resources, attorneys, certified financial planners, pet sitting, private and public high schools and colleges, and volunteer opportunities
- Over 100 streaming audio files and 100 video files covering a range of health topics
- Savings Center: discount shopping program offering up to 25% discounts on name-brand items
- Relocation Center: an interactive program that allows users to preview communities across the U.S.

Legal Services

- Free telephonic legal advice
- Free 30-minute appointment for legal consultation with a local attorney
- In most cases, 25% discount on ongoing legal services
- Legal forms available to download (such as wills, power of attorney, etc.)
- Online legal encyclopedia
- Does not cover disputes or actions involving employer, EAP or business issues

Financial Services

- Free financial counseling appointments
- Issues addressed include bankruptcy, budgeting, buying a home, college savings, retirement planning
- Educational materials and financial worksheets provided prior to appointments
- 40 financial calculators available online
- ID theft recovery through credit monitoring
- Discounted credit reports

Yes! I would like to keep my coverage.

To avoid losing coverage due to termination of employment or other losses of eligibility, employees and covered dependents may continue certain benefits. The following chart lists the continuation options.

Coverage	Option	Remarks
Delta Dental Insurance	COBRA	Delta Dental will send COBRA enrollment materials to the employee's last known address.
Community: Vision Insurance	COBRA	Community Eye Care will send COBRA enrollment materials to the employee's last known address. If you have any questions you may call 888-254-4290.
Dearborn National: Term Life Insurance	Convertible	Call Pierce Insurance Agency 800-421-3142
Transamerica: Term Life Insurance	Portable	Call Pierce Insurance Agency 800-421-3142
Transamerica: Cancer Insurance	Direct Bill	You will receive a continuation package from Transamerica on how to continue your policy on direct bill. If you have questions you may call 888-763-7474
Dearborn National: Short-Term Disability Insurance	Portable	Portable for 12 months (must have coverage for 12 months) Call Dearborn National, 800-348-4512
Transamerica: Accident Insurance	Direct Bill	You will receive a continuation package from Transamerica on how to continue your policy on direct bill. If you have questions you may call 888-763-7474
Transamerica: Critical Illness Insurance	Direct Bill	You will receive a continuation package from Transamerica on how to continue your policy on direct bill. If you have questions you may call 888-763-7474
Transamerica: Universal Life	Direct Bill	You will receive a continuation package from Transamerica on how to continue your policy on direct bill. If you have questions you may call 888-763-7474
LifeLock Identity Theft Protection	Direct Bill	You will receive a continuation package from LifeLock on how to continue your policy on direct bill. If you have questions call 800-421-3142.
Nationwide: Pet Insurance	Direct Bill	Call Nationwide at 877-738-7874

Yes! I would like to keep my coverage.

My premiums are no longer being payroll deducted.

**Complete this form, return to Pierce Insurance Agency today
or call 800-421-3142.**

Name: _____

E-mail Address: _____

Daytime Telephone Number: () _____

Mailing Address: _____

Social Security Number or Date of Birth: _____

City: _____

State: _____

Zip: _____

Policy number(s) to be continued:

Which of the following supplemental benefits do you want to continue?
(check one or more)

☐ Accident ☐ Cancer ☐ Identity Theft Protection ☐ Pet Insurance

☐ Critical Illness ☐ Universal Life ☐ Term Life

Return to:

Pierce Insurance

PO Box 727

Farmville, NC 27828

 **800-421-3142**

 **info@pierceins.com**

 **252-753-5941**



COBRA Coverage

The Consolidated Omnibus Budget Reconciliation Act of 1986 (COBRA) allows you and/or your dependents to continue your current Dental and Vision and HCFA coverage for a specific period when you and/or your dependents are enrolled and coverage is lost due to a qualifying event. You must pay the required cost of coverage.

The following charts show the coverage provisions - **except for the duration of coverage for the HCFA, which can only be continued to end of plan year.**

Qualifying Event	Qualifying Beneficiaries Who May Continue Coverage	Duration of Coverage
Your employment ends for any reason other than gross misconduct	You, spouse, dependent children	Up to 18 months
You lose benefit eligibility due to reduction in hours	You, spouse, dependent children	Up to 18 months
During the first 60 days of COBRA coverage you or your dependent become disabled under the Social Security Act	You, spouse, dependent children	Up to 29 months; months 1-18, 102% of premium; months 19-29, 150% of premium
You divorce or legally separate	Ex-spouse and/or dependent children	Up to 36 months from initial qualifying event
Your dependent children lose eligibility	Dependent children	Up to 36 months from initial qualifying event
You become covered by Medicare	Spouse and/or dependent children	Up to 36 months from initial qualifying event
You die	Spouse and/or dependent children	Up to 36 months from initial qualifying event

Retirement Options

NC Retirement Systems Supplemental Benefits: www.ncretiree.com

When will I receive information on the North Carolina Retirement Systems Supplemental Benefits?

- After you have received your first retirement benefit payment, Pierce Insurance will mail you an enrollment book that summarizes the supplemental benefits that are available to you.
- Pierce Insurance will also send you an email summarizing your benefits and how to enroll.
- To obtain benefits you must complete the enrollment process within 60 days after you have received your first retirement benefit payment.

Where can I find information on Dental, Vision and Identity Theft Protection premiums?

- Go to www.ncretiree.com
- Call Pierce Insurance: 855-627-3847
- You may enroll in identity theft protection year-round.

What supplemental benefits are available to new retirees?

- Identity Theft Protection • Dental • Vision

Is there an association fee to participate?

No, all programs are offered directly through the North Carolina Retirement Systems.

What happens to my existing supplemental benefits when I retire?

This depends on the type of coverage you have and who your coverage is with. You should contact your Health Benefit Representative at your worksite to learn about your options.

How do I make sure I do not have a lapse in dental or vision coverage when I transition from employee to retiree?

You may need to continue your current plan(s) through COBRA until your North Carolina Retirement Systems plans are effective. Your Health Benefit Rep can advise you on your options.

Retirement —Your State Benefit Decisions

My NC Retirement for government employees, employers, and retirees. Here you'll find resources and tools to help you determine what actions to take to address your short-term and long-term financial and retirement planning needs. Learn more:

- <https://www.myncretirement.com/non-retirees/current-employees>
- 877-627-3287

Retirement – Other Helpful Information

- 50+ Insurance: www.pierceins.com/50plus
- The Official US Government Site for Medicare (<https://www.medicare.gov/>)
- Social Security Retirement Benefits (<https://www.ssa.gov/retire/>)
- Living Well in Retirement (<http://www.webmd.com/healthy-aging/living-well-in-retirement-14/default.htm>)

Contact Information for Questions and Claims

City of Goldsboro

Sthornton@goldsboronc.gov

Phone: 919-580-4372

Fax: 919-580-4293

Pierce Insurance Agency, Inc.

3766 South Main Street, Farmville, NC 27828

Mailing address: P.O. Box 727, Farmville, NC 27828

Customer Service: 800-421-3142

www.pierceins.com/goldsboronc

LifeLock Identity Theft Protection

Customer Service: 800-607-9174

<https://memberportal.lifelock.com/support>

MOBILE APP
View Benefits On-The-Go:

Take advantage of the LifeLock app to get an on-the-go experience and important information right at your fingertips. Search LifeLock Identity Theft Protection in the Apple app store or Android Google Play. Downloading the app does not provide protection until enrollment has been completed.

Nationwide Pet Insurance

Customer Service: 800-540-2016

Claims: 800-540-2016

www.petinsurance.com/goldsboronc

Email Address: submitmyclaim@petinsurance.com

MOBILE APP
View Benefits On-The-Go:

Take advantage of the Nationwide Pet app to get an on-the-go experience and important information right at your fingertips. Search VitusVet Pet Health Care in the Apple app store or Android Google Play

TASC - Flexible Spending Accounts

Customer Service: 800-422-4661

www.tasconline.com

Transamerica Life Insurance Company – Accident, Cancer, Critical Illness, Life

Claims Customer Service Department: 888-763-7474

Email Claim Documents to: tebclaimsscanning@transamerica.com

www.transamericaemployeebenefits.com/customers

Community Eye Care

Customer Service: 888-254-4290

Claims: 888-254-4290 (Option 1)

Email: claims@cecvision.com

www.cecvision.com/members/login

Dearborn National - Short Term Disability and Employer Paid Term Life

Life: Customer Service and Claims: 800-348-4512

Disability: Customer Service and Claims: 877-348-0487

Delta Dental

Customer Service: 800-662-8856

www.DeltaDentalNC.com

MOBILE APP
View Benefits On-The-Go:

Take advantage of the Delta Dental app to get an on-the-go experience and important information right at your fingertips. Search Delta Dental in the Apple app store or Android Google Play

Employee Assistance Program

Customer Service: 800-633-3353

www.Mygroup.com

Username: cityofgoldsboro | Password: guest

NOTES

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Employee Benefits Enrollment Guide

Plan Year: January 1, 2020 – December 31, 2020

Your Future Protected



Take this opportunity to discover the wide range of voluntary benefits City of Goldsboro offers - then make choices that best support you and your family.

Administered by:



Learn & Enroll:

www.pierceins.com/goldsboronc

800-421-3142