



North Carolina
Total Retirement Plans



Dale R. Folwell, CPA
STATE TREASURER OF NORTH CAROLINA
DALE R. FOLWELL, CPA

Enroll within 60 days of receiving your first retirement benefit.

2023 SUPPLEMENTAL BENEFITS ENROLLMENT



 DENTAL INSURANCE	 IDENTITY THEFT PROTECTION	 VISION INSURANCE
--	---	--

Enroll within 60 days of receiving your first retirement benefit.

In partnership with:



PIERCE INSURANCE

Supplemental Benefits Specialists Since 1955



North Carolina Total Retirement Plans



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Dear North Carolina retirement benefit recipient,

Welcome to your retirement!

We are pleased to offer the following benefits to you as a North Carolina Retirement Systems retiree:

- UnitedHealthcare: Dental
- UnitedHealthcare: Vision
- LifeLock: Identity Theft Protection



The Department of State Treasurer (DST) consistently works toward cost-effective options for our retirees. For plan year 2023, **members will save \$1.7 million in dental and vision premiums** and the identity theft protection coverage has been upgraded to the Premier plan at no additional cost to NC retirees.

In June 2020, we negotiated a one-time reduction in dental premiums resulting in a savings of nearly \$2.3 million for retirees. For plan year 2021, we negotiated a reduction in dental and vision premiums saving our members \$1.7 million. For plan year 2022, dental and vision premiums remained the same, premiums for **identity theft protection were lowered**, and additional plan features were added to the identity theft protection plan.

I encourage you to review the enclosed materials from Pierce Insurance Agency, Inc., and carefully consider these options. If you choose to participate, these payments can be deducted directly from your monthly retirement benefit, direct billed, or paid by bank draft.

To participate in dental, vision, and/or identity theft protection, you must complete your enrollment process within 60 days upon receiving your first retirement benefit payment.

For additional details or specific questions, please contact Pierce Insurance Agency, Inc., at 855-627-3847 or online at ncretiree.com.

Thank you for serving the citizens of North Carolina.

Sincerely,

Dale R. Folwell, CPA

Treasurer Dale R. Folwell, CPA



North Carolina Retiree Benefits Overview

Pierce Insurance is the trusted partner for the North Carolina Retirement Systems.

Benefits offered are:

Dental | Vision | Identity Theft Protection

- Enroll within 60 days of receiving your first retirement benefit. Call 855-627-3847 to enroll or ask questions. You may also visit ncretiree.com for up-to-date information and to enroll online. Instructions are on page 13.

NEW for 2023

- **Lower Premiums for Dental and Vision with the same great coverage.**
Dental premiums on page 5.
Vision premiums on page 9.
- **Identity Theft Protection plan upgraded to Premier with no change in premium.**
New features and premiums on page 11.
- **Hearing Aid discount with the dental plan.**
- **Vision plan 1 includes 2nd exam benefit for diabetics.**

How are the monthly premiums collected?

- Pension deduction (deductions shown in ORBIT under View Payments)
- Direct bill (paid monthly, quarterly, semi-annually by check or bank draft)
- Firefighters' and Rescue Squad Workers', National Guard, or Register of Deeds Pension Funds' benefit recipients qualify for direct bill only

Do you have dual coverage?

Remember to perform a dual coverage double check to make sure you are choosing coordinating options and receiving the benefits you need with the right level of financial commitment for your specific life situation.

Dual coverage for Dental, Vision and Identity Theft may create duplicate benefits causing claims to not be paid as expected. If you have questions about deductions for these benefits, please call Pierce Insurance at 855-627-3847.

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Resources

NC Retiree Supplemental Benefits:
ncretiree.com
 855-627-3847

NC Retirement Systems:
myNCRetirement.com
 919-814-4590

ORBIT- Retirement Account Access:
ORBIT.myNCRetirement.com

State Health Plan:
www.shpnc.org
 855-859-0966

Pierce Insurance Agency:
pierceins.com

No association fee is required to enroll in these supplemental benefits.

About This Guide

This guide describes benefits offered through the North Carolina Retirement Systems. In the event of any discrepancy between what is written here and what is written in the plan document and insurance certificates, the plan document and insurance certificates will govern. Changes in the tax laws or other requirements might cause changes in the plan.





Enroll within 60 days of receiving your first retirement benefit.

Call: 855.627.3847

Dental with Hearing Aid Discount



Dental Plan Features

- Preventive and Diagnostic Services covered at 100% of UCR*
- Basic and restorative covered at 50% of UCR*
- Major services covered at 50% of UCR*
- \$1,000 calendar year maximum and no waiting period
- Visit any dentist or dental specialist of your choice. Save money by seeing a network dentist.
- Hearing Aid Discount Program: Learn more at uhchearing.com or call 1-866-926-6632.

Use special discount code: **NCRSHEARING**.

*Please note - Percentage is of Usual, Customary and Reasonable charges, based upon zip codes by geographic regions.

Consumer MaxMultiplier

This feature encourages you to seek preventive and diagnostic care through an awards-based program.

- There is a calendar year maximum award balance that can be carried forward each year so that accumulated funds are available when you need them. Each family member is eligible to earn his or her own awards.
- This special feature increases benefits at the same low premium.
- Paid claims must be less than \$500 to earn award amount.
- You must use your dental benefit at least once between January 1, 2023, and December 31, 2023, to be eligible for this benefit.
- This award amount is available each year until you have reached a total combined regular calendar year maximum of \$1,000.00, plus \$1,250.00 award, for a maximum total of \$2,250.00.

* REASONABLE AND CUSTOMARY PLAN: A dental benefit plan that determines benefits based only on "Reasonable and Customary" fee criteria. USUAL FEE: The fee that an individual dentist most frequently charges for a given dental service. CUSTOMARY FEE: The fee level determined by the administrator of a dental benefit plan from actual submitted fees for a specific dental procedure to establish the maximum benefit payable under a given plan for that specific procedure. REASONABLE FEE: The fee charged by a dentist for a specific dental procedure that has been modified by the nature and severity of the condition being treated and by any medical or dental complications or unusual circumstances, and therefore may differ from the dentist's "usual" fee or the benefit administrator's "customary" fee.

Summary of Dental Plan Benefits

- No deductible for diagnostic and preventive services
- A \$25.00 deductible, per member per plan year, applies to basic restorative and major services
- Please see the certificate of coverage on the website at ncretiree.com/dental for complete benefit information, including exclusions and limitations

Access Your Benefits & Claim Filings

Register at: www.myuhc.com

- View and print explanation of benefits and ID cards
- Look up and nominate providers from the PPO National Network
- Obtain claim information
- Print claim forms
- View certificate of coverage
- View eligibility

Save on Hearing Aids

- Convenient ordering
- Custom-programmed hearing aids
- Name-brand and private-label hearing aids at significant savings
- More than 5,000 credentialed hearing provider locations
- Use promo code **NCRSHEARING** for discounted pricing



Call: 866-926-6632

Visit: uhchearing.com

* Included in the dental plan, hearing aid discount program.

Who is eligible?

- Retirees, spouses, and unmarried children (eligible until the day they turn 26).
- Handicapped children with disabilities are eligible for dental and vision insurance, regardless of age.
- As a surviving spouse, you must enroll in the plan through the normal enrollment process. You must complete a new enrollment form and submit to Pierce Insurance Agency or call 855-627-3847. (For detailed explanation on eligibility go to: <https://ncretiree.com/frequently-asked-questions/>).
- Member must notify Pierce Insurance Agency when dependents no longer meet eligibility requirements.



Dental with ^{NEW} Hearing Aid Discount



DIAGNOSTIC & PREVENTIVE SERVICES Covered at 100% of UCR*	BASIC RESTORATIVE Covered at 50% of UCR*	MAJOR SERVICES Covered at 50% of UCR*
<p><i>This includes:</i></p> <p>DIAGNOSTIC</p> <ul style="list-style-type: none"> Initial Oral Exam Periodic Oral Exam Emergency Exams for Pain Relief Full Mouth X-Rays (1 procedure every 60 months) Bitewing X-Rays (once every 12 months) Single Tooth X-Rays <p>PREVENTIVE</p> <ul style="list-style-type: none"> Prophylaxis (2 per calendar year) Fluoride Treatments for children under age 19 (eligible until the day they turn 19) Sealants for children under age 16 (eligible until the day they turn 16) 	<p><i>This includes:</i></p> <p>RESTORATIVE</p> <ul style="list-style-type: none"> Amalgam Fillings (Silver Fillings) Composite Fillings (White Fillings) - Anterior (front) Teeth Only Temporary Fillings Space Maintainers for children under age 14 (eligible until the day they turn 14) <p>ORAL SURGERY</p> <ul style="list-style-type: none"> Simple Extraction Surgical Extraction General Anesthesia <p>PERIODONTICS</p> <ul style="list-style-type: none"> Periodontal Surgery Scaling and Root Planing <p>ENDODONTICS</p> <ul style="list-style-type: none"> Root Canal Treatment Pulpotomy <p>PROSTHETIC MAINTENANCE</p> <ul style="list-style-type: none"> Bridge or Denture Repair Rebase or Reline of Dentures Re-cement of Crowns and Onlays 	<p><i>This includes:</i></p> <p>GOLD/CAST RESTORATIONS</p> <ul style="list-style-type: none"> Gold or Cast Restorations Crowns (when teeth cannot be restored with amalgam, composite, or plastic restorations) <p>PROSTHODONTICS</p> <ul style="list-style-type: none"> Dentures Bridges Partials <p><small>*Please note - Percentage is of Usual, Customary, and Reasonable charges, based upon zip codes by geographic regions.</small></p>

Monthly Premiums



Plan Coverage	Retiree	Retiree + 1	Retiree + Family
Monthly Premiums	\$36.26	\$85.85	\$120.36

New enrollees will receive identification card(s) prior to the effective date of their coverage.

ncretiree.com/dental



Enroll within 60 days of receiving your first retirement benefit.

Call: 855.627.3847

Dental with ^{NEW} Hearing Aid Discount



3 Easy Ways to Enroll

1

Enroll online: ncretiree.com/enroll

2

Complete the attached enrollment form on page 15 and return it to Pierce Insurance via postage-paid envelope inserted on page 8.

3

Enroll by phone: 855-627-3847

Frequently Asked Questions

If my spouse is still working and has a dental plan, can that spouse still be enrolled under the Retirees' dental plan?

Yes, your spouse can be enrolled through the Retirees' dental plan and have dual coverage. Coordination of benefits will apply.

Where are my claims processed?

Dentists will usually submit claims on behalf of our members. Should you need to submit claims, please send the claim form and bills to: UnitedHealthcare Dental, Attn: Claims Unit, P.O. Box 30567, Salt Lake City, UT 84130-0567.

If I have questions about my claims, eligible benefits, and plan coverage, who do I call?

Questions regarding your UnitedHealthcare Dental Policy and Claims can be answered by calling Customer Care at 877-905-0659.

Must I choose between Diagnostic and Preventive, Basic or Major Restorative Services?

No, all three types of coverage are included in your dental plan.

What is the \$25 deductible?

The deductible is per person, per calendar year for Basic or Major Services. This deductible does not apply to Preventive and Diagnostic Services (such as exams and cleanings).

How do I know if my provider participates with UnitedHealthcare Dental?

To verify if your provider participates with UnitedHealthcare Dental, ask your provider or contact UnitedHealthcare Dental at 877-905-0659 before services are performed. You may also nominate your provider by calling UnitedHealthcare Dental, 877-905-0659 or myuhc.com and completing a Provider Nomination Form.

If I am enrolled in another plan and I want to enroll in this plan, will the other plan be automatically canceled or replaced?

No. New enrollees are responsible for **canceled** other coverage even if the other coverage is pension-deducted from your retirement benefit. The new plan coverage will not automatically cancel or replace any other coverage you may have that is provided by other organizations or associations.

What is a pre-determination?

When you are anticipating expensive dental charges over \$500, have your provider submit a pre-determination estimate to UnitedHealthcare. The response to this will tell you what the plan will pay for certain procedures and what charges you may have out of pocket.

How do I terminate coverage after a life changing event?

If there is a life event where coverage needs to be terminated, please notify Pierce Insurance at 855-627-3847 no later than 180 days after the event. Please note: Failure to report life changing events within the allotted time frame will result in overpayment of premium and premium refund cannot be issued beyond 12 months per UnitedHealthcare policy.

The dental product is underwritten by UnitedHealthcare Insurance Company. Our dental product is administered by Dental Benefit Providers, Inc. *Pierce Insurance Agency, Inc. is a licensed insurance agent in North Carolina that has been authorized to arrange this coverage, but it is not part of the North Carolina State Government or its Retirement Systems.



Vision with Hearing Aid Discount



Who is Eligible?

- Retirees, spouses, and unmarried children (eligible until the day they turn 26).
- Handicapped children with disabilities are eligible for dental and vision insurance, regardless of age.
- As a surviving spouse, you must enroll in the plan through the normal enrollment process. You must complete a new enrollment form and submit to Pierce Insurance Agency or call 855-627-3847. (For detailed explanation on eligibility go to: <https://ncretiree.com/frequently-asked-questions/>).
- Member must notify Pierce Insurance Agency when dependents no longer meet eligibility requirements.

Save on Hearing Aids

- Convenient ordering
- Custom-programmed hearing aids
- Name-brand and private-label hearing aids at significant savings
- More than 5,000 credentialed hearing provider locations
- Use promo code **NCRSHEARING** for discounted pricing

Call: 866-926-6632 Visit: uhchearing.com

* Included in the dental plan, hearing aid discount program.



Vision Plan Features

- Visit myuhcvision.com to find the vision network providers near you.
- Save the most money by using a network provider. You can choose where to have an exam and where to purchase glasses or contacts.
- No waiting period.
- \$130 frame allowance for frames available at a retail or private practice provider.
- Hearing Aid Discount Program: Learn more uhchearing.com or call 1-866-926-6632. Use special discount code: NCRSHEARING.

Frequency of Services

Exam:	Once every 12 months
Lenses:	Once every 12 months
Frame:	Once every 24 months
Contact Lenses:	Once every 12 months

(contacts in lieu of lenses and frame)

Access Your Benefits & Claim Filings

Register at: www.myuhcvision.com

- Look up providers
- View eligibility
- View benefit summary
- Obtain claim information and provider nomination forms
- Print vision cards

Health4Me Mobile App

Get UnitedHealthcare benefit and provider info on the go with **UnitedHealthcare Health4Me®** — a mobile application designed to help you save time managing your health care.



Enroll within 60 days of receiving your first retirement benefit.

Call: 855.627.3847

Summary of Vision Plan Benefits

Information	Plan 1 Exam & Materials Plan		Plan 2 Materials Only Plan	
	In Network ¹	Out of Network ²	In Network ¹	Out of Network ²
Copayments	\$10.00 Exam Copay \$10.00 Materials Copay	Not Applicable	\$10.00 Materials Copay	Not Applicable
Comprehensive Exam by an Ophthalmologist (MD) or Optometrist (OD)	Covered in Full (after copay)	Up to \$64.00	Not Applicable	Not Applicable
2nd Exam Benefit for Diabetics	Covered in Full (after copay)	Up to \$64.00	Not Applicable	Not Applicable
Standard Lenses (per pair)				
• Single Vision	Covered in Full (after copay)	Up to \$40.00	Covered in Full (after copay)	Up to \$40.00
• Lined Bifocal	Covered in Full (after copay)	Up to \$60.00	Covered in Full (after copay)	Up to \$60.00
• Lined Trifocal	Covered in Full (after copay)	Up to \$80.00	Covered in Full (after copay)	Up to \$80.00
• Lenticular	Covered in Full (after copay)	Up to \$80.00	Covered in Full (after copay)	Up to \$80.00
Frames - Standard	Up to \$130.00 (after copay) ³	Up to \$50.00	Up to \$130.00 (after copay) ³	Up to \$50.00
Contact Lenses (in lieu of lenses and frame)				
• Cosmetic – Elective	Up to \$125.00 (after copay) ⁴	Up to \$125.00	Up to \$125.00 (after copay) ⁴	Up to \$125.00
• Necessary	Covered in Full (after copay) ⁵	Up to \$210.00	Covered in Full (after copay) ⁵	Up to \$210.00
Patient Lens Options	Covered in Full (after copay)	No Coverage	Covered in Full (after copay)	No Coverage
	<ul style="list-style-type: none"> • Standard Scratch Coating • Tints • UV Protective Lenses • Standard Progressives • Deluxe Progressive Lenses • Polycarbonate Lenses 		<ul style="list-style-type: none"> • Standard Scratch Coating • Tints • UV Protective Lenses • Standard Progressives • Deluxe Progressive Lenses • Polycarbonate Lenses 	
Laser Vision Correction	Discounts available through network providers. For additional information contact 1-800-980-2965 or visit www.myuhcvision.com	No Coverage	Discounts available through network providers. For additional information contact 1-800-980-2965 or visit www.myuhcvision.com	No Coverage

Exam and Materials Plan / Materials Only Plan

1. Network Benefits: Materials copays and patient options are paid to the network provider by the plan participant.

2. Out-of-Network Benefits: The plan participant pays full fee to the provider and UnitedHealthcare Vision reimburses the retiree for services rendered up to maximum allowance. There are no copays or deductibles.

3. Frame Benefit: UnitedHealthcare Vision's frame benefit applies to virtually all of the frames on the market today, and most of those are covered in full, with no additional cost to the retiree, other than applicable co-pay. With UnitedHealthcare Vision's frame benefit, plan participants receive a \$130.00 retail or private practice frame allowance for frames purchased at retail chain or private practice providers, and for any frame above \$130.00, the retiree will only pay the difference.

4. Contact Lens Benefit: Contact lenses are provided in lieu of eyeglasses (lenses and frame). UnitedHealthcare Vision's contact lens benefit covers in-full (after applicable copayment) the fitting/evaluation fees, contacts (including up to four boxes of disposables, depending on prescription), and up to two follow-up visits. An allowance is applied toward the fitting/evaluation fees and purchase of contact lenses outside of UnitedHealthcare Vision's covered-in-full contacts (materials copay does not apply). Toric, gas permeable and bifocal contact lenses are all examples of contacts that are outside of our covered-in-full selection.

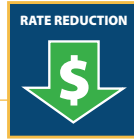
5. Necessary contact lenses are determined at the eye care provider's discretion for one or more of the following conditions: Following cataract surgery without intraocular lens implant; To correct extreme vision problems that cannot be corrected with spectacle lenses; With certain conditions of anisometropia; With certain conditions of keratoconus. If an out-of-network provider considers contacts necessary, retirees should ask their out-of-network provider to contact UnitedHealthcare Vision concerning the reimbursement that UnitedHealthcare Vision will make before they purchase such contacts.



Vision with Hearing Aid Discount



Monthly Premiums



Plan Coverage/ Monthly Premiums	Retiree	Retiree + 1	Retiree + Family
Plan 1 Exam & Materials Plan	\$6.81	\$13.79	\$15.49
Plan 2 Materials Only	\$4.74	\$9.62	\$10.75

New enrollees will receive identification card(s) prior to the effective date of their coverage.

3 Easy Ways to Enroll

1

Enroll online: ncretiree.com/enroll

2

Complete the attached enrollment form on page 15 and return it to Pierce Insurance via postage-paid envelope inserted on page 8.

3

Enroll by phone: 855-627-3847

Frequently Asked Questions

How do I identify myself as a UnitedHealthcare Vision member utilizing a network provider?

When contacting a network provider to make your appointment, simply give the provider the subscriber's unique identification number, the patient's name and date of birth and identify yourself as a member of the UnitedHealthcare Vision Plan. The network provider will verify your eligibility and coverage with UnitedHealthcare Vision prior to your scheduled appointment.

What if my provider is not in-network?

If your provider is not in-network, please call UnitedHealthcare Vision customer service at 800-980-2965. Your Customer Service Representative will assist you with finding a UnitedHealthcare Vision in-network provider.

How do I know if my provider participates in UnitedHealthcare Vision?

To verify if your provider participates with UnitedHealthcare Vision, ask your provider, or contact UnitedHealthcare Vision at 800-980-2965 before services are performed. You may also nominate your provider by calling UnitedHealthcare Vision at 800-980-2965, or by visiting the UnitedHealthcare Vision website at myuhcvision.com and completing a Provider Nomination Form.

How do I file my out-of-network claims?

For all out-of-network vision claims you will need to send your itemized paid receipts, with the primary insured's unique identification number, and the patient's name and date of birth to the address below. You do not need a claim form to submit receipts for reimbursement.

UnitedHealthcare Vision, P.O. Box 30978, Salt Lake City, UT 84130 or Fax to: 248-733-6060.

How do I terminate coverage after a life changing event?

If there is a life event where coverage needs to be terminated, please notify Pierce Insurance at 855-627-3847 no later than 180 days after the event. Please note: Failure to report life changing events within the allotted time frame will result in overpayment of premium and premium refund cannot be issued beyond 180 days per UnitedHealthcare policy.

ncretiree.com/vision

NEW! Norton LifeLock now includes more protection for your identity & your digital life.

Identity theft protection has been upgraded to Premier status for 2023!

In addition to identity theft protection, Norton's device security, online privacy, parental controls, and more have been added at the same low rates.

If you wish to become a member, enroll within 60 days of receiving your first retirement benefit.



ID THEFT PROTECTION

Get alerts* for possible fraudulent use of your Social Security number, name, address and date of birth.



DEVICE SECURITY

Protects your devices by scanning and blocking ransomware, viruses, malware, and other threats.



ONLINE PRIVACY

Browse anonymously and securely with a no-log VPN. Bank-grade encryption helps keep your information secure.



PARENTAL CONTROL

Manage your kids' activities online. Help them explore, learn, and enjoy their connected world safely.†

Get Protection Today!

MONITOR & ALERT*

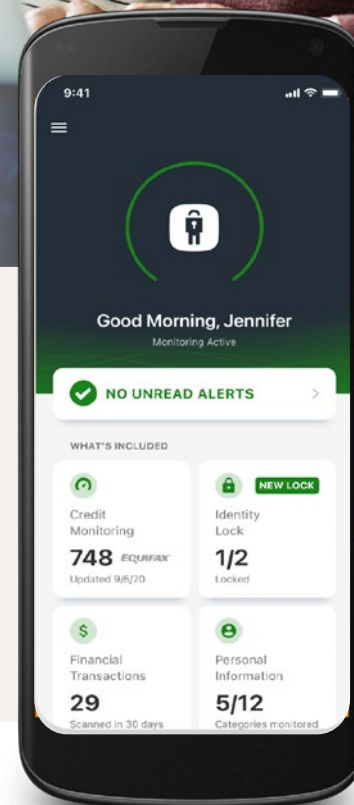
We monitor for a wide range of threats and will alert you if we find potentially suspicious activities to help you detect fraud.

RESTORE

A dedicated U.S.-based Identity Restoration Specialist will work to resolve your identity theft problem.

REIMBURSE

If your money is stolen due to ID theft, we will reimburse up to \$1 million.†††



**Enroll online at ncretiree.com
or call 855-627-3847**

No one can prevent all identity theft or cybercrime.

* Not all products, services and features are available on all devices or operating systems. System requirement information on Norton.com.

† The LifeLock alert network includes a variety of product features and data sources. Although it is very extensive, our network does not cover all transactions at all businesses, so you might not receive a LifeLock alert in every single case.

††† Reimbursement and Expense Compensation, each with limits of up to \$1 million for LifeLock with Norton Benefit Essential and LifeLock with Norton Benefit Premier 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: Norton.com/legal.

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PREMIUMS



Retiree Only (18+ Years Old)



Retiree + Family^A

\$8.00

\$14.00

^A LifeLock enrollment is limited to NCRS retirees and their eligible dependents. Eligible dependents must live within the enrollee's household, or be financially dependent upon enrollee. As part of the family plan, LifeLock Benefit Junior is available to minors under 18, and as an added membership to an adult identity theft enrollment. LifeLock services will only be provided after receipt and applicable verification of certain information about you and each family member. Please refer to NCRS for the required enrollment information under your plan. In the event you do not complete the 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 that membership plan. 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.

LIFELock IDENTITY THEFT PROTECTION	Identity Lock ^{1,5}		
LIFELock IDENTITY THEFT PROTECTION	Home Title Monitoring	●	●
	Social Media Monitoring		●
	Credit, Bank & Utility Account Freezes	●	●
	LifeLock Identity Alert™ System [†]	●	●
	• Identity Verification Monitoring [†]	●	●
	• Telecom & Cable Applications for New Service		●
	• Payday - Online Lending Alerts [†]	●	●
	• Credit Alerts & Social Security Alerts [†]	●	●
	Mobile app (Android™ & iOS)	●	●
	Downloading the app does not provide protection until enrollment has been completed.		
	Dark Web Monitoring	●	●
	• Dark Web Monitoring – Gamer Tags		●
	• Dark Web Monitoring – Password Combo List		●
	Court Records Scanning		●
	USPS Address Change Verification	●	●
	Stolen Wallet Protection	●	●
	Reduced Pre-Approved Credit Card Offers	●	●
	Fictitious Identity Monitoring	●	●
	Phone Takeover Monitoring	●	●
	Data Breach Notifications	●	●
	Bank & Credit Card Activity Alerts [†]	●	●
	• Unusual Charge Alerts[†]		●
	• Recurring Charge Alert[†]		●
	Checking & Savings Account Application Alerts [†]	●	●
	Bank Account Takeover Alerts [†]	●	●
	401k & Investment Account Activity Alerts [†]	●	●
	File Sharing Network Searches	●	●
	Sex Offender Registry Reports	●	●
	Prior Identity Theft Remediation ⁹	●	●
	This feature is separate from our Million Dollar Protection™ Package and does not provide coverage for lawyers and experts, reimbursement of stolen funds or compensation for personal expenses for events occurring during the 12 months prior to enrollment. See disclaimer for details.		
	U.S.-based Identity Restoration Specialists	●	●
	24/7 Live Member Support	●	●
NORTON DEVICE SECURITY	Million Dollar Protection™ Package ^{†††}		
	• Stolen Funds Reimbursement	Up to \$1 Million each	Up to \$1 Million each
	• Personal Expense Compensation		
	• Coverage for Lawyers and Experts		
	Credit Application Alerts ²	One-Bureau ¹	One-Bureau ¹
	Credit Monitoring ¹	Three-Bureau ¹	Three-Bureau ¹
	Credit Reports & Credit Scores ¹	One-Bureau ¹	On Demand – One Bureau Daily/ Three-Bureau ¹ Annual
	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.		
	Monthly Credit Score Tracking ¹	One-Bureau ¹ Annually	One-Bureau ¹
	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.		
ONLINE PRIVACY	Secures PCs, Mac & mobile devices		Up to 5 devices (Family gets 10 devices)
	Online Threat Protection		●
	Password Manager	●	●
	Parental Control⁴		●
	Smart Firewall		●
	Cloud Backup³		50 GB
ONLINE PRIVACY	Secure VPN		●
	Privacy Monitor	●	●
	SafeCam³		●

No one can prevent all identity theft or all cybercrime.

¹ 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.

² If your plan includes One Bureau Credit Application Alerts, two requirements must be met to receive said features: (i) your identity must be successfully verified with TransUnion; and (ii) TransUnion 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 ONE BUREAU CREDIT APPLICATION ALERTS. One Bureau Credit Application Alerts will take several days to begin after your successful LifeLock plan enrollment.

^{3,4} Not all products, services and features are available on all devices or operating systems. System requirement information on [Norton.com](https://www.norton.com).

⁵ Locking or unlocking your credit file does not affect your credit score and does not stop all companies and agencies from pulling your credit file. The credit lock on your TransUnion Credit File will be unlocked if your subscription is downgraded or canceled.

[†] The LifeLock alert network includes a variety of product features and data sources. Although it is very extensive, our network does not cover all transactions at all businesses, so you might not receive a LifeLock alert in every single case.

^{†††} Reimbursement and Expense Compensation, each with limits of up to \$1 million for Norton LifeLock Benefit Essential, Norton LifeLock Benefit Premier, Benefit Elite, and Ultimate Plus, up to \$100,000 for Advantage and Ultimate, and up to \$25,000 for Standard, Command Center, Basic, and Benefit 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: [NortonLifeLock.com/legal](https://www.NortonLifeLock.com/legal).

⁹ Subject to eligibility requirements defined in [Terms & Conditions](https://www.NortonLifeLock.com/terms). Norton reserves the right to change and/or cease services at any time.

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Enroll within 60 days of receiving your first retirement benefit.

Call: 855.627.3847

How to Enroll: Dental, Vision, & Identity Theft Protection

3 Easy Ways to Enroll

1

Enroll online: ncretiree.com/enroll

2

Complete the attached enrollment form on pages 15-16 and return it to Pierce Insurance via postage-paid envelope inserted on page 8.

3

Enroll by phone: 855-627-3847

Tips to Enroll: Dental, Vision, & Identity Theft Protection

- You may enroll online at ncretiree.com/enroll or by phone at 855-627-3847.
 - A paper enrollment form is not required.
 - If you would like to make changes to your benefits, call us at 855-627-3847.
 - To check the status of your benefits, **call:** 855-627-3847, **chat:** ncretiree.com or **email:** info@pierceins.com.
 - To prevent delays in processing, all fields for your personal information on the enrollment form must be completed.
 - **Your full Social Security number, and your date of birth are required.**
 - When enrolling dependents, their information must also be completed.
 - Dependents with incomplete information cannot be enrolled.
 - **For identity theft protection, Social Security numbers are required for all enrolled eligible dependents.**
- Also, a unique email is required for each dependent 18 and over.

Checklist for Paper Enrollment

- **Complete your personal information.**
- **Select your benefits.** Check Yes for each benefit for which you are enrolling.
- **Dental and Vision: Select the plan and who is to be covered on each benefit.**
 - Select the plan (For Vision indicate Plan 1 or Plan 2) • Select RETIREE, RETIREE + ONE (1) or RETIREE + FAMILY
- **Norton LifeLock: Indicate the plan and who is to be covered.**
 - Select RETIREE or RETIREE + FAMILY
 - Social Security numbers are required for all enrolled eligible dependents. A unique email is required for each dependent 18 and over.
- **Complete dependent information.**
- **Select billing method.**
 - Most retirees are pension deducted. If no selection is made, you will be set up on pension deduction.
 - Please note that Firefighters and Rescue Squad Workers, National Guard or Register of Deeds Pension Funds' benefit recipients do not qualify for pension deduction and will be direct billed.
- **Sign and date your enrollment form.**

Enrollment Forms are Located on Pages 15-16.

How to Enroll Online

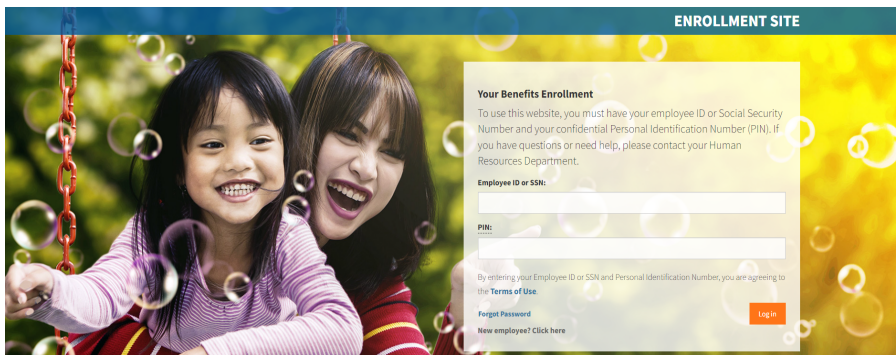
Call: 855.627.3847

Step 1 - Connect to the Website through your web browser at <https://ncretiree.com/enroll/>.
You may use your desktop computer or any mobile device to complete your enrollment.

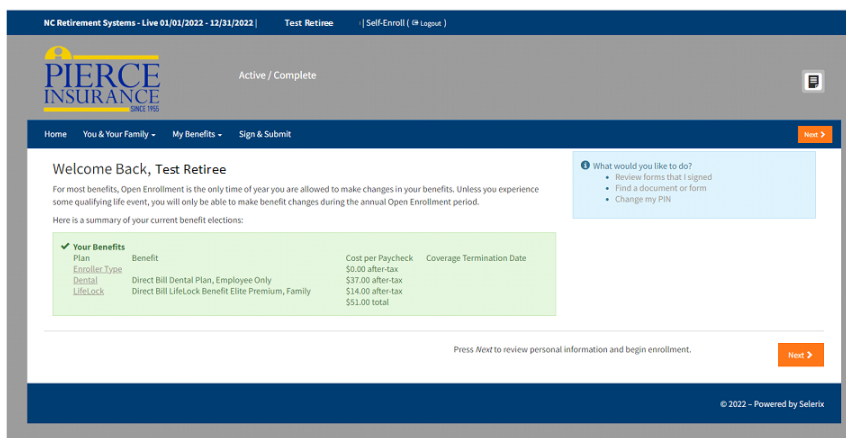
Step 2 - Click [Enroll Online](#).

Step 3 - If you are not enrolled/recent retiree, please select [New Employee? Click here](#).

If you are having trouble logging on the system, contact Pierce Insurance Agency at 855-627-3847.



Step 4 - 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.



See reverse ➔

How to Enroll Online

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.

Active / Complete

Home You & Your Family My Benefits Sign & Submit

My Benefits

Below is a list of your current benefit elections. Click "Review" for benefit information and to elect or decline coverage.

✓ Enroller Type Review

Enrollment Details

Person Name	Relationship	Description	Policy #	Cost
john test	Employee	Enroller Type; EO		\$0.00

✓ You have completed enrollment in this plan. Your cost per pay period will be \$0.00

✗ Dental Review

You have elected to WAIVE coverage under this plan.

✗ Vision Review

You have elected to WAIVE coverage under this plan.

✓ LifeLock Review

Enrollment Details

My Benefits

Enroller Type	\$0.00
Dental	\$0.00
Vision	\$0.00
LifeLock	\$14.00
Employer Cost	\$0.00
Pre-tax cost	\$0.00
Post-tax cost	\$14.00
Total Cost	\$14.00

Per Pay Period

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:

***** Sign Form

If you have any questions about your enrollment, please contact Pierce Insurance Agency by phone at 855-627-3847 or email info@pierceins.com. You may also log back into the enrollment site to verify you submitted your enrollment form.



Pierce Insurance Agency, Inc.
Phone: 855-627-3847

Complete form and mail, fax
or email to:

ATTN: NCRS
P.O. Box 727
Farmville, NC 27828
Email: info@pierceins.com
Fax: 252-753-5941

AUTHORIZED USE ONLY

Policy Group Numbers: **708788**

☐ PVRC 0001-0001 ☐ PVRC 0002-0002
☐ PVRC 0003-0003 ☐ PVRC 0004-0004
☐ PVRC 0005-0005 ☐ PVRC 0006-0006

Dental Plan Code: **P3271**

Effective Date:

DENTAL AND VISION ENROLLMENT FORM

SOCIAL SECURITY NUMBER:		DATE OF RETIREMENT / / (Month/Day/Year)		<input type="checkbox"/> ENROLL <input type="checkbox"/> CANCEL <input type="checkbox"/> CHANGE
LAST NAME:		FIRST NAME:	M.I.:	<input type="checkbox"/> ADDRESS CHANGE <input type="checkbox"/> NAME CHANGE
ADDRESS:		CITY:		DATE OF BIRTH: / / (Month/Day/Year)
STATE:	ZIP:	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		TELEPHONE NUMBER: ()
EMAIL ADDRESS:				

DENTAL COVERAGE Underwritten by United Healthcare Insurance Company	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, CHECK COVERAGE:	<input type="checkbox"/> RETIREE	<input type="checkbox"/> RETIREE + ONE (1)	<input type="checkbox"/> RETIREE + FAMILY
PLAN 1: VISION EXAM & MATERIALS PLAN Underwritten by United Healthcare Insurance Company	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, CHECK COVERAGE:	<input type="checkbox"/> RETIREE	<input type="checkbox"/> RETIREE + ONE (1)	<input type="checkbox"/> RETIREE + FAMILY
PLAN 2: VISION MATERIALS ONLY PLAN Underwritten by United Healthcare Insurance Company	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, CHECK COVERAGE:	<input type="checkbox"/> RETIREE	<input type="checkbox"/> RETIREE + ONE (1)	<input type="checkbox"/> RETIREE + FAMILY

Dependent Coverage – spouse and unmarried dependent children only. (Include Date of Birth)

For court-ordered dependents, documentation must be attached.

First Name	M.I.	Last Name (if different)	M/F	Date of Birth (Month/Day/Year)	Relationship	If child is over age 26, please indicate status	Enroll in:	Change or Cancel	Other Dental Coverage
			<input type="checkbox"/> M <input type="checkbox"/> F	/ /	<input type="checkbox"/> Wife <input type="checkbox"/> Husband <input type="checkbox"/> Child	<input type="checkbox"/> Handicapped	<input type="checkbox"/> Dental <input type="checkbox"/> Vision	<input type="checkbox"/> Change <input type="checkbox"/> Cancel	Other Dental Insurance: CARRIER NAME
			<input type="checkbox"/> M <input type="checkbox"/> F	/ /	<input type="checkbox"/> Wife <input type="checkbox"/> Husband <input type="checkbox"/> Child	<input type="checkbox"/> Handicapped	<input type="checkbox"/> Dental <input type="checkbox"/> Vision	<input type="checkbox"/> Change <input type="checkbox"/> Cancel	Other Dental Insurance: CARRIER NAME
			<input type="checkbox"/> M <input type="checkbox"/> F	/ /	<input type="checkbox"/> Wife <input type="checkbox"/> Husband <input type="checkbox"/> Child	<input type="checkbox"/> Handicapped	<input type="checkbox"/> Dental <input type="checkbox"/> Vision	<input type="checkbox"/> Change <input type="checkbox"/> Cancel	Other Dental Insurance: CARRIER NAME

I confirm that the information I have provided on this form is complete and accurate. Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete or misleading information may be prosecuted as allowed by appropriate state law.

THIS SECTION MUST BE SIGNED AND DATED TO RECEIVE BENEFIT.

☐ **PENSION DEDUCTION AUTHORIZATION** - I hereby authorize the North Carolina Retirement Systems to deduct my identity theft, dental and/or vision premiums from my retirement benefit. To the best of my knowledge, I confirm that the information I have provided on this form is complete and accurate. Firefighters and Rescue Squad Workers, National Guard or Register of Deeds Pension Funds' benefit recipients do not qualify for pension deduction. Please select the Direct Bill option.

☐ **DIRECT BILL OPTION** - Please place the benefits that I have applied for on direct bill. Firefighters and Rescue Squad Workers, National Guard or Register of Deeds Pension Funds' benefit recipients do not qualify for pension deduction. Please select the Direct Bill option.

SIGNATURE
NCRS-01 (REV 5-2018)

DATE

The UnitedHealthcare Dental plan is administered by Dental Benefit Providers, Inc.
The UnitedHealthcare Vision plan is administered by Spectera, Inc.

Direct Bill Clients: Do not send checks to Pierce Insurance Agency.
You must wait for your bill to arrive from UnitedHealthcare.

See reverse side to enroll in LifeLock identity theft protection



Identity Theft Protection Enrollment Form

The purpose of this enrollment form is for obtaining accurate data for enrolling a new member in LifeLock identity theft protection. Once you provide this form to Pierce Insurance via mail, email or fax, they will then securely transmit your enrollment data to LifeLock to begin your membership.

Social Security Number _____ Date of Retirement _____ / _____ / _____
MONTH DAY YEAR

☐ Enroll ☐ Cancel ☐ Change
☐ Address Change ☐ Name Change

Last Name _____ First Name _____ MI _____
 Address _____ Date of Birth _____ / _____ / _____
MONTH DAY YEAR

City _____ State _____ Zip _____ Gender ☐ M ☐ F

Phone (_____) _____ - _____ Email _____

IDENTITY THEFT PROTECTION ☐ YES ☐ NO _____ If YES, check coverage ☐ RETIREE ☐ RETIREE + FAMILY

ENROLLING DEPENDENTS – spouse and unmarried dependent children only. (Include Date of Birth & SSN) For court-ordered dependents, documentation must be attached.

Enroll in ☐ Identity Theft —OR— ☐ Cancel ☐ Change

I understand that credit features in LifeLock plans require an additional validation process and until that process is complete, those dependents indicated below will be enrolled in a membership without credit features.

Last Name _____ First Name _____ MI _____ Date of Birth _____ / _____ / _____
MONTH DAY YEAR

Social Security Number _____ Relationship ☐ Husband ☐ Wife ☐ Child Gender ☐ M ☐ F

If child is over 26, please indicate status ☐ Handicapped Email _____

Enroll in ☐ Identity Theft —OR— ☐ Cancel ☐ Change

Last Name _____ First Name _____ MI _____ Date of Birth _____ / _____ / _____
MONTH DAY YEAR

Social Security Number _____ Relationship ☐ Husband ☐ Wife ☐ Child Gender ☐ M ☐ F

If child is over 26, please indicate status ☐ Handicapped Email _____

Enroll in ☐ Identity Theft —OR— ☐ Cancel ☐ Change

Last Name _____ First Name _____ MI _____ Date of Birth _____ / _____ / _____
MONTH DAY YEAR

Social Security Number _____ Relationship ☐ Husband ☐ Wife ☐ Child Gender ☐ M ☐ F

If child is over 26, please indicate status ☐ Handicapped Email _____

ALL LIFELOCK ENROLLEES WHO SIGN BELOW ACKNOWLEDGE AND AGREE AS FOLLOWS

By submitting your enrollment in the NortonLifeLock Benefit Plan, you represent that you have the authority to enroll those dependents indicated in the NortonLifeLock Benefit Plan and you have read and agreed to the Terms and Conditions and Privacy Policy, which can be found at <https://www.nortonlifelock.com/content/dam/nortonlifelock/pdfs/eulas/licensing-agreement/customer-agreement-en.pdf> and <https://www.nortonlifelock.com/privacy>, on behalf of yourself and on behalf of any member of your family you are enrolling.

▶ Retiree Signature _____ Date _____ / _____ / _____
MONTH DAY YEAR

Retiree Printed Name _____

▶ Spouse Signature _____ Date _____ / _____ / _____
MONTH DAY YEAR

Spouse Printed Name _____

▶ Adult Dependent Signature _____ Date _____ / _____ / _____
MONTH DAY YEAR

Adult Dependent Printed Name _____

I am the parent or legal guardian of the minor(s) named above and I authorize NortonLifeLock Inc., its successors and assigns, in accordance with these written instructions under the Fair Credit Reporting Act to obtain credit data from any consumer reporting agency as needed disclose my this minor's credit data to me, and deliver the services and features as available in the plan I have selected.

▶ Signature on behalf of Minor(s) _____ Date _____ / _____ / _____
MONTH DAY YEAR

Printed Name of Signer _____

PENSION DEDUCTION AUTHORIZATION

I hereby authorize the North Carolina Retirement Systems to deduct my identity theft, dental and/or vision premiums from my retirement benefit. To the best of my knowledge, I confirm that the information I have provided on this form is complete and accurate. Firefighters and Rescue Squad Workers, National Guard or Register of Deeds Pension Funds' benefit recipients do not qualify for pension deduction. Please select the Direct Bill option.

DIRECT BILL OPTION

Please place the benefits that I have applied for on direct bill. Firefighters and Rescue Squad Workers, National Guard or Register of Deeds Pension Funds' benefit recipients do not qualify for pension deduction. Please select the Direct Bill option.

Bank Name: _____

Routing Number: _____

Account Number: _____

☐ Checking Account ☐ Savings Account ☐ Business Account

I authorize PIEDMONT Payment Services, LLC (PIEDMONT) to perform electronic funds transfer (EFT) debits on a monthly frequency from the account indicated above, and I authorize my bank to debit the account as described above. I understand that the funds will be used to pay premiums to NortonLifeLock. I also understand that NortonLifeLock will consider payment unpaid and may terminate services if any EFT attempt is returned/declined resulting in insufficient funds to pay my premiums in full. If any EFT debit is returned/declined by my financial institution as unpaid (non-sufficient funds or uncollected funds), I authorize PIEDMONT to suspend future attempts, and I understand that I will be responsible for future premium payments. I acknowledge and authorize PIEDMONT to increase the amount drafted from my bank account to \$14.00 per month, if my NortonLifeLock benefit plan changes from Retiree Only at \$8.00 per month to Retiree + Family at \$14.00 per month.

This authorization is to remain in full force and effect until PIEDMONT has received written notification of its termination, either from the Customer named on this document or from NortonLifeLock. Notification shall be in such time and in such manner as to afford PIEDMONT a reasonable opportunity to act on it or the until the term of the authorization expires. Any termination notice should be sent to PIEDMONT by mail to: PO Box 940, Fortson, Georgia 31808 or by e-mail with reply requested to: support@piedmontpays.com. By signing this document, I acknowledge that I have read and agree with the Processing Terms and Conditions, found at <http://www.piedmontterms.com>

Signature of Depositor _____

GPPM11144



Contact Information

Pierce Insurance Agency | Enroll or Ask Questions About Your Benefits
Call: 855-627-3847 | **E-mail:** info@pierceins.com | **Fax:** 252-753-5941 | **Visit:** ncretiree.com
Write to: Pierce Insurance, Attn: NCRS | PO Box 727 | Farmville, NC 27828

UnitedHealthcare Dental | Dental Claim Questions
Call: 877-905-0659 | **Visit:** myuhc.com
Write to: UnitedHealthcare Dental, Attn: Claims Unit | PO Box 30567 | Salt Lake City, UT 84130

UnitedHealthcare Vision | Vision Claim and Provider Network Questions
Call: 800-980-2965 | **Fax:** 248-733-6060 | **Visit:** myuhcvision.com
Write to: UnitedHealthcare Vision | PO Box 30978 | Salt Lake City, UT 84130

LifeLock Identity Theft Protection, Member Services
Membership questions / Profile Updates / Alert Responses / Identity Theft Incidences
Call: 877-349-2966 | **Fax:** 1-888-244-9823 (Attn: Document Dept.)

Write to: NortonLifeLock Inc., Attn: Member Services | 60 E. Rio Salado Pkwy, Suite 1000 | Tempe, AZ 85281


Detailed FAQ can be found at:
ncretiree.com/frequently-asked-questions/

MyBenefits Website: ncretiree.com


-  Enroll online
-  Review frequently asked questions
-  Print claim and service forms
-  Access ORBIT to change address
-  Access benefit videos
-  View brochures and certificates

Mobile Apps: ncretiree.com/apps

Your Supplemental Benefits apps make it even easier to access your benefits in one easy step.

 Visit to download:
ncretiree.com/apps

 Scan to download ↓





North Carolina
Total Retirement Plans



Dale R. Folwell, CPA
STATE TREASURER OF NORTH CAROLINA
DALE R. FOLWELL, CPA

**ENROLL WITHIN 60 DAYS
of receiving your first
retirement benefit.**

**Time
Sensitive**



DENTAL INSURANCE

IDENTITY THEFT PROTECTION

VISION INSURANCE

To enroll, call 855.627.3847 or visit ncretiree.com.



PIERCE INSURANCE

Supplemental Benefits Specialists Since 1955