



2026

Supplemental Benefits OPEN ENROLLMENT

SEPTEMBER 15 - OCTOBER 31, 2025



- Dental
- Vision
- Identity Theft

(855) 627-3847

Website: [ncretiree.com](https://www.ncretiree.com)





Dear North Carolina Retirement Benefit Recipient,

I hope this letter finds you well and thriving in your well-deserved retirement.

I'm pleased to let you know that your exclusive opportunity to enroll in retiree supplemental benefits will be available during the **Open Enrollment period from September 15 through October 31, 2025.**

As a valued member of the North Carolina Retirement Systems, you have access to the following benefits:

- **UnitedHealthcare Dental** – includes a hearing discount
- **UnitedHealthcare Vision** – includes a hearing discount
- **LifeLock by Norton** – identity theft protection with device security

Thanks to ongoing negotiations and the collective strength of our retirement community, we're proud to offer **competitive premiums and enhanced benefits—with no membership fees or waiting periods.**

This enrollment booklet, provided by **Pierce Insurance**, is designed to help you carefully evaluate your options. If you choose to participate, you may select from convenient payment methods:

- Direct deduction from your monthly retirement benefit
- Direct billing
- Bank draft

For more information or assistance, please contact Pierce Insurance at **855-627-3847** or visit ncretiree.com.

As your Treasurer, I am committed to offering meaningful benefits that protect your overall health, security, and financial well-being. Ensuring you have access to the resources you need in retirement is a top priority.

Enjoy your retirement.

With gratitude,

Brad Briner
North Carolina State Treasurer



North Carolina Retiree Benefits Overview

Dental | Vision | Identity Theft Protection

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Resources

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

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

ORBIT- Retirement Account Access:
ORBIT.myNCRetirement.com

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

Pierce Insurance Agency:
pierceins.com

Getting Started

1. Review your benefits options in this booklet.
2. 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 15-16.
3. **If you are enrolled in supplemental benefits (dental, vision, and/or identity theft protection) and do not wish to make any changes, no action is needed.**

2026 Highlights

- **Dental Coverage - UnitedHealthcare**
 - Comprehensive dental care including preventive, basic, and major services
 - Dental Wellness Protection included
 - Tele-dentistry and mobile dentistry options available
 - Oral cancer screenings covered
 - No waiting periods for any covered services
 - Hearing aid discount available through UnitedHealthcare
- **Vision Coverage - UnitedHealthcare**
 - Exam & Materials Plan includes an annual eye exam and eyewear
 - Materials-Only Plan: for members with medical eye conditions eligible for coverage under the health plan
 - Savings on everyday eyewear
 - Up to 35% off Laser Vision Correction
 - Blue light protection discounts
 - Over 200 discounts through BenefitHub
 - Up to 50% off hearing aids through UnitedHealthcare Hearing
 - UHC Specialty Hub - <https://uhcspecialty.benefitHub.com/app/home>
- **Identity Theft Protection**
 - Identity and Credit Monitoring with Expanded Financial and Credit Insights
 - Device Security with Personal VPN
 - **NEW!** Privacy Monitor Assistant
 - **NEW!** Genie Scam Protection Pro

For a complete list, visit ncretiree.com

How are the monthly premiums collected?

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

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

This guide describes benefits offered through the NC Retirement Systems. If there is a 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.

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, 2026, and December 31, 2026, 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.

Value added UnitedHealthcare Dental wellness protection:

- Tele-Dentistry
- Mobile-Dentistry
- Discount Marketplace
- Oral Cancer Screenings
- Enhanced Pregnancy Benefits

Dental with 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) Biteewing 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>*Please note - Percentage is of Usual, Customary, and Reasonable charges based upon zip codes by geographic regions.</p>

Monthly Premiums

Plan Coverage	Retiree	Retiree + 1	Retiree + Family
Monthly Premiums	\$38.07	\$90.14	\$126.38

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

ncretiree.com/dental

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 Hearing Aid Discount



3 Easy Ways to Enroll

1

Enroll online: ncretiree.com/enroll

2

Complete the attached enrollment form on page 17 and return it to Pierce Insurance via postage-paid envelope inserted on page 10.

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 vision 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

Vision Discounts and Extras

- 10% off contact lenses, discounts on eyeglasses and sunglasses, free shipping and select lens treatments at no cost at uhcglasses.com.
- Up to 35% off on laser vision correction through QualSight® LASIK
- 30% off ZAGG screen protectors with blue light protection
- \$25 off Eyesafe® blue light glasses and readers
- Over 200 discounts and rewards through BenefitHub
- Enhanced children's and maternity eye care benefits
- Visit: www.myuhcvision.com

The vision product is underwritten by UnitedHealthcare Insurance Company. Our vision product is administered by Spectera, 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.

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 17 and return it to Pierce Insurance via postage-paid envelope inserted on page 10.

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?

You have three options for submitting out-of-network vision claims. For all options, you will need your itemized paid receipts with the primary insured's unique identification number and the patient's name and date of birth. You can submit that information electronically through myuhcvision.com, mail to: 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 12 months per UnitedHealthcare policy.

ncretiree.com/vision



Experience the beauty of sound

Hearing loss can happen at any age, and treating it early can help improve your overall well-being. Through your 2026 UnitedHealthcare® vision or dental plan, you can get discounted pricing on hearing aids from UnitedHealthcare Hearing using promo code **NCRS HEARING**. Members can save up to 50% with hearing aids starting at just \$699 per ear.¹

Convenient, flexible hearing solutions

Discover a wide selection of hearing aids with advanced technology available through direct delivery or an in-person hearing provider.



Choose from 2,000+ hearing aid models and styles from the industry's top brands, all at significant savings



Get virtual care with hearing aids delivered directly to your door or in-person care at 7,000+ hearing providers nationwide—both with support every step of the way



Experience innovative technology, including Relate™, UnitedHealthcare Hearing's private-labeled hearing aid brand, featuring recharging capabilities, connection to 2 Bluetooth® devices, tap control and a smartphone app

Steps to better hearing

- 1 Call 1-866-926-6632, TTY 711, 9 a.m. to 9 p.m. CT, Monday through Friday to schedule a hearing test
- 2 Use promo code **NCRS HEARING** for discounted hearing aid pricing





Flexible options built around you

As a part of your hearing aid benefit, you and your hearing care provider will choose hearing aids and care that are right for you, whether you prefer virtual or in-person follow-up visits.

Models and styles

Choose from some of the top brands in the industry, including UnitedHealthcare Hearing's brand Relate:

Beltone

oticon
PEOPLE FIRST

RELATE™

ReSound GN

Starkey

unitron

PHONAK

WIDEX®
HIGH DEFINITION HEARING

signia

Features

Each of these models includes advanced technology, such as recharging capabilities, connection to Bluetooth® devices, iOS® and Android® compatibility, hands-free phone calls with tap control, remote adjustments and a smartphone app.

Support built in

UnitedHealthcare Hearing is with you every step of the way—even after you receive your new hearing aids. The trial period ensures you have the perfect solution, and personalized care is easy with 3 follow-up visits included at no additional cost.² Plus, your hearing aids are covered under a 3-year extended warranty that includes repair and a 1-time replacement if they are lost or damaged.³

Explore your options today



To start using your hearing aid benefit, visit **UHChearing.com**.

You can even take an online hearing test to determine if you have hearing loss.



Or, call **1-866-926-6632, TTY 711**, 9 a.m. to 9 p.m. ET, Monday through Friday.

Use promo code **NCRS HEARING** for discounted pricing.

¹ Hearing aid savings calculated based on comparison to retail pricing.

² Hearing aids purchased in the Silver technology level receive 1 follow-up visit.

³ One-time professional fee may apply.

Hearing aids must be ordered through UnitedHealthcare Hearing. Hearing aids ordered through providers outside of the UnitedHealthcare Hearing provider network will not be covered. Direct delivery may not be available on all plans. Other hearing exam providers are available in our network. Hearing aid coverage under this plan is only available through UnitedHealthcare Hearing.

The online hearing test is not intended to act as a substitute for professional medical advice, diagnosis, or treatment. Talk with your healthcare provider with any question about a medical condition.

UnitedHealthcare Hearing is provided through UnitedHealthcare, offered to existing members of certain products underwritten or provided by UnitedHealthcare Insurance Company or its affiliates to provide specific hearing aid discounts. This is not an insurance nor managed care product, and fees or charges for services in excess of those defined in program materials are the member's responsibility. UnitedHealthcare does not endorse nor guarantee hearing aid products/services available through the hearing program. This program may not be available in all states or for all group sizes. Components subject to change.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates.

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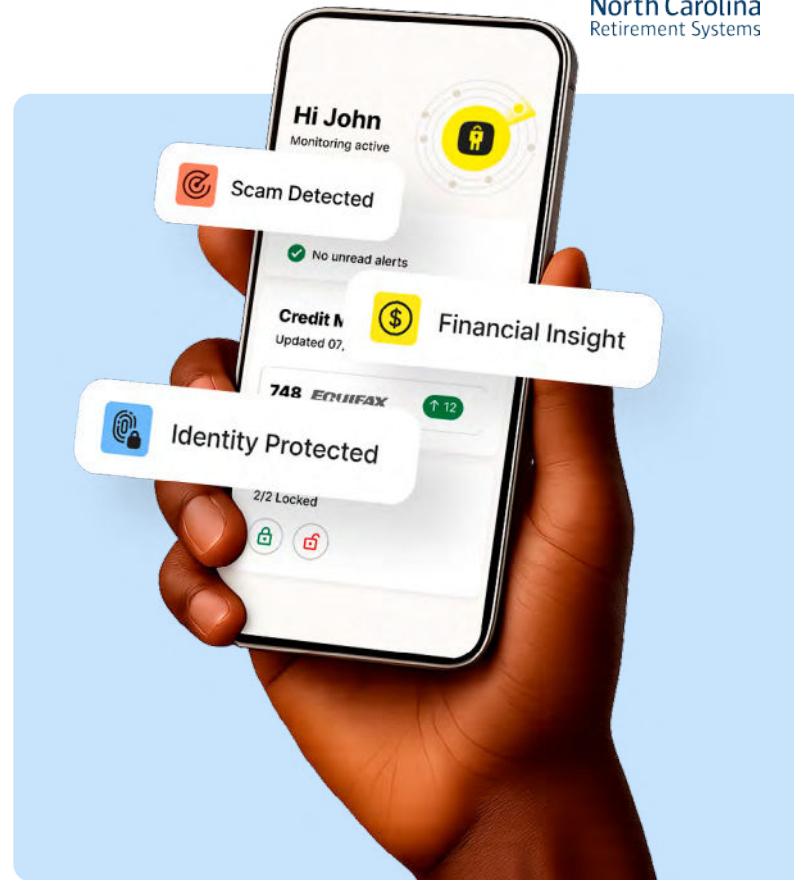
Take Back Control of Your Identity

Your personal data is everywhere—from doctor's offices to mobile apps. Norton LifeLock Benefit Plans prevent fraud, block scams, monitor activity, and strengthen your financial wellbeing.

Get Protection Now

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

If you are currently a member, no action is necessary. If you wish to become a member, enroll by October 31, 2025.



Protect Your Well-Being from Every Angle



Fraud Detection

Monitor identity and finances to detect fraud early.



Identity Restoration

Get peace of mind with expert help if your identity is compromised.



Threat Prevention

Block scams and cyberthreats to protect your data and devices.



Enhanced Privacy

Remove your personal details from data broker sites and enjoy a safer, more private internet experience.



Financial Insights

Gain financial insights into your credit, spending, and subscriptions.

Available this Winter



Scam Detection

Built-in AI assistant helps you navigate suspicious websites and SMS messages, and offers advice if you think you're being scammed.

* Feature availability subject to change.

No one can prevent all cybercrime or prevent all identity theft. We do not monitor all transactions at all businesses.

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Pricing Only Retirees Get Enroll Today!



Find Out More

Benefit Plans are 60% less
than the retail equivalent.

[Norton.com/BenefitPremier](https://norton.com/BenefitPremier)

Premier

\$8.00

Employee Only

\$14.00

Employee + Family

Pricing displayed is

Monthly

You get this (and so much more)

Premier



Identity & Credit Monitoring¹

We monitor for new accounts being opened in your name and for key changes to your credit file at three of the leading credit bureaus and alert you to potential fraud.



3B²



Identity Restoration Support

If your identity is compromised, a US-based Identity Restoration Specialist will personally handle your case and help restore your identity.



Device Security w/ Secure VPN

Protects your mobile devices, tablets, and computers from hackers and vulnerable websites in addition to keeping your browsing private.



5 devices
family gets 10



Genie Scam Detection

AI-powered alerts help detect and navigate suspicious texts, emails, and calls in real time. Offers advice if you think you're being scammed.



Financial + Credit Insights

Empowers you with valuable insights into your finances, guiding you on the path to greater, more insightful, financial well-being.



Million Dollar Protection Package³

- Coverage for lawyers and experts (up to \$1 million)
- Expense Reimbursement (up to \$1 million)
- Stolen funds reimbursement (up to \$1 million)



Up to \$3 million



Identity & Social Security Alerts

We monitor for attempts to verify your identity—such as when a bank, utility, or lender checks your info for a new account.



Home Title Monitoring

We monitor changes to your home's title at the county recorder's office and notify you of any activity so you can take action if needed.



¹-Credit features require setup, identity verification and sufficient credit history by TransUnion and/or Equifax. Credit monitoring features may take several days to activate after enrollment.

²-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.

³-Reimbursement and Expense Compensation, each with limits of up to \$1 million for Benefit Premier and up to \$50,000 for LifeLock Benefit Junior (\$25,000 reimbursement coverage and \$25,000 fraudulent withdrawals). All plans include up to \$1 million in coverage for lawyers and experts. All benefits are issued and covered by third party partners. Policy terms, conditions, and exclusions at: gendigital.com/legal.

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 17-18 and return it to Pierce Insurance via postage-paid envelope inserted on page 10.

3

Enroll by phone: 855-627-3847

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



If you are currently enrolled, you do not need to re-enroll. Coverage continues automatically.

- 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 17-18.

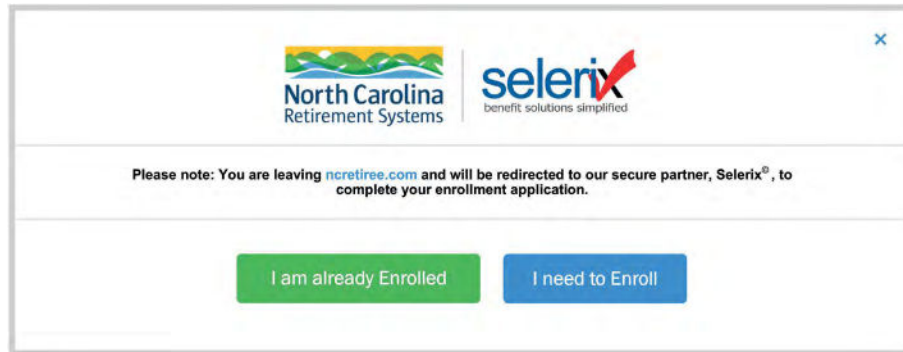
How to Enroll Online

Open Enrollment Starts September 15 and Ends October 31, 2025

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.

Click "Enroll Online". When the following screen appears, select an option.



Step 2 - (I am already Enrolled) - Review the instructions to proceed. At the “Enrollment Site” screen, enter your full social or subscriber ID and your personal identification number (PIN).

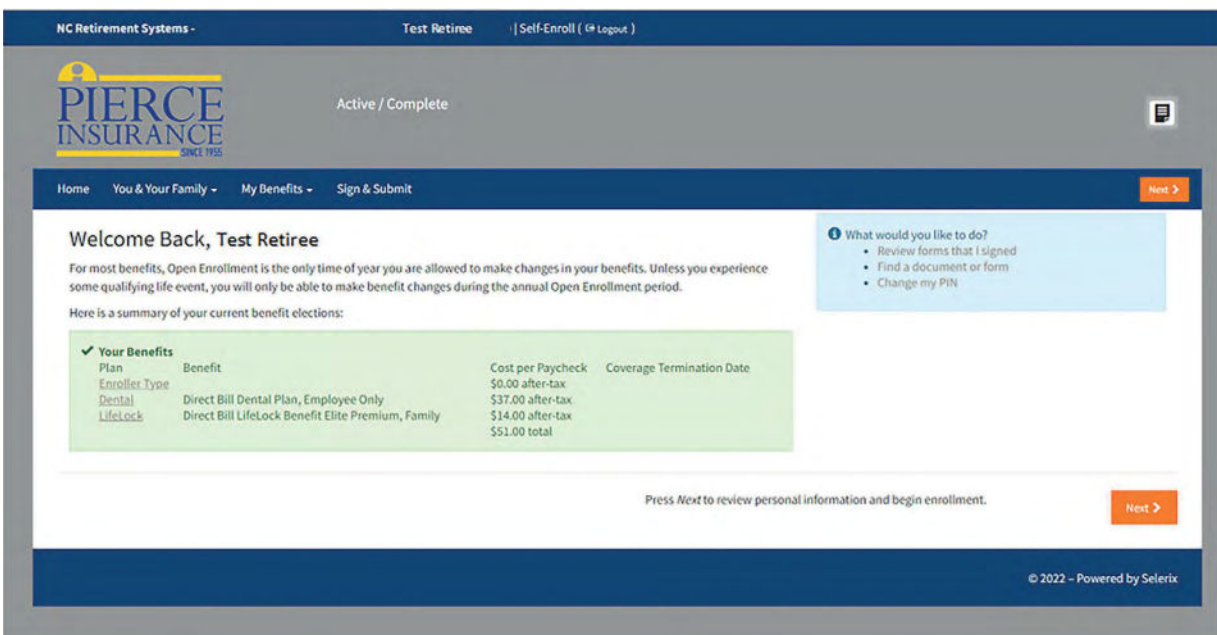
If you are enrolled but logging in for the first time, your PIN is a combination of the last 4 digits of your SSN and the 2-digit year of your birth. On your first log in, you will be prompted to change your PIN.

Step 2 - (I Need to Enroll) - If you are not enrolled/recent retiree, review the instructions to proceed.

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

Step 3 - When the Welcome Page appears on your screen you have successfully logged in!

Follow the on screen instructions to enroll in your benefits, find answers to your questions, download forms and more. Click Next to move to the next page.



How to Enroll Online

Open Enrollment Starts September 15 and Ends October 31, 2025

Call: 855.627.3847

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

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 <input type="checkbox"/> ADDRESS CHANGE <input type="checkbox"/> NAME CHANGE
LAST NAME:		FIRST NAME:	M.I.:	DATE OF BIRTH: (Month/Day/Year) / /
ADDRESS:		CITY:		
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.

See next page to enroll in LifeLock identity theft protection

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

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 _____
 City _____ State _____ Zip _____ Date of Birth _____ / _____ / _____
MONTH DAY YEAR
 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 _____

No one can prevent all identity theft.

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☐ 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

 Print claim and service forms

 Access benefit videos

 Review frequently asked questions

 Access ORBIT to change address

 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 ↓



DOWNLOAD
Mobile App



North Carolina
Retirement Systems



PIERCE INSURANCE

Supplemental Benefits Specialists Since 1955

**TIME
SENSITIVE**

Supplemental Benefits

Your Open Enrollment

Begins: September 15, 2025

Ends: October 31, 2025

**DENTAL
INSURANCE**

**VISION
INSURANCE**

**IDENTITY
THEFT
PROTECTION**

Ask Questions & Enroll:  1 (855) 627-3847



ncretiree.com