

2024 Enrollment Guide



Common Buckeye on Aromatic Aster
Photography: Roger C via flickr

This is your opportunity to discover the benefits that NCFlex offers and to make the benefit choices that best support you and your family!



Welcome to NCFlex Enrollment!

NCFlex gives you access to a variety of benefits and resources to help you take care of your physical, emotional and financial health. It's up to you to choose the benefits that best meet your needs. **Take action to make the most of all that NCFlex offers**, including:

6 Flexible Spending Accounts

- Health Care Flexible Spending Account (HCFSA)
- Dependent Day Care Flexible Spending Account (DDCFSA)

9 Supplemental Medical

- Accident Plan
- Cancer and Specified Disease
- Critical Illness

18 Dental

20 Vision

22 Financial & Survivor

- Group Term Life
- Core Accidental Death & Dismemberment (AD&D)
- Voluntary Accidental Death & Dismemberment (AD&D)
- Disability

37 TRICARE Supplement Plan

Benefit Tip!

All Supplement Medical plans (Accident, Cancer and Specified Disease and Critical Illness) include a Wellness Benefit. You and your covered family members are eligible for a Wellness Benefit on each one of the supplemental medical plans you are enrolled in. See the individual plan pages in this guide for more details.

About This Guide

This guide describes benefits offered through NCFlex. 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 plans. The State reserves the right to amend or terminate the plans or any benefits under the plans at any time. This guide is only a summary of the benefit plans. You may review and/or obtain a copy of the Certificates of Coverage by visiting our website at ncflex.org.

Questions?

Contact your local Health Benefits Representative (HBR) or Human Resources Department, ncflex@nc.gov, or you can contact the individual benefit vendors on the back of this guide.

Enrolling for Benefits

Monarch Butterfly on Golden Rod
Photography: David Hess via flickr

When You Can Enroll

As a New Hire or Newly Benefits-Eligible Employee	As a Current Employee During Annual Enrollment	As a Current Employee If You Have a Qualifying Life Event
Benefits are effective on the first of the month following your date of hire or eligibility date, unless EOI is required.*	Benefits are effective January 1 of the new plan year (2024), unless EOI is required.*	Benefits are effective the first of the month following your life event, unless EOI is required.*
<p>You have 30 days from your date of hire to enroll in benefits. Your benefit elections are effective on the first day of the month following your date of hire.</p> <p>If you don't enroll within 30 days, you will not have any NCFlex benefits for the remainder of the plan year. Your next chance to enroll will be next fall during Annual Enrollment for the following plan year, or when you experience a qualifying life event that would allow you to add or drop a dependent—like getting married or divorced.</p>	<p>Annual enrollment is your once-a-year opportunity to review and select your benefits for the coming year, add or cancel dependent coverage, and enroll in the Flexible Spending Accounts. Annual Enrollment for 2024 will be October 9 – October 27, 2023.</p> <p>If you do not enroll during the annual enrollment period, your current elections will roll over, except for any flexible spending account elections (Health Care Flexible Spending Account or Dependent Day Care Flexible Spending Account), which must be elected each year.</p>	<p>You can enroll or make changes to your benefit elections during the year if you have a qualifying life event (see list below). You must enroll/ make changes within 30 days of the qualifying event.</p> <p>Qualifying life events include, but are not limited to:</p> <ul style="list-style-type: none"> • Marriage • Divorce or legal separation • Birth or adoption (or placement of adoption) of a child • Death of a covered dependent • Change in your spouse's employment, impacting his/her benefits eligibility • Your dependent turns age 26 <p>Any change you make in coverage must be consistent with your status change.</p>

*For the Voluntary Disability plan, coverage is effective on the first day of the month following your enrollment in the plan. However, if you enroll in the plan on the first day of the month, your effective date will be that day.

*EOI (Evidence of Insurability) requirements vary by coverage. Please review each coverage section for additional details.

How to Enroll

You can enroll in NCFlex benefits in one of two ways:



Online at ncflex.org

Go online to ncflex.org and click the *Enroll Now* button.

Click the button for YOUR enrollment system. If your employer is not listed, select the “eBenefits” button or contact your HR representative for assistance.

Once logged in, the enrollment system will walk you through the steps to enroll.



Call **1-855-859-0966**

Call the eligibility and enrollment call center at **1-855-859-0966**, Monday – Friday, 8 a.m. – 5 p.m., ET.

Call center hours will be extended during annual enrollment until 10 p.m. and will also include some weekend hours.

NCFlex Pre-Tax Advantage

Your costs or contributions for the following NCFlex benefits are made on a pre-tax basis. Pre-tax benefits let you pay for coverage with dollars from your pay before taxes have been deducted, which results in tax savings for you.

- Flexible Spending Accounts: Health Care and Dependent Day Care
- Accident Plan
- Cancer and Specified Disease
- Critical Illness
- Dental
- Vision
- Group Term Life (for employee only premium)
- Voluntary Accidental Death & Dismemberment
- Voluntary Disability Plan
- TRICARE Supplement Plan

You pay for the Group Term Life premium for your dependents on a post-tax basis. Post-tax benefits let you pay for coverage on a post-tax basis using dollars from your pay after taxes have been calculated.

★ Successful Enrollment Tips

When you log in to the enrollment system, be sure to:

- Enter or update your contact information (phone number, email address) and be sure your mailing address is correct (if not, enter your current information in your HR/payroll system). We'll use this information to communicate with you about your benefits.
- Enter or update your dependent information, including date of birth and Social Security number, for each dependent you want to enroll.
- Review, add and update beneficiaries on your Term Life, AD&D, Critical Illness and Cancer plans, as needed.
- Print a confirmation statement after you have elected your benefits, so you'll have a record of your choices.



Bumblebee on Culver's Root
Photograph by Larry Reis via flickr

Eligibility

You

You may enroll in any or all of the NCFlex benefits if you work for a state agency, university, participating community college, or participating charter school for 20 hours or more per week in a permanent, probationary, or time-limited position.* If you have questions about your eligibility, contact your Health Benefits Representative (HBR).

**Applies to all benefits except the NCFlex Voluntary Disability plan, Group Term Life, and Accidental Death and Dismemberment plans. To be eligible for the disability plan, you must work 30 hours or more per week. Employees of The University of North Carolina and any constituent institution are not eligible for the NCFlex Voluntary Disability plan, Group Term Life, or Accidental Death and Dismemberment plans. For more information, go to ncflex.org and view the individual benefit details.*

Your Dependents

Your eligible dependents include:

- Your legally married spouse.
- Your child(ren)*, including natural children, stepchildren or adopted children, until the end of the month in which the child turns age 26. For the TRICARE Supplement, eligibility is up to age 21, or up to age 23 if enrolled full-time in a school of higher learning.
- Your child(ren)* of any age, including natural children, stepchildren or adopted children, who are unable to make a living because of a mental or physical disability as long as the disability developed before your child's 26th birthday and your child was covered by the NCFlex plan for which you want to continue coverage prior to turning 26.

**Some plans may have additional restrictions on child(ren) eligibility. To view these restrictions, visit www.ncflex.org and view each plan certificate.*

You Need to Know...

- You must be enrolled in a plan for your eligible dependent(s) to participate.
- You may not be covered as both an employee and a dependent and children may not be dually enrolled.
- You should consult with your tax advisor if you have questions as to whether someone qualifies as your income tax dependent.
- Dependents do not have to be enrolled on your health plan in order to be enrolled on your NCFlex plan(s).



Benefit Tip!

If you plan to enroll dependents, allow yourself enough time to gather any required documentation, such as dependents' Social Security numbers and dates of birth.



Flexible Spending Accounts

Monarch Butterfly Caterpillar | Photography: Mandy via Flickr

Flexible Spending Accounts (FSAs) help you save money on taxes by paying for eligible out-of-pocket healthcare and dependent care expenses with pre-tax dollars. You never pay taxes on the dollars you set aside in an FSA, which helps you save money. **You must enroll in these accounts each year.**

- Health Care Flexible Spending Account (HCFSA)
- Dependent Day Care Flexible Spending Account (DDCFSA)

Health Care Flexible Spending Account (HCFSA)

You can contribute from **\$120 to \$3,050** each plan year. If your spouse is a state employee, he or she also can contribute up to \$3,050 each plan year. The full amount you elect to contribute to your Health Care FSA is available in your account on the first day of the plan year or the first day your benefits become effective. Your contributions will be deducted on a pre-tax basis from your paycheck evenly over the calendar year.

Eligible expenses include:

Your or your dependent's (dependent does not have to be covered on your medical plan) out-of-pocket costs for doctor visit copays, prescription drugs, prescription eyeglasses, dental copays and deductibles, braces, contacts, hearing aids, qualifying everyday health products, over-the-counter medications, menstrual items, and much more. For more details on qualifying expenses, go to ncflex.org and click on *Flexible Spending Accounts*.

Ineligible expenses include: Medical, dental and other premiums, vitamins, and supplements (unless prescribed by a doctor), cosmetic procedures including dental procedures to whiten teeth, weight loss programs, unless prescribed by a doctor to alleviate a diagnosed medical condition or obesity.

For the 2024 plan year, **expenses must be incurred January 1 through December 31, 2024**, to be eligible for reimbursement. You have until **March 31, 2025**, to submit claims for reimbursement. **You can roll over up to \$610** of unused account balances into the next plan year, as long as you have a minimum balance of at least \$25. Any funds exceeding this amount will be forfeited.

You can go to ncflex.padmin.com to submit claims electronically, check your account balance and more.

Benefit Tip!

Estimate your expenses carefully so you won't contribute more money to your Health Care FSA than you can spend in the year. You are allowed to roll over up to \$610 left in your account at the end of the year (December 31), but if you think you will have leftover funds that exceed this amount, find ways to spend the money on eligible health care items you need, such as a pair of glasses, first aid kits, or schedule a year-end dental appointment.

Can I contribute to a HCFSA if my spouse has a Health Savings Accounts (HSA)?

You cannot contribute to a HCFSA at the same time your spouse is making or receiving tax-favored HSA contributions. This is because the HCFSA is available to reimburse you, your spouse's and your dependents' qualified expenses, so a spouse's contributions to an HSA would violate IRS rules. Contributions (into an HCFSA) that are made by or on behalf of an individual who is HSA-eligible are considered "excess contributions" and a 6 percent excise tax is imposed on the HSA owner for all excess contributions.

Dependent Day Care Flexible Spending Account (DDCFSA)

The DDCFSA offers you a tax-free way to pay yourself back for eligible dependent care expenses throughout the year. You can contribute between **\$120 and \$5,000** each plan year to the DDCFSA to pay for dependent daycare and elder care expenses on a pre-tax basis if both you and your spouse work, your spouse goes to school full-time or your spouse isn't able to care for himself or herself. The IRS sets the maximum contribution, which is \$5,000 per family, per year.

Eligible expenses include: Daycare, summer day camp, after school programs, and preschool expenses for children under age 13 or disabled dependents of any age. Sleep-away, overnight, and virtual camps are not covered. You may also use this account to pay for adult day care services for a spouse or other dependent who receives more than one-

half of his or her support from you (e.g., your disabled elderly parent), who is physically or mentally incapable of caring for himself or herself and has the same principal place of residence as you for more than one-half of the year.

For more information on qualifying dependents and expenses, go to ncflex.org and click on *Flexible Spending Accounts*, or see **IRS Publication 503**.

For the 2024 plan year, **expenses must be incurred January 1, 2024, through March 15, 2025**, to be eligible for reimbursement. You have until **March 31, 2025**, to submit claims for reimbursement. Any unused funds will be forfeited.

You can go to ncflex.padmin.com to submit claims electronically, check your account balance and more.

How Flexible Spending Accounts Save You Money

Example of Annual Tax Savings*	Without an FSA	With an FSA
Annual Pay	\$40,000	\$40,000
Pre-tax Money Deposited into FSA	-\$ 0	-\$2,500
Remaining Taxable Annual Pay	\$40,000	\$37,500
Minus Federal and Social Security Taxes	-\$12,000	-\$11,250
Take-home Pay Spent on Qualified Expenses	-\$2,500	-\$ 0
Take-home Pay	\$25,500	\$26,250

*Assumes annual tax rate of 30%.



That's a \$750 increase in take-home pay with a Flexible Spending Account.

Paying for Expenses

When you enroll in the HCFSA and/or DDCFSA, you will automatically receive one NCFlex Convenience Card to use for either or both accounts, which helps you pay for eligible expenses. This card will be active for several years, as long as you remain enrolled in the account(s). A new card will be automatically mailed to you once this card expires. You may order additional cards for yourself, your spouse, or dependents (over 18 years of age) free of charge by logging in at ncflex.padmin.com or by calling **1-866-916-3475**.

HCFSA

Your entire annual contribution amount is available on your card on January 1, or the date your account becomes effective, to pay for eligible expenses.

DDCFSA

The money available on your card to pay for DDCFSA expenses is equal to the amount you have actually contributed to your account (via payroll deductions).

Filing Claims

To file claims or to check your account balance at any time, log into your account at ncflex.padmin.com (from your computer or mobile device) or call the number on your card. You can also register online to receive notifications via text message.

If you do not use your card to pay for expenses, you can file claims for reimbursement online or by fax or mail.

Mobile App Available

You can access your account anytime, anywhere by downloading the P&A Group app through the App Store or Google Play.



Keep Your Receipts!



The IRS requires that ALL claims

be verified. Your NCFlex convenience card can auto-approve most FSA-eligible health care items purchased at many of your local pharmacies, discount stores and grocery stores. The NCFlex convenience card also can auto-approve dependent care expenses at select daycare providers that have a valid merchant category code. However, if an item is not auto-approved, you may receive a request to submit receipts or additional documentation for verification. If you do not submit requested receipts/documentation within 40 days of the transaction date, your card will be turned off (or blocked) automatically.

Shop for Eligible Expenses Online at the FSA Store!



You'll experience convenience and savings when you shop at the FSA Store, a one-stop-shop that offers significant discounts on thousands of pre-approved eligible FSA products. You can use your NCFlex Convenience Card when you checkout. Visit ncflex.padmin.com to access the FSA Store today.



For More Information

For more information about the FSAs, go to ncflex.org, select *Flexible Spending Accounts*, then click *Claim Forms, Plan Information, FAQs and More*.

Accident

Joe Pye Weed | Photography: wilson hughes via flickr

NCFlex offers an Accident Plan that pays you cash benefits for specific injuries and events resulting from a covered accident that occurs on or after your coverage effective date. You can use this money however you like; for example, deductibles, other out-of-pocket medical costs, child care, housecleaning, groceries or utilities. Benefits are paid directly to you and pay in addition to any other insurance you may have. **You can choose between two plan options: Classic Option and Enhanced Option.** Keep reading to learn more about the differences in these plans.

Accident Monthly Costs

All employees pay the same rate, no matter their age.

Coverage Level	Classic Option	Enhanced Option
Employee Only	\$6.94	\$15.98
Employee and Spouse	\$11.50	\$28.46
Employee and Child(ren)	\$13.64	\$31.26
Employee and Family	\$18.20	\$43.72

24/7 Coverage and Additional Benefits:

The Accident Plan covers you 24/7 for accidents on or off the job and pays in addition to other benefits.

Choose the Enhanced Option and get higher payments for injuries and care, as well as access to the **Wellness Benefit***, **Sickness Hospital Confinement Benefit***, and **Travel Assistance services***.

The Accident Plan is a limited benefit policy. It is not health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

**Details on these additional benefits can be found on pages 11 and 12. The Wellness Benefit and the Travel Assistance services are available on both the Classic and the Enhanced Options.*

Summary of Benefits

The following list is a summary of the benefits provided by the Accident Plan. For a complete description of the available benefits, exclusions and limitations, see the certificate of insurance and any riders, which are available at ncflex.org.

The Accident Plan also provides a **Sports Accident Benefit**. If an accident occurs while participating in an organized sporting activity as defined in the plan certificate, the Accident Hospital Care, Accident Care, or Common Injuries benefit will be increased by 25% to a maximum additional benefit of \$1,000. If your spouse and/or children are/is covered under the Accident Plan, their coverage includes this benefit.

Event	Classic Option	Enhanced Option
Accident Care		
Initial doctor visit	\$100	\$120
Emergency room treatment	\$300	\$400
Ground ambulance	\$360	\$600
Follow-up doctor treatment	\$100	\$120
Medical equipment	\$120	\$500
Physical or occupational therapy (per treatment up to 10)	\$60	\$75
Speech therapy up to 6 per accident	\$60	\$75
Chiropractic Care	N/A	\$75 per visit
Major diagnostic exam	\$240	\$500
X-ray	\$75	\$100

Event	Classic Option	Enhanced Option
Common Injuries		
Emergency dental work (crown)	\$480	\$525
Eye injury (removal of foreign object)	\$100	\$120
Torn knee cartilage surgery no repair or if cartilage is shaved	\$225	\$280
Torn knee cartilage surgical repair	\$800	\$1,000
Laceration ¹	\$60 - \$480	\$80 - \$960
Ruptured disk surgical repair	\$800	\$1,000
Tendon/ligament/rotator cuff	\$720 - \$1,520	\$900 - \$1,900
Concussion	\$450	\$525
Burns (2nd and 3rd degree in certain scenarios)	\$1,250 - \$15,000	\$1,750 - \$22,000
Fractures	Closed/open reduction ²	Closed/open reduction ²
Hip	\$5,000/\$10,000	\$6,000/\$12,000
Leg	\$2,800/\$5,600	\$3,500/\$7,000
Ankle	\$2,500/\$5,000	\$3,125/\$6,250
Kneecap	\$2,500/\$5,000	\$3,125/\$6,250
Foot excluding toes, heel	\$2,500/\$5,000	\$3,125/\$6,250
Upper arm	\$2,750/\$5,500	\$3,500/\$7,000
Forearm, hand, wrist except fingers	\$2,500/\$5,000	\$3,125/\$6,250
Finger, toe	\$400/\$800	\$500/\$1,000
Vertebral body	\$4,200/\$8,400	\$5,250/\$10,500
Vertebral processes	\$2,000/\$4,000	\$2,500/\$5,000
Pelvis except coccyx	\$4,000/\$8,000	\$5,000/\$10,000
Coccyx	\$500/\$1,000	\$625/\$1,250
Bones of the face except nose	\$1,400/\$2,800	\$1,750/\$3,500
Nose	\$750/\$1,500	\$950/\$1,900
Upper jaw	\$1,750/\$3,500	\$2,200/\$4,400
Lower jaw	\$2,000/\$4,000	\$2,500/\$5,000
Collarbone	\$2,000/\$4,000	\$2,500/\$5,000
Rib or ribs	\$600/\$1,200	\$750/\$1,500
Skull – simple except bones of face	\$1,750/\$3,500	\$2,200/\$4,400
Skull – depressed except bones of face	\$5,000/\$10,000	\$6,250/\$12,500
Sternum	\$500/\$1,000	\$625/\$1,250
Shoulder blade	\$2,500/\$5,000	\$3,125/\$6,250
Chip fractures	25% of the closed reduction amount	25% of the closed reduction amount

Event	Classic Option	Enhanced Option
Dislocations	Closed/open reduction ³	Closed/open reduction ³
Hip joint	\$4,000/\$8,000	\$5,000/\$10,000
Knee	\$3,000/\$6,000	\$3,750/\$7,500
Ankle or foot bone(s) other than toes	\$1,800/\$3,600	\$2,250/\$4,500
Shoulder	\$2,200/\$4,400	\$2,750/\$5,500
Elbow	\$1,500/\$3,000	\$1,875/\$3,750
Wrist	\$1,500/\$3,000	\$1,875/\$3,750
Finger/toe	\$350/\$700	\$450/\$900
Hand bone(s) other than fingers	\$1,500/\$3,000	\$1,875/\$3,750
Lower jaw	\$1,500/\$3,000	\$1,875/\$3,750
Collarbone	\$1,500/\$3,000	\$1,875/\$3,750
Partial dislocations	25% of the closed reduction amount	25% of the closed reduction amount
Accident Hospital Care		
Surgery open abdominal, thoracic	\$1,250	\$2,500
Surgery exploratory or without repair	\$350	\$500
Blood, plasma, platelets	\$600	\$650
Hospital admission	\$1,250	\$2,000
Hospital confinement per day, up to 365 days	\$200	\$300
Critical care unit confinement per day, up to 30 days	\$400	\$500
Coma duration of 5 or more days	\$10,000	\$20,000
Transportation per trip, up to 3 per accident	\$750	\$840
Lodging per day, up to 30 days	\$180	\$225

¹ Laceration benefits are a total of all lacerations per accident.

² For fractures: Closed reduction is a procedure to set a broken bone without surgery. Open reduction requires surgery to set a broken bone. The surgery involves making cuts in the skin to put broken pieces of bone back into place.

³ For dislocations: Closed reduction is a procedure to repair a completely separated joint without surgery. Open reduction requires surgery to repair a completely separated joint.

For More Information

For more plan information, how to file a claim, a complete list of covered benefits, exclusions and limitations, or to see the certificate of insurance and any riders, go to ncflex.org, select **Accident**, then click **Additional Plan Information**.

Wellness Benefit (Both Classic and Enhanced Options):

The Wellness Benefit is included in both Accident plans. If you complete an eligible health screening test, you are eligible for a Wellness Benefit payment. The health screening test must occur on or after your effective date. If your spouse and/or children are covered under your Accident plan, they can also file for a Wellness Benefit payment for a covered health screening test.

Only one benefit is payable per covered member per calendar year, regardless of how many screenings are completed by that member.

Covered Member	Wellness Benefit available once per year with a covered screening:
Employee	\$50
Spouse	\$50
Child	\$25

What types of health screening tests are eligible?

Health screening tests include, but are not limited to:

- Blood tests for triglycerides
- Pap smear or thin prep pap test
- Flexible sigmoidoscopy
- CEA (blood test for colon cancer)
- Bone marrow testing
- Serum cholesterol test for HDL & LDL levels
- Hemocult stool analysis
- Serum Protein Electrophoresis (myeloma)
- Breast ultrasound, sonogram, MRI
- Chest x-ray
- Mammography
- Colonoscopy
- CA 15-3 (breast cancer)
- Stress test on bicycle or treadmill
- Fasting blood glucose test
- Thermography
- PSA (prostate cancer)
- Hearing test
- Routine eye exam
- Routine dental exam
- Well child/preventative exams through age 18
- Biometric screenings
- Electrocardiogram (EKG)
- Annual Physical Exam – Adults
- CA 125 (ovarian cancer)
- Tests for sexually transmitted infections (STIs)
- Ultrasound screening for abdominal aortic aneurysms
- Hemoglobin A1C (HbA1c)
- Bone density screening
- COVID-19 test



American Lady Butterfly | Photography: Joan Weber via flickr

Tax Considerations

If Voya pays you benefits totaling \$600 or more in a plan year, you will receive an IRS 1099-MISC after the plan year ends. You should consult with a tax advisor regarding the possible affects to your taxes.

Voya Travel Assistance (Both Classic and Enhanced Options):

Voya Travel Assistance* offers you enhanced security for your leisure and business trips when traveling 100 miles or more from your primary residence.

- **Emergency Medical Transport Services**
- **Medical Assistance Services**
- **Travel Assistance Services**
- **Security Assistance Services**

These services can help ease stress if something goes wrong in an unfamiliar place *away* from home. Visit [page 28](#) in this guide or the Accident page on ncflex.org to learn more and find how to access these services.

*Voya Travel Assistance services are provided by International Medical Group, Inc. (IMG), Indianapolis, IN.

Sickness Hospital Confinement Benefit (Enhanced Option Only):

This benefit provides daily benefit payments for each day you or your covered dependent is confined to a hospital due to a covered sickness. The benefit can be used for a maximum of 30 days. For you or your covered spouse, the benefit is \$200 per day. For a covered child, the benefit is \$150 per day. There is a 30-day waiting period from the effective date of coverage for this benefit to be available. This benefit excludes pre-existing conditions if the hospital stay occurs in the first 12 months from the effective date of your coverage. After the first 12 months, pre-existing conditions are covered by this benefit.



Red Throated Hummingbird | Photography: timvernicon via flickr

Cancer and Specified Disease

Crossvine | Photography: J. Michael Raby via flickr

Cancer and Specified Disease insurance pays cash benefits for cancer and 29 other specified diseases to help with the costs associated with treatments and expenses as they happen. This coverage can also help pay for hospitalization, surgery, radiation/chemotherapy and more. You pay for this coverage on a pre-tax basis.

You can choose between three plan options (Low, High and Premium) depending on your insurance needs. All three plan options cover the same type of services. In most cases, however, the amount of coverage differs based on the option you choose. (See “What the Plan Covers” on [page 14](#).)

Cancer and Specified Disease Monthly Cost

The monthly premium you pay for cancer coverage is based on the plan you choose and whether you cover yourself only or yourself and your family. If you are a new hire or newly eligible for benefits, you do not need to provide Evidence of Insurability (EOI) if you enroll within 30 days of your date of hire.

Coverage Level	Low Option	High Option	Premium Option
Employee Only	\$6.06	\$14.42	\$19.26
Employee and Family	\$10.02	\$23.90	\$31.84

Pre-existing Conditions

Allstate Benefits does not pay benefits for a pre-existing condition during the 12-month period beginning on the date coverage starts. Any covered loss that is incurred after the 12-month period is payable. A pre-existing condition is a disease or physical condition for which medical advice or treatment was received by the covered person during the 12-month period prior to his or her effective date of coverage. During the 12-month waiting period for pre-existing conditions, the Cancer Prevention and Screening Benefit is still payable.

Covered Diseases

In addition to cancer coverage, the plan provides benefits for these covered diseases:

- Addison's Disease
- Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease)
- Brucellosis
- Cerebrospinal Meningitis (bacterial)
- Cystic Fibrosis
- Diphtheria
- Encephalitis
- Hansen's Disease
- Hepatitis (chronic B or C)
- Legionnaires' Disease
- Lyme Disease
- Muscular Dystrophy
- Multiple Sclerosis
- Myasthenia Gravis
- Osteomyelitis
- Poliomyelitis
- Primary Sclerosing Cholangitis (Walter Payton's Liver Disease)
- Primary Biliary Cirrhosis
- Rabies
- Reye's Syndrome
- Rocky Mountain Spotted Fever
- Scarlet Fever
- Sickle Cell Anemia
- Systemic Lupus Erythematosus
- Tetanus
- Tuberculosis
- Thalassemia
- Typhoid Fever
- Tularemia

Benefit Tip!

Be sure to designate your beneficiary(ies) when you enroll in Cancer and Specified Disease insurance, then review and update them each year during benefits enrollment.

Wellness Screenings

All of the plan options pay a benefit for the following cancer/wellness screenings. (See “Cancer Prevention and Screening Benefit” in the chart in the right column to see benefit amounts for each Cancer plan option.)

- Biopsy for skin cancer
- Blood test for triglycerides
- Bone marrow testing
- Cancer antigen 125 (CA125) – blood test for ovarian cancer
- Cancer antigen 15-3 (CA 15-3) – blood test for breast cancer
- Carcinoembryonic antigen (CEA) – blood test for colon cancer
- Chest X-ray
- Colonoscopy
- Doppler screening for carotids
- Doppler screening for peripheral vascular disease
- Echocardiogram
- Electrocardiogram (EKG)
- Flexible sigmoidoscopy
- Hemocult stool analysis
- Human papillomavirus vaccination (HPV)
- Lipid panel (total cholesterol count)
- Mammography, including breast ultrasound
- Pap smear, including ThinPrep pap test
- Prostate specific antigen (PSA) – blood test for prostate cancer
- Serum protein electrophoresis – test for myeloma
- Stress test on bike or treadmill
- Thermography
- Ultrasound screening of the abdominal aorta for abdominal aortic aneurysms

What the Plan Covers

Here is a partial list of how the plan pays benefits.

Benefit	Low Option	High Option	Premium Option
Cancer Prevention and Screening Benefit** (per calendar year/ per covered person)	\$25	\$100	\$100
Continuous Hospital Confinement (per day, up to 70 days for each period of continuous confinement)	\$100	\$200	\$300
Extended Benefits* (per day after 70 days)	Up to \$100	Up to \$200	Up to \$300
Surgery* (per surgery, based on surgical schedule)	Up to \$1,500	Up to \$3,000	Up to \$4,500
Ambulatory Surgical Center* (per day)	Up to \$250	Up to \$500	Up to \$750
Radiation/Chemotherapy* (per 12-month period)	Up to \$2,500	Up to \$7,500	Up to \$10,000
Inpatient Drugs and Medicine*	Up to \$25 per day while confined in the hospital		
Private Duty Nursing Services* (per day)	Up to \$100	Up to \$200	Up to \$300
At-Home Nursing* (per day)	Up to \$100	Up to \$200	Up to \$300
Prosthesis*	Up to \$2,000 per amputation		
Ambulance*	Up to \$100		
Hospice Benefits:			
Freestanding Hospice Care Center* (per day)	Up to \$100	Up to \$200	Up to \$300
Hospice Care Team* (per day; limit 1 visit per day)	Up to \$100	Up to \$200	Up to \$300
Extended Care Facility* (per day)	Up to \$100	Up to \$200	Up to \$300

*These benefits are payable based on actual charges up to the maximum amount listed.

** See covered “Wellness Screenings” in the first column on this page.



For More Information

For more plan information, a complete list of covered benefits and exclusions and limitations, go to ncflex.org, select **Cancer and Specified Disease**, then click **Plan Information, Claim Forms, Certificates and More**.

The coverage provided is limited benefit supplemental cancer and specified disease insurance, policy form GVCP2, or state variations thereof. Allstate Benefits is the marketing name used by American Heritage Life Insurance Company (Home Office, Jacksonville, FL), the underwriting company and a subsidiary of The Allstate Corporation.

Critical Illness

Virginia Bluebells | Photography: ilze long via flickr

Critical Illness Insurance pays a benefit if you are diagnosed with a covered critical illness. You can choose a maximum benefit amount of \$15,000, \$25,000 or \$40,000. Benefits are paid directly to you. You do not have to provide evidence of good health/insurability to enroll in this plan, and no pre-existing conditions are excluded.

Maximum Benefit Amount: \$15,000, \$25,000 or \$40,000		
Pays 100% of benefit in the event of:	<ul style="list-style-type: none"> Heart attack Stroke Major organ transplant Bone marrow transplant Cancer Carcinoma in situ Permanent paralysis Coma Severe Burns Loss of Sight/Speech/Hearing Benign Brain Tumor 	<ul style="list-style-type: none"> Advanced Dementia, includes Alzheimer's Parkinson's Disease Multiple Sclerosis Muscular Dystrophy Occupational HIV Occupational Hepatitis B or C Type 1 Diabetes ALS Huntington's Disease Coronary artery bypass Stem cell transplant
Pays 10% to 50% of benefit in the event of*:	<ul style="list-style-type: none"> Skin Cancer: 10% Sudden Cardiac Arrest: 25% Pacemaker placement: 10% 	<ul style="list-style-type: none"> Infectious disease: 25% Transient Ischemic Attack: 10% Systemic Lupus Erythematosus: 50%

Some diagnoses covered by this plan will pay a benefit for unlimited reoccurrences if separated by 6 months. For skin cancer, a benefit is payable up to 1 time per calendar year, with 6 month treatment free period, up to 10 times lifetime maximum limit. For a full list of covered critical illnesses and maximum benefit limits, refer to the certificate of insurance found in the Critical Illness section of [ncflex.org](https://www.ncflex.org).

**To see a full list of covered events, visit [ncflex.org](https://www.ncflex.org) and view the 2024 NCFlex Benefits Guide or the Critical Illness Certificate.*

Additional Benefits

Each Critical Illness option includes a \$50 or \$25 **Wellness Benefit** per covered person for one health screening test per year, such as a routine eye exam or colonoscopy. See [page 17](#) for more information.

Also included on all three options, the **Infectious Disease Benefit Rider**. The Diagnosis Benefit pays \$100 once per calendar year per covered person for a COVID-19 diagnosis. The Hospital Confinement Benefit pays \$2,000 once per calendar year per covered person if confined to a hospital due to COVID-19.

★ Benefit Tip!

Medical plans may cover only part of the cost of medical expenses incurred during a critical illness. Consider Critical Illness coverage to pay expenses not covered by your medical plan, or to pay your mortgage or other living expenses while you're out of work.

★ Benefit Tip!

Be sure to designate your beneficiary(ies) when you enroll in Critical Illness Insurance, then review and update them each year during benefits enrollment.

Example of Benefit Payment

Here's an example of how Critical Illness insurance pays for multiple covered conditions over time. Note that the plan pays benefits for reoccurrences of the *same condition* (John's heart attack) since the two events are separated by at least 6 consecutive months. In the scenario below, John has elected the \$15,000 Benefit Amount.

Covered Condition	Lump-Sum Benefit Payment Received
John has a heart attack	\$15,000
Three months later, John is diagnosed with noninvasive cancer	\$3,750
8 months later John has another heart attack	\$15,000
Two months later John becomes paralyzed	\$15,000
Total Payout	\$48,750

A Note about Taxes

If Voya pays you benefits totaling \$600 or more in a plan year, you will receive an IRS 1099-MISC after the plan year ends. You should consult with a tax advisor regarding the possible affects to your taxes.

Critical Illness Monthly Costs

The monthly premium is based on the maximum benefit amount you choose (\$15,000, \$25,000 or \$40,000), your age, and whom you cover (yourself only or you plus your spouse). The monthly cost for your spouse is the same as the costs for yourself. For example, if you are age 30 and choose \$15,000 in coverage for yourself and for your spouse, your costs will be \$2.10 for you plus \$2.10 for your spouse, for a total of \$4.20.

Costs for you and/or your spouse are based on your age as of January 1, 2024, and are in five-year age bands. There is no cost for coverage for dependent children under age 26.

Coverage Level	Employee Age	Benefit Amount*		
		\$15,000	\$25,000	\$40,000
Employee/ Spouse	<25	\$0.90	\$1.50	\$2.40
	25-29	\$1.20	\$2.00	\$3.20
	30-34	\$2.10	\$3.50	\$5.60
	35-39	\$2.70	\$4.50	\$7.20
	40-44	\$4.20	\$7.00	\$11.20
	45-49	\$7.80	\$13.00	\$20.80
	50-54	\$10.80	\$18.00	\$28.80
	55-59	\$15.90	\$26.50	\$42.40
	60-64	\$29.70	\$49.50	\$79.20
	65-69	\$42.00	\$70.00	\$112.00
	70+	\$49.80	\$83.00	\$132.80
Dependent Children	If you choose coverage for yourself, you may also elect coverage for your dependent children under age 26			
	Up to age 26	No cost		

*The costs are per covered person (employee/spouse) for the benefit amount you elect.



For More Information

For more plan information and a complete list of covered benefits, go to ncflex.org, select *Critical Illness*, then click *Plan Information, Claim Forms, Certificates and More*.

Wellness Benefit:

The Wellness Benefit is included in all three Critical Illness plans. If you complete an eligible health screening test, you are eligible for a Wellness Benefit payment. The health screening test must occur on or after your effective date. If your spouse and/or children are covered under your Critical Illness plan, they can also file for a Wellness Benefit payment for a covered health screening test.

Only one benefit is payable per covered member per calendar year, regardless of how many screenings are completed by that member.

Covered Member	Wellness Benefit available once per year with a covered screening:
Employee	\$50
Spouse	\$50
Child	\$25

What types of health screening tests are eligible?

Health screening tests include, but are not limited to:

- Blood tests for triglycerides
- Pap smear or thin prep pap test
- Flexible sigmoidoscopy
- CEA (blood test for colon cancer)
- Bone marrow testing
- Serum cholesterol test for HDL & LDL levels
- Hemocult stool analysis
- Serum Protein Electrophoresis (myeloma)
- Breast ultrasound, sonogram, MRI
- Chest x-ray
- Mammography
- Colonoscopy
- CA 15-3 (breast cancer)
- Stress test on bicycle or treadmill
- Fasting blood glucose test
- Thermography
- PSA (prostate cancer)
- Hearing test
- Routine eye exam
- Routine dental exam
- Well child/preventative exams through age 18
- Biometric screenings
- Electrocardiogram (EKG)
- Annual Physical Exam – Adults
- CA 125 (ovarian cancer)
- Tests for sexually transmitted infections (STIs)
- Ultrasound screening for abdominal aortic aneurysms
- Hemoglobin A1C (HbA1c)
- Bone density screening
- COVID-19 test



Dogwood | Photography: Mika via flickr



Dental

Good oral health is an essential part of a healthy lifestyle. Through MetLife, we offer three dental plans that cover routine checkups and other dental care: the High Option plan, the Classic Option plan and the Low Option plan. These plans differ both in how much you pay per pay period and at time of service.

Covered Services

No matter which dental plan option you elect, you can visit any licensed dentist, in or out of the MetLife Preferred Dental Provider (PDP) Plus Network, and still receive benefits. All dental plan options provide benefits for:

- Diagnostic and preventive services, such as oral exams, cleanings and x-rays.
- Basic services, such as fillings, extractions, root canal therapy and treatment of gum disease.

The Classic Option plan and High Option plan also cover:

- Major services, such as crowns, dentures and bridges.
- Orthodontic services for dependent children up to age 19, with a lifetime maximum benefit of \$1,500.

Save When You Use a Network Provider!

Even though you can see any licensed dentist for care, you can save money when you visit a MetLife Preferred Dental Provider (PDP). That's because providers in the MetLife PDP network charge negotiated rates that are typically 30-45% less than the average charge in the same community¹. To find a participating dentist, go to metlife.com/mybenefits, enter *NCFlex* as the company name and enter your zip code. You can also call **1-855-676-9441** to request that a provider list be sent to you.

1. Negotiated fees refer to the fees that in-network dentists have agreed to accept as payment in full for covered services, subject to any co-payments, deductibles, cost sharing, and benefit maximums. Negotiated fees are subject to change.

Monthly Dental Cost

Coverage Level	High Option	Classic Option	Low Option
Employee Only	\$55.40	\$35.90	\$24.18
Employee and Spouse	\$111.12	\$72.00	\$48.74
Employee and Child(ren)	\$119.84	\$78.00	\$52.34
Employee and Family	\$196.20	\$123.00	\$83.44

Flexible Dental Options

You can choose between three Dental Plan options. The **High Option** plan may be right for you if you need the highest level of coverage for Basic and Major services and a higher annual maximum (and you are comfortable paying the higher premium for coverage). The **Classic Option** plan offers a higher level of benefits than the **Low Option** and a lower level of benefits than the High Option. This may be a good fit for you if you want coverage for Major services, such as crowns and dentures, or Orthodontia services, but you don't need the highest level of coverage that the High Option offers (and do not want to pay the higher premium for coverage). See the "Dental At a Glance" comparison chart on [page 19](#) for details.

Benefit Tip!

You can also use your Health Care Flexible Spending Account to pay for eligible dental expenses (that are not covered by another plan) on a pre-tax basis. Keep in mind that cosmetic procedures, such as teeth whitening, are not considered eligible expenses.

Dental At-a-Glance

Benefit Category	High Option	Classic Option	Low Option
Annual Deductible (per person/per family)	\$50/\$150	\$25/\$75	\$25/\$75
Annual Maximum (per covered person; does not include orthodontic services under the Classic and High Option plans)	\$5,000	\$1,500	\$1,000
Lifetime Orthodontic Maximum ¹ (per covered person)	\$1,500	\$1,500	N/A
Benefit Category	Plan Pays ³	Plan Pays ³	Plan Pays ³
Diagnostic and Preventive²			
Oral exams, preventive cleanings, X-rays, fluoride treatments, sealants and space maintainers	100%	100%	100% after deductible
Basic²			
Fillings, simple extractions, endodontics, re- cement crowns, inlays and bridges, repair of removable dentures	80% after deductible	60% after deductible	50% after deductible
Periodontal services, oral surgery, and general anesthesia	50% after deductible		
Major²			
Includes crowns, dentures, bridges, fixed bridge repairs, denture adjustments/relining, implants	50% after deductible	50% after deductible	Not Covered
Orthodontics²			
Orthodontic services for dependent children up to age 19	50%	50%	Not Covered

¹ The lifetime orthodontia maximum includes any orthodontia benefits you may have received from the prior NCFlex plan carrier.

² See the dental plan certificates for plan details and benefit restrictions. Go to ncflex.org and select Dental, then click on **"Plan Information, Claim Forms, Certificates and More"** to access plan certificates.

³ Benefits are subject to the Maximum Allowable Charge (MAC). The MAC for in-network dental providers is the negotiated in-network fee. Reimbursement for out-of-network services is based on reasonable and customary (R&C) charge for the area. R&C is based on the lowest of (1) the dentist's actual charge, (2) the dentist's usual charge for the same or similar services, or (3) the charge of most dentists in the same geographic area. You may be responsible for the difference between the R&C charge and what an out-of-network dentist charges.



For More Information

Go to ncflex.org and select Dental, then click on **Plan Information, Claim Forms, Certificates and More** to access plan certificates.

Vision

Mountain Ash | Photography: Ben via flickr

NCFlex offers vision coverage through EyeMed Vision Care to save money on eye exams and eyewear. You can see any vision provider you choose. The level of benefits you receive depends on whether you go in-network or out-of-network for services.

The Vision Plan offers three schedules of benefits: Core, Basic and Enhanced. Core vision coverage is available to you at no cost, if you enroll, and covers an annual eye exam with a \$20 copay. Both the Basic and Enhanced provide a comprehensive eye exam and benefits for vision materials. You may receive either eyeglass lenses or contact lenses in a benefit period but not both.

Vision Monthly Cost

Your monthly vision premium is based on the plan you choose and whether you elect to cover yourself only, or yourself and your family. If you wish to only participate in the Core Wellness Exam, you must still enroll.

Coverage Level	Core Wellness Exam*	Basic Plan	Enhanced Plan
Employee Only	No charge	\$4.50	\$8.00
Employee and Family	N/A	\$11.66	\$20.52

*The core wellness exam is a free benefit, but you must enroll to have coverage.

The EyeMed Network

You can choose from more than 4,800 in-network providers throughout the state, including independent eye doctors, retail stores and even online options. If your vision care provider is not part of the EyeMed network, you or your provider may contact EyeMed with the provider's name, address, and telephone number to begin the provider nomination process.



For More Information

To contact EyeMed, call 866-248-1939 or visit eyemedvisioncare.com/NCFlex.



Benefit Tip!

You can use the Health Care Flexible Spending Account (HCFSA) to pay for vision expenses (that are not covered by another plan) on a pre-tax basis.



Dutchman's Breeches | Photography: Jacqui Trump via flickr

Vision At-a-Glance

The chart below shows in-network benefits. Using an in-network provider will result in less expense for you. Remember, you are responsible for paying any charges in excess of your covered benefit. When using a non-network provider, you pay the provider in full and submit an out-of-network claim form (along with a copy of your receipt) to EyeMed. You will be reimbursed up to the amount of your out-of-network allowance.

Benefit	Core	Basic	Enhanced
Eye exam (once per year)	\$20 copay	\$20 copay	\$20 copay
Contact lenses	Discount on conventional lenses	\$120 allowance (once every 12 months)	\$175 allowance (once every 12 months)
Frames	35% off retail	\$125 allowance (once every 24 months)	\$200 allowance (once every 12 months)
Single Vision standard lens	You pay \$50	\$0 copay	\$0 copay
Standard progressive lens	You pay \$135	\$50 copay	\$50 copay
Premium progressive lens	20% off retail	\$70-\$95 copay	\$70-\$95 copay
Hearing Health Care from Amplifon Hearing Network	Discounted set pricing on hearing aids and free batteries	Discounted set pricing on hearing aids and free batteries	Discounted set pricing on hearing aids and free batteries
LASIK or PRK from US laser network	15% off the retail price, or 5% off the promotional price, whichever you prefer	15% off the retail price, or 5% off the promotional price, whichever you prefer	15% off the retail price, or 5% off the promotional price, whichever you prefer



For More Information

For more details on what is covered and what is excluded under the Vision Plan, go to ncflex.org, select *Vision*, then click *Plan Information, Claim Forms, Certificates and More*.



Red-spotted Purple Butterfly | Photography: Carol Berney via flickr



Discover More Discounts and Special Offers through EyeMed...

Once you are enrolled, register on eyemedvisioncare.com/NCFlex or download the EyeMed Members App (in the App Store or Google Play) for additional special offers and discounts on vision-related products and services.

Group Term Life

You can enroll in Group Term Life Insurance that pays a benefit to your beneficiary(ies) if you die while covered under the policy. You are automatically the beneficiary of Spouse and Child(ren) coverage. (Note that group term life policies provide death protection only; there is no cash value accumulation.)

You may not be covered as both an employee and a dependent. Also, if you are eligible to participate as an employee, you must choose to be covered as an employee, not as a dependent, and children may not be dually enrolled. Employees of The University of North Carolina System are not eligible for this benefit.

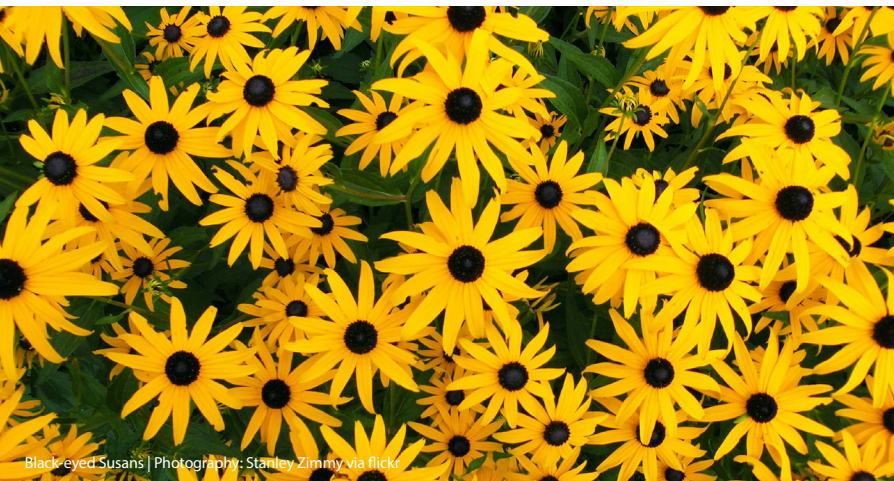
Coverage Options

Coverage Level	Benefit Level
Employee/Spouse*	You can choose coverage of \$20,000 to a maximum of \$500,000, in \$10,000 increments. (Spouse coverage cannot exceed 100% of employee's elected amount.)
Child(ren)*	You can cover each of your eligible children in the amount of \$5,000 or \$10,000.

*Employee must be enrolled in Group Term Life to cover spouse/child(ren). See evidence of insurability requirements on [page 23](#).

Coverage After Age 75

Your and/or your spouse's benefit will be reduced to 50% when you reach age 75, if you are employed with the state of NC. Note: Once the coverage is reduced due to age, the insured is no longer able to increase coverage. Any reduced coverage may be eligible for conversion.



Black-eyed Susans | Photography: Stanley Zimmy via flickr

Benefit Tip!

How much life insurance do you need? Consider:

- How many years of annual pay you want to replace
- Mortgage/rent obligations
- Education/college needs
- Funeral expenses
- Other debts

Enrollment/Evidence of Insurability Options

Evidence of Insurability (EOI) is required for amounts above the Guaranteed Issue (GI) when enrolling in this plan to determine if coverage will be granted. If EOI is required, Voya Financial will mail the appropriate EOI form to your address on file. This form must be completed, signed, and returned to Voya Financial for review.

If You Are:	Coverage Options
New Hire/Newly Eligible	As a new hire (or newly eligible for benefits), you may elect from \$20,000 up to \$200,000 on yourself and \$20,000 up to \$50,000 on your spouse without having to provide EOI.*
Existing Employee	
<ul style="list-style-type: none"> Electing or adding coverage during annual enrollment* 	<p>If you/your spouse are not currently enrolled in Group Term Life, during annual enrollment you may purchase \$20,000 of coverage (on yourself/your spouse) on a guaranteed issue basis (if you were not previously denied coverage). Amounts over \$20,000 require EOI.</p> <p>If you/your spouse are currently enrolled in Group Term Life, you may add either \$10,000 or \$20,000 of additional coverage at each annual enrollment up to the guaranteed issue amount of \$200,000 for employees and \$50,000 for spouse (no EOI required).</p>
<ul style="list-style-type: none"> Making coverage changes during the plan year* 	If you experience a qualifying life event that allows you to add or increase your life insurance amount, you will be allowed to elect coverage on a guaranteed issue basis up to the amounts shown under New Hire/Newly Eligible above.

*You may elect up to \$10,000 of coverage for eligible children without having to provide EOI for 2024.

Additional Group Term Life Benefits

- Disability Waiver of Premium:** If you become totally disabled prior to age 60 the life insurance premium is waived under certain conditions.
- Funeral Planning and Concierge Services:** Allows you to contact professionals who can help with funeral planning for yourself and eligible family members.
- Accelerated Death Benefit:** You and your spouse may be eligible to receive 50% of the Group Term Life benefit, up to a maximum of \$250,000, while living if you are:
 - Diagnosed with a terminal illness and have fewer than six months to live.
 - Diagnosed with a condition requiring continuous confinement and are expected to remain there for the rest of your/your spouse's life.



Syrphid Fly | Photography: Mohamad via flickr

Benefit Tip!

Be sure to designate your beneficiary(ies) when you enroll in life insurance coverage, then review and update them each year during benefits enrollment.

Group Term Life Monthly Costs

The monthly premium for you and/or your dependent spouse is based on your age as of January 1 of the current plan year. The following chart outlines the cost of coverage per \$1,000 increment based on age.

	Employee Age	Monthly Rates* Per \$1,000 Coverage	Monthly Cost for Sample Coverage Amounts		
			\$20,000	\$50,000	\$100,000
Employee/Spouse	0 – 24	\$0.04	\$.80	\$2.00	\$4.00
	25 – 29	\$0.05	\$1.00	\$2.50	\$5.00
	30 – 34	\$0.07	\$1.40	\$3.50	\$7.00
	35 – 39	\$0.08	\$1.60	\$4.00	\$8.00
	40 – 44	\$0.09	\$1.80	\$4.50	\$9.00
	45 – 49	\$0.13	\$2.60	\$6.50	\$13.00
	50 – 54	\$0.22	\$4.40	\$11.00	\$22.00
	55 – 59	\$0.40	\$8.00	\$20.00	\$40.00
	60 – 64	\$0.64	\$12.80	\$32.00	\$64.00
	65 – 69	\$1.27	\$25.40	\$63.50	\$127.00
	70 – 74	\$2.06	\$41.20	\$103.00	\$206.00
	75+	\$2.06	\$41.20	\$103.00	\$206.00
If you elect employee-only coverage, premiums will be deducted on a pre-tax basis.					
Child(ren)	\$0.68 for \$5,000 of coverage for child(ren)				
	\$1.36 for \$10,000 of coverage for child(ren)				
If you elect employee plus dependent coverage, premiums for the employee and dependent(s) will be deducted on a post-tax basis.					

*The costs are per covered person (employee/spouse) for the benefit amount you elect.



For More Information

For more information about the Group Term Life plan, go to ncflex.org and select *Group Term Life*, then click *Plan Information, Certificates, and More*.

Accidental Death & Dismemberment (AD&D) insurance pays a benefit if you die or are seriously injured as the result of an accident. The coverage is effective 24 hours a day, 365 days a year, and includes accidents on or off the job. If you are eligible for coverage, you may enroll in the Core AD&D plan at no cost to you. You may purchase additional optional coverage for yourself and your dependents through the Voluntary AD&D plan. Employees of The University of North Carolina System are not eligible for this benefit.

If You and Your Spouse Both Work for the State

The benefit amounts are shown below. If you are eligible to participate as an employee, you must choose to be covered as an employee, not as a dependent. **If you and your spouse are both eligible to elect this coverage as state agency, participating community college, or participating charter school employees, you both may elect to participate as employees, but only one may enroll for employee and family coverage.** The spouse who elects employee and family coverage will not have coverage for his or her spouse, only children. You may not be covered as both an employee and a dependent and children may not be dually enrolled.

Coverage Options

You can choose AD&D coverage as follows:

Plan	Coverage Options
Core AD&D	\$10,000 (provided at no cost to you, when you enroll).
Voluntary AD&D	<p>For you: You can choose from \$50,000 up to \$500,000 in \$50,000 increments (see Voluntary AD&D Monthly Costs for coverage amounts and associated costs).</p> <p>For your dependent(s): If you elect voluntary AD&D coverage for yourself, you also can elect coverage for your dependents. Your spouse and children are covered at a percentage of the amount of coverage that you elect for yourself, according to the chart on page 26.</p>

Voya Travel Assistance

If you are enrolled in the Core or Voluntary AD&D plan you also have access to Voya Travel Assistance services.

Traveling to an unfamiliar place can cause stress, especially if something goes wrong. Voya Travel Assistance offers you and your covered dependents four types of services when traveling more than 100 miles from home:

- Emergency Medical Transport Services
- Medical Assistance Services
- Travel Assistance Services
- Security Assistance Services

Access these services 24 hours a day, 365 days a year - from anywhere in the world. Voya Travel Assistance services are provided by International Medical Group, Inc. (IMG), Indianapolis, IN.

See **page 28** for more information.

How the AD&D Plans Work

The following list is a summary of the benefits provided by the AD&D Plan. For a complete description of the available benefits, exclusions and limitations, see the certificate of insurance and any riders, which are available at ncflex.org.

If you die or are seriously injured as the result of an accident, the plan pays:

For loss of:	Percentage of the AD&D benefit amount paid is ...
Life	100%
Sight of both eyes	100%
Speech and hearing of both ears	100%
Both hands or both feet	100%
One hand and one foot	100%
Either hand or foot	50%
Sight of one eye	50%
Speech or hearing of both ears	50%
Hearing of one ear	25%
For the following conditions...	
Quadriplegia	100%
Paralysis of three limbs	85%
Paraplegia/hemiplegia	75%
Paralysis of one limb	50%

Coverage After Age 75

The amount of insurance will decrease to 50% when you turn age 75. Coverage cannot be increased once coverage is reduced due to age.

Core AD&D Monthly Costs

If you enroll in the Core AD&D plan, the coverage is provided at no cost to you.

Voluntary AD&D Monthly Costs

You may select from a principal sum of \$50,000 up to \$500,000 in \$50,000 increments. Your cost for coverage is based on the principal sum you choose, as follows:

Principal Sum	Employee Only	Employee and Family
\$50,000	\$0.90	\$1.30
\$100,000	\$1.80	\$2.60
\$150,000	\$2.70	\$3.90
\$200,000	\$3.60	\$5.20
\$250,000	\$4.50	\$6.50
\$300,000	\$5.40	\$7.80
\$350,000	\$6.30	\$9.10
\$400,000	\$7.20	\$10.40
\$450,000	\$8.10	\$11.70
\$500,000	\$9.00	\$13.00

Family Principal Sum

If you elect family coverage, the plans pay a percentage of your benefit amount if your spouse and/or children die or are seriously injured as the result of an accident, as follows:

Family Member	Percentage of your AD&D benefit amount paid is
Spouse	50%
Children	10% each child



For More Information

To find out more about the AD&D plans and a complete list of covered benefits, go to ncflex.org and select *Accidental Death & Dismemberment*, then click *Plan Information and Documents*.



Benefit Tip!

Be sure to designate your beneficiary(ies) when you enroll in AD&D coverage, then review and update them each year during benefits enrollment.

Benefit Highlights of Core AD&D and Voluntary AD&D

Here's a summary of what the AD&D plans cover.

	Core AD&D	Voluntary AD&D	
	Employee Only	Employee Only	Family
Benefit Amount	\$10,000	\$100,000 *	\$100,000*
Enroll During Annual Enrollment	✓	✓	✓
Accidental Death & Dismemberment	✓	✓	✓
Paralysis, Quadriplegia, Paraplegia, Hemiplegia	✓	✓	✓
Voya Travel Assistance	✓	✓	✓
Rehabilitation Benefit**		✓	✓
Common Disaster Benefit**		✓	✓
Coma Benefit		✓	✓
Accidental In-Hospital Indemnity**		✓	✓
Safe Driver Benefit**		✓	✓
Criminal Assault Benefit**		✓	✓
War Risk Benefit		✓	✓
Burn Disfigurement		✓	✓
Accidental HIV Benefit		✓	✓
Custodial Care Benefit**		✓	✓
Therapeutic Counseling Benefit**		✓	✓
Adaptive Home & Vehicle Benefit**		✓	✓
Surgical Reattachment Benefit		✓	✓
Portability		✓	✓
Coverage for Spouse			✓
Survivor's Benefit**			✓
Education Benefit**			✓
Spouse Training Benefit**			✓
Coverage for Dependent Children			✓

* \$100,000 benefit amount is one example. Other benefit amounts are available from \$50,000 to \$500,000.

**Additional benefits apply only if there has been a covered loss as shown on [page 26](#).

Voya Travel Assistance: Security When you Travel

For Participants in either of the Accidental Death & Dismemberment Plans and/or either of the Accident Plans.

Voya Travel Assistance offers you enhanced security for your leisure and business trips when traveling 100 miles or more from your primary residency or in another country, for trips 180 days or less. You and your dependents will have access to the Voya Travel Assistance customer service center or access to the services provided on the website 24 hours a day, 365 days a year - from anywhere in the world. Voya Travel Assistance services are provided by International Medical Group, Inc. (IMG), Indianapolis, IN.

Emergency Medical Transport Services:

- Dispatch of a Physician
- Emergency Medical Evacuation
- Medical Repatriation
- Return of Dependent Children
- Return of Travel Companion
- Vehicle Return Services
- Visit of a Family Member or Friend
- Repatriation of Remains

Medical Assistance Services:

- Convalescence Arrangements
- Outpatient & Inpatient Care
- Interpretation Services
- Medical Monitoring
- Medical & Dental Referrals
- Prescription Transfer & Shipping

Travel Assistance Services:

- Emergency Cash Transfer
- Consulate and Embassy Location
- ID Theft Assistance
- Legal Referrals
- Lost Luggage and/or Document Assistance
- Pet Housing and Return
- Pre-Trip Informational Services
- Urgent Message Relay

Security Assistance Services:

- Emergency Political Evacuation/Repatriation
- Location Intelligence App
- Natural Disaster Evacuation

How it works

At any time before or during a trip, you may contact Voya Travel Assistance for assistance services. Take a picture with your mobile device of this summary and keep with your travel documents, or access this document to print, at ncflex.org in the AD&D and Accident sections. Use the wallet card to have convenient access to the numbers that you need.

If you need emergency or pre-trip services...	Voya Travel Assistance
<p>... use the contact information on the reverse and identify yourself as an eligible participant in the Voya Travel Assistance program.</p> <p>You will be asked to provide some additional information in order to confirm your eligibility under this program. Once your eligibility has been verified, Voya Travel Assistance will arrange and provide the emergency transportation services previously described.</p> <p>Please note: Services are only eligible for payment through Voya Travel Assistance if Voya Travel Assistance was contacted at the time of service and arranged for the service. If costs are incurred for other services, you are responsible for those costs or reimbursement of those costs if initially paid by Voya Travel Assistance; Voya Travel Assistance will ask for your credit card and debit your account for the required amount.</p>	<p>Contact Voya Travel Assistance 24 hours a day, 365 days a year for: Emergency Medical Transport, Medical Assistance, Travel Assistance and Security Assistance Services.</p> <p>From anywhere in the world: +1 (317) 659-5841</p> <p>Email: assist@imglobal.com</p> <p>Visit Online and Register: imglobal.com/member</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Select "Create an account" <input checked="" type="checkbox"/> Enter referral code: VOYATRAVEL <input checked="" type="checkbox"/> Click "continue" to enter your personal information, email address, and create your password.

See the Voya Travel Assistance Brochure at ncflex.org for exclusions and limitations that apply.

Disability

Disability programs replace a portion of your paycheck when you're ill, injured or recovering from childbirth. Keep reading to find out what disability benefits are offered to you through:

- **NCFlex:** For full-time active employees of a state agency, participating community college, or participating charter school, working at least 30 hours or more per week, you can choose supplemental combined STD and LTD disability coverage. See the "**NCFlex Voluntary Disability Plan**" section, starting on **this page**.
- **The Disability Income Plan of North Carolina (DIP-NC):** You are eligible for basic short-term and long-term disability benefits if you participate in TSERS and meet other eligibility criteria. See the "**Disability Benefits for Participants in TSERS**" section, starting on **page 33**, for details.

NCFlex Voluntary Disability Plan

The Voluntary Disability Plan, offered by NCFlex through The Standard, provides short term disability (STD) and long term disability (LTD) coverages. Keep reading for details.

The Voluntary Disability Program from NCFlex offers	
Short Term Disability (STD)	Long Term Disability (LTD)
Covers first 60 days of disability	Begins on Day 61 of disability

Eligibility

You may enroll in the Voluntary Disability Plan if you are a full-time active employee* of a state agency, participating community college, or participating charter school, working at least 30 hours or more per week. If you have questions about your eligibility, contact your Health Benefits Representative (HBR).

**Employees of The University of North Carolina System are not eligible for this benefit.*

Learn how the NCFlex Voluntary Disability plan helps supplement basic STD/LTD with TSERS on **page 36**.

Important: If You Participate in TSERS

As a State of NC employee, if you participate in the Teachers' and State Employees' Retirement System (TSERS) you are provided with basic short-term disability (STD) and long-term disability (LTD) coverage at no cost to you. These basic STD and basic LTD benefits are provided to you under the Disability Income Plan of North Carolina (DIP-NC). See **Disability Benefits for Participants in TSERS** on **page 33** for details. You can also purchase additional protection by enrolling in the Voluntary Disability Plan, described in this section, that may increase the amount of STD and LTD benefits you receive each month.

Definitions of Disability

STD: You will be considered disabled if, as a result of physical disease, injury, pregnancy or mental disorder, you are unable to perform with reasonable continuity the material duties of your own occupation. You are not considered disabled merely because your right to perform your own occupation is restricted, including a restriction or loss of license.

LTD: For the benefit waiting period and through the end of the first 24 months that LTD benefits are payable, you will be considered disabled if, as a result of physical disease, injury, pregnancy or mental disorder:

- You are unable to perform with reasonable continuity the material duties of your own occupation, and
- You suffer a loss of at least 20% of your predisability earnings when working in your own occupation.

You are not considered disabled merely because your right to perform your own occupation is restricted, including a restriction or loss of license.

From the end of the Own Occupation Period (first 24 months) through the end of the maximum benefit period that LTD benefits are payable, you will be considered disabled if, as a result of physical disease, injury, pregnancy or mental disorder:

- You are unable to perform with reasonable continuity the material duties of any occupation.
- You suffer a loss of at least 40% of your predisability earnings when working in any occupation.

Enrollment/Evidence of Insurability

If You Are:	EOI
New Hire/Newly Eligible	If you are a new hire or are newly eligible for benefits, you do not need to provide Evidence of Insurability (EOI) if you enroll in the NCFlex Voluntary Disability Plan within 30 days of your date of hire.
Existing Employee	
<ul style="list-style-type: none"> • Electing coverage during annual enrollment 	If you are not currently enrolled in the NCFlex Voluntary Disability Plan, during annual enrollment you may enroll, but EOI will be required.
<ul style="list-style-type: none"> • Qualifying life event 	If you experience a qualifying life event that allows you to add coverage, you do not need to provide EOI if you enroll in the NCFlex Voluntary Disability Plan within 30 days of the qualifying life event and have not previously submitted EOI that was declined by The Standard.
<ul style="list-style-type: none"> • Returning from a leave of absence* 	If you were enrolled in the NCFlex Voluntary Disability Plan prior to your leave, and your coverage ended due to an unpaid leave of absence, you must re-enroll within 30 days of your leave ending. If you don't re-enroll within 30 days, EOI will be required.

If EOI is required, your coverage will not go in effect until the first day of the month following the date EOI is approved by The Standard. However, if your EOI is approved on the first day of the month, your effective date will be that day.

*The Standard does not accept direct payments from individual members, therefore if your benefits are canceled while on leave, no payments can be made unless your employer is able to submit these payments on your behalf.

Preexisting Condition Provision for STD and LTD Coverages

You are not covered for a short or long term disability caused or contributed to by a preexisting condition unless on the date you become disabled, you have been continuously insured under the group policy for the exclusion period and have been actively at work for at least one full day after the end of a **12-month exclusion period**.

A preexisting condition is a mental or physical condition whether or not diagnosed or misdiagnosed during the 90-day period just before your insurance becomes effective:

- For which you would have consulted a physician or other licensed medical professional; received medical treatment, services or advice; undergone diagnostic procedures, including self-administered procedures; or taken prescribed drugs or medications.
- Which, as a result of any medical examination, including routine examination, was discovered or suspected.

Treatment-Free Period: If you are treatment-free for six consecutive months during the 12-month exclusion period, any remaining exclusion period will not apply.

Short Term Disability

Short Term Disability (STD) provides income replacement if you become unable to work due to a medical disability. STD benefits begin on the first day following the benefit waiting period:

What Your Benefit Provides	The plan pays 66⅔% of earnings up to \$750 per week.
Benefit Waiting Period	14 calendar days for qualifying accident, physical disease, pregnancy or mental disorder. This is the length of time you must be disabled before you begin receiving benefits.
How Long Your Benefits Last	60 calendar days from your date of disability.
Benefits Are Paid	Weekly.
Deductible Income (offsets)	There are no offsets to the STD plan, meaning you will not have benefits reduced if you are receiving income from other sources, such as workers' compensation or Social Security.

Additional Features

24-hour coverage: Both STD and LTD benefits cover disabilities that occur on or off the job.

Personal Health Advocate: While on an approved STD claim, you will have access to a dedicated Personal Health Advocate who can assist you with a wide range of services, such as coordinating health care with specialists and managing billing questions.

Reasonable accommodation expense benefit: This benefit helps modify the work environment to allow you to stay at work or return to work following a disabling condition.

Return to work incentive: While you are recovering from your disability and if your doctor approves, you may be able to return to work while still receiving LTD benefits at a reduced rate. See your Health Benefit Representative (HBR) for details.

Survivor benefit: If you die while LTD benefits are payable, a survivor benefit may be payable to your beneficiary. The survivor benefit is three times your monthly LTD benefit without reduction by deductible income.

Long Term Disability

Long Term Disability (LTD) provides income replacement if you become unable to work due to a medical disability. LTD benefits begin to pay after you have been continuously disabled for 60 days. Your monthly benefit will be reduced by deductible income, such as Social Security or workers' compensation benefits.

What Your Benefit Provides	<p>The plan will replace up to 66⅔% of your eligible earnings*, up to a maximum benefit of \$12,500 per month.</p> <p>Plan minimum per month: \$100 or 10% of the LTD benefit (whichever is greater).</p> <p><i>*Eligible earnings are your monthly predisability earnings, as defined by the group policy.</i></p>
Benefit Waiting Period*	<p>60 days.</p> <p><i>*If you suffer a qualifying disability, your benefit waiting period is the length of time you must be continuously disabled before you can begin receiving your monthly benefit.</i></p>
How Long Your Benefits Last*	<p>Until your Social Security Normal Retirement Age (SSNRA), provided you continue to meet the definition of disability.</p> <p>Depending on your age at the time of disability, your benefit may be subject to a different schedule.</p> <p><i>*This is the maximum length of time you could be eligible to receive disability benefits for a continuous disability.</i></p>
Benefits Are Paid	<p>Monthly.</p>

Maximum LTD Benefit Period

If you become disabled before age 62, LTD benefits may continue during disability until age 65 or to the Social Security Normal Retirement Age (SSNRA) or 3 years, 6 months, whichever is longer. If you become disabled at age 62 or older, the benefit duration is determined by the age when disability begins:

Age	Maximum Benefit Period
62	To SSNRA, or 3 years 6 months if longer
63	To SSNRA, or 3 years if longer
64	To SSNRA, or 2 years 6 months if longer
65	2 years
66	1 year 9 months
67	1 year 6 months
68	1 year 3 months
69 or older	1 year



For More Information

To find out more about the disability plans, including exclusions and limitations, go to the Disability section of ncflex.org and select *NCFlex STD Certificate* or *NCFlex LTD Certificate*.



Common Buckeye Butterfly | Photography: Kris Peterson via flickr

STD Coverage through DIP-NC

If you have at least one year of contributing membership service in TSERS (earned within the 36 calendar months preceding your disability) and meet all plan requirements, the STD plan will pay you a benefit due to a qualified disabling illness or injury after a 60-day waiting period.

The STD plan pays a monthly benefit equal to 50% of your monthly salary, up to a maximum of \$3,000 per month. The plan continues to pay this benefit until you are no longer disabled, or 365 days have passed since the beginning of your disability, whichever comes first.

Here's a brief summary of the STD benefits under this plan:

Your Creditable Service as a Participant in TSERS	During This Period of Your Disability	STD Plan Benefit (DIP-NC)
Less than 1 year	For as long as you are disabled.	No benefit.
1 year or more	First year of disability.	After a 60-day waiting period, the plan pays 50% of your monthly salary, up to a maximum of \$3,000 per month.*

*Offsets may apply.

The STD plan does not pay benefits for disabilities that begin before you have at least one year of service as a participant in TSERS. However, you can purchase supplemental disability coverage to provide a benefit if you become disabled during that first year.

Extended STD Coverage through DIP-NC

If your disability is considered temporary but continues past the first year, an additional period of STD may be approved, not to exceed 365 days. You must meet all disability requirements and be approved by the plan's medical board.

Here's a brief summary of the Extended STD benefits under this plan:

Your Creditable Service as a Participant in TSERS	During This Period of Your Disability	Extended STD Plan Benefit (DIP-NC)
Less than 1 year	For as long as you are disabled.	No benefit.
1 year or more	Second year of disability.	Following your initial STD period, the plan pays 50% of your monthly salary, up to a maximum of \$3,000 per month.*

*Offsets may apply.



For More Information

For more information about the details of these plans through the DIP-NC, see the Disability Income Plan of North Carolina handbook at www.myncretirement.com/disability.

LTD Coverage through DIP-NC

If you have at least five years of membership service in TSERS, the LTD plan will pay you a benefit if you remain disabled for longer than 365 days and are considered permanently disabled.

The LTD plan pays a monthly benefit equal to 65% of your monthly salary, up to a maximum of \$3,900 per month. The plan continues to pay this benefit until you are no longer disabled, or when you qualify for retirement, whichever comes first. Other rules may apply which may offset or end payments.

Here's a brief summary of the LTD benefits under this plan:

Your Creditable Service as a Participant in TSERS	During This Period of Your Disability	LTD Plan Benefit (DIP-NC)
Less than 5 years	For as long as you are disabled.	No benefit.
5 years or more	Beginning of second year of disability and continuing for as long as you are disabled. ¹	The plan pays 65% of your monthly salary, up to a maximum of \$3,900 per month. ²

Although the LTD plan does not pay benefits for disabilities that begin before you have at least five years of service as a participant in your retirement plan, you can purchase supplemental disability coverage to provide a benefit if you become disabled during that time.

¹ See "Length of Long-Term Benefits" in the Disability Income Plan of NC handbook for details on how long benefits may last.

² Offsets may apply.

You Can Supplement Basic STD/LTD through the NCFlex Voluntary Disability Plan

Although being a member of TSERS provides you with basic STD and basic LTD coverage at no cost to you, you may wish to consider purchasing additional STD and LTD protection through the NCFlex **Voluntary Disability Plan** offered through The Standard. Keep reading to find out how this coverage works with your basic STD and LTD coverages (and see "**NCFlex Voluntary Disability Plan**" on **page 29** for more details).

How the NCFlex Voluntary Disability Plan Works with Your Basic STD and LTD Coverage

The NCFlex Voluntary Disability Plan includes short term disability (STD) coverage, which pays a benefit of 66⅔% of earnings up to \$750 per week with no offsets following the benefit waiting period. If you are still disabled after 60 days, your claim will transition to long term disability (LTD) coverage, which pays up to 66⅔% of your salary with offsets for as long as you meet the definition of disability, but not to exceed your normal Social Security retirement age.

The Voluntary Disability Plan begins paying a benefit if you are disabled for more than 14 calendar days. The 14-day period is called the *benefit waiting period*. The benefit waiting period is the length of time you must be disabled before you begin receiving benefits.

Generally, the plan supplements whatever basic STD or basic LTD benefit you may be receiving (including disability benefits provided through the DIP-NC coverage, plus certain other benefits as explained later). For the first 60 days the 66⅔% of earnings up to \$750 per week is on top of anything else you are receiving. After that, your payment is whatever amount is needed to bring your total disability benefit up to 66⅔%. If you are not receiving any other disability benefits or other applicable deductible income, then the Voluntary Disability Plan pays all of the 66⅔% of your monthly salary itself.

In addition, enrolling in the Voluntary Disability Plan increases your maximum possible monthly benefit to \$12,500.

The plan pays benefits for a qualifying disability regardless of how many years of membership service you have as a participant in TSERS. Therefore, it fills in certain "gaps" during which your basic coverage does not pay a benefit.

The table summarizes how the NCFlex Voluntary Disability Plan works with and supplements the basic STD and basic LTD plans:

Your Service in TSERS	During this Period of Your Disability	Benefits Paid	
		Basic STD Plan and Basic LTD Plan	NCFlex Voluntary Disability Plan through The Standard
Less than 1 year	For as long as you are disabled, but not to exceed the maximum benefit period.	No benefit.	After the required waiting period, the plan pays 66⅔% of earnings up to \$750/week for the first 60 days and then 66⅔% of your monthly salary**, up to a maximum monthly benefit of \$12,500.
1 through 4 years	First year of disability.	STD: After a 60-day waiting period, the plan pays 50% of your monthly salary up to \$3,000 per month*.	After the waiting period, the plan pays 66⅔% of earnings up to \$750/week for the first 60 days and then day 61 going forward, 16⅔% (or more) of your monthly salary, bringing your total benefit to 66⅔% of your monthly salary**, maximum monthly benefit of the plan being \$12,500.
	Beginning second year of disability and continuing for as long as you are disabled, but not to exceed the maximum benefit period.	Extended STD: If disability is temporary but exceeding 1 year, the plan pays 50% of your monthly salary, up to a maximum of \$3,000 per month* for the second year only. LTD: No benefit.	If you are approved for Extended STD, the plan pays the same benefit outlined for the first year of disability (see row above) for the second year of disability or until Extended STD ends. If you are not approved for Extended STD, or after Extended STD ends, the plan pays 66⅔% of your monthly salary**, up to a maximum of \$12,500 per month.
5 years or more	First year of disability.	STD: After a 60-day waiting period, the plan pays 50% of your monthly salary up to \$3,000 per month*.	After the waiting period, the plan pays 66⅔% of earnings up to \$750/week for the first 60 days and then day 61 going forward, 16⅔% (or more) of your monthly salary, bringing your total benefit to 66⅔% of your monthly salary**, maximum monthly benefit of the plan being \$12,500.
	Beginning second year of disability and continuing for as long as you are disabled, but not to exceed the maximum benefit period.	LTD: The plan pays 65% of your monthly salary, up to \$3,900*.	The plan will pay a benefit to make you whole up to 66⅔% of your monthly salary**, up to a maximum of \$12,500 per month. The plan will pay a minimum of \$100/month or 10% of the LTD benefit (whichever is greater).

*Offsets may apply.

**Minus deductible income.

TRICARE Supplement Plan

Redbud | Photography: Ilze Long via flickr

If you currently have TRICARE Select, Prime, or TRR benefits offered to the military community, you may be eligible and interested in the TRICARE Supplement Plan. This plan helps pay 100% of members' TRICARE outpatient deductibles, cost shares, copayments plus 100% of covered excess charges.

Eligibility for You

You may be eligible for TRICARE Supplement if you are a retired uniform service member enrolled in either TRICARE Select, Prime, or TRR and are not eligible for Medicare, including:

- Retired military entitled to retired or retainer pay.
- Retired reserve members between the ages of 60 and 65 and entitled to retired and retainer pay.
- Retired Reserve members under age 60 and enrolled in TRICARE Retired Reserve (TRR).
- Spouses/surviving spouses of the above.
- Retired military personnel, spouse/surviving spouse age 65 or older and resides outside the U.S. or its territories (must be enrolled in Medicare).
- Retired military personnel, spouse/surviving spouse age 65 or older and ineligible for Medicare (must have Statement of Disallowance form from the Social Security Administration).

Eligibility for Your Dependents

Eligible dependents include your unmarried biological, step-children and adopted children, up to age 21 (or up to age 23 if in college). Eligibility may extend beyond these age limits if your dependent child is severely disabled.

TRICARE Supplement Monthly Cost

Coverage Level	TRICARE
Employee Only	\$60.50
Employee and Spouse	\$119.50
Employee and Child(ren)	\$119.50
Employee and Family	\$160.50



For More Information

For a complete list of covered services under TRICARE, please visit tricare.mil.

To find out more about the TRICARE Supplement Plan through NCFlex, go to ncflex.org and select *TRICARE Supplement*.

Coverage Continuation Options at Termination

Crested Dwarf Iris | Photography: billy liar via flickr

When NCFlex coverage is lost due to termination of employment or other losses of eligibility, employees and covered dependents may continue certain benefits. The following chart lists the continuation options.

NCFlex Coverage	Option	Cost	Remarks
Health Care Flexible Spending Account	COBRA	102%	P&A will send COBRA enrollment materials to your last known address.
Dependent Day Care Flexible Spending Account	None		Cannot be continued. However, your available account balance can still be used for services incurred through the end of the calendar year and through the grace period of the plan.
Accident Plan	Portability prior to age 70	100%	Contact Voya by calling 1-877-464-5111.
Cancer	Portability	100%	Allstate Benefits will send you a portability letter upon receipt of the termination of employment.
Critical Illness	Portability prior to age 70	100%	Contact Voya by calling 1-877-464-5111.
Dental	COBRA	100%*	iTedium will send COBRA enrollment materials to your last known address.
Vision Care	COBRA	100%*	iTedium will send COBRA enrollment materials to your last known address.
Term Life	Continuation	Contact Voya for rates and to continue coverage at 1-877-464-5111.	Contact Voya by calling 1-877-464-5111.
Core Accidental Death and Dismemberment (AD&D)	None		Cannot be continued.
Voluntary Accidental Death and Dismemberment (AD&D)	Portability	Contact Voya for rates and to continue coverage at 1-877-464-5111.	Contact Voya by calling 1-877-464-5111.
Disability	None		Cannot be continued, unless you have been approved to receive or are receiving a benefit from the plan.
TRICARE Supplement	Portability	100%	Selman will send COBRA enrollment materials to your last known address.

*The rate is 100% of the combined employer and employee rate.

Benefit Resources

NCFlex.org is your one-stop information source for plan details, resources, links to vendors, summary plan descriptions (SPDs), claims forms, and more! To contact a vendor directly, see information below.

Benefit Plan	Vendor	Phone	Website
All NCFlex Benefits	NCFlex		ncflex.org; ncflex@nc.gov
Flexible Spending Accounts (Health Care and Dependent Care)	P&A Group	1-866-916-3475	ncflex.padmin.com
Accident	Voya Financial	1-877-464-5111	Email: ncflex@lifehelp.com
Cancer and Specified Disease	Allstate Benefits	1-866-232-1517	allstatebenefits.com/mybenefits
Critical Illness	Voya Financial	1-877-464-5111	Email: ncflex@lifehelp.com
Dental	MetLife	1-855-676-9441	metlife.com/mybenefits (Company name: NCFlex)
Vision	EyeMed Vision Care	1-866-248-1939	eyemedvisioncare.com/NCFlex
Group Term Life	Voya Financial	1-877-464-5111	Email: ncflex@lifehelp.com
Voluntary Accidental Death & Dismemberment (AD&D)	Voya Financial	1-877-464-5111	Email: ncflex@lifehelp.com
Disability	Standard Insurance Company (The Standard)	833-878-8858	Email: ncflex@standard.com
TRICARE Supplement	Selman & Company	1-800-638-2610, Option 1	www.selmantricareresource.com/nc
Benefits Enrollment Platform	Benefitfocus	1-855-859-0966	www.ncflex.org and click "Enroll Now"
COBRA for Dental and Vision	Benefitfocus COBRA Administration/ iTedium	1-877-679-6272	https://cobraguard.net



For More Information

Go to oshr.nc.gov/state-employee-resources/benefits for more (non-enrollment) benefit resources, such as the State Retirement System, State Health Plan and State 401(k) and 457 Retirement Plans.