

NCFlex State Insurance Plans provide a variety of pre-tax plans to meet the needs of state employees and their families. To be eligible, you must work 20 hours or more per week (30 hours or more per week for the Disability plan) in a permanent, probationary, or time-limited position. Deductions are withdrawn from your pay on a pre-tax basis, which lowers your taxable income and saves you money. Enroll in any or all of the benefit plans as follows:

Health Care Flexible Spending Account

The Health Care Flexible Spending Account (HCFSA) is a special account that allows you to set aside a portion of your pre-tax income to pay for certain out-of-pocket health care costs. You never have to pay taxes on the money you receive from your HCFSA for qualified expenses. Visit FSASore.com for items that are pre-approved for eligible expenses.

With HCFSA, you may use an NCFlex Convenience Card, which works like a credit card or debit card when paying for these health care expenses. HCFSA is simple and easy to use for qualified expenses not covered by a medical, dental and/or vision plan.

When determining how much pre-tax income to set aside in your HCFSA, plan carefully by writing down all the medical, dental and vision expenses you know you will have during the plan year. You may contribute as little as \$120 per plan year or as much as **\$3,300** per plan year to your HCFSA. If your spouse is also a state employee, they may also contribute as much as **\$3,300** per plan year.

You can rollover up to **\$660** of unused account balances from your HCFSA into the next plan year (2027) as long as you have a minimum balance of at least \$25. Note: for 2025 going into 2026, the rollover amount is \$640.

Dependent Day Care Flexible Spending Account - New Max Amount for 2026!

Similar to the Health Care Flexible Spending Account, you may contribute pre-tax funds to be used for eligible child care expenses. You may contribute up to **\$7,500** per household per plan year. You can use the NCFlex Convenience Card to pay for eligible dependent care expenses, up to the amount available in your account.

Accident Plan

The Accident Plan pays 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.

Both Low and High options include a Sports Accident Benefit, annual Wellness Benefit and Travel Assistance Services. The High option has higher payouts and includes a Sickness Hospital Confinement Benefit.

Coverage Level	Low Option	High Option
Employee Only	\$6.94	\$15.98
Employee & Spouse	\$11.50	\$28.46
Employee & Child(ren)	\$13.64	\$31.26
Employee & Family	\$18.20	\$43.72

Critical Illness

This insurance policy pays a benefit in the event of critical illnesses diagnosis, such as heart attack, stroke, cancer, Alzheimer's, type 1 diabetes, and more. The coverage pays a lump sum benefit of up to \$15,000, \$25,000, or \$40,000 (or a percentage) per diagnosis, depending on the plan you choose. You can use your benefit as you see fit. The monthly premium is based on the maximum benefit amount you choose, your age, and whom you cover (yourself only or you plus your spouse).

All three plans include an annual Wellness Benefit as well as COVID-19 Diagnosis and Hospital Confinement Benefits.

The monthly cost for your spouse is based on your age. If you choose coverage for yourself, you may also elect coverage for your dependent children under age 26 at no cost. The costs shown below are per covered person (employee/spouse).

Employee Age	\$15,000	\$25,000	\$40,000
<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

Cancer and Specified Disease

Choose among three plan options depending on your cancer insurance needs and specified diseases. All three plan options offer the same type of benefits and/or services. In most cases, however, the amount of coverage differs. The monthly premium you pay for cancer coverage is based on the plan you choose and whether you choose to cover only yourself or yourself plus your family.

This benefit pays an annual wellness benefit for you and your family. The benefit amount depends on the type of coverage selected. The monthly rates for the Low, High, and Premium Options are below:

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

Dental

Good oral health is an essential part of a healthy lifestyle. Through MetLife, NCFlex offers three dental plans that cover routine checkups and other dental care. These plans differ both in how much you pay per period and at time of service.

Monthly rates are shown below:

Coverage Level	High Option	Classic Option	Low Option
Employee Only	\$58.76	\$37.94	\$25.64
Employee & Spouse	\$117.88	\$76.06	\$51.70
Employee & Child(ren)	\$127.12	\$82.40	\$55.54
Employee & Family	\$208.12	\$130.22	\$88.50

Visit any licensed dentist, but save money when you visit a MetLife Preferred Dental Provider (PDP).

Vision

The NCFlex Vision Plan offers a large network of providers, including: ophthalmologists, optometrists, and optical companies. When utilizing an in-network provider, everything is paid at the counter and there is no need to file claims.

There are three NCFlex Vision Plans to choose from:

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

Group Term Life

This plan pays a benefit to your beneficiary y(ies) if you die while covered under the policy. Please note that this is strictly a Term Life Policy with no cash value. You can choose coverage of \$20,000 to a maximum of \$500,000, in \$10,000 increments. Evidence of Insurability may be required. The costs shown below are per covered person (employee/spouse).

Employee Age	Monthly Rates Per \$1000 Coverage	Employee Age	Monthly Rates Per \$1000 Coverage
0 - 24	\$0.04	50 - 54	\$0.22
25 - 29	\$0.05	55 - 59	\$0.40
30 - 34	\$0.07	60 - 64	\$0.64
35 - 39	\$0.08	65 - 69	\$1.27
40 - 44	\$0.09	70 - 74	\$2.06
45 - 49	\$0.13	75+	\$2.06

For spouse coverage, the amount of premium will depend on the employee's age.

Group Term Life Child(ren) Coverage:

- \$0.68 for \$5,000 of coverage for child(ren)
- \$1.36 for \$10,000 of coverage for child(ren)

Core Accidental Death & Dismemberment

This insurance plan pays a benefit of up to \$10,000 to you or your beneficiary upon death or if certain disabling injuries occur as the result of a covered accident.

If you plan on traveling 100 miles from home, you may access the services of Voya Travel Assistance. If you are in an accident, just call the phone number provided to arrange any assistance needed related to the accident.

Core Accidental Death & Dismemberment is a benefit that covers employees only and it is available at NO COST to you. All you have to do is enroll!

Voluntary Accidental Death & Dismemberment

This insurance plan pays a benefit if you suffer a loss or certain disabling injuries as a result of a covered accident.

If you and your spouse are both eligible to elect this coverage, you may both elect employee coverage, but only one of you may elect employee plus family coverage. Monthly premium rates are as follows:

Principal Sum	Employee	Employee & 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

TRICARE Supplement Plan - for retired Military

If you currently have TRICARE Select, Prime or TRS benefits offered through the Military Community, you may be eligible for this plan, which pays a benefit for costs not covered by TRICARE. TRICARE and the TRICARE Supplement Plan work together to maximize your benefits and minimize your out-of-pocket expenses.

Coverage Level	Cost
Employee Only	\$60.50
Employee & Spouse	\$119.50
Employee & Child(ren)	\$119.50
Employee & Family	\$160.50

Disability

NCFlex offers a combined Short-Term Disability (STD) and Long-Term Disability (LTD) plan which can replace part of your paycheck if you can't work because of an illness, injury or pregnancy. The STD covers days 15-60 of disability and pays up to \$750 a week, while the LTD begins on day 61 of disability and replaces up to 66 2/3% of your eligible earnings, up to a maximum benefit of \$12,500 per month. Benefits may last until your Social Security Normal Retirement Age, provided you continue to meet the definition of disability.

To learn more about this benefit, visit oshr.nc.gov/state-employee-resources/benefits/ncflex/disability-plan.

DISCLAIMER

This document gives you a brief summary of the benefits for which you may be eligible. It is not intended to be a complete description of any plan. Every attempt has been made to ensure that the information listed is accurate. If there is any discrepancy between information on this flyer and the official plan documents and contracts, the documents and contracts will determine your benefits. For further details on your benefits, please contact your Human Resources representative or visit the Office of State Human Resources website www.oshr.nc.gov for more information.