

2026 University NCFlex Enrollment Guide



NCFlex Benefits

The University of North Carolina (UNC) System offers a flexible and comprehensive package of benefits provided through the N.C. State Health Plan, NCFlex state insurance plans, and other University-sponsored programs. These programs are designed to allow you to tailor a benefits package that best meets the needs of you and your family.

This guide provides an overview of the plans available through NCFlex. You may enroll in any or all of the NCFlex benefits, if eligible. You pay the full cost of coverage through payroll deductions on a pre-tax basis.

- Enrolling for Benefits 3**
- Eligibility 5**
- Dental 6**
- Vision 8**
- Flexible Spending Accounts10**
- Cancer and Specified Disease14**
- Critical Illness16**
- Accident19**
- UNC Voluntary Life Insurance and Accidental
Death & Dismemberment (AD&D).....22**
- TRICARE Supplement Plan23**
- Coverage Continuation Options at Separation24**
- Benefit Resources.....25**

NCFlex Benefits

- Dental
- Vision
- Flexible Spending Accounts
- Cancer and Specified Disease
- Critical Illness
- Accident
- TRICARE Supplement Plan

Questions about your benefits?

Contact your local University Benefits Administrator (UBA) or Human Resources Department, visit <https://myapps.northcarolina.edu/hr/benefits-leave/>, or you can contact the individual benefit vendors (see page 25 for vendor contact information).



Dam at Lake Sequoyah, Highlands

Enrolling for Benefits

When You Can Enroll

As a New Hire or Newly Benefits-Eligible Employee	As a Current Employee During Open Enrollment	As a Current Employee If You Have a Qualifying Life Event
<p>Benefits are effective on the first of the month following your date of hire or eligibility date unless EOI is required.*</p>	<p>Benefits are effective January 1 of the new plan year unless EOI is required.*</p>	<p>Benefits are effective the first of the month following your life event unless EOI is required.*</p>
<p>You have 30 days from your date of hire to enroll in your NCFlex 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 Open 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>Open 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.</p> <p>Open Enrollment occurs during the fall.</p> <p>If you do not enroll during the Open 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>



Benefit Tip

All supplemental 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.

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

How to Enroll

As a University employee, you can enroll in all NCFlex benefits through the UNC Emyrean (COMPASS) platform.

Logging in to the UNC Emyrean (COMPASS) platform and enrolling

All institutions have single sign-on for online enrollment. You can link to the UNC Emyrean (COMPASS) platform for your institution from the enrollment page on the UNC System Human Resources site (<https://myapps.northcarolina.edu/hr/benefits-leave/health-and-welfare-benefits/health-benefits-enrollment>).

- Log in to the site.
- Once logged in, you will see a pending event (i.e., open enrollment).
- Click “Continue” and follow the prompts to make your enrollment choices.
- Scroll down through the display of your choices and click “Submit My Elections.”
- Click “Accept” on the pop-up message that appears. Don’t overlook this critical step! If you don’t do this, your choices will not be recorded.
- Print a copy of your Confirmation Statement before logging out.

Have questions or need assistance?

Call the University of North Carolina Benefits Service Center at **833-862-1490**, Monday – Friday, 8 a.m. – 5 p.m., ET.

Take Action

When you log in to the UNC Emyrean (COMPASS) enrollment platform, be sure to:

- Review your contact information (phone and email) and be sure your mailing address is correct. If any of your current information is incorrect, you will need to update it within your institution’s HR/Payroll system.
- 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 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.



Benefit Tip

Your costs or contributions for 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.

You will go to the UNC Emyrean (COMPASS) platform to enroll/make changes to all NCFlex benefits.



Eligibility

You

You may enroll in any of the NCFlex benefits if you are:

- A permanent (non-temporary) employee who works 30 or more hours per week, or
- A permanent (non-temporary) part-time employee who works 20 to 29 hours per week.

If you have questions about your eligibility, contact your University Benefits Administrator (UBA).

Your Dependents

Your eligible dependents include:

- Your legally married spouse (includes same gender marriage).
- Your child(ren)* up to age 26, including natural, legally adopted, child(ren) for which you have legal guardianship and your stepchild(ren).
- 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 who is/are physically or mentally incapacitated, to the extent that they are incapable of earning a living, and such handicap developed or began to develop before the dependent's 26th birthday while they were enrolled in the plan.

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

Important Dependent Coverage Reminders

- 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 a child(ren) 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.



Historic Wooden Arch Bridge, Corolla, Outer Banks

Dental

Good oral health is an essential part of a healthy lifestyle. Through MetLife, NCFlex offers three dental plan options that cover routine checkups and other dental care: the High Option plan, the Classic Option plan, and the Low Option plan. These options 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 PDP Plus provider. That’s because providers in the MetLife PDP Plus network charge negotiated rates that are typically 30-45% less than the average charge in the same community.* 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 **855-676-9441** to request that a provider list be sent to you.

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

Monthly Cost for Coverage

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

Which Plan Is Right for You?

The Low Option may be right for you if you only need basic preventive and wellness coverage. The Classic Option offers a higher level of benefits than the Low Option and a lower level of benefits than the High Option. The Classic Option may be a good option 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).

The High Option may be right for you if you need the highest level of coverage for basic and major services, want a higher annual maximum, and are comfortable paying the higher premium for coverage. See the “Dental At a Glance” comparison chart on the next page 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 the dental 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, and 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, and 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” to learn more.

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 the 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” to learn more.



MEET JEN

Jen is young and single. Her job at the University of North Carolina System Office is her first “real” job. She’s heard that the NCFlex benefits are great but she’s a little overwhelmed comparing her options. What’s best for Jen? Well, she’s never had a cavity in her life, so the dental plan option is an easy one—she’ll go with the Low Option so she can get her routine cleanings and have coverage for basic services in case something comes up. And vision coverage is a must because she wears glasses—she chooses Basic coverage because she doesn’t want to pay the higher premium for Enhanced coverage. Jen decides to pass on the other NCFlex benefits for now.



Charlotte Skyline from First Ward Park

Vision

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 or out of network for services.

The Vision Plan offers three options: 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 options 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.

Monthly Cost for Coverage


Your monthly vision premium is based on the option 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	Enhanced
Employee Only	No charge	\$4.50	\$8.00
Employee and Family	N/A	\$11.66	\$20.52

* The core wellness exam is available at no cost, if you enroll, and covers an annual eye exam with a \$20 copay.


The EyeMed Network

You can choose from more than 5,700 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.

 **Benefit Tip**

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



 **For More Information**

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

Vision At-a-Glance

The chart below shows in-network benefits. Using an in-network provider will result in lower costs 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 calendar year)	\$175 allowance (once every calendar year)
Frames	35% off retail	\$125 allowance (once every other calendar year)	\$200 allowance (once every calendar year)
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

Go to ncflex.org and select "Vision" to learn more.

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.





Bunker Hill Covered Bridge, Catawba County

Flexible Spending Accounts

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. **If you want to participate in a Flexible Spending Account**, you must actively elect to enroll each year.

You can enroll in one or both accounts:

- Health Care Flexible Spending Account
- Dependent Day Care Flexible Spending Account

Health Care Flexible Spending Account

You can contribute from **\$120 to \$3,300** each plan year. If your spouse is a State of NC employee or an employee of an University of North Carolina System Institution or Affiliate entity, he or she also can contribute up to \$3,300 each plan year. The full amount you elect to contribute to your Health Care Flexible Spending Account (HCFSAs) 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:

You or your dependent's (dependent does not have to be covered on your medical, dental, or vision plan) out-of-pocket costs for doctor visit copays, prescription drugs, prescription eyeglasses, dental copays and deductibles, braces, contacts, hearing aids, qualifying every day 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, and weight loss programs, unless prescribed by a doctor to alleviate a diagnosed medical condition or obesity.

For the 2026 plan year, **expenses must be incurred January 1 through December 31, 2026**, to be eligible for reimbursement. You have until **March 31, 2027**, to submit claims for reimbursement. **You can roll over up to \$660** of unused account balances into the next plan year, as long as you have a minimum balance of \$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.

Can I contribute to a HCFSAs if my spouse has a Health Savings Account (HSA)?

You cannot contribute to a HCFSAs at the same time your spouse is making or receiving tax-favored HSA contributions. This is because the HCFSAs is available to reimburse you, your spouse's and your dependents' qualified expenses, so a spouse's contributions to a HSA would violate IRS rules. Contributions (into an HCFSAs) 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.



Benefit Tip

Estimate your expenses carefully so you don't contribute more money to your HCFA than you can spend in the year. You are allowed to roll over up to \$660 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 items such as a pair of glasses or schedule a year-end dental appointment.

Dependent Day Care Flexible Spending Account

The Dependent Day Care Flexible Spending Account (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 \$7,500** each plan year to the DDCFSA to pay for dependent day care 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 **\$7,500 per family, per year**.

Eligible expenses include:

Day care, summer day camp, after-school programs, and preschool expenses for children under age 13 or disabled dependents of any age. Sleep-away or overnight camps 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 2026 plan year, **expenses must be incurred January 1, 2026, through March 15, 2027**, to be eligible for reimbursement. You have until **March 31, 2027**, 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 a NCFlex Convenience Card to help pay for expenses. This card will be active for several years, as long as you remain enrolled in the account(s). A new card will be mailed to you automatically when your card expires. You may order additional cards for yourself, your spouse, or dependents (over 18 years of age) free of charge by logging in to 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 actually have 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 also can 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.

Keep Your Receipts!

The IRS requires that ALL claims be verified.

Your NCFlex convenience card can auto-approve most FSA-eligible items purchased at many local pharmacies, discount stores, and grocery stores. You can also use your card to pay for DDCFSA expenses at some locations. 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

Go to ncflex.org and select "Flexible Spending Accounts" to learn more.

Mobile App Available

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



MEET YVONNE AND FAMILY

Yvonne and Marcus live an active lifestyle with two kids and a dog. Their son Devon is going to need his first round of orthodontics so Yvonne enrolled in the Classic Option (Employee + Family) for dental since it offers orthodontia coverage. She also contributes to the Health Care Flexible Spending Account to help pay for those expenses. Yvonne also takes advantage of the Dependent Day Care Flexible Spending Account to help pay for summer day camp for the kids. Because her son Lucas is a sports fanatic who has a bad habit of getting injured, she decided to enroll in the Accident Plan. If something happens to him, Yvonne will get cash to help cover the costs.



Looking Glass Rock, Pisgah National Forest

Cancer and Specified Disease

The Cancer and Specified Disease Plan 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 the next page.)

Monthly Cost for Coverage

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

Wellness Screenings

All of the plan options pay a benefit for the following cancer/wellness screenings. (See “Cancer Prevention and Wellness 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
- Hemoccult 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



Benefit Tip

Be sure to designate your beneficiary(ies) when you enroll in cancer coverage, then review and update them each year during Open Enrollment.

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 Wellness 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

Go to ncflex.org and select “Cancer and Specified Disease” to learn 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

The Critical Illness Plan pays a benefit if you are diagnosed with a covered illness or condition on or after your coverage effective date. You can choose a maximum benefit amount of \$15,000, \$25,000, or \$40,000. Benefits are paid directly to you to use however you like. You do not have to provide evidence of good health/insurability to enroll in this plan.

Maximum Benefit Amount: \$15,000, \$25,000, or \$40,000

Pays 100% of benefit in the event of:

- Cancer
- Heart Attack
- Stroke
- Major Organ Transplant
- Bone Marrow Transplant
- Permanent Paralysis
- Coma
- Severe Burns
- Loss of Sight/Speech/Hearing
- Advanced Dementia, including Alzheimer's
- Benign Brain Tumor
- Parkinson's Disease
- Multiple Sclerosis
- Muscular Dystrophy
- Occupational HIV
- Occupational Hepatitis B or C
- Type 1 Diabetes
- ALS
- Huntington's Disease
- Coronary Artery Bypass
- Carcinoma in Situ
- Stem cell transplant

Pays 10% - 50% of benefit in the event of*:

- Skin Cancer: 10%
- Sudden Cardiac Arrest: 25%
- Pacemaker Placement: 10%
- Infectious Disease: 25%
- Transient Ischemic Attack: 10%
- Systemic Lupus Erythematosus: 50%



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.

Some diagnoses covered by this plan will pay a benefit for unlimited recurrences if separated by six 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 illnesses and conditions, visit [ncflex.org](https://www.ncflex.org) and view the 2026 NCFlex Benefits Guide or the Critical Illness Certificate.*

Critical Illness Insurance 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.



Benefit Tip

Be sure to designate your beneficiary(ies) when you enroll in critical illness coverage, then review and update them each year during Open Enrollment.

Wellness Benefit

The Wellness Benefit is included in all three Critical Illness options. 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 are also eligible for this 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(ren)	\$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
- Hemoccult 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/preventive 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

Infectious Disease Benefit Rider

The following additional benefits are payable in the event of diagnosis or hospitalization due to COVID-19:

- Diagnosis Benefit:** Pays \$100 once per calendar year per covered person for a COVID-19 diagnosis.
- Hospital Confinement Benefit:** Pays \$2,000 once per calendar year per covered person if confined to a hospital due to COVID-19.

Monthly Cost for Coverage

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 cost 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 of each year, 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 Child(ren)	If you choose coverage for yourself, you may also elect coverage for your dependent child(ren) under age 26			
	Up to age 26	No cost		

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

Example of Benefit Payment

Here's an example of how the Critical Illness Plan pays for multiple covered conditions over time. In the scenario below, John has elected the \$15,000 benefit amount. **Note:** The plan pays benefits for recurrences of the same condition (John's heart attack) since the two events are separated by at least six consecutive months.

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
Eight months later John has another heart attack	\$15,000
Two months later John becomes paralyzed	\$15,000
Total Payout	\$48,750

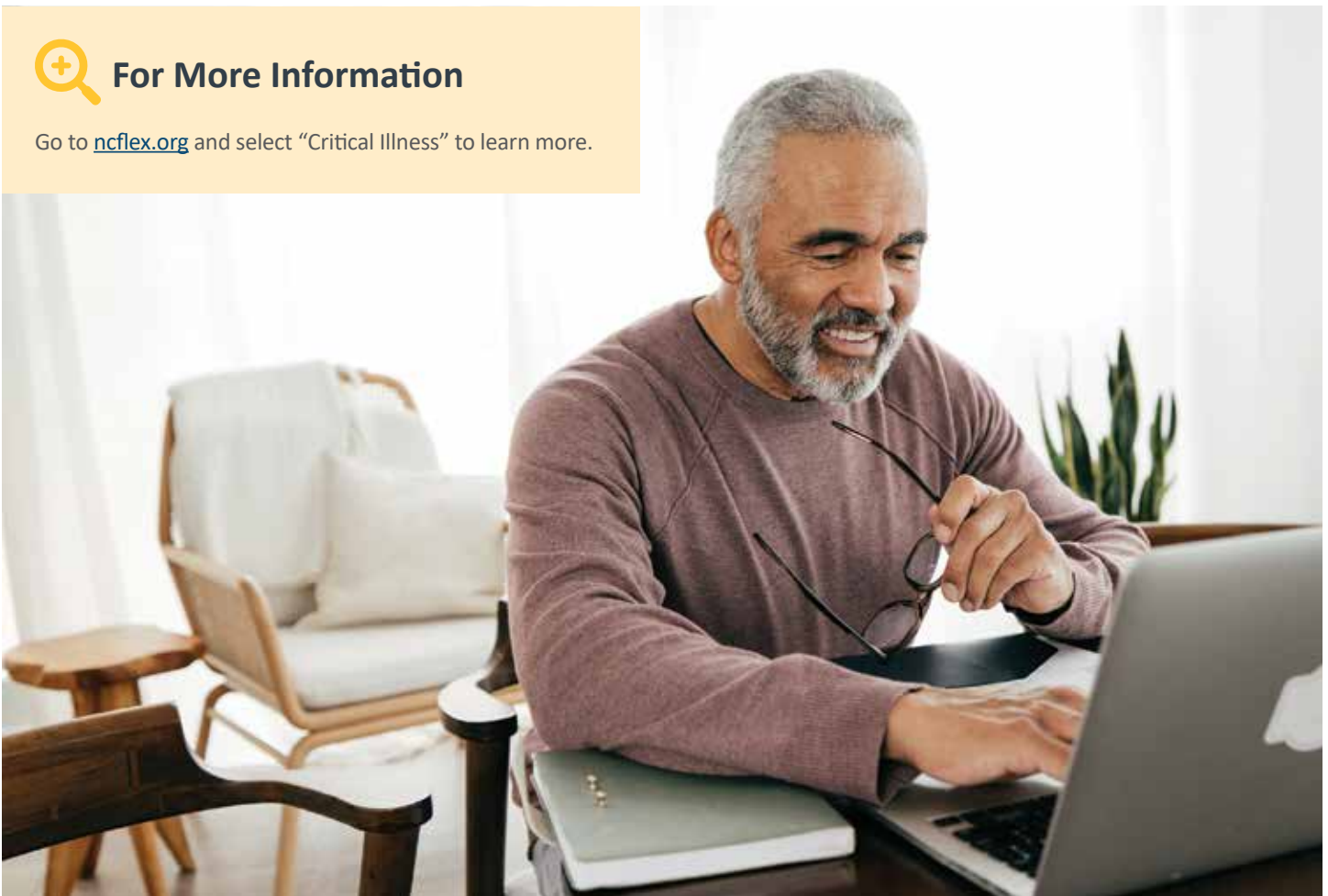
A Note about Taxes

If Voya pays you benefits totaling \$600 or more in a plan year, a 1099 tax form will be sent to your home address in January of the following year. You should consult with your tax advisor regarding the possible effects of the purchase and/or receipt of benefits under the Voya Benefits Critical Illness Plan.



For More Information

Go to ncflex.org and select "Critical Illness" to learn more.



Accident

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: the Classic Option and the Enhanced Option. Keep reading to learn more about the differences in these plans.

Monthly Cost for Coverage

All employees pay the same rate, no matter their age. **Note:** You cannot be covered as an employee and a dependent. Additionally, if you and your spouse are covered as employees under the Plan, only one of you may cover eligible dependent children.

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



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.

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.

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 a covered 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 a child(ren) are 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	
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	
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.

Wellness Benefit (Both Classic and Enhanced Options)

The Wellness Benefit is included in both options under the Accident Plan. 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 a child(ren) are covered under your Accident Plan, they are also eligible for this 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(ren)	\$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 and 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/preventive 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

Voya Travel Assistance (Both Classic and Enhanced Options)

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

- Emergency medical transportation 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. At any time before or during a trip, you may contact Voya Travel Assistance for assistance. Visit <https://imglobal.com/member> or call **317-659-5841** (Referral Code: VOYATRAVEL) for more information. In addition, the Accident section on ncflex.org has a summary document that you may want to print and keep with your travel documents.

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

Did You Know?

The Enhanced option under the Accident Plan not only offers higher payments for injuries and care, but also includes the Wellness Benefit, Sickness Hospital Confinement Benefit, and Travel Assistance Services.

Sickness Hospital Confinement Rider (Enhanced Option Only)

This rider is included as part of the Enhanced Option of the Accident Plan and provides daily benefit payments for each day you and your covered dependent are confined to a hospital due to a covered sickness, up to 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 rider. For a full list of exclusions and limitations please see the Accident Plan certificate of insurance at ncflex.org. Claims for this rider should be filed as an accident claim not a hospital indemnity claim.

Go to ncflex.org and select "Accident" to learn more.



Canoes at Cape Fear River, Kure Beach

UNC Voluntary Life Insurance and Accidental Death & Dismemberment (AD&D)

Effective January 1, 2023, the University consolidated our voluntary life insurance and AD&D (Voluntary and Core) plans under a single policy offered through Securian Financial.

Keep in Mind

- The UNC voluntary life insurance uses a salary multiplier formula (1X, 2X, 3X, etc.).
- If you are a benefit-eligible employee, you will be automatically enrolled in \$10,000 of UNC Core AD&D insurance at no cost to you. In other words, you do not need to enroll to receive this free coverage.
- Go to the UNC Emyrean (COMPASS) platform to enroll in/ make changes to your UNC voluntary life insurance and/or AD&D plan elections. While in the UNC Emyrean (COMPASS) platform, take time to designate your beneficiary(ies) as well.

Learn More

Visit <https://myapps.northcarolina.edu/hr/benefits-leave/> and click on the Income Protection Benefits tile for more information about the UNC voluntary life insurance and voluntary AD&D plans.

Special Enrollment Opportunity

You can enroll in employee only Voluntary Life Insurance coverage at 1X salary without having to submit Evidence of Insurability (EOI) during 2026 Open Enrollment. You can even enroll if you were previously denied coverage after submitting EOI.





Fort Macon State Park, Carteret County

TRICARE Supplement Plan

For Retired Military Service Members Only

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 uniformed 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 child(ren), step-child(ren), and adopted child(ren), 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.

Monthly Cost for Coverage

Coverage Level	Monthly Cost
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, 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 Separation

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

NCFlex Coverage	Option	Cost	What You Need to Know
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	N/A	Cannot be continued. Upon your termination, you can use the balance to pay for eligible expenses incurred through the end of the calendar year or the plan's grace period.
Accident Plan	Portability prior to age 70	100%	Contact Voya by calling 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 877-464-5111 .
Dental	COBRA	102%*	Empyrean will send COBRA enrollment materials to your last known address.
Vision Care	COBRA	102%*	Empyrean will send COBRA enrollment materials to your last known address.
TRICARE Supplement	Portability	100%	Selman will send COBRA enrollment materials to your last known address.

* The rate is 102% of the combined employer and employee rate, which includes a 2% administrative fee.

Benefit Resources

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

Benefit Plan	Vendor	Phone	Website
All NCFlex Benefits	NCFlex	N/A	ncflex.org Email: ncflex@nc.gov
Flexible Spending Accounts (Health Care and Dependent Day Care)	P&A Group	866-916-3475	ncflex.padmin.com
Accident	Voya Financial	877-464-5111	Email: ncflex@lifehelp.com
Cancer and Specified Disease	Allstate Benefits	866-232-1517	mybenefits.allstate.com
Critical Illness	Voya Financial	877-464-5111	Email: ncflex@lifehelp.com
Dental	MetLife	855-676-9441	metlife.com/mybenefits (Company name: NCFlex)
Vision	EyeMed Vision Care	866-248-1939	eyemedvisioncare.com/NCFlex
COBRA for Dental and Vision	Empyrean COBRA Administration	833-874-1600	cobraandbillingservices.com
TRICARE Supplement	Selman & Company	800-638-2610, Option 1	www.selmantricareresource.com/nc



For More Information

Go to <https://myapps.northcarolina.edu/hr/benefits-leave/> for more information about all the benefits provided by the UNC System. In addition, you can check your institution's website for additional details and Human Resources/Benefits Office contacts.

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 plan.

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