



FAQ: NCFlex Cancer and Specified Disease Plan

Q1. How does Group Cancer coverage work?

A1. Group Cancer coverage provides cash benefits for cancer and 29 specified diseases. It is payable in addition to your major medical insurance and can help cover the costs of specific cancer treatments and expenses as they happen.

Q2. Who is eligible for this benefit?

A2. Eligibility is dependent on the terms set by the State of North Carolina, and is defined as any state agency, university, select community college or select charter school employee working 20 or more hours per week in a permanent, probationary or time-limited position.

Q3. How does the cancer screening benefit work?

A3. Cancer Screening pays a benefit each calendar year when each covered person has one of the following: Bone Marrow Testing; Blood tests for CA15-3 (breast cancer), CA125 (ovarian cancer), PSA (prostate cancer) and CEA (colon cancer); Chest X-ray; Colonoscopy; Flexible sigmoidoscopy; Hemoccult stool analysis; Mammography; Pap Smear; and Serum Protein Electrophoresis (test for myeloma).

Q4. How do I file for my cancer screening benefit?

A4. You must complete a Wellness claim form to file your cancer screening benefit. [Click here](#) to go to the Cancer section of NCFlex.org for your **Cancer Wellness Claim Form**. Directions for completing and submitting your claim are listed on the form. You may also register with our website, MyBenefits, at www.AllstateBenefits.com/MyBenefits to file fast, secure claims and to access your coverage and benefit information.

► Dependent FAQs

Q5. Who can be covered under the plan?

A5. Coverage is available for you and your eligible family members, such as your legally married spouse, children, stepchildren and foster children. For more details, see the Critical Illness Certificate on the NCFlex.org

Q6. At what age is a child no longer eligible for benefits under my plan?

A6. Coverage terminates at age 26 unless he or she continues to meet the definition of a dependent. [Click here](#) to view the **Cancer Certificate** on NCFlex.org for full information.

► **Portability FAQs**

Q7. If I leave my job can I keep my Cancer insurance?

A7. Yes, you may continue coverage for you and your dependents (whether or not the group plan remains active) as long as you make premium payments directly to Allstate Benefits. Payments need to be received within 30 days of your employment termination date.

Q8. I plan on retiring in two months. Can I enroll in coverage and take it with me when I retire?

A8. Yes, however, you may only enroll under one of three conditions:

- As a new hire
- During our annual Open Enrollment (usually October) or,
- You experience a Qualifying Life Event, such as marriage

Your first premium payment must be made through payroll deduction and remitted by your employer. After that happens, you may port your coverage at any time.

► **Claims FAQs**

Q9. Who submits a claim?

A9. The insured or covered person will submit the claim for processing.

Q10. When can I submit a claim for benefit payment under my Cancer coverage?

A10. You can submit claims for covered benefits any time after the coverage effective date.

Q11. How do I submit a claim?

A11. [Click here](#) to go to the Cancer section of NCFlex.org and download/save the **Cancer Claim Form**. Instructions for completing and submitting your claim are on the form. You may also register with our website, MyBenefits, at www.AllstateBenefits.com/MyBenefits to access your coverage and benefit information, and to file fast, secure claims.

Q12. At what point is a benefit paid?

A12. To receive the cash benefit, a covered person must be initially diagnosed with a new form of invasive cancer or have the treatments or services as defined by the plan, after the coverage effective date and subject to the Pre-Existing Condition limitation.

Q13. How are benefits paid?

A13. Benefits are paid directly to you unless otherwise assigned. You may choose your payment by paper check or direct deposit (authorization required). The Direct Deposit Authorization Form can be downloaded/saved from <https://www.allstatebenefits.com/Individuals/Resources>. Registered MyBenefits account holders can also find the form in the Forms Library.

► Underwriting FAQs

Q14. What is the definition of a Pre-Existing Condition?

A14. 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/her coverage effective date. Allstate Benefits does not pay benefits for a pre-existing condition during the 12-month period beginning on the date that coverage begins. Any covered loss that is incurred after the 12-month period is payable.

Contact Us

For questions about your coverage and benefits or for assistance filing claims, please call the dedicated NCFlex Customer Care Center at **866-232-1517**.

Online

Register with MyBenefits at www.AllstateBenefits.com/MyBenefits for fast, secure claims, and to access your coverage and benefit information.

This coverage does not constitute comprehensive health insurance coverage (often referred to as “major medical coverage”) and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

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