2022 Benefits Guide

NCFLEX
STATE INSURANCE PLANS

Look inside for an overview of the benefits and resources NCFlex offers all benefits-eligible employees for 2022.

September 2021

NCFlex Overview

The NCFlex Benefits Program provides a variety of plans to meet the needs of employees and their families. An employee may enroll in any or all of the NCFlex benefits if he/she works for a state agency, university*, select community college, or select charter school for 20 hours or more per week in a permanent, probationary, or time-limited position. **NCFlex offers the following plans:**

NCFlex Benefits and Other Details	Features	Page
Health Care Flexible Spending Account (HCFSA)	• Employees must enroll each year to contribute. • The annual contribution limit is $2,750 per federal regulation. • Roll over feature – up to $550 of unused funds roll into the next plan year; minimum of $25 balance.	**6**
Dependent Day Care Flexible Spending Account (DDCFSA)	• Employees must enroll each year to participate.	**9**
NCFlex Convenience Card	• The card can be used for both the Health Care FSA and the Dependent Day Care FSA.	**12**
Accident Plan	• Pays a benefit directly to an employee for specific injuries and events resulting from a covered accident. • Helps offset out-of-pocket medical expenses. • Family coverage available.	**13**
Cancer and Specified Disease	• Options include Low, High, or Premium. • No EOI (Evidence of Insurability) is required to enroll. (EOI is required if there is a lapse in coverage.)	**16**
Critical Illness	• Options include $15,000 or $25,000 in coverage. • No EOI is required to enroll.	**19**
Dental	• Options include High Option, Classic Option and Low Option.	**21**
Vision	• Options include a Core, Basic, and Enhanced Plan. The Core Plan is free for employees; the Basic and Enhanced Plans offer family coverage.	**24**
Group Term Life	• For newly eligible employees, EOI is not required to enroll for amounts up to $200,000. • Spouse and child coverage available.	**28**
Core Accidental Death & Dismemberment (AD&D)	• If elected, coverage is provided to the employee at no cost. • Worldwide Emergency Travel Assistance Services are provided along with this coverage.	**31**
Voluntary Accidental Death & Dismemberment (AD&D)	• Pays benefits if an employee (or his/her covered dependents) suffer a loss (death or dismemberment) as a result of a covered accident. • Worldwide Emergency Travel Assistance Services are provided along with this coverage.	**33**
Disability Plan*	• For newly eligible employees, EOI is not required to enroll • This is employee only coverage	**35**
TRICARE Supplement Plan	• To enroll, an employee must be a retired uniform service member and have TRICARE Select, Prime, or TRS benefits.	**46**
Coverage Continuation Options at Termination	• Employee options to continue certain benefits after termination.	**48**
Contact Information	• Vendor contact information for employees.	**52**

** University employees are not eligible for the NCFlex Voluntary Disability plan.*

NCFlex Advantages

Here are key advantages of participating in NCFlex:

- **Convenience and Tax Savings:** Contributions for all NCFlex benefits are made through payroll deductions **before** taxes are withheld.
- **Flexibility:** Employees can sign up for any of the benefits offered through NCFlex. Then, each year during annual enrollment, employees can decide if they want to participate for the next year.
- **Two Ways to Save:** First, we are able to offer benefits at lower group rates because the number of NCFlex-eligible employees gives us greater bargaining power, and this saves employees money. Second, the premiums for the insurance coverages and contributions employees make to the flexible spending accounts (FSAs) are deducted from their pay on a pre-tax basis, which can save employees 25-40% in taxes, depending on their tax bracket.

Note: The State of North Carolina is the employer of the NCFlex program.

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. An employee may review and/or obtain a copy of the Certificates of Coverage by accessing our website at* **www.ncflex.org**.

Benefits Resources

The State of North Carolina offers a variety of benefits that can help employees meet their health and financial goals. These include:

- Numerous pre-tax voluntary benefits under NCFlex
- Medical coverage through the State Health Plan
- Retirement benefits

This Benefits Guide and the NCFlex website (**www.ncflex.org**) provide employees with an overview of the available pre-tax NCFlex benefits. To view current NCFlex benefits elections, employees can go to the online enrollment system by clicking *Enroll Now* on **www.ncflex.org**.

To obtain information on other benefits or for help in making NCFlex elections, employees may visit the websites listed below.

Employees who want information about benefits specific to their state agency, university, select community college, or select charter school, should contact their local Health Benefit Representative (HBR) or Human Resources Department.

Resource	Web Address
Benefits Resources	
NCFlex Pre-tax Benefits	**www.ncflex.org**
State Retirement Systems	**www.myncretirement.com**
ORBIT — State Retirement Account Access	**orbit.myncretirement.com**
State Health Plan	**www.shpnc.org**
Financial & Wellness Resources	
State 401(k) and 457 Retirement Plans	**www.ncplans.prudential.com**
OSHR State Wellness Program	**www.oshr.nc.gov/state-employee-resources/benefits/wellness**
North Carolina State Employees Credit Union	**www.ncsecu.org**
Federal Government Finance	**www.mymoney.gov**

How to Enroll

Employees have two ways to enroll:

Go online to ncflex.org and click the *Enroll Now* button. To log in, the employee should:

- Select his/her work location from the list on the left side of the screen; or
- Enter his/her user name and password. If an employee has forgotten their user name or password, click *Can't Access Your Account?*. The enrollment system will walk the employee through the steps to enroll.

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

Eligibility

Eligibility and Effective Date

Employees are eligible to participate in any or all of the NCFlex benefits if they are actively employed with a state agency, university, select community college, or select charter school for 20 hours or more per week in a permanent, probationary, or time-limited position.*

Applies to all benefits except NCFlex Voluntary Disability plan. To be eligible for the disability plan, an employee must work 30 hours or more per week. Employees of The University of North Carolina and any constituent institution are not eligible for NCFlex Voluntary Disability plan. For more information, go to* **ncflex.org *and select "Disability."*

Benefits elections made during annual enrollment will begin on January 1 of the following year. **Newly eligible employees must enroll within 30 days of their employment date. Coverage begins the first day of the month following the date of hire.** (Coverage for the disability plan begins the first of the month following the date of enrollment.) Any expenses or claims incurred prior to an employee's effective date of coverage or after an employee's plan termination date will not be eligible for reimbursement.

Dependent Eligibility

Coverage for eligible dependent(s) is available for most NCFlex benefits (see the specific benefits section for details). Eligible dependents are defined as the employee's:

- Legally-married spouse.
- Any child, including natural, stepchild, or adopted child, until the end of the month in which the child turns age 26, including:
  - The employee's child who is dependent on him/her for support and maintenance. The child does not need to be claimed as a dependent on the employee's federal income tax return.
  - A child for whom the employee has legal obligation for purposes of adoption.
- Any child, including stepchild, of any age who is unable to make a living because of a mental or physical disability.*

For Accident, Life, and AD&D, dependents also must meet the following requirements to be covered:

- The employee's unmarried child less than 26 years of age. This includes the employee's natural, stepchild, or adopted child who is dependent on the employee for support and maintenance. The child does not need to be claimed as a dependent on the employee's federal income tax return.

Important Considerations:

- An employee must be enrolled in a plan for his/her eligible dependent(s) to participate.
- An employee may not be covered as both an employee and a dependent and children may not be dually enrolled.
- Employees should consult with their tax advisor if he/she has questions as to whether someone qualifies as an income tax dependent.

Note: Some exceptions apply when noted in specific benefit sections.

For the HCFSA, employees may submit eligible expenses for a qualifying relative, which includes any individual who is not the tax dependent of another taxpayer, has the same principal residence as the employee, and for whom the employee provides more than half of the support for the calendar year.

The DDCFSA has additional eligibility rules. See the *Dependent Day Care Flexible Spending Account* section on **page 9** for details.

** Dependent child coverage may be extended beyond the 26th birthday under the following condition: The dependent is physically or mentally incapacitated to the extent that he or she is incapable of earning a living and such disability developed or began to develop before the dependent's 26th birthday if the dependent was covered by the NCFlex plan for which the employee wants to continue coverage.*

Life Events

If an employee has a qualified life event (also referred to as a family or employment status change), it is the employee's responsibility to log onto the benefits enrollment platform and make appropriate changes within 30 days. See the *Changing Elections During the Year* on **page 5** for details. More detailed life events information is also available at **www.ncflex.org**.

Note: Dependents do not have to be enrolled on the employee's health plan in order to be enrolled on his/her NCFlex plan(s).

Changing Elections During the Year

Qualifying Life Events

Each year employees can choose to participate in any or all of the NCFlex benefits. Once employees have made their elections, they **cannot add, change or cancel their elections during the year unless they have a qualifying life event — a change in family or employment status**.

Qualifying life events include, but are not limited to:

- Marriage
- Divorce or legal separation
- Birth or adoption (or placement for adoption) of a child
- Death of a covered dependent
- Unpaid leave of absence
- Change in the spouse's employment that impacts the employee's benefits eligibility
- A dependent turns age 26
- Legal guardianship
- Significant cost change
- Court order
- Reduction in hours

For more details about qualifying life events and the steps employees need to take when one occurs, visit **www.ncflex.org**.

To change benefit elections, an employee must log onto the benefits enrollment platform and make changes within 30 days of the event. Valid changes to elections are effective on the first day of the month following the date of the life event.* **The employee may be required to provide documentation to verify the change.**

The changes the employee wants to make must be consistent with the life event. All benefits changes are subject to approval. Some plans are subject to waiting periods or require Evidence of Insurability (EOI). The Dental Plan, Cancer and Specified Disease Plan, and Vision Care Plan** do not permit participants to change options during the plan year. (For example, an employee cannot switch from the Dental Low Option PPO to the Dental High Option PPO, or vice versa.)

**For the Voluntary Disability plan, coverage is effective on the first day of the month following the employee's enrollment in the plan. However, if an employee enrolls on the first of the month, coverage will be effective on that date.*

***If an employee is enrolled in the Core Vision Plan and has a qualifying life event that allows him/her to add family members to their plan, they may be allowed to change options during the plan year.*

Non-Qualifying Life Events

If any events other than those listed under "Qualifying Life Events" occur, employees should check with their HBR to see if they may make changes to their NCFlex coverage during the year.

Some examples of events that do not allow employees to change NCFlex elections are:

- The employee is re-hired within 30 days of termination date.
- The benefit cost is too high/the employee did not realize how much was going to come out of his/her paycheck.
- An employee decides he/she doesn't like the coverage.

Transfers

The State of North Carolina is the employer of the NCFlex program. When an employee transfers between a state agency, university, select community college, or select charter school, he/she cannot make changes to benefit elections or elect new benefit options. Employees must transfer their existing NCFlex benefits to the new work location. **The employee must check the online enrollment system to ensure benefits have transferred.**

Limitation Affecting Increases to Spending Account Elections

If an employee uses an approved life event to increase the election amount to his/her HCFSA or DDCFSA, reimbursement of expenses incurred prior to the change date will be limited to original account maximum and not the new maximum. For example, if an employee elects $1,000 for the plan year, and then increases his/her plan-year maximum to $1,200 on July 1, the employee cannot be reimbursed more than $1,000 for expenses incurred prior to July 1.

Deduction Corrections and Bank Account Changes

- An employee should review his/her pay stub to make sure the deductions are correct. If deductions are incorrect on the pay stub, the employee should contact their HBR or benefits department immediately.
- If an employee changes banks or bank accounts during the year, he/she will need to notify his/her HBR or benefits department so that reimbursements will be credited to the correct account.

Health Care Flexible Spending Account

Employees MUST ENROLL in the HCFSA each year.

A Health Care Flexible Spending Account (HCFSA) helps an employee save money on taxes by paying for eligible out-of-pocket medical, dental, vision, or other qualifying expenses for the employee and his/her eligible dependents (as defined by the IRS) with pre-tax dollars.

The maximum amount an employee can contribute is $120 – $2,750 (as determined by the IRS). NCFlex deducts employees' annual contribution amounts (in equal portions) from their paychecks throughout the plan year. However, an employee's entire annual election amount is available to him/her on the first day of the plan year or the first day benefits become effective.

Employees who enroll in the HCFSA will receive a debit card, the NCFlex Convenience Card. The card makes it easy to access the funds in the HCFSA. See **page 12** for more information.

HCFSA Rollover Feature

If an employee participated in the HCFSA in 2021, the entire account balance from 2021 will roll over to pay eligible expenses in 2022 as long as they have a minimum balance of $25. If an employee did not re-enroll in the FSA for 2022, he/she cannot make new contributions, but may still use these rollover funds. This rollover feature only applies to the HCFSA, not to the DDCFSA.

For the 2022 plan year, expenses must be incurred between January 1 and December 31, 2022, to be eligible for reimbursement. Employees have until March 31, 2023, to submit claims for reimbursement. Employees can roll over up to $550 of unused account balances into 2023 as long as they have a minimum balance of $25. Any funds exceeding this amount will be forfeited.

Eligible and Ineligible Expenses

Go to **www.ncflex.org** for a sample list of eligible and ineligible expenses. To access the IRS list of expenses, visit **www.irs.gov/publications/p502**.

Eligible Health Care Expenses*

Employees may use the HCFSA for reimbursement of the following out-of-pocket health care expenses incurred during the plan year:

- Deductible(s) and copayments for the employee's health plan or his/her qualifying relative's plan.
- Coinsurance for any medical or dental bills after the deductible is met.
- Any amounts employees are required to pay after reaching the maximum benefit under a medical or dental plan.
- Over-the-counter medicines — no prescription needed. Vitamins and supplements are not included in over-the-counter medications, but may be covered with a physician's prescription.
- Other allowable expenses including, but not limited to:
  - Dental expenses
  - Hearing aid and its batteries
  - Infertility treatment
  - Menstrual items
  - Insulin and diabetic supplies
  - Mileage ($0.20 per mile for 2021) to/from medical provider's office for treatment (For up-to-date rates, go to **www.irs.gov**.)
  - Orthodontia
  - Prescription drugs
  - Refractive surgery (RK, PRK, LASIK)
  - Smoking cessation programs
  - Medical supplies
  - Tuition at a special school or specially trained tutor for disabled children
  - Vision expenses (exams, glasses, frames)
  - Weight reduction program (prescribed by doctor to alleviate a diagnosed medical condition or obesity), but plan food is not covered
  - Personal care items such as sunscreen (SPF 15+), bandages, shoe insoles, inserts, and cushioning

** Some health care expenses may require a letter of medical necessity written by an authorizing physician. There is a standard form available at* **www.ncflex.org** *that an employee's physician can complete. Under the Health Care Reform Act, over-the-counter medications will not be eligible for reimbursement through the HCFSA unless the employee has a doctor's prescription for the expense.*

Ineligible Health Care Expenses

Medical, dental, and other premiums cannot be reimbursed through the HCFSA. In addition, elective cosmetic procedures and similar expenses are not allowable expenses according to the IRS. Common ineligible expenses include:

- Vitamins and supplements, unless prescribed by a physician.
- Cosmetic procedures that are not to correct a congenital deformity or disfigurement due to an accident or disease.
- Dental procedures to whiten teeth.
- Weight loss programs, unless prescribed by a doctor to alleviate a diagnosed medical condition or obesity.

Shop for Eligible Expenses Online at the FSA Store — and Save!

Employees can experience convenience and savings when they shop at the FSA Store, a one-stop shop that offers significant discounts on thousands of pre-approved eligible FSA products. The NCFlex Convenience Card can be used to purchase these items. Visit **ncflex.padmin.com** to access the FSA Store today!

How to Submit Health Care and Dependent Care FSA Claims

The Health Care and Dependent Day Care FSAs are administered by P&A Group. Employees have several claim submission options:

1. **From a Smartphone or device:** Take a picture of the receipt or documentation. Download the **P&A Group mobile app** and log in. Go to the menu and tap **Upload Claim/Documentation** to submit claims. **OR** Log into **ncflex.padmin.com** from the web browser and follow the prompts.
2. **From a computer:** Log into the P&A Account at **ncflex.padmin.com**. Go to **Member Tools** > **Upload Claim** > **New Claim**.
3. **By fax or mail:** Go to **ncflex.padmin.com** to access the FSA claim form. When submitting a paper claim the employee must attach an itemized, third-party receipt or the insurance company Explanation of Benefits (EOB) form.

   Fax: 1-877-213-8917

   Mail: Attn: NC FSA Plan
   17 Court Street, Suite 500
   Buffalo, NY 14202

If a claim is reimbursable by a medical, dental, or vision plan, the employee will need to file a claim with that plan first.

Claim Reimbursements

Claims are processed each day, with the exception of holidays. Reimbursements are issued Monday through Friday. The next business day after the claim was adjudicated a reimbursement will be issued to the bank account on file. Depending on how long the banking institution takes to process the payment, it may take an additional 2 to 4 days for the payment to appear in the participant's account. If P&A Group has the employee's e-mail address, they will automatically notify him/her when the claim is received and again when it is paid.

Employees may choose to pay for eligible health care expenses using the NCFlex Convenience Card. See *NCFlex Convenience Card* on **page 12** for more information.

Claim reimbursement is based on the date an employee receives eligible expenses, not the date he/she pays the invoice or the billing date, which must be between January 1, 2022 (the plan effective date) and December 31, 2022, provided the employee remains in the plan for all of 2022.

With the HCFSA, an employee can be reimbursed for the entire claim up to his/her plan-year election minus any previous claim reimbursements, even if that amount has not yet been deducted from pay. **FSA reimbursements are made by direct deposit. If an employee changes banks or switches accounts, they need to notify their HBR or benefits department to avoid payment delays.**

During the plan year, claims are paid in this order:

- 2021 rollover funds are used to pay any 2021 claims, up to the March 31, 2023 claims deadline for 2021 expenses. Any remaining funds can then be used for 2022 claims.
- 2022 plan year contributions will be used for 2022 claims *before* using 2021 rollover funds.

Termination of Employment

If an employee terminates employment or coverage during the plan year, he/she may submit claims for services incurred before the coverage termination date. **Services incurred after the coverage termination date cannot be reimbursed unless the employee elects to continue coverage under COBRA.** In accordance with IRS regulation, any unused money in an employee's account is forfeited and remains with the state.

Can a Spouse Have a Health Savings Account (HSA) if an Employee Has an HCFSA?

If an employee is enrolled in the HCFSA, his/her spouse cannot make or receive tax-favored HSA contributions. This is because the HCFSA is available to reimburse the qualified expenses of the employee and the employee's spouse and dependents, so a spouse's contributions to an HSA would violate IRS rules.

Contributions 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.

HCFSA Worksheet

Employees can use this worksheet to calculate the amount they want to contribute to the HCFSA for out-of-pocket expenses for the upcoming plan year. The HCFSA worksheet is also available online by visiting **www.ncflex.org**.

Step 1 Based on records for the past few years, fill in the anticipated eligible expenses.

- If the expense is paid by a health care plan, enter the copayment and any deductible. For members enrolled in the State Health Plan, visit **www.bcbsnc.com** to view current and prior year expenses. Members enrolled in the NCFlex Dental or Vision plans can visit the vendor online portals found on **www.ncflex.org** to view prior year out-of-pocket costs.
- If the expense is not covered by the health care plan, enter the entire cost.

Step 2 Add up the total annual expenses for the employee and his/her family (A + B + C = D).

Step 3 Enter the amount (D) in the online enrollment system.

Cost For:	Employee		For Spouse		For Children
Medical plan deductibles	$		$		$
Medical plan copayments	$		$		$
Prescription drug copayments	$		$		$
Routine physicals/exams	$		$		$
Dental care/orthodontia	$		$		$
Vision care	$		$		$
Hearing care	$		$		$
Health services/supplies	$		$		$
Other eligible expenses	$		$		$
Total Annual Health Care Expenses	(A) $	+	(B) $	+	(C) $
Annual Election (A + B + C = D)	**D) $**				

(Enter amount D in the benefits enrollment platform)

Example of Tax Savings When Using an FSA

Annual Savings Example	With FSA	Without FSA
Annual Income	$50,000	$50,000
Annual Pre-Tax FSA Contribution	- $2,000	- $0
Annual Taxable Income	= $48,000	= $50,000
Annual Tax Withholdings (approximately 30% of the annual taxable income)	$14,400	$15,000
Total Annual Savings (approximately $300 for every $1,000 withheld in the FSA per year)	$600	$0

Tax Considerations

The HCFSA is based on current tax laws. Employees should keep in mind the following tax considerations before participating in the HCFSA:

- Plan participation may affect future Social Security retirement benefits. This could happen if an employee's taxable pay, after spending account contributions are taken out, is below the Social Security Taxable Wage Base. For most employees, the immediate tax savings is of far greater benefit than the long-term impact on Social Security benefits.
- Participation in the plan will not affect the amount employees may contribute to a 401(k), 403(b), or 457 retirement plan.
- An employee cannot claim the same expenses through the HCFSA and on his/her tax return. Currently, only health care expenses over 10% of adjusted gross income are deductible for income tax purposes. But with the HCFSA, employees can save taxes immediately on the very first dollar not reimbursed by the health care plan.

Note: Check the IRS website for the latest information. Employees should consult their tax advisor on these issues as well as whether someone qualifies as an income tax dependent.

Dependent Day Care Flexible Spending Account

An employee MUST ENROLL in the DDCFSA each year.

The Dependent Day Care Flexible Spending Account (DDCFSA) offers employees a tax-free way to pay themselves back for eligible dependent care expenses throughout the year. An employee 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 the employee and his/her spouse works, the spouse goes to school full-time, or the spouse isn't able to care for himself or herself. The spouse may also be unemployed but actively looking for work. If the spouse works part-time, the employee's election may not exceed the lesser of the employee's annual income or his/her spouse's annual income. The IRS sets the maximum contribution, which is $5,000 per family, per year.

Qualifying Family Members

Eligible day care expenses may be reimbursed for:

- A "qualifying child" under age 13 for whom the employee is the legal guardian and who has the same principal residence as the employee for more than one-half of the year and does not provide more than one-half of his or her own support during the calendar year.
- A qualifying child (as defined above) of any age, spouse, or other dependent (e.g., a disabled elderly parent), who is physically or mentally incapable of caring for himself or herself and has the same principal place of residence as the employee for more than one-half of the year and who receives over one-half of his or her support from the employee. To reimburse day care received outside of the home, a disabled dependent must spend at least eight hours per day in the employee's home.

Special rules apply for divorced or separated parents with dependent children. Generally, a child must be a dependent for whom the employee can claim an income tax exemption. In other words, the employee must have legal custody of the child for over one-half of the year for day care expenses to be reimbursed through the DDCFSA.

Note: An employee should consult with a tax advisor if they have questions about whether someone qualifies as an income tax dependent.

To participate, employees must enroll in this plan each year.

How to Use the DDCFSA

An employee can contribute from $120 to $5,000 pre-tax each plan year, subject to the following legal limits:

- The $5,000 maximum applies to all contributions an employee and his/her spouse make to any DDCFSA during the calendar year, whether through NCFlex or another employer.
- If an employee and his/her spouse file a joint income tax return, the employee may contribute up to $5,000 for the year, regardless of the number of eligible dependents he/she has.
- If an employee and his/her working spouse file separate income tax returns, the maximum annual contribution is $2,500.

When an expense qualifies for reimbursement, an employee can either use the NCFlex Convenience Card to pay for the expense or submit a claim with any necessary documentation to receive a tax-free reimbursement. To learn more about how to file a claim, see *How to Submit Health Care and Dependent Care FSA Claims* on **page 7**.

When filing a claim, the employee needs to attach a receipt that shows the amount of the charge and date of service with the dependent day care provider's tax identification number or Social Security Number.

Claim Reimbursements

Claims are processed each day, with the exception of holidays. Reimbursements are issued Monday through Friday. The next business day after the claim was adjudicated a reimbursement will be issued to the bank account on file. Depending on how long the banking institution takes to process the payment, it may take an additional 2 to 4 days for the payment to appear in the participant's account. If the employee provides P&A Group an e-mail address, they will automatically notify him/her when the claim is received and again when it is paid.

Claim reimbursement is based on the date the dependent day care service is received, not the date the invoice is paid or the date of billing. For the 2022 plan year, expenses must be incurred January 1, 2022, through March 15, 2023, to be eligible for reimbursement. An employee has until March 31, 2023, to submit claims for reimbursement. **An employee will be reimbursed up to the available balance in his/her DDCFSA on the processing date. The available balance is equal to the amount the employee has actually contributed to his/her account (via payroll deductions) minus any previous claim reimbursements. Any unused funds will be forfeited.**

When an employee enrolls in the DDCFSA, he/she will receive a claims kit containing a claim form and the procedures he/she needs to follow when filing a claim.

NCFlex Convenience Card

An employee can use the NCFlex Convenience Card to pay for eligible dependent care expenses, up to the amount payroll deducted and available in the account.

Eligible and Ineligible Expenses

Go to **www.ncflex.org** for a complete listing of eligible and ineligible DDCFSA expenses, which can be found under the *Flexible Spending Account* section.

Eligible Dependent Day Care Expenses

The employee can be reimbursed through the DDCFSA for:

- Payments to nursery schools, day care centers, or individuals who satisfy all state and local laws and regulations.
- Payments for before-school care and after-school care beginning with kindergarten and higher grades.
- Payments to relatives for care of a qualifying dependent(s); however, the relative cannot be the employee's tax dependent or child if under age 19 as of the end of the calendar year.
- Payments (in lieu of regular day care) to day camp (e.g., soccer, computers, etc.), but not overnight camps.

Ineligible Dependent Day Care Expenses

Some common ineligible expenses include:

- Tuition expenses for education of a qualified dependent beginning with kindergarten and higher grades.
- Expenses incurred while the employee and his/her spouse are not working (except for short temporary absences like vacation and minor illnesses).
- Expenses for overnight camps.
- Virtual camps.
- Transportation fees.
- Prepayment for services not received while covered
- Late payment fees.

Plan Carefully

Employees should carefully consider their contributions to the DDCFSA. **Under IRS regulations, any money remaining in an employee's account after the deadline to submit eligible claims — March 31, 2023 — will be forfeited.**

Termination of Employment

If an employee terminates employment or coverage during the plan year, he/she may submit claims for services incurred on or before the coverage termination date. Services incurred after the termination date will be reimbursed up to the balance available in the account.* In accordance with IRS regulation, any unused money in the account is forfeited and remains with the state.

**Only pertains to the Dependent Day Care FSA.*

Important Issues

If both the employee and his/her spouse contribute to this plan or to a similar plan where he or she works, the IRS only allows a maximum family contribution of $5,000 per calendar year.

Keep in mind the annual election cannot be greater than either the employee's annual income or his/her spouse's annual income, whichever is lower.

Certain IRS rules also affect the amount that an employee may elect on a pre-tax basis:

- If an employee's spouse is a full-time student or totally disabled, he/she is treated as having income of $250 a month ($500 a month if two or more dependents receive dependent day care). If the spouse is actively looking for work, his/her income for the year must exceed the employee's DDCFSA annual election.
- If the employee is considered highly paid by the IRS (earning over $120,000 in the previous plan year of 2021 and indexed for inflation in future years), the pre-tax dependent day care election may need to be adjusted based on the results of IRS discrimination tests. The employee will be notified if affected.
- An employee who is divorced or legally separated must have legal custody of the child for over half the year to participate in the DDCFSA.

DDCFSA Worksheet

Employees can use this worksheet to identify dependent day care out-of-pocket expenses for the upcoming plan year. The DDCFSA worksheet is also available online at **www.ncflex.org**.

To get an idea of dependent day care expenses, an employee should review records for the past few years. Using this information, add any new types of expenses anticipated and complete the following worksheet:

Upcoming Plan Year

Child care (children under age 13)	$
Dependent adult day care	$
Day camp (not overnight camp)	$
Cost for preschool (prior to kindergarten)	$
Total Annual Expenses:	= $
Annual Election (Enter amount in the benefits enrollment platform)	= $

Example of Tax Savings When Using a DDCFSA

Without DDCFSA		With DDCFSA	
Gross Annual Pay	$50,000	Gross Annual Pay	$50,000
Tax Rate (30%)	-$15,000	Max. Annual Dependent Care FSA Contribution	- $5,000
Net Annual Pay	= $35,000	Adjusted Gross Pay	= $45,000
Annual Dependent Care Expenses	- $5,000	Tax Rate (30%)	- $13,500
Final Take-Home Pay	= $30,000	**Final Take-Home Pay**	= $31,500
Take home this much more when a DDCFSA is used			$1,500

Tax Considerations

The DDCFSA is based on current tax laws. Employees should keep in mind the following tax considerations before participating in the DDCFSA:

- An employee may prefer to use dependent day care expenses to claim a Child Care Credit when filing federal and state income tax returns.
- The law permits an employee to use the Child Care Credit or the DDCFSA but not for the same expense. (The Child Care Credit is reduced dollar-for-dollar by any amount claimed through the DDCFSA.)
- The spending account is an alternative way to save taxes for employees who may prefer not to file for the Child Care Credit or who would receive greater tax savings through the DDCFSA.

NCFlex Convenience Card

Use the NCFlex Convenience Card to pay for eligible HCFSA and DDCFSA expenses.

Employees who enroll in the HCFSA or DDCFSA will automatically receive the NCFlex Convenience Card at no cost. If an employee is currently enrolled in the HCFSA and wants to re-enroll in the following plan year, his/her current NCFlex Convenience Card will automatically be loaded with the amount he/she elects for the next plan year. For the DDCFSA, the card will be loaded with the employee's plan contributions as payroll deductions occur.

If an employee is new to the plan and this is the first time they receive a card, the card will automatically be activated upon first use.

How It Works

The NCFlex Convenience Card automatically checks the employee's account for available funds. Anytime an employee incurs an eligible HCFSA or DDCFSA expense with a vendor that accepts credit cards, he/she can swipe the NCFlex Convenience Card at the point-of-service and the expense will be deducted from the employee's account. **Note: DDCFSA elections are available on the card as payroll deductions occur.**

In some situations, the employee may have to pay out of pocket for eligible expenses and submit a claim to P&A Group when there are not enough DDCFSA funds available on the card. Employees can check their account balance at anytime by logging into their P&A account at **ncflex.padmin.com** or by calling the number on the card.

- As a reminder, the IRS may require P&A to obtain a receipt or documentation to process certain convenience card transactions and to ensure the card is being used for eligible expenses only. Employees may be asked to provide additional documentation of a purchase, so they need to keep their receipts.
- **If an employee does not submit requested receipts/ documentation within 40 days of the transaction date, his/her card will be turned off (or blocked) automatically and future claims may be used to offset the transaction.**

Claim Submission Methods

If a provider doesn't accept debit or credit cards please review *How to Submit Claims* in the HCFSA section of this guide on **page 7**.

How to Sign up

If this is an employee's first time enrolling in the HCFSA, or DDCFSA, he/she will receive a card in the mail after enrolling. The NCFlex Convenience Card is automatically activated upon first use.

Remember, cards are good through the expiration date on the card and will NOT be automatically re-issued each January. If an employee already has an NCFlex Convenience Card, they should not throw it away! An employee's HCFSA annual election amount will be loaded onto the existing card each new plan year. The DDCFSA election will be loaded in equal amounts upon each payroll deduction.

Additional Cards

Employees may order additional cards for themselves, their spouse, or dependents (over 18 years of age) free of charge. To order additional cards, employees can go online to **ncflex.padmin.com** by logging into their accounts or by calling **1-866-916-3475**.

How to Check the Account Balance

An employee can view his/her account balance directly from a smart phone, mobile device, or computer by going to **ncflex.padmin.com**, and logging into his/her account to access up-to-date account information. Employees can check a balance over the phone by calling P&A Group's customer service team at **1-866-916-3475** to speak with a representative.

An employee can also sign up to receive account balance information via text message. The employee should update their online P&A Account profile at **ncflex.padmin.com** with their mobile number. Once the profile is updated, the employee can text the word BAL to the number 70626 to receive a text message with account balance information anytime, anywhere.

Accident Plan

NCFlex offers an Accident Plan that pays benefits for specific injuries and events resulting from a covered accident that occurs on or after an employee's coverage effective date. The benefit amount depends on the type of injury and care received. Employees can choose to cover: employee only, employee plus spouse, employee plus child(ren), or employee plus family.

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. Benefits are paid directly to the employee and are paid in addition to any other insurance he/she may have.

How Can the Accident Plan Help?

The Accident Plan can help an employee pay for:

- Medical expenses, such as deductibles and copays
- Home health care costs
- Lost income due to lost time at work
- Everyday expenses, like utilities and groceries

Monthly Cost

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

Coverage Level	Cost
Employee Only	$6.94
Employee and Spouse	$11.50
Employee and Child(ren)	$13.64
Employee and Family	$18.20

Note: An employee may not be covered as both an employee and a dependent. Also, dependent children may not be covered under both parents' plans if the employee and his/her spouse are eligible to elect coverage as employees.

Continuation Options

If an employee leaves employment or retires, portability of the Accident Plan is available, if elected prior to the employee reaching age 70. For details and rates, employees may contact Voya at **1-877-464-5111**.

What Accident Benefits are Available?

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 **www.ncflex.org**.

In addition to what is listed below, also included in the Accident Plan coverage is the Sports Accident Benefit. If an accident occurs while participating in an organized sporting activity as defined in the 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 the employee's spouse and/or children are/is covered under the Accident Plan, their coverage includes this benefit.

Event	Benefit
Accident Care	
Initial doctor visit	$100
Emergency room treatment	$300
Ground ambulance	$360
Air ambulance	$1,500
Follow-up doctor treatment	$100
Medical equipment	$120
Physical or occupational therapy up to 10 per accident	$60
Speech therapy up to 6 per accident	$60
Prosthetic device (one)	$750
Prosthetic device (two or more)	$1,200
Major diagnostic exam	$240
X-ray	$75
Common Injuries	
Emergency dental work (crown)	$480
Emergency dental work (extraction)	$90
Eye injury (removal of foreign object)	$100
Eye injury (surgery)	$350
Torn knee cartilage surgery no repair or if cartilage is shaved	$225
Torn knee cartilage surgical repair	$800
Laceration 1 treated no sutures	$60
Laceration 1 sutures up to 2"	$100
Laceration1 sutures 2" - 6"	$240

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

Event	Benefit
Laceration[1] sutures over 6"	$480
Ruptured disk surgical repair	$800
Tendon/ligament/rotator cuff exploratory arthroscopic surgery/no repair	$720
Tendon/ligament/rotator cuff one, surgical repair	$1,020
Tendon/ligament/rotator cuff two or more, surgical repair	$1,520
Concussion	$450
Paralysis – paraplegia	$16,000
Paralysis – quadriplegia	$24,000
Burns 2nd degree, at least 36% of the body	$1,250
Burns 3rd degree, at least 9 but less than 35 square inches of the body	$7,500
Burns 3rd degree, 35 or more square inches of the body	$15,000
Skin grafts	25% of the burn benefit
Fractures	**Closed/open reduction**[2]
Hip	$5,000/$10,000
Leg	$2,800/$5,600
Ankle	$2,500/$5,000
Kneecap	$2,500/$5,000
Foot excluding toes, heel	$2,500/$5,000
Upper arm	$2,750/$5,500
Forearm, hand, wrist except fingers	$2,500/$5,000
Finger, toe	$400/$800
Vertebral body	$4,200/$8,400
Vertebral processes	$2,000/$4,000
Pelvis except coccyx	$4,000/$8,000
Coccyx	$500/$1,000
Bones of the face except nose	$1,400/$2,800
Nose	$750/$1,500
Upper jaw	$1,750/$3,500
Lower jaw	$2,000/$4,000
Collarbone	$2,000/$4,000
Rib or ribs	$600/$1,200
Skull – simple except bones of face	$1,750/$3,500

Event	Benefit
Skull – depressed except bones of face	$5,000/$10,000
Sternum	$500/$1,000
Shoulder blade	$2,500/$5,000
Chip fractures	25% of the closed reduction amount
Dislocations	**Closed/open reduction**[3]
Hip joint	$4,000/$8,000
Knee	$3,000/$6,000
Ankle or foot bone(s) other than toes	$1,800/$3,600
Shoulder	$2,200/$4,400
Elbow	$1,500/$3,000
Wrist	$1,500/$3,000
Finger/toe	$350/$700
Hand bone(s) other than fingers	$1,500/$3,000
Lower jaw	$1,500/$3,000
Collarbone	$1,500/$3,000
Partial dislocations	25% of the closed reduction amount
Accident Hospital Care	
Surgery open abdominal, thoracic	$1,250
Surgery exploratory or without repair	$350
Blood, plasma, platelets	$600
Hospital admission	$1,250
Hospital confinement per day, up to 365 days	$200
Critical care unit confinement per day, up to 5 or more days	$400
Coma duration of 5 or more days	$10,000
Transportation per trip, up to 3 per accident	$750
Lodging per day, up to 30 days	$180

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

[2] *Closed Reduction of Fracture = Non-surgical. Open Reduction of Fracture = Surgical.*

[3] *Closed Reduction of Dislocation = Non-surgical reduction of a completely separated joint. Open Reduction of Dislocation = Surgical reduction of a completely separated joint.*

Exclusions and Limitations

Exclusions for the Certificate, Spouse Accident Insurance, and Children's Accident Insurance are listed below. (These may vary by state.) Benefits are not payable for any loss caused in whole or directly by any of the following*:

- Participation or attempt to participate in a felony or illegal activity.
- An accident while the covered person is operating a motorized vehicle while intoxicated. Intoxication means the covered person's blood alcohol content meets or exceeds the legal presumption of intoxication under the laws of the state where the accident occurred.
- Suicide, attempted suicide, or any intentionally self-inflicted injury, while sane or insane.
- War or any act of war, whether declared or undeclared, other than acts of terrorism.
- Loss sustained while on active duty as a member of the armed forces of any nation. We will refund, upon written notice of such service, any premium which has been accepted for any period not covered as a result of this exclusion.
- Alcoholism, drug abuse, or misuse of alcohol or taking of drugs, other than under the direction of a doctor.
- Riding in or driving any motor-driven vehicle in a race, stunt show, or speed test.
- Operating, or training to operate, or serve as a crew member of, or jumping, parachuting or falling from, any aircraft or hot air balloon, including those which are not motor-driven. (Flying as a fare-paying passenger is not excluded. Performing these acts as part of employment with the employer is not excluded.)
- Engaging in hang-gliding, bungee jumping, parachuting, sail gliding, parasailing, parakiting, kite surfing, or any similar activities.
- Practicing for, or participating in, any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received.
- Any sickness or declining process caused by sickness.

** See the certificate of insurance and riders for a complete list of available benefits, exclusions, and limitations.*

Tax Issues

An employee should consult with a tax advisor regarding the possible effects of the receipt of benefits under the Voya Accident Plan.

This is a summary of benefits only. A complete description of benefits, limitations, exclusions and termination of coverage will be provided in the certificate of insurance and riders. All coverage is subject to the terms and conditions of the group policy. If there is any discrepancy between this document and the group policy documents, the policy documents will govern. To keep coverage in force, premiums are payable up to the date of coverage termination. Accident Insurance is underwritten by ReliaStar Life Insurance Company, a member of the Voya® family of companies. Forms include: Policy Form #RL-ACC3-POL-16; Certificate Form #RL-ACC3-CERT-16; and Rider Forms: Spouse Accident Rider Form #RL-ACC3-SPR-16, Children's Accident Rider Form #RL-ACC3-CHR-16. Form numbers, provisions and availability may vary by state.

This benefit does not require re-enrollment each year.

Cancer and Specified Disease

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 help pay for hospitalization, surgery, radiation/chemotherapy and more.

Employees can choose between three plan options (Low, High and Premium) depending on their cancer insurance needs and specified diseases. All three plan options cover the same type of services. In most cases, however, the amount of coverage differs based on the option chosen.

Coverage

Refer to the *Summary of Benefits* on **page 17** for more details.

In addition to cancer coverage, this insurance pays benefits for 29 other specified diseases listed below:

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

Cost

The monthly premium is based on the plan an employee chooses and who they cover. New hires do not need to provide Evidence of Insurability (EOI) if they enroll within 30 days of their date of hire. (See *Evidence of Insurability* on **page 18** for more details.)

Coverage Level	Low Option	High Option	Premium Option
Employee Only	$6.38	$15.18	$20.28
Employee and Family	$10.56	$25.16	$33.54

Examples of Net Cost

Each plan option includes the Cancer Screening Benefit, which pays a benefit for each covered insured **annually** for taking certain tests, regardless of the cost of the test. In addition, since the monthly premium is subtracted from pay before taxes, the employee receives tax savings.

The following are a few examples of how the Cancer Screening Benefit and the tax savings affect the total cost for NCFlex Cancer and Specified Disease Insurance.

Option	Annual Cost	Cancer Screening Benefit	Tax Savings (30% Tax Bracket)	NET Annual Cost
Low: Employee	$76.56 ($6.38/month)	$25	$22.97	$28.59 ($2.38/month)
High: Family	$301.92 ($25.16/month)	$200 (2 @ $100)	$90.58	$11.34 ($0.95/month)
Premium: Family	$402.48 ($33.54/month)	$200 (2 @ $100)	$120.74	$81.74 ($6.81/month)

Summary of Benefits

Employees should review the Certificates of Coverage for complete details regarding these benefits.

Benefit	Low Option	High Option	Premium Option
Cancer Prevention and Screening Benefit - Refer to **page 18** for list of screenings (per calendar year/per covered insured)	$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
Second Surgical Opinion**	Up to $200	Up to $400	Up to $600
Anesthesia**	Up to 25% of surgery benefit		
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
New or Experimental Treatment**	Up to $5,000 per 12-month period		
Blood, Plasma, and Platelets** (per 12-month period)	Up to $2,500	Up to $7,500	Up to $10,000
Physician's Attendance**	Up to $50 per day		
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/day)	Up to $100	Up to $200	Up to $300
• Government or Charity Hospital (per day; in lieu of all other benefits in the policy, except the Waiver of Premium benefit)	$100	$200	$300
Outpatient Lodging** (day/per 12 months)	$50/$2,000	$50/$2,000	$50/$2,000
Non-Local Transportation	Pays coach fare or $0.40 per mile		
Family Member Lodging and Transportation (for one adult member of covered person's family)			
Lodging**	Up to $50 per day; maximum 60 days		
Transportation**	Round-trip coach fare on common carrier or $0.40 per mile		
Extended Care Facility** (per day)	Up to $100	Up to $200	Up to $300
Physical or Speech Therapy**	Up to $50 per day		
Comfort/Anti-Nausea**		Up to $200 per calendar year	
Bone Marrow or Stem Cell Transplant			
Transplant other than non-autologous (per calendar year)	Up to $500	Up to $1,000	Up to $1,500
Transplant for non-autologous; treatment of cancer or other specified disease; except Leukemia (per calendar year)	Up to $1,250	Up to $2,500	Up to $3,750
Transplant for non-autologous; treatment of Leukemia (per calendar year)	Up to $2,500	Up to $5,000	Up to $7,500
Waiver of Premium	Premiums waived after 90 days of disability due to cancer for insured employee		

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

Cancer Prevention and Screening Benefit Includes:

- Biopsy for skin cancer
- Blood test for triglycerides
- Bone Marrow Testing
- CA125 (cancer antigen 125 - blood test for ovarian cancer)
- CA 15-3 (cancer antigen 15-3 - blook test for breast cancer)
- CEA (carcinoembryonic antigen - blook test for colon cancer)
- Chest X-ray
- Colonoscopy
- Doppler screening for carotids
- Doppler screening for peripheral vascular disease
- Echocardiogram
- EKG (Electrocardiogram)
- Flexible sigmoidoscopy
- Hemocult stool analysis
- HPV (Human Papillomavirus) Vaccination
- Lipid Panel (total cholesterol count)
- Mammography, including Breast Ultrasound
- Pap Smear, including ThinPrep Pap Test
- PSA (prostate specific antigen - 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

Medicaid Information

For individuals who are eligible for Medicaid, this cancer insurance policy may not be the best choice. Benefits assigned under the policy are required to be assigned back to Medicaid.

Exceptions and Limitations

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.

The policy does not pay for any loss except those due from cancer or a covered specified disease. A diagnosis must be submitted to support each claim.

For complete details on exclusions and limitations, see the Certificate of Coverage located at **www.ncflex.org**.

Evidence of Insurability

Evidence of Insurability (EOI) is a way of providing proof of good health. This evaluation may include the employee's current health status, medical history and family history. If an employee is required to submit EOI, Allstate Benefits must approve EOI before coverage becomes effective. The EOI form is available on the "Cancer & Specified Disease" section at **www.ncflex.org**.

Portability Privilege

The portability feature allows employees to continue cancer coverage when their employment ends or policy terminates, by paying premiums directly to Allstate Benefits. Employees can contact Allstate Benefits for more information at **1-866-232-1517**.

Certificate of Coverage

The Certificate of Coverage provides complete details about the benefits and the limits and exclusions. For complete details, review the Certificates of Coverage located on **www.ncflex.org**.

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.

The Critical Illness and Cancer coverage is provided by Limited Benefit insurance, policy forms GVCIP2 and 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 subsidary of The Allstate Corporation.

Critical Illness

This benefit does not require re-enrollment each year.

Critical Illness Insurance, administered by Allstate Benefits, pays a benefit if an employee is diagnosed with a critical illness. Employees can choose a maximum benefit amount of $15,000 or $25,000.

Maximum Benefit Amount: $15,000 or $25,000	
Pays 100% of benefit in the event of:	**Pays 25% of benefit in the event of:**
• Heart Attack • Stroke • Major Organ Transplant • Bone Marrow Transplant • Invasive Cancer • Paralysis • End Stage Renal Failure	• Carcinoma in Situ (non-invasive cancer) • Coronary Artery Bypass Surgery

Features of the Allstate Benefits Critical Illness plan include:

- No pre-existing conditions.
- Guaranteed issue — no health questions required at initial enrollment.
- Benefits paid directly to the employee.
- No waiting period for new diagnosis.
- There is a maximum of two payouts per diagnosis (12-month waiting period for reoccurrence).
- Benefits for covered dependents are the same as covered employees.

Monthly Cost

The monthly premium for the employee and/or dependent spouse is based on the age of the covered employee as of January 1 of the current plan year, and are in five-year age bands. An employee may not be covered both as an employee and as a dependent.

Employee/Dependent Spouse

Employee Age	Benefit Amount*	
	$15,000	$25,000
<25	$1.20	$2.00
25 – 29	$1.20	$2.00
30 – 34	$2.10	$3.50
35 – 39	$3.90	$6.50
40 – 44	$6.60	$11.00
45 – 49	$10.80	$18.00
50 – 54	$16.50	$27.50
55 – 59	$24.90	$41.50
60 – 64	$38.40	$64.00
65 – 69	$57.90	$96.50
70 – 74	$75.90	$126.50
75 – 79	$91.20	$152.00
80 +	$107.40	$179.00

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

Dependent Child(ren)	Monthly Rate
Up to age 26	No cost

Example: Calculating Cost for $15,000 Option

Employee age is 43	$6.60
Spouse rate based on employee age	$6.60
Three children (varying ages)	$0
Total Monthly Premium	$13.20

For more information on the covered condition definitions, visit* **www.ncflex.org.

Guaranteed Issue

Example: Benefit Payment*

Covered Condition	Lump-Sum Benefit Payment Received
The employee has a heart attack	$15,000 or $25,000
Three months later, the employee is diagnosed with noninvasive cancer	$3,750 or $6,250
12 months later the employee has another heart attack	$15,000 or $25,000
Two months later the employee becomes paralyzed	$15,000 or $25,000
Total Payout	**$48,750 or $81,250**

**An employee's individual experience may vary.*

Beneficiary

To designate a beneficiary, please visit **www.ncflex.org**. Click on the "Enroll Now" button and log in to designate a beneficiary.

Tax Issues

Whenever a benefit claim is paid, a 1099 tax form will be sent to the home address in January of the following year. An employee should consult with a tax advisor regarding the possible effects of the purchase and/or receipt of benefits under Allstate Benefits Critical Illness Insurance.

Certificate of Coverage

The Certificate of Coverage, which can be found in the Critical Illness section of **www.ncflex.org**, provides complete details about the benefits and the limitations and exclusions.

Exclusions and Limitations

Exclusions and limitations are as follows.

This plan will not pay benefits for a critical illness that is, or is caused by, contributed to, by, or results from:

- Critical illness diagnosed prior to the effective date.
- Active participation in a riot, insurrection, or rebellion.
- Intentionally self-inflicted injury or action.
- Illegal activities or participation in an illegal occupation.
- Suicide while sane, or self-destruction while insane, or any attempt at either.

Portability Privilege

The portability feature allows continuation of critical illness coverage when employment ends or the policy terminates, by paying premiums directly to Allstate Benefits. Employees can contact Allstate Benefits for more information at **1-866-232-1517**.

Dental

Three dental options available through MetLife

Why Employees Should Consider Dental Coverage

Maintaining good oral health matters. When preventive care is covered, an employee is more likely to go for cleanings and checkups — this can help the employee avoid problems before they become too costly or complicated. Plus, going to the dentist regularly can help prevent problems that have been linked to diabetes or heart disease.[1] That's where a good dental plan comes in.

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 in how much an employee pays per pay period and at time of service. Refer to the *Summary of Benefits* section on **page 22** to review the services covered under each plan.

1. Dentists: Doctors of Oral Health, American Dental Association, Chicago, IL., **http://www.ada.org/en/about-the-ada/dentists-doctors-of-oral-health**.

Save When Using a Network Provider

No matter which dental plan option an employee elects, he/she can visit any licensed dentist, in or out of the MetLife Preferred Dental Provider (PDP) Plus Network, and still receive benefits. When employees go to a participating dentist, they can save even more since in-network dentists accept negotiated fees that are typically 30-45% less than the average charges in the same area.

To find a participating dentist, go to **www.metlife.com/dental**, enter the zip code, and select the PDP Plus Network. Employees can also call **1-855-676-9441** to request a provider list.

Changing Dental Plan Options

Once an employee chooses a dental plan option (High Option, Classic Option or Low Option), he/she must keep that option for the entire plan year, even if he/she has a qualified life event. An employee may only change his/her dental plan option during the annual enrollment period. (For example, an employee cannot switch from the Low Option to the High Option, or vice versa.)

Monthly Cost

Coverage Level	High Option	Classic Option	Low Option
Employee Only	$49.86	$35.90	$22.68
Employee and Spouse	$99.98	$72.00	$45.72
Employee and Child(ren)	$107.84	$78.00	$49.10
Employee and Family	$176.56	$123.00	$78.26

Dental Claims Processing

MetLife encourages employees to discuss their treatment plan with their provider and submit a pre-estimate **before the work begins** if the estimated charge for a particular dental service is expected to be $300 or more.

To submit a pre-estimate, an employee should have his/her dentist submit a request online at **www.metdental.com** or call **1-877-MET-DDS9**. The dentist will need to provide the proposed treatment plan, applicable x-rays, supporting documents, and estimated charges to MetLife. This provides an opportunity to review the proposed course of treatment and estimated fees.

Need More Information?

Visit...	Look Under...	Find...
www.ncflex.org	Dental	• MetLife *MyBenefits* website link • Dental Forms • Online Tools • Plan Certificates
www.metlife.com/mybenefits	Enter "NCFlex" as the company name and create a unique User ID and password. Click on the *Register Now* button and enter the required information.	• Dental Benefits information, claims history, etc. • *Find a Dentist* • Oral Health Library • Mobile Application

The Dental Plan is administered and underwritten by Metropolitan Life Insurance Company. For information regarding claim payment, refer to the Certificate of Coverage found at **www.ncflex.org**.

Summary of Dental Benefits

Important Note: This is only a summary of the benefits under the dental plans. Employees may review and/or obtain a copy of the Certificate of Coverage on the NCFlex website at **www.ncflex.org**. Employees may register on *MyBenefits* at **www.metlife.com/mybenefits** to get information about what is and is not covered on the dental plan. Payments for services are subject to **maximum amounts allowed** by the plan.

Benefit Category	High Option*	Classic Option*	Low Option*
Type I — Diagnostic and Preventive			
Oral Examination (two per calendar year)	100%	100%	100% after deductible
Cleaning (two per calendar year)			
X-rays (bitewing x-rays — one per calendar year; full-mouth radiograph series or panoramic series — one every five years)			
Topical Fluoride (two per calendar year under age 19)			
Sealants for Permanent First and Second Molars (under age 16; see certificate for frequencies)			
Space Maintainers (under age 19)			
Type II — Basic Services			
Fillings (amalgam, synthetic, or composite; replacements limited to once every 24 months)	80% after deductible	60% after deductible	50% after deductible
Simple Extractions			
Endodontics (root canal treatment)			
Re-Cement Crowns, Inlays, Bridges			
Repair of Removable Dentures			
Periodontal Services (gingivectomy, gingivoplasty, osseous surgery, scaling, and root planing)	50% after deductible		
Periodontal Maintenance after Therapy (two per consecutive 12 months)			
Oral Surgery (wisdom teeth extractions)			
General Anesthesia			
Type III — Major Services (Not covered under the Low Option plan)			
Crowns, including Single Implant Crowns (Not eligible for dependent children under age 14; replacements limited to every seven years. Single prosthetic procedures are considered completed on the date they are inserted, not the date of impression.)	50% after deductible	50% after deductible	Not Covered
Dentures (replacements limited to every seven years)			
Bridges (replacements limited to every seven years)			
Fixed Bridge Repairs			
Denture Adjustments/Relining (within six months of initial denture placement)			
Implants			
Type IV — Orthodontics (High Option and Classic Option plans — dependent children up to age 19)			
Orthodontic Treatment in Progress (Treatment plans not started under the High Option or Classic Option plans will be prorated based on the date the benefit is eligible on the dental plans. Reimbursement will not be paid beyond the date the child turns the age of 19).	50%	50%	Not Covered
Maximums/Deductibles			
Calendar-Year Maximum (Per covered person; excludes orthodontic services under the High Option and Classic Option plans)	$5,000	$1,500	$1,000
Lifetime Orthodontic Maximum (per covered person) **The lifetime maximum will include any reimbursement received from the prior carrier.**	$1,500	$1,500	N/A
Calendar-Year Deductible (per person/per family)	$50/$150	$25/$75	$25/$75

** 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*

Exclusions and Limitations

This is a partial listing of the exclusions listed with the plan policy. Please refer to the plan certificate for a complete listing. If there are any discrepancies, the plan policy certificate and/or contract shall govern. The policy will not pay for the following dental expenses and services:

- Services which are not dentally necessary, or those which do not meet generally accepted standards of care for treating the particular dental condition.
- Services or supplies received by the employee or their dependent before the dental insurance starts for that person.
- Services which are primarily cosmetic.
- Restoration of tooth structure damaged by attrition, abrasion or erosion, unless caused by disease.
- Counseling or instruction about oral hygiene, plaque control, nutrition and tobacco.
- Personal supplies or devices including, but not limited to: water piks, toothbrushes, or dental floss.
- Missed appointments.
- Prescription drugs.
- Services for which the submitted documentation indicates a poor prognosis.
- Pulp vitality, diagnostic photographs and bacteriological studies for determination of bacteriologic agents.
- Labial veneers.
- Local chemotherapeutic agents.
- Fixed and removable appliances for correction of harmful habits.
- Appliances or treatment for buxism (grinding teeth).
- Replacement of a lost of stolen appliance, Cast Restoration or Denture.
- Replacement of an orthodontic device.
- Diagnosis and treatment of temporomandibular joint disorders and cone beam imaging associated with treatment of temporomandibular joint disorders.

The dental plan certificate can be found on the NCFlex website at **www.ncflex.org**.

Orthodontia coverage is for covered children only to age 19. Employees/spouses are not covered for orthodontia.

Continuation of Coverage

Employees who terminate employment may continue their MetLife dental coverage by paying their monthly premiums directly to the COBRA vendor. COBRA enrollment materials will be sent to the employee's last known address.

Vision

The Vision plan is administered by EyeMed Vision Care and underwritten by Fidelity Security Life Insurance. It offers two schedules of benefits (Basic and Enhanced) — both provide a comprehensive eye exam and benefits for vision materials. A covered participant may receive either eyeglass lenses or contact lenses in a benefit period but not both.

Another option (available to employees only) is the Core Wellness Exam Plan which is available at no cost to the employee if he or she enrolls.

Core Wellness Exam Plan

The Core Wellness Exam Plan is available at no cost to the employee if he/she enrolls for coverage. An employee can receive an annual comprehensive eye exam for a $20 copay. If vision materials are needed, there are lens allowances and discounts on frames from providers in the EyeMed network. Go to **www.ncflex.org** to find a network provider.

Basic Plan: Exam and Materials

The Basic Plan provides an annual comprehensive eye exam and a choice of eyeglass lenses or contact lenses ($120 allowance) once every 12 months, per covered person, and frames ($125 allowance) once every 24 months, per covered person.

Enhanced Plan: Enhanced Exam and Materials

The Enhanced Plan provides an annual comprehensive eye exam and a choice of eyeglass lenses or contact lenses ($175 allowance) and frames ($200 allowance) once every 12 months, per covered person.

Vision Network

The Core, Basic, and Enhanced plans offer in-network and non-network benefits. Employees pay less when they use a network provider. The employee is responsible for paying any charges in excess of the covered benefit. When using a non-network provider, the employee pays the provider in full and submits an out-of-network claim form (along with a copy of the receipt) to EyeMed. He/she will be reimbursed up to the amount of the out-of-network allowance.

There are more than 2,900 in-network providers throughout the state, including independent eye doctors, retail stores, and even online options. If an employee's vision care provider is not part of the EyeMed network, he/she (or the provider) may contact EyeMed with the provider's name, address, and telephone number to begin the provider nomination process.

Cost

The monthly vision premium is based on the plan an employee chooses and whom he/she covers. Even if the employee only wants to participate in the Core Wellness Exam Plan, he or she 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

LASIK or PRK Surgery

EyeMed members save 15% off retail price or 5% off the promotional price of LASIK. To find a LASIK location, visit **www.eyemedlasik.com** or call **1-800-988-4221**.

Find a Provider

Need help locating the nearest eye doctor?
Visit **www.eyemedvisioncare.com/ncflex** or call EyeMed at **1-866-248-1939**.

On the go? Download the EyeMed Members App (in the App Store or Google Play) to find an eye doctor and get directions, view the member ID card, save a vision prescription and more.

Using EyeMed Benefits with In-Store Discounts

Some eye doctors and retailers occasionally run special promotions that may require that participants not use their benefits to take advantage of special pricing. When considering a purchase, employees should talk with the provider about their options or call EyeMed at **1-866-248-1939**.

Employees can access members-only special offers by registering on **www.eyemedvisioncare.com/ncflex** or by downloading the EyeMed Members App (in the App Store or Google Play) for special offers on vision-related products and services, such as:

- Discounts on frames and lenses
- Savings on contacts
- Exclusive offers from network providers and retailers
- Free shipping from online retailers
- Free vision products, like lens cleaner kits and more, all from trusted EyeMed network providers

Wellness Tip

The eye is the only area of the body with a clear view of blood vessels. Using vision benefits can help spot serious conditions like: cancer, diabetes, heart disease, high blood pressure, high cholesterol, neuromuscular diseases, rheumatic diseases, and sickle cell anemia.

Additional Member-Only Savings*

Employees receive additional savings just for being an EyeMed member, such as:

- 20% off any remaining cost for frames once the frame allowance has been applied.
- 40% off unlimited, additional complete pairs of prescription eyewear.
- 15% off any balance over the conventional contact lens allowance.
- 20% off any item not covered by the benefit.
- 40% off hearing exams and discounted set pricing on hearing aids.

**At participating in-network providers. Refer to the special offers page on EyeMed's website for details and exclusions.*

Changing Plans

During annual enrollment, an employee may change between the Core, Basic, and Enhanced plans. The frame allowance, if applicable, will change each calendar year depending on the plan an employee enrolls in. An employee may enroll in only one of the three vision coverage options. To receive family coverage, an employee must enroll in the Basic or Enhanced plan.

Continuation of Coverage

Employees who terminate employment may continue their EyeMed vision coverage by paying their monthly premiums directly to the COBRA vendor. COBRA enrollment materials will be sent to the employee's last known address.

This is only a summary of the benefit plan. All final determinations of benefits, administrative duties, and definitions are governed by the Certificate of Coverage. An employee may review and/or obtain a copy of the Certificate of Coverage by visiting **www.ncflex.org**.

Summary of Benefits

Vision Care Services	Basic Plan		Enhanced Plan	
	In-Network*	Out-of-Network**	In-Network*	Out-of-Network**
Exam with Dilation as Necessary	$20 copay	Up to $44	$20 copay	Up to $44
Retinal Imaging	Up to $39	N/A	Up to $39	N/A
Frames	$0 copay, $125 allowance, 20% off balance over $125	Up to $50	$0 copay, $200 allowance, 20% off balance over $200	Up to $93
Standard Plastic Lenses				
Single Vision	$0 copay	Up to $34	$0 copay	Up to $34
Bifocal	$0 copay	Up to $48	$0 copay	Up to $48
Trifocal	$0 copay	Up to $64	$0 copay	Up to $64
Lenticular	$0 copay	Up to $88	$0 copay	Up to $88
Standard progressive lens	$50 copay	Up to $64	$50 copay	Up to $64
Premium progressive lens	$70-$95 copay	Up to $64	$70-$95 copay	Up to $64
Tier 1	$70 copay	Up to $64	$70 copay	Up to $64
Tier 2	$80 copay	Up to $64	$80 copay	Up to $64
Tier 3	$95 copay	Up to $64	$95 copay	Up to $64
Tier 4	$50 copay, 20% off retail less $120 allowance	Up to $64	$50 copay, 20% off retail less $120 allowance	Up to $64
Lens Options				
UV treatment	$15	N/A	$15	N/A
Tint (solid and gradient)	$15	N/A	$15	N/A
Standard plastic scratch coating	$13 copay	Up to $2	$13 copay	Up to $2
Standard polycarbonate – adults	$40	N/A	$40	N/A
Standard polycarbonate – kids under 19	$40	N/A	$40	N/A
Standard anti-reflective coating	$45	N/A	$45	N/A
Premium anti-reflective coating	$57-$68	N/A	$57-$68	N/A
Tier 1	$57	N/A	$57	N/A
Tier 2	$68	N/A	$68	N/A
Tier 3	20% off retail	N/A	20% off retail	N/A
Photochromatic/transitions plastic	$75	N/A	$75	N/A
Polarized	20% off retail	N/A	20% off retail	N/A
Other add-ons and services	20% off retail	N/A	20% off retail	N/A
Contact Lens Fit and Follow Up (Contact lens fit and follow up visits are available once a comprehensive eye exam has been completed.)				
Standard contact lens fit & follow up	$20 copay, paid-in-full and two follow- up visits	Up to $44	$20 copay, paid-in-full and two follow- up visits	Up to $44
Premium contact lens fit & follow up	$20 copay, 10% off retail price, then apply $55 allowance	Up to $44	$20 copay, 10% off retail price, then apply $55 allowance	Up to $44
Contact Lenses (Contact lens allowance includes materials only.)				
Conventional	$0 copay, $120 allowance, 15% off balance over $120	Up to $100	$0 copay, $175 allowance, 15% off balance over $175	Up to $117
Disposable	$0 copay, $120 allowance	Up to $100	$0 copay, $175 allowance	Up to $117
Medically necessary	$0 copay, paid in full	Up to $210	$0 copay, paid-in-full	Up to $210
Laser Vision Correction				
LASIK or PRK from U.S. Laser Network	15% off the retail price or 5% off the promotional price	N/A	15% off the retail price or 5% off the promotional price	N/A
Hearing Care				
Hearing Health Care from Amplifon Hearing Network	40% off hearing exams and a low price guarantee on discounted hearing aids	N/A	40% off hearing exams and a low price guarantee on discounted hearing aids	N/A
Frequency				
Examination	Once every 12 months		Once every 12 months	
Lenses or contact lenses	Once every 12 months		Once every 12 months	
Frame	Once every 24 months		Once every 12 months	

**In-Network copays represent the most an employee will have to pay for specific in-network benefits.*

***Out-of-Network allowance amounts represent the most the plan will pay for specific out-of-network benefits. Employees pay 100% of any expense over the allowance amount.*

Summary of Benefits

Vision Care Services	Core Plan	
	In-Network*	Out-of-Network**
Exam with Dilation as Necessary	$20 Copay	Up to $44
Retinal Imaging	Up to $39	N/A
Frames* *Complete pair eyeglasses purchase discounts*. Frame, lenses, and lens options must be purchased in the same transaction to receive full discount.*	35% off retail price	N/A
Standard Plastic Lenses		
Single vision	$50	N/A
Bifocal	$50	N/A
Trifocal	$105	N/A
Standard progressive lens	$135	N/A
Lens Options		
UV treatment	$15	N/A
Tint (solid and gradient)	$15	N/A
Standard plastic scratch coating	$15	N/A
Standard polycarbonate – adults	$40	N/A
Standard polycarbonate – kids under 19	$40	N/A
Standard anti-reflective coating	$45	N/A
Polarized	20% off retail	N/A
Other add-ons and services	20% off retail	N/A
Contact Lenses (Contact lens allowance includes materials only.)		
Conventional	15% off retail	N/A
Disposable	0% off retail	N/A
Laser Vision Correction		
LASIK or PRK from U.S. Laser Network	15% off the retail price or 5% off the promotional price	N/A
Hearing Care		
Hearing Health Care from Amplifon Hearing Network	40% off hearing exams and a low price guarantee on discounted hearing aids	N/A
Frequency		
Examination	Once every 12 months	
Lenses or contact lenses	Unlimited	
Frame	Unlimited	
Additional Discounts (Additional discounts are not insured benefits.)		
Non-prescription sunglasses	20% off	N/A
Remaining balance beyond plan coverage	20% off	N/A

**Frame, lens, and lens option discounts apply only when purchasing a complete pair of eyeglasses. If purchased separately, members receive 20% off the retail price.*

**In-Network copays represent the most employees will have to pay for specific in-network benefits.*

*** The Out-of-Network allowance for vision exam is the most employees will pay for this benefit. Employees pay 100% of any expense over the allowance amount.*

Plan Exclusions

No benefits will be paid for services or materials connected with or changes arising from:

- Orthoptic or vision training, subnormal vision aids, and any associated supplemental testing; Aniseikonic lenses.
- Medical, pathological and/or surgical treatment of the eye, eyes or supporting structures.
- Any vision examination, or any corrective eyewear required by a Policyholder as a condition of employment; safety eyewear.
- Services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof.
- Plano (non-prescription) lenses.
- Non-prescription sunglasses.
- Two pair of glasses in lieu of bifocals.
- Services or materials provided by any other group benefit plan providing vision care.
- Services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and services rendered to the Insured Person are within 31 days from the date of such order.
- Lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available.

Group Term Life

This benefit does not require re-enrollment each year.

NCFlex offers Voluntary Group Term Life Insurance administered by Voya Financial and underwritten by ReliaStar Life Insurance Company.

Voluntary Group Term Life Insurance pays a benefit to an employee's beneficiary(ies) if the employee dies while covered under the policy (and pays a benefit to the covered employee or dependent if a covered dependent dies). Please note that this is strictly a life insurance policy that provides a benefit if the employee dies. There is no accumulated cash value. An employee may not be covered as both an employee and a dependent, and children may not be dually enrolled.

Coverage Options

An employee must be enrolled to cover spouse and children.

Employee and Spouse

- $20,000 to a maximum of $500,000 in $10,000 increments
  (spouse coverage cannot exceed 100% of employee's elected amount)

Child(ren)

- $5,000 or $10,000 without EOI (as long as coverage is elected: within 30 days of becoming eligible, within 30 days of a qualified life event, or during the annual enrollment period.)

Enrollment/Evidence of Insurability Options

Evidence of Insurability (EOI) is required for amounts above the Guaranteed Issue (GI) amount 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 the employee's address on file. This form must be completed, signed, and returned to Voya Financial for review.

If the Employee Is	Coverage Options
New Hire/Newly Eligible	As a new hire (or newly eligible for benefits), the employee may elect from $20,000 up to $200,000 on himself/herself and $20,000 up to $50,000 on his/her spouse without having to provide EOI.*
Existing Employee	
• Electing or adding coverage during annual enrollment*	If the employee **is not** currently enrolled in Group Term Life, during annual enrollment, he/she may purchase $20,000 of coverage on himself/herself (and on his/her spouse, if desired) on a guaranteed issue basis (if the employee was not previously denied coverage). Amounts over $20,000 require EOI.
	If the employee **is** currently enrolled in Group Term Life, he/she 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 the employee and $50,000 for the spouse (no EOI required).
• Making coverage changes during the plan year*	If the employee experiences a qualifying life event that allows the employee to add or increase his/her life insurance amount, he/she will be allowed to elect coverage on a guaranteed issue basis up to the amounts shown under New Hire/Newly Eligible above.

**The employee may elect up to $10,000 of coverage for eligible children without having to provide EOI for 2022.*

Underwritten by ReliaStar Life Insurance company, policy form LPOOGP. Rates shown are guaranteed until Dec. 31, 2022.

Monthly Cost and Coverage

The monthly premium for the employee and his/her dependent spouse is based on the age of the covered employee as of January 1 of the plan year. The following chart outlines the cost of coverage per $1,000 increments based on age. An employee may not be covered as both an employee and a dependent and children may not be dually enrolled.

Employee/Dependent Spouse

Employee Age	Monthly Rates*/ $1,000 Coverage	Monthly Cost for Sample Coverage Amounts		
		$20,000	$50,000	$100,000
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

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

Child(ren)

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

If electing employee-only coverage, premiums will be deducted on a pre-tax basis.

If electing employee plus dependent coverage, premiums for the employee and dependent(s) will be deducted on a post-tax basis.

When Coverage Begins

Newly Eligible

For new hires who enroll for coverage of $200,000 or less, coverage will begin on the first day of the month following his/her hire date. An employee must enroll within 30 days of the hire date.

Coverage over the Guaranteed Issue (GI) amount will not go into effect until the first of the month following the date EOI is approved by the insurance company.

Existing Employees

Annual Enrollment: Employees who enroll for coverage during annual enrollment and whose EOI is approved prior to January 1, coverage will be effective January 1, 2022. If the EOI date of approval is after January 1, 2022, coverage will be effective on the first of the month following the date EOI is approved.

Employees who are on disability may enroll once returned to active status.

Life Event: If EOI is not required, coverage begins on the first of the month following the life event. Coverage over the Guaranteed Issue (GI) amount will not go into effect until the first of the month following the date EOI is approved by the insurance company.

Disability Waiver of Premium

If an employee becomes totally disabled prior to age 60, as defined under the policy and satisfies certain conditions, ReliaStar Life waives the life insurance premium that becomes due while the employee is totally disabled.

Premiums are waived until the earlier of:

- The date the employee is no longer disabled
- The date the employee does not give ReliaStar Life proof of total disability when asked, or
- The date the employee turns age 70.

Benefit After Age 75

The life insurance benefit for both employee and spouse coverages

will be reduced to 50% if the employee is still employed with the State of NC on Jan. 1 following the employee's 75th birthday.

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.

Funeral Planning and Concierge Services

Funeral planning services allow employees to contact professionals who will help with funeral planning for themselves and eligible family members. This service helps employees prepare for and deal with all aspects of a funeral. Funeral Planning and Concierge Services are provided by Everest Funeral Package, LLC, Houston, TX. Services are not available in all states. For more information, visit **www.ncflex.org**.

Expanded Accelerated Death Benefit

The policy allows the employee or covered spouse to collect a portion of his/her benefit amount if he/she becomes terminally ill and are expected to live six months or less. The employee or covered spouse may collect 50% of the benefit up to a maximum of $250,000. The remaining benefits will be paid to the beneficiary after death.

- **When diagnosed with a terminal illness:** If an employee or covered spouse has been diagnosed with a terminal illness and has fewer than six months to live, he/she can receive 50% of the death benefit while living.
- **When diagnosed with a condition requiring continuous confinement:** If an employee or covered spouse has a medical condition that is reasonably expected to require continuous confinement in an institution, and he/she is expected to remain there for the rest of his or her life, he/she can receive 50% of the death benefit while living.

Exclusion

The policy has a suicide exclusion. A claim will be denied if the employee and/or covered dependents has/have been covered under the Voluntary Group Term Life Insurance policy for less than two years and a claim is filed for death by suicide. The employee's beneficiary(ies) will not receive a benefit; however, premiums will be refunded.

Portability

An employee may continue term life insurance coverage under the NCFlex Voluntary Group Term Life Insurance policy if he/she terminates employment or retires prior to age 70 (without a physical examination). Premium rates for portable term life insurance are generally less expensive than the whole life insurance conversion rate. For details and rates, employees may contact Voya at **1-877-464-5111**.

Active coverage at age 70 or retirement after age 75 will be eligible for conversion ONLY.

Conversion

Upon termination or retirement, an employee may convert the term life insurance coverage to an individual whole life policy without a physical examination, regardless of age. The whole life policy builds cash value and the premiums do not change as the employee gets older. The employee pays the full cost of individual policy coverage, plus a billing fee. Premium rates for life insurance conversion are generally more expensive than portable life insurance rates.

Core Accidental Death & Dismemberment

An employee must enroll to receive this no-cost benefit. This benefit does not require re-enrollment each year.

The Core Accidental Death and Dismemberment (AD&D) Insurance Plan is administered by Voya Financial and underwritten by ReliaStar Life Insurance Company, a member of the Voya family of companies. It can pay a benefit if an employee suffers a loss as the result of a covered accident while insured under the plan. It also pays a benefit if an employee suffers certain disabling injuries while covered. The coverage is effective 24 hours a day, 365 days a year. It includes accidents on or off the job. Please refer to the Certificate of Coverage for specific exclusions and limitations. This coverage is in addition to any other coverage an employee has under any other insurance policy.

Coverage

If an employee elects coverage, the amount of insurance provided to an employee at no cost is called the Principal Sum.

Principal Sum	Cost for Employee
$10,000	$0.00

If an employee suffers any one of the losses listed on the chart below, as the result of a covered accident, the loss will be deemed a covered loss and paid, as listed. The maximum percentage paid for losses from any one accident is 100%.

Accident	Percentage Principal Sum
Life, loss of	100%
Sight of both eyes, loss of	100%
Speech and hearing of both ears, loss of	100%
Both hands or both feet, loss of	100%
One hand and one foot, loss of	100%
Quadriplegia	100%
Paralysis of three limbs	85%
Paraplegia/hemiplegia	75%
Paralysis of one limb	50%
Either hand or foot, loss of	50%
Sight of one eye, loss of	50%
Speech or hearing of both ears, loss of	50%
Hearing of one ear, loss of	25%
Thumb and index finger of same hand, loss of	25%

Note: Loss of hands or feet means loss by being permanently, physically severed at or above the wrist or ankle. Loss of sight means total and permanent loss of sight. Loss of speech and hearing means total and permanent loss of speech and hearing. Loss of thumb and index finger means loss by being permanently, physically, entirely severed.

Coverage After Age 75

If an employee is actively working at age 75, the amount of insurance will decrease to 50%.

What is Excluded from Coverage

Please note that coverage will not be in place during an unpaid leave of absence. ReliaStar Life does not pay benefits for loss directly or indirectly caused by any of the following:

- Suicide or intentionally self-inflicted injury, while sane or insane.
- Physical or mental illness.
- Bacterial infection or bacterial poisoning.

Exceptions:

- Bacterial infection resulting from an accidental injury.
- The involuntary inhalation of gas and fumes and the involuntary taking of poison.
- Riding in or descending from an aircraft as a pilot or crew member.
- Injury suffered while in the military service for any country or government.
- Injury which occurs when you commit or attempt to commit a crime.
- Use of any drug, narcotic or hallucinogenic agent, unless taken as directed as prescribed by a doctor:
  - which is illegal, or
  - which is not taken as directed by a doctor or the manufacturer.
- The covered individual's intoxication. Intoxication means the individual's blood alcohol content meets or exceeds the legal presumption of intoxication under the laws of the state where the accident occurred.

Voya Travel Assistance: Worldwide Emergency Travel Assistance Services

Voya Travel Assistance offers employees and their dependents four types of services when traveling more than 100 miles from home: Pre-Trip Information, Emergency Personal Services, Medical Assistance Services, and Emergency Transportation Services. This provides peace of mind, allowing employees to relax and enjoy travel. Voya Travel Assistance services are provided by Europ Assistance USA, Bethesda, MD. Services are not available in all states. Covered services include:

- Immunization requirements
- Visa & passport requirements
- Foreign exchange rates
- Embassy/consular referral
- Travel/tourist advisories
- Temperature & weather conditions
- Cultural information
- Urgent message relay
- Interpretation/translation services
- Emergency travel arrangements
- Recovery of lost or stolen luggage or personal possessions
- Legal assistance and/or bail bond

Wellness Tip

Getting enough sleep and avoiding texting while driving can reduce our chances of causing a traffic accident.

Underwritten by ReliaStar Life Insurance Company, a Member of the Voya Family of Companies.

The information in this guide is in abbreviated form only. It is provided to give employees a general understanding of the ReliaStar insurance coverage available, but it is subject to verification by ReliaStar. An employee's actual coverage and amounts are subject to all the terms, limitations, and exclusions in the ReliaStar Certificate of Coverage. If the information in this guide differs from the group insurance policy held by the employer or plan administrator, the terms of that group insurance policy will govern.

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

	Core AD&D	Voluntary AD&D	
	Employee Only	Employee Only	Family
Cost Per Month (if elected)	$0.00	$1.80*	$2.60*
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			✓

See **page 33** for complete information about the Voluntary AD&D benefit.

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

Voluntary Accidental Death & Dismemberment

This benefit does not require re-enrollment each year.

The Voluntary Accidental Death and Dismemberment (AD&D) Insurance Plan is administered by Voya Financial and underwritten by ReliaStar Life Insurance Company, a member of the Voya family of companies. The plan pays a benefit if an employee (or his/her covered dependents) dies or has certain disabling injuries as the result of an accident.

The coverage is effective 24 hours a day, 365 days a year. It includes accidents on or off the job. Please refer to the Certificate of Coverage for specific exclusions and limitations. This coverage is in addition to any other coverage the employee may have under any other insurance policy.

The benefit amounts are shown below. **If the employee and his/her spouse are both eligible to elect this coverage as state agency, university, select community college, or select charter school employees, 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. An employee may not be covered as both an employee and a dependent and children may not be dually enrolled.

Monthly Cost and Principal Sum

The amount of insurance an employee purchases is called the Principal Sum. An employee may select one of the following Principal Sums:

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

Family Principal Sum

An employee may also elect insurance for his/her spouse and unmarried dependent children. (See *Dependent Eligibility*, **page 4** for details.) If family coverage is elected, the family members' Principal Sum will be a percentage of the employee's Principal Sum.

Family Members	Percentage of Benefit Payable
Spouse	50%
Children	10% each child

Coverage

If the employee or covered dependents suffers any one of the losses listed on the chart below, as the result of a covered accident, the loss will be deemed a covered loss and a benefit will be paid, based on the applicable Principal Sum. The maximum percentage paid for losses from any one accident is 100%.

Accident	Percentage Principal Sum
Life, loss of	100%
Sight of both eyes, loss of	100%
Speech and hearing of both ears, loss of	100%
Both hands or both feet, loss of	100%
One hand and one foot, loss of	100%
Quadriplegia	100%
Paralysis of three limbs	85%
Paraplegia/hemiplegia	75%
Paralysis of one limb	50%
Either hand or foot, loss of	50%
Sight of one eye, loss of	50%
Speech or hearing of both ears, loss of	50%
Hearing of one ear, loss of	25%
Thumb and index finger of same hand, loss of	25%

Note: Loss of hands or feet means loss by being permanently, physically severed at or above the wrist or ankle. Loss of sight means total and permanent loss of sight. Loss of speech and hearing means total and permanent loss of speech and hearing. Loss of thumb and index finger means loss by being permanently, physically, entirely severed.

Coverage After Age 75

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

Additional Benefits

If insured under the plan, the following benefits are available to employees as part of Voluntary AD&D coverage:

- Enhancement for Child(ren)* *(family option only)*
- Surgical Reattachment Benefit
- Coma Benefit
- Accidental HIV Benefit
- Burn Disfigurement Benefit
- Rehabilitation Benefit*
- Therapeutic Counseling Benefit*
- Adaptive Home & Vehicle Benefit*
- Accidental In-Hospital Indemnity Benefit*
- Custodial Care Benefit*
- Seat Belt Benefit*
- Air Bag Benefit*
- Criminal Assault Benefit*
- Common Disaster Benefit*
- Survivor's Benefit* *(family option only)*
- Education Benefit* *(family option only)*
- Spouse Training Benefit* *(family option only)*
- Child Care Benefit* *(family option only)*
- Disability Waiver of Premium
- Worldwide Emergency Travel Assistance Services (extends to enrolled family members; see **page 32** for detailed description)

For more information, please visit **www.ncflex.org** and view the Voluntary AD&D certificate.

Additional benefits apply only if there has been a covered loss as shown on* **page 33.

What is Excluded from Coverage

ReliaStar Life does not pay benefits for loss directly or indirectly caused by any of the following:

- Suicide or intentionally self-inflicted injury, while sane or insane.
- Physical or mental illness.
- Bacterial infection or bacterial poisoning.

Exceptions:

- Bacterial infection resulting from an accidental injury.
- The involuntary inhalation of gas and fumes and the involuntary taking of poison.
- Riding in or descending from an aircraft as a pilot or crew member.
- Injury suffered while in the military service for any country or government.
- Injury which occurs when you commit or attempt to commit a crime.
- Use of any drug, narcotic or hallucinogenic agent, unless taken as directed as prescribed by a doctor:
  - which is illegal, or
  - which is not taken as directed by a doctor or the manufacturer.
- The covered individual's intoxication. Intoxication means the individual's blood alcohol content meets or exceeds the legal presumption of intoxication under the laws of the state where the accident occurred.

Continuation Options

Portability of Voluntary AD&D services are available. For details and rates, employees may contact Voya at **1-877-464-5111**.

Underwritten by ReliaStar Life Insurance Company, a Member of the Voya Family of Companies.

The information in this guide is in abbreviated form only. It is provided to give an employee a general understanding of the ReliaStar insurance coverage but it is subject to verification by ReliaStar. An employee's actual coverage and amounts are subject to all the terms, limitations, and exclusions in the ReliaStar Certificate of Coverage. If the information in this guide differs from the group insurance policy held by the employer or plan administrator, the terms of that group insurance policy will govern.

Disability

Disability programs replace a portion of an employee's paycheck when he/she is ill, injured or recovering from childbirth. Keep reading to find out what disability benefits are offered through:

- **The Disability Income Plan of North Carolina (DIP-NC):** Employees are eligible for basic short-term and long-term disability benefits if they participate in Teachers' and State Employees' Retirement System (TSERS) and meet other eligibility criteria listed below. See the "Disability Benefits for Participants in TSERS" section, starting on this page, for details.
- **NCFlex:** For full-time active employees of a state agency, select community college, or select charter school, working at least 30 hours or more per week, employees can choose supplemental combined STD and LTD disability coverage. (See the "**NCFlex Voluntary Disability Plan**" section, starting on page 39.)

Disability Benefits for Participants in TSERS

State of NC employees who participate in the Teachers' and State Employees' Retirement System (TSERS), may qualify for disability benefits under the Disability Income Plan of North Carolina (DIP-NC). This section provides details about the DIP-NC disability benefits.

Additional Disability Coverage Available

In addition to the disability coverages available through DIP-NC, employees also may be eligible to purchase additional disability coverage through the NCFlex Voluntary Disability Plan. See "**Employees Can Supplement Basic STD/LTD through the NCFlex Voluntary Disability Plan**" on page 37 to see how the disability coverages work together.

Also, see "**NCFlex Voluntary Disability Plan**" on page 39 for more details. The Voluntary Disability Plan does not require an employee to have any creditable service under the retirement plan before it begins paying benefits. In addition, voluntary disability coverage may increase the amount of benefits an employee receives each month.

Eligibility

Whether an employee qualifies for STD or LTD benefits depends on how many years of creditable service he/she has as a participant in TSERS. In addition, disability benefits may be limited if an employee has fewer than five years of creditable service.

If an employee is eligible for STD coverage, after having been disabled for 60 days, the STD plan begins paying a monthly disability benefit for up to a year. After a year, if the employee remains disabled and is eligible for LTD coverage, the LTD plan pays a monthly benefit for as long as the employee qualifies as disabled. (See "**Employees Can Supplement Basic STD/LTD through the NCFlex Voluntary Disability Plan**" section on page 37.)

STD Coverage through DIP-NC

If an employee has at least one year of contributing membership service in TSERS (earned within the 36 calendar months preceding the disability) and meets all plan requirements, the STD plan will pay 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 the employee's monthly salary, up to a maximum of $3,000 per month. The plan continues to pay this benefit until the employee is no longer disabled, or 365 days have passed since the beginning of the disability, whichever comes first.

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

Creditable Service as a Participant in TSERS	During This Period of Disability	STD Plan Benefit (DIP-NC)
Less than 1 year	For as long as the employee is disabled.	No benefit.
1 year or more	First year of disability.	After a 60-day waiting period, the plan pays 50% of the employee's 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 an employee has at least one year of service as a participant in TSERS. However, employees can purchase supplemental disability coverage to provide a benefit if they become disabled during that first year.

Extended STD Coverage through DIP-NC

If an employee's disability is considered temporary but continues past the first year, an additional period of STD may be approved, not to exceed 365 days. The employee 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:

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

** Offsets may apply.*

LTD Coverage through DIP-NC

If an employee has at least five years of membership service in TSERS, the LTD plan will pay a benefit if he/she remains disabled for longer than 365 days and is considered permanently disabled.

The LTD plan pays a monthly benefit equal to 65% of an employee's monthly salary, up to a maximum of $3,900 per month. The plan continues to pay this benefit until the employee is no longer disabled, or when he/she qualifies 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:

Creditable Service as a Participant in TSERS	During This Period of Disability	LTD Plan Benefit (DIP-NC)
Less than 5 years	For as long as the employee is disabled.	No benefit.
5 years or more	Beginning the second year of disability and continuing for as long as the employee is disabled.[1]	The plan pays 65% of the employee's 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 an employee has at least five years of service as a participant in their retirement plan, he/she can purchase supplemental disability coverage to provide a benefit if he/she becomes 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.

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

Although being a member of TSERS provides basic STD and basic LTD coverage at no cost, eligible employees 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 basic STD and LTD coverages (and see "**NCFlex Voluntary Disability Plan"** on **page 39** for more details).

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

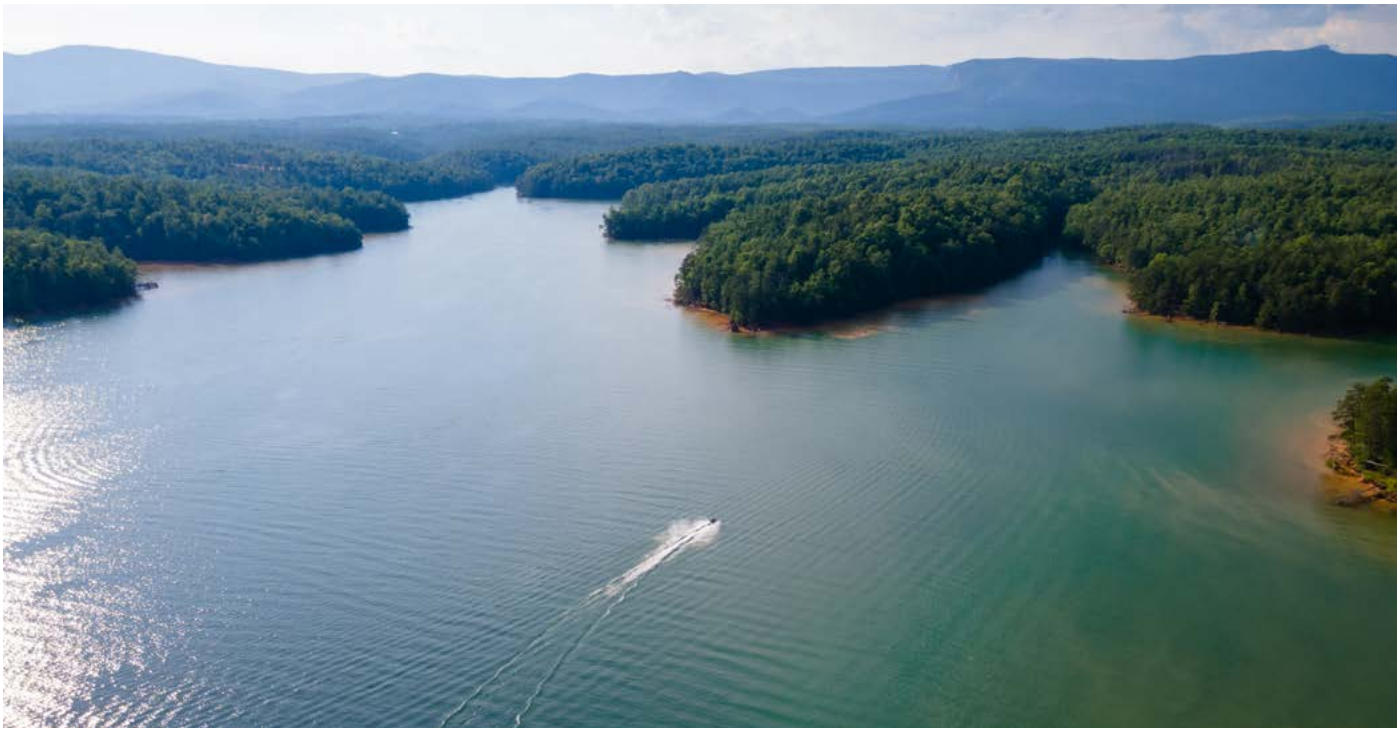
The NCFlex Voluntary Disability Plan includes short-term disability (STD) coverage which pays a benefit up to $750 a week with no offsets following the benefit waiting period. If an employee is still disabled after 60 days, the claim will transition to long-term disability (LTD) coverage, which pays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

The Voluntary Disability Plan begins paying a benefit if an employee is disabled for more than 10 business days. The 10-day period is called the *benefit waiting period*. The benefit waiting period is the length of time an employee must be disabled before he/she begins receiving benefits.

Generally, the plan supplements whatever basic STD or basic LTD benefit an employee 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 $750 a week is on top of anything else the employee is receiving. After that, the payment is whatever amount is needed to bring the employee's total disability benefit up to 66⅔%. If the employee is not receiving any other disability benefits or other applicable deductible income, then the Voluntary Disability Plan pays all of the 66⅔% of his/her monthly salary itself.

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

The plan pays benefits for a qualifying disability regardless of how many years of membership service an employee has as a participant in TSERS. Therefore, it fills in certain "gaps" during which basic disability 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:

Service in TSERS	During this Period of Disability	Benefits Paid	
		Basic STD Plan and Basic LTD Plan	NCFlex Voluntary Disability Plan
Less than 1 year	For as long as the employee is disabled, but not to exceed the maximum benefit period.	No benefit.	After the required waiting period, the plan pays up to $750/week for the first 60 days and then 66⅔% of the employee's monthly income, minus deductible income, 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 the employee's monthly salary up to $3,000 per month.	After the waiting period, the plan pays up to an additional $750/week for the first 60 days and then day 61 going forward, an additional 16⅔% (or more) of the employee's monthly salary, bringing the total benefit to 66⅔% of his/her monthly salary, up to a maximum monthly benefit of $12,500 per month.
	Beginning the second year of disability and continuing for as long as the employee is disabled, but not to exceed the maximum benefit period.	**Extended STD:** If disability is temporary but exceeding one year, the plan pays 50% of the employee's monthly salary, up to a maximum of $3,000 per month for the second year only. **LTD:** No benefit.	If an employee is approved for Extended STD, the plan pays the same benefit outlined for the first year of disability (see row above) for year two or until Extended STD ends. If the employee is not approved for Extended STD, or after Extended STD ends, the plan pays 66⅔% of his/her monthly salary, minus deductible income, 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 the employee's monthly salary up to $3,000 per month.	After the waiting period, the plan pays up to an additional $750/week for the first 60 days and then day 61 going forward, an additional 16⅔ % (or more) of the employee's monthly salary, bringing the total benefit to 66⅔% of his/her monthly salary, up to a maximum monthly benefit of $12,500 per month.
	Beginning the second year of disability and continuing for as long as the employee is disabled, but not to exceed the maximum benefit period.	**LTD:** The plan pays 65% of the employee's monthly salary, up to $3,900.	The plan will pay a benefit to make the employee whole up to 66⅔% of his/her 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).

NCFlex Voluntary Disability Plan

Disability benefits replace a portion of an employee's paycheck when he/she is ill, injured or recovering from childbirth. 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

Employees may enroll in the Voluntary Disability Plan if they are full-time active employees* of a state agency, select community college, or select charter school, working at least 30 hours or more hours per week.

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

Important: For Participants in TSERS

State of NC employees who participate in the Teachers' and State Employees' Retirement System (TSERS) are provided with basic short-term disability (STD) and long-term disability (LTD) coverage at no cost. These basic STD and basic LTD benefits are provided under the Disability Income Plan of North Carolina (DIP-NC). See **Disability Benefits for Participants in TSERS** on page 35 for details. Employees also can purchase additional protection by enrolling in the Voluntary Disability Plan, described in this section, that may increase the amount of STD and LTD benefits they receive each month.

For New Hires/Newly Eligible

Employees who are a new hires or are newly eligible for benefits do not need to provide Evidence of Insurability (EOI) if they enroll in Voluntary Disability Plan coverage within 30 days of their date of hire.

Definitions of Disability

STD: An employee will be considered disabled if, as a result of physical disease, injury, pregnancy or mental disorder, he/she is unable to perform with reasonable continuity the material duties of his/her own occupation. An employee is not considered disabled merely because his/her right to perform his/her 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, an employee will be considered disabled if, as a result of physical disease, injury, pregnancy or mental disorder:

- He/she is unable to perform with reasonable continuity the material duties of his/her own occupation, and
- He/she suffers a loss of at least 20% of predisability earnings when working in his/her own occupation.

An employee is not considered disabled merely because his/her right to perform his/her 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, an employee will be considered disabled if, as a result of physical disease, injury, pregnancy or mental disorder:

- He/she is unable to perform with reasonable continuity the material duties of any occupation.
- He/she suffers a loss of at least 40% of predisability earnings when working in any occupation.

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, an employee will have access to a dedicated Personal Health Advocate who can assist 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 an employee stay at work or return to work following a disabling condition.

Return to work incentive: While an employee is recovering from disability and if his/her doctor approves, he/she may be able to return to work while still receiving LTD benefits at a reduced rate.

Survivor benefit: If an employee dies while LTD benefits are payable, a survivor benefit may be payable to the beneficiary. The survivor benefit is three times the employee's monthly LTD benefit without reduction by deductible income.

Preexisting Condition Provision

An employee is not covered for a short or long term disability caused or contributed to by a preexisting condition unless on the date he/she becomes disabled, the employee has 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 disability coverage becomes effective:

- For which the employee 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 an employee is 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 an employee becomes unable to work due to a medical disability. STD benefits begin on the first business day following the benefit waiting period:

What the Benefit Provides	The plan pays $150 per business day, up to a maximum of $750 per week.
Benefit Waiting Period	10 business days for qualifying accident, physical disease, pregnancy or mental disorder. This is the length of time an employee must be disabled before benefits begin.
How Long the Benefits Last	60 calendar days from the date of disability.
Benefits Are Paid	Weekly.
Deductible Income (offsets)	There are no offsets to the STD plan, meaning benefits are not reduced if the employee is receiving income from other sources, such as workers' compensation or Social Security.

Long Term Disability

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

** Please see* **page 42** *for a list of deductible income sources.*

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

Maximum LTD Benefit Period

If an employee becomes 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 an employee becomes disabled at age 62 or older, the benefit duration is determined by the age when disability begins:

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

Deductible LTD Income

Employees' benefits will be reduced if they have *deductible income*, which is income they receive or are eligible to receive while receiving LTD benefits. Deductible income includes:

- Sick pay, annual or personal leave pay, severance pay or other forms of salary continuation (including donated amounts) paid that exceeds 100 percent of an employee's indexed predisability earnings when added to the LTD benefit.
- Benefits under a workers' compensation law or similar law.
- Amounts under unemployment compensation law.
- Social Security disability or retirement benefits.
- Amounts because of an employee's disability from any other group insurance.
- Any retirement or disability benefits an employee received from his/her employer's retirement plan.
- Benefits under any state disability income benefit law or similar law.
- Earnings from work activity while an employee is disabled, plus the earnings he/she could receive if he/she works as much as his/her disability allows.
- Earnings or compensation included in predisability earnings which an employee receives or is eligible to receive while LTD benefits are payable.
- Amounts due from or on behalf of a third party because of an employee's disability, whether by judgment, settlement or other method.
- Any amount an employee receives by compromise, settlement or other method as a result of a claim for any of the above.

NCFlex Voluntary Disability Plan Monthly Premium Rates

Age as of last January 1	Rate per $100 of Covered Monthly Payroll
Less than age 25	$0.922
25-29	$0.846
30-34	$0.935
35-39	$0.826
40-44	$0.845
45-49	$1.097
50-54	$1.395
55-59	$1.677
60-64	$1.854
65-69	$1.634
70+	$2.280

Use this formula to estimate monthly premium payments:

_____	x	_____	÷ 100 =	_____
Monthly Earnings* (Yearly base salary divided by 12)		Employee's rate from the table		Monthly Premium Estimate

**Earnings cannot be more than $18,750 per month.*

If an employee receives biweekly paychecks, take the monthly premium and divide by 2 to get an estimate of the semi-monthly premium.

Note: This calculation is meant to provide an estimate of premium. Actual premium may vary based on an employee's salary provided by his/her employer and his/her age on the effective date of the disability coverage.

Changes in Premium

While insured under the plan, an employee's premiums may change due to the following:

- **Change in salary:** If an employee's salary changes while he/she is insured under the plan, the premium will be adjusted based on the new salary amount. The new premium will become effective the first of the month following the change. (Example: If an employee's salary increase occurs on July 15, increased premiums will be deducted in the next paycheck following August 1.)
- **Age band change:** If an employee ages out of his/her current age band while insured under the plan, premiums will be adjusted to the new age band. The new premium will become effective the following January 1. (Example: If an employee turns 35 on July 15, 2022, he/she will move from the 30-34 age band to the 35-39 age band. The higher premium will begin the first paycheck following January 1, 2023.)

Important Details

Here are more in-depth details about the plans. All of the details below apply to both the STD and LTD plans except where noted.

Employee Coverage Effective Date

To become insured, an employee must:

- Meet the eligibility requirements.
- Apply for coverage and agree to pay premiums.
- Receive medical underwriting approval (if applicable).
- Be actively at work (able to perform all normal duties of the job) on the day before the scheduled effective date of insurance.

If an employee is not actively at work on the day before the scheduled effective date of insurance, disability insurance will not become effective until the first of the month following his/her first full day of active work as an eligible employee.

Reinstatements are subject to medical underwriting approval. Employees should contact their Health Benefits Representative (HBR) for more information regarding the requirements that must be satisfied for his/her insurance to become effective.

Limitations – STD

Disability benefits are not payable for any period when the employee is:

- Not under the ongoing care of a physician in the appropriate specialty, as determined by The Standard.
- Not participating in good faith in a plan, program or course of medical treatment or vocational training or education approved by The Standard, unless the disability prevents the employee from participating.
- Confined for any reason in a penal or correctional institution.
- Able to work in his/her own occupation but the employee elects not to.

Limitations – LTD

Disability benefits are not payable for any period when the employee is:

- Not under the ongoing care of a physician in the appropriate specialty, as determined by The Standard.
- Not participating in good faith in a plan, program or course of medical treatment or vocational training or education approved by The Standard, unless the disability prevents the employee from participating.
- Confined for any reason in a penal or correctional institution.
- Able to work in his/her own occupation or any occupation but the employee elects not to.

In addition, the length of time an employee can receive LTD benefits is limited to 12 months while the employee resides outside the United States or Canada.

Exclusions

Subject to state variations, an employee is not covered for a disability caused or contributed by any of the following:

- Committing or attempting to commit an assault or felony, or active participation in a violent disorder or riot.
- An intentionally self-inflicted injury, while sane or insane.
- War or any act of war (declared or undeclared, and any substantial armed conflict between organized forces of a military nature).
- The loss of the employee's professional or occupational license or certification.
- A preexisting condition or the medical or surgical treatment of a preexisting condition unless on the date the employee becomes disabled, he or she has been continuously insured under the group policy for the exclusion period and he or she has been actively at work for at least one full day after the end of the exclusion period.

When Benefits End

Disability benefits end automatically on the date any of the following occur:

- The employee is no longer disabled.
- The employee's maximum benefit period ends.
- Long term disability benefits become payable to the employee under a LTD plan (applicable to STD only).
- The employee fails to provide proof of continued disability and entitlement to benefits.
- The employee dies.

When Disability Coverage Ends

An employee's disability coverage ends automatically when any of the following occur:

- The date the last period ends for which a premium was paid.
- The date the group policy (or the employer's coverage under the group policy) terminates.
- The date the employee ceases to meet the eligibility requirements (insurance may continue for limited periods under certain circumstances).

Group Insurance Certificate

If coverage becomes effective, and the employee becomes insured, he/she will receive a group insurance certificate containing a detailed description of the insurance coverage, including the definitions, exclusions, limitations, reductions and terminating events. The controlling provisions will be the group policy. The information presented in this summary does not modify the group policy, certificate or the insurance coverage in any way.

Filing Claims

The following information will help employees file a Disability claim with Standard Insurance Company (The Standard).

Reporting a Claim

Employees should report a claim as soon as they believe they will be absent from work beyond 10 business days. If an employee is uncertain about how long he/she will be absent or whether he/she should file a claim or not, they should go ahead and file a claim to give them some peace of mind and give The Standard time to begin its review and issue a timely payment if appropriate.

How to File a Claim

Here are instructions to provide employees who want to file a claim.

To File a Claim By	Contact
Telephone	Call The Standard's Claim Intake Service Center at **833-878-8858**.
Online	Go to **standard.com** and click on "File a Claim" to begin the claim process. Instructions will be provided through the entire claim submission process. Note: If you submit your claim online, the claim submission system will indicate a requirement for a Disability Insurance Employer's Statement to be received before a decision may be made on your claim. Although this is a requirement, you do not need to take this to your employer. Upon receipt of your Employee Statement, The Standard will reach out to your employer to obtain the necessary information needed for your claim.
Paper claim	Your Health Benefits Representative

A typical application for disability benefits contains the following documents:

- Employee's Statement[1]
- Employer's Statement[2]
- Attending Physician's Statement (APS)[3]
- Authorization to Obtain and Release Information

[1] If the employee files online or by telephone, the submission serves as the Employee's Statement and The Standard will instruct the employee if any other documents need to be completed.

[2] The Standard will contact the Employer to obtain the information necessary on the Employer's Statement.

[3] It is the employee's responsibility to ensure the Attending Physician Statement is completed and faxed back to The Standard.

Frequently Asked Questions About the Claims Process

Here are some questions that employees may ask about disability claims.

When I Report My Claim, What Information Will I Need To Provide? You will be asked to provide the following information — in addition to other questions about your absence:

- Employer name: State of North Carolina / NCFlex.
- Group Policy number: 758162.
- Name and Social Security number.
- Last day you were at work.
- Nature of claim/medical information.
- Physician's contact information (name, address, phone and fax number).

What Are the Hours of Operation for the Claim Intake Service Center? If you choose to submit your claim by telephone, The Standard's Claim Intake Service Center representatives are available to assist you Monday through Friday, 8:00 a.m. through 8:00 p.m., Eastern Time.

Where Do I Send the Completed Forms? Completed forms may be mailed to:
Standard Insurance Company
P.O. Box 2800
Portland, OR 97208
Or if you prefer, you may fax completed forms to our office at **800-378-6053**.

What Can I Expect After I Submit the Completed Forms? Once The Standard receives the required paperwork, which includes the Employee's Statement, Employer's Statement, Attending Physician's Statement and Authorization to Obtain and Release Information, your benefits analyst will contact you to discuss any additional information that may be necessary to complete the processing of your claim and to answer any of your questions.

If My Claim for Benefits Is Approved, How Long Will It Take to Receive My First Check? After the Benefit Waiting Period as outlined in your group policy is completed, benefit payments are paid in arrears on a weekly (STD) or monthly (LTD) basis based on the date of disability and are mailed directly to your residence.

For LTD claims, direct deposit may be established. Benefit payments that are payable for retroactive claims will be paid immediately following claim approval.

Who Should I Call with Questions About My Claim? If you have already filed a claim, please call The Standard's Disability Benefits toll-free number, **833-878-8858** or email your question to **ncflex@standard.com**. If you are looking for general information, please contact your benefit administrator.

Who Is Responsible for Notifying My Employer of My Absence? It is your responsibility to follow the normal absence reporting procedures by notifying your manager or supervisor of your absence.

TRICARE Supplement Plan

This benefit applies to the military community only. Once an employee enrolls, he/she does not have to re-enroll each year.

What is TRICARE Supplement Plan?

TRICARE Supplement Plan is administered by Selman & Company and underwritten by Hartford Life and Accident Insurance Company.

If an employee currently has TRICARE Select, Prime, or TRR benefits offered to the military community, he/she may be eligible and interested in the TRICARE Supplement Plan.

The TRICARE Supplement Plan works with TRICARE to pay the balance of covered medical expenses after TRICARE pays. The TRICARE Supplement Plan helps to pay 100% of members' TRICARE outpatient deductibles, cost shares, copayments plus 100% of covered excess charges. Members have flexibility and freedom of choice in selecting civilian providers (i.e., physicians, specialists, hospitals, and pharmacies).

There are no pre-existing conditions or deductibles.

Who is Eligible?

Employees must follow the NCFlex eligibility guidelines. Eligible employees are retired uniform service members 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 Social Security Administration).

Eligible Dependents

- Unmarried dependent children up to age 21 or if the child is a full-time student, up to age 23. Documentation that a child, age 21-22, is a full time-student must be provided.
- Incapacitated dependents are covered after age 21, 23, or 26, if the child(ren) are dependent on the member for primary support/maintenance and eligible for TRICARE. Proof of continued incapacity and dependency is required. Documentation must be provided. Incapacitated dependents must be enrolled in the TRICARE Supplement Plan before reaching age 21, or age 23 if a full-time student.
- Adult dependent children who are younger than 26 and who are enrolled in TRICARE Young Adult (TYA). The child must provide a copy of his TYA Enrollment ID card to Selman & Company.

Eligible individuals must be registered with the Defense Enrollment Eligibility Reporting System (DEERS) and must not be eligible for Medicare. An individual who is unsure if he/she is eligible for TRICARE should confirm eligibility with DEERS before enrolling in the TRICARE Supplement. If a dependent's Military ID card has expired or if information has changed (i.e., address corrections), call DEERS at **1-800-538-9552**.

How the TRICARE Supplement Works with TRICARE

TRICARE and the TRICARE Supplement Plan are separate plans. However, these plans work together to maximize benefits and minimize out-of-pocket expenses. Not all services are covered by TRICARE and the TRICARE Supplement Plan. For a complete list of covered services under TRICARE, please visit **www.tricare.mil**.

Monthly Cost

Coverage Tier	Cost
Employee Only	$60.50
Employee and Child(ren)	$119.50
Employee and Spouse	$119.50
Employee and Family	$160.50

Coverage will terminate at the end of the month in which:

- Employee reaches age 65
- Dependent child(ren) reach age 26
- Eligibility is lost through NCFlex

Note: TRICARE eligibility must remain in place prior to these events.

There is no deductible for this plan and it covers 100% of the TRICARE Select deductible or 50% of the TRICARE POS deductible.

Please note that the TRICARE Supplement Plan follows the eligibility requirements of TRICARE. Since this is a Supplement to TRICARE, the rules and procedures of TRICARE must be followed.

Continuation of Coverage

Employees who terminate employment may continue coverage by paying their monthly premiums directly to Selman & Company. A Continuation of Coverage letter will be mailed to the terminating employee within five business days of receipt of the termination date received from the employer.

Premium payments will be offered at the same rates offered through NCFlex. There is no separate administrative fee required.

Continuation of coverage does not apply to an employee, spouse, or dependent child who no longer meets the TRICARE Supplement Plan eligibility requirements. For example, an employee or spouse who attains age 65 and has Medicare as primary coverage or a dependent child who reaches age 21/23 and has not enrolled in the TRICARE Young Adult (TYA) program or is listed in DEERS.

Contact

Customer Service Call Center	**1-800-638-2610**, Option 1 Monday - Friday from 9:00 a.m. - 7:00 p.m. (ET)
E-mail	**memberservices@selmanco.com**
Website	**www.selmantricareresource.com/nc**

Coverage Continuation Options at Termination

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 the employee's last known address.
Dependent Day Care Flexible Spending Account	None		Cannot be continued. However, the 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	100%	The employee will need to contact Voya by calling **1-877-464-5111**.
Cancer	Portability	100%	Allstate Benefits sends a portability letter to the employee upon receipt of the termination of employment.
Critical Illness	Portability	100%	Allstate Benefits sends a portability letter to the employee upon receipt of the termination of employment.
Dental	COBRA**	100%*	iTedium will send COBRA enrollment materials to the employee's last known address.
Vision Care	COBRA**	100%*	iTedium will send COBRA enrollment materials to the employee's last known address.
Term Life	Continuation	Contact Voya for rates and to continue coverage at **1-877-464-5111**.	The employee will need to contact Voya.
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**.	The employee will need to contact Voya.
Disability	None		Cannot be continued, unless employee has been approved to receive or is receiving a benefit from the plan.
TRICARE Supplement	Portability	100%	Selman will send COBRA enrollment materials to the employee's last known address.

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

*** See chart on* **page 49** *for the COBRA coverage provisions.*

COBRA Coverage

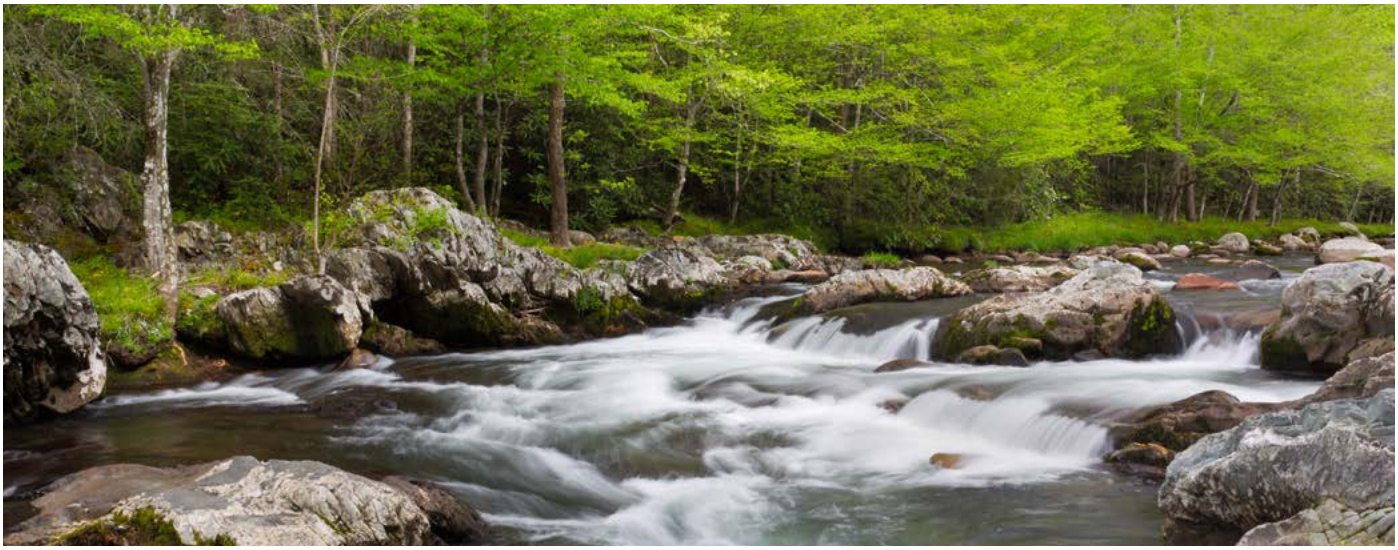
The Consolidated Omnibus Budget Reconciliation Act of 1986 (COBRA) allows the employee and/or his or her dependents to continue current NCFlex Dental, Vision, and HCFSA coverages for a specific period when the employee and/or his or her dependents are enrolled and coverage is lost due to a qualifying event. The employee must pay the required cost of coverage.

The following charts show the coverage provisions — **except for the duration of coverage for the HCFSA, which can only be continued to end of the plan year.**

Qualifying Event	Qualified Beneficiaries Who May Continue Coverage	Duration of Coverage
Employment ends for any reason other than gross misconduct	Employee, spouse, dependent children	Up to 18 months
An employee loses benefit eligibility due to reduction in hours	Employee, spouse, dependent children	Up to 18 months
During the first 60 days of COBRA coverage the employee or his/her dependent becomes disabled under the Social Security Act	Employee, spouse, dependent children	Up to 29 months; months 1-18, 102% of premium; months 19-29, 150% of premium
An employee divorces or legally separates	Ex-spouse and/or dependent children	Up to 36 months from initial qualifying event
An employee's dependent children lose eligibility	Dependent children	Up to 36 months from initial qualifying event
An employee becomes covered by Medicare	Spouse and/or dependent children	Up to 36 months from initial qualifying event
An employee dies	Spouse and/or dependent children	Up to 36 months from initial qualifying event

If a Benefits Claim is Denied

If an employee has a benefits claim that is denied by the carrier, he/she has certain rights as a plan participant to appeal. For information on the appeals process for specific benefits, employees may contact individual benefit carriers. The steps to the appeals process are outlined in the insurance certificates.



Election Process

Under COBRA, an employee and/or his or her covered dependents have the responsibility to inform a Health Benefits Representative (HBR) or the benefits department within 60 days of a divorce, a legal separation, a child losing dependent status under the plan, or upon receiving a written Social Security determination letter stating that a qualified beneficiary was disabled at the time of the employee's termination, reduction in hours, or during the first 60 days of COBRA coverage. If the employee does not notify his/her HBR or benefits department within 60 days of these events and before the original 18-month COBRA period expires, then the employee's rights to continuation coverage will end. The HBR or benefits department has the responsibility to notify the NCFlex carriers of the employee's death, termination of employment, reduction in hours, or upon receiving notice of Medicare entitlement.

After receiving notice of a qualifying event, a COBRA notice and election form will be sent to the employee by the appropriate carrier. If the employee is interested in continuing NCFlex coverage, he/she must return a completed election form (signed and dated) to the appropriate carrier (address listed on the COBRA notice) within 60 days from the later of the date coverage is lost or from the date of the COBRA notification. If the employee fails to meet this deadline, his/her COBRA rights will end.

Premium Payments

There is an initial grace period of 45 days starting with the date an employee elects continuation coverage to pay any premiums, which are due from the date of the qualifying event to the current month. After the initial 45-day grace period, full premium payments are due on the first day of each month for that month's coverage and must be received no later than 30 days after that due date.

The COBRA payment address and instructions will be included in the COBRA materials the employee receives from the carrier.

COBRA Ending Date

COBRA coverage continues until the earliest of the following:

- The employee's maximum amount of continuation coverage ends (see chart on **page 49**).
- The State of North Carolina no longer provides that coverage to any employee under the NCFlex Program.
- The employee's premium for continuation coverage is not paid in full by the due dates listed.
- The qualified beneficiary becomes covered (after the date he/she elects COBRA coverage) under another similar group health plan, which does not contain any exclusion or limitation with respect to any pre-existing condition he or she may have.
- The qualified beneficiary extends coverage for up to 29 months due to disability, and there has been a final determination that the individual is no longer disabled.

Employee or covered dependents who have questions about COBRA rights or have changed addresses or marital status, should contact the appropriate carrier (carriers' addresses and telephone numbers are listed on the back of this guide).

Federal Requirements

NCFlex and its carriers administer the dental, vision care, and cancer and specified disease benefits, as well as the HCFSA in accordance with the HIPAA Privacy requirements. A HIPAA Privacy Notice is provided to participants by the carriers of each plan and is also available at **www.ncflex.org**.

Notes

Contact Information

NCFlex

www.ncflex.org
ncflex@nc.gov

Flexible Spending Accounts

P&A Group
ncflex.padmin.com

Customer Service: 1-866-916-3475
Monday – Friday 8 a.m. – 10 p.m. (ET)

Mail claims to:
17 Court Street, Suite 500
Buffalo, NY 14202

Fax claims to: 1-877-213-8917

Accident/Term Life/AD&D

Voya Financial

Customer Service:
LifeHelp
2990 Innsbruck Dr
Redding, CA 96003
1-877-464-5111
Monday – Friday 9 a.m. – 6 p.m. (ET)

Mail EOI forms to:
ReliaStar Life Insurance Co.
PO Box 20
Mail Stop 4-S
Minneapolis, MN 55440
Fax claims to: 1-844-449-2553 or upload online at: **https://claimscenter.voya.com/static/claimscenter**

Cancer & Critical Illness

Allstate Benefits (AB)
(American Heritage Life Insurance Company)
www.AllstateBenefits.com

Customer Service: 1-866-232-1517
Monday – Friday 8 a.m. – 8 p.m. (ET)

Mail claims to:
Claims Department
1776 American Heritage Life Drive
Jacksonville, FL 32224-6688

Dental

MetLife
www.metlife.com/mybenefits

Customer Service: 1-855-676-9441
Monday – Friday 8 a.m. – 11 p.m. (ET)

Mail claims to:
MetLife Dental Claims
PO Box 981282
El Paso, TX 79998-1282

Vision

EyeMed Vision Care
www.eyemedvisioncare.com/ncflex
4000 Luxottica Place
Mason, OH 45040

Customer Service: 1-866-248-1939
Monday – Friday 7:30 a.m. – 11 p.m. (ET)
Saturday 8 a.m. – 11 p.m. (ET)
Sunday 11 a.m. – 8 p.m. (ET)

Disability

The Standard
www.standard.com

Customer Service: 1-833-878-8858
Monday – Friday, 8 a.m. - 8:00 p.m. (ET)

Mail EOI forms to:
Standard Insurance Company
Attn: Medical Underwriting
900 SW 5th Ave
Portland, OR 97204

Email EOI forms to:
MUSC@standard.com

Fax EOI forms to: 1-971-321-5994 or 1-971-321-5996

Mail claims to:
Standard Insurance Company
P.O. Box 2800
Portland, OR 97208

Fax claims to: 1-800-378-6053

TRICARE Supplement

Selman & Company
6110 Parkland Blvd.
Cleveland, OH 44124

Customer Service:
1-800-638-2610, option 1
Monday – Friday 9 a.m. – 7 p.m. (ET)

Benefit Enrollment

North Carolina's Benefits Enrollment Platform
www.shpnc.org or **www.ncflex.org** and click *Enroll Now*

Customer Service: 1-855-859-0966
Monday – Friday 8 a.m. – 5 p.m. (ET)

COBRA for Dental and Vision

Benefitfocus COBRA Administration/iTedium

Customer Service: 1-877-679-6272
Monday – Friday 8 a.m. – 5 p.m. (ET), except holidays