



THE UNIVERSITY OF
NORTH CAROLINA SYSTEM

2022 NCFLEX Benefits Guide





NCFlex Benefits

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

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

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NCFlex Benefits

- Dental
- Vision
- Flexible Spending Accounts
- Cancer and Specified Disease
- Critical Illness
- Accident
- Voluntary Group Term Life
- Accidental Death & Dismemberment
- TRICARE Supplement Plan

Questions about your benefits?

Contact your local University Benefits Representative (UBR) or Human Resources Department, visit <https://myapps.northcarolina.edu/hr/benefits-leave/>, or you can contact the individual benefit vendors (see page 27 for vendor contact information).



Enrolling for Benefits

When You Can Enroll

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

How to Enroll

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



Online through the Benefits Enrollment Platform

- All institutions have single sign-on for online enrollment. Go to <https://myapps.northcarolina.edu/hr/benefits-leave/health-and-welfare-benefits/health-benefits-enrollment/>, select your institution and enter your institution Login ID and Password. Or, visit your institution's benefits website for enrollment instructions.
- Select "Get Started" on the home page and follow the prompts.
- After you have made your choices, and they are displayed for you to review and print, you **MUST** scroll down to the bottom and click "Save Changes" or your choices will not be recorded! Don't overlook this critical step!
- Print a copy of your Confirmation Statement before logging out.



Take Action

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

- Review your contact information (phone and email) and be sure your mailing address is correct. If any of your current information is incorrect, you will need to update it within your institution's HR/Payroll system.
- Enter or update your dependent information, including date of birth and Social Security number, for each dependent you want to enroll.
- Review, add, and update beneficiaries on your Term Life, AD&D, Critical Illness, and Cancer plans, as needed.
- Print a confirmation statement after you have elected your benefits so you'll have a record of your choices.



Call 855-859-0966

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



Benefit Tip

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



Eligibility

You

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

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

If you have questions about your eligibility, contact your University Benefits Representative (UBR).

Your Dependents

Your eligible dependents include:

- Your spouse (includes same gender marriage)
- Your children up to age 26, including natural, legally adopted, children for which you have legal guardianship and your stepchildren
- For the TRICARE Supplement, eligibility is up to age 21, or up to age 23 if enrolled full-time in a school of higher learning.
- Your children of any age who are physically or mentally incapacitated, to the extent that they are incapable of earning a living, and such handicap developed or began to develop before the dependent's 26th birthday while they were enrolled in the plan.

Important Dependent Coverage Reminders

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



Benefit Tip

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



Dental

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

Covered Services

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

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

The Classic Option plan and High Option plan also cover:

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

Save When You Use a Network Provider

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

Monthly Cost for Coverage

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

Which Plan Is Right for You?

The Low Option may be right for you if you only need basic preventive and wellness coverage. The Classic Option offers a higher level of benefits than the Low Option and a lower level of benefits than the High Option. The Classic Option may be a good option for you if you want coverage for Major services, such as crowns and dentures, or orthodontia services, but you don’t need the highest level of coverage that the High Option offers (and do not want to pay the higher premium for coverage).

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



Benefit Tip

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

Dental At-a-Glance

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

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

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

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



For More Information

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



MEET JEN

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



Vision

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

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

Monthly Cost for Coverage

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

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

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

The EyeMed Network

You can choose from more than 2,900 in-network providers throughout the state, including independent eye doctors, retail stores, and even online options. If your vision care provider is not part of the EyeMed network, you or your provider may contact EyeMed with the provider's name, address, and telephone number to begin the provider nomination process.



Benefit Tip

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



For More Information

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

Vision At-a-Glance

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

Benefit	Core	Basic	Enhanced
Eye exam (once per year)	\$20 copay	\$20 copay	\$20 copay
Contact lenses	Discount on conventional lenses	\$120 allowance (once every 12 months)	\$175 allowance (once every 12 months)
Frames	35% off retail	\$125 allowance (once every 24 months)	\$200 allowance (once every 12 months)
Single vision standard lens	You pay \$50	\$0 copay	\$0 copay
Standard progressive lens	You pay \$135	\$50 copay	\$50 copay
Premium progressive lens	20% off retail	\$70-\$95 copay	\$70-\$95 copay
Hearing Health Care from Amplifon Hearing Network	40% off hearing exams and a low-price guarantee on discounted hearing aids	40% off hearing exams and a low-price guarantee on discounted hearing aids	40% off hearing exams and a low-price guarantee on discounted hearing aids
LASIK or PRK from US laser network	15% off the retail price, or 5% off the promotional price, whichever you prefer	15% off the retail price, or 5% off the promotional price, whichever you prefer	15% off the retail price, or 5% off the promotional price, whichever you prefer



For More Information

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

Discover More Discounts and Special Offers through EyeMed...

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





Flexible Spending Accounts

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

You can enroll in one or both accounts:

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

Health Care Flexible Spending Account

You can contribute from **\$120 to \$2,750** each plan year. If your spouse is a State of NC employee or an employee of an University of North Carolina System Institution or Affiliate entity, he or she also can contribute up to \$2,750 each plan year. The full amount you elect to contribute to your Healthcare FSA is available in your account on the first day of the plan year or the first day your benefits become effective. Your contributions will be deducted on a pre-tax basis from your paycheck evenly over the calendar year.

Eligible expenses include:

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

Ineligible expenses include:

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

For the 2022 plan year, **expenses must be incurred January 1 through December 31, 2022**, to be eligible for reimbursement. You have until **March 31, 2023**, to submit claims for reimbursement. **You can rollover up to \$550** of unused account balances into the next plan year, as long as you have a minimum balance of \$25. Any funds exceeding this amount will be forfeited.

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



Benefit Tip

Estimate your expenses carefully so you don't contribute more money to your Health Care FSA than you can spend in the year. You are allowed to roll over up to \$550 left in your account at the end of the year (December 31), but if you think you will have leftover funds that exceed this amount, find ways to spend the money on eligible health care items you need, such as a pair of glasses, first aid kits, or schedule a year-end dental appointment.

Dependent Day Care Flexible Spending Account (DDCFSA)

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

Eligible expenses include:

Day care, summer day camp, after-school programs, and preschool expenses for children under age 13 or disabled dependents of any age. Sleep-away or overnight camps and virtual camps are not covered. You may also use this account to pay for adult day care services for a spouse or other dependent who receives more than one-half of his or her support from you (e.g., your disabled elderly parent), who is physically or mentally incapable of caring for himself or herself and has the same principal place of residence as you for more than one-half of the year.

For more information on qualifying dependents and expenses, go to [ncflex.org](https://www.ncflex.org) and click on "Flexible Spending Accounts," or see **IRS Publication 503**.

For the 2022 plan year, **expenses must be incurred January 1, 2022, through March 15, 2023**, to be eligible for reimbursement. You have until **March 31, 2023**, to submit claims for reimbursement. Any unused funds will be forfeited.

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

How Flexible Spending Accounts Save You Money

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

*Assumes annual tax rate of 30%.



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

Paying for Expenses

When you enroll in the HCFSA or DDCFSA, you will automatically receive a NCFlex Convenience Card to help you pay for expenses. This card will be active for three years, as long as you remain enrolled in the account(s). A new card will be automatically mailed to you once this card expires.

HCFSA

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

DDCFSA

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

Filing Claims

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

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

Mobile App Available

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



Keep Your Receipts!

The IRS requires that ALL claims be verified.

Your NCFlex convenience card can auto-approve most FSA-eligible items purchased at many of your local pharmacies, discount stores, and grocery stores. You can also use your card to pay for DDCFSA expenses at some locations. However, if an item is not auto-approved, you may receive a request to submit receipts or additional documentation for verification. If you do not submit requested receipts/documentation within 40 days of the transaction date, your card will be turned off (or blocked) automatically.

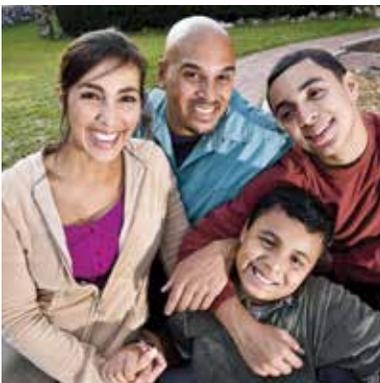
Shop for Eligible Expenses Online at the FSA Store!

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



For More Information

Go to ncflex.org, select "Flexible Spending Accounts," then click "Claim Forms, Plan Information, FAQs and More."



MEET YVONNE AND FAMILY

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



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 also help pay for hospitalization, surgery, radiation/chemotherapy, and more. You pay for this coverage on a pre-tax basis.

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

Monthly Cost for Coverage

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

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

Cancer Prevention and Wellness Screening Benefit

Each plan option includes a cancer screening benefit per covered person for one cancer screening test per year, such as a mammogram, colonoscopy, or Pap smear. See the next page for details.

Covered Diseases

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

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

Wellness Screenings

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

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



Benefit Tip

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

What the Plan Covers

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

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

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

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



For More Information

For a complete list of covered benefits, go to ncflex.org, select “Cancer and Specified Disease,” then click “Plan Information, Claim Forms, Certificates and More.”



Critical Illness

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

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

Pays 100% of benefit in the event of:

- Heart Attack
- Stroke
- Major Organ Transplant
- Bone Marrow Transplant
- Invasive Cancer
- Paralysis
- End Stage Renal Failure

Pays 25% of benefit in the event of:

- Carcinoma in Situ (non-invasive cancer)
- Coronary Artery Bypass Surgery

** A benefit for the recurrence of a critical illness will be paid if the second diagnosis is more than 12 months after the first diagnosis.*

Benefit Tip

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

Benefit Tip

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



Monthly Cost for Coverage

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

Costs for you and/or your dependent spouse are based on your age as of January 1, 2022, and are in five-year age bands. There is no cost for coverage for dependent children under age 26.

Coverage Level	Employee Age	Benefit Amount*	
		\$15,000	\$25,000
Employee/Spouse	<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	
Dependent Children	If you choose coverage for yourself, you may also elect coverage for your dependent children under age 26		
	Up to age 26	No cost	

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

The Cancer and Critical Illness coverage provided is limited benefit supplemental insurance, policy forms GVCP2 and GVCIP2, or state variations thereof. Allstate Benefits is the marketing name used by American Heritage Life Insurance Company (Home Office, Jacksonville, FL), the underwriting company and a subsidiary of The Allstate Corporation.

Example of Benefit Payment

Here's an example of how Critical Illness insurance pays for multiple covered conditions over time. Note: The plan pays benefits for two occurrences of the same condition (John's heart attack) since the two events are separated by at least 12 consecutive months.

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

A Note about Taxes

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



For More Information

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



Accident

NCFlex offers an Accident Plan that pays you cash benefits for specific injuries and events resulting from a covered accident that occurs on or after your coverage effective date. You can use this money however you like; for example, deductibles, other out-of-pocket medical costs, child care, housecleaning, groceries, or utilities. Benefits are paid directly to you and pay in addition to any other insurance you may have.

Monthly Cost for Coverage

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

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



Tax Considerations

For Accident claim payouts \$600 or greater, you will receive a 1099 tax form from Voya in January after the plan year ends. You should consult with a tax advisor on how to handle this information.

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

Summary of Benefits

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

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

Event	Benefit
Accident Care	
Initial doctor visit	\$100
Emergency room treatment	\$300
Ground ambulance	\$360
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	\$750 - \$1,200
Major diagnostic exam	\$240
X-ray	\$75

Event	Benefit
Common Injuries	
Emergency dental work (crown)	\$480
Eye injury (removal of foreign object)	\$100
Torn knee cartilage surgery (no repair or if cartilage is shaved)	\$225
Torn knee cartilage surgical repair	\$800
Laceration ¹	\$60 - \$480
Ruptured disk surgical repair	\$800
Tendon/ligament/rotator cuff	\$720 - \$1,520
Concussion	\$450
Burns (2nd and 3rd degree in certain scenarios)	\$1,250 - \$15,000
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
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

Event	Benefit
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.

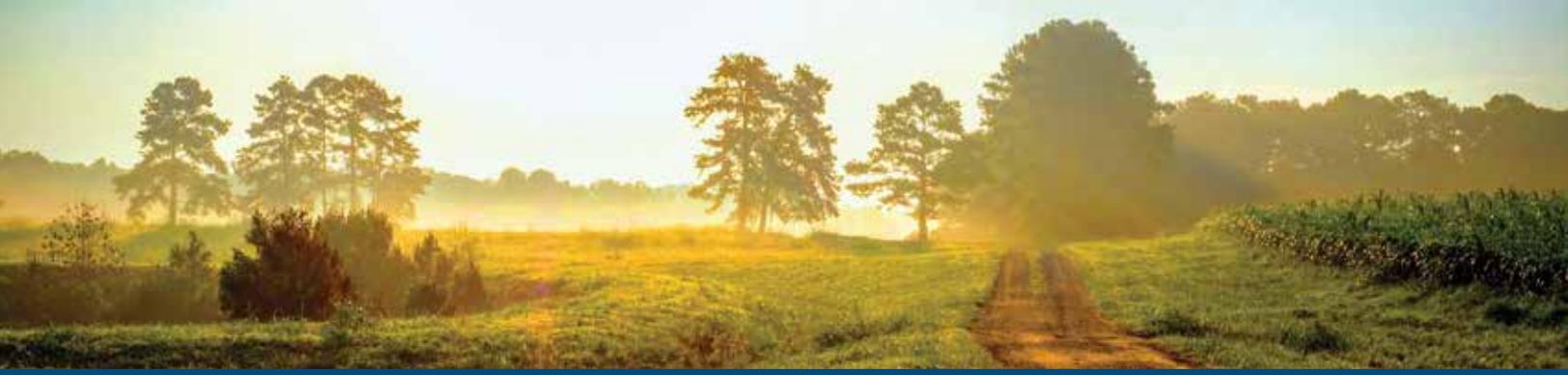
² For fractures: Closed reduction is a procedure to set a broken bone without surgery. Open reduction requires surgery to set a broken bone. The surgery involves making cuts in the skin to put broken pieces of bone back into place.

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



For More Information

To see a complete list of covered benefits, exclusions and limitations, or to see the certificate of insurance and any riders, go to ncflex.org, select "Accident," then click "Additional Plan Information."



Voluntary Group Term Life

Voluntary group term life insurance pays a benefit to your family in the event of your death. This coverage is being offered to provide financial protection for your family.

NOTE: You cannot be covered as an employee and a dependent. Also, if a person is eligible to participate as an employee, he or she must choose to be covered as an employee, not as a dependent, and children may not be dually enrolled.

Coverage Options

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

* You must be enrolled in employee coverage if you wish to cover spouse/child(ren).

Please see the next page for Evidence of Insurability (EOI) requirements.

Coverage After Age 75

Your or your spouse's benefit will be reduced to 50% when you reach age 75, if you are employed by a constituent institution. **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.



Benefit Tip

How much life insurance do you need? Consider:

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



Enrollment/Evidence of Insurability Options

In some cases, Evidence of Insurability (EOI) is required (see chart below). If EOI is required, Voya Financial will mail the appropriate EOI form to your address on file. This form must be completed, signed, and returned to Voya Financial for review.

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

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

Additional Group Term Life Benefits

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



Benefit Tip

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



Monthly Cost for Coverage

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

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

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



For More Information

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



MEET BILL

Bill and his wife Cheryl both turned 55 this year. They are both starting to have more dental issues and Bill's perfect vision seems to be sliding with age. So, Bill decides to enroll in the High Option (Employee and Spouse) for dental and the Basic vision coverage (Employee Only). He also enrolls in the Health Care Flexible Spending Account because Cheryl has a hip surgery scheduled for later in the year and they are trying to find ways to save. Bill does elect voluntary group term life insurance for himself and his spouse because he knows they're not getting any younger and wants to ensure that they are protected if anything unexpected happens.



Accidental Death & Dismemberment

Accidental Death & Dismemberment (AD&D) insurance pays a benefit if you die or are seriously injured as the result of an accident. The coverage is effective 24 hours a day, 365 days a year, and includes accidents on or off the job. If you are eligible for coverage, you may enroll in the Core AD&D plan at no cost to you. You may purchase additional optional coverage for yourself and your dependents through the Voluntary AD&D plan.

If You and Your Spouse Both Work for the State

The benefit amounts are shown below. **If you and your spouse are both eligible to elect this coverage as state agency, university, select community college, or select charter school employees, you both may elect to participate as employees, but only one may enroll for employee and family coverage.**

The spouse who elects employee and family coverage will not have coverage for his or her spouse, only children. You may not be covered as both an employee and a dependent and children may not be dually enrolled.

Coverage Options

You can choose AD&D coverage as follows:

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

Voya Travel Assistance: Worldwide Emergency Travel Assistance Services

If you are enrolled in the Core or Voluntary AD&D plan you can also receive Voya Travel Assistance services.

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

- Pre-trip information
- Emergency personal services
- Medical assistance services
- Emergency transportation services

This provides peace of mind, allowing you to relax and enjoy your trip. Voya Travel Assistance services are provided by Europ Assistance USA, Bethesda, MD.

Go to ncflex.org for more information.



Benefit Tip

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

How the AD&D Plans Work

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

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

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

Coverage After Age 75

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

Monthly Cost for Coverage

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

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

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

Family Principal Sum

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

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



For More Information

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

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

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

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

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

** Additional benefits apply only if there has been a covered loss as shown on page 23.



TRICARE Supplement Plan

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

Eligibility for You

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

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

Eligibility for Your Dependents

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

Monthly Cost for Coverage

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



For More Information

For a complete list of covered services under TRICARE, visit [tricare.mil](https://www.tricare.mil).

Coverage Continuation Options at Separation

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

NCFlex Coverage	Option	Cost	What You Need to Know
Health Care Flexible Spending Account	COBRA	102%	P&A will send COBRA enrollment materials to your last known address.
Dependent Day Care Flexible Spending Account	None		Cannot be continued. Upon your termination, you can use the balance to pay for eligible expenses incurred through the end of the calendar year or the plan's grace period.
Accident Plan	Portability	100%	Contact Voya by calling 877-464-5111 .
Cancer	Portability	100%	Allstate Benefits will send you a portability letter upon receipt of the termination of employment.
Critical Illness	Portability	100%	Allstate Benefits will send you a portability letter upon receipt of the termination of employment.
Dental	COBRA	100%*	iTedium will send COBRA enrollment materials to your last known address in the benefits enrollment platform.
Vision Care	COBRA	100%*	iTedium will send COBRA enrollment materials to your last known address in the benefits enrollment platform.
Term Life	Continuation	Contact Voya for rates and to continue coverage.	Contact Voya by calling 877-464-5111 .
Core Accidental Death and Dismemberment (AD&D)	None		Cannot be continued.
Voluntary Accidental Death and Dismemberment (AD&D)	Portability	Contact Voya for rates and to continue coverage.	Contact Voya by calling 877-464-5111 .
TRICARE Supplement	Portability	100%	Selman will send COBRA enrollment materials to your last known address.

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



Benefit Resources

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

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



For More Information

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

This guide describes benefits offered through NCFlex. In the event of any discrepancy between what is written here and what is written in the plan document and insurance certificates, the plan document and insurance certificates will govern. Changes in the tax laws or other requirements might cause changes in the plan.

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