



NORTH CAROLINA Office of *State Human Resources*



NCFlex Benefits Overview

January 2022

Agenda

- Agenda by Plan
 - Health Care Flexible Spending Account
 - Dependent Day Care Flexible Spending Account
 - FSA Convenience Card
 - Accident
 - Cancer and Specified Disease
 - Critical Illness
 - Dental
 - Vision
 - Group Term Life
 - Core and Voluntary Accidental Death and Dismemberment
 - TRICARE Supplement
 - Disability

Benefits of choosing NCFlex

- NCFlex has group buying power for competitive benefits
- Pre-Tax payroll deductions - Save 25% to 40% in taxes
 - Federal
 - State
 - FICA
- Plans transfer between state agencies, universities, select community colleges and select charter schools
- Freedom to choose which plans to participate in and which to not

NCFlex Resources

- Website – www.ncflex.org
 - Pages on each plan – with certificates, claim forms, FAQs, videos on each plan, and more
 - Enrollment Guide
- ncflex@nc.gov
- [HBR page](#) of website
 - Has resources for staff who help employees with benefits

Flexible Spending Accounts

- Employee sets aside pretax dollars to pay for eligible expenses
 - Save 25% - 40% on taxes
- Deductions divided evenly among pay periods remaining once coverage begins
- Convenience card provided
- Outside of card, claims can be filed online, via paper form, or through mobile app – P&A Group
- Reimbursements are made by direct deposit
- **Re-enrollment required each year to continue contributions**

Health Care FSA

- Annual amount - \$2,750 for 2022
- \$550* roll over even if employee does not re-enroll the following year
 - \$25 minimum to roll over
 - New year contributions used before roll over funds
- Expenses can be for employee, spouse, dependent children or a qualifying relative
- Full election available immediately on effective date

*The roll over amount from 2021 to 2022 is unlimited due to a temporary allowance from the IRS. The roll over will go back to the \$550 starting with 2022 going into 2023.

Health Care FSA

- Eligible expense examples
 - Out-of-pocket medical, dental, and vision expenses (Explanation of Benefits may be required to be submitted) such as deductibles, coinsurance, co-pays, and other items not covered by insurance.
 - Drugs — prescription co-pays, over-the-counter medicines
 - Everyday health products like contact lens solution, bandages, hot and cold packs, sunscreen SPF 15+
- Eligible expenses that require a letter of medical necessity
 - Weight loss programs
 - Vitamins and supplements
 - Massage Therapy
- Ineligible expense examples
 - Insurance premiums, elective cosmetic procedures
- More examples can be found on our website, www.ncflex.org, in the FSA section

Health Care FSA

National Website: FSASore.com

- Online store that has over 4,000 FSA eligible products
- Easily identify products that do not require a prescription or letter of medical necessity
- Pay with FSA card
- Free shipping offers and FSASore coupons
- Tool available to look up items that are eligible

Employees can also use the convenience card at other online retailers, if accepted.

Health Care FSA

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

Dependent Day Care FSA

- \$5,000 account maximum for most employees (per household)
- Funds available **via convenience card** once payroll deducted
 - Same card as HCFSA
- Both parents must work to participate (or be a full-time student or looking for a full-time job)
- Reimbursement is limited to employee's available account balance
- Special rules for separated/divorced employees
- Prior year contributions used FIRST for current year claims, if still within grace period (different from HCFSA)
- Claims for reimbursement can be made for qualifying family members (not only children)
- A grace period applies to this plan – giving employee more time to use the funds
- Employees should contact tax professional with questions related to their specific situation

Dependent Day Care FSA

- Eligible expense examples
 - Child day care for children under 13
 - Before/after-school care beginning with kindergarten for children under age 13
 - Payments (in lieu of regular day care) to day camps, but not overnight camps
 - Day Care expenses for a qualifying child of any age, spouse, or other dependent, who is physically or mentally incapable of caring for himself or herself (guide has additional details)
- Ineligible expense examples
 - Kindergarten tuition expenses
 - Overnight camps or virtual camps
- More examples can be found in the guide
- If account is cancelled – can use funds for expense incurred past separation date, unlike HCFSA

Dependent Day Care FSA

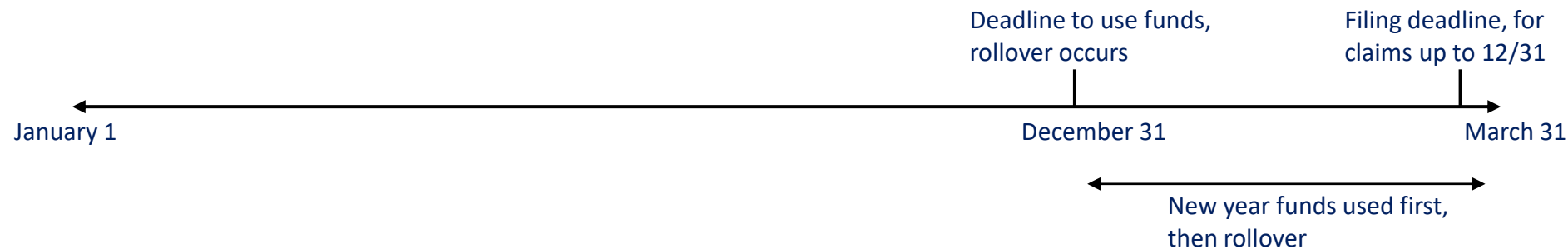
Example of Tax Savings When Using a DDCFSA

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

FSA Comparison Recap

Health Care FSA

- \$2750 per person all available on start date, \$550 rollover applies



Dependent Day Care FSA

- \$5000 per family available after payroll deduction, grace period applies



NCFlex Convenience Card

- Use the card to pay for **eligible** DDCFSA expenses and **eligible** HCFSA expenses
- Cards issued at no cost to participants
 - Cards are good for 3 years from date of issue (date on card)
 - P&A will automatically re-order
- Use like a credit card – no PIN required
- No reimbursement delays or out of pocket expenses
- If employee is contacted by P&A for documentation, he/she has approximately 45 days to submit
- No additional charge for dependent or replacement cards
- Report lost or stolen card immediately to P&A Group

FSA Important Dates to Remember

IMPORTANT PLAN DATES TO REMEMBER

Plan Year	2020	2021	2022
	January 1, 2020 – December 31, 2020	January 1, 2021 – December 31, 2021	January 1, 2022 – December 31, 2022
Removal of the Health FSA Carry Forward Limit?	Yes; Health Care FSA participants can carry forward any amount over \$25 into the 2021 plan.	Yes; Health Care FSA participants can carry forward any amount over \$25 into the 2022 plan.	No; for the 2022 plan, the maximum carry forward limit of \$550 is effective. Only \$550 can be carry forward into the 2023 plan.
12 Month Dependent Care Grace Period Extension?	Yes; Dependent Care FSA participants have until December 31, 2021 to incur expenses for the 2020 plan year.	Yes; Dependent Care FSA participants have until December 31, 2022 to incur expenses for the 2021 plan year.	No; for the 2022 plan, the grace period reverts back to March 15, 2023.
Run-Out Period	April 30, 2022 is the last day to submit claims.	March 31, 2023 is the last day to submit claims.	March 31, 2023 is the last day to submit claims.

FSA – General Reminders

- Participant cannot pre-pay for services
- Participant **cannot** use current year contributions for prior year expenses
 - The account will be frozen if this occurs
- Changes can only be made to these plans in the middle of the year with a valid life event
 - HCFSA: Marriage, birth, adoption, death of a dependent, divorce
 - DDCFSA: Day care change such as stop, start, change in costs

FSA – Continuation after Employment

- **DDCFSA**: If employee leaves employment (retires, separates, etc.) he/she cannot continue the DDCFSA, but can use funds contributed for expenses incurred up through the end of the plan year.
- **HCFS**A: If employee leaves employment:
 - Any money used above what they put in does not have to be paid back
 - Any money not used from what they put in is lost unless they COBRA the plan
 - COBRA is a continuation of benefits after separation, paid to the vendor
 - Can go through the end of the plan year and includes a 2% fee
- If employee is retiring January 1st, choose COBRA if they have rollover, no more money is owed, and they can use the rollover through the end of the next plan year.

Accident Plan

- Pays out a benefit directly to employee for specific injuries and events resulting from a covered accident
- For most accidents should fill the gap and cover most of the SHP out-of-pocket cost a member would incur
- Sport rider – additional payout
- This plan is currently portable at the same rate an employee would pay while actively working, if ported prior to age 70

Accident Plan Overview

Monthly Cost

Employee Only	Employee and Spouse	Employee and Child(ren)	Employee and Family
\$6.94	\$11.50	\$13.64	\$18.20

- The monthly premium is the same rate for each employee, no matter the age.
- The cash benefit paid depends on the injury and treatment.
- 1099 tax form for accident claim payouts \$600 or greater.

Accident Plan – Examples of benefits available

Employees may qualify to receive a benefit payment for the following items, if they are a result of a covered accident and the accident occurred on or after the effective date.

- Doctor visit or Emergency room treatment
- Physical or occupational therapy (up to 10 visits)
- Medical equipment such as a sling or cast
- Emergency dental work
- Lacerations
- Surgical repair for a tendon/ligament/rotator cuff injury
- Burns
- Fractures and Dislocations
 - (payouts differ depending on the location and if it is open or closed reduction)
- Hospital admission
- Coma
- Concussion
- Transportation for hospital care
- Paralysis

Accident Plan – How it helps with medical costs

Service	80/20	70/30	Accident Benefit
Initial doctor visit	\$80/\$70 specialist copay \$10/\$25 primary care copay	\$94/\$100 specialist copay \$30/\$45 primary care copay	\$100
Emergency room treatment	\$300 copay	\$337 copay	\$300
Physical therapy	\$52 copay	\$72 copay	\$60
X-Ray	copay or deductible/coinsurance	copay or deductible/coinsurance	\$75
Hospital Admission	\$300 copay	\$337 copay	\$1,250
Eye – removal of foreign body	\$80/\$70 specialist copay	\$94/\$100 specialist copay	\$100
Laceration	\$70 urgent care copay	\$100 urgent care copay	\$60 - \$480
Torn knee cartilage (surgical repair)	deductible/coinsurance	deductible/coinsurance	\$800

Accident Plan – Sports Accident Benefit

- The Sports Accident Benefit:
 - An additional percentage (25%, not to exceed \$1,000) of the Accident Hospital Care, Accident Care or Common Injuries benefit amount that is payable if the Covered Accident is the result of an Organized Sporting Activity.
- Organized Sporting Activity:
 - A competition or supervised organized practice for a competition.
 - The competition must be governed by a set of written rules, be officiated by someone certified to act in that capacity and overseen by a legal entity such as a public school system or sports conference.
 - The legal entity must have a set of bylaws and competition must be on a regulation playing surface.
 - Participation must be on an amateur basis.

Cancer and Specified Disease

- Administered by Allstate
- Choice between Low Option, High Option & Premium Option
- 29 Specified Diseases
 - Rabies
 - Lyme disease
 - Rocky Mounted Spotted Fever
- Cancer prevention & screening benefit
- Benefits are paid directly to participant unless otherwise assigned
- Waiver of premium after 90 days of disability due to cancer for as long as the disability lasts (Employee only)
- No EOI if enroll as a new hire

Monthly Cost

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 and Specified Disease

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

Cancer and Specified Disease – Plan Comparison

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

Benefit	Low Option	High Option	Premium Option
Cancer Prevention and 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.*



Cancer and Specified Disease – Screening Benefit

Eligible Screenings/Tests:

- 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

Cancer and Specified Disease – Screening Benefit

- Can file once a year per covered person, even if multiple screenings/tests were done.
- Can file for prior years (*can go back as long as employee has had the plan*)
- File online or via paper claim form
 - The claim form is separate from other Cancer Plan benefits.
- Payment can be made directly to participant's bank account or via check

Critical Illness

- Administered by Allstate
- Provides a lump sum benefit of \$15,000 or \$25,000
 - For each covered illness at time of diagnosis
- No medical questions required
- Does not take place of a Health Plan
- Maximum of two payouts per diagnosis – 12 month waiting period for reoccurrence
- Benefit paid directly to employee
- 1099 will be issued if employee receives a payment

Maximum Benefit Amount: \$15,000 or \$25,000	
Pays 100% of benefit in the event of:	Pays 25% of benefit in the event of:
<ul style="list-style-type: none">• Heart Attack• Stroke• Major Organ Transplant• Bone Marrow Transplant• Invasive Cancer• Paralysis• End Stage Renal Failure	<ul style="list-style-type: none">• Carcinoma in Situ (non-invasive cancer)• Coronary Artery Bypass Surgery

Critical Illness

Employee Age	\$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

- Monthly premium for spouse is based on the age of the covered employee as of January 1 of the current plan year
- Dependent Child(ren) are covered at NO COST

Pre-existing Conditions

- Critical Illness:
 - Benefits are payable for a diagnosis that occurs on or after the effective date of coverage.
- Cancer & Specified Disease:
 - Benefits are not payable for a pre-existing condition during the 12-month period beginning on the date coverage starts.
 - Any covered loss 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 the effective date of coverage.
 - Cancer Wellness and Screening benefit is still payable during the first 12 months.

Dental Plan

- Administered by MetLife
- Low, Classic, and High Options available
- ID Cards
 - Mailed with unique ID
- Log into www.metlife.com/mybenefits to print cards, view claim status, or find a participating dentist (NCFlex as company name)
 - Also, single sign-on option through Benefits Enrollment Portal
 - Watch the [MyBenefits video](#) to learn more on how to use the tools
- See any licensed dentist for care, but save money when you visit a MetLife Preferred Dental Provider (PDP)

Dental Plan - Rates

Monthly Cost - 2022

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 Plan – Plan Comparisons

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 High Option plan)	\$5,000	\$1,500	\$1,000
Lifetime Orthodontic Maximum ¹ (per covered person)	\$1,500	\$1,500	N/A

Dental Plan – Plan Comparisons cont.

	High Option	Classic Option	Low Option
Benefit Category	Plan Pays ³	Plan Pays ³	Plan Pays ³
Diagnostic and Preventive ²			
Oral exams, preventive cleanings, X-rays, fluoride treatments, sealants and space maintainers	100%	100%	100% after deductible
Basic ²			
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		
Major ²			
Includes crowns, dentures, bridges, fixed bridge repairs, denture adjustments/relining, implants	50% after deductible	50% after deductible	Not Covered
Orthodontics ²			
Orthodontic services for dependent children up to age 19	50%	50%	Not Covered

Dental – Network Savings


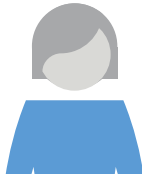
Procedure Fee Look Up Tool:

- Get Procedure Code from Dentist
- Go to feelookup.com
- Type in Zip Code
- Scroll through to find Procedure Code
- Compare cost between In-Network vs. Out-of-Network

Dental – Network Savings Example

In-Network Savings Example (High Plan)

This hypothetical example of **needing a crown**, shows how receiving services from a participating dentist can save you money.



	Katie goes In-Network	Jan goes Out-of-Network
Dentist's usual charge	\$1,462.00	\$1,462.00
Negotiated fee	\$680.00	N/A
R&C fee	N/A	\$1,451.00
The plan pays (50%)	\$340.00	\$725.50
	Katie pays \$340.00	Jan pays \$736.50

Vision Plan

- Administered by EyeMed
- Three plan options including Core Wellness Exam, Basic and Enhanced
- Hearing Aid Discount and other member savings
- ID Cards issued
- Online access
 - Account
 - Print ID Card
 - Know Before You Go

Monthly Cost

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

** The core wellness exam is a free benefit, but you must enroll to have coverage.*

Vision Plan - Plan Comparison

Benefit	Core	Basic	Enhanced
Eye exam (once per year)	\$20 copay	\$20 copay	\$20 copay
Contact lenses	Discount	\$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
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

Group Term Life

- Administered by Voya
- Pure Term Life – no accumulated cash value
- Spouse & dependent coverage available (on a post tax basis)
- Additional Plan Benefits
 - Accelerated Death Benefit – with Continuous Confinement Benefit Option
 - Funeral Planning & Concierge Services
 - Disability Waiver of premiums
- Insurance Amounts
 - Employee/Spouse: Employee's choice of \$20,000 to a maximum of \$500,000 in increments of \$10,000
 - Child(ren): Employee's choice of \$5,000 or \$10,000

Group Term Life – Evidence of Insurability

- Annual enrollment
 - Currently enrolled employees/spouse may increase election by \$20,000 without EOI (employees up to \$200,000 & spouse up to \$50,000)
 - Late entrants: Employees who had the opportunity to enroll previously but did not, may elect up to \$20,000 of coverage on themselves and \$20,000 on their spouse without having to provide EOI (*if you have not been previously denied*)
 - Child coverage can be added at annual enrollment without having to provide EOI
- Qualifying Life Event
 - EOI not required if increase consistent with event

Group Term Life – Monthly Cost

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

- Rates based on employee's age as of January 1 of the current plan year
- Spouse rates are based on employee's age
- Child(ren) rates
 - \$0.68 for \$5,000 of coverage
 - \$1.36 for \$10,000 of coverage

Accidental Death and Dismemberment

- Accidental Death and Dismemberment insurance pays a benefit if someone dies or is seriously injured as the result of a covered accident.
 - Exclusions are listed in the guide and certificate.
 - This insurance should NOT take the place of Life Insurance which pays benefits due to sickness and/or accident.
- Coverage is effective 24 hours/day, 365 days/year and includes accidents on or off the job.
- **Core AD&D is FREE** - employee only coverage - \$10k in coverage.
 - Paid for by NCFlex and Employees must enroll to have this coverage.
- **Voluntary AD&D** – low cost and pre-taxed – employee only or employee family options available.

AD&D Basic Benefits

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%

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

Cost of the Voluntary AD&D Plan

Please note: At age 75, the amount of coverage will decrease 50%.

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

Voluntary AD&D - Additional Benefits

- Voluntary AD&D
 - Summary of Additional benefits, minimum election of \$50,000 (\$.90/month EE Only or \$1.30/month EE+Family)
- 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*)

AD&D - Voya Travel Assistance

- Direct access to prompt medical emergency assistance when traveling more than 100 miles from home, providing enhanced security
- Employee and their dependents have toll-free or collect-call access to the Voya Travel Assistance customer service center or access to the services provided on the website 24 hours/day, 365 days/year – from anywhere in the world.
- Printable Flyer with info located in AD&D section of ncflex.org.

Worldwide Emergency Travel Assistance Services provides four types of services:

- Pre-Trip Information
- Emergency Personal Services
- Medical Assistance services
- Emergency Transportation Services

Travel Assistance - Continued

Pre-trip information

These valuable services help you start your trip the right way. Voya Travel Assistance can provide you with important, up-to-date travel information including:

- Immunization requirements
- Visa & passport requirements
- Foreign exchange rates
- Embassy/consular referral
- Travel/tourist advisories
- Temperature & weather conditions
- Cultural information

Emergency personal services

In the event of an unexpected situation of a non-medical nature, Voya Travel Assistance offers access to several valuable services, including:

- Urgent message relay
- Interpretation/ translation services
- Emergency travel arrangements
- Recovery of lost or stolen luggage or personal possessions
- Legal assistance and/ or bail bond

Travel Assistance - Continued

Emergency transportation services*

Should you need medical care or assistance while traveling, Voya Travel Assistance can help. When deemed medically necessary by a Voya Travel Assistance- designated physician, evacuation and transportation to the nearest adequate medical facility that can properly treat your condition will be arranged and paid for on your behalf. Additional transportation services include:

- Visit of family member or friend
- Return of traveling companion
- Return of dependent children
- Return of vehicle
- Return of mortal remains

* The services listed above are subject to a maximum total payment of \$150,000.

Medical assistance services include:

- Medical referrals for local physicians and dentists
- Medical case monitoring
- Prescription assistance and eyeglass replacement
- Arrangement and payment of emergency medical services (up to \$10,000 with a written guarantee of reimbursement from the eligible participant)

TRICARE Supplement

For Retired Military on TRICARE

- Retired uniform service members enrolled in either TRICARE Select, Prime or TRR and are not eligible for Medicare
- See guide for a complete listing of those eligible

Monthly Cost

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

Combined Voluntary Short / Long Term Disability

Who is Eligible

- All full-time active employees* working 30 or more hours per week. Disability insurance is employee only coverage.

Enrollment Period

- Open Enrollment: will require EOI
- Qualifying Life event: Within 30 days of event
 - For most QLEs, no EOI is required
- For New Hires: Within 30 days of hire or eligibility date
 - No EOI required

*Excludes employees of the North Carolina University System

Sample Premium Calculation

- Employee is age 25 and makes \$35,000 a year
- The age banded rate for those age 25-29 is \$0.846 per \$100 of covered monthly payroll
- Premium Calculation:
 - Annual salary divided by 12 months = \$2,916.67 per month
 - Monthly salary divided by \$100 = \$29.17
 - $\$29.17 \times \$0.846 = \$24.68$ per month in premium for the disability plan

*For biweekly paychecks, premiums will be split evenly across both paychecks in a given month.

Short Term Disability Schedule of Benefits

Short Term Disability (STD) provides income replacement if you become unable to work due to a medical disability. STD benefits begin on the first business day following the benefit waiting period:

What Your 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 you must be disabled before you begin receiving benefits.
How Long Your Benefits Last	60 calendar days from your date of disability.
Benefits Are Paid	Weekly.
Deductible Income (offsets)	There are no offsets to the STD plan, meaning you will not have benefits reduced if you are receiving income from other sources, such as workers' compensation or Social Security.

Additional Features for Short Term

- 24 Hour Coverage
 - Covers disabilities that occur on and off the job.
- Health Advocate Select
 - While on an approved STD claim, you will have access to a dedicated Personal Health Advocate that can assist you with a wide range of services such as coordinating health care with specialists and managing billing questions.
- Reasonable Accommodation Expense Benefit
 - Designed to help cover the cost of accommodations that allow you to stay at work or return to work following a disabling condition.

Long Term Disability Schedule of Benefits

Benefit Waiting Period	Monthly Benefit %	Maximum Monthly Benefit	Minimum Monthly Benefit	Own Occupation Period	Maximum Benefit Period
60 Days	66 2/3% of PDE	\$12,500	Greater of \$100 or 10% of LTD Benefits	24 months	SSNRA

- PDE – Predisability Earnings (covered monthly salary)
- Maximum PDE/covered monthly salary is \$18,750
- Offsets apply to this plan
- SSNRA – Social Security Normal Retirement Age

Additional Features for Long-Term

- 24 Hour Coverage

- Covers disabilities that occur on and off the job.

- Return to Work Incentive

- With this incentive, Standard only deducts a portion of earnings for work performed while on disability.

- Reasonable Accommodation Expense Benefit

- Designed to help cover the cost of accommodations that allow you to stay at work or return to work following a disabling condition.

- Survivor Benefit

- If you die while LTD benefits are payable, a Survivor Benefit may be payable. The Survivor Benefit is 3 times your LTD Benefit without reduction by Deductible Income.

Preexisting Condition Provision

You are not covered for a short or long term disability caused or contributed to by a preexisting condition unless on the date you become disabled, you have 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 your insurance becomes effective:

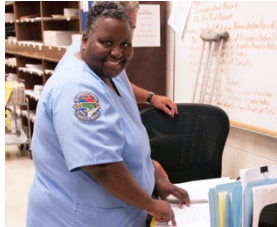
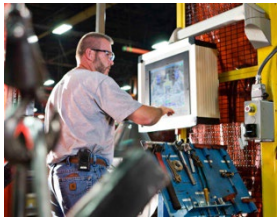
- For which you would have consulted a physician or other licensed medical professional; received medical treatment, services or advice; undergone diagnostic procedures, including self-administered procedures; or taken prescribed drugs or medications.
- Which, as a result of any medical examination, including routine examination, was discovered or suspected.

Treatment-Free Period: If you are treatment-free for six consecutive months during the 12-month exclusion period, any remaining exclusion period will not apply.

Questions?



NORTH CAROLINA Office of *State Human Resources*



NCFlex HBR Admin Manual Review

January 2022

Agenda

- NCFlex Team and NCFlex Vendors
- History of NCFlex
- Eligibility
- Enrollment Procedures
- Vendor and NCFlex contact information for HBRs and Payroll
- Leave of Absence
- Coverage Termination
- Qualifying Life Events (QLE)
- Annual Enrollment
- HIPPA
- Resources

NCFlex Team - OSHR

Benefit Manager

- Linda Forsberg

Administrative Assistant

- Dianne Griffiths

Benefit Consultants

- Amy Tyndall
- Cindy McNeil
- Kara Rouse
- Kimberly Winters
- Robert Kelley

NCFlex Vendors

Dedicated NCFlex Account Managers to assist HR, Benefits and Payroll staff



History of NCFlex

- State of NC established NCFlex on December 5, 1994 by Governor's Executive Order #66
- State Human Resources Director to coordinate the program
- Benefits began for the first time on January 1, 1996
- Offered to eligible State of North Carolina employees
- Established under the IRS Code Section 125
- Employees purchase benefits on a pre-tax basis

Eligibility

- Employees of a state agency, university, select community college or select charter school, working 20 or more hours per week in one of the following positions: Permanent, Probationary, or Time-Limited
- For Disability Plan, must be working 30 or more hours per week and university employees are not eligible
- Must be **Actively at Work** or on a **Paid Leave of Absence** to enroll or make changes to coverage under the NCFlex plans

Eligibility continued

- Dependents
 - Legally married spouse
 - Children until the end of the month in which they turn 26
 - Children of any age who are unable to make a living because of a mental or physical handicap
 - Some plans have special rules such as DDCFSA and TRICARE Supplement
- Important considerations – page 6
 - No dual enrollments
 - AD&D and GTL, must participate as an EE if eligible as an EE
- Disabled dependent children – page 7
 - Children are automatically removed at age 26 from plans
 - To continue past age 26, submit an exception to NCFlex

Eligibility continued

New Hires and Newly Eligible

- Employees must enroll within 30 days of hire date, or newly eligible
- Benefits effective first of the month following hire date (unless EOI is required)
- If employee moves from part-time permanent (less than 20 hours) to full time permanent (more than 20 hours), the employee is 'Newly Eligible' and has 30 days to enroll
 - Submit NCFlex exception for processing

Rehires and Transfers

- Rehires
 - Break more than 30 days
 - Treated as new hire for NCFlex
- Transfers
 - Break is 30 days or less
 - Employee must keep same NCFlex elections
 - HBR responsible to notify enrollment vendor
 - If there is a break in coverage, receiving agency should take extra premium to bridge gap

Enrollment Procedures

- Employees can enroll via web (benefits enrollment platform) or telephone (855-859-0966)
- Effective date of benefits:

NCFlex	Effective Date		
Coverage	New Hires	Terminations*	Changes**
All Benefits	30 days to elect. Effective first of the month following the date of hire.	Coverage is lost at the end of the month of termination or loss of eligibility, or retro back to the end of the last period that premium was payroll deducted.	30 days to elect. Effective first of the month following the date of the life event.

- Annual Enrollment changes become effective January 1 of the following year (unless Evidence of Insurability – EOI – is required)

*** For birth, adoption or placement for adoption, the effective date for HCFSA, Child Life or TRICARE Supplement is the date of event.*

Exception Process

- For changes outside of a QLE or Open Enrollment window, but must be tied to an event (QLE or OE)
- Typically, administrative error or extreme circumstance
- Include all pertinent information such as:
 - Details of why window was missed and life event (if applicable)
 - Has employee utilized benefits (if cancelling) – HBR reach out to vendors
 - Which plan(s) and coverage level affected – not premium amounts, but actual plans and their levels (ex. Low dental, enhanced vision, \$100k GTL)
 - Attach copy of confirmation statement (if applicable)
 - Include if dependents (and who they are) need to be included, don't include SSNs, have EE add dependents info in enrollment system prior to sending in exception (may need to call enrollment system for help)
 - **If exception is related to life event, but sure documentation for that event is uploaded into the enrollment system as it is now required**

Exception Process continued

- Submitted by HBR on behalf of employee
- Reviewed case by case basis
- Section 125 and plan rules taken into account to be in compliance
- If granted any retro payments will be required or retro premiums refunded
 - Benefitfocus and HBR will be notified
 - Benefitfocus will make updates in the Enrollment System, then pass to vendor on next file, typically Monday

HBR and Payroll Contacts

- Vendors have dedicated account managers and contacts for HBR and Payroll Centers
- **Please do not give out to employees**
- Reach out to these contacts for:
 - Complicated claim items, vendors may reach directly to employees if needed
 - Answers to benefit questions not found in the guide
 - Other product specific inquiries that cannot be found in the NCFlex resources
 - Employee payment activity while on leave to help reinstate benefits correctly when the employee returns
- Employees may contact vendor customer service centers, toll-free numbers on back of NCFlex Enrollment Guide
- NCFlex team info is found on page 13 if you need to reach out directly to us or you can email us at ncflex@nc.gov

Leave of Absence*

*UNC System Office has additional guidelines

- Paid leave
 - Benefits will continue, cannot make changes
- Disability through the NC Retirement System
 - Short-Term Disability
 - Follow payment rules for Leave of Absence
 - Payroll Center policy determines if benefits may be deducted from Short Term check
 - Long Term/Extended Short Term
 - Benefits should be terminated in Enrollment System
- For Term Life and AD&D, see additional guidelines in the Term Life section of ncflex.org, regarding rules on how long someone has to port coverage

Leave of Absence continued

- Waiver of Premium due to disability
 - Cancer
 - Critical Illness
 - AD&D
 - Term Life
 - Disability
- Page 14 and 15 discuss waiting periods and allowed time to apply
- Employee should contact the vendor(s) for applicable forms

Leave of Absence continued

- Unpaid leave – designated in Benefitfocus
 - Premiums paid directly to vendors
 - Prepay or pay as you go
 - Employee may decide not to pay for benefit(s) while on unpaid leave and not have the coverage (EOI may be required upon return)
- Leave of Absence Chart notes where to send payments, this **should** be shared with employees
 - For dental and vision, when an employee is on a leave of absence, this is different than COBRA
 - For dental, while on unpaid LOA the employee pays the vendor directly (IMS with MetLife)
 - For vision, while on unpaid LOA, premiums are not required

Leave of Absence continued

- Additional considerations if a leave of absence falls around Open Enrollment
 - If employee is paying vendors directly and needs to make changes for the next plan year, they should contact the vendors (some vendors may not allow such as Voya), these employees will not have access to the enrollment system
- Reinstatement from Unpaid leave if in the same plan year as they went out:
 - Employee may choose to not re-enroll in their benefits, **except HCFS**
 - Employee must enroll in same benefits, not make changes (unless a new plan year has started)
 - HCFS deductions, pro-rate or reinstate
 - EOI may be required for gap in premium payment such as with the Cancer plan

Coverage Termination

- Employee no longer meets the eligibility requirements
- HCFSA Employee and Employer risk
- Coverage Continuation options at:
 - Separation of employment
 - Retirement
 - Loss of eligibility
 - Death of Employee
- Coverage Continuation options chart in Admin Manual
 - Notes options by plan
 - Notes if employee will be contacted or should reach out to vendor
 - Notes COBRA vendor if applicable
- NCFlex Enrollment Guide lists options but with less detail

Qualifying Life Events (QLE)

- Starting January 1, 2022, NCFlex now requires documentation for changes made due to QLEs
 - Required documentation document and HBR training can be found on the [NCFlex HBR page](#)
- Set election rule
 - Under IRS section 125 pre-tax rules, once an election is made, that election is set for the entire calendar year, unless there is an eligible QLE
- Employee has 30 days from date of event to make a change
- Effective first of month following date of event (unless EOI required)
- Exceptions for:
 - Change in Medicaid or CHIP status
 - Birth or Adoption
 - Ineligible dependent due to death
 - Qualified Medical Child Support Orders (QMCSO)

Qualifying Life Events (QLE)

- “Consistent With” rule
 - Election change corresponds to the event (i.e. adding or removing coverage)
- No changes to plan options
 - Cancer
 - Dental
 - Vision
 - If QLE allows the addition of Vision dependents, may move from Core Wellness Exam to another Vision option in order to cover the eligible dependents (This would be done by exception process)
- Qualifying Life Event Chart
 - Outlines events and actions
 - Dependent Day Care Section

Annual Enrollment

- Generally, October time-frame
- Coordinated with the State Health Plan
- Changes effective Jan 1st
 - EOI – Benefits effective once approved
- New hires during 4th quarter
 - (1) Choose current plan year elections
 - (2) Make any Annual Enrollment changes to next plan year, such as FSA
- Print out confirmation statement

HIPAA

- Health Insurance Portability and Accountability Act
- NCFlex vendors follow HIPAA
- Typically, dependents 18 years or older, vendor only discuss with that person
- Vendors have HIPAA forms where a employee can grant spouse or other to discuss
- Complicated claims items brought to vendor attention; vendor may contact employee directly to resolve

Resources

- HBR Administration Manual
- NCFlex Enrollment and Benefits guides
- NCFlex Team and Vendor Account Managers
- Attend spring and fall trainings
- NCFlex.org
 - HBR section
 - New Hire section
 - Plan information and links
 - Videos
- Monthly HBR newsletter and alerts

Thank you!