

# NCFlex Benefits Overview

For Benefit Representatives

*January 2026*

# Agenda

- NCFlex program overview
- Each plan explained
  - Health Care Flexible Spending Account
  - Dependent Day Care Flexible Spending Account
  - FSA Convenience Card
  - Accident
  - Cancer and Specified Disease
  - Critical Illness
  - Dental
  - Vision
  - TRICARE Supplement
  - Group Term Life – non-university only
  - Core and Voluntary Accidental Death and Dismemberment – non-university only
  - Disability – non-university only

# NCFlex Program Overview

- NCFlex was established in 1994 and the first plan was offered in 1995
- The program falls under the Office of State Human Resources and is separate from the State Health Plan which falls under the Treasurer's office
- The program is an established cafeteria plan under the IRS, Section 125
- NCFlex benefits are offered to eligible State of NC employees including those working 20 or more hours per week (30 or more for the disability plan) in a permanent or probationary position working for:
  - Agencies, Universities, participating Community Colleges and participating Charter Schools
  - The University System does not offer NCFlex Group Term Life, AD&D or Disability benefits. University employees are instead offered University specific Term Life, AD&D and Disability benefits.

# NCFlex Program Overview (cont.)

- Pre-Tax payroll deductions - Employees save 25% to 40% in taxes
  - Group Term Life coverage, when dependent coverage is added, is taken post-tax
  - For employee only group-term life coverage, imputed income applies
- Employees have 30 days from their date of hire to enroll
- Enrollment periods are during Open Enrollment each year or when a Qualifying Life Event occurs
- None of the plans replace a medical plan
- Most plans can be continued upon separation of employment

# NCFlex Program Overview (cont.)

- Employees can pick and choose which benefits to participate in
- The NCFlex team consists of a program manager, five consultants and one admin assistant
  - Contact information is located in our Admin Manual
- We have dedicated contacts with each vendor available, their contact information is located in our Admin Manual

# NCFlex Resources



Website –  
[www.ncflex.org](http://www.ncflex.org)

Pages on each plan – with certificates, claim forms, FAQs, videos, and more.  
Enrollment Guide and Rate Sheets.  
Webinars page.



[ncflex@nc.gov](mailto:ncflex@nc.gov)



[HBR page](#) of  
website

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 - \$3,300 for 2026
- \$660 roll over even if the employee does not re-enroll the following year
  - \$25 minimum to roll over
  - New year contributions used before rollover funds
- Expenses can be for employee, spouse, dependent children or a qualifying relative
  - **Family members DO NOT have to be on employee's medical, dental or vision plans**
- Full election available immediately on effective date
- If an employee's spouse contributes to a Health Savings Account (HSA), they cannot contribute to a Health Care FSA (HCFSA)

# 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](http://www.ncflex.org), in the FSA section

# FSA Store



National Website: [FSAStrore.com](http://FSAStrore.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 FSAStrore 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
<b>Total Annual Savings</b> (approximately \$300 for every \$1,000 withheld in the FSA per year)	\$600	\$0

# Dependent Day Care FSA

- \$7,500 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 the 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 employees more time to use the funds
- Employees should contact a 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

# 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
- No additional charge for dependent or replacement cards
- Report lost or stolen card immediately to P&A Group

# Submitting Claims



Documentation can be submitted online from a computer or mobile device at [ncflex.padmin.com](http://ncflex.padmin.com)



Or, employee can submit via mobile app - search P&A Group in Google Play or App Store



Make sure to have copy of receipt or invoice, dates of service or purchase, amount of claim, and Tax ID if DDCFSA claim



If using the convenience card, no documentation is required unless requested by P&A Group

Member will be contacted 3 times and have approximately 45 days to submit  
Explanation of Benefits (EOB) is the best thing to submit

# 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

# FSAs - 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.
- **HCFSA**: 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 an employee is retiring January 1<sup>st</sup>, choose COBRA if they have a rollover, no more money is owed, and they can use the rollover through the end of the next plan year.

# Accident Plan

- Administered by Voya
- Two plan options – Classic and Enhanced
- Pays out a benefit directly to employees for specific injuries and events resulting from a covered accident on or off the job
  - Common injuries such as fractures, dislocations, lacerations, burns, eye injuries
  - Must seek medical treatment
- For most accidents should fill the gap and cover most of the SHP out-of-pocket cost a member would incur
- Additional Benefits include:
  - Sport rider on both plans – additional payout if injured while participating in an organized sport
  - Wellness Benefit and Travel Assistance on both plans
  - The Enhanced Option includes a Sickness Hospital Confinement Benefit
- 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

Coverage Level	Classic Option	Enhanced Option
Employee Only	\$6.94	\$15.98
Employee and Spouse	\$11.50	\$28.46
Employee and Child(ren)	\$13.64	\$31.26
Employee and Family	\$18.20	\$43.72

- 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 forms will be sent to employees in January each year for accident claim payouts of \$600 or greater from the prior year

# Accident Plan - Examples of Benefits

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	Plus PPO	Standard PPO	Classic Benefit	Enhanced Benefit
Initial doctor visit	\$80/\$40 specialist copay \$10-\$40 primary care copay	\$94/\$50 specialist copay \$15-\$50 primary care copay	\$100	\$120
Emergency room treatment	\$500 copay	\$600 copay	\$300	\$400
Physical therapy	\$42 copay	\$62 copay	\$60	\$75
X-Ray	copay or deductible/coinsurance	copay or deductible/coinsurance	\$75	\$100
Hospital Admission	\$1,500 Deductible and 20% coinsurance	\$3,000 deductible and 30% coinsurance	\$1,250	\$2,000
Eye - removal of foreign body	\$80/\$40 specialist copay	\$94/\$50 specialist copay	\$100	\$120
Laceration	\$70 urgent care copay	\$100 urgent care copay	\$60 - \$480	\$80 - \$960
Torn knee cartilage (surgical repair)	deductible/coinsurance	deductible/coinsurance	\$800	\$1,000

# 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.

# Accident - Additional Benefits

## Wellness Benefit now on BOTH options

- \$50 for employee and spouse, \$25 for child(ren)
- Payable once per year / per covered person for completing an eligible health screening

## Voya Travel Assist on BOTH options

- Also offered for participants of the NCFlex Accidental Death and Dismemberment plans (Core and Voluntary)

# Voya Travel Assistance

## **For participants of both the Voya Accident and AD&D plans**

- Direct access to prompt medical emergency assistance when traveling 100 miles or more from your primary residence
- [Printable Flyer](#) with info located at [ncflex.org](http://ncflex.org).
- If traveling, consider registering ahead of time
  - [imglobal.com/member](http://imglobal.com/member), select “Create an account”, enter referral code: VOYATRAVEL, click “continue”

# Voya Travel Assistance (cont.)



## Emergency Medical Transport Services

- Dispatch of a Physician
- Emergency Medical Evacuation
- Medical Repatriation
- Return of Dependent Children
- Return of Travel Companion
- Vehicle Return Services
- Visit of a Family Member or Friend
- Repatriation of Remains



## Medical Assistance Services

- Convalescence Arrangements
- Outpatient & Inpatient Care
- Interpretation Services
- Medical Monitoring
- Medical & Dental Referrals
- Prescription Transfer & Shipping
- Replacement of Medical Devices



## Travel Assistance Services

- Emergency Cash Transfer
- Consulate and Embassy Location
- ID Theft Assistance
- Legal Referrals
- Lost Luggage and/or Document Assistance
- Pet Housing and Return
- Pre-Trip Informational Services
- Urgent Message Relay



## Security Assistance Services

- Emergency Political Evacuation/ Repatriation
- Location Intelligence App
- Natural Disaster Evacuation

# Accident - Additional Benefits (cont.)

- The **Enhanced Option** has higher payouts and also includes a Sickness Hospital Confinement Benefit
  - The **sickness hospital confinement benefit** pays a daily benefit for each day the employee or their covered dependent is confined to a hospital due to a covered sickness, up to a maximum of 30 days
  - This includes maternity
  - Excludes pre-existing conditions if hospital stay occurs in the first 12 months from the effective date of coverage
  - 30-day waiting period from the effective date of coverage
  - Benefit for covered employee and spouse - \$200 per day
  - Benefit for covered child(ren) - \$150 per day

# Cancer and Specified Disease

## Monthly Cost

Coverage Level	Low Option	High Option	Premium Option
Employee Only	\$6.06	\$14.42	\$19.26
Employee and Family	\$10.02	\$23.90	\$31.84

- Administered by The Standard (formerly 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 the 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

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

## Hospice Benefits:

<b>Freestanding Hospice Care Center (per day)</b>	Up to \$100	Up to \$200	Up to \$300
<b>Hospice Care Team (per day; limit 1 visit per day)</b>	Up to \$100	Up to \$200	Up to \$300
<b>Extended Care Facility (per day)</b>	Up to \$100	Up to \$200	Up to \$300

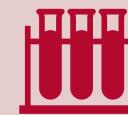
*\*These benefits are payable based on actual charges up to the maximum amount listed.*

# 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

# Wellness Benefit - Accident and Critical Illness

- Included with both **Classic and Enhanced Options**
  - \$50 for employee and covered spouse, \$25 for covered child(ren)
  - Payable **once per year / per covered person** for completing an eligible health screening

## What types of health screening tests are eligible?

### Covered Health screening tests include but are not limited to:

- Blood test for triglycerides
- Pap smear or thin prep pap test
- Flexible sigmoidoscopy
- CEA (blood test for colon cancer)
- Bone marrow testing
- Serum cholesterol test for HDL & LDL levels
- Hemoccult stool analysis
- Serum Protein Electrophoresis (myeloma)
- Breast ultrasound, sonogram, MRI
- Molecular or antigen test (Coronavirus disease (COVID-19)\*
- Immunizations
- Chest x-ray
- Mammography
- Colonoscopy
- CA 15-3 (breast cancer)
- Stress test on bicycle or treadmill
- Fasting blood glucose test
- Thermography
- PSA (prostate cancer)
- Hearing test
- Routine eye exam
- Routine dental exam
- Well child/preventative exams age 1 through age 18
- Biometric screenings
- Electrocardiogram (EKG)
- Annual Physical Exam – Adults
- CA 125 (ovarian cancer)
- Tests for sexually transmitted infections (STIs)
- Ultrasound screening for abdominal aortic aneurysms
- Hemoglobin A1C (HbA1c)
- Bone density screening

# Wellness Benefit

- Included on Accident, Critical Illness and Cancer plans
  - Voya: **Accident** and **Critical Illness** (as of 1/1/23)
    - Time limit of 180 days or end of plan year, whichever is later; no documentation required
  - Allstate: **Cancer**
    - No time limit, documentation IS required
- If you have multiple plans (i.e. Accident and Cancer) you can file for a Wellness Benefit on each plan
  - Each plan is independent and has its own Wellness Benefit
- Screenings should still be filed on your medical plan

# Critical Illness

- Administered by Voya as of January 1, 2023
- Provides a lump sum benefit of \$15,000, \$25,000 or \$40,000 or a percentage, depending on the illness
  - For each covered illness at time of diagnosis
- Wellness Benefit and Infectious Disease Rider effective January 1, 2023
- No medical questions required
- For most illnesses, benefits are payable for an unlimited number of reoccurrences, with a 6-month period in between
- Benefit paid directly to the employee
- 1099 will be issued if an employee receives a payment

# Critical Illness – cont.

Benefit Amount: \$15,000, \$25,000 or \$40,000	
Pays 100% of benefit in the event of:	Pays 10% to 50% of benefit in the event of:
<ul style="list-style-type: none"> <li>• Heart Attack</li> <li>• Stroke</li> <li>• Major Organ Transplant</li> <li>• Bone Marrow Transplant</li> <li>• Cancer</li> <li>• Permanent paralysis</li> <li>• Coma</li> <li>• Severe Burns</li> <li>• Loss of Sight/Speech/ Hearing</li> <li>• Advanced Dementia</li> <li>• Benign Brain Tumor</li> <li>• Parkinson's Disease</li> <li>• Multiple Sclerosis</li> <li>• Muscular Dystrophy</li> <li>• Occupational HIV</li> <li>• Hepatitis B or C</li> <li>• Type 1 Diabetes</li> <li>• ALS</li> <li>• Huntington's Disease</li> <li>• Coronary artery bypass</li> <li>• Stem cell transplant</li> </ul>	<ul style="list-style-type: none"> <li>• Carcinoma in situ: 25%</li> <li>• Skin Cancer: 10%</li> <li>• Sudden Cardiac Arrest: 25%</li> <li>• Pacemaker placement: 10%</li> <li>• Infectious disease: 25%</li> <li>• Transient Ischemic Attack: 10%</li> <li>• Open heart surgery for valve replacement or repair: 25%</li> <li>• Transcatheter heart valve replacement or repair: 10%</li> <li>• Coronary angioplasty: 10%</li> <li>• ICD placement: 25%</li> <li>• Aneurysm (ruptured or dissecting, abdominal aortic, or thoracic aortic): 10%</li> <li>• Addison's disease: 10%</li> <li>• Systemic sclerosis: 10%</li> <li>• Myasthenia gravis: 50%</li> <li>• Systemic Lupus Erythematosus: 50%</li> </ul>

# Critical Illness (cont.)

- **Wellness Benefit** - on all options
  - \$50 for employee and spouse, \$25 for child(ren)
  - Payable **once per year / per covered person** for completing an eligible health screening
- **Infectious Disease Benefit Rider** (specifically for COVID-19)
  - The Infectious Disease **benefit** of 25% pays in addition to this rider with a **COVID-19** diagnosis **and** hospital confinement of 5 or more days
  - **Diagnosis Benefit:** \$100; payable once per calendar year / per covered person for a **COVID-19** diagnosis - must be confirmed by a medical professional
  - **Hospital Confinement Benefit:** \$2,000; payable once per calendar year / per covered person if confined to a hospital due to **COVID-19**

# Critical Illness - Rates

Coverage Level	Employee Age	Benefit Amount*		
		\$15,000	\$25,000	\$40,000
Employee/ Spouse	<25	\$0.90	\$1.50	\$2.40
	25-29	\$1.20	\$2.00	\$3.20
	30-34	\$2.10	\$3.50	\$5.60
	35-39	\$2.70	\$4.50	\$7.20
	40-44	\$4.20	\$7.00	\$11.20
	45-49	\$7.80	\$13.00	\$20.80
	50-54	\$10.80	\$18.00	\$28.80
	55-59	\$15.90	\$26.50	\$42.40
	60-64	\$29.70	\$49.50	\$79.20
	65-69	\$42.00	\$70.00	\$112.00
	70+	\$49.80	\$83.00	\$132.80
Dependent 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.

- Children are covered at no cost, but employee must elect child coverage in the enrollment system
- This plan does not require EOI however, any diagnosis must occur on or after the coverage effective date to be payable
- Rates for a spouse are based on the age of the employee

# 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](http://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
- Employees can see any licensed dentist for care, but save money when they visit a MetLife Preferred Dental Provider (PDP)

# Dental Plan - Rates

## Monthly Cost - 2026

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

# 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 <sup>1</sup> (per covered person)	\$1,500	\$1,500	N/A

# Dental Plan - Plan Comparisons

## cont.

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

# 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 employees' money.

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

# Vision Plan

## 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.

- 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

# Vision Plan - Plan Comparison

Benefit	Core	Basic	Enhanced
<b>Eye exam (once per year)</b>	\$20 copay	\$20 copay	\$20 copay
<b>Contact lenses</b>	Discount	\$120 allowance (once every 12 months)	\$175 allowance (once every 12 months)
<b>Frames</b>	35% off retail	\$125 allowance (once every 24 months)	\$200 allowance (once every 12 months)
<b>Single Vision standard lens</b>	You pay \$50	\$0 copay	\$0 copay
<b>Standard progressive lens</b>	You pay \$135	\$50 copay	\$50 copay
<b>Hearing Health Care from Amplifon Hearing Network</b>	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
<b>LASIK or PRK from US laser network</b>	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

# TRICARE Supplement

## 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

## 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

# Group Term Life, AD&D and Disability

University employees are not eligible for the following plans, however, are offered plans from their employer in these categories.

# 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 employee has 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 is consistent with the event

# Group Term Life - Monthly Cost

- 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

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

# Accidental Death and Dismemberment

- Accidental Death and Dismemberment (**AD&D**) 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 ...
<b>Life</b>	100%
<b>Sight of both eyes</b>	100%
<b>Speech and hearing of both ears</b>	100%
<b>Both hands or both feet</b>	100%
<b>One hand and one foot</b>	100%
<b>Either hand or foot</b>	50%
<b>Sight of one eye</b>	50%
<b>Speech or hearing of both ears</b>	50%
<b>Hearing of one ear</b>	25%

## For the following conditions...

<b>Quadriplegia</b>	100%
<b>Paralysis of three limbs</b>	85%
<b>Paraplegia/hemiplegia</b>	75%
<b>Paralysis of one limb</b>	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
<b>Spouse</b>	50%
<b>Children</b>	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*)

# 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 \$0.92 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
  - $\$29.17 \times \$0.92 = \$26.84$  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

<b>What Your Benefit Provides</b>	The plan pays 66⅔% of earnings up to \$750 per week.
<b>Benefit Waiting Period</b>	14 calendar 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.
<b>How Long Your Benefits Last</b>	60 calendar days from your date of disability.
<b>Benefits Are Paid</b>	Weekly.
<b>Deductible Income (offsets)</b>	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, employees will have access to a dedicated Personal Health Advocate that can assist them 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 the employee 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 – Pre-disability 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 the employee to stay at work or return to work following a disabling condition.
- Survivor Benefit
  - If the employee dies while LTD benefits are payable, a Survivor Benefit may be payable. The Survivor Benefit is 3 times her/his LTD Benefit without reduction by Deductible Income.

# Preexisting Condition Provision

Employees are not covered for a short or long-term disability caused or contributed to by a preexisting condition unless on the date they become disabled, they 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 the insurance becomes effective:

- For which they 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 the employee is treatment-free for six consecutive months during the 12-month exclusion period, any remaining exclusion period will not apply.

# Continuation Options for NCFlex plans

See the guides for more details on what can be continued and how. For Leave of Absence, there are additional rules which can be found in the Admin Manual.

## Portability or Conversion

- Accident
- Cancer
- Critical Illness
- Term Life
- Voluntary AD&D
- TRICARE Supplement

## COBRA:

- Health Care FSA (through the end of the plan year)
- Dental
- Vision

## Cannot be continued:

- Core AD&D
- Dependent Day Care FSA
- Disability (unless approved to receive a benefit from the plan)

# Questions?

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