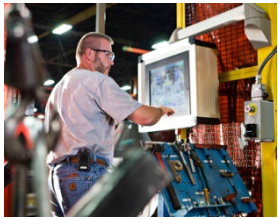




NORTH CAROLINA Office of *State Human Resources*



NCFlex Cancer and Critical Illness Plans

November 2024

Agenda

- Who is eligible
- When you can enroll
- Overview of the plans
- Pre-existing conditions
- 1099s
- How to file a claim
- Continuation options
- Contact information

Who is Eligible?

- You:
 - If you work for a state agency, university, participating community college, or participating charter school for 20 hours or more per week in a permanent, probationary, or time-limited position
- Your Dependents:
 - Your legally married spouse
 - Your children (including natural children, stepchildren, or adopted children) up to age 26.
 - Your children can continue on the plan if unable to make a living because of a mental or physical handicap as long as the handicap developed before your child's 26th birthday and your child was covered by the NCFlex plan for which you want to continue coverage prior to turning 26.

Who is Eligible – Please Note

- 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 a 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).

When You Can Enroll

- New Hire or Newly Benefits Eligible Employee
 - You have 30 days from your date of hire or eligibility date to enroll in benefits.
- Annual Enrollment
 - Typically, in October of each year. Effective Jan. 1 of the following year.
- Qualifying Life Event
 - You have 30 days from the date of your event to make a change.
 - QLEs include things such as: Marriage, Birth, and Loss of Other Coverage.

Please note: University employees will need to go to the UNC Empyrean platform to enroll in/make changes to NCFlex benefits.

Cancer and Specified Disease

- Administered by Allstate
- Choice between Low Option, High Option & Premium Option
- Cancer prevention & screening benefit (Wellness Benefit)
- Benefits are paid directly to you unless otherwise assigned
- Waiver of premium after 90 days of disability due to cancer for as long as your disability lasts (Employee only)
- Coverage may be continued after separation

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

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
Continued 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
- Hemocult 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 – Wellness 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 you've 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 your bank account or via check to you.

Cancer Claim Example

Jane undergoes her annual cancer screening and is diagnosed with cancer.

In 2019, the national patient economic burden associated with cancer care was **\$21.09 billion**

- \$16.22 billion in patient out-of-pocket costs
- \$4.87 billion in patient time costs (Patient time costs reflect the value of time that patients spend traveling to and from health care, waiting for care, and receiving care.)

CANCER BENEFITS

Jane undergoes surgery, anesthesia, radiation/chemo, and is visited by a doctor during a three-day hospital stay. Every two weeks she has radiation/chemo, is given anti-nausea medication, and sees her doctor for follow-up visits.

Cancer Screening	\$100
Hosp. Confinement	\$300
Surgery	\$1,500
Anesthesia	\$375
Radiation/Chemo	\$4,500
Inpatient Medicine	\$75
Physician Visits	\$150
Anti-Nausea	\$200

\$7,200

Cancer Insurance Benefit
from Allstate Benefits*

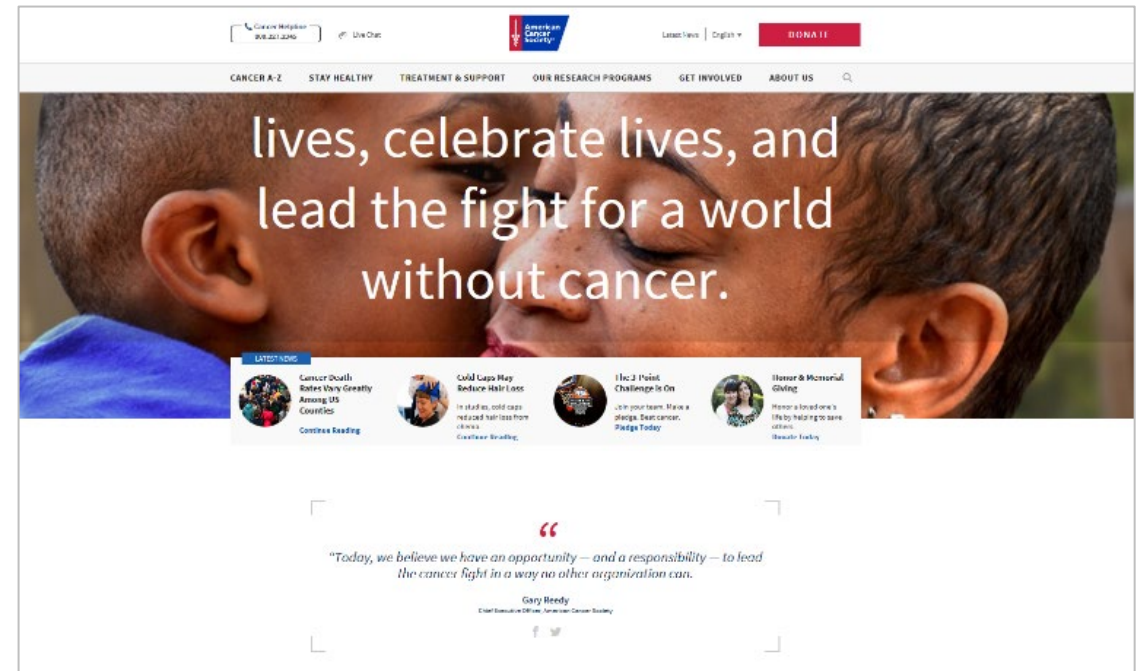
which she can use toward major medical bills, costs of ongoing treatment or other related expenses.



American Cancer Society

The American Cancer Society's Get Well Program helps support cancer patients and their caregivers

- Dedicated 24/7 toll-free number to provide access to transportation, lodging, medical insurance review, oncology nurse second opinions, etc.
- Provides information from the National Cancer Information Center, plus access to clinical trials
- Both insureds and caregivers have access to the benefits provided by the National Cancer Center
- The toll-free number is:
877.511.2578



Critical Illness

- As of January 1, 2023, this plan is administered by Voya
- Provides a lump sum benefit of \$15,000, \$25,000, \$40,000 or a percentage of your elected amount depending on the diagnosis
- No medical questions required at enrollment
- Benefit amount paid directly to you
- Wellness Benefit and Infectious Disease Benefit Rider
- For some illnesses, benefits are payable for an unlimited amount of reoccurrences, with a 6-month period in between

Critical Illness (cont.)

Maximum Benefit Amount: \$15,000, \$25,000 or \$40,000

<p>Pays 100% of benefit in the event of:</p>	<ul style="list-style-type: none"> • Heart attack • Stroke • Major organ transplant • Bone marrow transplant • Cancer • Carcinoma in situ • Permanent paralysis • Coma • Severe Burns • Loss of Sight/Speech/Hearing • Benign Brain Tumor 	<ul style="list-style-type: none"> • Advanced Dementia, includes Alzheimer's • Parkinson's Disease • Multiple Sclerosis • Muscular Dystrophy • Occupational HIV • Occupational Hepatitis B or C • Type 1 Diabetes • ALS • Huntington's Disease • Coronary artery bypass • Stem cell transplant
<p>Pays 10% to 50% of benefit in the event of*:</p>	<ul style="list-style-type: none"> • Skin Cancer: 10% • Sudden Cardiac Arrest: 25% • Pacemaker placement: 10% 	<ul style="list-style-type: none"> • Infectious disease: 25% • Transient Ischemic Attack: 10% • Systemic Lupus Erythematosus: 50%

Critical Illness (cont.)

- Wellness Benefit – on all 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
- Hemocult 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

Critical Illness (cont.)

- Infectious Condition Benefit **Rider** (ONLY for COVID-19)
 - **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 for at least 20 consecutive hours.**

- Infectious Disease Benefit
 - The Infectious Disease **benefit** of 25% pays in addition to this rider with a **COVID-19 diagnosis and hospital confinement of 5 or more consecutive days**

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.

- Rates for you or your spouse are based on your age
- The rates listed in the chart are monthly rates, per covered person
- Children are covered at no cost, but you 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 and meet the other certificate requirements to be payable

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.

1099s

- If you receive a benefit payment from the **Critical Illness** plan, you should receive a 1099 the following January for tax filing purposes
 - Accident and Critical Illness are the two benefits that send out a 1099, if payments are \$600 or greater – includes wellness benefit payments
- If you have questions about how to file this with your taxes, please contact a tax professional
- In some cases, your medical bills may be able to offset a portion of the money you received from the plan(s)

Filing Claims - Cancer

- Allstate has no time limit to file claims – Cancer or Wellness
- Paper Form – visit www.ncflex.org and click Cancer & Specified Disease
 - Separate form for Wellness and Cancer Claims
- Online – www.allstatebenefits.com/mybenefits
 - Can also be accessed through eBenefits under “Quick Links”

Filing Claims – Critical Illness

- Critical Illness claims
 - You have 6 months or by the end of the plan year, which ever is **LATER**
 - Diagnosis' prior to 1/1/23, should be filed with Allstate
- Wellness benefits for Critical Illness (and Accident)
 - You have 6 months after the screening to file a wellness claim, or by the end of the plan year, which ever is **LATER**
- Visit the Critical Illness section of ncflex.org for flyers with more info on filing claims

Filing Claims – Critical Illness (cont.)

- Voya’s Claim Center – One Stop Shop!
 - File a claim or check the status
 - Print a checklist or form
 - Watch a ‘how to’ video
 - voya.com/claims
 - Group policy name is State of NC
 - Group policy number is 680770
 - Wellness claims are “Formless”
 - CI claims ***REQUIRE***, at minimum, a CI Claim Form ***and*** Attending Physician Statement Form

Voya Claims Center
Less paperwork. Easier process.

We're simplifying the claims process to serve you better. [View a checklist and FAQ before you begin.](#)

Start a Claim Start a Life, Disability, Supplemental Health or other Insurance claim. Get Started	Continue a Claim Add forms or documentation to a claim you already started. Upload Forms	Track a Claim Check the status of a claim you already submitted. Check Status
--	---	--

Health Account Solutions participants visit <https://myhealthaccountsolutions.voya.com/>

Need a form? [Find it here.](#)

Have a Wellness/Health Screening Benefit Claim?
You completed a health screening test, let's get your annual benefit.
[Start Your Claim](#)

Get a checklist
Get a list of the details you'll need to complete your claim, plus answers to common questions.
[See checklists and FAQs](#)

Download forms
Know what you need? Prefer to print or online? See all of our claims forms in one convenient place.
[Visit the Forms Library](#)

Contact Voya Claims Center for assistance
• For Accident, Critical Illness/Specified Disease, Hospital Confinement Indemnity and Wellness/Health Screening Benefit claims call 877-236-7564 9:00am - 8:00pm EST Monday - Friday.
• For Short Term Disability Income Insurance, Long Term Disability

Watch a claims 'how-to' video
• Start a claim and complete forms
• Submit a wellness/health screening benefit claim
• Submit an accident, critical illness or hospital indemnity claim
• Upload a claim
• Check a claim status

CI - Check List

Claims Checklist & FAQ

Critical Illness/Specified Disease Insurance

Ready to file a claim?

Equip yourself with helpful information and documentation before you get started.

Information you'll need:

- Employer or Group name
- Group number (optional, but speeds up the process)
- Employee name
- Employee birthdate
- Employee Social Security number
- If the claim is for a spouse and/or child, you'll also need:
 - Spouse/child's name
 - Spouse/child's birthdate
 - Spouse/child's Social Security number
- Date of diagnosis
- Description of diagnosis

Examples of documentation you may need to upload with a critical illness or specified disease claim:

- A completed critical illness or specified disease claim form
- An Attending Physician Statement of Critical Illness/Specified Disease Form, completed fully and signed and dated by your primary treating doctor
- Depending on the reason for the claim, you may need to provide one or more of the following documents with the date of diagnosis:
 - Treatment records documenting past treatment for same or similar condition
 - Medical records documenting critical illness-related visits to your treating doctor
 - Surgery reports related to your critical illness
 - Documentation showing that you were placed on the UNOS list (required for all Major Organ Transplant/Major Organ Failure and Renal Failure cases)
 - Medical documentation confirming neurological impairment (required for all stroke diagnosis)
 - Pathology report (required for all cancer diagnoses)
 - UB-04 or itemized bill from hospitalization (required for Infectious Disease claims)
 - Treatment and testing records (required for cardiac events)
 - Medical documentation showing the date you began regular weekly dialysis (required for all End stage Renal Failure cases)



Continuation

- Both the Cancer and Critical Illness plans can be continued (through portability) if you leave the State due to retirement or any other reason
 - For Critical Illness, you must be under age 70
- Customer Service will send you a portability letter
- Plans continue at the same rate you pay as an employee and payments are made directly to Allstate and Voya
- If you don't receive a letter after leaving, give them a call if interested in continuing your benefit(s)
 - Allstate – 1-866-232-1517
 - LifeHelp (customer service for Voya) – 1-877-464-5111

Resources

- Website – www.ncflex.org
 - Pages on each individual benefit
 - Certificates, claim forms, flyers on benefits
 - Enrollment Guide
- Email NCFlex: ncflex@nc.gov
- Cancer Plan
 - Allstate Benefits 1-866-232-1517
 - Allstatebenefits.com/mybenefits
- Critical Illness
 - Voya Financial Customer Service (LifeHelp)
 - 1-877-464-5111
 - ncflex@lifehelp.com

Questions?