

# NCFLEX

STATE INSURANCE PLANS

NCFLEX.ORG

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Health Care Flexible Spending Account  
Dependent Day Care Flexible Spending Account  
Accident Plan  
Cancer and Specified Disease  
Critical Illness  
Dental Care  
Vision Care  
Group Term Life Insurance  
Core Accidental Death and Dismemberment  
Voluntary Accidental Death and Dismemberment  
TRICARE Supplement



NCFLEX STATE INSURANCE PLANS

## HBR Administration Manual

REVISED: May 2019

The NCFlex Program is administered by  
North Carolina Office of State Human Resources

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**IMPORTANT**

*Individual Benefit Plan specifications and costs are described in more detail on the NCFlex website: [www.ncflex.org](http://www.ncflex.org).*

## About NCFlex

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On December 5, 1994 the North Carolina Governor signed Executive Order #66 creating the NCFlex Benefits Program under the North Carolina Office of State Human Resources. The first NCFlex Benefits Program offering of multiple plans was on January 1, 1996.

The NCFlex Benefits Program (“NCFlex” or “the program”) remains an established cafeteria plan under the Internal Revenue Code, Section 125. Under the NCFlex Benefits Program is an offering of insurance plans on a pre-tax basis that allows eligible employees to voluntarily purchase so that they may meet their needs and/or the needs of their families.

Effective January 1, 2019 the following plans are being offered:

Accident	Health Care Flexible Spending Account (HCFSA)
Dental	Dependent Day Care Flexible Spending Account (DDCFSA)
Vision	Core Accidental Death & Dismemberment (Core AD&D)
Cancer and Specified Disease (Cancer)	Voluntary Accidental Death & Dismemberment (Vol AD&D)
Critical Illness	TRICARE Supplement (for retired military)
Group Term Life	

## About this manual

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This NCFlex Benefits Program – Health Benefits Representative Administration Manual (HBR Admin Manual) was created and is maintained by the NCFlex Benefits Program team of Benefits Consultants in the North Carolina Office of State Human Resources.

The purpose of this HBR Admin Manual is to provide ongoing assistance and support for HBR’s, Benefit Specialists and other Human Resource positions in the administration of the NCFlex Benefit Program.

This manual is a living document and updated as IRS regulations, State law, plans and benefits change. For the most up-to-date copy please visit the Health Benefit Representative’s page on our website at [www.ncflex.org](http://www.ncflex.org).

## Eligibility

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### Employee

An employee is eligible to participate in NCFlex if they are an employee of a state agency, university, select community college or select charter school in a 20 hour or more per week, permanent, probationary or time-limited position.

Employees must also be actively at work or on a paid leave of absence to enroll or make changes to coverage under the NCFlex plans.

Actively at work is defined as the employee being physically present at his or her customary place of employment with the intent and ability of working the scheduled hours and doing the normal duties of his or her job on that day.

For the NCFlex TRICARE Supplement plan, employees must meet the above eligibility criteria AND be a military retiree, qualified National Guard member or a Reserve member, AND under age 65, AND enrolled in a TRICARE Health Insurance plan with the Department of Defense. Because the enrollment platform cannot restrict enrollment based on these criteria a Pre-Qualification Survey must be completed when enrolling in this plan. The survey is built into the enrollment platform and every enrolling employee will be prompted and must answer YES or NO before moving on to enroll in the TRICARE Supplement plan. If an ineligible employee enrolls and it is discovered later, instead of waiting to make the change at the next annual enrollment period, the plan may be dropped, and premiums may only be refunded up to 3 months retroactively and cannot cross plan years.

### Dependent(s)

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

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

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

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

- The employee's unmarried child less than 26 years of age. This includes the employee's natural, stepchild, foster child, or adopted child who is dependent on the employee for support and maintenance. The child does not need to be claimed as a dependent on the employee's federal income tax return
- The term "dependent" does not include:
  - A spouse or child living outside the United States

- A spouse or child eligible for Employee's Insurance under the Group Policy
- A spouse or child on active military duty
- A parent of the employee or their spouse

For the Health Care Flexible Spending Account, the employee may submit eligible expenses for a qualifying relative, which includes:

- Any individual who is not the tax dependent of another taxpayer, has the same principal residence as the employee, and for whom the employee provided more than half of the support for the calendar year.

For the Dependent Day Care Flexible Spending Account, the employee may submit claims for reimbursement on a qualified dependent if:

The employee's "qualifying child" (including a stepchild, foster child, child placed for adoption, or younger brother or sister) under age 13 who has the same principal residence as the employee for more than one-half of the year and does not provide more than one-half of his or her own support during the calendar year.

The employee's qualifying child (as defined above) of any age, the employee's spouse, or other qualified dependent who receives over one-half of his or her support from the employee (e.g., a disabled elderly parent), who is physically or mentally incapable of caring for himself or herself and has the same principal place of residence as the employee for more than one-half of the year.

To be reimbursed for day care received outside of the home, the disabled dependent must spend at least eight hours per day in the employee's home. Special rules apply for divorced or separated parents with dependent children. The employee should consult with a tax advisor if he/she has questions about whether someone qualifies as his/her income tax dependent.

For the NCFlex TRICARE Supplement plan, dependents may be covered that meet the following requirements:

- Dependents must be enrolled in the Defense Enrollment Eligibility Reporting System (DEERS).
- Dependent children are eligible to be covered up to age 21 (age 23 if a full-time student), or age 26 if enrolled in the TRICARE Young Adult (TYA) program (TYA program is not administered by the enrollment platform vendor or NCFlex).
- Disabled children may be covered after age 21 if enrolled in the plan prior to their 21st birthday.
- The enrollment platform will follow standard dependent child age rules and will not restrict enrollment. The Vendor will confirm eligibility and notify the enrollment platform vendor of any ineligible dependents.

### **Important Considerations:**

- An employee must be enrolled in a plan for his/her eligible dependent(s) to participate.
- An employee may not be covered as both an employee and a dependent Spouse or Child.
- Children may not be enrolled under both parents who are participating in NCFlex.
- Employees should consult with their tax advisor if they have questions as to whether someone qualifies as an income tax dependent.

## Disabled Dependent Child(ren)

Dependent children are automatically removed from NCFlex plans on the enrollment platform at the end of the month in which the child turns 26. The enrollment vendor sends out notification to the employee of this change. A sample of this notification letter can be found below.



SHP-007\_Age26\_5.6.  
19.pdf

If the child is disabled and the employee wishes to keep the child on their NCFlex plans, the employee is then responsible to contact each NCFlex vendor to make this request and provide any information required by that vendor. Each vendor has a notification period requirement which is shown in the chart below.

NCFlex Plan	Days Prior to Age Out
Cancer	60
Critical Illness	31
Dental	31
Group Term Life	31
Vision	N/A
Volunteer AD&D	31

## New Hires

New hires are employees who are newly hired into a benefits-eligible group. Employees must enroll within 30 days of their date of hire. Elected benefits will begin the first of the month following the employee's date of hire.

## Rehires/Transfer

When an employee transfers between an NCFlex Benefit Program participating state agency, university, community college or charter school, they are considered either a rehire or a transfer.

Employees will be classified into one of the two categories if there is a break in service:

- **Rehires** — An employee who is separated and rehired **more than 30 days** from their date of separation. This includes transfers or employees who separate from one Employing Unit and are hired by another Employing Unit **more than 30 days** from their date of separation. These employees are treated as new hires and benefits must be elected through the benefits enrollment platform. Benefit elections will be effective the first day of the month following their rehire date.
- **Transfers** — An employee who is separated and rehired **within 30 days** from their date of separation. These **employees MUST be re-enrolled with the same NCFlex coverage elections they had with the previous Employing Unit.**
  - The receiving Health Benefits Representative (HBR) is responsible for notifying the enrollment platform vendor to enter the employee's elections, or the HBR can enter the employee's elections from the previous Employing Unit into the enrollment platform.
  - Coverage is effective the first day of the month coincident with or after the transfer date.

- If an employee's transfer is effective the 1<sup>st</sup> of the month at the new employer, benefits will begin the 1<sup>st</sup> of that month. Transferred employees are not eligible to enroll in NCFlex benefits previously declined, unless the employee was enrolled in a state sponsored post-tax plan at their previous Employing Unit. If this is the case, the transferring employee may elect the same type of NCFlex benefit plan. This is considered a Loss of Other Coverage Qualifying life event.

### **Newly Eligible for Benefits**

Employees who previously worked in a permanent position less than 20 hours per week and begin working 20 hours or more per week in a permanent position, become newly eligible for NCFlex Benefits and will have 30 days to enroll with benefit elections effective the first day of the month following the date of the hours change.

This event requires the HBR to submit an exception to NCFlex for the employee to be enrolled in their benefit elections. The "newly eligible" change reason on the enrollment platform is no longer active for HBR use.

### **Nine (9) or Ten (10) Month Employees**

For nine- or ten-month employees, the Employing Unit payroll department should ensure that per pay period deductions are calculated to cover the premium due for the entire plan year, so that the employee pays for the 12-month premium over the nine or ten-month period they are actively at work. If deductions are not adjusted for the nine or ten-month employee, and the employee owes premium for the period they are not working, the HBR is responsible for collecting any missed premium during the period they are not working and communicate to the vendor the month the premium covers.



## Enrollment Procedures

Enrollment is processed through the enrollment platform for NCFlex benefits and the NC State Health Plan benefits. Employee enrollment eligibility or status change information is based on data passed from Employing Unit HRIS (payroll) or data hand keyed by the HBR.

Enrollment is open to employees who meet the eligibility requirements during Annual Enrollment and other event enrollment windows during the year, such as New Hire, Rehire, and QLE. Refer to the information in this section and **Qualifying Life Events** section of this document for details on the allowable changes for each event.

When employees have an enrollment opportunity, they have two options:

- 1) **Web:** Employees enroll, make enrollment changes, and view other enrollment tools and resources online through the enrollment platform.
- 2) **Telephonic:** Employees can call the Eligibility and Enrollment Call Center at 855-859-0966 and have a Customer Service Representative (CSR) walk them through the enrollment process and complete the enrollment on their behalf over the phone in the enrollment platform. If a CSR completes an enrollment on behalf of the member, the member is given a case number associated with the enrollment call and a postal confirmation will be generated and mailed, regardless of the member's notification delivery preference.

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.

\* *The enrollment vendor will end benefits on the last day of the month in which the termination occurred, i.e., employee terminates 1/10/2019, then benefits will end 1/31/2019 (if payroll deduction was made).*

**Important:**

*Termination of coverage may occur earlier if the employee's payroll deductions are not adequate to cover the NCFlex benefit costs. For employees leaving before the end of the month and receive a partial paycheck, the Employing Unit Human Resources and Employing Unit Payroll Department make the determination what benefits come out of the last check. Regardless of any additional payments the employee may receive from the Employing Unit, the termination date of coverage cannot extend past the end of the month in which the employee was terminated.*

\*\* *For birth, adoption or placement for adoption, the effective date for HCFSA, Child Term Life or TRICARE Supplement is date of the event. For all other benefits, it is the 1st of the month after the event. For FSA, if a change is requested towards the end of the plan year, the Employing Unit Human Resources and Employing Unit payroll processing rules and deadlines will determine which month and plan year the change will take effect.*

**NOTE**

If Evidence of Insurability (EOI) is required, it must be processed and approved by the benefit vendor before the coverage takes effect. EOI is defined as documentation of good health to be approved for insurance coverage. If the coverage is approved, the employee will receive a letter from the benefit vendor with the effective date of coverage and the benefit vendor will notify the enrollment vendor to update the coverage.

## Vendor Notification

The vendors are notified of terminations or changes in status due to reduction in hours, loss of eligibility, termination, or death, through weekly electronic files from the enrollment platform. The enrollment platform will automatically terminate dependents reaching age 26 at the end of the month of their 26<sup>th</sup> birthday. The enrollment platform will report COBRA qualifying events to applicable vendors on outbound data files, so COBRA notifications can be mailed.

## Change of Name or Address

Employees must make name and address changes through their HRIS system or in the enrollment platform for hand keyed Employing Units.

## Changing a Beneficiary

To change the Cancer, Critical Illness, Core and Voluntary AD&D, and/or Term Life primary or contingent beneficiary designation, the employee completes the information through the enrollment platform or by using the vendor's beneficiary designation form. Beneficiaries may be changed at any time during the year.

## Exception Process

Changes to the NCFlex Plans that are not due to a QLE, but rather an administrative error, must be submitted by the HBR on the Exception Request Form located on the [www.ncflex.org](http://www.ncflex.org) website. Provide as much information and detail as possible (complete the online form in full) about the reason for the exception, including dates, benefits affected, if the benefits have been utilized and the intended outcome, incomplete information will delay review. Once submitted, NCFlex will review the exceptions, which are considered on a case by case basis, including the reason for the request, if the request is submitted within a reasonable amount of time and whether or not it will conflict with the rules of the program. If an exception is granted, any and all retro payments will be required to re-instate or start a plan.

# Enrollment and Eligibility Contacts

## Enrollment | Eligibility | Life Event Changes | Customer Service

Enrollment questions should be directed to the Employing Unit dedicated Benefitfocus Account Manager. Benefits and claims questions should be directed to the appropriate NCFlex benefit vendor.

Benefitfocus
<b>Eligibility and Enrollment Call Center</b> Monday through Friday 8:00 a.m. to 5:00 p.m. EST 855-859-0966

## Vendor Contact Listing—Contact Vendors for Benefits or Claims Questions

	Vendor Contact for HBR	Secondary Contact	Claims Customer Service
FSA	Cindy Brooks 919-414-5387 <a href="mailto:brooksc@padmin.com">brooksc@padmin.com</a>	Steve Brostko 800-688-2611 ex 5411 716.362.5411 <a href="mailto:brostkos@padmin.com">brostkos@padmin.com</a>	866.916.3475  M – F: 8 a.m. to 10 p.m. ET  <b>WEBSITE</b> ncflex.padmin.com
Accident, Group Term Life, and Accidental Death & Dismemberment	Cheri Besana 877.464.5111 Fax: 530.223.7712 <a href="mailto:ncflex@lifehelp.com">ncflex@lifehelp.com</a>	Jen Dehn 704.943.1438 <a href="mailto:jennifer.dehn@voya.com">jennifer.dehn@voya.com</a>	877.464.5111 Fax: 530.223.7712 <a href="mailto:ncflex@lifehelp.com">ncflex@lifehelp.com</a>  M – F: 9 a.m. to 6 p.m.
Cancer and Critical Illness	Reginald Harrison National Account Senior Client Service Consultant II <a href="mailto:Reginald.harrison@allstate.com">Reginald.harrison@allstate.com</a> 904-992-5859	Samantha Sherman <a href="mailto:Samantha.Sherman@allstate.com">Samantha.Sherman@allstate.com</a> 904-992-2744	Customer Care Center 866-232-1517  M – F: 8 a.m. to 8 p.m. ET  <b>WEBSITE (Allstate)</b> <a href="http://www.allstatebenefits.com">www.allstatebenefits.com</a> <a href="http://www.allstatebenefits.com/mybenefits">www.allstatebenefits.com/mybenefits</a>
Disability	Leslie Huffman 971-321-6708 <a href="mailto:ncflex@standard.com">ncflex@standard.com</a>	Billing contact: Cindy Bofinger 971.321.5737 <a href="mailto:Cindy.Bofinger@standard.com">Cindy.Bofinger@standard.com</a>	Phone: 833-878-8858 Fax: 800-378-6053 <a href="mailto:ncflex@standard.com">ncflex@standard.com</a>  Claims Address: P.O. Box 2800 Portland, OR 97208



*Do not give vendor contact information listed in this manual to employees. This is only for HBR use. Employees should direct their questions to the customer service numbers found in the enrollment materials, on applicable ID cards or on the website, [www.ncflex.org](http://www.ncflex.org)*

	Vendor Contact for HBR	Secondary Contact	Claims Customer Service
Dental	Mary Faile Client Services Consultant 770-407-2594 <a href="mailto:ncflex@metlife.com">ncflex@metlife.com</a> (Mary and her team have access to this e-mail)	Contact for billing & reconciliation: Kim Moore Sr. Financial Consultant 770-407-2445 <a href="mailto:kmoore2@metlife.com">kmoore2@metlife.com</a>	Customer Service for Members: 855-676-9441 HBR Contact Only: Dedicated Benefit Rep Line 888-466-8673  Claims Address: MetLife Dental Claims PO Box 981282 El Paso, TX 79998-1282 Fax: 1-859-389-6505  Customer Service for Members: 8:00 am to 11:00 pm ET <b>WEBSITE</b> (MetLife) <a href="http://www.metlife.com">www.metlife.com</a> <a href="http://www.mybenefits.metlife.com">www.mybenefits.metlife.com</a>
Vision	Sherry Bowling 513-765-3933 <a href="mailto:sbowling@eyemed.com">sbowling@eyemed.com</a>	Nivine Gouda 513-765-6697 <a href="mailto:ngouda@eyemed.com">ngouda@eyemed.com</a>  Katie Anderson 513-765-3419 <a href="mailto:KAnderso2@eyemed.com">KAnderso2@eyemed.com</a>	Customer Service for Members: 866-248-1939 M-Sat 7:30am – 11pm (ET) Sunday 11am – 8pm (ET)  COBRA Customer Service Forrest T. Jones & Company P.O. Box 418131 Kansas City, MO 64141 (800)821-7303  Claims Address: 4000 Luxottica Place Mason, OH 45040  <b>WEBSITE</b> for employees to register and/or find providers <a href="http://www.eyemed.com/NCFlex">www.eyemed.com/NCFlex</a>
TRICARE Supplement	Ron Erjavec Phone: 440.646.9336 ext. 385 <a href="mailto:rerjavec@selmanco.com">rerjavec@selmanco.com</a>	Laine Hoytt Phone: 440.464.9336 ext. 195 <a href="mailto:lhoytt@selmanco.com">lhoytt@selmanco.com</a>	Customer Service Call Center 800.638.2610 option 1 Claims Address P.O. Box 2510 Rockville, MD 20847  M – F: 9a.m. to 7p.m.  <b>WEBSITE</b> (Selman) <a href="http://www.selmantricareresource.com">www.selmantricareresource.com</a>



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## State of North Carolina Contacts

### **NCFlex State Insurance Plan**

Office of State Human Resources  
1331 Mail Service Center  
Raleigh, NC 27699-1331

Courier 51-01-03

OSHR Main # 984.236.0800

### **MAIN CONTACTS**

Janis Alford (Administrative Assistant)  
984.236.0831  
[Janis.Alford@nc.gov](mailto:Janis.Alford@nc.gov)

Linda Forsberg (Benefits Manager)  
984.236.0830  
[Linda.forsberg@nc.gov](mailto:Linda.forsberg@nc.gov)

Bob Kelley (Benefits Consultant)  
984.236.0833  
[Robert.Kelley@nc.gov](mailto:Robert.Kelley@nc.gov)

Stephanie McFadden (Benefits Consultant)  
984.236.0834  
[Stephanie.mcfadden@nc.gov](mailto:Stephanie.mcfadden@nc.gov)

Cindy McNeil (Traveling Consultant)  
984.236.0835  
[Cindy.McNeil@nc.gov](mailto:Cindy.McNeil@nc.gov)

Kara Rouse (Benefits Consultant)  
984.236.0838  
[Kara.f.Rouse@nc.gov](mailto:Kara.f.Rouse@nc.gov)

Sarah West (Benefits Consultant)  
984.236.0837  
[Sarah.c.west@nc.gov](mailto:Sarah.c.west@nc.gov)

Kimberly Winters (Traveling Consultant)  
984.236.0836  
[Kimberly.Winters@nc.gov](mailto:Kimberly.Winters@nc.gov)

### **Office of State Controller**

Employer FICA &  
FSA Flex Spending account premiums  
**Primary OSC contact:** Dawn Staley  
[oscncflex@osc.nc.gov](mailto:oscncflex@osc.nc.gov)  
1410 Mail Service Center  
Raleigh, NC 27699-1410  
Courier 56-50-10  
Phone Number: 919.707.0614

**Secondary OSC contact:** Taylor Brumbeloe  
[oscncflex@osc.nc.gov](mailto:oscncflex@osc.nc.gov)  
919.707.0667

### **UNC University System Contacts**

Tameka Robinson  
919.962.4630  
[tcrobinson@northcarolina.edu](mailto:tcrobinson@northcarolina.edu)

Ashley Nicklis  
919.843.4869  
[atnicklis@northcarolina.edu](mailto:atnicklis@northcarolina.edu)

*Do not give vendor contact information listed in this manual to employees. This is only for HBR use. Employees should direct their questions to the customer service numbers found in the enrollment materials, on applicable ID cards or on the website, [www.ncflex.org](http://www.ncflex.org).*

## Leave of Absence

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*\*UNC Campuses and Affiliates: Skip to the Leave of Absence Details by Benefit title in this section and continue through to the University System Unpaid Leave of Absence Guidelines at the end of this section.*

The Employing Unit determines the paid or unpaid leave status of their employees.

### Paid Leave of Absence

Some Employing Units do not distinguish employees on a Paid Leave of Absence from active employees. Therefore, the enrollment platform does not restrict enrollment and/or changes to coverage under the Actively at Work provision. The Employing Units and/or carrier will administer actively at work provisions for paid leaves.

### Disability

#### Short-Term Disability through the NC Retirement System

NCFlex benefit premiums may be deducted from short-term disability pay, depending on policy of the payroll center. Otherwise employees should pay premiums as they would on any other LOA.

#### Extended Short-Term Disability or Long-Term Disability through the NC Retirement System

When short-term disability benefits end after 12 months and extended short-term disability benefits or long-term benefits begin, all NCFlex benefits should be termed in the enrollment platform. These terminated employees will either have continuation (COBRA), conversion, or portability rights for the NCFlex benefits which were in force during the short-term disability period, provided the premium has been paid during the short-term disability period through the date of the termination of benefit coverage.

#### Waiver of Premium

Cancer, AD&D and Term Life offer a waiver of premium due to disability provided the employee satisfies certain conditions. Please have the employee review online information and contact the vendor for more information and applicable forms.

### Unpaid Leave of Absence

NCFlex coverage is terminated when an Employing Unit reports an employee on an unpaid leave of absence within the enrollment platform. Coverage is terminated at the end of the month in which the unpaid leave of absence was effective. Employees may contact the vendor's customer service to continue coverage while on an unpaid leave and arrange to make premium payments directly to the vendor. Exception: Federal Services Military Leave results in a termination of coverage. COBRA is offered if applicable.

Employees must decide whether or not to continue their benefits during the leave period. The HBR should review benefit options while on leave. An employee may decide to stop coverage during an unpaid leave of absence and cannot use the benefits if they decide to stop their coverage. To avoid misunderstandings, HBRs should provide employees with a letter explaining their benefit options while on leave.

Employees who take an unpaid personal leave covered under the Family Medical Leave (FML) or Military Leave will be allowed to continue eligible benefits and pay premiums directly as described in Payment Options and Payment Instructions below.

## Payment Options for Unpaid Leave of Absence

### Prepay

An employee may arrange with his/her HBR or benefits department to pay for NCFlex benefits before the unpaid leave begins. Payments would be made directly to the vendor (FSA payments are sent to the Office of State Controller). Contributions are paid on an **after-tax** basis by personal check or money order payable to the vendor.

### Pay-as-you-go

An employee may decide to pay for NCFlex benefits during the unpaid leave by sending in his/her contributions on a **monthly** basis directly to the vendor (FSA payments are sent to the Office of State Controller). Contributions are paid on an **after-tax** basis by personal check or money order. Payments must be received **no** later than the end of each coverage month, or coverage will be terminated.

It is the responsibility of the employee to make timely monthly payments to avoid termination of coverage. All payments must be accompanied by identifying information as to what the payment is for and personal contact information in the event the vendor must contact the individual.

## Instructions for Paying Vendors while on Unpaid Leave of Absence

**Important:** Please ask the employee to include their contact information with each payment as vendors may need to reach them with questions.

NCFlex Benefits	Remit To:		Additional details by benefit
Flexible Spending Accounts (Health Care and Dependent Day Care)	Office of State Controller-NCFlex 1410 Mail Service Center Raleigh, NC 27699-1410 (Inter-Office Courier #56-50-10) Phone Number: 919-981-5406 Email Address: Note: N.C. Office of State Controller (OSC) will notify P&A Group when contributions are received by check	Make check payable to: <b>State of North Carolina</b>	Employees on unpaid leave can only continue their FSA contributions until the end of the current plan year. Employees are encouraged to continue their Health Care Flexible Spending Account contributions during the leave period if they are expecting to incur eligible expenses. If they do not make contributions during the leave period, any expenses incurred during the leave cannot be reimbursed.  For the Dependent Day Care Flexible Spending Account, expenses incurred during either a paid or unpaid leave period cannot be reimbursed under this plan.

<p>Accident, Group Term Life, Accidental Death &amp; Dismemberment</p>	<p>LifeHelp  Attention: NCFlex  PO Box 492517  Redding, CA 96049-251796099  Phone Number: 877-464-5111  Fax Number: 530.223.7712  Email Address: NCFlex@lifehelp.com</p>	<p>Make check payable to:  <b>ReliaStar</b></p>	<p>For details on how long after a leave of absence begins that an employee can continue their Accident or AD&amp;D coverage, see each plan certificate.</p> <p>Core AD&amp;D coverage is terminated while on unpaid leave. Employee can re-enroll within 30 days of reinstating from leave.</p> <p>AD&amp;D and Term Life are eligible for disability waiver of premium, see Disability section in this manual.</p>
<p>Cancer and Critical Illness</p>	<p>Allstate Benefits  PO Box 4331  Carol Stream, IL 60197-4331</p>	<p>Make check payable to:  <b>Allstate Benefits</b>  Include certificate/policy number on your payment</p>	<p>For the cancer plan, employees can continue coverage provided they pay premiums as required. If the employee is not back to work within the required time frame and has not qualified for waiver of premium under the policy, the coverage automatically terminates, and they will have to satisfy EOI to restart the coverage. Coverage can continue through portability provision.</p> <p>For the cancer plan, employees returning to work from military leave within 26 months, pre-existing condition limitations and waiting periods will not be imposed, except for cancer incurred or aggravated during military service.</p>
<p>Dental Plan</p>	<p>Interactive Medical Systems  PO Box 1349  Wake Forest, NC 27588  Phone Number: 800-426-8739 x 5054</p>	<p>Make check payable to:  <b>Interactive Medical Systems</b></p>	<p>Employees may continue the Dental plans for up to 24 months (26 months for military leave) provided premiums are paid directly to the vendor. If</p>



			payments are received beyond 24 months, the dental plan will return payment 25 (27 if military) and send COBRA notification to the employee to extend coverage.
Vision Care Plan	If vision benefits are terminated in the enrollment platform due to LOA, no premiums are due to the vendor until the employee reinstates. Benefit coverage continues during this time. Otherwise premiums should be remitted as if the employee was active.		Employees may continue the Vision Care plans for up to 24 months (26 months for military leave).
TRICARE Supplement	Selman & Company Attention: TRICARE Premium Billing 6110 Parkland Blvd. Cleveland, OH 44124 Phone Number: 800.638.2610 option 1	Make check payable to: <b>Selman &amp; Company</b>	

## Return from Unpaid Leave of Absence

### For all NCFlex plan EXCEPT for the Health Care Flexible Spending Account

Upon return to work from an unpaid Leave of Absence, employees may choose to re-enroll or to not re-enroll in any plans they were enrolled in prior to the leave. Employees must elect the same coverage option and dependent level in place prior to the unpaid Leave of Absence unless there was a status change or if a new plan year has begun. Employees must complete their enrollment within 30 days of returning to work otherwise they will have to wait until the next annual enrollment to participate and waiting periods, pre-existing conditions, and EOI may apply. Re-enrollment through the enrollment platform is required to continue benefits even if the employee has been making premium payments directly to vendors.

#### NOTE

HBR must manually update employment status for hand keyed Employing Units.

### Health Care Flexible Spending Account Election (HCFSA)

Upon returning from an unpaid leave, employees **must** re-enroll in the HCFSA if within the same plan year.

- If HCFSA coverage continues during the LOA by the employee making post-tax contributions, they must re-enroll for the same annual election that was in place prior to the unpaid leave or request a change based on a QLE.
- If HCFSA coverage was terminated during the LOA, the employee has two options:

Prorate: Resume coverage at the same monthly election, which results in a reduced annual maximum. If this option is chosen, HBR should reach out to NCFlex ([ncflex@nc.gov](mailto:ncflex@nc.gov)) or P&A (Cindy Brooks) to make sure the employee has not requested reimbursements beyond the new annual contribution. Reinstated: Reinstated coverage at the original annual election which will adjust the employee's monthly contributions. For BEACON locations, this is the automated option.

*Example:* Employee elects \$1,200 annual HCFSAs and contributes \$100 per month. On April 1<sup>st</sup>, the employee goes out on a three-month LOA and does not continue HCFSAs coverage. Upon return employee can elect:

- Prorate: Employee updates annual contribution to reflect a new amount of \$900 (\$1,200 minus \$300 in missed contributions) and monthly contributions remain at \$100.
- Reinstated: Employee reinstates annual contribution of \$1,200 with \$150 monthly contributions (\$100 original contribution plus \$50 to account for \$300 in missed contributions (\$300 divided by the six remaining months (July – December) equals \$50).

## UNC System Unpaid Leave of Absence Guidelines

Benefits continuation during periods of unpaid and partial paid leaves of absence is managed in accordance with NCFlex plan rules and the UNC System Leave of Absence Benefits Administration Guidelines.

Each institution is responsible for developing procedures to track the continuation of benefits and premium collection for approved unpaid or partial paid leave of absences that includes Family Medical Leave and other approved leaves administered by the Office of State Human Resources and UNC System.

UNC System HBRs should provide a letter to employees detailing their benefits continuation options, premium payment due date, instructions on how to cancel benefits within eBenefits, and cancellation of coverage for nonpayment.

### NOTE

Additional resources to assist with managing unpaid leave of absences and vendor payments are available on the UNC System Benefits Network Cloud site.

### Benefits Continuation, Cancellation, and Reinstatement

- Employees can elect the benefits they want to continue while on leave. Benefits not continued should be cancelled per the NCFlex plan rules (see pgs. 16-19) and in conjunction with the appropriate payroll cycle. Termination of benefits is completed by processing a 'Qualifying Life Event (QLE)' within the enrollment platform and updating the employee's benefits enrollment record in the HR Benefits-Payroll System if applicable.
- When the employee returns to work, reinstate benefits according to the NCFlex plan rules (see pg. 29) and in conjunction with the appropriate payroll cycle by processing a QLE in the enrollment platform and updating the benefits enrollment record in the HR Benefits-Payroll System if applicable.

### NOTE

Working within a 30-day window, it is important to cancel coverage for nonpayment or reinstate coverage upon the return to work to avoid eligibility and enrollment errors or premium discrepancies.

### Payment Options and Premium Collection

- The preferred option to collect benefit premiums is on a pay as you go basis (see pg. 14). However, there are times when an arrears payment is necessary, or an alternate payment option is required.

Payment options are determined by the Benefits office based on what is administratively feasible because of payroll cycles and the employee's period of leave.

- Each institution should establish a payment method (i.e. bankcard, check, etc.), payment schedule, and payment process to collect monthly premiums from employees on an unpaid or partial paid leave of absence.
- Monthly premium payments can be included in the payroll remittance or paid by University check to the vendor(s).

# Coverage Termination

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## Termination of Employment, Death and Other Losses of Eligibility

An employee will lose eligibility to participate in the NCFlex program if the employee no longer satisfies the eligibility requirements of being a state agency, university, select community college or select charter school employee working 20 or more hours per week in a permanent, probationary or time-limited position. For example, if an employee reduces his/her regularly scheduled work hours from 40 to 15 hours per week, eligibility under NCFlex will terminate.

### Termination Date

Coverage is lost at the end of the month an employee separates or loses eligibility, or retro to the end of the last period that premium was payroll deducted. See the Enrollment Procedures section for more information.

### Notification Procedures

The vendors are notified of terminations through the enrollment platform's weekly outbound eligibility files. It is the employee's responsibility to provide notification of terminations or loss of eligibility within 30 days. Benefits will not be paid for employees that do not meet the eligibility requirements. Premiums will not be reimbursed retroactively for employees that do not provide timely notification.

#### NOTE

Hand Keyed Employing Units are responsible for updating the enrollment platform when an employee loses coverage under NCFlex. It is important to update the employee's record in the enrollment platform as soon as possible, so plan vendors can be advised of terminations and COBRA information can be sent.

### Employer's Risk under the Health Care Flexible Spending Account

If a Health Care Flexible Spending Account (HCFSA) employee has a negative account balance (meaning the employee has been reimbursed more than he/she has contributed through payroll deduction) on the date of termination or death, the NCFlex Program will experience a loss. The State does not ask the employee to repay the loss.

### Employee's Risk under the Health Care Flexible Spending Account

If an employee participating in the HCFSA separates, they forfeit any remaining funds past the termination date of their benefit. Also see Additional Plan Information section for more details on the FSA Plan Forfeitures Rule.

## Death of Employee

In the case of the employee's death, eligible covered dependent family members may continue the HCFSA, Accident (portable under certain conditions), Dental, and Vision as mentioned in the following chart under COBRA. AD&D can be continued for covered dependents for up to 12 months at no cost or converted to an individual policy under Conversion. The DDCFSA, Term Life, Cancer and Critical Illness cannot be continued beyond the employee's death.

## Retirement

When an employee participating in the NCFlex Program retires, this is considered a termination of active benefits. Retirees may continue their NCFlex benefits, which were in force on the last day of employment by electing COBRA, conversions or portability coverage if available (based on payroll deductions). Since there are certain deadlines, employees should review the enrollment materials and insurance certificates for detailed information. The DDCFSA cannot be continued.

## Coverage Continuation Options at Termination

When NCFlex coverage is lost due to separation from employment or other losses of eligibility, employees may continue certain benefits. The following chart lists the continuation options. Information is also in the NCFlex Enrollment Guide or employees may contact the vendor's customer service center:

NCFlex Coverage	Option	Remarks
Health Care Flexible Spending Account	COBRA	After receiving the termination notice, P&A will send COBRA enrollment materials to the employee's last known address. Cost is 102% of the employee's monthly premium. Payments are made by sending <u>after-tax</u> check to P&A. Checks should be made payable to P&A and are due by the first day of each month.
Dependent Day Care Flexible Spending Account	None	Cannot be continued.
Accident	Portability	The employee will need to contact Voya by calling 877-464-5111, cost would be 100% of the employee's monthly premium while active.
Cancer	Portability	Employees may exercise the Portability option which allows them to continue coverage by paying premiums directly to Allstate Benefits. Allstate Benefits send a portability letter to the employee upon receipt of the termination of employment. A response and payment of the first premium for the portability coverage must be received within 30 days of the employee's termination date. Employees may contact Allstate Benefits at 866-232-1517 for additional information.
Critical Illness	Portability	Employees may exercise the Portability option which allows them to continue coverage by paying premiums directly to Allstate Benefits. Allstate Benefits sends a portability letter to the employee upon receipt of the termination of employment. A response and payment of the first premium for the portability coverage must be received within 30 days of the employee's termination date. Employees may contact Allstate Benefits at 866-232-1517 for additional information.
Dental	COBRA	Once an employee is separated in the enrollment platform, Benefitfocus COBRA Administration will send COBRA enrollment materials to the employee's address listed in the enrollment platform. The cost is 102% of the contracted premium rate (employer and employee cost). Instructions on where and when to send the premiums will be included in the COBRA materials. Direct contact information for Benefitfocus' COBRA Administration is: (855)889-6519
Vision Care	COBRA	Once an employee is separated in the enrollment platform, Benefitfocus COBRA Administration will send COBRA enrollment materials to the employee's address listed in the enrollment platform. The cost is 102% of the contracted premium rate (employer and employee cost). Instructions on where and when to send the premiums will be included in the COBRA materials. Direct contact information for Benefitfocus' COBRA Administration is: (855)889-6519
Term Life	Continuation	The employee can contact Vendor Customer Service for an application or print the Continuation Form from the NCFlex website at <a href="http://www.ncflex.org">www.ncflex.org</a> . If the employee is under age 70, the employee may elect to continue any or all of his/her Term Life benefit. If the employee is age 70 or above, the

NCFlex Coverage	Option	Remarks
		employee can only convert the benefit to an individual policy. The employee must apply and pay the premium within 31 days after the insurance terminates.
Core Accidental Death and Dismemberment (AD&D)	None	Cannot be continued
Voluntary Accidental Death and Dismemberment (AD&D)	Portability	The employee must contact the AD&D vendor for an application. Portability may be elected if termination was not due to a disability. The employee may elect to port the AD&D coverage for themselves and their dependents. The employee must apply and pay the premiums within 45 days after the insurance terminates. <u>The employee may contact Vendor Customer Service for additional information.</u>
TRICARE Supplement	Portability	Employees who terminate employment may continue coverage by paying their monthly premiums directly to Selman & Company. A continuation of coverage letter will be mailed to the terminating employee within five business days of receipt of the termination. Premium payments will be offered at the same rates as offered through their employer, there are no separate administrative fees. Continuation of coverage does not apply to an employee, spouse or dependent child who no longer meets the TRICARE Supplement eligibility requirements, e.g. an employee or spouse who attains age 65 and has Medicare as primary coverage or a dependent child who reaches age 21/23 and has not enrolled in the TRICARE (TYA) program.

Important: You should not attempt to explain the COBRA rules to an employee who is losing coverage, unless you are knowledgeable about the COBRA regulations. The 'Remarks' column in the chart above does not attempt to go into the necessary detail that an employee should know concerning his COBRA rights. For more details, the employee should carefully review the COBRA materials that will be sent to the employee from the vendors. The COBRA election notices will have contact information that the employee can call to ask any COBRA questions.

Also, be very careful about responding to Portability and Conversion questions. It is better for employees to review the NCFlex Enrollment Guide, certificate of insurance or certificate of coverage available at [www.ncflex.org](http://www.ncflex.org) and to contact the appropriate vendor with any questions. All choices contain time limits in applying for coverage, so employees should be encouraged not to delay in contacting the appropriate vendor.

## Qualifying Life Event (Family Status Change)

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All NCFlex changes should be created on the enrollment platform by the employee or the Eligibility and Enrollment Call Center.

### Processing QLE Status Changes

- Employee enters status change in the enrollment platform or contacts the Eligibility and Enrollment Call Center.
- The HBR will collect required documentation or view uploaded documentation in the enrollment platform based on the status change and approve or deny the request.
  - Note: BEST Shared Services will process status changes for the OSC Integrated HR-Payroll System (formerly BEACON) Employing Unit's and send reports listing QLE changes to the HBR. The State Health Plan requires uploaded documentation to support life events, therefore the best practice procedure is for the employee to upload the documentation into the enrollment platform for any life event. Although this is currently not required for NCFlex Plans, it may become required at a later date. If an HBR discovers that a QLE is not valid and the change needs to be reversed, they should submit a ticket to BEST Shared Services to make this change (an exception to NCFlex is not necessary).
  - Examples of acceptable documentation include a marriage certificate, death certificate, the first page of divorce decree, or a letter from the government or social services agency of Medicare or Medicaid entitlement. The NC State Health Plan maintains a document with a list of acceptable documentation which can be found on their website.
- Approved changes are sent to the vendors/carrier and deductions are adjusted in accordance with the change.

### Set Election Rule

Under IRS Section 125, once an employee makes an election as a new hire or during annual enrollment, that election is set for the entire calendar year of January 1 – December 31, unless the employee experiences a QLE.

### Notification Period

Employees must enter the QLE in the system within 30 days of the event.

Exceptions:

- A 60-day notification is permitted if the QLE is Change in Medicaid or CHIP status.
- Birth or Adoption: For Medical and TRICARE Supplement coverage only, if the employee had Employee + Child(ren) or Employee + Family coverage at the time of birth/adoption, the child may be added to coverage even if reported more than 30 days after the birth or adoption.
- Ineligible Dependent due to Death: A covered dependent who is deceased will be terminated the end of the month of the death regardless of when it is reported (as if the notification had been timely). An exception for changes past the 30-day window for this event is not required, the HBR can reach directly out to the enrollment vendor to make the change.
- For Qualified Medical Child Support Orders (QMCSO), the member must contact their HBR to initiate the event.

## “Consistent with” Rule

The regulations also require that the requested change be “consistent with” the QLE. To satisfy this requirement, an election change is only permitted if:

- (1) The QLE affects the **eligibility** for coverage of the employee, spouse or the dependent under an employer’s plan (employee’s or dependent’s employer); and
- (2) The election change corresponds with that gain or loss of coverage.

## Effective Date

The effective date of the election change due to the QLE is the first day of the month following the date of the event. However, for birth or adoption the effective date is the date of birth, adoption or placement for adoption, provided the request was made within 30 days of the event. For FSA, if a change is requested towards the end of the plan year, the benefits and payroll processing deadlines will determine which month and plan year the change will take effect.

## QLE Noted Items

All Flexible Spending Account election increases or decreases are still subject to the plan year maximums and minimums as mentioned in the employee Enrollment Guide.

The NCFlex Program does not allow a change in dental, vision or cancer plan options as a result of a Status Change event (for example, low option to high option). **A QLE will not enable an employee to enroll in or cancel the Core AD&D benefit.** Refer to the Addendum for Core AD&D administration.

Core Vision: If the employee is enrolled in the Core Vision and his/her spouse and/or dependent loses vision coverage at another employer, the employee may move to a different plan (Basic or Enhanced Coverage) in order to cover the family. This change requires an exception to be submitted to the NCFlex team and once approved, instructions will be sent directly to the enrollment vendor to make the change and the HBR will be copied.

### NOTE

Some status changes are limited based on access to the enrollment platform as noted in the QLE Chart. Only HBRs with enrollment platform access can see all options, which include University HBRs, Community Colleges HBRs, Charter School HBRs and BEST Shared Services.

## Qualifying Life Event Chart

Events and Coverage	Actions and Comments
<b>Marriage</b>	
Accident/Dental/Vision/Cancer/Critical Illness/TRICARE	Add self, spouse, and all children.
Flexible Spending Accounts	Health: Add or increase. Dependent Day Care: Add or increase
Voluntary AD&D	Add or increase coverage; add family coverage.
Term Life	Add or increase coverage subject to EOI.
<b>Death of Dependent</b>	



Events and Coverage	Actions and Comments
Accident/Dental/Vision/Cancer/Critical Illness/TRICARE	Drop dependent
Flexible Spending Accounts	Health: decrease. Dependent Day Care: drop or decrease
Voluntary AD&D	Decrease coverage
Term Life	Drop dependent coverage, decrease subscriber coverage, or increase subscriber coverage
<b>Divorce/Legal Separation</b>	
Accident/Dental/Vision/Cancer/Critical Illness/TRICARE	Drop spouse
Flexible Spending Accounts	Health: decrease. (Divorce) Dependent Day Care: decrease (Legal Separation) Dependent Day Care: decrease.
Voluntary AD&D	Decrease coverage
Term Life	Drop spouse, decrease coverage, or increase coverage
<b>Birth, Adoption, Legal Custody or Guardianship</b>	
Accident/Dental/Vision/Cancer/Critical Illness/TRICARE	Add self, spouse, child(ren)
Flexible Spending Accounts	Health: Add or increase; Dependent Day Care: Add or increase;
Voluntary AD&D	Add or increase coverage; add family coverage.
Term Life	Add or increase coverage subject to EOI.
<b>Loss of Other Coverage</b>	
Accident/Dental/Vision/Cancer/Critical Illness/TRICARE	Add self, spouse, and/or child(ren).
Flexible Spending Accounts	Health: Add or increase. Dependent Day Care: Add or increase.
Voluntary AD&D	Add or increase coverage; add family coverage.
Term Life	Add or increase coverage subject to EOI.
<b>Loss of Other Coverage (Spouse)</b>	
Accident/Dental/Vision/Cancer/Critical Illness/TRICARE	No change
Flexible Spending Accounts	No change
Voluntary AD&D	No change
Term Life	Add or increase coverage up to the Guaranteed Issue amount with no EOI required.
<b>Now Eligible for other Coverage/Gain of Other Coverage (Other than a state sponsored post tax plan)</b>	
Accident/Dental/Vision/Cancer/Critical Illness/TRICARE	Drop Plan or drop dependents.
Flexible Spending Accounts	Health: No changes allowed. Dependent Day Care: drop or decrease.
Voluntary AD&D	Drop or decrease
Term Life	Drop or decrease.

Events and Coverage	Actions and Comments
<b>Reduction of Hours</b> (Only HBR with access to the enrollment platform can see this option)	
Dental/Vision	Dropping below 20 hours, coverage terminates. Any other reduction, can drop.
Accident/Cancer/Critical Illness/TRICARE	Dropping below 20 hours, coverage terminates. Any other reduction, no change.
Flexible Spending Accounts	Dropping below 20 hours, coverage terminates. Any other reduction, no change.
Voluntary AD&D	Dropping below 20 hours, coverage terminates. Any other reduction, no change.
Term Life	Dropping below 20 hours, coverage terminates. Any other reduction, no change.
<b>Unpaid Leave of Absence</b> (Only HBR with access to the enrollment platform can see this option - FML or Non-FML)	
Accident/Dental/Vision/Cancer/ Critical Illness/ TRICARE	Coverage terminates – see Unpaid Leave of Absence section. (Cancer may require EOI to restart benefit.)
Flexible Spending Accounts	Health: Coverage terminates – see Unpaid Leave of Absence section. Dependent Day Care: Coverage terminates.
Voluntary AD&D	Coverage terminates – see Unpaid Leave of Absence section.
Term Life	Coverage terminates – see Unpaid Leave of Absence section. (Term Life may require EOI to restart benefit.)
<b>Return from Leave of Absence</b>	
Accident/Dental/Vision/Cancer/ Critical Illness/ TRICARE	Re-enroll with same election if coverage dropped while on leave – see Unpaid Leave of Absence section.
Flexible Spending Accounts	Health: Re-enroll using Prorate or Reinstatement method – see Unpaid Leave of Absence section. Dependent Day Care: Re-enroll with same election if coverage dropped while on leave – see Unpaid Leave of Absence section.
Voluntary AD&D/Term Life	Re-enroll with same election if coverage dropped while on leave – see Unpaid Leave of Absence section. (Term Life will require EOI to restart benefit.)
<b>Court Order (follow court order for available eligible benefits)— Only HBR with access to the enrollment platform can see this option</b>	
Dental/Vision	Add or remove child(ren). Add entire benefit for self if not enrolled in plan that child(ren) is/are required to be enrolled in
Flexible Spending Accounts	No Change.
Accident/Cancer/Critical Illness/TRICARE/FSAs/ Voluntary AD&D/Term Life	No change.
<b>Military Leave/Reinstatement</b> (Only HBR with access can see this option)	
Accident/Dental/Vision/Cancer/Critical Illness/TRICARE	Military Leave Begins: Drop coverage. See Unpaid Leave of Absence section. Reinstatement: Re-enroll with same election if coverage dropped while on leave – see Unpaid Leave of Absence section (Cancer may require EOI to restart benefit)
Flexible Spending Accounts	Health-Military Leave Begins: Coverage terminates. See Unpaid Leave of Absence section.

Events and Coverage	Actions and Comments
	Health-Reinstatement: Re-enroll using Prorate or Reinstatement method – see Unpaid Leave of Absence section. Dependent Day Care-Military Leave Begins: Coverage terminates Dependent Day Care-Reinstatement: Re-enroll with same election if coverage dropped while on leave – see Unpaid Leave of Absence section.
Voluntary AD&D	Military Leave Begins: Cancel coverage. Reinstatement: Re-enroll with same election if coverage dropped while on leave – see Unpaid Leave of Absence section.
Term Life	Military Leave Begins: Coverage terminates - see Unpaid Leave of Absence section Reinstatement: Re-enroll with same election if coverage dropped while on leave – see Unpaid Leave of Absence section. (may require EOI to restart benefit)
<b>FMLA Subscriber non-pay (Employee) (Only HBR with access to the enrollment platform may see this)</b>	
Accident/Dental/Vision/Cancer/Critical Illness/TRICARE	Drop
Flexible Spending Accounts	Health: Drop Dependent Day Care: Drop
Voluntary AD&D/Term Life	Drop
<b>Transferring Employing Unit or Re-hire with less than 31 days break in service.</b>	
Accident/Dental/Vision/Cancer/Critical Illness/TRICARE	No change
Flexible Spending Accounts	Health: No Change Dependent Day Care: No Change
Voluntary AD&D/Term Life	No Change

<b>NOTE</b>
Changing medical options under the State Health Plan is NOT considered a status change event per IRS Regulations. A QLE will not enable an employee to enroll or cancel the Core AD&D benefit. Refer to the Addendum for Core AD&D administration.

## Qualifying Life Events for Dependent Day Care FSA

In the enrollment platform, there is one life event reason listed for Dependent Day Care FSA changes which is “Day care change”. This reason can be used for any of the scenarios below.

Events Specific to Dependent Day Care Spending Account	Actions and Comments
Dependent Child Becomes Ineligible at Age 13	Employee can drop or decrease election.
Dependent Child Begins Kindergarten or First Grade	Employee can drop or decrease election.
Day Care Provider Change Rates	If provider is a Relative – no change allowed. Other providers: <ul style="list-style-type: none"> <li>• Rates increase – increase election.</li> <li>• Rates decrease – decrease election.</li> </ul>
Day Care Provider Significantly Changes Coverage	Employee can change election consistent with coverage change
Employees Change Day Care Providers or Terminates Day Care Services	Employee can change election consistent with coverage change.

The word “**Add**” as used in the above charts means an employee does not currently have the benefit and wishes to enroll due to a QLE.

### Important:

*Several life events may occur at the same time. Employees should select the event, which provides the maximum time period to make a decision and is consistent with the change. For example, if an employee experiences a birth of a child and is also out on an unpaid leave of absence, the employee may be better off selecting the unpaid leave as the event. This gives the employee flexibility to drop their existing Dependent Day Care Flexible Spending Account election at the beginning of the unpaid leave when they are not working and cannot incur expenses against their account. When they return to work, they can increase their election to cover the additional Dependent Day Care Flexible Spending Account expenses. Always remember that a change must be requested within 30 days of an event and expenses must be incurred on or after the effective date of coverage.*

## Annual Enrollment

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Each year employees must be given an opportunity to enroll and re-enroll in the NCFlex benefits. The annual enrollment period generally begins in October. Employees are permitted to change existing elections or enroll for the first time in the program. All elections are effective for the following plan year of January 1 through December 31 (unless an EOI needs to be completed and reviewed).

Elections by employees in the Accident, Cancer, Critical Illness, Dental, Vision Care, Core Wellness Vision, Term Life Plans, Core and Voluntary AD&D, and TRICARE Supplement automatically continue each plan year. No additional enrollment is needed; unless employees wish to change their elections (increase, decrease or cancel coverage). The Flexible Spending Accounts (DDCFSA and HCFSA) must be enrolled in each year.

### Employees on Unpaid Leave during Annual Enrollment

Employees designated as on unpaid LOA in the enrollment platform (which terms their benefits) during annual enrollment must call the vendors directly to make any changes for the upcoming plan year (excluding FSA accounts). This only applies if the employee is actively paying the vendors while on unpaid LOA to keep their benefits active. Certain elections may be subject to EOI requirements and pre-existing condition limitations. Once an employee returns from unpaid LOA, a Family/Employment Status Change will need to be created by the employee in the enrollment platform within 30 days from return in order to re-enroll in benefits. If a new plan year has begun when the employee returns, new elections can be made as if they were a new hire. The election changes will be effective the first of the month following the date of the Family/Employment Status Change event (the return from an approved leave) and EOI (if applicable) is reviewed for possible approval by the insurance vendor. Please refer to the Eligibility and Qualifying Life Event sections of the manual for more details.

### New Hires during Annual Enrollment and 4<sup>th</sup> Quarter

For a new hire during the September – November timeframe:

- Current Plan Year - An employee should select current year benefits FIRST.
- Next Plan Year – An employee should select Annual Enrollment for future benefits after completing current plan year benefits (remember must enroll in FSA each plan year).

### Evidence of Insurability (EOI)

#### Approval Process

An EOI form is required for late applicants (applicants who did not enroll during their first 30 days of eligibility) enrolling for Cancer and Term Life benefits, and for current employees who wish to increase the amount of their cancer or life coverage. (Special offers waiving EOI may be made for certain products and plans for marketing purposes during the annual enrollment period. Special offers will be noted in the enrollment materials.)

Employees will be mailed an EOI form from the carrier. Coverage amounts greater than the guaranteed issue amount will be pended until EOI approval. EOI's must be approved or denied within 90 days or the system will cancel the pended coverage amount.

When the EOI has been approved, the new coverage level goes into effect as of the first of the month following the date of approval. If the enrollment is made during Annual Enrollment and the approval is effective prior to January 1 of the upcoming plan year, the new coverage level goes into effect as of January 1. If the approval date is effective after 1/1, the new coverage goes into effect the first of the month following the approval date as noted in the approval letter sent to the employee.

# HIPAA\* Privacy Issues

(\*Health Insurance Portability and Accountability Act of 1996)

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Under federal law, the NCFlex Program cannot use or disclose individually identifiable health information (also called “protected health information” or PHI) without authorization by the individual or as authorized by the regulations.

The privacy standards protect medical records and other confidential health information that identifies (or could reasonably be used to identify) an individual and relates to a past, present or future physical or mental condition of the individual or the payment of health care for that individual. This individually identifiable PHI can be in any form (including electronic, written or oral) that is created or received by an HBR. Examples of receiving the information electronically include but are not limited to facsimile (fax) machines, telephones and attachments to electronic mail (e-mails).

## HIPAA Applies to:

- Health Care Flexible Spending Account
- Accident Plan
- Cancer Plan
- Critical Illness Plan
- Dental Plan
- Vision Care Plan
- TRICARE Supplement

## HIPAA Does Not Apply to:

- Dependent Day Care Spending Account
- Group Term Life
- Accidental Death and Dismemberment (HIPAA privacy form is required if medical records are needed to process a claim.)

## HBR Responsibilities

HBR’s are responsible for answering or finding answers to enrollment, eligibility, coverage and specific claim questions concerning the NCFlex Program when asked by one of their employees. (Employee may also contact the vendor customer service centers.)

If you must identify a specific employee by name and/or Social Security number to resolve a claim problem, a HIPAA Privacy Authorization Form from the vendor must be completed and signed/dated by the employee. The Authorization Form must indicate the entity authorized to disclose the health information (Health Care Flexible Spending Account, Accident Plan, Cancer Plan, Critical Illness Plan, Dental Plan, Vision Care Plan, and TRICARE Supplement) and the person(s) or organization(s) authorized to receive the information (State HBR, NCFlex Department, enrollment vendor, and other persons, such as spouse).

In addition, the Authorization Form must include a description of the health information to be disclosed and an expiration date (which can be when the issue/question has been resolved). The Authorization Form must be sent securely from the entity named on the form to whoever is authorized to investigate and disclose the health information.

Important: Please remember that at the top of the Authorization Form, the “Individual’s Name” is the person (employee, spouse, or child 18 years and older) who has the specific health claim or issue which needs to be researched. This means only that individual can receive the answer from the carrier (and not the spouse or HBR asking on behalf of the employee) without an Authorization Form.

## HIPAA Tips

Whenever possible, do not mention the employee’s name, Social Security number or other identifier when asking a general benefit or coverage question. Instead, refer to the person as an employee or dependent. For example, instead of saying “John Smith is an employee that needs a root canal. What would his benefits be?” say “I have an employee under the High Option Dental Plan who needs a root canal. What will the Dental Plan pay?” By not identifying a specific employee or dependent, you just saved time in not having to complete the Authorization Form.

- The employee or spouse who has a claim issue or question should be encouraged to first call the customer service number of their NCFlex vendor directly to resolve the problem. This does not require an Authorization Form.
- If you do have to research a claim problem or issue for an individual, an Authorization Form is not required if you make a joint call by having the individual in your office or on the same conference call with you.
- An Authorization Form is not required if you contact the vendor to explain the claim issue for the individual and the vendor then directly contacts the individual with the answer. The vendor can only let you know that the problem has been resolved and you can then seek details from that individual.
- The following are not subject to the HIPAA privacy regulations since protected health information is not being shared:
  - Enrollment questions
  - Eligibility questions
  - Coverage questions
- When handling and protecting employees’ personal health information, please continue to follow established internal policies.
- Please remember that a completed written Authorization Form from the vendor, signed and dated by the individual with the claim issue/question, is absolutely required when someone other than that individual receives PHI.

## Where to Send the HIPAA Privacy Authorization Form

The address can be found on the Vendor’s form.

## Additional Plan Information

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This section of the Administration Manual includes information from NCFlex vendors. Please refer to the enrollment materials for benefit details and cost. Enrollment materials, benefit certificates, forms and other helpful tools can be found on the NCFlex website at [www.ncflex.org](http://www.ncflex.org).

### Flexible Spending Accounts (FSA)

#### Administered by P&A Group

P&A sends an FSA claims kit to all participants each January which is also located at [www.ncflex.org](http://www.ncflex.org) in the FSA section.

#### Direct Deposit for Flexible Spending Accounts

For Health Care Flexible Spending Account (HCFSA) and Dependent Day Care Flexible Spending Account (DDCFSA) employees will automatically receive their reimbursement by direct deposit. It will be deposited into the same account where their State pay is being deposited (For the OSC Integrated HR-Payroll System (formerly BEACON) it will be in the same bank account where their salary is deposited.). Please note, for some charter schools and community colleges, a direct deposit form will need to be completed by the employee to designate the account they would like their reimbursement deposited. Check with the FSA vendor when unsure of the process for a particular Employing Unit.

#### Changing Banking Accounts under the Spending Accounts

It is the sole responsibility of the Spending Account participants to report changes in their banking account that would cause a direct deposit payment to fail.

To report changes in banking accounts, employees must provide the new banking information to their HBR or benefits department/payroll department (not to the vendor). This is typically done electronically through the Employing Unit HRIS system. The information should then feed to the enrollment system and in turn to the FSA vendor. For some charter schools and community colleges who manually provide account information to the vendor for employees' reimbursements, the vendor will need to be notified directly when there is a change.

#### Limitation Affecting Increases to Spending Account Election

If an FSA employee uses an approved family/employment status change event to increase his/her election amount, reimbursement of expenses incurred prior to the change date will be limited to his/her original account maximum and not to the new higher maximum. For example, if an employee elects \$1,200 for the plan year, and then increases his plan year maximum to \$2,400 on July 1st, the employee cannot be reimbursed more than \$1,200 for expenses incurred prior to July 1st.

#### Plan Year Election

FSA pre-tax elections are effective only for one plan year (January 1 - December 31). If employees wish to participate again in the new plan year, they must elect coverage during the annual fall enrollment period. The HCFSA includes a roll-over feature of \$25 to \$500 into the next plan year (employee is not required to re-enroll for the next plan year to use this feature). Otherwise, all claims for the HCFSA account must be incurred by December 31<sup>st</sup> of the current plan year and submitted for reimbursement by April 30<sup>th</sup> of the following plan year. The DDCFSA still runs on a 2.5-month extension with no roll-over feature and the deadline to submit claims for reimbursement remains April 30<sup>th</sup> of the following plan year.

#### Online Claim and Account Information

Employees can easily access information concerning their current FSA account balance, status of claim, and other account information by linking to the FSA vendor at the NCFlex website.

#### FSA Plan Forfeitures Rule

Under IRS regulations, employees will lose money remaining in their account after the deadline to submit eligible claims. Under the new \$500 rollover of the HCFSA, employees may rollover \$25 - \$500. Any



amounts above \$500 must be used by December 31 of the plan year. Amounts under \$25 at the end of the calendar year will be forfeited.

Employees should be encouraged to use the worksheet available in the enrollment materials to plan for expenses for themselves and their dependents and keep in mind the normal fluctuations in dependent care expenses during a school year. The eligible/ineligible expenses and other rules are detailed on the NCFlex website at [www.ncflex.org](http://www.ncflex.org). By taking advantage of an FSA, employees save about 25%-30% or more in taxes (state, federal and FICA).

Note: Employees should consider the following eligibility rules in their DDCFSA planning process:

- Children must be under age 13, unless physically or mentally handicapped;
- Both the employee and spouse must be employed, or the spouse may be a full-time student or looking for work; and
- Special rules apply if the employee is divorced or legally separated.

## Accident Plan

This plan became effective 1/1/2018

**Administered by Voya Financial and underwritten by ReliaStar Life Insurance Company**

**Group #68077-0**

Detailed plan information (including the certificate of coverage) can be found in the NCFlex Enrollment guide and on [www.ncflex.org](http://www.ncflex.org).

### Claim Processing Information

If a covered member has an accident and seeks medical attention, a claim should be filed to see if any benefits are due. The claims process should begin by completing the claim form found in the Accident section of [ncflex.org](http://ncflex.org). The claim form has instructions on where to send the form including a fax number, a mailing address, and how to upload online which all go directly to Voya. More details on the claims process can be found in the certificate.

### Tax Issues

Whenever a benefit claim is paid in excess of \$600 (amount set by the IRS), a 1099 tax form will be mailed to the employee's home address in January of the following year. The employee should consult with their tax advisor regarding the possible effects of the receipt of benefits that he/she might have or obtain.

## Cancer & Specified Disease Insurance

**Underwritten by American Heritage Life Insurance Company, a subsidiary of The Allstate Corporation; using the marketing name of Allstate Benefits.**

**Group Policy #83126**

### Beneficiary Designation

Beneficiary designation is not required for the Cancer Insurance. If the employee chooses to designate a beneficiary elections can be made on the enrollment platform. If the employee were to become deceased and did not have a designated beneficiary, Allstate Benefits would pay out the claim based on the standard facility of payment clause.

### Evidence of Insurability Requirement (EOI)

EOI is not required for new hires but may be required during annual enrollment or a qualifying life event. EOI will be required if there is a break in coverage, such as missed premiums while out on LOA.

### Pre-Existing Conditions Limitation

Once an employee and eligible dependents are approved for coverage, a pre-existing condition may not be covered if it was diagnosed prior to the effective date of coverage. (See NCFlex enrollment materials or insurance certificate on the website for more details).

## Critical Illness

**Underwritten by American Heritage Life Insurance Company, a subsidiary of The Allstate Corporation; using marketing name of Allstate Benefits.**

**Group Policy #83126**

### Beneficiary Designation

Beneficiary designation is not required for the Critical Illness Insurance. If the employee chooses to designate a beneficiary elections can be made on the enrollment platform. If the employee were to become deceased and did not have a designated beneficiary, Allstate Benefits would pay out the claim based on the standard facility of payment clause.

### Tax Issues

Whenever a benefit claim is paid, a 1099 tax form will be mailed to the employee's home address in January of the following year. The employee should consult with their tax advisor regarding the possible effects of the receipt of benefits.

## Dental Plan

**Administered and underwritten by MetLife (effective 1/1/2017)**

**Group Policy # 165756**

Customer Service Information and online tools

Employees can access forms and information from the NCFlex website, [www.ncflex.org](http://www.ncflex.org) or on MetLife's MyBenefits website at [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits). On the MyBenefits website, type in "NC Flex" for the Company Name. ID cards are not distributed via postal service by MetLife but can be accessed at either:

1. NCFlex's website in the dental section - where they can print a generic Dental ID Card, or
2. MetLife's website - after registering on the MetLife website employees can print an ID card, which includes the employees name on the card.

The cards do not contain unique member IDs but can be used to identify them as an NCFlex group member. ID cards are not necessary to file claims.

MetLife also provides customer service options by phone. The customer service number for NCFlex is 855-676-9441 and allows members to access the automated system, 24/7, or talk to a representative 8 a.m. to 11 p.m. Monday – Friday.

### Claim Processing Information

For a dental claim to be eligible for payment, claims must be filed and received by the dental plan within 365 days from the date of service. Claims should be submitted using your social security number. It is recommended that a predetermination of benefits be submitted if the estimated charges for a procedure are expected to be \$300 or more. Employees can refer to the NCFlex Enrollment Guide for instructions on how to obtain estimated charges.

## Vision Care Plan

**Administered by EyeMed Vision Care and underwritten by Fidelity Security Life Insurance (as of 1/1/18)**

**Group Policy #1012270**

There are three plans available for employees to choose from (Core, Basic, Enhanced) and details of these plans can be found in the NCFlex Enrollment Guide and online at [www.ncflex.org](http://www.ncflex.org). ID cards are mailed to all new members but can also be obtained online at [www.eyemed.com/ncflex](http://www.eyemed.com/ncflex) after registering. Members can also view claim details, find special offers, locate a provider (even without registration), and get other plan details on site.

Effective 1-1-2018 the two-year lock out is no longer in effect

The Core Wellness benefit is paid for in full by the State of North Carolina. Enrollment is required. Employees do not contribute towards the cost of this benefit. The Core Wellness Vision Plan benefit is one of the three vision options available. This is Employee Only coverage.

## Term Life

**Administered by Voya financial and underwritten by Reliastar life insurance company, a member of the Voya family of companies**

**Group Policy #680770-6GAT**

### Beneficiary Designation

It is important that a primary beneficiary or beneficiaries be named during the enrollment process. The same is true for the contingent beneficiary or beneficiaries who will receive the life amount if the primary beneficiary or beneficiaries are not living at the time of the employee's death.

Remind employees to update their beneficiaries when they have a family status change (e.g., marriage, birth, divorce). The employee is the automatic beneficiary on spouse/child coverage.

### Tax Issues

Because the Term Life premiums are being deducted on a pre-tax basis, the IRS requires taxes to be paid on life amounts over \$50,000. The NCFlex enrollment materials and the NCFlex website have specific information about these tax calculations and the amounts, called imputed income, that will automatically be included in a employee's pay check. Employees can use the income calculator on the NCFlex website to calculate their imputed income amount.

## Core Accidental Death and Dismemberment

**Administered by Voya financial and underwritten by Reliastar life insurance company, a member of the Voya family of companies**

**Group Policy #68077-0**

This benefit is paid for in full by The State of North Carolina. Enrollment is required. Employees do not contribute towards the cost of this benefit. The Core AD&D benefit is offered in addition to the voluntary AD&D benefit. Employees will also receive an informational piece with contact information for worldwide travel assistance services which is included with the AD&D coverage and provided through Voya by Europe Assistance USA.

An employee can elect Core AD&D Employee Only coverage during annual enrollment or as a new hire.

### Beneficiary Designation

The employee should list the full name or names of the primary and contingent beneficiaries. The contingent beneficiary receives the death benefit if the primary beneficiary is not living on the date of death of the employee. More than one primary and contingent beneficiary can be listed, and the benefit will be paid as designated. The employee's estate can also be listed as the beneficiary.

## **Voluntary Accidental Death and Dismemberment**

**Administered by Voya financial and underwritten by Reliastar life insurance company, a member of the Voya family of companies**

**Group Policy # 68077-0**

### **Beneficiary Designation**

Beneficiaries can be designated through the enrollment platform. The employee should list the full name or names of the primary and contingent beneficiaries. The contingent beneficiary receives the death benefit if the primary beneficiary is not living on the date of death of the employee. More than one primary and contingent beneficiary can be listed, and the benefit will be paid in equal portions. The employee's estate can also be listed as the beneficiary. If an employee has elected family AD&D coverage and a covered dependent dies, the beneficiary is automatically the employee.

## **TRICARE Supplement**

**Administered by Selman & Company and underwritten by Transamerica Premier Life Insurance Company**

### **Policyholder**

The American Military Insurance Trust is the policyholder for the TRICARE Supplement plan. Plan employees will receive a Certificate of Insurance from Selman & Company. Additionally, all plan employees can download the Certificate of Insurance from the NCFlex website at [www.ncflex.org](http://www.ncflex.org).

### **Customer Service**

Selman & Company provides customer service by phone at 1-800-638-2610 option 1 Monday-Friday 9:00 a.m. – 7:00 p.m. or by email at [memberservices@selmanco.com](mailto:memberservices@selmanco.com).

## List of Participating Groups

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This list includes all groups currently participating in NCFlex benefits, including all BEACON agencies.

Administrative Office of the Courts/Judicial Branch
Appalachian State University
Auctioneer Licensing Board
Barber Examiners Board
Board of Ethics
Cape Fear Center for Inquiry
Charlotte Secondary School
College of Albemarle
Community College System, NC
Community School of Davidson
Corvian Community School
Dept of Administration
Dept of Agriculture
Dept of Commerce
Dept of Cultural Resources
Dept of Environmental Quality
Dept of Health & Human Services
Dept of Health & Human Services - Special Care Center
Dept of Insurance
Dept of Justice
Dept of Labor
Dept of Military & Veteran Affairs
Dept of Public Instruction
Dept of Public Safety
Dept of Revenue
Dept of Transportation
Discovery Charter School
East Carolina University
Edgecombe Community College
Elizabeth City State University
Fayetteville State University
General Assembly
Global Transpark Authority
Glow Academy
Haliwa Saponi Tribal School
Hobgood Charter School
Housing Finance Agency
Information Technology Services (ITS)

Innovative School District
Invest Collegiate Consortium
Longleaf School of the Arts
Mayland Tech Community College
Moore Montessori Community Charter School
Mountain Community School
Mountain Discovery Charter
MountainIsland Day Community Charter
N East Carolina Prep
NC A & T University
NC Board of Opticians
NC Central University
NC Education Lottery
NC General Assembly
NC General Assembly Legislative
NC Housing Finance Agency
NC Office of the Governor
NC Psychology Board
NC State Board Cosmetic Arts
NC State University
NCCOB - NC Office of the Commissioner of Banks (under Commerce)
NCSU Cooperative Extension Service, Agriculture
New River Light & Power Company
Office of Administrative Hearings
Office of State Budget and Management
Office of State Controller
Office of State Human Resources
Office of State Treasurer
Pitt Community College
Ports Authority (Morehead City)
Ports Authority (Wilmington)
Raleigh Charter High School
Raleigh Oak Charter
Research Triangle High School
Roanoke Chowan Community College
School of Science & Math
Secretary of State
State Auditor
State Board of Elections
Two Rivers Comm School
UNC Asheville
UNC Chapel Hill

UNC Charlotte
UNC General Administration
UNC Greensboro
UNC Health Care
UNC Pembroke
UNC Physician Group
UNC Wilmington
University of NC Press
University of NC School of the Arts
USSNC Battleship
Wayne Community College
Western Carolina University
Wildlife Resources Commission, NC
Willow Oaks Montessori
Wilson Community College
Winston Salem State University

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