

2019 BENEFITS GUIDE

NCFLEX
STATE INSURANCE PLANS



Look inside for an overview of the benefits and resources
NCFlex offers all benefits-eligible employees for 2019.

NCFlex Overview

The NCFlex Benefits Program provides a variety of plans to meet the needs of employees and their families. An employee may enroll in any or all of the NCFlex benefits if he/she works for a state agency, university, select community college, or select charter school for 20 hours or more per week in a permanent, probationary, or time-limited position. **NCFlex offers the following plans:**

NCFlex Benefits and Other Details	Features	Page
Health Care Flexible Spending Account (HCFSA)	<ul style="list-style-type: none"> Employees must enroll each year to contribute. The annual contribution limit is \$2,650 per federal regulation. Roll over feature – up to \$500 of unused funds roll into the next plan year; minimum of \$25 balance. 	6
Dependent Day Care Flexible Spending Account (DDCFSA)	<ul style="list-style-type: none"> Employees must enroll each year to participate. 	9
NCFlex Convenience Card	<ul style="list-style-type: none"> The card can be used for both the Health Care FSA and the Dependent Day Care FSA. 	12
Accident Plan	<ul style="list-style-type: none"> Pays a benefit directly to an employee for specific injuries and events resulting from a covered accident. Helps offset out-of-pocket medical expenses. Family coverage available. 	13
Cancer and Specified Disease	<ul style="list-style-type: none"> Options include Low, High, or Premium. No EOI (Evidence of Insurability) is required to enroll. (EOI is required if there is a lapse in coverage.) 	16
Critical Illness	<ul style="list-style-type: none"> Options include \$15,000 or \$25,000 in coverage. No EOI is required to enroll. 	19
Dental	<ul style="list-style-type: none"> Options include High Option PPO and Low Option PPO. 	21
Vision	<ul style="list-style-type: none"> Options include a Core, Basic, and Enhanced Plan. The Core Plan is free for employees; the Basic and Enhanced Plans offer family coverage. 	24
Group Term Life	<ul style="list-style-type: none"> For newly eligible employees, EOI is not required to enroll for amounts up to \$200,000. Spouse and child coverage available. 	28
Core Accidental Death & Dismemberment (AD&D)	<ul style="list-style-type: none"> If elected, coverage is provided to the employee at no cost. 	31
Voluntary Accidental Death & Dismemberment (AD&D)	<ul style="list-style-type: none"> Pays benefits if an employee (or his/her covered dependents) suffer a loss (death or dismemberment) as a result of a covered accident. Worldwide Emergency Travel Assistance Services are provided along with this coverage. 	33
TRICARE Supplement Plan	<ul style="list-style-type: none"> To enroll, an employee must be a retired uniform service member and have TRICARE Select, Prime, or TRS benefits. 	35
Coverage Continuation Options at Termination	<ul style="list-style-type: none"> Employee options to continue certain benefits after termination. 	37
Contact Information	<ul style="list-style-type: none"> Vendor contact information for employees. 	40

NCFlex Advantages

Here are key advantages of participating in NCFlex:

- **Convenience and Tax Savings:** Contributions for all NCFlex benefits are made through payroll deductions **before** taxes are withheld.
- **Flexibility:** Employees can sign up for any of the benefits offered through NCFlex. Then, each year during annual enrollment, employees can decide if they want to want to participate for the next year.
- **Two Ways to Save:** First, we are able to offer benefits at lower group rates because the number of NCFlex-eligible employees gives us greater bargaining power, and this saves employees money. Second, the premiums for the insurance coverages and contributions employees make to the flexible spending accounts (FSAs) are deducted from their pay on a pre-tax basis, which can save employees 25-40% in taxes, depending on their tax bracket.

Note: The State of North Carolina is the employer of the NCFlex program.

About This Guide: This guide describes benefits offered through NCFlex. In the event of any discrepancy between what is written here and what is written in the plan document and insurance certificates, the plan document and insurance certificates will govern. Changes in the tax laws or other requirements might cause changes in the plan. The State reserves the right to amend or terminate the plan or any benefits under the plan at any time. This guide is only a summary of the benefit plan. An employee may review and/or obtain a copy of the Certificate of Coverage by accessing our website at www.ncflex.org.

Benefits Resources

The State of North Carolina offers a variety of benefits that can help employees meet their health and financial goals. These include:

- Numerous pre-tax voluntary benefits under NCFlex
- Medical coverage through the State Health Plan
- Retirement benefits

This Benefits Guide and the NCFlex website (www.ncflex.org) provide employees with an overview of the available pre-tax NCFlex benefits.

To view current NCFlex benefits elections, employees can go to the online enrollment system by clicking *Enroll Now* on www.ncflex.org.

To obtain information on other benefits or for help in making NCFlex elections, employees may visit the websites listed below.

Employees who want information about benefits specific to their state agency, university, select community college, or select charter school, should contact their local Health Benefit Representative (HBR) or Human Resources Department.

Resource	Web Address
Benefits Resources	
NCFlex Pre-tax Benefits	www.ncflex.org
State Retirement Systems	www.myncretirement.com
ORBIT — State Retirement Account Access	orbit.myncretirement.com/Orbit
State Health Plan	www.shpnc.org
Financial & Wellness Resources	
State 401(k) and 457 Retirement Plans	www.ncplans.prudential.com
OSHR State Wellness Program	www.oshr.nc.gov/state-employee-resources/benefits/wellness
North Carolina State Employees Credit Union	www.ncsecu.org
Federal Government Finance	www.mymoney.gov

How to Enroll

Employees have two ways to enroll:



Go online to ncflex.org and click the *Enroll Now* button. To log in, the employee should:

- Select his/her work location from the list on the left side of the screen; or
- Enter his/her eBenefits user name and password. If an employee has forgotten their user name or password, click *Can't Access Your Account?*. The enrollment system will walk the employee through the steps to enroll.



Call the eligibility and enrollment call center at 1-855-859-0966, Monday – Friday, 8 a.m. – 5 p.m., (ET).

Eligibility

Eligibility and Effective Date

Employees are eligible to participate in NCFlex if they are actively employed with a state agency, university, select community college, or select charter school and work 20 or more hours per week in a permanent, probationary, or time-limited position.

Benefits elections made during annual enrollment will begin on January 1 of the following year. **Newly eligible employees must enroll within 30 days of their employment date. Coverage begins the first day of the month following the date of hire.**

Any expenses or claims incurred prior to an employee's effective date of coverage or after an employee's plan termination date will not be eligible for reimbursement.

Dependent Eligibility

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

- Legally-married spouse.
- Any child, including stepchild and foster child, until the end of the month in which the child turns age 26, including:
 - The employee's natural or adopted child, who is dependent on him/her for support and maintenance. The child need not 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 stepchild and foster child, of any age who is unable to make a living because of a mental or physical handicap.*

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

- The employee's unmarried child less than 26 years of age who is:
 - The employee's natural or adopted child, who is dependent on the employee for support and maintenance. The child need not be claimed as a dependent on the employee's federal income tax return.
 - A child who is primarily dependent on the employee for support and who is his/her stepchild, foster child, or a child for whom he/she is a legal guardian.

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 and children may not be dually enrolled.
- Employees should consult with their tax advisor if he/she has questions as to whether someone qualifies as an income tax dependent.

Note: Some exceptions apply when noted in specific benefit sections.

For the HCFSAs, employees 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 provides more than half of the support for the calendar year.

The DDCFSAs have additional eligibility rules. See the *Dependent Day Care Flexible Spending Account* section on **page 9** for details.

Note: Employees should consult with their tax advisor if they have questions as to whether someone qualifies as an income tax dependent.

** 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 if the dependent was covered by the NCFlex plan for which the employee wants to continue coverage.*

Life Events

If an employee has a qualified life event (also referred to as a family or employment status change), it is the employee's responsibility to log onto the **eBenefits** system and make appropriate changes within 30 days. See the *Changing Elections During the Year* on **page 5** for details. More detailed life events information is also available at www.ncflex.org.

Note: Dependents do not have to be enrolled on the employee's health plan in order to be enrolled on his/her NCFlex plan(s).

Changing Elections During the Year

Qualifying Life Events

Each year employees can choose to participate in any or all of the NCFlex benefits. Once employees have made their elections, they **cannot add, change or cancel their elections during the year unless they have a qualifying life event — a change in family or employment status.**

Qualifying life events include, but are not limited to:

- Marriage
- Divorce or legal separation
- Birth or adoption (or placement for adoption) of a child
- Death of a covered dependent
- Unpaid leave of absence
- Change in the spouse's employment that impacts the employee's benefits eligibility
- A dependent turns age 26
- Legal guardianship
- Significant cost change
- Court order
- Reduction in hours

For more details about qualifying life events and the steps employees need to take when one occurs, visit www.ncflex.org.

To change benefit elections, an employee must log onto the eBenefits system and make changes within 30 days of the event. Valid changes to elections are effective on the first day of the month following the date of the life event. **The employee may be required to provide documentation to verify the change.**

The changes the employee wants to make must be consistent with the life event. All benefits changes are subject to approval. Some plans are subject to waiting periods or require Evidence of Insurability (EOI). The Dental Plan, Cancer and Specified Disease Plan, and Vision Care Plan* do not permit participants to change options during the plan year. (For example, an employee cannot switch from the Dental Low Option PPO to the Dental High Option PPO, or vice versa.)

**If an employee is enrolled in the Core Vision Plan and has a Qualifying Life Event that allows him/her to add family members to their plan, they may be allowed to change options during the plan year.*

Non-Qualifying Life Events

If any events other than those listed under "Qualifying Life Events" occur, employees should check with their HBR to see if they may make changes to their NCFlex coverage during the year.

Some examples of events that do not allow employees to change NCFlex elections are:

- The employee is re-hired within 30 days of termination date.
- The benefit cost is too high/the employee did not realize how much was going to come out of his/her paycheck.
- An employee decides he/she doesn't like the coverage.

Transfers

The State of North Carolina is the employer of the NCFlex program. When an employee transfers between a state agency, university, select community college, or select charter school, he/she cannot make changes to benefits elections or elect new benefits options. Employees must transfer their existing NCFlex benefits to the new work location. **The employee must check the online enrollment system to ensure benefits have transferred.**

Limitation Affecting Increases to Spending Account Elections

If an employee uses an approved life event to increase the election amount to his/her HCFSA or DDCFSA, reimbursement of expenses incurred prior to the change date will be limited to original account maximum and not the new maximum. For example, if an employee elects \$1,000 for the plan year, and then increases his/her plan-year maximum to \$1,200 on July 1, the employee cannot be reimbursed more than \$1,000 for expenses incurred prior to July 1.

Deduction Corrections and Bank Account Changes

- An employee should review his/her pay stub to make sure the deductions are correct. If deductions are incorrect on the pay stub, the employee should contact their HBR or benefits department immediately.
- If an employee changes banks or bank accounts during the year, he/she will need to notify his/her HBR or benefits department so that reimbursements will be credited to the correct account.

Health Care Flexible Spending Account



Employees **MUST ENROLL** in the HCFSAs each year.

A Health Care Flexible Spending Account (HCFSAs) helps an employee save money on taxes by paying for eligible out-of-pocket medical, dental, or other qualifying expenses for the employee and his/her eligible dependents (as defined by the IRS) with pre-tax dollars.

The maximum amount an employee can contribute is \$120 – \$2,650 (as determined by the IRS). NCFlex deducts employees' annual contribution amounts (in equal portions) from their paychecks throughout the plan year. However, an employee's entire annual election amount is available to him/her on the first day of the plan year or the first day benefits become effective.

Employees who enroll in the HCFSAs will receive a debit card, the NCFlex Convenience Card. The card makes it easy to access the funds in the HCFSAs. See [page 12](#) for more information.

HCFSAs Rollover Feature

If an employee participated in the HCFSAs in 2018, up to \$500 of the unused account balance from 2018 will roll over to pay eligible expenses in 2019. If an employee did not re-enroll in the FSA for 2019, he/she cannot make new contributions, but may still use these rollover funds. This rollover feature only applies to the HCFSAs, not to the DDCFSAs.

For the 2019 plan year, expenses must be incurred between January 1 and December 31, 2019, to be eligible for reimbursement. Employees have until April 30, 2020, to submit claims for reimbursement. Employees can roll over up to \$500 of unused account balances into 2020 as long as they have a minimum balance of \$25. Any funds exceeding this amount will be forfeited.

Eligible and Ineligible Expenses

Go to www.ncflex.org for a sample list of eligible and ineligible expenses. To access the IRS list of expenses, visit www.irs.gov/publications/p502.

Eligible Health Care Expenses*

Employees may use the HCFSAs for reimbursement of the following out-of-pocket health care expenses incurred during the plan year:

- Deductible(s) and copayments for the employee's health plan or his/her qualifying relative's plan.

- Coinsurance for any medical or dental bills after the deductible is met.
- Any amounts employees are required to pay after reaching the maximum benefit under a medical or dental plan.
- Over-the-counter medicines, vitamins, and supplements, **only with a physician's prescription.**
- Other allowable expenses including, but not limited to:
 - Dental expenses
 - Hearing aid and its batteries
 - Infertility treatment
 - Insulin and diabetic supplies
 - Mileage (\$0.18 per mile for 2018) to/from medical provider's office for treatment (For up-to-date rates, go to www.irs.gov.)
 - Orthodontia
 - Prescription drugs
 - Refractive surgery (RK, PRK, LASIK)
 - Smoking cessation programs
 - Medical supplies
 - Tuition at a special school or specially trained tutor for disabled children
 - Vision expenses (exams, glasses, frames)
 - Weight reduction program (prescribed by doctor to alleviate a diagnosed medical condition or obesity), but plan food is not covered
 - Personal care items such as sunscreen (SPF 15+), bandages, shoe insoles, inserts, and cushioning

** Some health care expenses may require a letter of medical necessity written by an authorizing physician. There is a standard form available at www.ncflex.org that an employee's physician can complete. Under the Health Care Reform Act, over-the-counter medications will not be eligible for reimbursement through the HCFSAs unless the employee has a doctor's prescription for the expense.*

Ineligible Health Care Expenses

Medical, dental, and other premiums cannot be reimbursed through the HCFSAs. In addition, elective cosmetic procedures and similar expenses are not allowable expenses according to the IRS. Common ineligible expenses include:

- Over-the-counter medications, vitamins, and supplements, unless prescribed by a physician.
- Cosmetic procedures that are not to correct a congenital deformity or disfigurement due to an accident or disease.
- Dental procedures to whiten teeth.
- Weight loss programs, unless prescribed by a doctor to alleviate a diagnosed medical condition or obesity.

Shop for Eligible Expenses Online at the FSA Store — and Save!

Employees can experience convenience and savings when they shop at the FSA Store, a one-stop shop that offers significant discounts on thousands of pre-approved eligible FSA products. The NCFlex Convenience Card can be used to purchase these items. Visit ncflex.padmin.com to access the FSA Store today!

How to Submit Health Care and Dependent Care FSA Claims

The Health Care and Dependent Day Care FSAs are administered by P&A Group. Employees have several claim submission options:

- 1 From a computer:** Log into the P&A Account at ncflex.padmin.com. Go to **Member Tools > Upload Claim > New Claim**.
- 2 From a mobile phone:** Submit a claim directly from a smartphone.* First, take a picture of the receipt or other documentation. Then, log into the account from a smartphone by going to ncflex.padmin.com. Select **Upload**, then select claim type. Click **Continue**, then select the account and dollar amount. Next, select **Add File** and choose the image of the receipt from the image gallery.

** Not all mobile claim upload features are currently available on all mobile devices or with all operating systems. Wireless carrier fees may apply. Requires at least a two-megapixel camera.*

- 3 By fax or mail:** Go to ncflex.padmin.com to access the FSA claim form. When submitting a paper claim the employee must attach an itemized, third-party receipt or the insurance company Explanation of Benefits (EOB) form.

Fax: 1-877-213-8917
Mail: Attn: NC FSA Plan
17 Court Street, Suite 500
Buffalo, NY 14202

If a claim is reimbursable by a medical, dental, or vision plan, the employee will need to file a claim with that plan first.

Claim Reimbursements

Claims are processed each day, with the exception of holidays. Reimbursements are issued Monday through Friday. The next business day after the claim was adjudicated a reimbursement will be issued to the bank account on file.

Depending on how long the banking institution takes to process the payment, it may take an additional 2 to 4 days for the payment to appear in the participant's account. If P&A Group has the employee's e-mail address, they will automatically notify him/her when the claim is received and again when it is paid.

Employees may choose to pay for eligible health care expenses using the NCFlex Convenience Card. See *NCFlex Convenience Card* on [page 12](#) for more information.

Claim reimbursement is based on the date an employee receives eligible expenses, not the date he/she pays the invoice or the billing date, which must be between January 1, 2019 (the plan effective date) and December 31, 2019, provided the employee remains in the plan for all of 2019.

With the HCFSA, an employee can be reimbursed for the entire claim up to his/her plan-year election minus any previous claim reimbursements, even if that amount has not yet been deducted from pay. **FSA reimbursements are made by direct deposit. If an employee changes banks or switches accounts, they need to notify their HBR or benefits department to avoid payment delays.**

Termination of Employment

If an employee terminates employment or coverage during the plan year, he/she may submit claims for services incurred before the coverage termination date. **Services incurred after the coverage termination date cannot be reimbursed unless the employee elects to continue coverage under COBRA.** In accordance with IRS regulation, any unused money in an employee's account is forfeited and remains with the state.

Can a Spouse Have a Health Savings Account (HSA) if an Employee Has an HCFSA?

If an employee is enrolled in the HCFSA, his/her spouse cannot make or receive tax-favored HSA contributions. This is because the HCFSA is available to reimburse the qualified expenses of the employee and the employee's spouse and dependents, so a spouse's contributions to an HSA would violate IRS rules.

Contributions that are made by or on behalf of an individual who is HSA-eligible are considered "excess contributions" and a 6 percent excise tax is imposed on the HSA owner for all excess contributions.

HCFSAs Worksheet

Employees can use this worksheet to calculate the amount they want to contribute to the HCFSAs for out-of-pocket expenses for the upcoming plan year. The HCFSAs worksheet is also available online by visiting www.ncflex.org.

Step 1 Based on records for the past few years, fill in the anticipated eligible expenses.

- If the expense is paid by a health care plan, enter the copayment and any deductible. For members enrolled in the State Health Plan, visit www.bcbsnc.com to view current and prior year expenses. Members enrolled in the NCFlex Dental or Vision plans can visit the vendor online portals found on www.ncflex.org to view prior year out-of-pocket costs.
- If the expense is not covered by the health care plan, enter the entire cost.

Step 2 Add up the total annual expenses for the employee and his/her family (A + B + C = D).

Step 3 Enter the amount (D) in the online enrollment system.

Cost For:	Employee	For Spouse	For Children
Medical plan deductibles	\$ _____	\$ _____	\$ _____
Medical plan copayments	\$ _____	\$ _____	\$ _____
Prescription drug copayments	\$ _____	\$ _____	\$ _____
Routine physicals/exams	\$ _____	\$ _____	\$ _____
Dental care/orthodontia	\$ _____	\$ _____	\$ _____
Vision care	\$ _____	\$ _____	\$ _____
Hearing care	\$ _____	\$ _____	\$ _____
Health services/supplies	\$ _____	\$ _____	\$ _____
Other eligible expenses	\$ _____	\$ _____	\$ _____
Total Annual Health Care Expenses	(A) \$ _____	+ (B) \$ _____	+ (C) \$ _____
Annual Election (A + B + C = D)	D) \$ _____		

(Enter amount D in eEnroll)

Example of Tax Savings When Using an FSA

Annual Savings Example	With FSA	Without FSA
Annual Income	\$50,000	\$50,000
Annual Pre-Tax FSA Contribution	- \$2,000	- \$0
Annual Taxable Income	= \$48,000	= \$50,000
Annual Tax Withholdings (approximately 30% of the annual taxable income)	\$14,400	\$15,000
Total Annual Savings (approximately \$300 for every \$1,000 withheld in the FSA per year)	\$600	\$0

Tax Considerations

The HCFSAs is based on current tax laws. Employees should keep in mind the following tax considerations before participating in the HCFSAs:

- Plan participation may affect future Social Security retirement benefits. This could happen if an employee's taxable pay, after spending account contributions are taken out, is below the Social Security Taxable Wage Base. For most employees, the immediate tax savings is of far greater benefit than the long-term impact on Social Security benefits.
- Participation in the plan will not affect the amount employees may contribute to a 401(k), 403(b), or 457 retirement plan.
- An employee cannot claim the same expenses through the HCFSAs and on his/her tax return. Currently, only health care expenses over 10% of adjusted gross income are deductible for income tax purposes. But with the HCFSAs, employees can save taxes immediately on the very first dollar not reimbursed by the health care plan.

Note: Check the IRS website for the latest information. Employees should consult their tax advisor on these issues as well as whether someone qualifies as an income tax dependent.

Dependent Day Care Flexible Spending Account



An employee **MUST ENROLL** in the DDCFSA each year.

The Dependent Day Care Flexible Spending Account (DDCFSA) offers employees a tax-free way to pay themselves back for eligible dependent care expenses throughout the year. An employee can contribute between \$120 and \$5,000 each plan year to the DDCFSA to pay for dependent daycare and elder care expenses on a pre-tax basis if both the employee and his/her spouse works, the spouse goes to school full-time, or the spouse isn't able to care for himself or herself. The spouse may also be unemployed but actively looking for work. If the spouse works part-time, the employee's election may not exceed the lesser of the employee's annual income or his/her spouse's annual income. The IRS sets the maximum contribution, which is \$5,000 per family, per year.

Qualifying Family Members

Eligible day care expenses may be reimbursed for:

- A "qualifying child" under age 13 for whom the employee is the legal guardian and 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.
- A qualifying child (as defined above) of any age, spouse, or other dependent (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 and who receives over one-half of his or her support from the employee. To reimburse day care received outside of the home, a 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. Generally, a child must be a dependent for whom the employee can claim an income tax exemption. In other words, the employee must have legal custody of the child for over one-half of the year for day care expenses to be reimbursed through the DDCFSA.

Note: An employee should consult with a tax advisor if they have questions about whether someone qualifies as an income tax dependent.

To participate, employees must enroll in this plan each year.

How to Use the DDCFSA

An employee can contribute from \$120 to \$5,000 pre-tax each plan year, subject to the following legal limits:

- The \$5,000 maximum applies to all contributions an employee and his/her spouse make to any DDCFSA during the calendar year, whether through NCFlex or another employer.

- If an employee and his/her spouse file a joint income tax return, the employee may contribute up to \$5,000 for the year, regardless of the number of eligible dependents he/she has.
- If an employee and his/her working spouse file separate income tax returns, the maximum annual contribution is \$2,500.

When an expense qualifies for reimbursement, an employee can either use the NCFlex Convenience Card to pay for the expense or submit a claim with any necessary documentation to receive a tax-free reimbursement. To learn more about how to file a claim, see *How to Submit Health Care and Dependent Care FSA Claims* on **page 7**.

When filing a claim, the employee needs to attach a receipt that shows the amount of the charge and date of service with the dependent day care provider's tax identification number or Social Security Number.

Claim Reimbursements

Claims are processed each day, with the exception of holidays. Reimbursements are issued Monday through Friday. The next business day after the claim was adjudicated a reimbursement will be issued to the bank account on file. Depending on how long the banking institution takes to process the payment, it may take an additional 2 to 4 days for the payment to appear in the participant's account. If the employee provides P&A Group an e-mail address, they will automatically notify him/her when the claim is received and again when it is paid.

Claim reimbursement is based on the date the dependent day care service is received, not the date the invoice is paid or the date of billing. For the 2019 plan year, expenses must be incurred January 1, 2019, through March 15, 2020, to be eligible for reimbursement. An employee has until April 30, 2020, to submit claims for reimbursement. **An employee will be reimbursed up to the available balance in his/her DDCFSA on the processing date. Any unused funds will be forfeited.**

When an employee enrolls in the DDCFSA, he/she will receive a claims kit containing a claim form and the procedures he/she needs to follow when filing a claim.



NCFlex Convenience Card

An employee can use the NCFlex Convenience Card to pay for eligible dependent care expenses, up to the amount available in the account.

Eligible and Ineligible Expenses

Go to www.ncflex.org for a complete listing of eligible and ineligible DDCFSA expenses, which can be found under the *Flexible Spending Account* section.

Eligible Dependent Day Care Expenses

The employee can be reimbursed through the DDCFSA for:

- Payments to nursery schools, day care centers, or individuals who satisfy all state and local laws and regulations.
- Payments for before-school care and after-school care beginning with kindergarten and higher grades.
- Payments to relatives for care of a qualifying dependent(s); however, the relative cannot be the employee's tax dependent or child if under age 19 as of the end of the calendar year.
- Payments (in lieu of regular day care) to day camp (e.g., soccer, computers, etc.), but not overnight camps.

Ineligible Dependent Day Care Expenses

Some common ineligible expenses include:

- Tuition expenses for education of a qualified dependent beginning with kindergarten and higher grades.
- Expenses incurred while the employee and his/her spouse are not working (except for short temporary absences like vacation and minor illnesses).
- Expenses for overnight camps.
- Transportation fees.
- Prepayment for services not received while covered
- Late payment fees.

Plan Carefully

Employees should carefully consider their contributions to the DDCFSA. **Under IRS regulations, any money remaining in an employee's account after the deadline to submit eligible claims — April 30, 2020 — will be forfeited.**

Termination of Employment

If an employee terminates employment or coverage during the plan year, he/she may submit claims for services incurred on or before the coverage termination date. Services incurred after the termination date will be reimbursed up to the balance available in the account.* In accordance with IRS regulation, any unused money in the account is forfeited and remains with the state.

**Only pertains to the Dependent Day Care FSA.*

Important Issues

If both the employee and his/her spouse contribute to this plan or to a similar plan where he or she works, the IRS only allows a maximum family contribution of \$5,000 per calendar year.

Keep in mind the annual election cannot be greater than either the employee's annual income or his/her spouse's annual income, whichever is lower.

Certain IRS rules also affect the amount that an employee may elect on a pre-tax basis:

- If an employee's spouse is a full-time student or totally disabled, he/she is treated as having income of \$250 a month (\$500 a month if two or more dependents receive dependent day care). If the spouse is actively looking for work, his/her income for the year must exceed the employee's DDCFSA annual election.
- If the employee is considered highly paid by the IRS (earning over \$120,000 in the previous plan year of 2018 and indexed for inflation in future years), the pre-tax dependent day care election may need to be adjusted based on the results of IRS discrimination tests. The employee will be notified if affected.
- An employee who is divorced or legally separated must have legal custody of the child for over half the year to participate in the DDCFSA.

DDCFSA Worksheet

Employees can use this worksheet to identify dependent day care out-of-pocket expenses for the upcoming plan year. The DDCFSA worksheet is also available online at www.ncflex.org.

To get an idea of dependent day care expenses, an employee should review records for the past few years. Using this information, add any new types of expenses anticipated and complete the following worksheet:

Upcoming Plan Year

Child care (children under age 13)	\$ _____
Dependent adult day care	\$ _____
Day camp (not overnight camp)	\$ _____
Cost for preschool (prior to kindergarten)	\$ _____
Total Annual Expenses:	= \$ _____
Annual Election (Enter amount in eEnroll)	= \$ _____

Example of Tax Savings When Using a DDCFSA

Without DDCFSA		With DDCFSA	
Gross Annual Pay	\$50,000	Gross Annual Pay	\$50,000
Tax Rate (30%)	-\$15,000	Max. Annual Dependent Care FSA Contribution	-\$5,000
Net Annual Pay	= \$35,000	Adjusted Gross Pay	= \$45,000
Annual Dependent Care Expenses	- \$5,000	Tax Rate (30%)	- \$13,500
Final Take-Home Pay	= \$30,000	Final Take-Home Pay	= \$31,500
Take home this much more when a DDCFSA is used			\$1,500

Tax Considerations

The DDCFSA is based on current tax laws. Employees should keep in mind the following tax considerations before participating in the DDCFSA:

- An employee may prefer to use dependent day care expenses to claim a Child Care Credit when filing federal and state income tax returns.
- The law permits an employee to use the Child Care Credit or the DDCFSA but not for the same expense. (The Child Care Credit is reduced dollar-for-dollar by any amount claimed through the DDCFSA.)
- The spending account is an alternative way to save taxes for employees who may prefer not to file for the Child Care Credit or who would receive greater tax savings through the DDCFSA.



Use the NCFlex Convenience Card to pay for eligible DDCFSA expenses.

NCFlex Convenience Card

Employees who enroll in the HCFSAs or DDCFSAs will automatically receive the NCFlex Convenience Card at no cost. If an employee is currently enrolled in the HCFSAs and wants to re-enroll in the following plan year, his/her current NCFlex Convenience Card will automatically be loaded with the amount he/she elects for the next plan year. For the DDCFSA, the card will be loaded with the employee's plan contributions as payroll deductions occur.

If an employee is new to the plan and this is the first time they receive a card, the card will automatically be activated upon first use.

How It Works

The NCFlex Convenience Card automatically checks the employee's account for available funds. Anytime an employee incurs an eligible HCFSAs or DDCFSA expense with a vendor that accepts credit cards, he/she can swipe the NCFlex Convenience Card at the point-of-service and the expense will be deducted from the employee's account. **Note: DDCFSA elections are available on the card as payroll deductions occur.**

In some situations, the employee may have to pay out of pocket for eligible expenses and submit a claim to P&A Group when there are not enough DDCFSA funds available on the card. Employees can check their account balance at anytime by logging into their P&A account at ncflex.padmin.com or by calling the number on the card.

- As a reminder, the IRS may require P&A to obtain a receipt or documentation to process certain convenience card transactions and to ensure the card is being used for eligible expenses only. Employees may be asked to provide additional documentation of a purchase, so they need to keep their receipts.
- **If an employee does not submit requested receipts/ documentation within 40 days of the transaction date, his/her card will be turned off (or blocked) automatically and future claims may be used to offset the transaction.**

Claim Submission Methods

If a provider doesn't accept debit or credit cards please review *How to Submit Claims* in the HCFSAs section of this guide on [page 7](#).

How to Sign up

If this is an employee's first time enrolling in the HCFSAs, or DDCFSA, he/she will receive a card in the mail after enrolling. The NCFlex Convenience Card is automatically activated upon first use.

Remember, cards are good through the expiration date on the card and will NOT be automatically re-issued each January. If an employee already has an NCFlex Convenience Card, they should not throw it away! An employee's HCFSAs annual election amount will be loaded onto the existing card each new plan year. The DDCFSA election will be loaded in equal amounts upon each payroll deduction.

Additional Cards

Employees may order additional cards for themselves, their spouse, or dependents (over 18 years of age) free of charge. To order additional cards, employees can go online to ncflex.padmin.com by logging into their accounts or by calling 1-866-916-3475.

How to Check the Account Balance

An employee can view his/her account balance directly from a smart phone, mobile device, or computer by going to ncflex.padmin.com, and logging into his/her account to access up-to-date account information. Employees can check a balance over the phone by calling P&A Group's customer service team at 1-866-916-3475 to speak with a representative.

An employee can also sign up to receive account balance information via text message. The employee should update their online P&A Account profile at ncflex.padmin.com with their mobile number. Once the profile is updated, the employee can text the word BAL to the number 70626 to receive a text message with account balance information anytime, anywhere.

Accident Plan

NCFlex offers an Accident Plan that pays benefits for specific injuries and events resulting from a covered accident that occurs on or after an employee's coverage effective date. The benefit amount depends on the type of injury and care received. Employees can choose to cover: employee only, employee plus spouse, employee plus child(ren), or employee plus family.

The Accident Plan is a limited benefit policy. It is not health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act. Benefits are paid directly to the employee and are paid in addition to any other insurance he/she may have.

How Can the Accident Plan Help?

The Accident Plan can help an employee pay for:

- Medical expenses, such as deductibles and copays
- Home health care costs
- Lost income due to lost time at work
- Everyday expenses, like utilities and groceries

Monthly Cost

All employees pay the same rate, no matter their age.

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

Note: An employee may not be covered as both an employee and a dependent. Also, dependent children may not be covered under both parents' plans if the employee and his/her spouse are eligible to elect coverage as employees.

Continuation Options

If an employee leaves employment or retires, portability of the Accident Plan is available. For details and rates, employees may contact Voya at 1-877-464-5111.

What Accident Benefits are Available?

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

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

Event	Benefit
Accident Care	
Initial doctor visit	\$100
Emergency room treatment	\$300
Ground ambulance	\$360
Air ambulance	\$1,500
Follow-up doctor treatment	\$100
Medical equipment	\$120
Physical or occupational therapy up to 10 per accident	\$60
Speech therapy up to 6 per accident	\$60
Prosthetic device (one)	\$750
Prosthetic device (two or more)	\$1,200
Major diagnostic exam	\$240
X-ray	\$75
Common Injuries	
Emergency dental work (crown)	\$480
Emergency dental work (extraction)	\$90
Eye injury (removal of foreign object)	\$100
Eye injury (surgery)	\$350
Torn knee cartilage surgery no repair or if cartilage is shaved	\$225
Torn knee cartilage surgical repair	\$800
Laceration ¹ treated no sutures	\$60
Laceration ¹ sutures up to 2"	\$100
Laceration ¹ sutures 2" - 6"	\$240

¹ Laceration benefits are a total of all lacerations per accident.

Event	Benefit
Laceration ¹ sutures over 6"	\$480
Ruptured disk surgical repair	\$800
Tendon/ligament/rotator cuff exploratory arthroscopic surgery/no repair	\$720
Tendon/ligament/rotator cuff one, surgical repair	\$1,020
Tendon/ligament/rotator cuff two or more, surgical repair	\$1,520
Concussion	\$450
Paralysis – paraplegia	\$16,000
Paralysis – quadriplegia	\$24,000
Burns 2nd degree, at least 36% of the body	\$1,250
Burns 3rd degree, at least 9 but less than 35 square inches of the body	\$7,500
Burns 3rd degree, 35 or more square inches of the body	\$15,000
Skin grafts	25% of the burn benefit
Fractures	Closed/open reduction²
Hip	\$5,000/\$10,000
Leg	\$2,800/\$5,600
Ankle	\$2,500/\$5,000
Kneecap	\$2,500/\$5,000
Foot excluding toes, heel	\$2,500/\$5,000
Upper arm	\$2,750/\$5,500
Forearm, hand, wrist except fingers	\$2,500/\$5,000
Finger, toe	\$400/\$800
Vertebral body	\$4,200/\$8,400
Vertebral processes	\$2,000/\$4,000
Pelvis except coccyx	\$4,000/\$8,000
Coccyx	\$500/\$1,000
Bones of the face except nose	\$1,400/\$2,800
Nose	\$750/\$1,500
Upper jaw	\$1,750/\$3,500
Lower jaw	\$2,000/\$4,000
Collarbone	\$2,000/\$4,000
Rib or ribs	\$600/\$1,200
Skull – simple except bones of face	\$1,750/\$3,500

Event	Benefit
Skull – depressed except bones of face	\$5,000/\$10,000
Sternum	\$500/\$1,000
Shoulder blade	\$2,500/\$5,000
Chip fractures	25% of the closed reduction amount
Dislocations	Closed/open reduction³
Hip joint	\$4,000/\$8,000
Knee	\$3,000/\$6,000
Ankle or foot bone(s) other than toes	\$1,800/\$3,600
Shoulder	\$2,200/\$4,400
Elbow	\$1,500/\$3,000
Wrist	\$1,500/\$3,000
Finger/toe	\$350/\$700
Hand bone(s) other than fingers	\$1,500/\$3,000
Lower jaw	\$1,500/\$3,000
Collarbone	\$1,500/\$3,000
Partial dislocations	25% of the closed reduction amount
Accident Hospital Care	
Surgery open abdominal, thoracic	\$1,250
Surgery exploratory or without repair	\$350
Blood, plasma, platelets	\$600
Hospital admission	\$1,250
Hospital confinement per day, up to 365 days	\$200
Critical care unit confinement per day, up to 5 or more days	\$400
Coma duration of 5 or more days	\$10,000
Transportation per trip, up to 3 per accident	\$750
Lodging per day, up to 30 days	\$180

¹ Laceration benefits are a total of all lacerations per accident.

² Closed Reduction of Fracture = Non-surgical. Open Reduction of Fracture = Surgical.

³ Closed Reduction of Dislocation = Non-surgical reduction of a completely separated joint. Open Reduction of Dislocation = Surgical reduction of a completely separated joint.

Exclusions and Limitations

Exclusions for the Certificate, Spouse Accident Insurance, and Children's Accident Insurance are listed below. (These may vary by state.) Benefits are not payable for any loss caused in whole or directly by any of the following*:

- Participation or attempt to participate in a felony or illegal activity.
- An accident while the covered person is operating a motorized vehicle while intoxicated. Intoxication means the covered person's blood alcohol content meets or exceeds the legal presumption of intoxication under the laws of the state where the accident occurred.
- Suicide, attempted suicide, or any intentionally self-inflicted injury, while sane or insane.
- War or any act of war, whether declared or undeclared, other than acts of terrorism.
- Loss sustained while on active duty as a member of the armed forces of any nation. We will refund, upon written notice of such service, any premium which has been accepted for any period not covered as a result of this exclusion.
- Alcoholism, drug abuse, or misuse of alcohol or taking of drugs, other than under the direction of a doctor.
- Riding in or driving any motor-driven vehicle in a race, stunt show, or speed test.

- Operating, or training to operate, or serve as a crew member of, or jumping, parachuting or falling from, any aircraft or hot air balloon, including those which are not motor-driven. (Flying as a fare-paying passenger is not excluded. Performing these acts as part of employment with the employer is not excluded.)
- Engaging in hang-gliding, bungee jumping, parachuting, sail gliding, parasailing, parakiting, kite surfing, or any similar activities.
- Practicing for, or participating in, any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received.
- Any sickness or declining process caused by sickness.

**See the certificate of insurance and riders for a complete list of available benefits, exclusions, and limitations.*

Tax Issues

An employee should consult with a tax advisor regarding the possible effects of the receipt of benefits under the Voya Accident Plan.

This is a summary of benefits only. A complete description of benefits, limitations, exclusions and termination of coverage will be provided in the certificate of insurance and riders. All coverage is subject to the terms and conditions of the group policy. If there is any discrepancy between this document and the group policy documents, the policy documents will govern. To keep coverage in force, premiums are payable up to the date of coverage termination. Accident Insurance is underwritten by ReliaStar Life Insurance Company, a member of the Voya® family of companies. Forms include: Policy Form #RL-ACC3-POL-16; Certificate Form #RL-ACC3-CERT-16; and Rider Forms: Spouse Accident Rider Form #RL-ACC3-SPR-16, Children's Accident Rider Form #RL-ACC3-CHR-16. Form numbers, provisions and availability may vary by state.



This benefit does not require re-enrollment each year.

Cancer and Specified Disease

Cancer and Specified Disease insurance pays cash benefits for cancer and 29 other specified diseases to help with the costs associated with treatments and expenses as they happen. This coverage can help pay for hospitalization, surgery, radiation/chemotherapy and more.

Employees can choose between three plan options (Low, High and Premium) depending on their cancer insurance needs and specified diseases. All three plan options cover the same type of services. In most cases, however, the amount of coverage differs based on the option chosen.

Coverage

Refer to the *Summary of Benefits* on **page 17** for more details.

In addition to cancer coverage, this insurance pays benefits for 29 other specified diseases listed below:

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

Cost

The monthly premium is based on the plan an employee chooses and who they cover. New hires do not need to provide Evidence of Insurability (EOI) if they enroll within 30 days of their date of hire. (See *Evidence of Insurability* on **page 18** for more details.)

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

Examples of Net Cost

Each plan option includes the Cancer Screening Benefit, which pays a benefit for each covered insured **annually** for taking certain tests, regardless of the cost of the test. In addition, since the monthly premium is subtracted from pay before taxes, the employee receives tax savings.

The following are a few examples of how the Cancer Screening Benefit and the tax savings affect the total cost for NCFlex Cancer and Specified Disease Insurance.

Option	Annual Cost	Cancer Screening Benefit	Tax Savings (30% Tax Bracket)	NET Annual Cost
Low: Employee	\$76.56 (\$6.38/month)	\$25	\$22.97	\$28.59 (\$2.38/month)
High: Family	\$301.92 (\$25.16/month)	\$200 (2 @ \$100)	\$90.58	\$11.34 (\$0.95/month)
Premium: Family	\$402.48 (\$33.54/month)	\$200 (2 @ \$100)	\$120.74	\$81.74 (\$6.81/month)

Summary of Benefits

Employees should review the Certificates of Coverage for complete details regarding these benefits.

Benefit	Low Option	High Option	Premium Option
Cancer Prevention and Screening Benefit* (per calendar year/per covered insured)	\$25	\$100	\$100
Continuous Hospital Confinement (per day) (up to 70 days for each period of continuous confinement)	\$100	\$200	\$300
Extended Benefits** (per day after 70 days)	Up to \$100	Up to \$200	Up to \$300
Surgery** (per surgery, based on surgical schedule)	Up to \$1,500	Up to \$3,000	Up to \$4,500
Second Surgical Opinion**	Up to \$200	Up to \$400	Up to \$600
Anesthesia**	Up to 25% of surgery benefit		
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
New or Experimental Treatment**	Up to \$5,000 per 12-month period		
Blood, Plasma, and Platelets** (per 12-month period)	Up to \$2,500	Up to \$7,500	Up to \$10,000
Physician's Attendance**	Up to \$50 per day		
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/day)	Up to \$100	Up to \$200	Up to \$300
• Government or Charity Hospital (per day; in lieu of all other benefits in the policy, except the Waiver of Premium benefit)	\$100	\$200	\$300
Outpatient Lodging** (day/per 12 months)	\$50/\$2,000	\$50/\$2,000	\$50/\$2,000
Non-Local Transportation	Pays coach fare or \$0.40 per mile		
Family Member Lodging and Transportation (for one adult member of covered person's family)			
Lodging**	Up to \$50 per day; maximum 60 days		
Transportation**	Round-trip coach fare on common carrier or \$0.40 per mile		
Extended Care Facility** (per day)	Up to \$100	Up to \$200	Up to \$300
Physical or Speech Therapy**	Up to \$50 per day		
Comfort/Anti-Nausea**	Up to \$200 per calendar year		
Bone Marrow or Stem Cell Transplant			
Transplant other than non-autologous (per calendar year)	Up to \$500	Up to \$1,000	Up to \$1,500
Transplant for non-autologous; treatment of cancer or other specified disease; except Leukemia (per calendar year)	Up to \$1,250	Up to \$2,500	Up to \$3,750
Transplant for non-autologous; treatment of Leukemia (per calendar year)	Up to \$2,500	Up to \$5,000	Up to \$7,500
Waiver of Premium	Premiums waived after 90 days of disability due to cancer for insured employee		

* Cancer Prevention and Screening Benefit includes: CA-15-3 (cancer antigen 15-3 blood test for breast cancer); CA125 (cancer antigen 125-blood test for ovarian cancer); CEA (carcinoembryonic antigen-blood test for colon cancer); chest x-ray; colonoscopy; flexible sigmoidoscopy; hemocult stool analysis; mammography; Pap smear; PSA (Prostate Specific Antigen blood test for cancer); and Serum Protein Electrophoresis (test for myeloma). This benefit is paid regardless of the result of the test.

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

Exceptions and Limitations

Allstate Benefits does not pay benefits for a **pre-existing condition** during the 12-month period beginning on the date coverage starts. Any covered loss that is incurred 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 his or her effective date of coverage.

The policy does not pay for any loss except those due from cancer or a covered specified disease. A diagnosis must be submitted to support each claim.

For complete details on exclusions and limitations, see the Certificate of Coverage located at www.ncflex.org.

Evidence of Insurability

Evidence of Insurability (EOI) is a way of providing proof of good health. This evaluation may include the employee's current health status, medical history and family history. If an employee is required to submit EOI, Allstate Benefits must approve EOI before coverage becomes effective. The EOI form is available on the "Cancer & Specified Disease" section at www.ncflex.org.

Medicaid Information

For individuals who are eligible for Medicaid, this cancer insurance policy may not be the best choice. Benefits assigned under the policy are required to be assigned back to Medicaid.

Portability Privilege

The portability feature allows employees to continue cancer coverage when their employment ends or policy terminates, by paying premiums directly to Allstate Benefits. Employees can contact Allstate Benefits for more information at 1-866-232-1517.

Certificate of Coverage

The Certificate of Coverage provides complete details about the benefits and the limits and exclusions. For complete details, review the Certificates of Coverage located on www.ncflex.org.

This coverage does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

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



This benefit does not require re-enrollment each year.

Critical Illness

Critical Illness Insurance, administered by Allstate Benefits, pays a benefit if an employee is diagnosed with a critical illness. Employees can choose a maximum benefit amount of \$15,000 or \$25,000.

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

Features of the Allstate Benefits Critical Illness plan include:

- No pre-existing conditions.
- Guaranteed issue — no health questions required at initial enrollment.
- Benefits paid directly to the employee.
- No waiting period for new diagnosis.
- There is a maximum of two payouts per diagnosis (12-month waiting period for reoccurrence).
- Benefits for covered dependents are the same as covered employees.

Monthly Cost

The monthly premium for the employee and/or dependent spouse is based on the age of the covered employee as of January 1 of the current plan year. An employee may not be covered both as an employee and as a dependent.

Employee/Dependent Spouse

Employee Age	\$15,000	\$25,000
<25	\$1.20	\$2.00
25 – 29	\$1.20	\$2.00
30 – 34	\$2.10	\$3.50
35 – 39	\$3.90	\$6.50
40 – 44	\$6.60	\$11.00
45 – 49	\$10.80	\$18.00
50 – 54	\$16.50	\$27.50
55 – 59	\$24.90	\$41.50
60 – 64	\$38.40	\$64.00
65 – 69	\$57.90	\$96.50
70 – 74	\$75.90	\$126.50
75 – 79	\$91.20	\$152.00
80 +	\$107.40	\$179.00

Rates are based on five-year age bands and are based on the age of the covered employee as of January 1 of the current plan year.

Dependent Child(ren)	Monthly Rate
Up to age 26	No cost

Example: Calculating Cost for \$15,000 Option

Employee age is 43	\$6.60
Spouse rate based on employee age	\$6.60
Three children (varying ages)	\$0
Total Monthly Premium	\$13.20

*For more information on the covered condition definitions, visit www.ncflex.org.

Example: Benefit Payment*

Covered Condition	Lump-Sum Benefit Payment Received
The employee has a heart attack	\$15,000 or \$25,000
Three months later, the employee is diagnosed with noninvasive cancer	\$3,750 or \$6,250
12 months later the employee has another heart attack	\$15,000 or \$25,000
Two months later the employee becomes paralyzed	\$15,000 or \$25,000
Total Payout	\$48,750 or \$81,250

*An employee's individual experience may vary.

Beneficiary

To designate a beneficiary, please visit www.ncflex.org. Click on the "Enroll Now" button and login to designate a beneficiary.

Tax Issues

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

Certificate of Coverage

The Certificate of Coverage, which can be found in the Critical Illness section of www.ncflex.org, provides complete details about the benefits and the limitations and exclusions.

Exclusions and Limitations

Exclusions and limitations are as follows.

This plan will not pay benefits for a critical illness that is, or is caused by, contributed to, by, or results from:

- Critical illness diagnosed prior to the effective date.
- Active participation in a riot, insurrection, or rebellion.
- Intentionally self-inflicted injury or action.
- Illegal activities or participation in an illegal occupation.
- Suicide while sane, or self-destruction while insane, or any attempt at either.

Portability Privilege

The portability feature allows continuation of critical illness coverage when employment ends or the policy terminates, by paying premiums directly to Allstate Benefits. Employees can contact Allstate Benefits for more information at 1-866-232-1517.

Dental



This benefit does not require re-enrollment each year.

Why Employees Should Consider Dental Coverage

Taking care of teeth and gums benefits more than someone's smile. Maintaining good dental health can mean better overall health.

Affordable Plan Options

The average family of four spends \$1,824 a year on dental services, not including the costs of braces.

With a MetLife Dental High Option PPO Plan or Low Option PPO Plan, an employee can visit any licensed dentist, in or out of the Preferred Dental Provider (PDP) Plus Network, and still receive benefits. The right coverage makes it easier to visit the dentist and helps lower costs. When employees go to a participating dentist, they can save even more since in-network dentists accept negotiated fees that are typically 15-45% less than the average charges in the same area.

Refer to the *Summary of Benefits* section on **page 22** to review the services covered under each plan. To find a participating dentist, go to www.metlife.com/dental, enter the zip code, and select the PDP Plus Network. Employees can also call 1-855-676-9441 to request a provider list.

Changing Dental Plan Options

Once an employee chooses a dental plan option (High Option PPO or Low Option PPO), he/she must keep that option for the entire plan year, even if he/she has a qualified life event. An employee may only change his/her dental plan option during the annual enrollment period. (For example, an employee cannot switch from the Low Option PPO to the High Option PPO, or vice versa.)

Monthly Cost

Rate Tier	High Option PPO	Low Option PPO
Employee Only	\$ 35.90	\$ 21.22
Employee and Spouse	\$ 72.00	\$ 42.78
Employee and Child(ren)	\$ 78.00	\$ 45.94
Employee and Family	\$123.00	\$ 73.22

Dental Claims Processing

MetLife encourages employees to discuss their treatment plan with their provider and submit a pre-estimate **before the work begins** if the estimated charge for a particular dental service is expected to be \$300 or more.

To submit a pre-estimate, an employee should have his/her dentist submit a request online at www.metdental.com or call 1-877-MET-DDS9. The dentist will need to provide the proposed treatment plan, applicable x-rays, supporting documents, and estimated charges to MetLife. This provides an opportunity to review the proposed course of treatment and estimated fees.

Need More Information?

Visit...	Look Under...	Find...
www.ncflex.org	Dental	<ul style="list-style-type: none"> MetLife <i>MyBenefits</i> website link Dental Forms Online Tools Plan Certificates
www.metlife.com/mybenefits	Enter "NCFlex" as the company name and create a unique User ID and password. Click on the <i>Register Now</i> button to provide the first name, last name, date of birth, SSN, and e-mail address.	<ul style="list-style-type: none"> Dental Benefits information, claims history, etc. <i>Find a Dentist</i> Oral Health Library Mobile Application

The Dental Plan is administered and underwritten by Metropolitan Life Insurance Company. For information regarding claim payment, refer to the Certificate of Coverage found at www.ncflex.org.

Summary of Dental Benefits

Important Note: This is only a summary of the benefits under the dental plans. Employees may review and/or obtain a copy of the Certificate of Coverage on the NCFlex website at www.ncflex.org. Employees may register on *MyBenefits* at www.metlife.com/mybenefits to get information about what is and is not covered on the dental plan. Payments for services are subject to **maximum amounts allowed** by the plan.

Benefit Category	High Option PPO Plan Pays	Low Option PPO Plan Pays
Type I — Diagnostic and Preventive		
Oral Examination (two per calendar year)	100%	100%
Cleaning (two per calendar year)		
X-rays (bitewing x-rays — one per calendar year; full-mouth radiograph series or panoramic series — one every five years)		
Topical Fluoride (two per calendar year under age 19)		
Sealants for Permanent First and Second Molars (under age 16; see Certificate for frequencies)		
Space Maintainers (under age 19)		
Type II — Basic Services		
Fillings (amalgam, synthetic, or composite; replacements limited to once every 24 months)	80%	50%
Simple Extractions		
Endodontics (root canal treatment)		
Re-Cement Crowns, Inlays, Bridges		
Repair of Removable Dentures		
Periodontal Services (gingivectomy, gingivoplasty, osseous surgery, scaling, and root planing)	50%	
Periodontal Maintenance after Therapy (two per consecutive 12 months)		
Oral Surgery (wisdom teeth extractions)		
General Anesthesia		
Type III — Major Services (Not covered under the Low Option PPO Plan)		
Crowns, including Single Implant Crowns (Not eligible for dependent children under age 14; replacements limited to every seven years. Single prosthetic procedures are considered completed on the date they are inserted, not the date of impression.)	50%	Not Covered
Dentures (replacements limited to every seven years)		
Bridges (replacements limited to every seven years)		
Fixed Bridge Repairs		
Denture Adjustments/Relining (within six months of initial denture placement)		
Implants		
Type IV — Orthodontics (High Option PPO Plan only — dependent children up to age 19)		
Orthodontic Treatment in Progress (Treatment plans not started under the MetLife Dental High Option PPO Plan will be prorated based on the date the benefit is eligible on the MetLife Dental PPO Plans. Reimbursement will not be paid beyond the date the child turns the age of 19).	50%	Not Covered
Maximums/Deductibles		
Calendar-Year Maximum (Per covered person; excludes orthodontic services under the High Option PPO Plan)	\$5,000	\$1,000
Lifetime Orthodontic Maximum (per covered person) The lifetime maximum will include any reimbursement received from the prior carrier.	\$1,500	N/A
Calendar-Year Deductible (per person/per family)	\$50/\$150 for Types II and III only	\$25/\$75 for Types I and II

Exclusions and Limitations

This is a partial listing of the exclusions listed with the plan policy. Please refer to the plan certificate for a complete listing. If there are any discrepancies, the plan policy certificate and/or contract shall govern. The policy will not pay for the following dental expenses and services:

- Crowns, inlays, cast restorations, or other laboratory-prepared restorations on a tooth that is not extensively decayed and/or has a complete cusp fracture and can successfully be restored with an amalgam or composite resin filling.
- Procedures, services, or supplies which: (a) are not included in the policy's list of covered dental services; (b) have been rendered before the insured's insurance begins; or (c) have been rendered after the insured's insurance ends, except as defined under the plan policy.
- Any procedure, service, or appliance which relates to: (a) the change in bite; (b) the alteration of the bite with the exception of periodontal surgery; (c) bite registration; (d) bite analysis; or (e) occlusal guard.

The dental plan certificate can be found on the NCFlex website at www.ncflex.org.

Orthodontia coverage is for covered children only to age 19. Employees/spouses are not covered for orthodontia.

- Pulp caps, adult fluoride treatments, athletic mouth guards, replacement of lost or stolen appliances, myofunctional therapy, infection control, oral hygiene instruction, separate charges for acid etch, treatment of jaw fractures, orthognathic surgery, personal supplies, broken appointments, completion of claim forms, exams required by a third party, travel time, transportation costs, or professional advice given on the phone.
- Chemotherapeutic agents that are provided on the same day or within 45 days following periodontal scaling, root planing, or periodontal surgical procedures.
- Procedures, services, or supplies which do not have a reasonably favorable prognosis, as determined by MetLife.
- Any procedure, service, or supply provided primarily for cosmetic purposes.
- Treatment performed outside of the United States of America, other than emergency treatment. For such emergency treatment, the maximum allowable charge shall not exceed the plan's allowable charge.

Continuation of Coverage

Employees who terminate employment may continue their MetLife dental coverage by paying their monthly premiums directly to the COBRA vendor. COBRA enrollment materials will be sent to the employee's last known address.

Vision

The Vision plan is administered by EyeMed Vision Care and underwritten by Fidelity Security Life Insurance. It offers two schedules of benefits (Basic and Enhanced) — both provide a comprehensive eye exam and benefits for vision materials. A covered participant may receive either eyeglass lenses or contact lenses in a benefit period but not both.

Another option (available to employees only) is the Core Wellness Exam Plan which is available at no cost to the employee if he or she enrolls.

Core Wellness Exam Plan

The Core Wellness Exam Plan is available at no cost to the employee if he/she enrolls for coverage. An employee can receive an annual comprehensive eye exam for a \$20 copay. If vision materials are needed, there are lens allowances and discounts on frames from providers in the EyeMed network. Go to www.ncflex.org to find a network provider.

Basic Plan: Exam and Materials

The Basic Plan provides an annual comprehensive eye exam and a choice of eyeglass lenses or contact lenses once every 12 months, per covered person, and frames (\$125 allowance) once every 24 months, per covered person.

Enhanced Plan: Enhanced Exam and Materials

The Enhanced Plan provides an annual comprehensive eye exam and a choice of eyeglass lenses or contact lenses (\$175 allowance) and frames (\$200 allowance) once every 12 months, per covered person.

Vision Network

The Core, Basic, and Enhanced plans offer in-network and non-network benefits. Employees pay less when they use a network provider. The employee is responsible for paying any charges in excess of the covered benefit. When using a non-network provider, the employee pays the provider in full and submits an out-of-network claim form (along with a copy of the receipt) to EyeMed. He/she will be reimbursed up to the amount of the out-of-network allowance.

There are more than 2,900 in-network providers throughout the state, including independent eye doctors, retail stores, and even online options. If an employee's vision care provider is not part of

the EyeMed network, he/she (or the provider) may contact EyeMed with the provider's name, address, and telephone number to begin the provider nomination process.

Cost

The monthly vision premium is based on the plan an employee chooses and whom he/she covers. Even if the employee only wants to participate in the Core Wellness Exam Plan, he or she must still enroll.

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

LASIK or PRK Surgery

EyeMed members save 15% off retail price or 5% off the promotional price of LASIK. To find a LASIK location, visit www.eyemedlasik.com or call 1-800-988-4221.

Find a Provider

Need help locating the nearest eye doctor?

Visit www.eyemedvisioncare.com/ncflexoe or call EyeMed at 1-866-248-1939.

On the go? Download the EyeMed Members App (in the App Store or Google Play) to find an eye doctor and get directions, view the member ID card, save a vision prescription and more.

Using EyeMed Benefits with In-Store Discounts

Some eye doctors and retailers occasionally run special promotions that may require that participants not use their benefits to take advantage of special pricing. When considering a purchase, employees should talk with the provider about their options or call EyeMed at 1-866-248-1939.

Employees can access members-only special offers by registering on www.eyemedvisioncare.com/ncflexoe or by downloading the EyeMed Members App (in the App Store or Google Play) for special offers on vision-related products and services, such as:

- Discounts on frames and lenses
- Savings on contacts
- Exclusive offers from network providers and retailers
- Free shipping from online retailers
- Free vision products, like lens cleaner kits and more, all from trusted EyeMed network providers

Wellness Tip

The eye is the only area of the body with a clear view of blood vessels. Using vision benefits can help spot serious conditions like: cancer, diabetes, heart disease, high blood pressure, high cholesterol, neuromuscular diseases, rheumatic diseases, and sickle cell anemia.



Additional Member-Only Savings*

Employees receive additional savings just for being an EyeMed member, such as:

- 20% off any remaining cost for frames once the frame allowance has been applied.
- 40% off unlimited, additional complete pairs of prescription eyewear.
- 15% off any balance over the conventional contact lens allowance.
- 20% off any item not covered by the benefit.
- 40% off hearing exams and discounted set pricing on hearing aids.

**At participating in-network providers. Refer to the special offers page on EyeMed's website for details and exclusions.*

Changing Plans

During annual enrollment, an employee may change between the Core, Basic, and Enhanced plans. The frame allowance, if applicable, will change each calendar year depending on the plan an employee enrolls in. An employee may enroll in only one of the three vision coverage options. To receive family coverage, an employee must enroll in the Basic or Enhanced plan.

Continuation of Coverage

Employees who terminate employment may continue their EyeMed vision coverage by paying their monthly premiums directly to the COBRA vendor. COBRA enrollment materials will be sent to the employee's last known address.

This is only a summary of the benefit plan. All final determinations of benefits, administrative duties, and definitions are governed by the Certificate of Coverage. An employee may review and/or obtain a copy of the Certificate of Coverage by visiting www.ncflex.org.

Summary of Benefits

Vision Care Services	Basic Plan		Enhanced Plan	
	In-Network*	Out-of-Network**	In-Network*	Out-of-Network**
Exam with Dilation as Necessary	\$20 copay	Up to \$44	\$20 copay	Up to \$44
Retinal Imaging	Up to \$39	N/A	Up to \$39	N/A
Frames	\$0 copay, \$125 allowance, 20% off balance over \$125	Up to \$50	\$0 copay, \$200 allowance, 20% off balance over \$200	Up to \$93
Standard Plastic Lenses				
Single Vision	\$0 copay	Up to \$34	\$0 copay	Up to \$34
Bifocal	\$0 copay	Up to \$48	\$0 copay	Up to \$48
Trifocal	\$0 copay	Up to \$64	\$0 copay	Up to \$64
Lenticular	\$0 copay	Up to \$88	\$0 copay	Up to \$88
Standard progressive lens	\$50 copay	Up to \$64	\$50 copay	Up to \$64
Premium progressive lens	\$70-\$95 copay	Up to \$64	\$70-\$95 copay	Up to \$64
Tier 1	\$70 copay	Up to \$64	\$70 copay	Up to \$64
Tier 2	\$80 copay	Up to \$64	\$80 copay	Up to \$64
Tier 3	\$95 copay	Up to \$64	\$95 copay	Up to \$64
Tier 4	\$50 copay, 20% off retail less \$120 allowance	Up to \$64	\$50 copay, 20% off retail less \$120 allowance	Up to \$64
Lens Options				
UV treatment	\$15	N/A	\$15	N/A
Tint (solid and gradient)	\$15	N/A	\$15	N/A
Standard plastic scratch coating	\$13 copay	Up to \$2	\$13 copay	Up to \$2
Standard polycarbonate – adults	\$40	N/A	\$40	N/A
Standard polycarbonate – kids under 19	\$40	N/A	\$40	N/A
Standard anti-reflective coating	\$45	N/A	\$45	N/A
Premium anti-reflective coating	\$57-\$68	N/A	\$57-\$68	N/A
Tier 1	\$57	N/A	\$57	N/A
Tier 2	\$68	N/A	\$68	N/A
Tier 3	20% off retail	N/A	20% off retail	N/A
Photochromatic/transitions plastic	\$75	N/A	\$75	N/A
Polarized	20% off retail	N/A	20% off retail	N/A
Other add-ons and services	20% off retail	N/A	20% off retail	N/A
Contact Lens Fit and Follow Up (Contact lens fit and follow up visits are available once a comprehensive eye exam has been completed.)				
Standard contact lens fit & follow up	\$20 copay, paid-in-full and two follow-up visits	Up to \$44	\$20 copay, paid-in-full and two follow-up visits	Up to \$44
Premium contact lens fit & follow up	\$20 copay, 10% off retail price, then apply \$55 allowance	Up to \$44	\$20 copay, 10% off retail price, then apply \$55 allowance	Up to \$44
Contact Lenses (Contact lens allowance includes materials only.)				
Conventional	\$0 copay, \$120 allowance, 15% off balance over \$120	Up to \$100	\$0 copay, \$175 allowance, 15% off balance over \$175	Up to \$117
Disposable	\$0 copay, \$120 allowance	Up to \$100	\$0 copay, \$175 allowance	Up to \$117
Medically necessary	\$0 copay, paid in full	Up to \$210	\$0 copay, paid-in-full	Up to \$210
Laser Vision Correction				
LASIK or PRK from U.S. Laser Network	15% off the retail price or 5% off the promotional price	N/A	15% off the retail price or 5% off the promotional price	N/A
Hearing Care				
Hearing Health Care from Amplifon Hearing Network	40% off hearing exams and a low price guarantee on discounted hearing aids	N/A	40% off hearing exams and a low price guarantee on discounted hearing aids	N/A
Frequency				
Examination	Once every 12 months		Once every 12 months	
Lenses or contact lenses	Once every 12 months		Once every 12 months	
Frame	Once every 24 months		Once every 12 months	

*In-Network copays represent the most an employee will have to pay for specific in-network benefits.

**Out-of-Network allowance amounts represent the most the plan will pay for specific out-of-network benefits. Employees pay 100% of any expense over the allowance amount.

Summary of Benefits

Vision Care Services	Core Plan	
	In-Network*	Out-of-Network**
Exam with Dilation as Necessary	\$20 Copay	Up to \$44
Retinal Imaging	Up to \$39	N/A
Frames* <i>Complete pair eyeglasses purchase discounts*. Frame, lenses, and lens options must be purchased in the same transaction to receive full discount.</i>	35% off retail price	N/A
Standard Plastic Lenses		
Single vision	\$50	N/A
Bifocal	\$50	N/A
Trifocal	\$105	N/A
Standard progressive lens	\$135	N/A
Lens Options		
UV treatment	\$15	N/A
Tint (solid and gradient)	\$15	N/A
Standard plastic scratch coating	\$15	N/A
Standard polycarbonate – adults	\$40	N/A
Standard polycarbonate – kids under 19	\$40	N/A
Standard anti-reflective coating	\$45	N/A
Polarized	20% off retail	N/A
Other add-ons and services	20% off retail	N/A
Contact Lenses (Contact lens allowance includes materials only.)		
Conventional	15% off retail	N/A
Disposable	0% off retail	N/A
Laser Vision Correction		
LASIK or PRK from U.S. Laser Network	15% off the retail price or 5% off the promotional price	N/A
Hearing Care		
Hearing Health Care from Amplifon Hearing Network	40% off hearing exams and a low price guarantee on discounted hearing aids	N/A
Frequency		
Examination	Once every 12 months	
Lenses or contact lenses	Unlimited	
Frame	Unlimited	
<i>*Frame, lens, and lens option discounts apply only when purchasing a complete pair of eyeglasses. If purchased separately, members receive 20% off the retail price.</i>		
Additional Discounts (Additional discounts are not insured benefits.)		
Non-prescription sunglasses	20% off	N/A
Remaining balance beyond plan coverage	20% off	N/A

*In-Network copays represent the most employees will have to pay for specific in-network benefits.

** The Out-of-Network allowance for vision exam is the most employees will pay for this benefit. Employees pay 100% of any expense over the allowance amount.

Plan Exclusions

No benefits will be paid for services or materials connected with or changes arising from:

- Orthoptic or vision training, subnormal vision aids, and any associated supplemental testing; Aniseikonic lenses.
- Medical, pathological and/or surgical treatment of the eye, eyes or supporting structures.
- Any vision examination, or any corrective eyewear required by a Policyholder as a condition of employment; safety eyewear.
- Services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof.
- Plano (non prescription) lenses.
- Non-prescription sunglasses.
- Two pair of glasses in lieu of bifocals.
- Services or materials provided by any other group benefit plan providing vision care.
- Services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and services rendered to the Insured Person are within 31 days from the date of such order.
- Lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available.



This benefit does not require re-enrollment each year.

Group Term Life

NCFlex offers Voluntary Group Term Life Insurance administered by Voya Financial and underwritten by ReliaStar Life Insurance Company.

Voluntary Group Term Life Insurance pays a benefit to an employee's beneficiary(ies) if the employee dies while covered under the policy. Please note that this is strictly a life insurance policy that provides a benefit if the employee dies. There is no accumulated cash value. An employee may not be covered as both an employee and a dependent.

Coverage Options

An employee must be enrolled to cover spouse and children.

Employee and Spouse

- \$20,000 to a maximum of \$500,000 in \$10,000 increments
(spouse coverage cannot exceed 100% of employee's elected amount)

Child(ren)

- \$5,000 or \$10,000 without EOI

Enrollment/Evidence of Insurability Options

Evidence of Insurability (EOI) may be required when enrolling in this plan to determine if coverage will be granted. If EOI is required, Voya Financial will mail the appropriate EOI form to your address on file. This form must be completed, signed, and returned to Voya Financial for review.

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

*You may elect up to \$10,000 of coverage for eligible children without having to provide EOI for 2019.

Underwritten by ReliaStar Life Insurance company, policy form LPOOGP. Rates shown are guaranteed until 12/31/2021.

Submitting EOI

If EOI is required, Voya Financial will mail the appropriate EOI form to the employee address on file. This form must be completed, signed, and returned to Voya Financial for review.

Monthly Cost and Coverage

The monthly premium for the employee and his/her dependent spouse is based on the age of the covered employee as of January 1 of the plan year. The following chart outlines the cost of coverage per \$1,000 increment based on age. An employee may not be covered as both an employee and a dependent and children may not be dually enrolled.

Employee/Dependent Spouse

Employee Age	Monthly Rates*/\$1,000 Coverage	Monthly Cost for Sample Coverage Amounts		
		\$20,000	\$50,000	\$100,000
0 – 24	\$0.04	\$.80	\$2.00	\$4.00
25 – 29	\$0.05	\$1.00	\$2.50	\$5.00
30 – 34	\$0.07	\$1.40	\$3.50	\$7.00
35 – 39	\$0.08	\$1.60	\$4.00	\$8.00
40 – 44	\$0.09	\$1.80	\$4.50	\$9.00
45 – 49	\$0.13	\$2.60	\$6.50	\$13.00
50 – 54	\$0.22	\$4.40	\$11.00	\$22.00
55 – 59	\$0.40	\$8.00	\$20.00	\$40.00
60 – 64	\$0.64	\$12.80	\$32.00	\$64.00
65 – 69	\$1.27	\$25.40	\$63.50	\$127.00
70 – 74	\$2.06	\$41.20	\$103.00	\$206.00
75+	\$2.06	\$41.20	\$103.00	\$206.00

Child(ren)

- \$0.68 for \$5,000 of coverage for child(ren)
- \$1.36 for \$10,000 of coverage for child(ren)

If electing employee-only coverage, premiums will be deducted on a pre-tax basis.

If electing employee plus dependent coverage, premiums for the employee and dependent(s) will be deducted on a post-tax basis.

When Coverage Begins

Newly Eligible

For new hires who enroll for coverage of \$200,000 or less, coverage will begin on the first day of the month following his/her hire date. An employee must enroll within 30 days of the hire date.

If EOI is required, coverage will begin the first of the month following the date EOI is approved.

Existing Employees

Annual Enrollment: Employees who enroll for coverage during annual enrollment and whose EOI is approved prior to January 1, coverage will be effective January 1, 2019. If the EOI date of approval is after January 1, 2019, coverage will be effective on the first of the month following the date EOI is approved.

Employees who are on disability may enroll once returned to active status.

Life Event: If EOI is not required, coverage begins on the first of the month following the life event. If EOI is required, coverage begins on the first of the month following the date EOI is approved.

Disability Waiver of Premium

If an employee becomes totally disabled prior to age 60, as defined under the policy and satisfies certain conditions, ReliaStar Life waives the life insurance premium that becomes due while the employee is totally disabled. (This includes spouse and child(ren) coverage.)

Premiums are waived until the earlier of:

- The date the employee is no longer disabled
- The date the employee does not give ReliaStar Life proof of total disability when asked, or
- The date the employee turns age 70.

Benefit After Age 75

The life insurance benefit will be reduced to 50% if the employee is still employed with NC State Government after age 75.

Note: Once the coverage is reduced due to age, the insured is no longer able to increase coverage.

Funeral Planning and Concierge Services

Funeral planning services allow employees to contact professionals who will help with funeral planning for themselves and eligible family members. This service helps employees prepare for and deal with all aspects of a funeral. Funeral Planning and Concierge Services are provided by Everest Funeral Package, LLC, Houston, TX. Services are not available in all states. For more information, visit www.ncflex.org.

Expanded Accelerated Death Benefit

The policy allows the employee or covered spouse to collect a portion of his/her benefit amount if he/she becomes terminally ill and are expected to live six months or less. The employee or covered spouse may collect 50% of the benefit up to a maximum of \$250,000. The remaining benefits will be paid to the beneficiary after death.

- **When diagnosed with a terminal illness:** If an employee or covered spouse has been diagnosed with a terminal illness and has fewer than six months to live, he/she can receive 50% of the death benefit while living.
- **When diagnosed with a condition requiring continuous confinement:** If an employee or covered spouse has a medical condition that is reasonably expected to require continuous confinement in an institution, and he/she is expected to remain there for the rest of his or her life, he/she can receive 50% of the death benefit while living.

Exclusion

The policy has a suicide exclusion. A claim will be denied if the employee has been covered under the Voluntary Group Term Life Insurance policy for less than two years and a claim is filed for death by suicide. The employee's beneficiary(ies) will not receive a benefit; however, ReliaStar Life will refund premiums paid.

Portability

An employee may continue term life insurance coverage under the NCFlex Voluntary Group Term Life Insurance policy if he/she terminates employment or retires prior to age 70 (without a physical examination). Premium rates for portable term life insurance are generally less expensive than the whole life insurance conversion rate. For details and rates, employees may contact Voya at 1-877-464-5111.

Active coverage at age 70 or retirement after age 75 will be eligible for conversion ONLY.

Conversion

Upon termination or retirement, an employee may convert the term life insurance coverage to an individual whole life policy without a physical examination, regardless of age. The whole life policy builds cash value and the premiums do not change as the employee gets older. The employee pays the full cost of individual policy coverage, plus a billing fee. Premium rates for life insurance conversion are generally more expensive than portable life insurance rates.



An employee must enroll to receive this no-cost benefit. This benefit does not require re-enrollment each year.

Core Accidental Death & Dismemberment

The Core Accidental Death and Dismemberment (AD&D) Insurance Plan is administered by Voya Financial and underwritten by ReliaStar Life Insurance Company, a member of the Voya family of companies. It can pay a benefit if an employee suffers a loss as the result of a covered accident while insured under the plan. It also pays a benefit if an employee suffers certain disabling injuries while covered. The coverage is effective 24 hours a day, 365 days a year. It includes accidents on or off the job, while traveling by car, train, boat, some forms of air travel, or any other public or private form of transportation. Please refer to the Certificate of Coverage for specific exclusions and limitations. This coverage is in addition to any other coverage an employee has under any other insurance policy.

Coverage

If an employee elects coverage, the amount of insurance provided to an employee at no cost is called the Principal Sum.

Principal Sum	Cost for Employee
\$10,000	\$0.00

If an employee suffers any one of the losses listed on the chart below, as the result of a covered accident, the loss will be deemed a covered loss and paid, as listed. The maximum percentage paid for losses from any one accident is 100%.

Accident	Percentage Principal Sum
Life, loss of	100%
Sight of both eyes, loss of	100%
Speech and hearing of both ears, loss of	100%
Both hands or both feet, loss of	100%
One hand and one foot, loss of	100%
Quadriplegia	100%
Paralysis of three limbs	85%
Paraplegia/hemiplegia	75%
Paralysis of one limb	50%
Either hand or foot, loss of	50%
Sight of one eye, loss of	50%
Speech or hearing of both ears, loss of	50%
Hearing of one ear, loss of	25%
Thumb and index finger of same hand, loss of	25%

Note: Loss of hands or feet means loss by being permanently, physically severed at or above the wrist or ankle. Loss of sight means total and permanent loss of sight. Loss of speech and hearing means total and permanent loss of speech and hearing. Loss of thumb and index finger means loss by being permanently, physically, entirely severed.

Coverage After Age 70

If an employee is actively at work at age 70 and beyond, the percentage of the amount payable declines as follows:

Age	Percentage of Full Benefit
70 – 74	65%
75 – 79	45%
80 – 84	30%
85 and older	15%

What is Excluded from Coverage

Please note that coverage will not be in place during an unpaid leave of absence. A claim will not be paid for a loss that is caused by or resulting from:

- Suicide or intentionally self-inflicted injury, while sane or insane.
- Bacterial infection or bacterial poisoning.
- Any armed conflict, whether declared as war or not, involving any country or government.
- Injury suffered while in the military service for any country or government.
- Injury which occurs when an employee commits or attempts to commit a crime.
- Use of any drug, narcotic, or hallucinogenic agent which is illegal or which is not taken as directed by a doctor or manufacturer.
- An employee's intoxication. Intoxication means the blood alcohol content meets or exceeds the legal presumption of intoxication under the laws of the state where the accident occurred.

Voya Travel Assistance: Worldwide Emergency Travel Assistance Services

Voya Travel Assistance offers employees and their dependents four types of services when traveling more than 100 miles from home: Pre-Trip Information, Emergency Personal Services, Medical Assistance Services, and Emergency Transportation Services. This provides peace of mind, allowing employees to relax and enjoy travel. Voya Travel Assistance services are provided by Europ Assistance USA, Bethesda, MD. Services are not available in all states. Covered services include:

- Immunization requirements
- Visa & passport requirements
- Foreign exchange rates
- Embassy/consular referral
- Travel/tourist advisories
- Temperature & weather conditions
- Cultural information
- Urgent message relay
- Interpretation/translation services
- Emergency travel arrangements
- Recovery of lost or stolen luggage or personal possessions
- Legal assistance and/or bail bond



Wellness Tip

Getting enough sleep and avoiding texting while driving can reduce our chances of causing a traffic accident.

Underwritten by ReliaStar Life Insurance Company, a Member of the Voya Family of Companies.

The information in this guide is in abbreviated form only. It is provided to give employees a general understanding of the ReliaStar insurance coverage available, but it is subject to verification by ReliaStar. An employee's actual coverage and amounts are subject to all the terms, limitations, and exclusions in the ReliaStar Certificate of Coverage. If the information in this guide differs from the group insurance policy held by the employer or plan administrator, the terms of that group insurance policy will govern.

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

	Core AD&D	Voluntary AD&D	
	Employee Only	Employee Only	Family
Cost Per Month (if elected)	\$0.00	\$1.70*	\$2.70*
Benefit Amount	\$10,000	\$100,000*	\$100,000*
Enroll During Annual Enrollment	✓	✓	✓
Accidental Death & Dismemberment	✓	✓	✓
Paralysis, Quadriplegia, Paraplegia, Hemiplegia	✓	✓	✓
Voya Travel Assistance	✓	✓	✓
Rehabilitation Benefit		✓	✓
Common Disaster Benefit		✓	✓
Coma Benefit		✓	✓
Accidental In-Hospital Indemnity		✓	✓
Safe Driver Benefit		✓	✓
Criminal Assault Benefit		✓	✓
War Risk Benefit		✓	✓
Burn Disfigurement		✓	✓
Accidental HIV Benefit		✓	✓
Custodial Care Benefit		✓	✓
Therapeutic Counseling Benefit		✓	✓
Adaptive Home & Vehicle Benefit		✓	✓
Surgical Reattachment Benefit		✓	✓
Portability		✓	✓
Coverage for Spouse			✓
Survivor's Benefit			✓
Education Benefit			✓
Spouse Training Benefit			✓
Coverage for Dependent Children			✓

See **page 33** for complete information about the Voluntary AD&D benefit.

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

Voluntary Accidental Death & Dismemberment



This benefit does not require re-enrollment each year.

The Voluntary Accidental Death and Dismemberment (AD&D) Insurance Plan is administered by Voya Financial and underwritten by ReliaStar Life Insurance Company, a member of the Voya family of companies. The plan pays a benefit if an employee (or his/her covered dependents) die or have certain disabling injuries.

The coverage is effective 24 hours a day, 365 days a year. It includes accidents on or off the job, while traveling by car, train, boat, some forms of air travel, or any other public or private form of transportation. Please refer to the Certificate of Coverage for specific exclusions and limitations. This coverage is in addition to any other coverage the employee may have under any other insurance policy.

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

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

Monthly Cost and Principal Sum

The amount of insurance an employee purchases is called the Principal Sum. An employee may select one of the following Principal Sums:

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

Family Principal Sum

An employee may also elect insurance for his/her spouse and unmarried dependent children. (See *Dependent Eligibility*, page 4 for details.) If family coverage is elected, the family members' Principal Sum will be a percentage of the employee's Principal Sum.

Family Members	Percentage of Benefit Payable
Spouse	50%
Children	10% each child

Coverage

If the employee or covered dependents suffers any one of the losses listed on the chart below, as the result of a covered accident, the loss will be deemed a covered loss and a benefit will be paid, based on the applicable Principal Sum. The maximum percentage paid for losses from any one accident is 100%.

Accident	Percentage Principal Sum
Life, loss of	100%
Sight of both eyes, loss of	100%
Speech and hearing of both ears, loss of	100%
Both hands or both feet, loss of	100%
One hand and one foot, loss of	100%
Quadriplegia	100%
Paralysis of three limbs	85%
Paraplegia/hemiplegia	75%
Paralysis of one limb	50%
Either hand or foot, loss of	50%
Sight of one eye, loss of	50%
Speech or hearing of both ears, loss of	50%
Hearing of one ear, loss of	25%
Thumb and index finger of same hand, loss of	25%

Note: Loss of hands or feet means loss by being permanently, physically severed at or above the wrist or ankle. Loss of sight means total and permanent loss of sight. Loss of speech and hearing means total and permanent loss of speech and hearing. Loss of thumb and index finger means loss by being permanently, physically, entirely severed.

Coverage After Age 70

If an employee is actively at work at age 70 and beyond, the percentage of the amount payable declines as follows:

Age	Percentage of Full Benefit
70 – 74	65%
75 – 79	45%
80 – 84	30%
85 and older	15%

Additional Benefits

If insured under the plan, the following benefits are available to employees as part of Voluntary AD&D coverage:

- Enhancement for Child(ren)*
(family option only)
- Surgical Reattachment Benefit
- Coma Benefit
- Accidental HIV Benefit
- Burn Disfigurement Benefit
- Rehabilitation Benefit*
- Therapeutic Counseling Benefit*
- Adaptive Home & Vehicle Benefit*
- Accidental In-Hospital Indemnity Benefit*
- Custodial Care Benefit*
- Seat Belt Benefit*
- Air Bag Benefit*
- Criminal Assault Benefit*
- Common Disaster Benefit*
- Survivor's Benefit* *(family option only)*

- Education Benefit* *(family option only)*
 - Spouse Training Benefit* *(family option only)*
 - Child Care Benefit* *(family option only)*
 - Disability Waiver of Premium
 - Worldwide Emergency Travel Assistance Services (extends to enrolled family members; see **page 32** for detailed description)
- For more information, please visit www.ncflex.org and view the Voluntary AD&D certificate.

Additional benefits apply only if there has been a covered loss as shown on **page 33.*

What is Excluded from Coverage

The plan will not pay a claim for a loss that is contributed to, caused by, or resulting from:

- Suicide or intentionally self-inflicted injury, while sane or insane.
- Bacterial infection or bacterial poisoning.
- Any armed conflict, whether declared as war or not, involving any country or government.
- Injury suffered while in the military service for any country or government.
- Injury which occurs when committing or attempting to commit a crime.
- Use of any drug, narcotic, or hallucinogenic agent which is illegal or which is not taken as directed by a doctor or manufacturer.
- Intoxication when an employee's blood alcohol content meets or exceeds the legal presumption of intoxication under the laws of the state where the accident occurred.

Continuation Options

Portability of Voluntary AD&D services are available. For details and rates, employees may contact Voya at 1-877-464-5111.

Underwritten by ReliaStar Life Insurance Company, a Member of the Voya Family of Companies.

The information in this guide is in abbreviated form only. It is provided to give an employee a general understanding of the ReliaStar insurance coverage but it is subject to verification by ReliaStar. An employee's actual coverage and amounts are subject to all the terms, limitations, and exclusions in the ReliaStar Certificate of Coverage. If the information in this guide differs from the group insurance policy held by the employer or plan administrator, the terms of that group insurance policy will govern.

TRICARE Supplement Plan



This benefit applies to the military community only. Once an employee enrolls, he/she does not have to re-enroll each year.

What is TRICARE Supplement Plan?

TRICARE Supplement Plan is administered by Selman & Company and underwritten by Transamerica Premier Life Insurance Company.

If an employee currently has TRICARE Select, Prime, or TRS benefits offered to the military community, he/she may be eligible and interested in the TRICARE Supplement Plan.

The TRICARE Supplement Plan works with TRICARE to pay the balance of covered medical expenses after TRICARE pays. The TRICARE Supplement Plan helps to pay 100% of members' TRICARE outpatient deductibles, cost shares, copayments plus 100% of covered excess charges. Members have flexibility and freedom of choice in selecting civilian providers (i.e., physicians, specialists, hospitals, and pharmacies).

There are no pre-existing conditions or deductibles.

Who is Eligible?

Employees must follow the NCFlex eligibility guidelines. Eligible employees are retired uniform service members enrolled in either TRICARE Select, Prime, or TRS and are not eligible for Medicare, including:

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

Eligible Dependents

- Unmarried dependent children up to age 21 or if the child is a full-time student, up to age 23. Documentation that a child, age 21-22, is a full time-student must be provided.
- Incapacitated dependents are covered after age 21, 23, or 26, if the child(ren) are dependent on the member for primary support/maintenance and eligible for TRICARE. Proof of continued incapacity and dependency is required. Documentation must be provided. Incapacitated dependents must be enrolled in the TRICARE Supplement Plan before reaching age 21, or age 23 if a full-time student.
- Adult dependent children who are younger than 26 and who are enrolled in TRICARE Young Adult (TYA). The child must provide a copy of his TYA Enrollment ID card to Selman & Company.

Eligible individuals must be registered with the Defense Enrollment Eligibility Reporting System (DEERS) and must not be eligible for Medicare. An individual who is unsure if he/she is eligible for TRICARE should confirm eligibility with DEERS before enrolling in the TRICARE Supplement. If a dependent's Military ID card has expired or if information has changed (i.e., address corrections), call DEERS at 1-800-538-9552.

How the TRICARE Supplement Works with TRICARE

TRICARE and the TRICARE Supplement Plan are separate plans. However, these plans work together to maximize benefits and minimize out-of-pocket expenses. Not all services are covered by TRICARE and the TRICARE Supplement Plan. For a complete list of covered services under TRICARE, please visit www.tricare.mil.

Monthly Cost

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

Coverage will terminate at the end of the month in which:

- Employee reaches age 65
- Dependent child(ren) reach age 26
- Eligibility is lost through NCFlex

Note: TRICARE eligibility must remain in place prior to these events.

There is no deductible for this plan and it covers 100% of the TRICARE Select deductible or 50% of the TRICARE POS deductible.

Please note that the TRICARE Supplement Plan follows the eligibility requirements of TRICARE. Since this is a Supplement to TRICARE, the rules and procedures of TRICARE must be followed.

Continuation of Coverage

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 date received from the employer.

Premium payments will be offered at the same rates offered through the NCFlex. There is no separate administrative fee required.

Continuation of coverage does not apply to an employee, spouse, or dependent child who no longer meets the TRICARE Supplement Plan eligibility requirements. For example, 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 Young Adult (TYA) program or is listed in DEERS.

Contact

Customer Service Call Center	1-800-638-2610, Option 1 Monday - Friday from 9:00 a.m. - 7:00 p.m. (ET)
E-mail	memberservices@selmanco.com
Website	www.selmantricareresource.com

Coverage Continuation Options at Termination

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

NCFlex Coverage	Option	Cost	Remarks
Accident Plan	Portability	100%	The employee will need to contact Voya by calling 1-877-464-5111.
Health Care Flexible Spending Account	COBRA	102%	P&A will send COBRA enrollment materials to the employee's last known address.
Dependent Day Care Flexible Spending Account	None		Cannot be continued.
Dental	COBRA**	102%*	MetLife will send COBRA enrollment materials to the employee's last known address.
Vision Care	COBRA**	102%*	EyeMed will send COBRA enrollment materials to the employee's last known address.
Critical Illness	Portability	100%	Allstate Benefits sends a portability letter to the employee upon receipt of the termination of employment.
Cancer	Portability	100%	Allstate Benefits sends a portability letter to the employee upon receipt of the termination of employment.
Core Accidental Death and Dismemberment (AD&D)	None		Cannot be continued.
Voluntary Accidental Death and Dismemberment (AD&D)	Portability	Contact Voya for rates and to continue coverage at 1-877-464-5111.	The employee will need to contact Voya.
Term Life	Continuation	Contact Voya for rates and to continue coverage at 1-877-464-5111.	The employee will need to contact Voya.
TRICARE Supplement	Portability	100%	Selman will send COBRA enrollment materials to the employee's last known address.

* The rate is 102% of the combined employer and employee rate.

** See chart on **page 38** for the COBRA coverage provisions.

COBRA Coverage

The Consolidated Omnibus Budget Reconciliation Act of 1986 (COBRA) allows the employee and/or his or her dependents to continue current NCFlex Dental, Vision, and HCFSAs coverages for a specific period when the employee and/or his or her dependents are enrolled and coverage is lost due to a qualifying event. The employee must pay the required cost of coverage.

The following charts show the coverage provisions — **except for the duration of coverage for the HCFSAs, which can only be continued to end of the plan year.**

Qualifying Event	Qualified Beneficiaries Who May Continue Coverage	Duration of Coverage
Employment ends for any reason other than gross misconduct	Employee, spouse, dependent children	Up to 18 months
An employee loses benefit eligibility due to reduction in hours	Employee, spouse, dependent children	Up to 18 months
During the first 60 days of COBRA coverage the employee or his/her dependent becomes disabled under the Social Security Act	Employee, spouse, dependent children	Up to 29 months; months 1-18, 102% of premium; months 19-29, 150% of premium
An employee divorces or legally separates	Ex-spouse and/or dependent children	Up to 36 months from initial qualifying event
An employee's dependent children lose eligibility	Dependent children	Up to 36 months from initial qualifying event
An employee becomes covered by Medicare	Spouse and/or dependent children	Up to 36 months from initial qualifying event
An employee dies	Spouse and/or dependent children	Up to 36 months from initial qualifying event

If a Benefits Claim is Denied

If an employee has a benefits claim that is denied by the carrier, he/she has certain rights as a plan participant to appeal. For information on the appeals process for specific benefits, employees may contact individual benefit carriers. The steps to the appeals process are outlined in the insurance certificates.

Election Process

Under COBRA, an employee and/or his or her covered dependents have the responsibility to inform a Health Benefits Representative (HBR) or the benefits department within 60 days of a divorce, a legal separation, a child losing dependent status under the plan, or upon receiving a written Social Security determination letter stating that a qualified beneficiary was disabled at the time of the employee's termination, reduction in hours, or during the first 60 days of COBRA coverage. If the employee does not notify his/her HBR or benefits department within 60 days of these events and before the original 18-month COBRA period expires, then the employee's rights to continuation coverage will end. The HBR or benefits department has the responsibility to notify the NCFlex carriers of the employee's death, termination of employment, reduction in hours, or upon receiving notice of Medicare entitlement.

After receiving notice of a qualifying event, a COBRA notice and election form will be sent to the employee by the appropriate carrier. If the employee is interested in continuing NCFlex coverage, he/she must return a completed election form (signed and dated) to the appropriate carrier (address listed on the COBRA notice) within 60 days from the later of the date coverage is lost or from the date of the COBRA notification. If the employee fails to meet this deadline, his/her COBRA rights will end.

Premium Payments

There is an initial grace period of 45 days starting with the date an employee elects continuation coverage to pay any premiums, which are due from the date of the qualifying event to the current month. After the initial 45-day grace period, full premium payments are due on the first day of each month for that month's coverage and must be received no later than 30 days after that due date.

The COBRA payment address and instructions will be included in the COBRA materials the employee receives from the carrier.

COBRA Ending Date

COBRA coverage continues until the earliest of the following:

- The employee's maximum amount of continuation coverage ends (see chart on [page 38](#)).
- The State of North Carolina no longer provides that coverage to any employee under the NCFlex Program.
- The employee's premium for continuation coverage is not paid in full by the due dates listed.
- The qualified beneficiary becomes covered (after the date he/she elects COBRA coverage) under another similar group health plan, which does not contain any exclusion or limitation with respect to any pre-existing condition he or she may have.
- The qualified beneficiary extends coverage for up to 29 months due to disability, and there has been a final determination that the individual is no longer disabled.

Employee or covered dependents who have questions about COBRA rights or have changed addresses or marital status, should contact the appropriate carrier (carriers' addresses and telephone numbers are listed on the back of this guide).

Federal Requirements

NCFlex and its carriers administer the dental, vision care, and cancer and specified disease benefits, as well as the HCFSA in accordance with the HIPAA Privacy requirements. A HIPAA Privacy Notice is provided to participants by the carriers of each plan and is also available at www.ncflex.org.

Contact Information

NCFlex

www.ncflex.org

- NCFlex benefits information
- Claim forms
- Certificates of Coverage

Flexible Spending Accounts

P&A Group

ncflex.padmin.com

Customer Service: 1-866-916-3475

Monday – Friday 8 a.m. – 10 p.m. (ET)

Mail claims to:

17 Court Street, Suite 500
Buffalo, NY 14202

Fax claims to: 1-877-213-8917

- Eligible and ineligible HCFSAs and DDCFSAs expenses
- Status of HCFSAs and DDCFSAs claims
- When to expect reimbursement

Accident/Term Life/AD&D

Voya

Customer Service:

LifeHelp

PO Box 492517

Redding, CA 96049

1-877-464-5111

Monday – Friday 9 a.m. – 6 p.m. (ET)

Mail EOI forms to:

ReliaStar Life Insurance Co.

PO Box 20

Mail Stop 4-S

Minneapolis, MN 55440

Fax claims to: 1-612-467-8721

- Accident, Term Life, or AD&D coverage questions

Cancer & Critical Illness

Allstate Benefits (AB)

(American Heritage Life

Insurance Company)

www.AllstateBenefits.com

Customer Service: 1-866-232-1517

Monday – Friday 8 a.m. – 8 p.m. (ET)

Mail claims to:

Claims Department

1776 American Heritage Life Drive

Jacksonville, FL 32224-6688

- Cancer/Specified Disease and Critical Illness Insurance questions
- Questions about claims or benefits

Dental

MetLife

www.metlife.com/mybenefits

Customer Service: 1-855-676-9441

Monday – Friday 8 a.m. – 11 p.m. (ET)

Mail claims to:

MetLife Dental Claims

PO Box 981282

El Paso, TX 79998-1282

- Automated service available 24/7 online at *MyBenefits* website
- Find a dentist
- Review plan information and claims
- Print ID cards

Vision

EyeMed Vision Care

www.eyemedvisioncare.com/ncflexoe

4000 Luxottica Place

Mason, OH 45040

Customer Service: 1-866-248-1939

Monday – Saturday 7:30 a.m. – 11 p.m. (ET)

Sunday 11 a.m. – 8 p.m. (ET)

- Vision care providers
- Questions about plan options
- Request ID cards
- Questions about claims or benefits

TRICARE Supplement

Selman & Company

6110 Parkland Blvd.

Cleveland, OH 44124

Customer Service:

1-800-638-2610, option 1

Monday – Friday 9 a.m. – 7 p.m. (ET)

Benefit Enrollment

North Carolina's eBenefits System

www.shpnc.org or

www.ncflex.org and click

Enroll Now

Customer Service: 1-855-859-0966

Monday – Friday 8 a.m. – 5 p.m. (ET)

- Online enrollment inquiries