

2019 ENROLLMENT GUIDE

NC FLEX
STATE INSURANCE PLANS



Take this opportunity to discover the wide range of benefits that NCFlex offers—then make choices that best support you and your family!



Welcome to NCFlex Enrollment!

NCFlex gives you access to a variety of benefits and resources to help you take care of your physical, emotional and financial health. It's up to you to choose the benefits that best meet your needs. **Take action today to make the most of all that NCFlex offers**, including:

6 Flexible Spending Accounts

- Health Care Flexible Spending Account (HCFSA)
- Dependent Day Care Flexible Spending Account (DDCFSA)

9 Supplemental Medical

- Accident Plan
- Cancer and Specified Disease
- Critical Illness

14 Dental

16 Vision

18 Financial & Survivor

- Group Term Life
- Core Accidental Death & Dismemberment (AD&D)
- Voluntary Accidental Death & Dismemberment (AD&D)

23 TRICARE Supplement Plan

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. You may review and/or obtain a copy of the Certificate of Coverage by visiting our website at www.ncflex.org.

Enrolling for Benefits

When You Can Enroll

As a New Hire or Newly Benefits-Eligible Employee	As a Current Employee During Annual Enrollment	As a Current Employee If You Have a Qualifying Life Event
You must enroll within 30 days from your date of hire	You must enroll September 29 – October 31, 2018	You must enroll within 30 days of the qualifying event
<p>You have 30 days from your date of hire to enroll in benefits. Your benefit elections are effective on the first day of the month following your date of hire.</p> <p>If you don't enroll within 30 days, you will not have any NCFlex benefits for the remainder of the plan year. Your next chance to enroll will be next fall during Annual Enrollment for the following plan year, or when you experience a qualifying life event that would allow you to add or drop a dependent—like getting married or divorced.</p>	<p>Annual enrollment is your once-a-year opportunity to review and select your benefits for the coming year, add or cancel dependent coverage, and enroll in the Flexible Spending Accounts. Annual enrollment for 2019 will be September 29 – October 31, 2018.</p> <p>If you do not enroll during the annual enrollment period, your current elections will roll over, except for any flexible spending account elections (Health Care Flexible Spending Account or Dependent Day Care Flexible Spending Account), which must be elected each year.</p>	<p>You can enroll or make changes to your benefit elections during the year if you have a qualifying life event (see list below). You must enroll/make changes within 30 days of the qualifying event.</p> <p>Qualifying life events include, but are not limited to:</p> <ul style="list-style-type: none"> • Marriage • Divorce or legal separation • Birth or adoption (or placement of adoption) of a child • Death of a covered dependent • Change in your spouse's employment, impacting his/her benefits eligibility • Your dependent turns age 26 <p>Any change you make in coverage must be consistent with your status change.</p>

Enroll

How to Enroll

You can enroll in NCFlex benefits in one of two ways:



Online at **ncflex.org**

Go online to **ncflex.org** and click the *Enroll Now* button.

To log in:

- Select your work location from the list on the left side of the screen; or
- Enter your eBenefits user name and password. If you've forgotten your user name or password, click *Can't Access Your Account?*.

The enrollment system will walk you through the steps to enroll.



Call **1-855-859-0966**

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

Successful Enrollment Tips

When you log in to the enrollment system, be sure to:

- **Enter or update your contact information (phone number, email address) and be sure your mailing address is correct (if not, enter your current information in your HR/payroll system). We'll use this information to communicate with you about your benefits.**
- **Enter or update your dependent information, including date of birth and Social Security number, for each dependent you want to enroll.**
- **Review and update your beneficiaries, as needed.**
- **Print a confirmation statement after you have elected your benefits so you'll have a record of your choices.**

About Your Benefit Costs

Your costs or contributions for the following NCFlex benefits are made on a pre-tax basis. Pre-tax benefits let you pay for coverage with dollars from your pay before taxes have been deducted, which results in tax savings for you.

- Flexible Spending Accounts: Health Care and Dependent Day Care
- Accident Plan
- Cancer and Specified Disease
- Critical Illness
- Dental
- Vision
- Group Term Life (for employee only premium)
- Voluntary Accidental Death & Dismemberment
- TRICARE Supplement Plan

You pay for the Group Term Life premium for your dependents on a post-tax basis. Post-tax benefits let you pay for coverage on a post-tax basis using dollars from your pay after taxes have been calculated.



Photography courtesy of gormikhal via Flickr

Eligibility

You

You may enroll in any or all of the NCFlex benefits if you work for a state agency, university, select community college, or select charter school for 20 hours or more hours per week in a permanent, probationary, or time-limited position. If you have questions about your eligibility, contact your Health Benefits Representative (HBR).

Your Dependents

Your eligible dependents include:

- Your legally married spouse.
- Your children, including stepchildren, until the end of the month in which the child turns age 26. For the TRICARE Supplement, eligibility is up to age 21, or up to age 23 if enrolled full-time in a school of higher learning.
- Your children of any age, including stepchildren and foster children, who are unable to make a living because of a mental or physical handicap as long as the handicap developed before your child's 26th birthday and your child was covered by the NCFlex plan for which you want to continue coverage prior to turning 26.

★ Benefit Tip!

If you plan to enroll dependents, allow yourself enough time to gather any required documentation, such as dependents' Social Security numbers and dates of birth.

Note:

- You must be enrolled in a plan for your eligible dependent(s) to participate.
- You may not be covered as both an employee and a dependent and children may not be dually enrolled.
- You should consult with your tax advisor if you have questions as to whether someone qualifies as your income tax dependent.

Flexible Spending Accounts

Flexible Spending Accounts (FSAs) help you save money on taxes by paying for eligible out-of-pocket healthcare and dependent care expenses with pre-tax dollars. You never pay taxes on the dollars you set aside in an FSA, which helps you save money. You must elect these accounts each year.

You can enroll in one or both accounts:

- Health Care Flexible Spending Account (HCFSA)
- Dependent Day Care Flexible Spending Account (DDCFSA)

Health Care Flexible Spending Account

You can contribute from **\$120 to \$2,650** each plan year. The full amount you elect to contribute to your Healthcare FSA is available in your account on the first day of the plan year or the first day your benefits become effective. Your contributions will be deducted on a pre-tax basis from your paycheck evenly over the calendar year.

Benefit Tip!

Estimate your expenses carefully so you won't contribute more money to your Health Care FSA than you can spend in the year. If you still have unused funds at the end of the year, find ways to spend the money on eligible health care items you need, such as a pair of glasses, first aid kits, blood pressure testing machine, or schedule a year-end dental appointment.

Eligible expenses include: Your out-of-pocket costs for doctor visit copays, prescription drugs, prescription eyeglasses, dental copays and deductibles, braces, contacts, hearing aids, qualifying every day health products and much more. For more details on qualifying expenses, go to ncflex.org and click on *Flexible Spending Accounts*.

For the 2019 plan year, **expenses must be incurred January 1 through December 31, 2019**, to be eligible for reimbursement. You have until **April 30, 2020**, to submit claims for reimbursement. **You can rollover up to \$500** of unused account balances into the next plan year, as long as you have a minimum balance of at least \$25. Any funds exceeding this amount will be forfeited.

You can go to ncflex.padmin.com to submit claims electronically, check your account balance and more.

FSA

Dependent Day Care Flexible Spending Account (DDCFSA)

The DDCFSA offers you a tax-free way to pay yourself back for eligible dependent care expenses throughout the year. You 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 you and your spouse work, your spouse goes to school full-time or your spouse isn't able to care for himself or herself. The IRS sets the maximum contribution, which is \$5,000 per family, per year.

Eligible expenses include: Daycare, summer day camp, after school programs, and preschool expenses for children up to age 13 or disabled dependents of any age. Sleep-away or overnight camps are not covered. You may also use this account to pay for adult day care services for a spouse or other dependent who receives more than one-half of his or

her support from you (e.g., your disabled elderly parent), who is physically or mentally incapable of caring for himself or herself and has the same principal place of residence as you for more than one-half of the year.

For more information on qualifying dependents and expenses, go to [ncflex.org](https://www.ncflex.org) and click on *Flexible Spending Accounts*, or see **IRS Publication 503**.

For the 2019 plan year, **expenses must be incurred January 1, 2019, through March 15, 2020**, to be eligible for reimbursement. You have until **April 30, 2020**, to submit claims for reimbursement. Any unused funds will be forfeited.

You can go to ncflex.padmin.com to submit claims electronically, check your account balance and more.

How Flexible Spending Accounts Save You Money

Example of Annual Tax Savings*	Without an FSA	With an FSA
Annual Pay	\$40,000	\$40,000
Pre-tax Money Deposited into FSA	-\$ 0	-\$2,500
Remaining Taxable Annual Pay	\$40,000	\$37,500
Minus Federal and Social Security Taxes	-\$12,000	-\$11,250
Take-home Pay Spent on Qualified Expenses	-\$2,500	-\$ 0
Take-home Pay	\$25,500	\$26,250

*Assumes annual tax rate of 30%.



That's a \$750 increase in take-home pay with a Flexible Spending Account.

FSA's

Paying for Expenses

When you enroll in the HCFSAs or DDCFSAs you will automatically receive the NCFlex Convenience Card to help you pay for expenses:



HCFSAs

Your entire annual contribution amount is available on your card on January 1, or the date your account becomes effective, to pay for eligible expenses.

DDCFSA

The money available on your card to pay for DDCFSA expenses is equal to the amount you have actually contributed to your account (via payroll deductions).

Filing Claims

To file claims or to check your account balance at any time, log into your account at ncflex.padmin.com (from your computer or mobile device) or call the number on your card.

If you do not use your card to pay for expenses, you can file claims for reimbursement online or by fax or mail.



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

You'll experience convenience and savings when you shop at the FSA Store, a one-stop-shop that offers significant discounts on thousands of pre-approved eligible FSA products. You can use your NCFlex Convenience Card when you checkout. Visit ncflex.padmin.com to access the FSA Store today.

Keep Your Receipts!



The IRS requires that ALL claims be verified.

Your NCFlex convenience card can auto-approve most FSA-eligible items purchased at many of your local pharmacies, discount stores and grocery stores. However, if an item is not auto-approved, you may receive a request to submit receipts for verification.

For More Information

For more information about the FSAs, go to ncflex.org, select *Flexible Spending Accounts*, then click *Claim Forms, Plan Information, FAQs and More*.

Accident

NCFlex offers an Accident Plan that pays you cash benefits for specific injuries and events resulting from a covered accident that occurs on or after your coverage effective date. You can use this money however you like; for example, deductibles, other out-of-pocket medical costs, child care, housecleaning, groceries or utilities. Benefits are paid directly to you and pay in addition to any other insurance you may have.

What Accident Benefits are Available?

The following is a partial list of benefits provided by the Accident Plan. In addition, if your accident occurs while participating in an organized sporting activity as defined in the certificate, some benefits may be increased by 25% to a maximum additional benefit of \$1,000.

Event	Benefit
Initial doctor visit	\$100
Emergency room treatment	\$300
Ground ambulance	\$360
Follow-up doctor treatment	\$100
X-ray	\$75
Hospital admission	\$1,250
Hospital confinement per day, up to 365 days	\$200

Accident Monthly Costs

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

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

For More Information

For more plan information, a complete list of covered benefits, exclusions and limitations, or to see the certificate of insurance and any riders, go to ncflex.org, select **Accident**, then click **Additional Plan Information**.

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.

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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 also help pay for hospitalization, surgery, radiation/chemotherapy and more.

You can choose between three plan options (Low, High and Premium) depending on your insurance needs. All three plan options cover the same type of services. In most cases, however, the amount of coverage differs based on the option you choose. (See "What the Plan Covers" on **page 11**.)

Covered Diseases

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

 **For More Information**

For plan coverage specifics, go to ncflex.org, select **Cancer and Specified Disease** and refer to the plan certificates.

Cancer

What the Plan Covers

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

Benefit	Low Option	High Option	Premium Option
Cancer Prevention and Screening Benefit¹ (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 Benefits² (per day after 70 days)	Up to \$100	Up to \$200	Up to \$300
Surgery² (per surgery, based on surgical schedule)	Up to \$1,500	Up to \$3,000	Up to \$4,500
Ambulatory Surgical Center² (per day)	Up to \$250	Up to \$500	Up to \$750
Radiation/Chemotherapy² (per 12-month period)	Up to \$2,500	Up to \$7,500	Up to \$10,000
Inpatient Drugs and Medicine²	Up to \$25 per day while confined in the hospital		
Private Duty Nursing Services² (per day)	Up to \$100	Up to \$200	Up to \$300
At-Home Nursing² (per day)	Up to \$100	Up to \$200	Up to \$300
Prosthesis²	Up to \$2,000 per amputation		
Ambulance²	Up to \$100		
Hospice Benefits:			
Freestanding Hospice Care Center² (per day)	Up to \$100	Up to \$200	Up to \$300
Hospice Care Team² (per day; limit 1 visit/day)	Up to \$100	Up to \$200	Up to \$300
Extended Care Facility² (per day)	Up to \$100	Up to \$200	Up to \$300

¹ 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; Papsmear; 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.

² These benefits are payable based on actual charges up to the maximum amount listed.

Cancer and Specified Disease Monthly Cost

The monthly premium you pay for cancer coverage is based on the plan you choose and whether you cover yourself only or yourself and your family. If you are a new hire or newly eligible for benefits, you do not need to provide Evidence of Insurability (EOI) if you enroll within 30 days of your date of hire.

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

For More Information

For more plan information and a complete list of covered benefits, go to ncflex.org, select **Cancer and Specified Disease**, then click **Plan Information, Claim Forms, Certificates and More**.

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Critical Illness

Critical Illness Insurance pays a benefit if you are diagnosed with a covered critical illness. You can choose a maximum benefit amount of \$15,000 or \$25,000. This plan includes: guaranteed issue, benefits paid directly to you, a maximum of two payouts per critical illness diagnosis.*

**A benefit for the reoccurrence of a critical illness will be paid if the second diagnosis is more than 12 months after the first diagnosis.*

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

Pays 100% of benefit in the event of:

- Heart Attack
- Stroke
- Major Organ Transplant
- Bone Marrow Transplant
- Invasive Cancer
- Paralysis
- End Stage Renal Failure

Pays 25% of benefit in the event of:

- Carcinoma in Situ (non-invasive cancer)
- Coronary Artery Bypass Surgery

★ Benefit Tip!

Medical plans may cover only part of the cost of medical expenses incurred during a critical illness. Consider Critical Illness coverage to pay expenses not covered by your medical plan, or to pay your mortgage or other living expenses while you're out of work.

The Cancer and Critical Illness coverage provided is limited benefit supplemental insurance, policy forms GVCP2 and GVCIP2, 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.

Critical Illness Monthly Costs

The monthly premium is based on the maximum benefit amount you choose (\$15,000 or \$25,000), your age, and whom you cover (yourself only or you plus your spouse). The monthly cost for your spouse is the same as the costs for yourself. For example, if you are age 30 and choose \$15,000 in coverage for yourself and for your spouse, your costs will be \$2.10 for you plus \$2.10 for your spouse, for a total of \$4.20.

Costs for you and/or your dependent spouse are based on your age as of January 1, 2019, and are in five-year age bands. There is no cost for coverage for dependent children under age 26.

Coverage Level	Employee Age	Benefit Amount*	
		\$15,000	\$25,000
Employee/ Spouse	<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	
Dependent Children	If you choose coverage for yourself, you may also elect coverage for your dependent children under age 26		
	Up to age 26	No cost	

*The costs are per covered person (employee/spouse) for the benefit amount you elect.

Example of Benefit Payment

John experienced several illnesses throughout the year. Here's how the plan pays benefits:

Covered Condition	Lump-Sum Benefit Payment Received
John has a heart attack	\$15,000
Three months later, John is diagnosed with noninvasive cancer	\$3,750
12 months later John has another heart attack	\$15,000
Two months later John becomes paralyzed	\$15,000
Total Payout	\$48,750

A Note about Taxes

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



For More Information

For more plan information and a complete list of covered benefits, go to ncflex.org, select *Critical Illness*, then click *Plan Information, Claim Forms, Certificates and More.*

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Dental

Good oral health is an essential part of a healthy lifestyle. Through MetLife, we offer two dental plans that cover routine checkups and other dental care: High Option PPO plan and Low Option PPO plan. The plans differ in how much you pay per pay period and how much you pay at the time of service.

Covered services

With both dental plans, you can visit any licensed dentist, in or out of the MetLife Preferred Dental Provider (PDP) Plus Network, and still receive benefits. Both dental plans provide benefits for:

- Diagnostic and preventive services, such as oral exams, cleanings and x-rays.
- Basic services, such as fillings, extractions, root canal therapy and treatment of gum disease.

The High Option PPO plan also covers:

- Major services, such as crowns, dentures and bridges.
- Orthodontic services for dependent children up to age 19, with a lifetime maximum benefit of \$1,500.

 **Benefit Tip!**

You can also use your Health Care Flexible Spending Account to pay for eligible dental expenses (that are not covered by another plan) on a pre-tax basis. Keep in mind that cosmetic procedures, such as teeth whitening, are not considered eligible expenses.

The right coverage helps lower your costs. When you choose a participating dentist, you could save even more since dentists in network accept negotiated fees that are typically 15-45% less than the average charges in the same area. To find a participating dentist, go to www.metlife.com/mybenefits, enter *NCFlex* as the company name and enter your zip code. You can also call **1-855-676-9441** to request that a provider list be sent to you.

Dental

Dental At-a-Glance

Benefit Category	High Option PPO	Low Option PPO
Annual Deductible (per person/per family)	\$50/\$150	\$25/\$75
Annual Maximum (per covered person; does not include orthodontic services under the High Option PPO Plan)	\$5,000	\$1,000
Lifetime Orthodontic Maximum ¹ (per covered person)	\$1,500	N/A
Benefit Category	Plan Pays	Plan Pays
Diagnostic and Preventive²		
Oral exams, preventive cleanings, X-rays, fluoride treatments, sealants and space maintainers	100%	100% after deductible
Basic²		
Fillings, simple extractions, endodontics, re-cement crowns, inlays and bridges, repair of removable dentures	80% after deductible	50% after deductible
Periodontal services, oral surgery, and general anesthesia	50% after deductible	
Major²		
Includes crowns, dentures, bridges, fixed bridge repairs, denture adjustments/relining, implants	50% after deductible	Not Covered
Orthodontics²		
Orthodontic services for dependent children up to age 19	50%	Not Covered

¹ The lifetime orthodontia maximum includes any orthodontia benefits you may have received from the prior NCFlex plan carrier.

² See the dental plan certificates for plan details and benefit restrictions. Go to ncflex.org and select Dental, then click on "Plan Information, Claim Forms, Certificates and More" to access plan certificates.

Monthly Dental Cost

Coverage Level	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



For More Information

Go to ncflex.org and select Dental, then click on *Plan Information, Claim Forms, Certificates and More* to access plan certificates.

Photography courtesy of Susanna Wilson via Flickr

Vision

NCFlex offers vision coverage through EyeMed Vision Care to save money on eye exams and eyewear. You can see any vision provider you choose. The level of benefits you receive depends on whether you go in-network or out-of-network for services.

The Vision Plan offers three schedules of benefits: Core, Basic and Enhanced. Core vision coverage is available to you at no cost, if you enroll, and covers an annual eye exam with a \$20 copay. Both the Basic and Enhanced provide a comprehensive eye exam and benefits for vision materials. You may receive either eyeglass lenses or contact lenses in a benefit period but not both.

The EyeMed Network

You can choose from more than 2,900 in-network providers throughout the state, including independent eye doctors, retail stores and even online options. If your vision care provider is not part of the EyeMed network, you or your provider may contact EyeMed with the provider's name, address, and telephone number to begin the provider nomination process.

Benefit Tip!

You can use the Health Care Flexible Spending Account (HCFA) to pay for vision expenses (that are not covered by another plan) on a pre-tax basis.

For More Information

To contact EyeMed, call 866-248-1939 or visit <http://www.eyemedvisioncare.com/NCFlexoe>.

Vision

Vision At-a-Glance

The chart below shows in-network benefits. Using an in-network provider will result in less expense for you. Remember, you are responsible for paying any charges in excess of your covered benefit. When using a non-network provider, you pay the provider in full and submit an out-of-network claim form (along with a copy of your receipt) to EyeMed. You will be reimbursed up to the amount of your out-of-network allowance.

Benefit	Core	Basic	Enhanced
Eye exam (once per year)	\$20 copay	\$20 copay	\$20 copay
Contact lenses	Discount	\$120 allowance (once every 12 months)	\$175 allowance (once every 12 months)
Frames	35% off retail	\$125 allowance (once every 24 months)	\$200 allowance (once every 12 months)
Single Vision standard lens	You pay \$50	\$0 copay	\$0 copay
Standard progressive lens	You pay \$135	\$50 copay	\$50 copay
Hearing Health Care from Amplifon Hearing Network	40% off hearing exams and a low-price guarantee on discounted hearing aids	40% off hearing exams and a low-price guarantee on discounted hearing aids	40% off hearing exams and a low-price guarantee on discounted hearing aids
LASIK or PRK from US laser network	15% off the retail price, or 5% off the promotional price, whichever you prefer	15% off the retail price, or 5% off the promotional price, whichever you prefer	15% off the retail price, or 5% off the promotional price, whichever you prefer

Vision Monthly Cost

Your monthly vision premium is based on the plan you choose and whether you elect to cover yourself only, or yourself and your family. If you wish to only participate in the Core Wellness Exam, you must still enroll.

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

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

For More Information

For more details on what is covered and what is excluded under the Vision Plan, go to ncflex.org, select **Vision**, then click **Plan Information, Claim Forms, Certificates and More.**



Discover More Discounts and Special Offers through EyeMed...

Once you are enrolled, be sure to register on www.eyemedvisioncare.com/NCflex or download the EyeMed Members App (in the App Store or Google Play) for additional special offers and discounts on vision-related products and services.

Group Term Life

You can enroll in Group Term Life Insurance that pays a benefit to your beneficiary(ies) if you die while covered under the policy. You are automatically the beneficiary of Spouse and Child(ren) coverage. (Note that group term life policies provide death protection only; there is no cash value accumulation.)

Coverage Options

Coverage Level	Benefit Level
Employee/Spouse*	You can choose coverage of \$20,000 to a maximum of \$500,000, in \$10,000 increments. (Spouse coverage cannot exceed 100% of employee's elected amount)
Child(ren)*	You can cover each of your eligible children in the amount of \$5,000 or \$10,000.

**Employee must be enrolled in Group Term Life to cover spouse/child(ren). See evidence of insurability requirements on page 19.*

★ Benefit Tip!

How much life insurance do you need? Consider:

- How many years of annual pay you want to replace
- Mortgage/rent obligations
- Education/college needs
- Funeral expenses
- Other debts

Coverage After Age 75

Your benefit will be reduced to 50% when you reach age 75, if you are employed with NC State Government. Note: Once the coverage is reduced due to age, the insured is no longer able to increase coverage.

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.

Additional Group Term Life Benefits

- Disability Waiver of Premium:** If you become totally disabled prior to age 60 the life insurance premium is waived. This includes spouse and child(ren) coverage.
- Funeral Planning and Concierge Services:** Allows you to contact professionals who can help with funeral planning for yourself and eligible family members.
- Accelerated Death Benefit:** You and your spouse may be eligible to receive 50% of the Group Term Life benefit, up to a maximum of \$250,000, while living if you are:
 - Diagnosed with a terminal illness and have fewer than six months to live.
 - Diagnosed with a condition requiring continuous confinement.

Benefit Tip!

Be sure to designate your beneficiary(ies) when you enroll in life insurance coverages, then review and update them each year during benefits enrollment.

Life

Group Term Life Monthly Costs

The monthly premium for you and/or your dependent spouse is based on your age as of January 1 of the current plan year. The following chart outlines the cost of coverage per \$1,000 increment based on age.

	Employee Age	Monthly Rates* Per \$1,000 Coverage	Monthly Cost for Sample Coverage Amounts		
			\$20,000	\$50,000	\$100,000
Employee/Spouse	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
If you elect employee-only coverage, premiums will be deducted on a pre-tax basis.					
Child(ren)	\$0.68 for \$5,000 of coverage for child(ren) \$1.36 for \$10,000 of coverage for child(ren) If you elect employee plus dependent coverage, premiums for the employee and dependent(s) will be deducted on a post-tax basis.				

For More Information

For more information about the Group Term Life plan, go to ncflex.org and select *Group Term Life*, then click *Plan Information, Claim Forms, Certificates, and More*.

AD&D

Accidental Death & Dismemberment (AD&D) insurance pays a benefit if you die or are seriously injured as the result of an accident. If you are eligible for coverage, you may enroll in the Core AD&D plan at no cost to you. You may purchase additional optional coverage for yourself and your dependents through the Voluntary AD&D plan.

Coverage Options

You can choose AD&D coverage as follows:

Plan	Coverage Options
Core AD&D	\$10,000 (provided at no cost to you, if you enroll)
Voluntary AD&D	<p>For you: You can choose from \$50,000 up to \$500,000 in \$50,000 increments (see Voluntary AD&D Monthly Costs for coverage amounts and associated costs)</p> <p>For your dependent(s): If you elect voluntary AD&D coverage for yourself, you also can elect coverage for your dependents. Your spouse and children are covered at a percentage of the amount of coverage that you elect for yourself, according to the chart on page 22.</p>

Voya Travel Assistance: Worldwide Emergency Travel Assistance Services

If you are enrolled in the Core or Voluntary AD&D plan you can also receive Voya Travel Assistance services.

Traveling to an unfamiliar place can cause stress, especially if something goes wrong. Voya Travel Assistance offers you and your dependents four types of services when traveling more than 100 miles from home:

- Pre-trip information
- Emergency personal services
- Medical assistance services
- Emergency transportation services

This provides peace of mind, allowing you to relax and enjoy your trip. Voya Travel Assistance services are provided by Europ Assistance USA, Bethesda, MD.

Go to www.ncflex.org for more information.

How the AD&D Plans Work

If you die or are seriously injured as the result of an accident, the plan pays:

For loss of:	Percentage of the AD&D benefit amount paid is ...
Life	100%
Sight of both eyes	100%
Speech and hearing of both ears	100%
Both hands or both feet	100%
One hand and one foot	100%
Either hand or foot	50%
Sight of one eye	50%
Speech or hearing of both ears	50%
Hearing of one ear	25%
For the following conditions...	
Quadriplegia	100%
Paralysis of three limbs	85%
Paraplegia/hemiplegia	75%
Paralysis of one limb	50%

Coverage After Age 70

If you are 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%

Core AD&D Monthly Costs

If you enroll in the Core AD&D plan, the coverage is provided at no cost to you.

Voluntary AD&D Monthly Costs

You may select from a principal sum of \$50,000 up to \$500,000 in \$50,000 increments. Your cost for coverage is based on the principal sum you choose, as follows:

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

Family Principal Sum

If you elect family coverage, the plans pay a percentage of your benefit amount if your spouse and/or children die or are seriously injured as the result of an accident, as follows:

Family Member	Percentage of your AD&D benefit amount paid is
Spouse	50%
Children	10% each child

For More Information

To find out more about the AD&D plans and a complete list of covered benefits, go to ncflex.org and select *Accidental Death & Dismemberment*, then click *Plan Information and Documents*.



TRICARE Supplement Plan

Photograph courtesy of m.kasahara via Flickr

If you currently have TRICARE Select, Prime, or TRS benefits offered to the military community, you may be eligible and interested in the TRICARE Supplement Plan. This plan helps pay 100% of members' TRICARE outpatient deductibles, cost shares, copayments plus 100% of covered excess charges.

Eligibility for You

You may be eligible for TRICARE Supplement if you are a retired uniform service member 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 from the Social Security Administration).
- TRICARE Reserve Select (TRS) members and their eligible dependents.

Eligibility for Your Dependents

Eligible dependents include your unmarried biological, step-children and adopted children, up to age 21 (or up to age 23 if in college). Eligibility may extend beyond these age limits if your dependent child is severely disabled.

TRICARE Monthly Cost

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

 **For More Information**

For a complete list of covered services under TRICARE, please visit www.tricare.mil.

Benefit Resources

NCFlex.org is your one-stop information source for plan details, resources, links to vendors, summary plan descriptions (SPDs), claims forms, and more! To contact a vendor directly, see information below.

Benefit Plan	Vendor	Phone	Website
All NCFlex Benefits	NCFlex		ncflex.org
Flexible Spending Accounts (Health Care and Dependent Care)	P&A Group	1-866-916-3475	ncflex.padmin.com
Accident	Voya Financial	1-877-464-5111	Email: ncflex@lifehelp.com
Cancer and Specified Disease	Allstate Benefits	1-866-232-1517	allstatebenefits.com/mybenefits
Critical Illness	Allstate Benefits	1-866-232-1517	allstatebenefits.com/mybenefits
Dental	MetLife	1-855-676-9441	metlife.com/mybenefits (Company name: NCFlex)
Vision	EyeMed Vision Care	1-866-248-1939	eyemedvisioncare.com/NCFlexoe
Group Term Life	Voya Financial	1-877-464-5111	Email: ncflex@lifehelp.com
Voluntary Accidental Death & Dismemberment (AD&D)	Voya Financial	1-877-464-5111	Email: ncflex@lifehelp.com
TRICARE Supplement	Selman & Company	1-800-638-2610, Option 1	selmantricareresource.com

 **For More Information**

Go to oshr.nc.gov/state-employee-resources/benefits for more (non-enrollment) benefit resources, such as the State Retirement System, State Health Plan and State 401(k) and 457 Retirement Plans.