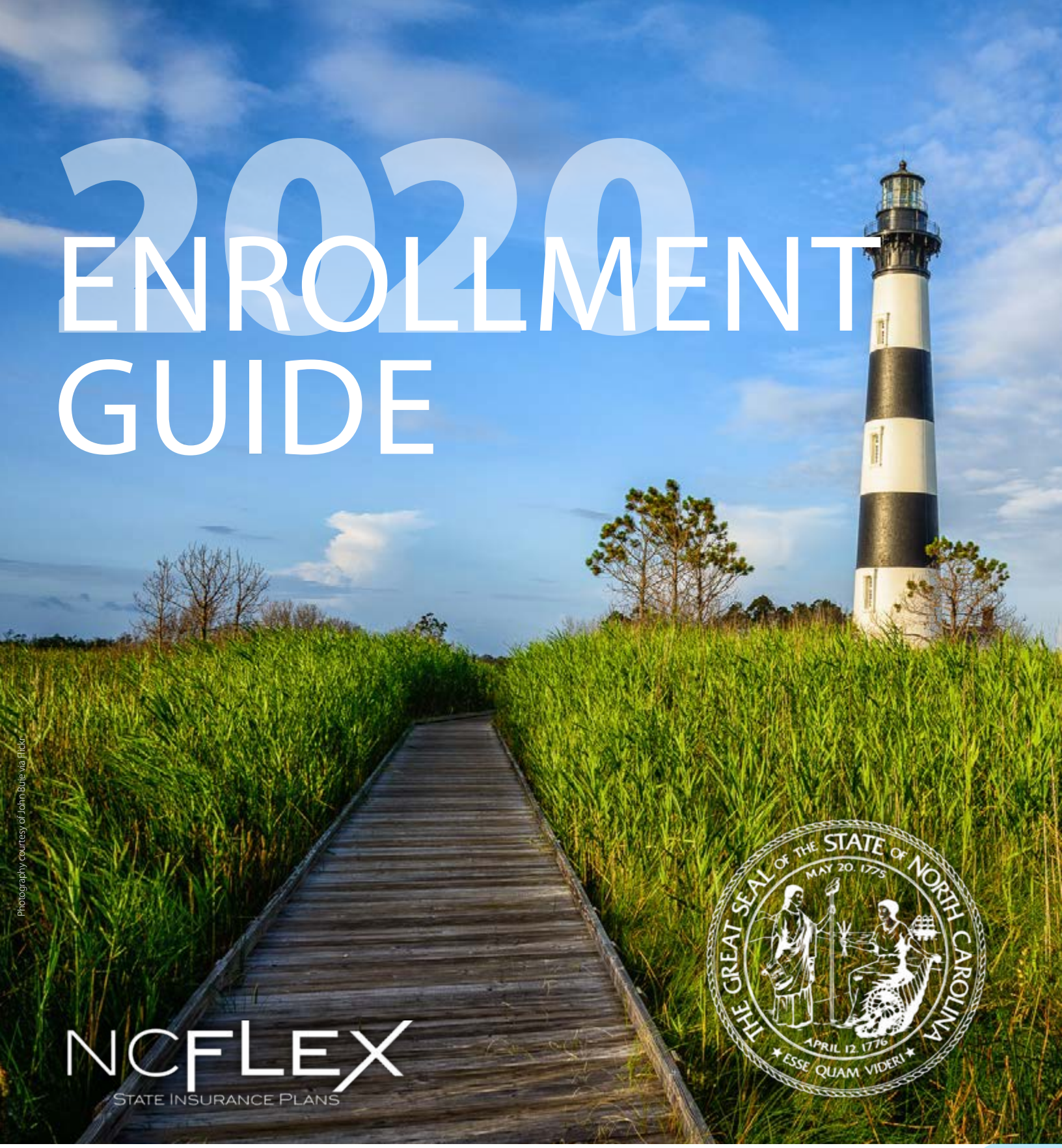
2020 ENROLLMENT GUIDE



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NCFLEX
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!

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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

15 Dental

17 Vision

19 Financial & Survivor

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

26 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 **ncflex.org**.

Questions?

Contact your local Health Benefits Representative (HBR) or Human Resources Department, **ncflex@nc.gov**, or you can contact the individual benefit vendors on the back of this guide.

Enrolling for Benefits

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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
Benefits are effective on the first of the month following your date of hire or eligibility date.	Benefits are effective January 1 of the new plan year (2020).	Benefits are effective the first of the month following your life event.
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. **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.	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 2020 will be November 2 – November 19, 2019.** **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. ***If you are currently enrolled in the High Option dental plan and want to continue this coverage for 2020, you must re-enroll during Annual Enrollment.** If you do not, you will automatically be placed in the **NEW** Classic Option plan for 2020.	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**. **Qualifying life events** include, but are not limited to: • 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 Any change you make in coverage must be consistent with your status change.

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.

Call center hours will be extended during annual enrollment until 10 p.m. and will also include some weekend hours.

NCFlex Pre-Tax Advantage

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.

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, add and update beneficiaries on your Term Life, AD&D, Critical Illness and Cancer plans, as needed.**
- **Print a confirmation statement after you have elected your benefits so you'll have a record of your choices.**

Photography courtesy of Kevin Oliver via Flickr

Eligibility

Photography courtesy of Jeremy Taylor via Flickr

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 per week in a permanent, probationary, or time-limited position.* If you have questions about your eligibility, contact your Health Benefits Representative (HBR).

Applies to all benefits except NCFlex disability insurance. Refer to **ncflex.org to learn more about eligibility rules for the disability plan.*

Your Dependents

Your eligible dependents include:

- Your legally married spouse.
- Your children, including natural children, stepchildren, foster children or adopted children, 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 natural children, stepchildren, foster children or adopted 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.

You Need to Know...

- 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.
- Dependents do not have to be enrolled on your health plan in order to be enrolled on your NCFlex plan(s).

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.

Flexible Spending Accounts

Photography courtesy of Ken Lund via Flickr

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 $2,700** each plan year. If your spouse is a state employee, he or she also can contribute up to $2,700 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.

Eligible expenses include:

Your or your dependent's (dependent does not have to be covered on your medical plan) 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*.

Ineligible expenses include: Medical, dental and other premiums, over-the-counter medications, vitamins, and supplements (unless prescribed by a doctor), cosmetic procedures including dental procedures to whiten teeth, weight loss programs, unless prescribed by a doctor to alleviate a diagnosed medical condition or obesity.

For the 2020 plan year, **expenses must be incurred January 1 through December 31, 2020**, to be eligible for reimbursement. You have until **April 30, 2021**, 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.

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. You are allowed to roll over up to $500 left in your account at the end of the year (December 31), but if you think you will have leftover funds that exceed this amount, find ways to spend the money on eligible health care items you need, such as a pair of glasses, first aid kits, or schedule a year-end dental appointment.

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** and click on *Flexible Spending Accounts*, or see **IRS Publication 503**.

For the 2020 plan year, **expenses must be incurred January 1, 2020, through March 15, 2021**, to be eligible for reimbursement. You have until **April 30, 2021**, 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.

Paying for Expenses

When you enroll in the HCFSA or DDCFSA, you will automatically receive the NCFlex Convenience Card to help you pay for expenses. This card will be active for three years, as long as you remain enrolled in the account(s). A new card will be automatically mailed to you once this card expires.

HCFSA

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. You can also register online to receive notifications via text message.

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

Mobile App Now Available

You can access your account anytime, anywhere by downloading the P&A Group app through the App Store or Google Play.

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 or additional documentation for verification. If you do not submit requested receipts/documentation within 40 days of the transaction date, your card will be turned off (or blocked) automatically.

Shop for Eligible Expenses Online at the **FSA Store!**

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.

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

Photography courtesy of Osajus via Flickr

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.

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

Photography courtesy of bobbistraveling via Flickr

Tax Considerations

For Accident claim payouts $600 or greater, you will receive a 1099 tax form from Voya in January after the plan year ends. You should consult with a tax advisor on how to handle this 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.

Summary of Benefits

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 **ncflex.org**.

The Accident Plan also provides a Sports Accident Benefit. If an accident occurs while participating in an organized sporting activity as defined in the plan 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 your 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
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	$750 - $1,200
Major diagnostic exam	$240
X-ray	$75

Event	Benefit
Common Injuries	
Emergency dental work (crown)	$480
Eye injury (removal of foreign object)	$100
Torn knee cartilage surgery no repair or if cartilage is shaved	$225
Torn knee cartilage surgical repair	$800
Laceration[1]	$60 - $480
Ruptured disk surgical repair	$800
Tendon/ligament/rotator cuff	$720 - $1,520
Concussion	$450
Burns (2nd and 3rd degree in certain scenarios)	$1,250 - $15,000
Fractures	Closed/open reduction[2]
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
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

Event	Benefit
Dislocations	Closed/open reduction[3]
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 For fractures: Closed reduction *is a procedure to set a broken bone without surgery.* Open reduction *requires surgery to set a broken bone. The surgery involves making cuts in the skin to put broken pieces of bone back into place.*

3 For dislocations: Closed reduction *is a procedure to repair a completely separated joint without surgery.* Open reduction *requires surgery to repair a completely separated joint.*

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*.

Cancer and Specified Disease

Photography courtesy of Rob Bixby via Flickr

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 pay for this coverage on a pre-tax basis.

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 12**.)

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

Cancer Screening Benefit

Each plan option includes a cancer screening benefit per covered person for one cancer screening test per year, such as a mammogram, colonoscopy, or Pap smear. See **page 12** for details.

Covered Diseases

In addition to cancer coverage, the plan provides benefits for these covered diseases:

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

Wellness Screenings

All of the plan options pay a benefit for the following cancer/wellness screenings. (See "Cancer Prevention and Screening Benefit" in the chart in the right column to see benefit amounts for each Cancer plan option.)

- Biopsy for skin cancer
- Blood test for triglycerides
- Bone marrow testing
- Cancer antigen 125 (CA125) – blood test for ovarian cancer
- Cancer antigen 15-3 (CA 15-3) – blood test for breast cancer
- Carcinoembryonic antigen (CEA) – blood test for colon cancer
- Chest X-ray
- Colonoscopy
- Doppler screening for carotids
- Doppler screening for peripheral vascular disease
- Echocardiogram
- Electrocardiogram (EKG)
- Flexible sigmoidoscopy
- Hemoccult stool analysis
- Human papillomavirus vaccination (HPV)
- Lipid panel (total cholesterol count)
- Mammography, including breast ultrasound
- Pap smear, including ThinPrep pap test
- Prostate specific antigen (PSA) – blood test for prostate cancer
- Serum protein electrophoresis – test for myeloma
- Stress test on bike or treadmill
- Thermography
- Ultrasound screening of the abdominal aorta for abdominal aortic aneurysms

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 Benefit (per calendar year/ per covered person)**	$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
Ambulatory Surgical Center* (per day)	Up to $250	Up to $500	Up to $750
Radiation/Chemotherapy* (per 12-month period)	Up to $2,500	Up to $7,500	Up to $10,000
Inpatient Drugs and Medicine*	Up to $25 per day while confined in the hospital		
Private Duty Nursing Services* (per day)	Up to $100	Up to $200	Up to $300
At-Home Nursing* (per day)	Up to $100	Up to $200	Up to $300
Prosthesis*	Up to $2,000 per amputation		
Ambulance*	Up to $100		
Hospice Benefits:			
Freestanding Hospice Care Center (per day)	Up to $100	Up to $200	Up to $300
Hospice Care Team (per day; limit 1 visit per day)	Up to $100	Up to $200	Up to $300
Extended Care Facility (per day)	Up to $100	Up to $200	Up to $300

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

*** See covered "Wellness Screenings" in the first column on this page.*

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*.

Critical Illness

Photography courtesy of JTed Gamble via Flickr

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. Benefits are paid directly to you. You do not have to provide evidence of good health/insurability to enroll in this plan, and no pre-existing conditions are excluded. The plan covers 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

Photography courtesy of bobbistraveling via Flickr

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.

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, 2020, 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.*

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*.

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.

Example of Benefit Payment

Here's an example of how Critical Illness insurance pays for multiple covered conditions over time. Note that the plan pays benefits for two occurrences of the *same condition* (John's heart attack) since the two events are separated by at least 12 consecutive months.

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.

Dental

Photography courtesy of Susan Smith via Flickr

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

Covered Services

No matter which dental plan option you elect, you can visit any licensed dentist, in or out of the MetLife Preferred Dental Provider (PDP) Plus Network, and still receive benefits. All dental plan options 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 NEW Classic Option plan and High Option plan also cover:

- 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.

Save When You Use a Network Provider!

Even though you can see any licensed dentist for care, you can save money when you visit a MetLife Preferred Dental Provider (PDP). That's because providers in the MetLife PDP network charge negotiated rates that are typically 30-45% less than the average charge in the same community. To find a participating dentist, go to **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.

Monthly Dental Cost

Coverage Level	High Option	Classic Option	Low Option
Employee Only	$47.94	$35.90	$22.68
Employee and Spouse	$96.14	$72.00	$45.72
Employee and Child(ren)	$103.66	$78.00	$49.10
Employee and Family	$169.74	$123.00	$78.26

NEW! Classic Option Plan

This year we are adding the Classic Option plan that offers a higher level of benefits than the Low Option and a lower level of benefits than the High Option. This may be a good option for you if you want coverage for Major services, such as crowns and dentures, or Orthodontia services, but you don't need the highest level of coverage that the High Option offers (and do not want to pay the higher premium for coverage). The High Option may be right for you if you need the highest level of coverage for Basic and Major services and a higher annual maximum, and you are comfortable paying the higher premium for coverage. See the "Dental At a Glance" comparison chart on **page 16** for details.

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.

Dental At-a-Glance

Benefit Category	High Option	Classic Option	Low Option
Annual Deductible (per person/per family)	$50/$150	$25/$75	$25/$75
Annual Maximum (per covered person; does not include orthodontic services under the High Option plan)	$5,000	$1,500	$1,000
Lifetime Orthodontic Maximum[1] (per covered person)	$1,500	$1,500	N/A
Benefit Category	**Plan Pays[3]**	**Plan Pays[3]**	**Plan Pays[3]**
Diagnostic and Preventive[2]			
Oral exams, preventive cleanings, X-rays, fluoride treatments, sealants and space maintainers	100%	100%	100% after deductible
Basic[2]			
Fillings, simple extractions, endodontics, re-cement crowns, inlays and bridges, repair of removable dentures	80% after deductible	60% after deductible	50% after deductible
Periodontal services, oral surgery, and general anesthesia		50% after deductible	
Major[2]			
Includes crowns, dentures, bridges, fixed bridge repairs, denture adjustments/relining, implants	50% after deductible	50% after deductible	Not Covered
Orthodontics[2]			
Orthodontic services for dependent children up to age 19	50%	50%	Not Covered

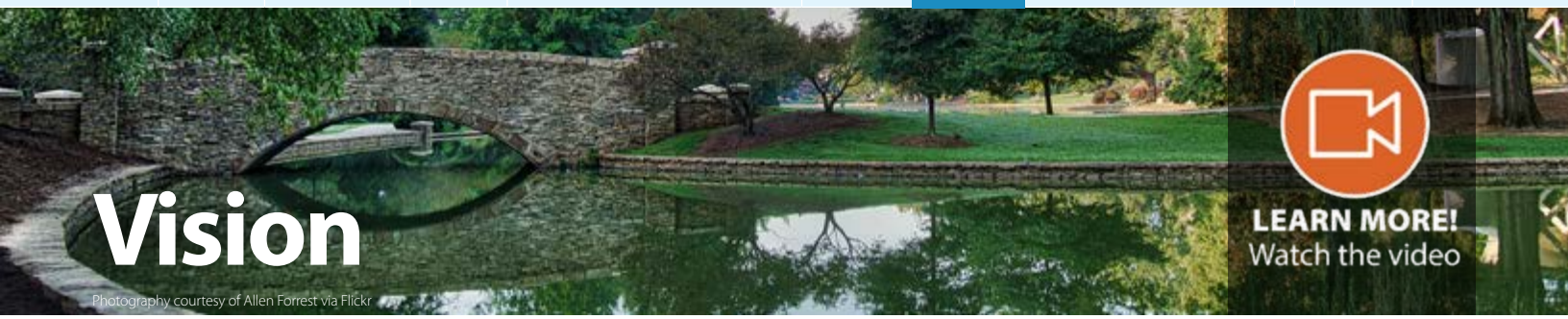
[1] The lifetime orthodontia maximum includes any orthodontia benefits you may have received from the prior NCFlex plan carrier.

[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.

[3] Benefits are subject to the Maximum Allowable Charge (MAC). The MAC for in-network dental providers is the negotiated in-network fee. Reimbursement for out-of-network services is based on reasonable and customary (R&C) charge for the area. R&C is based on the lowest of (1) the dentist's actual charge, (2) the dentist's usual charge for the same or similar services, or (3) the charge of most dentists in the same geographic area. You may be responsible for the difference between the R&C charge and what an out-of-network dentist charges.

For More Information

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



Vision

Photography courtesy of Allen Forrest via Flickr

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.

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.*

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.

For More Information

To contact EyeMed, call 866-248-1939 or visit eyemedvisioncare.com/NCFlexoe.

Photography courtesy of Allen Forrest via Flickr

Benefit Tip!

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

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 on conventional lenses	$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
Premium progressive lens	20% off retail	$70-$95 copay	$70-$95 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

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, register on **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

Photography courtesy of Jeff Moore via Flickr

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.)

You may not be covered as both an employee and a dependent, and children may not be dually enrolled.

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 20.

Coverage After Age 75

Your benefit will be reduced to 50% when you reach age 75, if you are employed with the state of NC. Note: Once the coverage is reduced due to age, the insured is no longer able to increase coverage. Any reduced coverage may be eligible for conversion.

Photography courtesy of Uprooted Photographer via Flickr

Benefit Tip!

How much life insurance do you need? Consider:

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

Enrollment/Evidence of Insurability Options

Evidence of Insurability (EOI) may be required for amounts above the Guaranteed Issue (GI) 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	
• Electing or adding coverage during annual enrollment*	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.
	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).
• Making coverage changes during the plan year*	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.

**You may elect up to $10,000 of coverage for eligible children without having to provide EOI for 2020.*

Additional Group Term Life Benefits

- **Disability Waiver of Premium:** If you become totally disabled prior to age 60 the life insurance premium is waived under certain conditions.
- **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.

Photography courtesy of Todd via Flickr

Benefit Tip!

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

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.				

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

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, Certificates, and More*.

Accidental Death & Dismemberment (AD&D) insurance pays a benefit if you die or are seriously injured as the result of an accident. The coverage is effective 24 hours a day, 365 days a year, and includes accidents on or off the job. 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.

If You and Your Spouse Both Work for the State

The benefit amounts are shown below. **If the you and your spouse are both eligible to elect this coverage as state agency, university, select community college, or select charter school employees, you 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. You may not be covered as both an employee and a dependent and children may not be dually enrolled.

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	**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) **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 23.

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 ncflex.org for more information.

How the AD&D Plans Work

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

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 75

The amount of insurance will decrease to 50% when you turn age 75. Coverage cannot be increased once coverage is reduced due to age.

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*.

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

Here's a summary of what the AD&D plans cover.

	Core AD&D	Voluntary AD&D	
	Employee Only	Employee Only	Family
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			✓

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

***Additional benefits apply only if there has been a covered loss as shown on* **page 23**.

NEW FOR 2020

Disability

Photography courtesy of bobbistraveling via Flickr

Starting on January 1, 2020, NCFlex will be offering disability insurance for the first time through Standard Insurance Company (The Standard). This is a combined plan and includes Short-Term Disability (STD) and Long-Term Disability (LTD) insurance.

Short-Term Disability

Short-Term Disability insurance can replace part of your income if a disability keeps you from working for a short time. It pays you directly to help cover expenses during recovery, like housing, food and child care.

Long-Term Disability

Long-Term Disability insurance can help pay the bills if you become disabled and can't work for an extended period. That could be a few months or several years. This coverage helps replace part of your paycheck. That can help you protect your lifestyle and savings.

For More Information

For details on these plans, see the Disability booklet on oshr.nc.gov/state-employee-resources/benefits/ncflex/disability-plan.

Note: Employees of The University of North Carolina and any constituent institution are not eligible for this plan.

Photography courtesy of Ted Gamble via Flickr

TRICARE Supplement Plan

Photography courtesy of Uprooted Photographer via Flickr

If you currently have TRICARE Select, Prime, or TRR 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 TRR 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).

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 Supplement Monthly Cost

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

For More Information

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

Coverage Continuation Options at Termination

Photography courtesy of Allen Forrest via Flickr

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
Health Care Flexible Spending Account	COBRA	102%	P&A will send COBRA enrollment materials to your last known address.
Dependent Day Care Flexible Spending Account	None		Cannot be continued.
Accident Plan	Portability	100%	Contact Voya by calling 1-877-464-5111.
Cancer	Portability	100%	Allstate Benefits will send you a portability letter upon receipt of the termination of employment.
Critical Illness	Portability	100%	Allstate Benefits will send you a portability letter upon receipt of the termination of employment.
Dental	COBRA	102%*	Benefitfocus will send COBRA enrollment materials to your last known address.
Vision Care	COBRA	102%*	Benefitfocus will send COBRA enrollment materials to your last known address.
Term Life	Continuation	Contact Voya for rates and to continue coverage at 1-877-464-5111.	Contact Voya by calling 1-877-464-5111.
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.	Contact Voya by calling 1-877-464-5111.
TRICARE Supplement	Portability	100%	Selman will send COBRA enrollment materials to your last known address.

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

Benefit Resources

Photography courtesy of Allen Forrest via Flickr

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.