



**ncflex.org**

*NCFlex is administered through  
the North Carolina Office of  
State Human Resources*



**NC FLEX**  
STATE INSURANCE PLANS

# 2018 Enrollment Guide

## NC Flex State Insurance Plans

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



### WELLNESS TIP

Look for this icon throughout the guide to learn more about how your NCFlex benefits can help you get and stay well!



Dear Fellow State Employee,

Thank you for the great work you do on behalf of the people of North Carolina. I am humbled by your dedication to public service and proud to serve with you as a state employee.

As a fellow state employee, I know how important benefits are to you and your family. Selecting benefit options is one of the most significant decisions you make for yourself and your family members each year. We want you to have access to the most comprehensive benefits the state can provide.

I hope this NCFlex State Enrollment Guide will be helpful to you during the open enrollment period. It provides descriptions of NCFlex insurance plans that may be useful to you.

State employees do so much to help others, and you deserve our appreciation and access to well-rounded benefit options.

Thank you for your service to our state, and I wish you good health and wellness in the coming year.

Sincerely,

Governor Roy Cooper

# What's New or Changing

Before making your 2018 benefit elections, review this guide. It's important that you correctly enroll in the coverage that is right for you and your family. Remember, if you work for a state agency, university, select community college, or select charter school, your cost for coverage is deducted from your paycheck before taxes.

Benefit	Features	Page
<b>New!</b> Accident Plan	<ul style="list-style-type: none"> <li><b>New!</b> Starting in 2018, you can enroll in an Accident Plan that pays benefits for specific injuries and events resulting from a covered accident.</li> <li>Family coverage is available.</li> <li>The plan helps offset medical deductibles, copays and coinsurance.</li> </ul>	6
Health Care FSA (HCFSA)	<ul style="list-style-type: none"> <li>You must enroll each year to participate.</li> <li>The annual contribution limit is \$2,600 per federal regulation.</li> <li>FSA reimbursements are made by direct deposit.</li> <li><b>New!</b> You can roll over up to \$500 of unused funds into the next plan year; minimum \$25 balance.</li> <li><b>New!</b> Visit FSA Store for discounted items for pre-approved eligible expenses.</li> </ul>	9
Dependent Day Care FSA (DDCFSA)	<ul style="list-style-type: none"> <li>You must enroll each year to participate.</li> <li>FSA reimbursements are made by direct deposit.</li> <li><b>New!</b> Starting in 2018, you can use the NCFlex Convenience Card to pay for eligible dependent day care expenses, up to the balance in your DDCFSA account.</li> </ul>	12
NCFlex Convenience Card	<ul style="list-style-type: none"> <li>One card will be issued — no fee.</li> <li>Additional cards must be requested — no fee.</li> <li><b>New!</b> The card can be used for both the Health Care FSA and the Dependent Day Care FSA.</li> </ul>	15
Dental	<ul style="list-style-type: none"> <li>Be sure to visit <a href="http://www.metlife.com/dental">www.metlife.com/dental</a>, enter your zip code and select PDP Plus Network to find a list of participating in-network dentists near you.</li> <li>You can change Dental Plan Options (High Option PPO or Low Option PPO) <b>only</b> during annual enrollment.</li> <li><b>Good News!</b> Premium rates for the High Option PPO will be lower in 2018.</li> </ul>	16
Vision	<ul style="list-style-type: none"> <li>NCFlex is now offering EyeMed Vision Care with a new provider network.</li> <li>You can find participating in-network eye doctors at <a href="http://www.ncflex.org">www.ncflex.org</a>.</li> <li><b>Good News!</b> Rates for the Basic and Enhanced plans will be lower in 2018.</li> <li><b>Good News!</b> The Enhanced Plan will have a higher frame allowance (\$200) and contact lens allowance (\$175).</li> </ul>	20
Critical Illness	<ul style="list-style-type: none"> <li>No EOI (Evidence of Insurability) is required to enroll.</li> <li>You can elect \$15,000 or \$25,000 in coverage.</li> </ul>	24
Cancer	<ul style="list-style-type: none"> <li>You can choose from Low, High or Premium Options.</li> <li>No EOI is required to enroll. (EOI is required if you have a lapse in coverage.)</li> </ul>	26
Group Term Life	<ul style="list-style-type: none"> <li>If you are newly eligible for coverage, EOI is not required to enroll, up to \$200,000.</li> <li>If you are currently enrolled in Group Term Life, you can increase coverage by up to \$20,000 during annual enrollment without having to provide EOI (up to Guaranteed Issue amount).</li> </ul>	29
Core AD&D	<ul style="list-style-type: none"> <li>If you elect coverage, employee only coverage is provided at no cost to you.</li> </ul>	31
Voluntary AD&D	<ul style="list-style-type: none"> <li>The Plan pays benefits if you (or your covered dependents) suffer a loss (death or dismemberment) as the result of a covered accident.</li> <li>Worldwide Emergency Travel Assistance Services — provides coverage if a medical emergency occurs more than 100 miles away from home or in a foreign country.</li> </ul>	33
TRICARE Supplement	<ul style="list-style-type: none"> <li>To enroll, you must be a retired uniform service member and have TRICARE Standard, Prime, Extra or be TRS.</li> </ul>	35

# NCFlex Overview

The NCFlex Benefits Program provides a variety of plans to meet the needs of you and your family. 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. You pay for the cost of coverage through payroll deductions before taxes are withheld. Paying for NCFlex benefits on a pre-tax basis reduces your taxable income, which reduces your state and federal income taxes and Federal Insurance Contributions Act (FICA). **NCFlex offers the following plans:**

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## Why You Should Participate

**Convenience and Tax Savings** — Contributions for all NCFlex benefits are made through payroll deductions **before taxes** are withheld.

**Flexibility** — The choice to participate is yours. You can sign up for any or all of the benefits offered through NCFlex. Then, each year during annual enrollment, you decide if you want to participate for the next year.

**Two Ways to Save** — First, we are able to offer benefits at lower group rates because the number of NCFlex-eligible employees gives us greater bargaining power — and saves you money. Second, the cost for the insurance coverages and the two flexible spending accounts (FSAs) are deducted from your pay on a pre-tax basis, which can save you 25-40% in taxes, depending on your tax bracket.

**Note: The State of North Carolina is the employer of this plan.**

## What to Do When Enrolling for the First Time

For more information read this guide or go online to [www.ncflex.org](http://www.ncflex.org).

NCFlex Benefits	For coverage, take these steps:
<b>New!</b> Accident Plan	Enroll and elect coverage
HCFSA	Enroll and designate annual contribution ( <i>required each year</i> )
DDCFSA	Enroll and designate annual contribution ( <i>required each year</i> )
Dental	Enroll and elect High Option PPO or Low Option PPO
Vision Care	Enroll and elect Basic or Enhanced Core Wellness Exam: Enroll for employee only; no cost coverage
Critical Illness	Enroll and elect coverage amount
Cancer and Specified Disease	Enroll and elect the Premium, High, or Low Option
Group Term Life	Enroll and elect coverage amount
Core AD&D	Enroll for employee-only, no-cost coverage
Voluntary AD&D	Enroll and elect coverage amount
TRICARE Supplement	Enroll and elect coverage

**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 accessing our website at [www.ncflex.org](http://www.ncflex.org).

# Benefit Resources

The NCFlex website ([www.ncflex.org](http://www.ncflex.org)) provides you with an overview of available benefits. To view your current NCFlex benefit statement, visit **eEnroll**, our online enrollment system.

To obtain information on your other benefits or for help in making your NCFlex elections, please visit the websites listed below. If you need assistance with information that is particular to your state agency, university, select community college, or select charter school, please contact your Health Benefit Representative (HBR) or benefit department.

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

- Numerous pre-tax voluntary benefits under NCFlex
- Medical coverage through the State Health Plan
- Retirement benefits
- Additional benefits that your particular state agency, university, select community college or select charter school may offer

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

## Annual Enrollment



It is important that you **carefully review your current elections each year** to ensure your choices meet your needs as your life changes. The state offers an online enrollment system through **eEnroll**.

- **Enroll:** Login to **eEnroll** through [www.ncflex.org](http://www.ncflex.org)
- **Questions:** Contact **eEnroll** at 1-855-859-0966

## Wellness Tip



Learn your health status today! Take a free, easy health assessment and receive a personalized health action plan. Go to the State Health Plan's website at [www.shpnc.org](http://www.shpnc.org) and click on *My Personal Health Portal*. (NC HealthSmart is available for members whose primary health coverage is through the State Health Plan.)

# Eligibility

## Your Eligibility and Effective Date

You are eligible to participate in NCFlex if you are a state agency, university, select community college, or select charter school employee working 20 or more hours per week in a permanent, probationary, or time-limited position. You may check with your HBR concerning your benefit eligibility. If you enroll during annual enrollment, your participation is effective January 1, 2018. **If you are a newly eligible employee, you must enroll within 30 days of your employment date. Your participation begins the first day of the month following your date of hire.** Claims incurred prior to your effective date of coverage or after your plan termination date are not eligible for reimbursement.

## Dependent Eligibility

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

- Your legally married spouse
- Any child, including stepchild and foster child, until the end of the month in which the child turns age 26
- Any child, including stepchild and foster child, of any age who is unable to make a living because of a mental or physical handicap\*

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

For the HCFSa, you may submit eligible expenses for a qualifying relative, which includes any individual who is not the tax dependent of another taxpayer, has the same principal residence as you, and for whom you provide more than half of the support for the calendar year.

The DDCFSa has additional eligibility rules. See the *Dependent Day Care Flexible Spending Account* section on page 12 for details.

**Note:** You should consult with your tax advisor if you have questions as to whether someone qualifies as your income tax dependent.

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

## If Your Benefits Claim is Denied

If you have a benefits claim that is denied by the carrier, you have certain rights as a plan participant to appeal. For information on the appeals process for specific benefits, you may contact the individual benefit carriers. Please refer to the section of this guide (back cover) or contact your HBR. The steps to the appeals process is also located in the insurance certificates.

### If You Have a Life Event

If you experience a life event (also referred to as a family or employment status change), it is your responsibility to log onto the **eEnroll** system and make appropriate changes within 30 days. See the *Changing Your Elections During the Year* on page 5 for details. More detailed life events information is also available at [www.ncflex.org](http://www.ncflex.org).



### Wellness Tip

Getting enough sleep can enable you to have energy to make healthy lifestyle choices in regards to physical activity, nutritious foods, and smoking cessation!



# Changing Your Elections During the Year

## Qualifying Life Events

Each year you can choose to participate in any or all of the NCFlex benefits. Once you have decided to participate, **you cannot change or cancel that decision during the year unless you have a qualifying life event — a change in family or employment status.**

Qualifying life events include, but are not limited to:

- Marriage
- Divorce or legal separation
- Birth or adoption (or placement of adoption) of a child
- Death of a covered dependent
- Unpaid leave of absence
- Change in your spouse's employment, impacting his/her benefits eligibility
- Your dependent turns age 26

For more details about qualifying life events and the steps you need to take when one occurs, visit [www.ncflex.org](http://www.ncflex.org).

**If you wish to change your elections, you must log onto the eEnroll system and make changes within 30 days of the event.**

Valid changes to your elections are effective on the first day of the month following the date of your life event. **You may be required to provide documentation to verify the change.**

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

## Non-Qualifying Life Events

If any events other than those listed under "Qualifying Life Events" occur, check with your HBR to see if you may make changes to your NCFlex coverage during the year. Some examples of events that do not allow you to change your NCFlex elections are:

- You are re-hired within 30 days of termination date
- The benefit cost is too high/you did not realize how much was going to come out of your paycheck
- You decided you do not like the coverage
- You need more money in your paycheck

## Transfers

The State of North Carolina is the employer for the NCFlex benefits. When you transfer between a state agency, university, select community college, or select charter school, you cannot make changes to your elections or elect new benefit options. You must transfer your existing NCFlex benefits to the new work location.

**You must check the eEnroll system to ensure benefits have transferred.**

## Limitation Affecting Increases to Spending Account Election

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

## Deduction Corrections and Bank Account Changes

- Review your pay stub to make sure your deductions are correct. If deductions are incorrect on your pay stub, contact your HBR or benefits department immediately.
- If you change banks or bank accounts during the year, you will need to notify your HBR or benefits department if you participate in a FSA, so your reimbursements will be credited to the correct account.



New Plan!

# Accident Plan

NCFlex is now offering an Accident Plan, which is administered by Voya Financial and underwritten by ReliaStar Life Insurance Company.

Have you ever dislocated a joint or gotten a deep cut? How about something more severe, like a concussion or broken bone? Most of us have experienced an accident that needed medical attention at least once in our lives. The Accident Plan can help relieve some of the financial stress that results from an accidental injury.

## What is the Accident Plan?

The Accident Plan pays benefits for specific injuries and events resulting from a covered accident that occurs on or after your coverage effective date. The benefit amount depends on the type of injury and care received. You have the option to elect Accident Plan coverage to meet the needs of you, your spouse, and/or children. 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.

## How Can the Accident Plan Help?

The Accident Plan can help you pay for:

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

## Monthly Cost

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

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

Please note: An employee may not be covered as both an employee and a dependent. Also, dependent children may not be covered under both parents' plans, if both you and your spouse are eligible to elect coverage as employees.

## Continuation Options

If you leave employment or retire, portability of the Accident Plan is available. For details and rates, please contact Voya at 1-877-464-5111.

## What Accident Benefits are Available?

The following list is a summary of the benefits provided by the Accident Plan. You may be required to seek care for your injury within a set amount of time. For a complete description of the available benefits, exclusions and limitations, see the certificate of insurance and any riders, which are available at [www.ncflex.org](http://www.ncflex.org).

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

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



Event	Benefit
<b>Laceration</b> <sup>1</sup> sutures 2" - 6"	\$240
<b>Laceration</b> <sup>1</sup> sutures over 6"	\$480
<b>Ruptured disk</b> surgical repair	\$800
<b>Tendon/ligament/rotator cuff</b> exploratory arthroscopic surgery/no repair	\$720
<b>Tendon/ligament/rotator cuff</b> one, surgical repair	\$1,020
<b>Tendon/ligament/rotator cuff</b> two or more, surgical repair	\$1,520
<b>Concussion</b>	\$450
<b>Paralysis – paraplegia</b>	\$16,000
<b>Paralysis – quadriplegia</b>	\$24,000
<b>Burns</b> second degree, at least 36% of the body	\$1,250
<b>Burns</b> 3rd degree, at least 9 but less than 35 square inches of the body	\$7,500
<b>Burns</b> 3rd degree, 35 or more square inches of the body	\$15,000
<b>Skin grafts</b>	25% of the burn benefit
<b>Fractures</b>	<b>Closed/open reduction<sup>2</sup></b>
<b>Hip</b>	\$5,000/\$10,000
<b>Leg</b>	\$2,800/\$5,600
<b>Ankle</b>	\$2,500/\$5,000
<b>Kneecap</b>	\$2,500/\$5,000
<b>Foot</b> excluding toes, heel	\$2,500/\$5,000
<b>Upper arm</b>	\$2,750/\$5,500
<b>Forearm, hand, wrist</b> except fingers	\$2,500/\$5,000
<b>Finger, toe</b>	\$400/\$800
<b>Vertebral body</b>	\$4,200/\$8,400
<b>Vertebral processes</b>	\$2,000/\$4,000
<b>Pelvis</b> except coccyx	\$4,000/\$8,000
<b>Coccyx</b>	\$500/\$1,000
<b>Bones of the face</b> except nose	\$1,400/\$2,800
<b>Nose</b>	\$750/\$1,500
<b>Upper jaw</b>	\$1,750/\$3,500
<b>Lower jaw</b>	\$2,000/\$4,000
<b>Collarbone</b>	\$2,000/\$4,000
<b>Rib or ribs</b>	\$600/\$1,200

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

<sup>1</sup> Laceration benefits are a total of all lacerations per accident.

<sup>2</sup> Closed Reduction of Fracture= Non-surgical. Open Reduciton of Fracture = Surgical.

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

## Exclusions and Limitations

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

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

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

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

### Tax Issues

You should consult with your tax advisor regarding the possible effects of the receipt of benefits under the Voya Accident Plan.

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

# Health Care Flexible Spending Account



To participate, you **MUST ENROLL** in this plan each year.

A Health Care Flexible Spending Account (HCFSAs) helps you save money on taxes by paying for eligible out-of-pocket medical, dental, or other qualifying expenses for you and your eligible dependents (as defined by the IRS) with pre-tax dollars. You choose the amount of pre-tax money you want to have deducted from your paycheck and it is deposited directly into your HCFSAs.

When you enroll in the HCFSAs, you will receive a debit card, the NCFlex Convenience Card. The card makes it easy to access the funds in your HCFSAs. See page 15 for more information.

**To participate, you must enroll in this plan each year.**

## Can an FSA save you money?

If you're in the 30 percent tax bracket, you need to earn roughly \$142 to pay for \$100 in health care expenses. But with a health FSA, \$100 earned is \$100 that you can use to pay for eligible expenses.

### **New!** Health Care FSA Rollover Feature

Effective for the 2018 plan year, unused Health Care FSA funds, up to \$500, can now be rolled over into the 2019 plan year as long as you have a minimum balance of \$25. The rollover applies to future plan years. You are not required to re-enroll in the next plan year in order to access rollover funds. This rollover feature only applies to the Health Care FSA.

The grace period will remain in place for the 2017 plan year. If you have an account balance in your 2017 account, you have until April 30, 2018, to submit claims for reimbursement of expenses incurred during the plan year and grace period, which ends March 15, 2018.

## Eligible and Ineligible Expenses

Go to [www.ncflex.org](http://www.ncflex.org) for a complete listing of eligible and ineligible expenses. To access the IRS list of expenses, visit [www.irs.gov/publications/p502](http://www.irs.gov/publications/p502).

### Eligible Health Care Expenses\*

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

- Deductible(s) and copayments you have to pay under your health care plan or under your spouse's plan

- The portion of covered expenses you have to pay (called a coinsurance) for any medical or dental bills after you have met your deductible
- Any amounts you are required to pay after reaching your maximum benefit under a medical or dental plan
- Over-the-counter medicines, vitamins, and supplements, **only with a physician's prescription**
- Other allowable expenses including, but not limited to:
  - Dental expenses
  - Hearing aid and its batteries
  - Infertility treatment
  - Insulin and diabetic supplies
  - Mileage (\$0.17 per mile for 2017) to/from medical provider's office for treatment (For up-to-date rates, go to [www.irs.gov](http://www.irs.gov))
  - Orthodontia
  - Prescription drugs
  - Refractive surgery (RK, PRK, LASIK)
  - Smoking cessation programs
  - Medical supplies
  - Tuition at special school or specially trained tutor for disabled
  - Vision expenses (exams, glasses, frames)
  - Weight reduction program (prescribed by doctor to alleviate a diagnosed medical condition or obesity), but plan food is not covered
  - Personal care items such as sunscreen (SPF 15+), bandages, shoe insoles, inserts and cushioning

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

### Ineligible Health Care Expenses

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

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

**New! 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. Take advantage of the FSA Store's robust inventory and use your NCFlex Convenience Card when you checkout. Visit [ncflex.padmin.com](http://ncflex.padmin.com) to access the FSA Store today!

## How to Submit Claims

There are several claim submission options:

- 1 From a computer:** Log into your P&A Account at [ncflex.padmin.com](http://ncflex.padmin.com). Go to **Member Tools > Upload Claim > New Claim**.
- 2 From a mobile phone:** Submit a claim directly from your smartphone.\* First, take a picture of your receipt or other documentation. Then, log into your account from your smartphone by going to [ncflex.padmin.com](http://ncflex.padmin.com). Select **Upload**, then select your claim type. Click **Continue**, then select your account and dollar amount. Next, select **Add File** and choose the image of your receipt from your image gallery.  
\* Not all mobile claim upload features are currently available on all mobile devices or with all operating systems. Wireless carrier fees may apply. Requires at least a two-megapixel camera.
- 3 By fax or mail:** Go to [ncflex.padmin.com](http://ncflex.padmin.com) to access the FSA claim form. When submitting a paper claim you must attach an itemized, third-party receipt or the insurance company Explanation of Benefits (EOB) form.  
Fax: (877) 213-8917  
Mail: Attn: NC FSA Plan  
17 Court Street, Suite 500  
Buffalo, NY 14202
- 4 Coming Soon! P&A app:** In 2018, P&A is launching an app that will allow you to check your account balance and easily manage your plan. Stay tuned for more information!

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

## Claim Reimbursements

Claims are processed each day (with the exception of holidays). Your reimbursement will be issued within one business day once your claim is fully processed and adjudicated. When the payment is issued, the reimbursement will be direct deposited into your account within two business days (on average), excluding holidays. If you provide P&A Group your e-mail address, they will automatically notify you when your claim is received and again when it is paid.

Another way you can be reimbursed is to pay for your eligible health care expenses using your NCFlex Convenience Card. See *NCFlex Convenience Card* on page 15 for more information.

Claim reimbursement is based on the date you receive eligible expenses, not the date you pay the invoice or the date you are billed, which must be between January 1, 2018 (or your plan effective date) and December 31, 2018, provided you remain in the plan for all of 2018.

With the HCFSA, you can be reimbursed for your entire claim up to your plan-year election minus any previous claim reimbursements, even if that amount has not yet been deducted from your pay. This is a great advantage because you can take care of your immediate health care needs and then spread out your payments during the year through payroll deductions. **FSA reimbursements are made by direct deposit. If you change banks or switch accounts, please notify your HBR or benefits department to avoid payment delays.**

## Termination of Employment

If you terminate employment or coverage during the plan year, you may submit claims for services incurred before your coverage termination date. **Services incurred after your coverage termination date cannot be reimbursed unless you elect to continue coverage under COBRA.** In accordance with IRS regulation, any unused money in your account is forfeited and remains with the state.

# HCFSA Worksheet

Use this worksheet to calculate the amount you want to contribute to the HCFSA for you and your family members' out-of-pocket expenses for the upcoming plan year. The HCFSA worksheet is also available online by visiting [www.ncflex.org](http://www.ncflex.org).

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

- If the expense is paid by a health care plan, enter your copayment and any deductible. For members enrolled in the State Health Plan, visit [www.bcsnc.com](http://www.bcsnc.com) to view your current and prior year expenses.
- If the expense is not covered by the health care plan, enter the entire cost.

**Step 2** Add up the total annual expenses for yourself and your family (A+B+C=D).

**Step 3** Enter the amount (D) in the Online Enrollment system.

Cost For:	For You	For Your Spouse	For Your Children
Medical plan deductibles	\$ _____	\$ _____	\$ _____
Medical plan copayments	\$ _____	\$ _____	\$ _____
Birth control pills or devices	\$ _____	\$ _____	\$ _____
Prescription drug copayments	\$ _____	\$ _____	\$ _____
Routine physicals/exams	\$ _____	\$ _____	\$ _____
Dental care/orthodontia	\$ _____	\$ _____	\$ _____
Vision care	\$ _____	\$ _____	\$ _____
Hearing care	\$ _____	\$ _____	\$ _____
Health services/supplies	\$ _____	\$ _____	\$ _____
Other eligible expenses	\$ _____	\$ _____	\$ _____
<b>Total Annual Health Care Expenses</b>	(A) \$ _____	+ (B) \$ _____	+ (C) \$ _____
<b>Your Annual Election (A + B + C = D)</b>	<b>D) \$ _____</b>		

(Enter amount D in eEnroll)

## Example of Tax Savings When You Use an FSA

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

## Tax Considerations

The HCFSA is based on current tax laws and gives you the advantage of those laws. Please keep in mind the following tax considerations before participating in the HCFSA:

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

**Note: Check the IRS website for the latest information.** You should consult with your tax advisor on these issues and whether someone qualifies as your income tax dependent.

# Dependent Day Care Flexible Spending Account



To participate, you  
**MUST ENROLL** in  
this plan each year.

The Dependent Day Care Flexible Spending Account (DDCFSA) is designed to benefit employees with young dependent children or disabled dependents of any age. Eligible day care expenses may be reimbursed for:

- Your “qualifying child” (including a stepchild, foster child, child placed for adoption, or younger brother or sister) under age 13 who has the same principal residence as you for more than one-half of the year and does not provide more than one-half of his or her own support during the calendar year.
- Your qualifying child (as defined above) of any age, spouse, or other dependent who receives over 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. To reimburse day care received outside of your home, your disabled dependent must spend at least eight hours per day in your home.

Special rules apply for divorced or separated parents with dependent children. Generally, your child must be your dependent for whom you can claim an income tax exemption. In other words, you must have legal custody of your child for over one-half of the year for your day care expenses to be reimbursed through the DDCFSA.

**Note:** You should consult with your tax advisor if you have questions about whether someone qualifies as your income tax dependent.

When enrolling, you choose to contribute a set amount of money to your account through payroll deductions on a pre-tax basis. When you have an expense that qualifies for reimbursement, you can either use your NCFlex Convenience Card to pay for the expense or submit a claim with any necessary documentation, and you will receive a tax-free reimbursement.

With this account, you are reimbursed with pre-tax dollars for child care or dependent adult care expenses you incur while working. If you are married, expenses are eligible expenses only if the expenses are necessary so that you and your spouse can work or attend school full-time. Your spouse may also be unemployed but actively looking for work.

**To participate, you must enroll in this plan each year.**

## How to Use Your DDCFSA

You decide in advance how much money you want to put into your account for the full year. If you participate in the DDCFSA, your annual contribution cannot be less than \$120 a year. If you are single or if you are married and file a joint tax return, your annual maximum contribution is \$5,000 a year. If you are married and file a separate tax return, your annual maximum contribution is \$2,500 a year. These maximum limits comply with federal tax regulations. When enrolling, please remember to elect your annual contribution amount.

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

Claims are processed each day (with the exception of holidays). Your reimbursement will be issued within one business day once your claim is fully processed and adjudicated. When the payment is issued, the reimbursement will be direct deposited into your account within two business days (on average), excluding holidays. If you provide P&A Group your e-mail address, they will automatically notify you when your claim is received and again when it is paid.

Claim reimbursement is based on the date you receive the dependent day care service, not the date you pay the invoice or the date you are billed, which must be between January 1, 2018, (or your plan effective date) and March 15, 2019, provided you remain active through December 31, 2018. **You will be reimbursed up to the available balance in your DDCFSA on the processing date.**

When you enroll in the DDCFSA, you will receive a claims kit containing a claim form and the procedures you need to follow when filing a claim.



### **New! for 2018!**

Starting in 2018, you can use the NCFlex Convenience Card to pay for eligible dependent care expenses, up to the amount available in your account.

**NOTE: You can only receive reimbursement up to the amount that has been payroll deducted to-date.**

## Eligible and Ineligible Expenses

Go to [www.ncflex.org](http://www.ncflex.org) for a complete listing of eligible and ineligible DDCFSA expenses, which can be found under the Flexible Spending Account section.

### Eligible Dependent Day Care Expenses

Under tax laws, dependent day care expenses are eligible only if the expenses are necessary so that you and your spouse can work or attend school full-time. In addition, your spouse may also be unemployed but actively looking for work. If your spouse works part-time, your election may not exceed the lesser of your annual income or your spouse's annual income.

You can be reimbursed through your DDCFSA for:

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

### Ineligible Dependent Day Care Expenses

Some common ineligible expenses include:

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

## Plan Carefully

Carefully consider your contributions to the DDCFSA. **Under IRS regulations, you will lose money remaining in your account after the deadline to submit eligible claims — April 30, 2019.**

Therefore, you should estimate carefully and conservatively, only setting aside money you feel certain you will spend out of your own pocket for dependent day care expenses during the plan year.

## Termination of Employment

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

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

## Important Issues

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

Keep in mind your annual election cannot be greater than either your annual income or your spouse's annual income, whichever is lower.

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

- If your spouse is a full-time student or totally disabled, your spouse is treated as having income of \$250 a month (\$500 a month if two or more dependents receive dependent day care). If your spouse is actively looking for work, your spouse's income for the year must exceed your DDCFSA annual election.
- If you are considered highly paid by the IRS (earning over \$120,000 in the previous plan year of 2017 and indexed for inflation in future years), your pre-tax dependent day care election may need to be adjusted based on the results of IRS discrimination tests. If you are affected, you will be notified.
- If you are divorced or legally separated, you must have legal custody of your child for over half the year to participate in the DDCFSA.

## DDCFSA Worksheet

An important part of planning carefully is using a worksheet to identify your dependent day care out-of-pocket expenses for the upcoming plan year. The DDCFSA worksheet is also available online at [www.ncflex.org](http://www.ncflex.org).

To get an idea of your dependent day care expenses, take a look at your records for the past few years. Using this information, add any new types of expenses you anticipate and complete the following worksheet:

### Upcoming Plan Year

Child care (children under age 13)	\$
Dependent adult day care	\$
FICA and other taxes you pay for the above care providers	\$
Day camp (not overnight camp)	\$
Cost for preschool (prior to kindergarten)	\$
<b>Total Annual Expenses:</b>	<b>= \$</b>
<b>Your Annual Election (Enter this amount in eEnroll)</b>	<b>= \$</b>

### Your Estimated Tax Savings with a Dependent Care FSA

Without Dependent Care FSA		With Dependent Care FSA	
Gross annual pay	\$50,000	Gross Annual Pay	\$50,000
Tax Rate (30%)	-\$15,000	Max. annual Dependent Care FSA Contribution	- \$5,000
Net annual pay	= \$35,000	Adjusted gross pay	= \$45,000
Annual dependent care expenses	- \$5,000	Tax Rate (30%)	- \$13,500
<b>Final take-home pay</b>	<b>= \$30,000</b>	<b>Final take-home pay</b>	<b>= \$31,500</b>
<b>Take home this much more when you use a Dependent Care FSA</b>			<b>\$1,500</b>

## Tax Considerations

The DDCFSA is based on current tax laws and gives you the advantage of those laws. Please keep in mind the following tax considerations before participating in the DDCFSA: You may prefer to use your dependent day care expenses to claim a Child Care Credit when you file your federal and state income tax returns. The law permits you to use the Child Care Credit or the DDCFSA but not for the same expense. (Your Child Care Credit is reduced dollar-for-dollar by any amount you claim through the DDCFSA.) The spending account is an alternative way to save taxes for those employees who may prefer not to file for the Child Care Credit or who would receive greater tax savings through the DDCFSA.





**New!** for 2018: You can use the NCFlex Convenience Card to pay for eligible DDCFSA expenses!

# NCFlex Convenience Card

When you enroll in the HCFSAs or DDCFSAs you will automatically receive the NCFlex Convenience Card at no cost to you! If you are currently enrolled in the 2017 HCFSAs and wish to re-enroll in the 2018 plan, your current NCFlex Convenience Card will automatically be loaded with the amount you elect for the 2018 plan year. If you are enrolling in the 2018 DDCFSA, the card will be loaded with your plan contributions as payroll deductions occur.

If you are new to the plan and this is the first time you receive a card, please note your card will automatically be activated upon first use.

## How It Works

Your NCFlex Convenience Card automatically checks your account for available funds. Anytime you incur an eligible HCFSAs or DDCFSAs expense with a vendor that accepts credit cards, simply swipe your NCFlex Convenience Card at the point-of-service and the expense will be deducted from your account. **Please note: your DDCFSA election is available on the card as payroll deductions occur.**

In some situations, depending on how frequently you use the DDCFSA, you may have to pay out-of-pocket for your eligible expense and submit a claim to P&A Group if you do not have enough DDCFSA funds available on the card. You can check your account balance at anytime by logging into your P&A account at [ncflex.padmin.com](http://ncflex.padmin.com) or by calling the number on your card.

- As a reminder, the IRS may require P&A to obtain a receipt or documentation to process certain convenience card transactions and to ensure your card is being used for eligible expenses only. In the event that you may be asked to provide additional documentation of your purchase, please keep your receipts.
- **If you do not submit requested receipts/documentation within 40 days of the transaction date, your card will be turned off (or blocked) automatically and future claims may be used to offset the transaction.**

## Claim Submission Methods

If your provider doesn't accept debit or credit cards please review *How to Submit Claims* in the HCFSAs section of this guide on page 10.

## How to Sign up

If this is your first time enrolling in the HCFSAs, or DDCFSA you will receive a card in the mail after you enroll. Your NCFlex Convenience Card is automatically activated upon first use.

You may request an additional NCFlex Convenience Card at any time during the year by calling 1-866-916-3475 or going online to [ncflex.padmin.com](http://ncflex.padmin.com).

Remember, cards are good through the expiration date on the card and will NOT be automatically re-issued each January. If you already have an NCFlex Convenience Card, do not throw it away! Your 2018 HCFSAs annual election amount will be loaded onto your existing card. Your DDCFSA will be loaded upon each payroll deduction.

## Additional Cards

You may order an additional card for your spouse or dependent (over 18 years of age) free of charge. To order additional cards, go online to [ncflex.padmin.com](http://ncflex.padmin.com) and log into your account to request an additional card.

## How to Check Your Account Balance

View your account balance directly from your smart phone, mobile device or computer — a great way to manage your account while you're on the go! Visit [ncflex.padmin.com](http://ncflex.padmin.com) on your mobile phone, and log into your account to access up-to-date account information. To check your balance over the phone, please call P&A Group's customer service team at 1-866-916-3475 to speak with a representative.

You can also sign up to receive your account balance via text message. Simply update your online P&A Account profile at [ncflex.padmin.com](http://ncflex.padmin.com) with your mobile number. Once your profile is updated, text the word BAL to the number 70626 and receive a text message with your account balance anytime, anywhere.

**COMING SOON:** P&A is launching a new app in 2018, that will allow you to check your account balance and easily manage your plan. Stay tuned for more information!



This benefit does not require re-enrollment each year.

# Dental

## Why You Should Consider Dental Coverage

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

## Affordable Plan Options

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

With a MetLife Dental High Option PPO Plan or Low Option PPO Plan, you can visit any licensed dentist, in or out of the Preferred Dental Provider (PDP) Plus Network, and still receive benefits. The right coverage makes it easier to visit the dentist and helps lower 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.

Refer to the "Summary of Benefits" section to review the services covered under each plan. To find a participating dentist, go to [www.metlife.com/dental](http://www.metlife.com/dental), enter your zip code, and select the PDP Plus Network. You can also call 1-855-676-9441 to request that a provider list be sent to you.

## Enrolling in an NCFlex Dental Plan

If you are currently enrolled in the NCFlex Dental Plan, you are not required to re-enroll. **Your current dental plan election will carry over, unless you make a change during annual enrollment.**

## Changing Dental Plan Options

Once you select your dental plan option (High Option PPO or Low Option PPO), you must keep that option for the entire plan year, even if you have a qualified life event. You may only change your dental plan option during the annual enrollment period (for example, Low Option PPO to High Option PPO, or High Option PPO to Low Option PPO).

## Monthly Cost

**New!** Lower premiums for High Option!

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

## Dental Claims Processing

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

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

## Need More Information?

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

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

## Summary of Dental Benefits

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

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

## Exclusions and Limitations

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

- Crowns, inlays, cast restorations, or other laboratory-prepared restorations on a tooth that is not extensively decayed and/or has a complete cusp fracture and can successfully be restored with an amalgam or composite resin filling
- Procedures, services, or supplies which: (a) are not included in the policy's list of covered dental services; (b) have been rendered before the insured's insurance begins; or (c) have been rendered after the insured's insurance ends, except as defined under the plan policy
- Any procedure, service, or appliance which relates to: (a) the change in bite; (b) the alteration of the bite with the exception of periodontal surgery; (c) bite registration; (d) bite analysis; or (e) occlusal guard
- Pulp caps, adult fluoride treatments, athletic mouth guards, replacement of lost or stolen appliances, myofunctional therapy, infection control, oral hygiene instruction, separate charges for acid etch, treatment of jaw fractures, orthognathic surgery, personal supplies, broken appointments, completion of claim forms, exams required by a third party, travel time, transportation costs, or professional advice given on the phone
- Chemotherapeutic agents that are provided on the same day or within 45 days following periodontal scaling, root planing, or periodontal surgical procedures
- Procedures, services, or supplies which do not have a reasonably favorable prognosis, as determined by MetLife
- Any procedure, service, or supply provided primarily for cosmetic purposes
- Treatment performed outside of the United States of America, other than emergency treatment. For such emergency treatment, the maximum allowable charge shall not exceed the plan's allowable charge

Review your Certificate, which can be found on the NCFlex website at [www.ncflex.org](http://www.ncflex.org).

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

### Wellness Tip

- Don't rush! Brush 2-3 times a day for at least 2-3 minutes
- Be gentle — harder is not better
- Reach for the back
- Soft bristled brushes are recommended
- Healthy teeth and gums help prevent disease, keeping the body happy and healthy!



## Dental Benefit Frequently Asked Questions

<p><b>What is a participating dentist?</b></p>	<p>A participating dentist is a general dentist or specialist who has agreed to accept negotiated fees as payment in full for services provided to plan members. Negotiated fees typically range from 15% – 45% below the average fees charged in a dentist’s community for the same or substantially similar services.</p>
<p><b>How do I find a participating dentist?</b></p>	<p>During enrollment, visit <a href="http://www.metlife.com/dental">www.metlife.com/dental</a>, enter your zip code and select the PDP Plus Network. After enrollment, you can also find the names, addresses, specialties and telephone numbers of participating dentists in your area by searching our Find a Dentist online directory at <a href="http://www.metlife.com/mybenefits">www.metlife.com/mybenefits</a> (enter “NCFlex” as the company name). You can also call 1-855-676-9441 to have a list faxed or mailed to you.</p>
<p><b>Are there any waiting periods for Services?</b></p>	<p>No. There is no waiting period for covered services in either the High Option or Low Option PPO Plans.</p>
<p><b>What services are covered by my Dental PPO Plan?</b></p>	<p>You may review and/or obtain a copy of the Certificate of Coverage on the NCFlex website at <a href="http://www.ncflex.org">www.ncflex.org</a> (select “Dental” and “Plan Information”).</p> <p>After enrollment, you may learn more about the High Option or Low Option PPO Plans by visiting the MyBenefits website at <a href="http://www.metlife.com/mybenefits">www.metlife.com/mybenefits</a> (enter “NCFlex” as the company name). You can create your own unique User ID and password. Click on the Register Now button to provide your first name, last name, date of birth, SSN and e-mail address.</p>
<p><b>May I choose a non-participating dentist?</b></p>	<p>Yes. You are always free to select the dentist of your choice. However, if you choose a non-participating dentist, your out-of-pocket costs may be higher. He/she hasn’t agreed to accept negotiated fees. You may be responsible for any difference in cost between the dentist’s fee and your plan’s benefit payment.</p>
<p><b>How can I get an ID Card?</b></p>	<p>ID Cards are not required by your dentist to verify coverage or eligibility. However, if you would like a card after your coverage is effective, you can go online to <a href="http://www.metlife.com/mybenefits">www.metlife.com/mybenefits</a> (enter “NCFlex” as the company name) and print a card directly from the website.</p>
<p><b>How are claims processed?</b></p>	<p>Dentists usually submit your claims for you, which means you have little or no paperwork. You can track your claims online and even receive e-mail alerts when a claim has been processed. If you need a claim form, visit <a href="http://www.metife.com/mybenefits">www.metife.com/mybenefits</a> (enter “NCFlex” as the company name) or call 1-855-676-9441. A claim form is also available at <a href="http://www.ncflex.org">www.ncflex.org</a> (select “Dental” and “Plan Information”).</p>

# Vision Care

This plan is administered by EyeMed Vision Care and underwritten by Fidelity Security Life Insurance. It offers two schedules of benefits — both 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.

## Core: Wellness Exam

Core vision coverage is available to you at no cost, if you enroll for coverage. You can receive an annual comprehensive eye exam for a \$20 copay. If vision materials are needed, there are lens allowances and discounts on frames from providers in the EyeMed network. Go to [www.ncflex.org](http://www.ncflex.org) to find a network provider in your area.

## Basic Plan: Exam and Materials

The Basic Plan provides an annual comprehensive eye exam and your choice of eyeglass lenses or contact lenses once every 12 months, per covered person, and frames once every 24 months, per covered person.

## Enhanced Plan: Enhanced Exam and Materials

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

## Your Vision Network

The Core, Basic, and Enhanced plans offer in-network and non-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.

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 2018, new vendor with larger network and lower rates!**

## 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 Wellness Core Exam, you must still enroll.

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

Lower Rates

## LASIK or PRK Surgery

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

## Coordination with the Health Care Flexible Spending Account (HCFSAs)

Even if you do not elect vision coverage, you can still set aside money from your pay on a pre-tax basis and be reimbursed for out-of-pocket vision expenses under the HCFSAs. See page 9 for more information.

**EyeMed Vision is underwritten by Fidelity Security Life Insurance Company.**

### **New!** for 2018

- New and larger network
- Higher frame allowance (\$200) and contact lens allowance (\$175) on the Enhanced Plan
- Hearing aid discounts
- See page 21 for additional member savings

## Find a Provider

Need help locating the nearest eye doctor? Visit [www.ncflex.org](http://www.ncflex.org) or call EyeMed at 1-866-248-1939.

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

## Using EyeMed Benefits with In-Store Discounts

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

**Looking for members-only special offers?** You have access to special savings just for being an EyeMed member. Register on [www.eyemedvisioncare.com/NCflexoe](http://www.eyemedvisioncare.com/NCflexoe) or download the EyeMed Members App (in the App Store or Google Play) for special offers on vision-related products and services, such as:

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

### Wellness Tip

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



## Additional Member-Only Savings for 2018\*

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

- 20% off any remaining cost for frames once your frame allowance has been applied
- 40% off unlimited, additional complete pairs of prescription eyewear
- 15% off any balance over the conventional contact lens allowance
- 20% off any item not covered by the benefit
- \$20 "benefit booster" at **ContactsDirect.com**
- Up to \$50 off non-prescription sunglasses at Sunglass Hut
- 40% off hearing exams and discounted set pricing on hearing aids

*\*At participating in-network providers.*

### Wellness Tip

Did you know that 25% of school age children have trouble with their vision? Since 80% of what kids learn is processed through their eyes, it is important to have children's vision checked early!



## Changing Plans

During annual enrollment, you may change between the Core, Basic, and Enhanced plans. The frame allowance, if applicable, will change each calendar year depending on the plan you enroll in. You may enroll in only one of the three benefit plans. If you need family coverage, you must enroll in the Basic or Enhanced plans.

*This is only a summary of the benefit plan. All final determinations of benefits, administrative duties, and definitions are governed by the Certificate of Coverage. You may review and/or obtain a copy of the Certificate of Coverage by visiting [www.ncflex.org](http://www.ncflex.org).*

## Summary of Benefits

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



## Summary of Benefits

Vision Care Services	Core Plan	
	In-Network	Out-of-Network
<b>Exam with Dilation as Necessary</b>	\$20 Copay	Up to \$44
<b>Retinal imaging</b>	Up to \$39	N/A
<b>Frames*</b> <i>Complete Pair Eyeglasses Purchase Discounts*. Frame, lenses and lens options must be purchased in the same transaction to receive full discount.</i>	35% off retail price	N/A
<b>Standard Plastic Lenses</b>		
Single Vision	\$50	N/A
Bifocal	\$50	N/A
Trifocal	\$105	N/A
Standard Progressive Lens	\$135	N/A
<b>Lens Options</b>		
UV treatment	\$15	N/A
Tint (solid and gradient)	\$15	N/A
Standard Plastic Scratch Coating	\$15	N/A
Standard Polycarbonate - Adults	\$40	N/A
Standard Polycarbonate - Kids under 19	\$40	N/A
Standard Anti-Reflective Coating	\$45	N/A
Polarized	20% off retail	N/A
Other Add-ons and Services	20% off retail	N/A
<b>Contact Lenses</b> (Contact lens allowance includes materials only.)		
Conventional	15% off retail	N/A
Disposable	0% off retail	N/A
<b>Laser Vision Correction</b>		
<b>LASIK or PRK from U.S. Laser Network</b>	15% off the retail price or 5% off the promotional price	
<b>Hearing Care</b>		
Hearing Health Care from Amplifon Hearing Network	40% off hearing exams and a low price guarantee on discounted hearing aids	N/A
<b>Frequency</b>		
Examination	Once every 12 months	
Lenses or Contact Lenses	Unlimited	
Frame	Unlimited	
<i>*Frame, Lens and Lens Option discounts apply only when purchasing a complete pair of eyeglasses. If purchased separately, members receive 20% off the retail price.</i>		
<b>Additional Discounts</b> (Additional discounts are not insured benefits)		
Non-Prescription Sunglasses	20% off	
Remaining balance beyond plan coverage	20% off	

## Plan Exclusions

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

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

# Critical Illness

Critical Illness Insurance, administered by Allstate Benefits, pays a benefit if you are diagnosed with a critical illness. You can choose a maximum coverage level of \$15,000 or \$25,000.

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

Features of the Allstate Benefits Critical Illness plan include:

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

## Did You Know...

Every 34 seconds, an American will suffer a heart attack.\*  
Every 40 seconds someone in the U.S. has a stroke.\*

\*[www.criticalillnessinsuranceinfo.org/learning-center/critical-illness-coverage-facts.php](http://www.criticalillnessinsuranceinfo.org/learning-center/critical-illness-coverage-facts.php)



This benefit does not require re-enrollment each year.

## Monthly Cost

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

## Employee/Dependent Spouse

Employee Age	\$15,000	\$25,000
<25	\$1.30	\$2.18
25 – 29	\$1.40	\$2.34
30 – 34	\$2.60	\$4.34
35 – 39	\$4.10	\$6.84
40 – 44	\$7.40	\$12.34
45 – 49	\$12.00	\$20.00
50 – 54	\$18.60	\$31.00
55 – 59	\$27.80	\$46.34
60 – 64	\$42.60	\$71.00
65 – 69	\$64.20	\$107.00
70 – 74	\$84.40	\$140.66
75 – 79	\$101.40	\$169.00
80 +	\$119.50	\$199.18

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

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

### Example: Calculating Cost for \$15,000 Option

Employee age is 43	\$7.40
Spouse rate based on employee age	\$7.40
Three children (varying ages)	\$0
<b>Total Monthly Premium</b>	<b>\$14.80</b>

\*For more information on the covered condition definitions, visit [www.ncflex.org](http://www.ncflex.org).

### Example: Benefit Payment\*

Covered Condition	Lump-Sum Benefit Payment Received
You have a heart attack	<b>\$15,000 or \$25,000</b>
Three months later, you are diagnosed with noninvasive cancer	<b>\$3,750 or \$6,250</b>
12 months later you have another heart attack	<b>\$15,000 or \$25,000</b>
Two months later you become paralyzed	<b>\$15,000 or \$25,000</b>
<b>Total Payout</b>	<b>Total = \$48,750 or \$81,250</b>

\*Your individual experience may vary.

### Beneficiary

To designate a beneficiary please visit [www.ncflex.org](http://www.ncflex.org). Click on the "Enroll Now" button and login to designate your beneficiary.

### Tax Issues

Whenever 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 on certain other coverage of benefit that you might have or that you might obtain.

### Certificate of Coverage

The Certificate of Coverage provides complete details about the benefits and the limits and exclusions. For complete details, you must review the Certificate of Coverage located at [www.ncflex.org](http://www.ncflex.org).

### Exclusions and Limitations

Exclusions and limitations are as follows and may vary. This plan will not pay benefits for a critical illness that is, or is caused by, contributed to, by, or results from:

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

### Portability Privilege

The portability feature allows continuation of your critical illness coverage when your employment ends or the policy terminates, by paying premiums directly to Allstate Benefits.



**This benefit does not require re-enrollment each year.**

# Cancer and Specified Disease

NCFlex offers Cancer and Specified Disease Insurance through Allstate Benefits. Unfortunately, cancer will affect many of us — regardless of age, gender, or lifestyle. While treatment has advanced the fight against cancer, it still occurs in slightly less than one in two men and one in three women, according to Cancer Facts and Figures, American Cancer Society, 2017.

## Coverage

You can choose between three plan options depending on your cancer insurance needs and specified diseases. All three plan options offer the same type of benefits and/or services. In most cases, however, the amount of coverage differs based on the option you choose. Refer to the *Summary of Benefits* on page 27 for more details.

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

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

## Cost

The monthly premium you pay for cancer coverage is based on the plan you choose and whether you cover yourself only or yourself and your family. New hires do not need to provide Evidence of Insurability (EOI) if they enroll within 30 days of their date of hire. (See "Evidence of Insurability" on page 28 for more details)

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

## Examples of Net Cost

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

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

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



## Summary of Benefits

You must review the Certificates of Coverage for complete details regarding these benefits.

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

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

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

No EOI required  
for plan year  
2018

## Exceptions and Limitations

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Allstate Benefits does not pay benefits for a **pre-existing condition** during the 12-month period beginning on the date coverage starts. Any covered loss that is incurred after the 12-month period is payable. A pre-existing condition is a disease or physical condition for which medical advice or treatment was received by the covered person during the 12-month period prior to his or her effective date of coverage.

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

For complete details on exclusions and limitations, see the Certificate of Coverage located at [www.ncflex.org](http://www.ncflex.org).

## Evidence of Insurability

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Evidence of Insurability (EOI) is a way of providing proof of good health. This evaluation may include your current health status, medical history and family history. If you are required to submit EOI, Allstate Benefits must approve your EOI before coverage becomes effective. You can access an EOI form by visiting the “Cancer & Specified Disease” section at [www.ncflex.org](http://www.ncflex.org).

The Certificate of Coverage provides complete details about the benefits and the limits and exclusions. For complete details, you must review the Certificates of Coverage located on [www.ncflex.org](http://www.ncflex.org).

## Medicaid Information

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

## Portability Privilege

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The portability feature allows continuation of your cancer coverage when your employment ends or policy terminates, by paying premiums directly to Allstate Benefits.

## Certificate of Coverage

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The Certificate of Coverage provides complete details about the benefits and the limits and exclusions. For complete details, you must review the Certificates of Coverage located on [www.ncflex.org](http://www.ncflex.org).

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

*The Critical Illness and Cancer coverage is provided by Limited Benefit insurance, policy forms GVCIP2 and GVCP2, or state variations thereof. Allstate Benefits is the marketing name used by American Heritage Life Insurance Company (Home Office, Jacksonville, FL), the underwriting company and a subsidiary of The Allstate Corporation.*



This benefit does not require re-enrollment each year.

# Group Term Life

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

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

## Coverage Options

### Employee & Spouse\*

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

### Child(ren)\*

- \$10,000 without EOI for 2018

\*Employee must be enrolled to cover spouse/child(ren).

## Enrollment/Evidence of Insurability Options

Evidence of Insurability (EOI) may be required when enrolling in this plan to determine if coverage will be granted. EOI consists of health questions that may include your current health status, medical history, and family medical history.

**New Employee:** May elect \$20,000 up to \$200,000 on yourself and \$20,000 up to \$50,000 on your spouse without EOI.

**Existing Employee during Annual Enrollment:** If you/your spouse are not currently enrolled in the group term life coverage during this annual enrollment period, you/your spouse may purchase \$20,000 of coverage 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).

**Existing Employee outside of Annual Enrollment:** If you experience a qualifying life event that allows you to add or increase your life insurance amount, you will be subject to EOI.

**Child(ren) coverage:** May elect \$10,000 without EOI for 2018.

## Submitting EOI

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.

## Monthly Cost and Coverage

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

### Employee/Dependent Spouse

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

### Child(ren)

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

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

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

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

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

## When Coverage Begins

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### Newly Eligible

If you are a new hire and enroll for coverage of \$200,000 or less, your coverage will begin on the first day of the month following your date of hire. You must enroll within 30 days of your hire date.

If you have to submit EOI as part of your enrollment, your coverage will begin the first of the month on or following the date your EOI is approved.

### Existing Employees

**Annual Enrollment:** If you enroll for coverage during annual enrollment and your EOI is approved prior to January 1, your coverage will be effective January 1, 2018. If your EOI date of approval is after January 1, 2018, your coverage will be effective on the first of the month following the date your EOI is approved.

*If you are on disability, you may enroll when you return to active status.*

**Life Event:** If EOI is not required, coverage begins on the 1st of the month following the life event. If EOI is required, coverage begins on the 1st of the month following the date your EOI is approved.

## Disability Waiver of Premium

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

Premiums are waived until the earlier of:

- The date you are no longer disabled, or
- The date you do not give ReliaStar Life proof of total disability when asked; or the date you turn age 70.

## Your Benefit After Age 75

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Your benefit will be reduced to 50% if you are still employed with NC State Government after age 75.

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

## Funeral Planning and Concierge Services

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Funeral planning services allow employees to contact professionals who will help with funeral planning for themselves and eligible family members. This service helps you and your family prepare for

and deal with all aspects of a funeral, easing the burden on you. Funeral Planning and Concierge Services are provided by Everest Funeral Package, LLC, Houston, TX. Services are not available in all states. For more information, visit [www.ncflex.org](http://www.ncflex.org).

## Expanded Accelerated Death Benefit

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The policy allows you to collect a portion of your benefit amount if you become terminally ill and are expected to live six months or less. You may collect 50% of your benefit up to a maximum of \$250,000. The remaining benefits will be paid to the beneficiary after death.

- **When diagnosed with a terminal illness:** If you have been diagnosed with a terminal illness and have fewer than six months to live, you can receive 50% of the death benefit while living.
- **When diagnosed with a condition requiring continuous confinement:** If you have a medical condition that is reasonably expected to require continuous confinement in an institution, and you are expected to remain there for the rest of your life, you can receive 50% of the death benefit while living.

## Exclusion

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

## Portability

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You may continue your term life insurance coverage under the NCFlex Voluntary Group Term Life Insurance policy if you terminate employment or retire prior to age 70 (without a physical examination). Premium rates for portable term life insurance are generally less expensive than the whole life insurance conversion rate.

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

## Conversion

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



# Core Accidental Death & Dismemberment



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

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

## Coverage

If you elect coverage, the amount of insurance provided to you at no cost is called the Principal Sum.

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

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

Accident	Percentage Principal Sum
Life, Loss of	100%
Sight of Both Eyes, Loss of	100%
Speech and Hearing of Both Ears, Loss of	100%
Both Hands or Both Feet, Loss of	100%
One Hand and One Foot, Loss of	100%
Quadriplegia	100%
Paralysis of Three Limbs	85%
Paraplegia/Hemiplegia	75%
Paralysis of One Limb	50%
Either Hand or Foot, Loss of	50%
Sight of One Eye, Loss of	50%
Speech or Hearing of Both Ears, Loss of	50%
Hearing of One Ear, Loss of	25%
Thumb and Index Finger of Same Hand, Loss of	25%

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

## Coverage After Age 70

If 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%

## What is Excluded from Coverage

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

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

## Voya Travel Assistance: Worldwide Emergency Travel Assistance Services

Voya Travel Assistance offers 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, and 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. Services are not available in all states. Covered services include:

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

### Wellness Tip

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



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

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

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

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

See page 32 for complete information about the Voluntary AD&D benefit.

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

# Voluntary Accidental Death & Dismemberment



This benefit does not require re-enrollment each year.

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

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

The benefit amounts are shown below. **If 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. An employee may not be covered as both an employee and a dependent and children may not be dually enrolled.

## Monthly Cost and Principal Sum

The amount of insurance you purchase is called the Principal Sum. You may select one of the following Principal Sums for yourself:

Principal Sum	Cost for Employee Only	Cost for Employee & Family	Principal Sum	Cost for Employee Only	Cost for Employee & Family
\$50,000	\$0.85	\$1.35	\$300,000	\$5.10	\$8.10
\$100,000	\$1.70	\$2.70	\$350,000	\$5.95	\$9.45
\$150,000	\$2.55	\$4.05	\$400,000	\$6.80	\$10.80
\$200,000	\$3.40	\$5.40	\$450,000	\$7.65	\$12.15
\$250,000	\$4.25	\$6.75	\$500,000	\$8.50	\$13.50

## Family Principal Sum

In addition to insurance for yourself, you can elect to purchase insurance for your spouse and unmarried dependent children (see *Eligible Dependents*, page 34). If you elect family coverage, your family members' Principal Sum will be a percentage of your Principal Sum.

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

## Coverage

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

Accident	Percentage Principal Sum
Life, Loss of	100%
Sight of Both Eyes, Loss of	100%
Speech and Hearing of Both Ears, Loss of	100%
Both Hands or Both Feet, Loss of	100%
One Hand and One Foot, Loss of	100%
Quadriplegia	100%
Paralysis of Three Limbs	85%
Paraplegia/Hemiplegia	75%
Paralysis of One Limb	50%
Either Hand or Foot, Loss of	50%
Sight of One Eye, Loss of	50%
Speech or Hearing of Both Ears, Loss of	50%
Hearing of One Ear, Loss of	25%
Thumb and Index Finger of Same Hand, Loss of	25%

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

## Coverage After Age 70

If 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%

## Additional Benefits

If insured under the plan, the following benefits are available to you as part of your Voluntary AD&D coverage. For more information, please visit [www.ncflex.org](http://www.ncflex.org) and view the Voluntary AD&D certificate.

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

- Education Benefit\* *(family option only)*
- Spouse Training Benefit\* *(family option only)*
- Child Care Benefit\* *(family option only)*
- Disability Waiver of Premium
- **Worldwide Emergency Travel Assistance Services (extends to enrolled family members; see page 32 for detailed description)**

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

## What is Excluded from Coverage

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

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

## Continuation Options

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

## Eligible Dependents

Child:

- Your natural or adopted child, who is dependent on you for support and maintenance. The child need not be claimed as a dependent on your federal income tax return
- A child for whom you have legal obligation for purposes of adoption
- A child for whom you are required by court order to provide health coverage
- A child who is primarily dependent on you for support and who is your stepchild, foster child, or a child for whom you are a legal guardian

Dependent:

- Your legal spouse
- Your unmarried child less than 26 years of age
- Your unmarried child of any age who is medically certified as disabled and financially dependent upon you

The term "dependent" does not include:

- A spouse or child living outside the United States
- A spouse or child eligible for Employee's Insurance under the Group Policy
- A spouse or child on active military duty
- A parent of you or your spouse

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

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

# TRICARE Supplement Plan



**This benefit applies to the military community only. Once you enroll, you do not have to re-enroll each year.**

## What is TRICARE Supplement Plan?

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

If you currently have TRICARE Standard/Extra, Prime, or TRS benefits offered to the military community, you may be eligible and interested in the TRICARE Supplement Plan.

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

There are no pre-existing conditions or deductibles.

## Who is Eligible?

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

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

## Eligible Dependents

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

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

## How the TRICARE Supplement Works with TRICARE

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

## Monthly Cost

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

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

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

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

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

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

## Continuation of Coverage

Employees who terminate employment may continue coverage by paying their monthly premiums directly to Selman & Company. A Continuation of Coverage letter will be mailed to the terminating employee within five business days of receipt of the termination date received from the employer.

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

Continuation of coverage does not apply to an employee, spouse, or dependent child who no longer meets the TRICARE Supplement Plan eligibility requirements, e.g., an employee or spouse who attains age 65 and has Medicare as primary coverage or a dependent child who reaches age 21/23 and has not enrolled in the TRICARE Young Adult (TYA) program or is listed in DEERS.

## Contact

<b>Customer Service Call Center</b>	1-800-638-2610, Option 1 Monday - Friday from 9:00 a.m. - 7:00 p.m. (ET)
<b>E-mail</b>	<a href="mailto:memberservices@selmanco.com">memberservices@selmanco.com</a>
<b>Website</b>	<a href="http://www.selmantricareresource.com">www.selmantricareresource.com</a>

# Coverage Continuation Options at Termination

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

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

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

COBRA

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

## COBRA Coverage

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

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

Qualifying Event	Qualified Beneficiaries Who May Continue Coverage	Duration of Coverage
Your employment ends for any reason other than gross misconduct	You, spouse, dependent children	Up to 18 months
You lose benefit eligibility due to reduction in hours	You, spouse, dependent children	Up to 18 months
During the first 60 days of COBRA coverage you or your dependent become disabled under the Social Security Act	You, spouse, dependent children	Up to 29 months; months 1-18, 102% of premium; months 19-29, 150% of premium
You divorce or legally separate	Ex-spouse and/or dependent children	Up to 36 months from initial qualifying event
Your dependent children lose eligibility	Dependent children	Up to 36 months from initial qualifying event
You become covered by Medicare	Spouse and/or dependent children	Up to 36 months from initial qualifying event
You die	Spouse and/or dependent children	Up to 36 months from initial qualifying event



## Election Process

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

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

## Premium Payments

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

The COBRA payment address and instructions will be included in the COBRA materials you receive from the carrier.

## COBRA Ending Date

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**COBRA coverage continues until the earliest of the following:**

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

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

### Federal Requirements

NCFlex and its carriers administer the dental, vision care and cancer and specified disease benefits, as well as the HCFSA in accordance with the HIPAA Privacy requirements. A HIPAA Privacy Notice is provided to participants by the carriers of each plan and is also available on the [www.ncflex.org](http://www.ncflex.org) website.





# Changes Are Coming

Open Enrollment is your chance to choose the health plan coverage that best fits the needs of you and your family.

## Changes to 2018 Coverage

- No increase to premiums for family coverage
- The 80/20 Plan will have a \$50/month employee-only premium (*with tobacco attestation*)
- The 70/30 Plan will have a \$25/month employee-only premium (*with tobacco attestation*)
- Consumer-Directed Health Plan (CDHP 85/15) will not be offered. Health Reimbursement Accounts (HRAs) must be used by Dec. 31, 2017.

## State Health Plan Open Enrollment

Sept. 30 – Oct. 31, 2017

### Questions?

Call the Eligibility and Enrollment Support Center at 855-859-0966.

*Extended hours during Open Enrollment:*  
Monday – Friday, 8 a.m. – 10 p.m.  
Saturday, 8 a.m. – Noon

To learn more, visit  
[www.shpnc.org](http://www.shpnc.org)

# CONTACT INFORMATION

## NCFlex

[www.ncflex.org](http://www.ncflex.org)

- NCFlex benefits information
- Claim forms
- Certificates of Coverage

### FLEXIBLE SPENDING ACCOUNTS

## P&A Group

[ncflex.padmin.com](http://ncflex.padmin.com)

Mail claims to:

17 Court Street, Suite 500  
Buffalo, NY 14202

Fax claims to: 1-877-213-8917

Customer Service: 1-866-916-3475

M-F 8 a.m. – 10 p.m. (ET)

- Eligible and ineligible HCFSAs and DDCFSAs expenses
- Status of HCFSAs and DDCFSAs claims
- When to expect your reimbursement
- Claim forms may be downloaded from [www.ncflex.org](http://www.ncflex.org)

### DENTAL

## MetLife

[www.metlife.com/mybenefits](http://www.metlife.com/mybenefits)

Mail claims to:

MetLife Dental Claims

PO Box 981282

El Paso, TX 79998-1282

Customer Service: 1-855-676-9441

M-F 8 a.m. – 11 p.m. (ET)

Automated service available 24/7 online at MyBenefits website!

- Find a dentist
- Review plan information and claims
- Print ID cards

### VISION

## EyeMed Vision Care

[www.eyemedvisioncare.com/](http://www.eyemedvisioncare.com/)

**NCFlexoe**

4000 Luxottica Place

Mason, OH 45040

Customer Service: 1-866-248-1939

M-Sat 7:30 a.m. – 11 p.m. (ET)

Sunday 11 a.m. – 8:00 p.m. (ET)

- Vision care providers (see [www.ncflex.org](http://www.ncflex.org))
- Questions about plan options
- Request ID cards
- Questions about claims or benefits

### ACCIDENT/TERM LIFE /AD&D

## Voya

[www.voya.com](http://www.voya.com)

For Customer Service:

LifeHelp

PO Box 492517

Redding, CA 96049

1-877-464-5111

M-F 9 a.m. – 6 p.m. (ET)

Mail EOI forms to:

ReliaStar Life Insurance Co.

PO Box 20

Mail Stop 4-S

Minneapolis, MN 55440

Fax claims to: 1-612-467-8721

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



### CANCER & CRITICAL ILLNESS

## Allstate Benefits (AB)

(American Heritage Life Insurance Company)

[www.AllstateBenefits.com](http://www.AllstateBenefits.com)

Mail claims to:

Claims Department

1776 American Heritage Life Drive

Jacksonville, FL 32224-6688

Customer Service: 1-866-232-1517

M-F 8 a.m. – 8 p.m. (ET)

- Cancer/Specified Disease Insurance questions
- Critical Illness questions
- Claim forms may be downloaded from [www.ncflex.org](http://www.ncflex.org)

### TRICARE SUPPLEMENT

## Selman & Company

6110 Parkland Blvd.

Cleveland, OH 44124

Customer Service:

1-800-638-2610, option 1

M-F 9 a.m. – 7 p.m. (ET)

### BENEFIT ENROLLMENT

## North Carolina's eEnroll System

[www.shpnc.org](http://www.shpnc.org) or

[www.ncflex.org](http://www.ncflex.org) and click

"Enroll Now"

Customer Service: 1-855-859-0966

M-F 8 a.m. – 5 p.m. (ET)

- Online enrollment inquiries



[ncflex.org](http://ncflex.org)

If you are not interested in any of the NCFlex State Insurance Plans, please help us hold down costs by returning this guide to your Health Benefit Representative.