

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 |
|--|--------------|---|---|
| Health Care Flexible Spending Account | COBRA | 102% | P&A will send COBRA enrollment materials to the employee's last known address. |
| Dependent Day Care Flexible Spending Account | None | | Cannot be continued. |
| Accident Plan | Portability | 100% | The employee will need to contact Voya by calling 1-877-464-5111. |
| Cancer | Portability | 100% | Allstate Benefits sends a portability letter to the employee upon receipt of the termination of employment. |
| Critical Illness | Portability | 100% | Allstate Benefits sends a portability letter to the employee upon receipt of the termination of employment. |
| Dental | COBRA** | 102%* | Benefitfocus will send COBRA enrollment materials to the employee's last known address. |
| Vision Care | COBRA** | 102%* | Benefitfocus will send COBRA enrollment materials to the employee's last known address. |
| Term Life | Continuation | Contact Securian to continue coverage at 833-810-8260 | The employee will need to contact Securian. |
| Core Accidental Death and Dismemberment (AD&D) | None | | Cannot be continued. |
| Voluntary Accidental Death and Dismemberment (AD&D) | Portability | Contact Securian to continue coverage at 833-810-8260 | The employee will need to contact Securian. |
| TRICARE Supplement | Portability | 100% | Selman will send COBRA enrollment materials to the employee's last known address. |

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

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

COBRA Coverage

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

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

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

If a Benefits Claim is Denied

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

Election Process

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

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

Premium Payments

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

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

COBRA Ending Date

COBRA coverage continues until the earliest of the following:

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

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

Federal Requirements

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

Contact Information

NCFlex

www.ncflex.org

- NCFlex benefits information
- Claim forms
- Certificates of Coverage

Flexible Spending Accounts

P&A Group

ncflex.padmin.com

Customer Service: 1-866-916-3475

Monday – Friday 8 a.m. – 10 p.m. (ET)

Mail claims to:

17 Court Street, Suite 500
Buffalo, NY 14202

Fax claims to: 1-877-213-8917

- Eligible and ineligible HCFA and DDCFA expenses
- Status of HCFA and DDCFA claims
- When to expect reimbursement

Accident/Term Life/AD&D

Voya

Customer Service:

LifeHelp

PO Box 492517

Redding, CA 96049

1-877-464-5111

Monday – Friday 9 a.m. – 6 p.m. (ET)

Mail EOI forms to:

ReliaStar Life Insurance Co.

PO Box 20

Mail Stop 4-S

Minneapolis, MN 55440

Fax claims to: 1-612-467-8721

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

Cancer & Critical Illness

Allstate Benefits (AB)

(American Heritage Life Insurance Company)

www.AllstateBenefits.com

Customer Service: 1-866-232-1517

Monday – Friday 8 a.m. – 8 p.m. (ET)

Mail claims to:

Claims Department

1776 American Heritage Life Drive

Jacksonville, FL 32224-6688

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

Dental

MetLife

www.metlife.com/mybenefits

Customer Service: 1-855-676-9441

Monday – Friday 8 a.m. – 11 p.m. (ET)

Mail claims to:

MetLife Dental Claims

PO Box 981282

El Paso, TX 79998-1282

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

Vision

EyeMed Vision Care

www.eyemedvisioncare.com/ncflexoe

4000 Luxottica Place

Mason, OH 45040

Customer Service: 1-866-248-1939

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

Sunday 11 a.m. – 8 p.m. (ET)

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

TRICARE Supplement

Selman & Company

6110 Parkland Blvd.

Cleveland, OH 44124

Customer Service:

1-800-638-2610, option 1

Monday – Friday 9 a.m. – 7 p.m. (ET)

Benefit Enrollment

North Carolina's eBenefits System

www.shpnc.org or

www.ncflex.org and click

Enroll Now

Customer Service: 1-855-859-0966

Monday – Friday 8 a.m. – 5 p.m. (ET)

- Online enrollment inquiries

COBRA for Dental and Vision

Benefitfocus' COBRA Administration

Customer Service: 1-855-889-6519

Monday – Friday 8 a.m. – 8 p.m. (ET)