

2018 Monthly Contributions for the University Benefits Programs

State Health Plan

Plan	Employee Only	Employee + Children	Employee + Spouse	Employee + Family
70/30 Plan	\$25.00	\$218.00	\$590.00	\$598.00
80/20 Plan	\$50.00	\$305.00	\$700.00	\$720.00

The above monthly premiums reflect the wellness premium credit. The premium increases by \$60 if you do not complete the wellness credit.

NCFlex Benefit Plans

Plan	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
Dental (MetLife Dental)				
High Option	\$35.90	\$72.00	\$78.00	\$123.00
Low Option	\$21.22	\$42.78	\$45.94	\$73.22
Vision (EyeMed Vision Care)				
Core Wellness Plan	\$0	N/A	N/A	N/A
Basic Plan (Exams and Materials)	\$4.50	N/A	N/A	\$11.66
Enhanced Plan (Enhanced Exams and Materials)	\$8.00	N/A	N/A	\$20.52

Cancer Insurance (Allstate)		
Plan	Employee Only	Employee + Family
Low Option	\$6.38	\$10.56
High Option	\$15.18	\$25.16
Premium Option	\$20.28	\$33.54

Accident Plan (VOYA)				
Plan	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
Accident Plan	\$6.94	\$11.50	\$13.64	\$18.20

Critical Illness Insurance (Allstate)				
Age	\$15,000 Employee	\$15,000 Spouse	\$25,000 Employee	\$25,000 Spouse
Less than 25	\$1.30	\$1.30	\$2.18	\$2.18
25-29	\$1.40	\$1.40	\$2.34	\$2.34
30-34	\$2.60	\$2.60	\$4.34	\$4.34
35-39	\$4.10	\$4.10	\$6.84	\$6.84
40-44	\$7.40	\$7.40	\$12.34	\$12.34
45-49	\$12.00	\$12.00	\$20.00	\$20.00
50-54	\$18.60	\$18.60	\$31.00	\$31.00
55-59	\$27.80	\$27.80	\$46.34	\$46.34
60-64	\$42.60	\$42.60	\$71.00	\$71.00
65-69	\$64.20	\$64.20	\$107.00	\$107.00
70-74	\$84.40	\$84.40	\$140.66	\$140.66
75-79	\$101.40	\$101.40	\$169.00	\$169.00
80 and older	\$119.50	\$119.50	\$199.18	\$199.18

Employees may also cover eligible dependent children at no cost.

Supplemental Retirement Plans

Plan	Contribution Limit	Catch-Up Contribution*
UNC 403(b)	\$18,500	\$6,000
UNC 457(b)	\$18,500	\$6,000
State 401(k)	\$18,500	\$6,000
NC Deferred Comp	\$18,500	\$6,000

* Catch-up contributions are available to participants who are age 50 by the end of the Plan Year.

Income Protection Plans

Voluntary Group Term Life Insurance (VOYA)

You can elect the following options:

1. Employee Only or Employee & Spouse*: Increments of \$10,000. A minimum of \$20,000 of coverage is available up to a maximum of \$500,000 of coverage (spouse coverage cannot exceed 100% of employee's elected amount).
2. Child(ren)*: \$5,000 or \$10,000.

The following chart outlines the cost of coverage per \$1,000 increments based on age.

Your Age	Monthly Rates/\$1,000 Coverage	Dependent Child(ren)	
		Per Dependent Unit	
Under 24	\$0.04	\$5,000	\$0.68
25-29	\$0.05	\$10,000	\$1.36
30-34	\$0.07		
35-39	\$0.08		
40-44	\$0.09		
45-49	\$0.13		
50-54	\$0.22		
55-59	\$0.40		
60-64	\$0.64		
65-69	\$1.27		
70-74	\$2.06		
75 and above	\$2.06		

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

Accidental Death & Dismemberment Insurance (VOYA)

The amount of insurance you purchase is called the principal sum. Example benefit amounts include:

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

Mandatory Retirement Plan Contribution Rates

Teachers' and State Employees' Retirement System (TSERS)

Employer Contribution (consists of the following):	
Pension Accumulation Fund	10.77%
Death Benefit Trust Fund	0.16%
Retiree Health Plan Reserves	6.05%
Disability Income Plan	0.14%
Qualified Excess Benefit Arrangement	0.01%
Total Employer Contribution Rate	17.13%
Employee Contribution	6.00%

TSERS - Law Enforcement Officers

Employer Contribution (consists of the following):	
Pension Accumulation Fund	10.77%
Death Benefit Trust Fund	0.16%
Retiree Health Plan Reserves	6.05%
Disability Income Plan	0.14%
Qualified Excess Benefit Arrangement	0.01%
State 401(k) Plan	5.00%
Total Employer Contribution Rate	22.13%
Employee Contribution	6.00%

UNC Optional Retirement Program (ORP)

Employer Contribution (consists of the following):	
ORP Contribution Rate	6.84%
Retiree Health Plan Reserves	6.05%
Disability Income Plan	0.14%
Total Employer Contribution Rate	13.03%
Employee Contribution	6.00%

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