



2024 Monthly Contributions for the UNC System Benefits Program

State Health Plan

Plan	Employee Only	Employee + Child(ren)	Employee + Spouse	Employee + Family
Base PPO Plan (70/30)	\$25.00	\$218.00	\$590.00	\$598.00
Enhanced PPO Plan (80/20)	\$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 Benefits Plans

Plan	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Dental (MetLife Dental)				
High Option	\$55.40	\$111.12	\$119.84	\$196.20
Classic Option	\$35.90	\$72.00	\$78.00	\$123.00
Low Option	\$24.18	\$48.74	\$52.34	\$83.44
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 and Specified Disease Insurance (Allstate Benefits)

Plan	Employee Only	Employee + Family
Low Option	\$6.06	\$10.02
High Option	\$14.42	\$23.90
Premium Option	\$19.26	\$31.84

Accident Plan (Voya)

Plan	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Low Option	\$6.94	\$11.50	\$13.64	\$18.20
High Option	\$15.98	\$28.46	\$31.26	\$43.72

Critical Illness Insurance (Voya)

Age	Benefit Amount*		
	\$15,000 Employee/Spouse	\$25,000 Employee/Spouse	\$40,000 Employee/Spouse
<25	\$0.90	\$1.50	\$2.40
25-29	\$1.20	\$2.00	\$3.20
30-34	\$2.10	\$3.50	\$5.60
35-39	\$2.70	\$4.50	\$7.20
40-44	\$4.20	\$7.00	\$11.20
45-49	\$7.80	\$13.00	\$20.80
50-54	\$10.80	\$18.00	\$28.80
55-59	\$15.90	\$26.50	\$42.40
60-64	\$29.70	\$49.50	\$79.20
65-69	\$42.00	\$70.00	\$112.00
70+	\$49.80	\$83.00	\$132.80

If you choose coverage for yourself, you may also elect coverage for your dependent child(ren) up to age 26 at no cost.

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

TRICARE Supplement Plan (Selman & Co.)

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

Supplemental Retirement Plans

Plan	Contribution Limit	Catch-Up Contributions*
UNC System 403(b)**	\$23,000	\$7,500
UNC System 457(b)	\$23,000	\$7,500
State 401(k)**	\$23,000	\$7,500
NC Deferred Comp	\$23,000	\$7,500

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

** If you contribute to both the 403(b) and State 401(k), then your combined contributions to both Plans count toward the regular and catch-up contribution maximums.

Income Protection Plans

UNC VOLUNTARY LIFE INSURANCE PLAN (SECURIAN)

You can elect the following options:

1. Employee Only*: Lesser of one to 10 times your salary or \$1,500,000
2. Spouse*: \$10,000, up to plan maximum, in \$25,000 increments
3. Child(ren)*: \$10,000

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

Your Age	Monthly Rates/\$1,000 Coverage	
	Employee	Spouse/Domestic Partner
<25	\$0.040	\$0.023
25-29	\$0.044	\$0.027
30-34	\$0.049	\$0.032
35-39	\$0.055	\$0.038
40-44	\$0.063	\$0.046
45-49	\$0.087	\$0.070
50-54	\$0.135	\$0.118
55-59	\$0.221	\$0.204
60-64	\$0.351	\$0.334
65-69	\$0.633	\$0.616
70-74	\$1.001	\$0.984
75-79	\$1.253	\$1.236
80+	\$1.830	\$1.813

* You must be enrolled in employee coverage if you wish to cover spouse/child(ren). Spousal coverage cannot exceed 100% of employee's elected amount.

Dependent Child(ren) — Monthly Rate (one premium covers all eligible children)	
\$10,000 of coverage	\$0.50

UNC VOLUNTARY ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE (SECURIAN)

The amount of insurance you purchase is called the principal sum. Your cost is based on the principal sum chosen, as follows:

Principal Sum	Employee Only	Employee + Family
\$50,000	\$0.85	\$1.25
\$100,000	\$1.70	\$2.50
\$150,000	\$2.55	\$3.75
\$200,000	\$3.40	\$5.00
\$250,000	\$4.25	\$6.25
\$300,000	\$5.10	\$7.50
\$350,000	\$5.95	\$8.75
\$400,000	\$6.80	\$10.00
\$450,000	\$7.65	\$11.25
\$500,000	\$8.50	\$12.50

Mandatory Retirement Plan Contribution Rates

UNC OPTIONAL RETIREMENT PROGRAM (ORP)

ORP Contribution Rate	
Employer Contribution Rate	6.84%
Employee Contribution Rate	6.00%
Total ORP Contribution Rate	12.84%*

* This is the total amount of contributions that will fund your ORP account with TIAA. For more information on portability and vesting provision, please see Your Mandatory Retirement Plan 2024 Decision Guide.

Other Employer-Paid Benefits for ORP Participants	
Retiree Health Plan Reserves	6.99%
Disability Income Plan	0.13%

TEACHERS' AND STATE EMPLOYEES' RETIREMENT SYSTEM (TSERS)

Employer Contribution (consists of the following):	
Pension Accumulation Fund*	16.79%
Retiree Health Care	6.99%
Disability Income Plan	0.13%
TSERS Death Benefit	0.13%
Total Employer Contribution Rate	24.04%
Employee Contribution	6.00%

* Includes 0.01% Qualified Excess Benefit Arrangement (QEBA). In addition, the amount funded to the pension accumulation fund is used to fund a benefit at retirement and is not directed into a member's account. For information on vesting and how benefits are calculated at retirement, please see Your Mandatory Retirement Plan 2024 Decision Guide.

TSERS — LAW ENFORCEMENT OFFICERS (LEO)

Employer Contribution (consists of the following):	
Pension Accumulation Fund*	16.79%
Retiree Health Plan Reserves	6.99%
Death Benefit Trust Fund	0.13%
Disability Income Plan	0.13%
Supplemental Retirement	5.00%
Total Employer Contribution Rate	29.04%
Employee Contribution	6.00%

* Includes 0.01% Qualified Excess Benefit Arrangement (QEBA). In addition, the amount funded to the pension accumulation fund is used to fund a benefit at retirement and is not directed into a member's account. For information on vesting and how benefits are calculated at retirement, please see Your Mandatory Retirement Plan 2024 Decision Guide.

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