

2026 Monthly Contributions for the UNC System Benefits Program

State Health Plan

Monthly Premium Rates	Standard PPO Plan				Plus PPO Plan			
	Salary Band*				Salary Band*			
January 1, 2026 to December 31, 2026	\$50,000 + UNDER	\$50,001 - \$65,000	\$65,001 - \$90,000	\$90,001 + OVER	\$50,000 + UNDER	\$50,001 - \$65,000	\$65,001 - \$90,000	\$90,001 + OVER
Subscriber Only	\$35	\$50	\$65	\$80	\$66	\$94	\$122	\$160
Subscriber + Child(ren)	\$185	\$200	\$215	\$230	\$276	\$304	\$332	\$370
Subscriber + Spouse	\$575	\$590	\$605	\$620	\$746	\$774	\$802	\$840
Subscriber + Family	\$575	\$590	\$605	\$620	\$746	\$774	\$802	\$840

* Salary-based rate will only apply to the Subscriber Only rate and is based on the employee's total base pay.

NCFlex Benefits Plans

Plan	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Dental (MetLife Dental)				
High Option	\$58.76	\$117.88	\$127.12	\$208.12
Classic Option	\$37.94	\$76.06	\$82.40	\$130.22
Low Option	\$25.64	\$51.70	\$55.54	\$88.50
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
Classic Option	\$6.94	\$11.50	\$13.64	\$18.20
Enhanced 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

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	
Employee Contribution Rate	6.00%
ORP Employer Contribution Rate	6.84%

* Additional employer contributions are paid to the retiree health plan reserves and the disability income plan. These rates are determined annually by the General Assembly.

TEACHERS' AND STATE EMPLOYEES' RETIREMENT SYSTEM (TSERS)**

TSERS Contribution	
Employee Contribution Rate	6.00%
TSERS Employer Contribution Rate	As determined by the General Assembly

** Additional employer contributions are paid to the pension accumulation fund, retiree health plan reserves, the disability income plan and the TSERS death benefit. These rates are determined annually by the General Assembly.

TSERS — LAW ENFORCEMENT OFFICERS (LEO)**

LEO Contribution	
Employee Contribution Rate	6.00%
LEO Employer Contribution Rate	As determined by the General Assembly
LEO Employer Contribution Rate to Supplemental Retirement Plan	5.00%

** Additional employer contributions are paid to the pension accumulation fund, retiree health plan reserves, the disability income plan and the TSERS death benefit. These rates are determined annually by the General Assembly.

Supplemental Retirement Plans

Plan	Contribution Limit	Catch-Up Contributions*
UNC System 403(b)	\$24,500	\$8,000
UNC System 457(b)	\$24,500	\$8,000
State 401(k)	\$24,500	\$8,000
NC Deferred Comp	\$24,500	\$8,000

* Catch-up contributions are available to participants who are age 50 by the end of the plan year. Per the SECURE Act 2.0, effective January 1, 2026, employees whose FICA wages meet or exceed \$150,000 in 2025 and who are eligible for "catch-up" contributions will be required to make those contributions as Roth (after-tax) only.

Other UNC System Benefits

Legal Plan — Monthly Rate
\$13.66

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