

# 2021 Monthly Contributions for the UNC System Benefits Programs

## State Health Plan

Plan	Employee Only	Employee + Child(ren)	Employee + Spouse	Employee + Family
<b>70/30 Plan</b>	\$25.00	\$218.00	\$590.00	\$598.00
<b>80/20 Plan</b>	\$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
<b>Dental (MetLife Dental)</b>				
<b>High Option</b>	\$44.56	\$89.36	\$96.36	\$157.78
<b>Classic Option</b>	\$33.08	\$66.32	\$71.88	\$112.98
<b>Low Option</b>	\$21.08	\$42.50	\$45.64	\$72.74
<b>Vision (EyeMed Vision Care)</b>				
<b>Core Wellness Plan</b>	\$0	N/A	N/A	N/A
<b>Basic Plan (Exams and Materials)</b>	\$4.50	N/A	N/A	\$11.66
<b>Enhanced Plan (Enhanced Exams and Materials)</b>	\$8.00	N/A	N/A	\$20.52

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

<b>Accident Plan (VOYA)</b>				
Plan	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
<b>Accident Plan</b>	\$6.94	\$11.50	\$13.64	\$18.20

<b>Critical Illness Insurance (Allstate)</b>		
Age	\$15,000 Employee/Spouse	\$25,000 Employee/Spouse
Under 25	\$1.20	\$2.00
25-29	\$1.20	\$2.00
30-34	\$2.10	\$3.50
35-39	\$3.90	\$6.50
40-44	\$6.60	\$11.00
45-49	\$10.80	\$18.00
50-54	\$16.50	\$27.50
55-59	\$24.90	\$41.50
60-64	\$38.40	\$64.00
65-69	\$57.90	\$96.50
70-74	\$75.90	\$126.50
75-79	\$91.20	\$152.00
80+	\$107.40	\$179.00

You may also cover eligible dependent children at no cost.

## Supplemental Retirement Plans

Plan	Contribution Limit	Catch-Up Contributions*
<b>UNC System 403(b)</b>	\$19,500	\$6,500
<b>UNC System 457(b)</b>	\$19,500	\$6,500
<b>State 401(k)</b>	\$19,500	\$6,500
<b>NC Deferred Comp</b>	\$19,500	\$6,500

\* 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\*: \$20,000 to \$500,000 or five times your base annual earnings, whichever is less, in increments of \$10,000
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 of coverage	\$0.68
25-29	\$0.05	\$10,000 of coverage	\$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+	\$2.06		

\* You must be enrolled in employee coverage if you wish to cover your spouse/child(ren).

### ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE (VOYA)

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	\$0.90	\$1.30
\$100,000	\$1.80	\$2.60
\$150,000	\$2.70	\$3.90
\$200,000	\$3.60	\$5.20
\$250,000	\$4.50	\$6.50
\$300,000	\$5.40	\$7.80
\$350,000	\$6.30	\$9.10
\$400,000	\$7.20	\$10.40
\$450,000	\$8.10	\$11.70
\$500,000	\$9.00	\$13.00

## Mandatory Retirement Plan Contribution Rates

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

Employer Contribution (consists of the following):	
Pension Accumulation Fund	14.77%
Death Benefit Trust Fund	0.13%
Retiree Health Plan Reserves	6.68%
Disability Income Plan	0.09%
Qualified Excess Benefit Arrangement	0.01%
<b>Total Employer Contribution Rate</b>	<b>21.68%</b>
<b>Employee Contribution</b>	<b>6.00%</b>

### TSERS – LAW ENFORCEMENT OFFICERS

Employer Contribution (consists of the following):	
Pension Accumulation Fund	14.77%
Death Benefit Trust Fund	0.13%
Retiree Health Plan Reserves	6.68%
Disability Income Plan	0.09%
Qualified Excess Benefit Arrangement	0.01%
State 401(k) Plan	5.00%
<b>Total Employer Contribution Rate</b>	<b>26.68%</b>
<b>Employee Contribution</b>	<b>6.00%</b>

### UNC OPTIONAL RETIREMENT PROGRAM (ORP)

Employer Contribution (consists of the following):	
ORP Contribution Rate	6.84%
Retiree Health Plan Reserves	6.68%
Disability Income Plan	0.09%
<b>Total Employer Contribution Rate</b>	<b>13.61%</b>
<b>Employee Contribution</b>	<b>6.00%</b>

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