



NORTH CAROLINA

Regulatory Compliance and Resources by State

STATE CONTINUATION

Covered Employers: All employers

Qualified Beneficiaries: Employees, spouses, and dependents who have been continuously insured for three consecutive months prior to qualifying event

Qualifying Events:

- Termination (for any reason)
- Reduction in hours
- Loss of eligible employee status

COBRA Duration: 18 months

Maximum Premium Amount: 102% of the premium

Paid Family Leave: None

State Employer Reporting: None

PAID SICK LEAVE:

In North Carolina, employers are not required to provide sick leave to employees, either paid or unpaid. If a North Carolina employee is not covered by the Family and Medical Leave Act (FMLA), an employee can be fired or disciplined for missing work for a medical reason, even with a doctor's note.

MANDATORY 401(K): NONE

STATE DISABILITY: NONE

SURPRISE BILLING:

North Carolina law protects patients from surprise medical bills for emergency services to the extent necessary to screen and to stabilize the patient when provided by an out-of-network provider.

Certain services at an in-network hospital or ambulatory surgical center

When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers may bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers can't balance bill you and may not ask you to give up your protections not to be balance billed.

If you get other services at these in-network facilities, out-of-network providers can't balance bill you, unless you give written consent and give up your protections.

You're never required to give up your protections from balance billing. You also aren't required to get care out-of-network. You can choose a provider or facility in your plan's network.

Additionally, North Carolina law requires that patients pay only their in-network cost-sharing amounts. This law applies to patients with coverage through insurance companies licensed by North Carolina, health maintenance organizations, service corporations, and multiple employer welfare arrangements.

Department of Insurance website: <https://www.ncdoi.gov/>

