



# Full-Time Benefits Summary Eastern Shore, VA

NASA FCU offers a generous benefit package for full-time employees. Elected insurance coverage begins the 1st day of the month, following 60 days of employment. Employees are responsible for paying their portion of premiums as applicable. See below for an overview of each of these benefits.

## Employer-Paid Benefits

- **Group Health Care:**
  - BlueChoice Advantage POS/PPO Open Access Plan
- **Dental Insurance:** May purchase as a stand-alone plan.
- **Group Life:** Includes Accidental Death
- **Long-Term Disability:** Coverage begins on the 91st day of accident or illness
- **401(k) Plan:** 100% employer match, up to 5%. Immediate vesting.
- **Employee Assistance Plan:** 24/7 access to support and up to 3 counseling visits for assistance with personal or work-related challenges
- **Paid Time Off:**
  - Vacation Leave
  - Sick Leave
  - 10 Paid Holidays
- **Educational Assistance:** Eligibility after six months of successful employment
- **Credit Union Membership:** Free checks

## Employee-Paid Benefits

- **Supplemental Employee/Dependent Life:** Economical group rates
- **Short-Term Disability:** Provides coverage on the 1st day of accident and 8th day of illness
- **Supplemental Vision:** Provides a discount service plan
- **Long-Term Care:** Provides rehabilitation facility/home care services
- **Flexible Spending Accounts:**
  - General-Purpose Medical Care

### Medical and Dental Cost Summary (effective 03/01/2017 - 02/28/2018)

Medical Plan	Coverage Level	Employer Annual Plan Cost	Employee Annual Premium (P) / Deductible (D)	Employee Bi-Weekly Payroll Deduction
BlueChoice Advantage POS/PPO with Vision	Employee	\$7,114.68	\$1,255.56 (P) + \$250 (D)	\$52.31
	Employee & Child(ren)	\$14,294.04	\$2,522.52 (P) + \$500 (D)	\$105.10
	Employee & Spouse	\$17,303.40	\$3,053.52 (P) + \$500 (D)	\$127.23
	Family	\$22,569.96	\$3,982.92 (P) + \$500 (D)	\$165.96
Dental Plan	Coverage Level	Employer Annual Plan Cost	Employee Annual Premium (P) / Deductible (D)	Employee Bi-Weekly Payroll Deduction
CareFirst Dental Plan	Employee	\$339.72	\$60.00 (P) + \$50 (D)	\$2.50
	Employee & Child(ren)	\$684.36	\$120.72 (P) + up to \$150 (D)	\$5.03
	Employee & Spouse	\$828.36	\$146.16 (P) + \$100 (D)	\$6.09
	Family	\$1,080.24	\$190.68 (P) + up to \$150 (D)	\$7.94

Other Terms and Conditions Apply  
Revised February 2017