



Full-Time Benefits Summary

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.

Credit Union Sponsored Plans

Voluntary, Supplemental Plans

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| <ul style="list-style-type: none"> • Group Health Care: Choice of: <ul style="list-style-type: none"> ○ Open Access High-Deductible HMO with Health Savings Account ○ Open Access Traditional HMO • 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 • Flexible Spending Accounts: <ul style="list-style-type: none"> ○ General-Purpose Medical Care Account ○ Limited-Purpose Medical Care Account ○ Dependent Care Account | <ul style="list-style-type: none"> • Employee Assistance Plan: 24/7 access to support and up to 3 counseling visits for assistance with personal or work-related challenges • 401(k) Plan: 100% employer match, up to 5%. Immediate vesting. • Paid Time Off: <ul style="list-style-type: none"> ○ Vacation Leave ○ Sick Leave ○ 10 Paid Holidays • Educational Assistance: Eligibility after six months of successful employment • Credit Union Membership: Free checks | <ul style="list-style-type: none"> • 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 |
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2016 Medical and Dental Cost Summary

Medical Plans	Coverage Level	Employer Annual Plan Cost	Employee Annual Premium (P) / Deductible (D)	Employee Bi-Weekly Payroll Deduction
BlueChoice High Deductible HMO HSA with Vision	Employee	\$5,488.32	\$1,300.00 (D)	\$0.00
	Employee & Child(ren)	\$11,026.32	\$2,600.00 (D)	\$0.00
	Employee & Spouse	\$13,347.72	\$2,600.00 (D)	\$0.00
	Family	\$17,410.08	\$2,600.00 (D)	\$0.00
BlueChoice Traditional HMO with Vision	Employee	\$5,104.90	\$1,276.22 (P)	\$53.18
	Employee & Child(ren)	\$10,256.16	\$2,564.04 (P)	\$106.84
	Employee & Spouse	\$12,415.49	\$3,103.87 (P)	\$129.33
	Family	\$16,194.05	\$4,048.51 (P)	\$168.69
Dental Plan	Coverage Level	Employer Annual Plan Cost	Employee Annual Premium (P)	Employee Bi-Weekly Payroll Deduction
CareFirst Traditional Dental Plan	Employee	\$314.26	\$55.46 (P)	\$2.31
	Employee & Child(ren)	\$633.11	\$111.73 (P)	\$4.66
	Employee & Spouse	\$766.43	\$135.25 (P)	\$5.64
	Family	\$999.50	\$176.38 (P)	\$7.35