

# 2020/2021 Benefit Highlights for Full-Time Employees

Plan	Employee Cost Per Pay Period	Highlights																								
<b>HEALTH BENEFITS – Eligible on the first of the following month after one month of full-time employment</b>																										
<b>Medical</b>  Coverage offered through BlueCross BlueShield of NC  HRA – MCU pays the first and third \$1,000 of your \$3,000 deductible	EE Only EE + Spouse EE + Child(ren) EE + Family  Employer Paid \$253.00 \$136.06 \$415.86	<table border="0"> <tr> <td></td> <td><b>Network</b></td> <td><b>Non-Network</b></td> </tr> <tr> <td>Office Visits</td> <td>80% after deductible</td> <td>50% after deductible</td> </tr> <tr> <td>Plan Year Deductible</td> <td>\$3,000 - Individual \$6,000 - Family</td> <td>\$6,000 - Individual \$12,000 - Family</td> </tr> <tr> <td>Out of Pocket Max</td> <td>\$6,000 - Individual \$12,000 - Family</td> <td>\$12,000 - Individual \$24,000 - Family</td> </tr> <tr> <td>Coinsurance</td> <td>80%</td> <td>50%</td> </tr> <tr> <td>Rx-30 Day Supply</td> <td></td> <td></td> </tr> <tr> <td>Tier 1</td> <td>\$10 copay</td> <td>\$10 copay + amt over allowable</td> </tr> <tr> <td>Tiers 2, 3, 4, 5</td> <td>100% coinsurance</td> <td>100% coins + amt over allowable</td> </tr> </table>		<b>Network</b>	<b>Non-Network</b>	Office Visits	80% after deductible	50% after deductible	Plan Year Deductible	\$3,000 - Individual \$6,000 - Family	\$6,000 - Individual \$12,000 - Family	Out of Pocket Max	\$6,000 - Individual \$12,000 - Family	\$12,000 - Individual \$24,000 - Family	Coinsurance	80%	50%	Rx-30 Day Supply			Tier 1	\$10 copay	\$10 copay + amt over allowable	Tiers 2, 3, 4, 5	100% coinsurance	100% coins + amt over allowable
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<b>DENTAL INSURANCE – Eligible on the first of the following month after one month of full-time employment</b>		
<b>Dental</b>  Coverage offered through Ameritas	EE Only EE + Spouse EE + Child(ren) EE + Family  Employer Paid \$ 14.77 \$ 18.31 \$ 33.08	Annual Deductible – \$50-Individual/\$150-Family Maximum Annual Benefit – \$2,000 Preventive Care – 100% – No Deductible Basic Care – 80% after deductible Major Care – 50% after deductible

<b>VISION INSURANCE – Eligible on the first of the following month after one month of full-time employment</b>		
<b>Vision</b>  Coverage offered through Community Eye Care	EE Only EE + Spouse EE + Child(ren) EE + Family  Employer Paid \$ 2.74 \$ 3.50 \$ 6.89	One eye exam every 12 months - \$10 copay Contact lens fitting, re-fit or evaluation, every 12 months - \$40 copay \$190 annual allowance for eyewear after \$25 copay

<b>LIFE / DISABILITY INSURANCE – Eligible on the first of the following month after one month of full-time employment</b>		
<b>Basic Life/AD&amp;D Insurance</b>	No cost to employee, 100% paid by Mountain Credit Union	Employee Term Life Insurance – 1.5 times your salary Employee AD&D Insurance – 1.5 times your salary Coverage provided by USABLE.
<b>Supplemental Voluntary Life Insurance</b>	100% paid by the employee, cost based on age and amount of coverage	Allows the participant to purchase additional coverage for self, spouse, and dependents. Coverage provided by USABLE.
<b>Long Term Disability</b>	No cost to employee, 100% paid by Mountain Credit Union	Provides 50% of your basic monthly earnings, up to \$5,000 per month Coverage provided by USABLE.

<b>RETIREMENT PLAN – Cuna Mutual</b>					
Plan	Waiting Period	Effective Date	Employee Contribution	Highlights	Contribution Limit
<b>401(k) Retirement Plan</b>	All FT and PT employees -no waiting period	Upon hire; ask for an enrollment kit from Human Resources and then enroll online	All new FT and PT employees will contribute 3% in the first year unless you contribute a different amount.	MCU matches your contributions up to 5% after year 1 and is immediately vested. MCU also contributes 3% after year 1 to be fully vested after 5 years.	You can defer up to \$19,500 per year. If you are age 50, or older, you may contribute an additional "catch-up" contribution of \$6,500 annually.

<b>ADDITIONAL BENEFITS</b>		
<b>Employee Assistance Program</b>	No cost to the employee.	Employer sponsored program that provides confidential and professional assistance to help resolve problems that may be affecting you and/or your family.
<b>PTO (Paid Time Off)</b>	Regular Full-Time Employees 30 or more hours per week	<b>1-4.9 years of service</b> – 4 weeks <b>5-9.9 years of service</b> – 5 weeks <b>10-14.9 years of service</b> – 6 weeks <b>15 – 19.9 years of service</b> – 7 weeks <b>20+ years of service</b> – 8 weeks
<b>The Hartford Voluntary Benefits</b>	<b>Critical Illness with Cancer Option</b> – Pays you a lump sum payment upon diagnosis of a covered condition Employee Coverage - \$5,000 – \$50,000 in increments of \$1,000 (Guarantee Issue – \$10,000) Spouse Coverage - \$5,000 – \$30,000 in increments of \$1,000 (Guarantee Issue – \$5,000) Child Coverage – Automatically covered at 25% of employee benefit <b>Accident Insurance</b> – Pays you money based on injury sustained and/or treatment received due to a covered accident Bi-Weekly – Emp Only – \$4.30 / Emp+Sp – \$7.16 / Emp + Ch – \$7.91 / Fam – \$10.78 <b>Hospital Indemnity</b> – Pays you when you are admitted to the Hospital for a covered accident, illness, or childbirth Monthly – Emp Only – \$9.69 / Emp+Sp – \$17.41 / Emp+Ch – \$17.71 / Fam – \$26.75	

Both plans include a \$50 Wellness benefit