



BENEFITS AT A GLANCE

Benefits for 2019-2020

Mountain Credit Union is committed to the philosophy of people helping people. That is what we do for our members—we help them build a more secure financial future. Credit unions are member-owned, not-for-profit, financial cooperatives. We value our employees and we provide a benefits package that allows you to take care of yourself and your family.

This overview will provide the highlights of a very competitive and comprehensive fringe benefits program. As an employee of Mountain Credit Union, you should not have to make tough choices about which benefits you can afford, so we provide a robust plan for every full-time employee. Summary plan documents are available and you can always ask Human Resources for assistance with any questions.

New Benefit Elections will be effective August 1, 2019.

For questions regarding the benefits being offered to you, please contact Chuck Reece by email at:

ChuckReece@mountaincu.org

or by phone at:

828-456-8627 EXT. 2018

Plan		Employee Cost Per Pay Period			hts for Full-Time Employees Highlights			
	ENEEL	TS — Eligible on the first of the following month after one month of full-time employment						
IILALIII DI		TO — Eligibi	e on the mist of the	ne ronowing month a	inter one month of fun-t			
Medical Coverage offered through BlueCross BlueShield of NC HRA – MCU pays the first and third \$1,000 of 100 m \$2,000		EE Only Em EE + Spouse EE + Child(ren) EE + Family		Employer Paid \$253.00 \$136.06 \$415.86	Office Visits Plan Year Deductible Out of Pocket Max Coinsurance Rx-30 Day Supply Tier 1	Network 80% after dedi \$3,000 - Indiv \$6,000 - Fami \$6,000 - Indivi \$12,000 - Fan 80%	idual ly idual nily	Non-Network 50% after deductible \$6,000 - Individual \$12,000 - Family \$12,000 - Individual \$24,000 - Family 50%
of your \$3,000 deductible		NCE – Eligible on the first of the following month		Tiers 2, 3, 4, 5	100% coinsurance			
DENTAL IN	ISURA	NCE – Eligi	ible on the first of	f the following month	after one month of ful	I-time employme	nt 	
Dental Coverage offered through Ameritas		EE Only Employer Paid EE + Spouse \$ 14.77 EE + Child(ren) \$ 18.31 EE + Family \$ 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				
VISION INS	URAN	CE – Eligib	le on the first of t	he following month a	after one month of full-	time employment		
Vision Coverage offered through Community Eye Care		EE Only Employer Paid EE + Spouse \$ 2.74 EE + Child(ren) \$ 3.50 EE + Family \$ 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				
		Y INSURAI	NCE — Eligible o	on the first of the follo	owing month after one	month of full-time	e employmen	t
Basic Life/AD&D Insurance		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 Unum.			
Supplemental Voluntary Life Insurance		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 Unum.			
Long Term Disability		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 Unum			
RETIREME	NT PL	AN – Cuna	Mutual					
Plan	Wait Perio		Effective Date		Employee Contribution		Highlights	
401(k) Retirement Plan	emplo	and PT yees -no g period	Upon hire; ask for an enrollment kit from Human Resources and then enroll online		All new FT and PT empontribute 3% in the firm you contribute a different	st year unless	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.	
ADDITIONA	AL BEI	NEFITS						
Employee Assistance Program		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.				
PTO (Paid Time Off)		Regular Full-Time Employees 30 or more hours per week			1-4.9 years of service - 4 weeks 5-9.9 years of service - 5 weeks 10-14.9 years of service - 6 weeks 15 - 19.9 years of service - 7 weeks 20+ years of service - 8 weeks			
Unum Voluntary Benefits		Critical Illness with Cancer Option – 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						
		Accident Insurance – 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						

Both plans include a \$50 Wellness benefit