

# 2026 Benefits Summary



## NBCC Employee Benefits

Benefit	Benefit description
Vacation/Sick/Personal Leave*	Vacation – Accrue 80 hours per year, increases after 5 years of employment
	Sick Leave – Accrue 12 days per year
	Personal Leave – Receive 3 days per year, prorated based upon start date
Holidays*	10 observed holidays and a winter break (office closes from Dec. 24–Jan. 1), 2 prorated floating holidays
Education Benefit*	Up to \$3,000 per benefit year after 6 months of employment
Medical/Dental/Vision Insurance**	Offer traditional and HDHP medical options, one dental plan, and one vision plan
Life/AD&D/STD/LTD Insurance**	100% employer-paid
Additional Voluntary Life Insurance**	Employee, spouse, and dependent insurance available
Flexible Spending Accounts (FSAs)/ Health Savings Account (HSA)**	Medical FSA, Dependent Care FSA, and Limited FSA are available; HSA available with HDHP option
Employer Contribution Options FSA and/or HSA** <i>Prorated based upon hire date</i>	<ul style="list-style-type: none"> <li>• Dependent Care FSA: Receive up to \$75 per pay period up to a maximum of \$1,800 per plan year.</li> <li>• Medical FSA: Receive up to a maximum of \$1,200 per plan year.</li> <li>• HSA: Distribution of \$62.50 per pay period for a maximum of \$1,500 per plan year.</li> <li>• Cash Option: Receive up to \$50 per pay period up to a maximum of \$1,200 per plan year.</li> </ul>

\*For employees working 40 hours or more per week. \*\*For employees working an average of 30 hours or more per week. For all other types of employment, please contact HR.

## Employee Perks and Advantages

- Parental Leave – Up to 6 weeks of paid parental leave for eligible employees
- Paid basic membership to Costco or Sam’s Club
- Employee Assistance Program (EAP)
- Calm app subscription
- LifeLock Elite plan for employee paid by employer, optional employee-paid options for dependents, and buy-ups
- Aflac supplemental coverages are voluntary and employee-paid
- MetLife pet insurance with employee discounts, a healthy pet incentive, and access to the telehealth concierge service
- Membership eligibility with Allegacy Federal Credit Union
- Additional benefits and wellness options with Blue Cross and Blue Shield of NC and Principal

## Life Insurance/Disability: Principal

### Group Term Life and AD&D Insurance

- Two times your annual earnings, maximum amount is \$100,000
- Optional Voluntary Life Insurance available for employee, spouse, and child(ren)
  - AD&D coverage is not available for children

### Short-Term Disability

- 60% of earnings up to a maximum of \$2,200 per week for up to 13 weeks

### Long-Term Disability

- 60% of earnings up to a maximum of \$10,000 per month

## Retirement 401(k): Nationwide

- Safe Harbor Plan – Company matches the employee contribution dollar for dollar up to 6% of compensation. Immediately vested. Regular and Roth options available.
- Safe Harbor Plan Eligibility – Regular employee status and after 3 months of employment. Contingent (temporary) employees are excluded.
- Employer provides discretionary 2% profit contribution after 12 months of service and 1,000 hours of service in a year. 3-year vesting schedule.

## Medical Benefits: Blue Cross and Blue Shield of NC

In-Network Benefits*	Core Plan, High-Deductible Health Plan (HDHP) with HSA	Traditional Plan
Deductible (Individual/Family)	\$3,400/\$6,800	\$2,000/\$4,000
Out-of-Pocket Maximum (Individual/Family)	\$8,300/\$16,600	\$5,000/\$10,000
Primary Care Visit	Deductible, then 20%	\$25 Copay
Specialist Visit	Deductible, then 20%	\$50 Copay
Adult/Child/Women Wellness Visits, Preventive OTC Drugs, and Contraceptives (With Rx)	Covered at 100%	Covered at 100%
Virtual Visits/Telehealth	Deductible, then 0%	No charge
Urgent Care Visit	Deductible, then 20%	\$50 Copay
Emergency Room Visit	Deductible, then 20%	\$500 Copay
Hospitalization, MRI, CAT, PET	Deductible, then 20%	Deductible, then 20%
Prescription Drugs (Rx)	Deductible, then 20%	\$10/\$25/\$40/\$80 25% min up to \$200 max

\*Out-of-Network benefits are covered at different rates. Please see full plan for details.

## Dental Benefits: Principal

<b>Annual Benefit Maximum</b>	\$2,000
<b>In-Network Deductible</b>	\$50 individual/\$150 family per calendar year
<b>Preventive Services (exams, cleaning, X-rays)</b>	Covered at 100%
<b>Basic Services</b>	90% after deductible
<b>Major Services</b>	50% after deductible
<b>Child Orthodontia</b> *up to age 19	50% after deductible; \$1,000 ortho lifetime max per covered member

## Vision Benefits: VSP

Coverage	In-Network Benefit	Frequency Period
Exam	\$10 Copay	12 months
Standard Frames	\$25 Copay / up to \$200 allowance	24 months
Eyeglass Lenses	Covered at 100%	12 months
Contact Lens Allowances <ul style="list-style-type: none"> <li>• Elective/Medically Required</li> <li>• Evaluation and Fitting Fee</li> </ul>	<ul style="list-style-type: none"> <li>• \$130 Allowance/Covered at 100%</li> <li>• Up to \$60 Copay</li> </ul>	12 months