

2026



2026 Benefits Guide

Your Future. Your Health.

**NATIONAL
ACADEMIES**

*Sciences
Engineering
Medicine*

WELCOME TO YOUR 2026 BENEFITS

The National Academies of Sciences, Engineering, and Medicine (Academies) are committed to offering employees benefits that are both comprehensive and cost-effective. Our Benefits Plan is designed to support the varying needs of our workforce by providing competitive options that give you the flexibility to choose what works best for you. These benefits are built to help safeguard your health, financial security, and overall well-being—both now and in the future. We encourage you to explore your options carefully so you can make informed choices that best support *Your Future, Your Health*.



About this guide: This guide briefly describes the benefits available to you as an employee of the National Academy of Sciences (NAS). This guide is meant only to provide a brief description of each benefit. It does not contain all of the details that are included in the Summary Plan Descriptions (SPDs) (as described by the Employee Retirement Income Security Act), the Plan Documents, NAS policies, and/or insurance contracts, as applicable. If there is a conflict between the information in this guide and the language of the SPDs, Plan Documents, NAS Policies, and/or insurance contracts, the wording in the applicable governing document will control. If you have any questions about one of these benefits, you are encouraged to read the full governing document and contact the Office of Human Resources for assistance. Please note that the benefits described in this guide may be changed at any time and do not represent a contractual obligation on the part of the National Academy of Sciences. Please contact OHR at (202) 334-3400 for additional information.



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Benefit Contributions

The Academies offer benefit-eligible employees a Variable Benefit Plan (VBP). Under the VBP, an eligible employee may make certain choices among benefits and cash compensation. The Academies provide eligible employees with up to \$2,000 (received on a biweekly basis unless used to frontload a Health Savings Account), some or all of which can be used toward certain benefit selections and/or received as taxable income. This contribution can be used to help pay for Medical, Dental, and Vision insurance plan payroll deductions or fund a Health Care or Dependent Care Flexible Spending Account (FSA). If you are enrolled in the Consumer Driven Health Plan, you have the option to frontload an HSA with the entire annual amount available to you in a single lump sum. Please see the HSA section for more details. This benefit contribution amount is prorated for part-time employees based on the number of hours they are scheduled to work and for new hires based on their hire date.

Making Benefit Changes During the Year

You can only make changes to your benefits outside of open enrollment if you experience a Qualifying Life Event (QLE), such as:

- Marriage, legal separation, or divorce
- Birth or adoption of a child
- A dependent's gain or loss of other coverage.

Important: You have 31 calendar days from the date of the QLE to update your benefits and submit any required documentation.

Eligibility

Employees:

You are benefit eligible if you are regularly scheduled to work 18.75 hours or more per week and are expected to be employed for at least 6 months.

Dependents:

Employees may elect to cover eligible dependents under several benefit plans. The following are considered eligible dependents:

- Your lawfully married spouse.
- Your domestic partner (opposite or same sex).
- Your child(ren) up to age 26 (to include spouse's child(ren) and your domestic partner's child(ren)). "Child(ren)" include biological children, stepchildren, legally adopted children, children placed for adoption, and children in your permanent legal custody as the legal guardian.
- Your disabled child of any age who lives with you and is dependent on you for more than one-half of their support due to a mental or physical disability.

Enrollment Opportunities

New Hire/Rehire:

If you are a new employee or rehire, you have 30 days to enroll in your benefits. Your benefits become effective on the first day you begin employment unless otherwise noted.

Open Enrollment:

Once a year, you may change your health, dental, vision, and FSA benefits elections. Other benefits, such as transportation or retirement benefits, may be changed on a monthly or biweekly basis.

If you are eligible to enroll in the Cigna CDHP with Health Savings Account, you may also make biweekly changes to your HSA contributions, but only after your HSA Bank account has been fully set up. Getting your HSA Bank account fully established requires that you go through an identity verification process which, if not completed timely, means that your HSA Bank account will be closed and all contributions will be returned to you on a taxable basis.

MEDICAL INSURANCE

Comparison of Plan Features

We offer medical insurance through Cigna and Kaiser Mid-Atlantic. There are two Cigna medical plans and one Kaiser Mid-Atlantic plan available. In addition, the Kaiser California medical plan (see [page 8](#)) is available for employees who are working in Southern California.

The Cigna plans utilize the same network of providers (Cigna Open Access Plus [OAP]). Kaiser Mid-Atlantic has an independent network specific to their providers and facilities. For more details, refer to the Summary Plan Descriptions (SPDs) and Summary of Benefits and Coverage (SBCs) available on AcademyNet.

The federal Transparency in Coverage Rule mandates the public disclosure of certain information related to negotiated service rates and out-of-network allowed amounts between health plans and healthcare providers. Links to such information for the Nationals Academies' medical care providers are [here for Cigna](#), [here for Kaiser Mid-Atlantic HMO](#) and [here for Kaiser Southern California HMO](#).

ALEX Is Here to Help!

We offer an interactive tool called [ALEX](#) to help you understand your benefits options and make your choices. You can access ALEX through AcademyNet.



(Please note: This is an overview of the expanded benefit summaries found on the following pages.)

High-Level Plan Comparison

Plan Features	Consumer Driven Health Plan (CDHP) (Cigna Choice Fund HSA)	PPO (Cigna OAP)	HMO (Kaiser Mid-Atlantic)
In-Network	You Pay	You Pay	You Pay
Annual Deductible (Individual/Family)	\$3,400/\$6,800	\$750/\$1,500	\$750/\$1,500
Coinsurance	0%	10%	20% (when applicable)
Out-of-Pocket Maximum (Individual/Family)	\$4,500/\$9,000	\$3,000/\$6,000	\$3,000/\$6,000
Primary Care Physician (PCP) Visit	Deductible, then 0%	\$30 copay	\$20 copay
Specialist Visit	Deductible, then 0%	\$50 copay	\$30 copay
Urgent Care Center	Deductible, then 0%	\$35 copay	\$30 copay
Hospital Emergency Room	Deductible, then 0%	\$200, waived if admitted	\$100 copay
Inpatient Hospital	Deductible, then 0%	\$250 per admission, then 10% coinsurance after deductible	20% coinsurance
Retail Prescription Drug Program (30-day supply) (Generic/Preferred Brand/Nonpreferred Brand)	<ul style="list-style-type: none"> Maintenance Rx: \$0, no deductible* Other Rx: Deductible, then \$10/\$35/\$55 	\$10/\$45/\$65	\$20/\$30/\$45
Retail or Mail Order Prescription Drug Program (90-day supply) (Generic/Preferred Brand/Nonpreferred Brand)	<ul style="list-style-type: none"> Maintenance Rx: \$0, no deductible* Other Rx: Deductible, then \$20/\$70/\$110 90-day supply available through Mail Order or Retail 	\$20/\$90/\$130 90-day supply available through Mail Order or Retail	\$40/\$60/\$90 90-day supply through Mail Order \$60/\$90/\$135 90-day supply through Retail
Eligible to participate in HSA	Yes	No	No
Out-of-Network	You Pay	You Pay	You Pay
Annual Deductible (Individual/Family)	\$6,800/\$13,600	\$1,500/\$3,000	N/A
Coinsurance	20%	30%	N/A
Out-of-Pocket Maximum (Individual/Family)	\$9,000/\$18,000	\$6,000/\$12,000	N/A

* Includes many commonly used medications for chronic conditions including asthma, high blood pressure, high cholesterol, osteoporosis, and diabetes. Go to AcademyNet for the complete list of medications covered at 100%.

Flu Shots and Other Vaccines

Flu shots are available free of charge as long as you use in-network providers, facilities, or pharmacies. If you're interested in receiving a flu shot, you can:

- Go to your local medical clinic, retail pharmacy or grocery store, such as CVS, Walgreens, Giant and Safeway.
- Research in-network flu shot provider options and pharmacy locations [here](#) if you are in a Cigna medical plan.

- Obtain additional information on availability of flu shots and locations at www.kp.org/flu if you are in a Kaiser medical plan.
- Call the member services phone number on your health insurance ID card if you are covered by health insurance offered through your spouse's or domestic partner's employer, and ask which providers and pharmacy locations are in-network providers for you to receive free flu shots in your plan.

Cigna Consumer Driven Health Plan (Choice Fund Health Savings Account)

Cigna's Choice Fund Health Savings Account (HSA) plan couples a consumer-driven health care plan with a tax-free HSA. The designated bank is HSA Bank, who has partnered with Cigna to offer an integrated funding, claim processing and provider payment platform for participants. HSA Bank is the holder of the money and the account will be automatically initiated on your behalf after you have enrolled in the Cigna Choice Fund HSA plan.

Although HSA Bank will initiate opening the HSA on your behalf, they will need additional identify verification information from you to comply with federal laws that pertain to opening any bank account, including HSA Bank accounts. If your HSA Bank account is not verified and fully established within a reasonable amount of time, the account will be closed, and contributions will be returned to you on a taxable basis. As such, we strongly urge you to respond to HSA Bank's verification inquiries timely.

Regardless of whether you are eligible to fund an HSA, there are other advantages of enrolling in the Cigna CDHP Plan. This plan uses Cigna's Open Access Plus (OAP) network, which gives you the freedom to visit in- and/or out-of-network providers and self-refer to specialists. You will also be able to get routine services while out of the area. Keep in mind that the Cigna CDHP plan has a combined medical and prescription (Rx) drug deductible which must be satisfied before any payment is made by Cigna for most covered health care expenses. Preventive office visits and some maintenance medications are covered at no cost. Go to AcademyNet for a complete list of drugs covered at 100%.

You can choose to pay for your share of the costs (deductible and coinsurance) for eligible services up to your plan's out-of-pocket maximum by using your HSA, other personal funds, or both. Once you are a member of the Cigna Choice Fund, you will have a wealth of resources at your fingertips through www.mycigna.com. For more information on HSA, reference this specific section in the guide ([page 13](#)).

To contribute to the HSA, you cannot be covered by a traditional health plan, a spouse's medical or pharmacy plan, Medicare Part A or Part B, TriCare, a general-purpose Flexible Spending Account (FSA) with the Academies or a spouse's employer, or be claimed as a dependent on another person's tax return.

Cigna Choice Fund HSA Plan Feature	In-Network You Pay	Out-of-Network You Pay*
Annual Deductible (Individual/Family) (Combined Medical/Rx) <i>Only the amount you pay for in-network covered expenses counts toward your in-network deductible. The amount you pay for out-of-network covered expenses counts toward your out-of-network deductible.</i>	\$3,400/\$6,800	\$6,800/\$13,600
Coinsurance	0%	20%
Out-of-Pocket Maximum (Individual/Family) (Combined Medical/Rx) <i>Only the amount you pay for in-network covered expenses counts toward your in-network out-of-pocket maximum. The amount you pay for out-of-network covered expenses counts toward your out-of-network out-of-pocket maximum.</i>	\$4,500/\$9,000	\$9,000/\$18,000
Preventive Services <i>(Examples: Well Child Care, Adult Physical Exams, Routine GYN Visits, Mammograms, Cancer Screenings)</i>	No charge	Deductible, then 20% of Allowed Amount
Office Visits for Illness/Injury	Deductible, then 0%	Deductible, then 20% of Allowed Amount

* Note: When you receive out-of-network care, you may be balance-billed for the difference between what Cigna normally reimburses and what your provider charges.

Cigna Choice Fund HSA Plan Feature	In-Network You Pay	Out-of-Network You Pay
X-Ray and Lab Tests (Varies based on place of service) Physician's Office Lab Facility/Outpatient Facility	Deductible, then 0%	Deductible, then 20% of Allowed Amount
Urgent Care Center	Deductible, then 0%	Deductible, then 20% of Allowed Amount
Hospital Emergency Room (Limited to emergency services)	Deductible, then 0%	Deductible, then 20% of Allowed Amount
Ambulance (If medically necessary)	Deductible, then 0%	Deductible, then 20% of Allowed Amount
Hospitalization Inpatient Facility Outpatient Facility	Deductible, then 0%	Deductible, then 20% of Allowed Amount
Mental Health and Substance Abuse Inpatient Facility Outpatient Facility	Deductible, then 0%	Deductible, then 20% of Allowed Amount
Retail Prescription Drug Program (30-day supply) Generic Drug (Tier 1) Preferred Brand Drug (Tier 2) Nonpreferred Brand (Tier 3)	Maintenance Rx: \$0, no deductible* Deductible, then \$10 Deductible, then \$35 Deductible, then \$55	Deductible, then 20% of Allowed Amount
Retail or Mail Order (90-day supply) Generic Drug (Tier 1) Preferred Brand Drug (Tier 2) Nonpreferred Brand (Tier 3)	Maintenance Rx: \$0, no deductible Deductible, then \$20 Deductible, then \$70 Deductible, then \$110	Not Covered

* Includes many commonly used medications for chronic conditions including asthma, high blood pressure, high cholesterol, osteoporosis, and diabetes. Go to AcademyNet for the complete list of medications covered at 100%.



Cigna Open Access Plus Plan (PPO)

Cigna's PPO is a plan that provides you the choice to see both preferred (in-network) and nonpreferred (out-of-network) providers; however, it is your responsibility to verify your providers are in-network to benefit from the lower out-of-pocket costs. Your out-of-pocket costs will be higher, possibly significantly, if you choose to seek care out-of-network, and you may need to file a claim for reimbursement. Since the plan operates under a national PPO network, you will be able to get routine services while out of the Washington, DC, metro area. If you select the Cigna PPO plan, you will have access to a variety of resources at your fingertips through www.mycigna.com.

Cigna PPO Plan Feature	In-Network You Pay	Out-of-Network You Pay
Annual Deductible (Individual/Family) <i>The amounts you pay for all covered expenses count toward both your in-network and out-of-network deductibles.</i>	\$750/\$1,500	\$1,500/\$3,000
Coinsurance	10%	30%
Out-of-Pocket Maximum (Individual/Family) <i>The amounts you pay for all covered expenses count toward both your in-network and out-of-network out-of-pocket maximums.</i>	\$3,000/\$6,000	\$6,000/\$12,000
Preventive Services <i>(Examples: Well Child Care, Adult Physical Exams, Routine GYN Visits, Mammograms, Cancer Screenings)</i>	No charge	Deductible, then 30% of Allowed Amount
Office Visits for Illness/Injury	\$30 Primary Care Physician \$50 Specialist	Deductible, then 30% of Allowed Amount
X-Ray and Lab Tests (Varies based on place of service) Physician's Office Lab Facility/Outpatient Facility	\$30 Primary Care Physician \$50 Specialist Deductible, then 10%	Deductible, then 30% of Allowed Amount
Urgent Care Center	\$35 copay	\$35 copay
Hospital Emergency Room (Limited to emergency services)	\$200 copay, waived if admitted	\$200 copay, waived if admitted
Ambulance (If medically necessary)	Deductible, then 10%	Deductible, then 10%
Hospitalization Inpatient Facility Outpatient Facility	\$250 per admission; Deductible, then 10% \$100 per visit; Deductible, then 10%	\$400 per admission; Deductible, then 30% of Allowed Amount Deductible, then 30% of Allowed Amount
Mental Health and Substance Abuse Inpatient Facility Outpatient Facility	\$250 per admission; Deductible, then 10% Deductible, then 10%	\$400 per admission; Deductible, then 30% of Allowed Amount Deductible, then 30% of Allowed Amount
Retail Prescription Drug Program (30-day supply) Generic Drug (Tier 1) Preferred Brand Drug (Tier 2) Nonpreferred Brand (Tier 3)	\$10 \$45 \$65	30% per prescription order or refill
Retail or Mail Order (90-day supply) Generic Drug (Tier 1) Preferred Brand Drug (Tier 2) Nonpreferred Brand (Tier 3)	\$20 \$90 \$130	Not covered

Kaiser Mid-Atlantic HMO

(This plan is only available if you live in the DC metropolitan service area.)

The Kaiser Mid-Atlantic HMO (Plan name: DHMO Signature) plan offers in-network services only. This means members must get services from a participating Kaiser Mid-Atlantic provider or facility in the DC metropolitan area (DC/MD/VA). Outside of the metropolitan area, you are only covered for emergency services. You must get referrals from your primary care physician (PCP) to see a specialist. Most of Kaiser Mid-Atlantic's locations include medical specialists, pharmacy, and lab and X-ray services, so you are able to do more during one visit and drive less. Once you become a member of the Kaiser Mid-Atlantic HMO plan, you will have a wealth of resources at your fingertips within www.kp.org.

Kaiser Mid-Atlantic HMO Plan Feature	In-Network You Pay
Annual Deductible (Individual/Family)	\$750/\$1,500
Coinsurance	20% coinsurance (when applicable)
Out-of-Pocket Maximum (Individual/Family)	\$3,000/\$6,000
Preventive Services (Examples: Well Child Care, Adult Physical Exams, Routine GYN Visits, Mammograms, Cancer Screenings)	No charge
Office Visits for Illness/Injury	
Primary Care Physician	\$20 copay
Specialist	\$30 copay
X-Ray and Lab Tests	\$20 copay
Urgent Care Center	\$30 copay
Hospital Emergency Room (Limited to emergency services)	\$100 copay, waived if admitted
Ambulance (If medically necessary)	\$100 copay
Hospitalization	
Inpatient Facility	20% coinsurance
Outpatient Facility	20% coinsurance
Mental Health & Substance Abuse	
Inpatient Facility	20% coinsurance
Outpatient Facility	\$20 per visit for individual therapy; \$10 for group therapy
Retail Prescription Drug Program at Kaiser Pharmacy (30-day supply)	
Generic Drug (Tier 1)	\$20
Preferred Drug (Tier 2)	\$30
Nonpreferred Drug (Tier 3)	\$45
Participating Network Pharmacy (30-day supply)	
Generic Drug (Tier 1)	\$30
Preferred Drug (Tier 2)	\$50
Nonpreferred Drug (Tier 3)	\$65
Mail Order (90-day supply)	
Generic Drug (Tier 1)	\$40
Preferred Drug (Tier 2)	\$60
Nonpreferred Drug (Tier 3)	\$90

Kaiser (Southern California)

The Southern California Kaiser HMO plan offers in-network services only. This means members must get services from a participating Kaiser provider or facility in the California area. Outside of the Southern California area, you are only covered for emergency services. You must get referrals from your primary care physician (PCP) to see a specialist. Most Kaiser locations include medical specialists, pharmacy, lab, and X-Ray services, so you are able to do more during one visit and drive less.

This plan is a copay-based plan without deductibles (out-of-pocket maximums apply). As a member of the Kaiser plan, you will have a wealth of resources at your fingertips within www.kp.org, including community events and discounts.

Counties served by Kaiser Permanente – Southern California: Imperial, Kern, Los Angeles, Orange, Riverside, San Bernardino, San Diego, and Ventura.

Kaiser Permanente – Southern California Traditional Plan Feature	In-Network You Pay
Annual Deductible (Individual/Family)	N/A
Coinsurance	N/A
Out-of-Pocket Maximum (Individual/Family)	\$1,500/\$3,000
Preventive Services <i>(Examples: Well Child Care, Adult Physical Exams, Routine GYN Visits, Mammograms, Cancer Screenings)</i>	No charge
Office Visits for Illness/Injury	
Primary Care Physician	\$20 copay
Specialist	\$20 copay
X-Ray and Lab Tests	Diagnostic: \$10 copay Imaging: \$50 copay
Urgent Care Center	\$20 copay
Hospital Emergency Room (Limited to emergency services)	\$100 copay, waived if admitted
Ambulance (If medically necessary)	\$50 copay
Hospitalization	
Inpatient Facility	No charge
Outpatient Facility	\$20 copay
Mental Health and Substance Abuse	
Inpatient Facility	No charge
Outpatient Facility (Mental Health)	\$20 copay per visit; \$10 copay for group sessions
Outpatient Facility (Chemical Dependency)	\$20 copay per visit; \$5 copay for group sessions
Retail Prescription Drug Program at Kaiser Pharmacy (30-day supply)	
Generic Drug (Tier 1)	\$15
Preferred Drug (Tier 2)	\$35
Nonpreferred Drug (Tier 3)	\$35
Mail Order (100-day supply)	
Generic Drug (Tier 1)	\$30
Preferred Drug (Tier 2)	\$70
Nonpreferred Drug (Tier 3)	\$70

DENTAL INSURANCE

The MetLife Dental PPO plan provides comprehensive coverage with a nationwide Preferred Provider Organization (PPO). When you receive dental care, you may choose at the time of service either a participating (in-network) dentist or any nonparticipating (out-of-network) dentist. When you use a participating dentist, your cost of care will be lower than the cost of a non-participating dentist. Savings are possible because MetLife participating dentists have agreed to provide care based on a negotiated fee schedule, whereas fees of nonparticipating dentists are reimbursed based on reasonable and customary industry charge limits. In other words, because the fees charged by participating dentists are lower than those of nonparticipating dentists, your dental dollars for the same procedures will go further when you receive care from a participating (in-network) dentist. The MetLife network utilized under the Academies dental plan is the PDP Plus.

Coverage Type	In-Network Coverage	Out-of-Network Coverage
Services		
Type A – Preventive (cleanings, oral examinations)	100% of Negotiated Fee ¹	100% of R&C Fee ²
Type B – Basic (fillings, extractions)	80% of Negotiated Fee ¹	80% of R&C Fee ²
Type C – Major (bridges, dentures)	50% of Negotiated Fee ¹	50% of R&C Fee ²
Type D – Orthodontia	50% of Negotiated Fee ¹	50% of R&C Fee ²
Annual Deductible³		
Individual	\$50	\$50
Family	\$100	\$100
Maximums		
Annual Maximum Benefit (per person)	\$2,000	\$2,000
Orthodontia Lifetime Maximum (per person)	\$1,500	\$1,500

¹ Negotiated fee refers to the fees that participating dentists have agreed to accept as payment in full, subject to any deductibles, cost sharing, and maximums.

² "R&C fees" refers to the Reasonable and Customary charge, which is based on the lowest of (a) the dentist's actual charge, (b) the dentist's usual charge for the same or similar services, or (c) the charge of most dentists in the same geographic area for the same or similar services as determined by MetLife.

³ Deductible applies only to Type B and C services.



VISION INSURANCE

Vision services, including routine eye examinations, eyeglasses, and contact lenses, are offered by Vision Service Plan (VSP). Enrolling in VSP Choice can provide you with savings on eye exams and eyewear and discounts on laser vision correction. A yearly visit is crucial to living a healthy lifestyle. During WellVision Exams, VSP doctors look for vision problems and signs of health conditions such as diabetes, high blood pressure, high cholesterol, glaucoma, and cataracts. To maximize your savings, select a participating provider from the VSP Choice Network.

While coverage is available outside the VSP network, the reimbursement is significantly lower than benefits available within the VSP network.

VSP Choice Plan Feature	Description	Copay	Frequency
WellVision Exam/ Prescription Exam	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness 	\$10 copay	See Frames and Lenses
Prescription Glasses	<ul style="list-style-type: none"> Prescription glasses 	\$25 copay	See Frames and Lenses
Frames	<ul style="list-style-type: none"> \$150 allowance for a wide selection of frames \$80 Costco allowance 20% savings on the amount over your allowance 	Included in Prescription Glasses	Every calendar year
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children 	Included in Prescription Glasses	Every calendar year
Lens Enhancements	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 20%–25% on other lens enhancements 	\$0 \$95–\$105 \$150–\$175	Every calendar year
Contact Lenses (Instead of glasses)	<ul style="list-style-type: none"> \$150 allowance for contacts, copay does not apply Contact lens exam (fitting and evaluation) 	Up to \$60	Every calendar year
Extra Savings	Glasses and Sunglasses <ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to www.vsp.com/specialoffers for details. 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP doctor within 12 months of your last WellVision Exam 		
	Retinal Screening <ul style="list-style-type: none"> No more than \$39 copay on routine retinal screening as an enhancement to a WellVision Exam 		
	Laser Vision Correction <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities 		

Visit www.vsp.com for more details on your vision benefit and for exclusive savings and promotions for VSP members. More information can also be found in the Summary Plan Description (SPD).

LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE

Basic Life and Basic AD&D Insurance

The Academies provide basic life and basic AD&D insurance that is equal to 100% of your annual salary, up to a maximum of \$300,000 subject to certain reductions described in the chart highlighted on this page. This coverage is offered through Unum and is an important part of your benefits package and of your family's financial plan.

Note: The United States Internal Revenue Service (IRS) requires that you pay any applicable taxes on premiums paid by your employer for group term life insurance coverage exceeding \$50,000. This is called imputed income. The value of your life insurance in excess of \$50,000 will be reported on your W-2 as imputed income.

Beneficiary Designation

Eligible Life Insurance and AD&D benefits are payable to your beneficiary/ies if you die while you are an active employee of NAS. Through the enrollment system, you will have opportunities to designate your beneficiary/ies. Beneficiary designations may be changed at any time.

Supplemental Life Insurance (Optional)

A sufficient amount of life insurance can give you peace of mind now and help your family financially in a very stressful time. Additionally, when you consider new family responsibilities – a new home or child – and inflation, the life insurance coverage you have now may not offer enough protection for your family. By choosing Supplemental Life Insurance, you can customize your coverage to fit your family's needs.

You can purchase Supplemental Life Insurance for one to five times your "covered annual earnings" up to a maximum of \$800,000. The Supplemental Life Insurance Guaranteed Issue limit for employees is the lesser of five times your covered earnings or \$600,000. Any Supplemental Life Insurance amount above \$600,000 is subject to Evidence of Insurability (EOI). Open Enrollment and mid-year elections may be subject to EOI requirements.

Dependent Life Insurance (Optional)

You can get affordable coverage for your spouse, domestic partner, and/or child(ren) by purchasing Dependent Life Insurance. Two Dependent Life Insurance plans are offered: spouse/domestic partner and child(ren).

- **Spouse/domestic partner:** Optional coverage is available in the amount of \$25,000. Note: the guaranteed issue amount for a spouse/domestic partner is \$25,000; however, EOI may be required for late entrants.
- **Child(ren):** Optional coverage available in the amount of \$10,000 per child.
 - Coverage begins from 15 days to 19 years of age, if your child is unmarried. Coverage continues to age 26 if your child is unmarried, dependent on you, and a full-time student.
 - There are no health requirements or EOI requirements for child coverage.

Basic Life and AD&D

Benefit Reduction Schedule: When you are age 70 or older, your amount of insurance is limited. It is the Limited Percent (for that Age) of the amount for which you would then be insured if there were no limitation. Each Age and the Limited Percent for that Age are shown below:

Age	Limited Percent
70	reduces to 65%
75	reduces to 45%
80	reduces to 30%

The Limited Percent for an Age takes effect on the day you become insured if you are then that Age. Otherwise, each Limited Percent for an Age takes effect during the pay period containing your birthday for that Age.



DISABILITY BENEFITS

What happens if you have an unexpected injury or illness that leaves you unable to work or earn a paycheck? Few people believe it will happen to them, but the truth is, your risk of becoming disabled is greater than you may think. Disability coverage is a critical line of defense for protecting your ability to work and earn an income. That is why the Academies provide benefits-eligible employees with Short-Term Disability (STD) coverage at no cost and automatically enroll employees in the Core Long-Term Disability (LTD) plan through Unum. STD and LTD take effect at different times and work together to provide you with income if you become disabled. Together, STD and LTD provide you with comprehensive coverage, and you can enhance your LTD coverage with the LTD Buy-Up option. Qualification for length of time considered disabled is determined by the insurance company based on medical information provided by the employee's physician.

Short-Term Disability (STD) Benefits

Benefits-eligible employees are automatically enrolled in the STD benefit on date of hire. The benefit payment schedule is based on medical need and illustrated below.

Benefit Eligible	Benefit
Less than 1 year of service	Up to 4 weeks at 100% and 20 weeks at 60%
1–5 years of service	Up to 10 weeks at 100% and 14 weeks at 60%
Greater than 5 years of service	Up to 24 weeks at 100%

You are eligible for benefit payments after being unable to work for 10 consecutive workdays. Following the 10-day waiting period, the maximum duration of benefit payments is twenty-four (24) weeks and is based on the length of time approved by the third-party administrator. The amount of income replaced is based on your years of service with NAS and described in the table above.

Long-Term Disability (LTD) Benefits

Benefits-eligible employees are automatically enrolled in the Core LTD Plan at no cost. The LTD plan provides a percentage of your income for a disability that lasts 180 or more days. Benefit payments continue until you recover, are able to replace your income in the same or similar occupation, or reach the Social Security Normal Retirement Age (SSNRA). If disability occurs after age 62, the maximum benefit duration will vary. The Core LTD income replacement benefit provides you with 60% of your monthly salary. The LTD Buy-Up option (if enrolled) provides additional coverage for a combined total of 66 2/3% of your monthly salary up to a maximum monthly benefit of \$20,000. Your LTD benefit payment may be offset by other income you receive.



HEALTH SAVINGS ACCOUNT (HSA)

Cigna's Choice Fund HSA plan couples a health care plan with a tax-free HSA. The Choice Fund HSA plan has a combined medical and prescription (Rx) drug deductible, which must be satisfied before any payment is made by Cigna for covered health care expenses. You can choose to pay for your share of the costs (deductible and coinsurance) for eligible services up to your plan's out-of-pocket maximum by using your HSA, other personal funds, or both.

There are a number of convenient ways you can access the money in your HSA to pay for medical expenses:

- Set up a debit card to draw money directly.
- Establish a personal checkbook that draws from your HSA. Use the checks to pay doctors directly or reimburse yourself.
- Use an online bill-pay system, which allows you to monitor, manage, and schedule payments online anytime.
- Have Cigna automatically pay your expenses directly from your HSA by choosing auto-claim forwarding (ACF).

Any earnings on money in your HSA accumulate tax-deferred and withdrawals, and if used to pay for qualified medical expenses, are tax-free. You can save for future medical costs and have the option to open an investment account when your balance reaches \$2,000. You may take the account balance with you when you leave the plan, change jobs, or retire.

HSAs are governed by IRS rules and are subject to annual maximums that include both employee and employer contributions. The 2026 maximum contribution is up to \$4,400 per individual and up to \$8,750 per family. Individuals age 55 and older may also make an additional \$1,000 annual "catch up" contribution.

Open Your HSA Within 90 Days

You must open your Health Savings Account (HSA) within 90 days to receive NAS contributions and to make your own contributions.

If you miss this 90-day window, you will lose the opportunity to receive any NAS contributions and will not be able to make personal contributions for the rest of the year — even if you originally planned to start later or contribute \$0.

FLEXIBLE SPENDING ACCOUNTS (FSAs)

Flexible Spending Account vs. Health Savings Account

Plan Feature	Health Care FSA	HSA
Must be used by year end? "Use it or lose it"	Yes	No
2026 Annual Contribution Limit	\$3,400	\$4,400 Employee Only \$8,750 Family Coverage
Does it roll over when you terminate or retire?	No	Yes
Can only use for qualified medical expenses?	Yes	Yes
Pre-tax contributions	Yes	Yes

* FSA annual contribution limits may increase annually.

FSAs provide you with an important tax advantage. If you sign up for an FSA, you elect an annual pre-tax amount to be deducted from your paycheck that you may use to pay for certain health care and/or dependent care expenses. When you sign up for this benefit, you choose whether you want a health care FSA, a dependent care FSA, or both. You may request reimbursement from the FSA(s) throughout the calendar year for allowable expenses. Our FSA administrator is Flores & Associates.

If you are a new employee enrolling or you are making a change due to a qualifying life status event (QLE) during the year, your contributions will be divided over the number of remaining pay periods in the calendar year with benefit deductions.



Health Care FSA

The money you direct to the Health Care FSA may be used to reimburse yourself for certain out-of-pocket medical expenses that are medically necessary, not cosmetic. Some of these allowable expenses include medical copays and deductibles, prescription copays, and dental and vision expenses. For a complete list of Allowable Medical Expenses, visit <https://accounts.floreshr.com>.

The maximum amount you may contribute to the health care FSA is \$3,400 per calendar year. You should estimate how much you pay out of pocket each year for allowable health care expenses to determine if you should contribute and how much to contribute to a FSA.

There are two important IRS requirements to be aware of prior to making your decision:

- Once you claim expenses under the FSA, you may not claim them as deductions on your tax return.
- If you don't have eligible expenses, the IRS requires that you forfeit any unclaimed money at the end of the plan year (use it or lose it). However, the NAS plan includes the grace period option, which allows you to incur eligible expenses until March 15th of the following year and submit expenses until April 30th. The grace period is only available to employees enrolled in the benefit through the last day of the plan year (December 31st).

You should consult a tax advisor if you have any questions about your specific circumstances.

As the Academies offer both a Health Care FSA and an HSA, it is helpful to understand the differences between each type of account to determine what works best for you.

Please note: If you are enrolled in the CDHP and CignaChoice Fund HSA, you are not eligible to enroll in the Health Care Flexible Spending Account, but you may use your HSA funds to pay for the same expenses as a Health Care FSA. You may enroll in the Dependent Care FSA.

Flores & Associates offers a debit card feature known as the "Flores Debit Card." This electronic payment card allows you to pay for qualified medical expenses at the time that you incur the expense. One Flores Debit Card is automatically provided to each health care FSA

subscriber. At the start of each new plan year, your Flores Debit Card will be reloaded with your new election amount. For additional information, call Flores & Associates at 1-800-532-3327.

Dependent Care FSA

The Dependent Care FSA allows you to be reimbursed for qualified day care or elder care expenses for children under age 13 or older dependents who are physically/mentally incapable of self-care and share the same principal residence as you. The dependent care expenses must be incurred because they allow you (or both you and your spouse, if married) to be able to work. Some examples of expenses that can be reimbursed are child or adult dependent care, nursery schools, and preschools (excluding kindergarten). For more information about allowable/qualified expenses, review IRS Publication 502 or check out <https://accounts.floreshr.com>.

The maximum amount you may contribute to the Dependent Care FSA is \$5,000 (or \$2,500 if married and filing separately) per calendar year. When you submit claims, you will only be reimbursed up to the amount that has already been deposited into your Dependent Care FSA.

There are two important IRS requirements to be aware of prior to making your decision:

- Once you claim expenses under the FSA, you may not claim them as deductions on your tax return.
- If you don't have eligible expenses, the IRS requires that you forfeit any unclaimed money at the end of the plan year (use it or lose it). However, the NAS plan includes the grace period option, which allows you to incur eligible expenses until March 15th of the following year and submit expenses until April 30th. The grace period is only available to employees enrolled in the benefit through the last day of the plan year (December 31st).

You should consult with a tax advisor if you have any questions about your specific circumstances.

These plans are subject to IRS regulations.

RETIREMENT PLANS

The Academies have established two retirement plans that provide opportunities for you to save and plan for your retirement. The Primary Retirement Plan is funded solely by employer contributions, and the Salary Reduction Contribution Retirement Plan allows employees to voluntarily contribute a portion of their salary toward retirement on a pre-tax or after-tax basis.

Primary Retirement Plan

- If you are an employee scheduled to work 18.75 hours or more per week and work for the Academies for at least 6 months, the Academies will automatically enroll you in the Primary Retirement Plan the pay period after you have completed 181 days of employment.
- You are immediately vested in your account balance.

Contributions are made by the Academies based upon your age and eligible compensation. The Academies contribution chart is shown below.

Primary Retirement Plan Employer Contributions

Age	The NAS Contributions on the First \$26,000 of Eligible Compensation Earned Each Calendar Year	The NAS Contributions on Eligible Compensation Above \$26,000 Earned Each Calendar Year
Under 35	6.34% of Eligible Compensation	6.34% of Eligible Compensation
35 to 44	7.00% of Eligible Compensation	10.00% of Eligible Compensation
45 to 54	9.00% of Eligible Compensation	14.00% of Eligible Compensation
55 and above	14.00% of Eligible Compensation	19.00% of Eligible Compensation

Salary Reduction Contribution Retirement Plan

You are eligible to participate in the Salary Reduction Contribution Retirement Plan (SRCRP) immediately. Through this plan, you can save by voluntarily contributing a percentage of your income in 1% increments until you reach the annual limit imposed by the Internal Revenue Service. The SRCRP is funded solely by your voluntary contributions and can be funded using pre-tax dollars (traditional contributions), after-tax dollars (Roth contributions), or a combination of pre-tax and after-tax dollars. Please be aware that the IRS annual limit is a combined limit regardless of whether you use pre-tax dollars or after-tax dollars to fund the Plan.

Key features of the SRCRP*:

- You have the ability to roll over your savings to another employer if you change employers.
- You are immediately vested in your account balance.
- Newly hired employees are automatically enrolled in the Plan at a contribution rate equal to 4% of eligible compensation.
 - Automatic contributions are made on a tax-deferred basis.
 - Newly hired employees who are automatically enrolled will have the contribution rate automatically increased by 1% each year until a maximum contribution rate of 10% is reached.
 - You may elect to decline participation in automatic enrollment, automatic increase, or the Plan at any time by contacting TIAA.
- You may elect to enroll in the Plan or the automatic increase feature at any time; the timing and amounts of automatic increases are customizable by you.

* Note: If you are over age 50 and your prior-year wages were over \$150,000, you must make catch-up contributions as Roth (after-tax) contributions, per federal regulations.

Key features of the pre-tax (traditional) contribution option:

- You reduce your current income taxes while you boost your retirement investments.
- Pre-tax contributions are not subject to federal and (in most cases) state income taxes until withdrawn.
- Investment earnings accumulate on a tax-deferred basis.
- Distributions are taxable upon withdrawal.

Key features of the post-tax (Roth) contribution option:

- Unlike pre-tax contributions, Roth contributions are made with after-tax dollars; they do not reduce your current income taxes.
- Investment earnings accumulate on a tax-free basis.
- Qualified distributions are tax-free upon withdrawal.
- Unlike individual Roth IRAs, annual income restrictions do not apply to Roth 403(b) contributions.

Withdrawals and Loans

Withdrawals from the Plans are generally permitted when you terminate your employment, retire, reach the minimum age required to commence distributions (as defined by each retirement plan), or become permanently disabled. Loans and withdrawals due to severe financial hardships as defined by the Plan are permitted under the SRCRP in accordance with Internal Revenue Service regulations and provisions of the Plan.

Catch-Up and Super Catch-Up Contributions

Employees age 50 or older may be eligible to make additional "catch-up" contributions to the SRCRP. Employees ages 60-63 are eligible for a higher "Super Catch-Up" contribution limit.

- Standard Contribution (under age 50): \$23,500
- Age 50+ with standard catch-up: \$31,000
- Ages 60-63 with "Super Catch-Up": \$34,750

Investing

The Primary Retirement Plan (PRP) and the Salary Reduction Contribution Retirement Plan (SRCRP) are both administered through TIAA. To help you meet your investment goals, there is a wide range of investment options. You can select a mix of investment options that best suits your goals, time horizon, and risk tolerance. To make changes to your investment mix, visit the TIAA website, www.tiaa.org/nas.

To help you decide whether to fund the SRCRP using traditional pre-tax or Roth after-tax contributions, or to gain a better understanding of investment options available to you, please reach out to CAPTRUST Financial Advisors at (800) 967-9948. A CAPTRUST Financial Advisor will help you decide how much to save, how to invest your retirement funds, and to determine if you are on track to reach your retirement goals.



LEAVE BENEFITS

The Academies provide leave for employees to take time off and address personal needs outside of work. The types of leave offered are: Paid Personal Leave, Holidays, Civic Leave, Jury Duty, Military Leave, and Family and Medical leave.

Paid Personal Leave (PPL)

PPL is available for absences for personal reasons such as vacation, recreation, personal business, brief illness, and any other personal need without restriction as to the reason or the leave. PPL is accrued on a pay-period basis. Accrued days per year and maximum annual accrual carry over is based on your length of total service. Your accrual rate will increase on your one- and five-year anniversary date. Your maximum annual accrual carryover will increase on your one-, five-, and 10-year anniversary dates.

- Less than 1 year – accrue 19 days per year (5.48 hours per pay period); annual maximum carryover of 15 days (112.5 hours)
- More than 1 year and less than 5 years – accrue 24 days per year (6.92 hours per pay period); annual maximum carryover of 25 days (187.5 hours)
- More than 5 years and less than 10 years – accrue 30 days per year (8.65 hours per pay period); annual maximum carryover of 30 days (225 hours)
- More than 10 years – accrue 30 days per year (8.65 hours per pay period); annual maximum carryover of 40 days (300 hours)

The authority to approve the use of the PPL rests with the employee's supervisor, and approval is based on an employee's need and the work requirements of the Academies. Please note that PPL accrual and permitted carryover are prorated for part-time employees.

California Paid Personal Leave

California employees may accrue PPL up to the maximum amounts set forth below. No additional PPL will be accrued during any pay period in which the maximum accrual is reached.

- Less than 1 year – accrue 19 days per year (5.48 hours per pay period); Maximum accrual of 28.5 days (213.75 hours)
- More than 1 year and less than 5 years – accrue 24 days per year (6.92 hours per pay period); Maximum accrual of 36 days (270 hours)
- More than 5 years – accrue 30 days per year (8.65 hours per pay period); Maximum accrual of 45 days (337.50 hours)

Please note that the PPL accrual rates and accrual caps are prorated for part-time employees.

California Sick Leave

California employees who are not eligible to accrue PPL will receive California Paid Sick Time (CPST) each year. This includes California Regular Employees who work less than 50% of the time and California Temporary Employees. For details on accruals and use of California Paid Sick Time, please see the California Paid Sick Time Policy on AcademyNet.

District of Columbia Accrued Sick and Safe Leave

Employees working in Washington, DC, who are not eligible to accrue PPL will receive DC Accrued Sick and Safe Leave. This includes DC Regular Employees who work less than 50% of the time and DC Temporary Employees. For details on accruals and use of DC Accrued Sick and Safe Leave, please see the DC Accrued Sick and Safe Leave Policy on AcademyNet.

Holiday Leave Policy

The Academies have established several days of paid Holiday Leave throughout the year. Holiday Leave is provided to all benefit-eligible employees based on the approved Holiday Schedule below.

The Academies recognize the following 10 days as paid holidays:

- New Year's Day
- Martin Luther King Jr. Day
- Presidents Day
- Memorial Day
- Juneteenth
- Independence Day
- Labor Day
- Thanksgiving Day
- Day after Thanksgiving
- Christmas Day

Holiday Leave is compensated based on an employee's regular compensation rate as of the date of leave and the number of hours an employee would have normally worked on that day. Holiday Leave will be counted as hours worked for the purpose of determining whether a non-exempt employee is owed overtime pay.

If a recognized holiday falls during an eligible employee's paid absence (i.e., Paid Personal Leave), Holiday Leave will be provided instead of the paid time off benefit that would otherwise have applied.

Civic Leave

The Academies encourage employees to fulfill their civic responsibilities by voting in national elections. Employees unable to vote before or after their regular work schedule will be granted 2 hours of leave.

Jury and Witness Duty

The Academies encourage employees to fulfill their civic responsibility by serving jury duty and/or appearing in court for witness duty. Employees required to report to court for these reasons will be compensated based on their regular base pay rate.

Military Leave Policy

In accordance with the Uniformed Services Employment and Reemployment Rights Act (USERRA), the Academies provide employees who serve in the active reserves or National Guard with military leave without any disruption to their careers. An employee who is a member of the Uniformed Services can be granted several types of military leave, which include Paid or Unpaid Military Leave. The cumulative maximum amount of military leave, whether paid or unpaid, cannot exceed 5 years. Certain types of duty in the military service may be excluded from the 5-year limitation.

Family and Medical Leave

Family & Medical Leave is unpaid leave provided in compliance with federal, state, and District of Columbia Family & Medical Leave Act (FMLA) requirements. FMLA provides you the ability to take time off from work for reasons such as:

- Your serious health condition or a serious health condition relating to a spouse, son, daughter, or parent.
- Caring for a child after birth or placement for adoption or foster care.

Employees who meet the eligibility criteria may take up to 12 weeks of unpaid family and medical leave within a 12-month period, plus an additional 4 weeks of unpaid family and medical leave over a 24-month period.

To be eligible for FMLA, you must have been employed by the Academies for at least 12 months and have worked a minimum of 1,250 hours during the 12-month period prior to the beginning of your FMLA leave. Additionally, you will be required to provide reasonable notice and medical certification to support your leave request.

During your FMLA leave, your health insurance will be maintained and your employee contribution requirement will apply. PPL may run concurrently with FMLA leave.



COMMUTER BENEFITS

To assist employees in the cost of commuting to and from work, the Academies provide a monthly contribution of up to \$130 (\$65 per pay period in 24 of 26 annual paychecks) which can be applied toward Public Transit, Bike/Walk to Work, or Parking transportation benefit options. The employer contribution and employee parking deductions are prorated based on the on-site percentage and regularly scheduled hours as entered in Workday on the last day of each pay period. You can determine the exact amounts that will apply to you as you go through the enrollment or transportation change process in Workday.

Transportation Benefits		
Plan	Description	Maximum Monthly Benefit
Parking at NAS Facilities	<p>Subsidized parking is available at the Keck Building and the NAS Building.</p> <p>Payment deductions are taken on a pre-tax basis, twice per month.</p>	<p>Employer Subsidy: \$130 per month</p> <p>Employee Cost: \$130 per month</p>
Transit	<p>Benefit to purchase mass transit passes, fare cards, vouchers, or similar mass transit items (for example, SmarTrip, VRE, MetroBus, etc.) used to commute to and from work.</p> <p>Flores Debit Card can be used to transfer funds to your SmarTrip card or purchase for other transit options. The Transit Benefit may also be used to pay for certain parking expenses (other than regular parking at the NAS and Keck facilities) and for commuter van pools.</p> <p>Claims can be submitted to Flores for reimbursement for parking:</p> <ul style="list-style-type: none"> • Near business premises • Daily cost for parking on-site • Near a location from which the employee commutes to work 	<p>Employer Funded: transit account with Flores & Associates in the amount of \$130 per month.</p> <p>Employee Funded: may contribute additional funds via pre-tax payroll deductions. The total monthly contribution (employer contribution plus employee deductions) cannot exceed the IRS maximum (\$340 in 2026).</p>
Bike/Walk to Work	<p>After-tax monthly benefit available to those who regularly bike or walk to work.</p>	<p>\$130 in after-tax benefits</p>

Transportation benefits become effective on the employee's date of hire or after obtaining eligibility status.

Notes: Benefits are not available to employees who have entered into a fully remote telecommuting agreement.

Monthly benefits cannot exceed \$130 per month, and employees can only be enrolled in one option per pay period.

ADDITIONAL BENEFITS

Educational Assistance

As a supporter of higher education, the Academies will reimburse staff members for courses that are either (1) directly related to the employee's current line of work and provided by an accredited institution of higher learning; or (2) part of a recognized credential program that is related to Academies' business but is not a requirement of the employee's job. The Academies reimburse up to \$5,250 per calendar year, subject to approval. The amount is prorated for part-time employees and available to employees after six months of benefits-eligible service. Employees leaving within six months of a reimbursement will be required to repay the funds received for the last semester.

Retirement Planning Services

Employees may seek the following services through CAPTRUST:

- Financial advisors providing independent advice.
- Investment and Educational sessions.

Employees may schedule a one-on-one appointment with CAPTRUST.

Travel Assistance

Unum provides personal travel assistance services through an arrangement with Assist America, Inc. Travel Assistance is available 24/7/365 days a year for personal and emergency assistance during travel. This coverage is available to all benefits-eligible employees and includes:

- Travel Assistance Services.
- Hospital Admission Assistance.
- Emergency Evacuation Services.

Headspace

Mindfulness has been shown to help people stress less, increase focus, and sleep more soundly, and Headspace is your personal guide. With Headspace, you have access to:

- Guided meditations on stress, self-esteem, and relationships
- Sleepcasts, music, and bedtime audio for restful nights
- Quick workouts and guided cardio for body and mind
- and more!

To get started, visit <https://work.headspace.com/national-academy-of-sciences/member-enroll>. Create a Headspace account, or log in with an existing account and verify your email address. If you have any questions, email teamsupport@headspace.com.

Adoption Benefit

In support of all employees who are building families, the Academies offer an Adoption Assistance Program. All regular employees scheduled to work at least 50% time may participate in our adoption benefits. If an employee and their spouse both work at NAS, only one employee can utilize the financial benefit.

Benefits-eligible employees may be reimbursed for up to 80% of adoption-eligible expenses, relating to the adoption of a child under the age of 18. Eligible adoption-related expenses will be reimbursed to a maximum of \$4,000 per adopted child (prorated for part-time employees).

Employee Discounts

Employees at the Academies enjoy discounted pricing on products and services offered through [Dell](#), [Verizon Wireless](#), [AT&T](#) and [T-Mobile](#). For more information on these programs, please visit the links above or contact the HR Service Center at HRServiceCenter@nas.edu.

Health Advocacy Program

TouchCare is the Academies' health advocacy program provider. With TouchCare, you have access to a Health Assistant who can help answer benefit questions, solve billing errors and review medical claims, help find you a provider, and even provide cost estimates for upcoming procedures. TouchCare is confidential and accessible via mobile app on iOS and Android, as well as via online portal, email, and phone.

TouchCare is available to all benefit eligible employees, regardless of enrollment in an Academies medical plan. Get started today by visiting www.touchcare.com or calling 866-486-8242.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

SupportLinc, our EAP, is a free, confidential benefit designed to support you and your family's health and wellbeing at work and home. SupportLinc offers:

- Comprehensive support for challenges such as navigating a work/home balance, stress management, substance abuse, grief, and even family and relationship troubles.
- Exclusive discounts through the SupportLinc Savings Center that can help you save on real-life needs, like child care, tuition, groceries, and appliances.
- Ten free counseling or coaching sessions with licensed mental health counselors that can help you work through stress, anxiety, depression, substance abuse, or other mental health issues. Counselors can also help you be proactive about your mental health and lead you through mindfulness and meditation exercises.

- Financial wellness resources and learning sessions that can help you feel confident with your finances.
- Referrals to local professionals and services to fit your needs, including everything from child care to house painting.

Get Started Today

SupportLinc is available to all employees, regardless of enrollment in an Academies medical plan. SupportLinc is available 24/7 via <https://nationalacademyofsciences.mysupportportal.com/> or phone at 1-888-881-5462.



2026 EMPLOYEE PAYROLL DEDUCTION RATES

Biweekly payroll deductions occur on the first and second pay dates of a month. For months that have three pay dates, no deduction occurs on the third pay date. A total of 24 deductions occur annually.

Cigna	CDHP/HSA (Choice Fund HSA)	PPO (OAP)
Employee Only Rate	\$70.91	\$193.85
Employee + 1 Rate	\$134.72	\$368.32
Family Rate	\$202.08	\$552.48
Kaiser Permanente Mid-Atlantic HMO		
Employee Only Rate		\$110.57
Employee + 1 Rate		\$221.15
Family Rate		\$320.66
Kaiser Permanente Southern California HMO		
Employee Only Rate		\$98.74
Employee + 1 Rate		\$197.49
Family Rate		\$286.36
MetLife Dental PPO		
Employee Only Rate		\$21.60
Employee + 1 Rate		\$33.40
Family Rate		\$65.60
Vision Service Plan (VSP)		
Employee Only Rate		\$3.97
Employee + 1 Rate		\$7.93
Family Rate		\$12.77

Unum Long-Term Disability Insurance (LTD)

The Core LTD benefit you receive is equal to 60% of your monthly income up to \$20,000 per month. Premiums for the Core LTD are paid 100% by NAS. The LTD Buy-Up program offers additional coverage and is paid by 100% by the employee.

Buy-Up – 62/3% Additional of Covered Earnings	\$0.064	\$0.1105
Example of \$50,000 annual salary (\$4,166.67 monthly)		
Buy-Up Cost: \$4,166.67 divided by 100 multiplied by .064 equals \$2.67 per paycheck		

Unum Supplemental Life Insurance

These rates are paid 100% by the electing employee through after-tax payroll deduction; rates are based on age, compensation level, and the cost for each \$1,000 of coverage you obtain.

Age	Rates per \$1,000 of Benefit	Age	Rates per \$1,000 of Benefit	Age	Rates per \$1,000 of Benefit
00–29	\$0.019	40–44	\$0.038	55–59	\$0.164
30–34	\$0.022	45–49	\$0.057	60–64	\$0.229
35–39	\$0.031	50–54	\$0.088	65–69	\$0.475
				70–99	\$0.706

Example of \$50,000 Annual Salary for Employee age 47 years

Supplemental Life Election of 3x Salary: \$50,000 multiplied by 3 divided by 1,000 multiplied by .057 equals \$8.55 per paycheck

	Spouse/Domestic Partner	Children Under Age 26
Life Insurance Benefit	\$25,000	\$10,000 each
Pay Period Rate	\$1.40	\$1.01 for all



BENEFIT VENDOR CONTACTS

Vendor	Policy Number	Phone Number	Website
Medical			
Cigna CDHP/HSA	2501238	800-244-6224	www.mycigna.com
Cigna Open Access Plan (PPO)	2501238	800-244-6224	www.mycigna.com
Kaiser Mid-Atlantic HMO	6133-16	800-777-7902	www.kp.org
Kaiser Southern California HMO	228840	800-464-4000	www.kp.org
Dental and Vision			
MetLife Dental	104314	800-942-0854	www.metlife.com/mybenefits
VSP Vision	30051263	800-877-7195	www.vsp.com
FSA's			
Flores & Associates		800-532-3327	https://accounts.floreshr.com
Life Insurance			
Unum	651901	800-275-8686	www.unum.com
Employee Assistance Program (EAP)			
SupportLinc		888-881-5462	My Support Portal
Health Advocacy Program			
TouchCare		866-486-8242	www.touchcare.com
Disability			
Unum	651901	Customer Service 800-275-8686 Claims Number 866-779-1054	www.unum.com
Retirement			
TIAA		800-842-2252	www.tiaa.org/nas
Retirement/Financial Planning Services			
CAPTRUST		800-967-9948	www.captrustadvice.com
Commuter Benefits (Transit Only)			
Flores & Associates		800-532-3327	https://accounts.floreshr.com

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