

ANOKA COUNTY COMMUNITY ACTION PROGRAM, INC.

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SUMMARY OF BENEFITS

Refer to ACCAP Personnel Policies

Benefits are subject to change per management recommendation and approval of Governing Board.

BENEFIT ELIGIBILITY

***REGULAR STATUS EMPLOYEES** scheduled to work at least 20 hours or more

****FULLTIME EMPLOYEES (FTE)** who work 1,500 hours per year must work at least 30 hours per week for 52 weeks of the year or 40 hours for 37.5 weeks per year

<p><u>HOLIDAYS:*</u></p> <ul style="list-style-type: none"> • 10 Holidays Per Year • Based on regularly scheduled hours of work • Part time – Paid scheduled hours 	<p><u>SICK LEAVE:*</u></p> <ul style="list-style-type: none"> • 9 days per year • Accrual based on <u>actual hours</u> worked • Must have completed Orientation Period to use • May use for immediate family • Maximum 800 hours • Accrued at least 400 hours of sick, you will be allowed to convert up to 40 hours to vacation. 									
<p><u>VACATION:*</u></p> <ul style="list-style-type: none"> • Accrual based on <u>actual hours</u> worked • Must have completed Orientation period • Not accrued during layoff or any other unpaid leave • Maximum accrual – 240 hours <table border="0" style="width: 100%;"> <tr> <td style="padding-right: 20px;">Years 1 – 3</td> <td style="padding-right: 20px;">13 days – per year*</td> <td rowspan="4" style="vertical-align: middle; text-align: center;">* Applies to Full-Time Employees</td> </tr> <tr> <td>Years 4 – 7</td> <td>16 days – per year*</td> </tr> <tr> <td>Years 8 – 12</td> <td>19 days – per year*</td> </tr> <tr> <td>Years 13+</td> <td>22 days – per year*</td> </tr> </table>	Years 1 – 3	13 days – per year*	* Applies to Full-Time Employees	Years 4 – 7	16 days – per year*	Years 8 – 12	19 days – per year*	Years 13+	22 days – per year*	<p><u>FUNERAL LEAVE:*</u></p> <ul style="list-style-type: none"> • One day with pay for non-immediate family member with approval of supervisor. • Up to three days with pay for immediate family member with approval of supervisor. <p><u>JURY DUTY:*</u></p> <ul style="list-style-type: none"> • Employees summoned for Jury Duty. • Jury pay must be reimbursed to ACCAP, minus mileage.
Years 1 – 3	13 days – per year*	* Applies to Full-Time Employees								
Years 4 – 7	16 days – per year*									
Years 8 – 12	19 days – per year*									
Years 13+	22 days – per year*									
<p><u>BONE MARROW TRANSPLANT LEAVE:*</u></p> <ul style="list-style-type: none"> • Up to 40 hours of paid leave to employees who normally work at least 20 hours per week for purposes of donating bone marrow. 	<p><u>PARENTAL LEAVE:*</u></p> <ul style="list-style-type: none"> • Unpaid Maternity and Paternity Leave granted for up to twelve weeks. 									
<p><u>EMPLOYEE SALARY ADVANCE:*</u></p> <ul style="list-style-type: none"> • For a bona fide emergency and approval from Executive Director. • Payroll deductions – Must be paid back within one year. • Subject to limits. (advances on banked benefits of vacation and half of sick) • 0% interest 	<p><u>EMPLOYEE DEVELOPMENT:*</u></p> <ul style="list-style-type: none"> • Onsite and off-site employee mandatory education and training will be provided if it meets federal and other funding source requirements. • Tuition Refund: ACCAP may refund employees up to 50% of college costs, with restrictions, from an accredited educational institution for higher education. See Personnel Policies for full policy. <p><u>EMPLOYEE APPRECIATION EVENT:*</u></p> <ul style="list-style-type: none"> • Agency Winter Brunch • September All Staff Meeting 									
<p><u>FAMILY MEDICAL LEAVE:*</u></p> <ul style="list-style-type: none"> • Employees who are eligible may be granted FMLA Leave without pay for up to 12 weeks per rolling calendar year for prolonged illness of employee or employee’s family member. 	<p><u>TAX SHELTERED 403(b):*</u></p> <ul style="list-style-type: none"> • ACCAP will match a regular status employee’s contribution dollar for dollar to a TSA up to 10% of their annual salary or \$3,500 per year after completion of 1,000 paid hours. All employees who work 20 hours or more may participate in the 403(b) plan. 									

<p><u>“ON CALL” STATUS PAY:*</u></p> <ul style="list-style-type: none"> • Compensation for employees who work “on call status”. 	<p><u>COST OF LIVING RAISE:*</u></p> <ul style="list-style-type: none"> • Cost of Living increase given to regular status employees when funding sources permit.
<p><u>EMPLOYEE EXPENSES + MILEAGE:*</u></p> <ul style="list-style-type: none"> • Employees are paid expenses over mileage reimbursement per federal rate. 	<p><u>RETENTION PAY*</u></p> <ul style="list-style-type: none"> • Employees that have been with ACCAP for five years or more are given retention pay of amounts annually approved by the Governing Board.
<p><u>SEVERANCE:*</u></p> <ul style="list-style-type: none"> • Employees who have successfully completed the orientation period and are leaving in good standing will get unused vacation + 50% of unused sick leave up to 200 hours. Employees employed over 15 years will receive all unused sick leave. 	<p><u>WORKERS COMPENSATION:*</u></p> <ul style="list-style-type: none"> • Carrier: Accident Fund – 200 North Grand Ave, Lansing, MI 48933

ACCAP is an “at will” employer

<p><u>INSURANCE BENEFITS**:</u></p> <ul style="list-style-type: none"> • ACCAP pays the monthly premiums for single medical, single, or single + 1 dental, \$50,000 term basic life insurance, and short- and long-term disability. • For any additional coverage’s employees are required to pay the remaining premium amounts owed. <p><u>ELIGIBILITY:</u></p> <ul style="list-style-type: none"> • Medical, HSA, Dental, Life and Vision, Insurance begins the first of the month – 30 days after date of hire. • Disability Insurance begins the first of the month, 3 months after date of hire. • Employees may have the option of reimbursement under certain circumstances (covered under parent’s/spouse’s employer plan, Medicare or Service-connected VA or Tricare coverage). • Health Savings Account (HSA) of \$1,000 for single & \$1,500 single + per year (prorated based on eligibility date) will be given on a quarterly basis. • Employees can contribute pre-tax basis up to the allowed amounts. • The premium amounts stated are monthly. These amounts are subject to change each enrollment year <p><u>MEDICAL INSURANCE:</u></p> <ul style="list-style-type: none"> • Carrier: PreferredOne • Single - \$813.00 – Employee pays \$0.00 • Family - \$1602.43 – Employee pays \$339.03/Employer pays remainder of monthly premium. <p><u>HSA:</u></p> <ul style="list-style-type: none"> • Carrier: HSA Bank • ACCAP contributes \$250 for single/ Quarterly • ACAAP contributes \$375 for family/ Quarterly <p><u>FSA/DEPENDENT DAYCARE:</u></p> <ul style="list-style-type: none"> • Carrier: HSA Bank • FSA, Limited FSA (Those with an ACCAP HSA) and Dependent Care • Pre-Tax dollar plan for qualified out-of-pocket Medical, Vision and Dental expenses, and Dependent Care • ACCAP does not contribute 	<p><u>DENTAL INSURANCE:</u></p> <ul style="list-style-type: none"> • Carrier: HealthPartners • Single - \$40.04 – Employee pays \$0.00 • Single + 1 - \$83.65 – Employee pays \$0.00 • Family - \$127.00 – Employee pays \$43.35/Employer pays remainder of monthly premium. <p><u>LIFE INSURANCE:</u></p> <ul style="list-style-type: none"> • Carrier: Mutual of Omaha • \$50,000 term life insurance for employee – Employer Paid • Additional Dependent Coverage for term life – Employer Paid. • Optional Voluntary term life offered for employee, spouse & children • Age based premiums for Voluntary Term Life – Employee Paid <p><u>DISABILITY INSURANCE:</u></p> <ul style="list-style-type: none"> • Carrier: Mutual of Omaha • Short term: - 26 weeks – 60% Gross pay, \$400 weekly max • Long term – Determined by carrier – 60% Gross pay, \$3,000 monthly max <p><u>CRITICAL ILLNESS:</u></p> <ul style="list-style-type: none"> • Carrier: Mutual of Omaha • Pays a lump sum benefit upon diagnosis of a critical illness • Age based premiums <p><u>VOLUNTARY ACCIDENT:</u></p> <ul style="list-style-type: none"> • Carrier: Mutual of Omaha • Pays cash benefits for a covered accident • Employee: \$12.36 • Employee + Spouse: \$19.09 • Employee + Child(ren): \$23.93 • Family: \$31.46 <p><u>VISION INSURANCE:</u></p> <ul style="list-style-type: none"> • Carrier: EyeMed • Employee: \$4.68 • Employee and Spouse \$8.89 • Employee and Child(ren) \$9.36 • Family \$13.76
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