

# ANOKA COUNTY COMMUNITY ACTION PROGRAM, INC.

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Website: [www.accap.org](http://www.accap.org)



## 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><b><u>HOLIDAYS:*</u></b></p> <ul style="list-style-type: none"> <li>• 11 1/2 Holidays Per Year</li> <li>• Based on regularly scheduled hours of work</li> <li>• Part time – Paid scheduled hours</li> </ul>	<p><b><u>SICK LEAVE:*</u></b></p> <ul style="list-style-type: none"> <li>• 9 days per year</li> <li>• Accrual based on <u>paid hours</u> in pay period.</li> <li>• May use for immediate family.</li> <li>• Maximum 800 hours</li> <li>• Accrued at least 400 hours of sick, you will be allowed to convert up to 40 hours to vacation.</li> </ul>									
<p><b><u>VACATION:*</u></b></p> <ul style="list-style-type: none"> <li>• Accrual based on <u>paid hours</u> in pay period.</li> <li>• Must have completed Orientation period.</li> <li>• Not accrued during layoff or any other unpaid leave</li> <li>• Maximum accrual – 240 hours</li> </ul> <table border="0" style="width: 100%;"> <tr> <td style="padding-left: 20px;">Years 1 – 3</td> <td style="padding-left: 20px;">13 days – per year*</td> <td rowspan="4" style="vertical-align: middle; padding-left: 20px;">* Applies to Full-Time Employees</td> </tr> <tr> <td style="padding-left: 20px;">Years 4 – 7</td> <td style="padding-left: 20px;">16 days – per year*</td> </tr> <tr> <td style="padding-left: 20px;">Years 8 – 12</td> <td style="padding-left: 20px;">19 days – per year*</td> </tr> <tr> <td style="padding-left: 20px;">Years 13+</td> <td style="padding-left: 20px;">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><b><u>FUNERAL LEAVE:*</u></b></p> <ul style="list-style-type: none"> <li>• One day with pay for non-immediate family member with approval of supervisor.</li> <li>• Up to three days with pay for immediate family member with approval of supervisor.</li> </ul> <p><b><u>JURY DUTY:*</u></b></p> <ul style="list-style-type: none"> <li>• Employees summoned for Jury Duty.</li> <li>• Jury pay must be reimbursed to ACCAP, minus mileage.</li> </ul>
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<p><b><u>BONE MARROW TRANSPLANT LEAVE:*</u></b></p> <ul style="list-style-type: none"> <li>• Up to 40 hours of paid leave to employees who normally work at least 20 hours per week for purposes of donating bone marrow.</li> </ul>	<p><b><u>PARENTAL LEAVE:*</u></b></p> <ul style="list-style-type: none"> <li>• Unpaid Maternity and Paternity Leave granted for up to twelve weeks.</li> </ul>									
<p><b><u>EMPLOYEE SALARY ADVANCE:*</u></b></p> <ul style="list-style-type: none"> <li>• For a bona fide emergency and approval from Executive Director.</li> <li>• Payroll deductions – Must be paid back within one year.</li> <li>• Subject to limits. (advances on banked benefits of vacation and half of sick)</li> <li>• 0% interest</li> </ul>	<p><b><u>EMPLOYEE DEVELOPMENT:*</u></b></p> <ul style="list-style-type: none"> <li>• Onsite and off-site employee mandatory education and training will be provided if it meets federal and other funding source requirements.</li> <li>• 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.</li> </ul> <p><b><u>EMPLOYEE APPRECIATION EVENT:*</u></b></p> <ul style="list-style-type: none"> <li>• Agency Winter Brunch</li> <li>• September All Staff Meeting</li> </ul>									
<p><b><u>FAMILY MEDICAL LEAVE:*</u></b></p> <ul style="list-style-type: none"> <li>• 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.</li> </ul>	<p><b><u>TAX SHELTERED 403(b):*</u></b></p> <ul style="list-style-type: none"> <li>• 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.</li> </ul>									

<p><b><u>“ON CALL” STATUS PAY:*</u></b></p> <ul style="list-style-type: none"> <li>• Compensation for employees who work “on call status”.</li> </ul>	<p><b><u>COST OF LIVING RAISE:*</u></b></p> <ul style="list-style-type: none"> <li>• Cost of Living increase given to regular status employees when funding sources permit.</li> </ul>
<p><b><u>EMPLOYEE EXPENSES + MILEAGE:*</u></b></p> <ul style="list-style-type: none"> <li>• Employees are paid expenses over mileage reimbursement per federal rate.</li> </ul>	<p><b><u>RETENTION PAY*</u></b></p> <ul style="list-style-type: none"> <li>• Employees that have been with ACCAP for five years or more are given retention pay of amounts annually approved by the Governing Board.</li> </ul>
<p><b><u>SEVERANCE:*</u></b></p> <ul style="list-style-type: none"> <li>• 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.</li> </ul>	<p><b><u>WORKERS COMPENSATION:*</u></b></p> <ul style="list-style-type: none"> <li>• Carrier: SFM – 3500 American Blvd W, Suite700, Bloomington, MN55431-4434</li> </ul>

**ACCAP is an “at will” employer**

<p><b><u>INSURANCE BENEFITS**:</u></b></p> <ul style="list-style-type: none"> <li>• <b>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.</b></li> <li>• <b>For any additional coverage’s employees are required to pay the remaining premium amounts owed.</b></li> </ul> <p><b><u>ELIGIBILITY:</u></b></p> <ul style="list-style-type: none"> <li>• Medical, HSA, Dental, Life and Vision, Insurance begins the first of the month – 30 days after date of hire.</li> <li>• Disability Insurance begins the first of the month, 3 months after date of hire.</li> <li>• 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).</li> <li>• Health Savings Account (HSA) of \$1,000 for single &amp; \$1,500 single + per year (prorated based on eligibility date) will be given on a quarterly basis.</li> <li>• Employees can contribute on a pre-tax basis up to the allowed amounts.</li> <li>• The premium amounts stated are monthly. These amounts are subject to change each enrollment year.</li> </ul> <p><b><u>MEDICAL INSURANCE:</u></b></p> <ul style="list-style-type: none"> <li>• Carrier: United Healthcare</li> <li>• Single - \$917.68 – Employee pays \$0.00</li> <li>• Family - \$1,808.31 – Employee pays \$367.09/Employer pays remainder of monthly premium.</li> </ul> <p><b><u>HSA:</u></b></p> <ul style="list-style-type: none"> <li>• Carrier: HSA Bank</li> <li>• ACCAP contributes \$300 for single/ Quarterly</li> <li>• ACAAP contributes \$475 for family/ Quarterly</li> </ul> <p><b><u>FSA/DEPENDENT DAYCARE:</u></b></p> <ul style="list-style-type: none"> <li>• Carrier: HSA Bank</li> <li>• FSA, Limited FSA (Those with an ACCAP HSA) and Dependent Care</li> <li>• Pre-Tax dollar plan for qualified out-of-pocket Medical, Vision and Dental expenses, and Dependent Care</li> <li>• ACCAP does not contribute</li> </ul>	<p><b><u>DENTAL INSURANCE:</u></b></p> <ul style="list-style-type: none"> <li>• Carrier: HealthPartners</li> <li>• Single - \$43.25 – Employee pays \$0.00</li> <li>• Single + 1 - \$90.22 – Employee pays \$0.00</li> <li>• Family - \$137.22 – Employee pays \$47.00/Employer pays remainder of monthly premium.</li> </ul> <p><b><u>LIFE INSURANCE:</u></b></p> <ul style="list-style-type: none"> <li>• Carrier: Mutual of Omaha</li> <li>• \$50,000 term life insurance for employee – Employer Paid</li> <li>• Additional Dependent Coverage for term life – Employer Paid.</li> <li>• Optional Voluntary term life offered for employee, spouse &amp; children.</li> <li>• Age based premiums for Voluntary Term Life – Employee Paid</li> </ul> <p><b><u>DISABILITY INSURANCE:</u></b></p> <ul style="list-style-type: none"> <li>• Carrier: Mutual of Omaha</li> <li>• Short term: - 26 weeks – 60% Gross pay, \$1,000 weekly max</li> <li>• Long term – Determined by carrier – 60% Gross pay, \$3,000 monthly max</li> </ul> <p><b><u>CRITICAL ILLNESS:</u></b></p> <ul style="list-style-type: none"> <li>• Carrier: Mutual of Omaha</li> <li>• Pays a lump sum benefit upon diagnosis of a critical illness</li> <li>• Age based premiums</li> </ul> <p><b><u>VOLUNTARY ACCIDENT:</u></b></p> <ul style="list-style-type: none"> <li>• Carrier: Mutual of Omaha</li> <li>• Pays cash benefits for a covered accident</li> <li>• Employee: \$12.36</li> <li>• Employee + Spouse: \$19.09</li> <li>• Employee + Child(ren): \$23.93</li> <li>• Family: \$31.46</li> </ul> <p><b><u>VISION INSURANCE:</u></b></p> <ul style="list-style-type: none"> <li>• Carrier: EyeMed</li> <li>• Employee: \$6.36</li> <li>• Employee and Spouse \$12.08</li> <li>• Employee and Child(ren) \$12.72</li> <li>• Family \$18.70</li> </ul>
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