

# 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

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| <p><b><u>HOLIDAYS:*</u></b></p> <ul style="list-style-type: none"> <li>• 10 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>actual hours</u> worked</li> <li>• Must have completed Orientation Period to use</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>actual hours</u> worked</li> <li>• Must have completed Orientation period</li> <li>• Not accrued during layoff or any other unpaid leave</li> <li>• Maximum accrual – 240 hours <ul style="list-style-type: none"> <li>Year 1 – 3 FTE      13 days – per year</li> <li>Year 4 – 7 FTE      16 days – per year</li> <li>Year 8 – 12 FTE    19 days – per year</li> <li>Year 13+ FTE      22 days – per year</li> </ul> </li> </ul> | <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>   |
| <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>• On site 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>   |

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| <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: Accident Fund – 200 North Grand Ave, Lansing, MI 48933</li> </ul>   |

**ACCAP is an “at will” employer**

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| <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. 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 or Medicare).</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 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: PreferredOne</li> <li>• Single - \$677.67 – Employer paid</li> <li>• Family - \$1,335.36 – Employee pays \$339.03 of this</li> </ul> <p><b><u>HSA:</u></b></p> <ul style="list-style-type: none"> <li>• Carrier: HSA Bank</li> <li>• ACCAP contributes \$250 for single/ Quarterly</li> <li>• ACAAP contributes \$375 for family/ Quarterly</li> </ul> <p><b><u>FSA/DEPENDENT DAYCARE:</u></b></p> <ul style="list-style-type: none"> <li>• Carrier: HAS Bank</li> <li>• FSA, Limited FSA(Those with an 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 - \$36.88 – Employer paid</li> <li>• Single + 1 - \$76.45 – Employer paid</li> <li>• Family - \$116.04 – Employee pays \$36.31 of this</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</li> <li>• Optional Voluntary term life offered for employee</li> <li>• Optional Voluntary term life offered for spouse and children</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, \$400 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: \$4.68</li> <li>• Employee and Spouse \$8.89</li> <li>• Employee and Child(ren) \$9.36</li> <li>• Family \$13.76</li> </ul> |
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