



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# 2019 EMPLOYEE BENEFITS SUMMARY

## FULL-TIME EMPLOYEES

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# GLOSSARY OF COMMON TERMS

**Copayment:** A portion of a claim or medical expense that a member must pay out of their pocket. This is usually a fixed amount (ie. \$25, \$35).

**Annual Deductible:** A specified amount of money that a member is required to pay **before** the insurance company assumes any portion of the cost of a particular covered service.

**Elimination Period:** A specified amount of time, beginning with the onset of a disability, during which benefits are not yet payable.

**POS (Point-of-Service) Plan:** A benefit plan which allows access to both In-Network and Out-of -Network providers. Annual deductibles are generally applicable **before** Out-of-Network services are covered by the plan.

**PPO (Preferred Provider Organization) Plan:** A benefit plan that selects and contracts with certain hospitals, physicians, and other health care providers to provide covered persons services, supplies and treatment at a negotiated rate. This type of plan allows access to both In-Network and Out-of-Network providers.

**Reasonable and Customary Fee:** The fee charged for a certain specified procedure by a particular type of health care provider practicing within a specified geographic area. The term defines the amount an insurance provider will cover for a particular procedure.

**Vesting:** The amount of time it takes for an employee to **own** the employer's contribution to an employee's plan.

**Bundled:** One plan option is included with another plan option and cannot be selected individually.

# HEALTH INSURANCE

## **ELIGIBILITY**

All regular staff scheduled to work 30 hours or more per week are eligible for the full-time employee benefits package.

## **EFFECTIVE DATE OF COVERAGE**

Coverage becomes effective on the first (1<sup>st</sup>) day of the month following 30 days of regular employment. For example, if you begin your employment March 10<sup>th</sup>, your benefits will become effective May 1<sup>st</sup>. Another example is if you begin your employment October 1<sup>st</sup>, your benefits will become effective November 1<sup>st</sup>. New hires have **31 days** from their date of hire to enroll in benefits. In addition, employees who have a qualified event during the plan year have **31 days** from that qualified event to make a change to their benefit elections (examples of qualified events can be obtained from the Association Office Benefits Department).

## **HEALTH INSURANCE COST**

The YMCA of Greater New York pays a significant portion of the monthly health insurance premium for its employees.

## **ENROLLMENT**

An employee must make their voluntary benefit elections via *CONNECT* Employee Self-Service to be enrolled. Please refer to the *CONNECT* Self-Service Guides for instructions on how to enroll.

# HEALTH INSURANCE PAYROLL DEDUCTIONS

## BI-WEEKLY PAYROLL DEDUCTIONS

Benefit deductions are taken on a bi-weekly basis. Therefore it's important to note that benefit deductions are based on **26 pay periods**.

## BI-WEEKLY PAYROLL DEDUCTIONS UNITED HEALTHCARE 100/80 PLAN

**FULL TIME EMPLOYEES  
January 1, 2019 – December 31, 2019**

UNITED HEALTHCARE 100/80 Plan	You Pay	YMCA Pays	Total Premium
Employee	\$95.32	\$285.96	\$381.28
Employee + Child(ren)	\$171.62	\$514.87	\$686.49
Employee + Spouse	\$197.79	\$593.38	\$791.17
Family	\$274.10	\$822.29	\$1,096.39

## DOMESTIC PARTNER BI-WEEKLY PAYROLL DEDUCTIONS UNITED HEALTHCARE 100/80 PLAN

**FULL TIME EMPLOYEES  
January 1, 2019 – December 31, 2019**

UNITED HEALTHCARE 100/80 Plan	You Pay (Pre-tax)	You Pay (After-tax)	YMCA Pays	Total Premium
Employee + Domestic Partner	\$95.32	\$102.47	\$593.38	\$791.17
Employee + Domestic Partner Child/ren	\$95.32	\$76.30	\$514.87	\$686.49
Employee + Domestic Partner + Own Child/ren	\$171.62	\$102.48	\$822.29	\$1,096.39
Employee + Domestic Partner + DP Child/ren	\$95.32	\$178.78	\$822.29	\$1,096.39

# HEALTH INSURANCE PAYROLL DEDUCTIONS - Continued

## BI-WEEKLY PAYROLL DEDUCTIONS UNITED HEALTHCARE 80/60 PLAN

**FULL TIME EMPLOYEES**  
January 1, 2019 – December 31, 2019

UNITED HEALTHCARE 80/60 Plan	You Pay	YMCA Pays	Total Premium
Employee	\$64.13	\$256.50	\$320.63
Employee + Child(ren)	\$115.45	\$461.80	\$577.25
Employee + Spouse	\$132.96	\$531.84	\$664.80
Family	\$184.28	\$737.13	\$921.41

## DOMESTIC PARTNER BI-WEEKLY PAYROLL DEDUCTIONS UNITED HEALTHCARE 80/60 PLAN

**FULL TIME EMPLOYEES**  
January 1, 2019 – December 31, 2019

UNITED HEALTHCARE 80/60 Plan	You Pay (Pre-tax)	You Pay (After-tax)	YMCA Pays	Total Premium
Employee + Domestic Partner	\$64.13	\$68.83	\$531.84	\$664.80
Employee + Domestic Partner Child/ren	\$64.13	\$51.32	\$461.80	\$577.25
Employee + Domestic Partner + Own Child/ren	\$115.45	\$68.83	\$737.13	\$921.41
Employee + Domestic Partner + DP Child/ren	\$64.13	\$120.15	\$737.13	\$921.41

# HEALTH INSURANCE PAYROLL DEDUCTIONS - Continued

## BI-WEEKLY PAYROLL DEDUCTIONS CIGNA DENTAL PPO PLAN

**FULL TIME EMPLOYEES**  
January 1, 2019 – December 31, 2019

<b>Cigna Dental PPO Plan</b>	<b>You Pay</b>	<b>YMCA Pays</b>	<b>Total Premium</b>
Employee	\$4.73	\$14.19	\$18.92
Employee + Child(ren)	\$8.55	\$25.65	\$34.20
Employee + Spouse	\$10.35	\$31.05	\$41.40
Family	\$14.17	\$42.51	\$56.68

## DOMESTIC PARTNER BI-WEEKLY PAYROLL DEDUCTIONS CIGNA DENTAL PPO PLAN

**FULL TIME EMPLOYEES**  
January 1, 2019 – December 31, 2019

<b>Cigna Dental PPO Plan</b>	<b>You Pay (Pre-tax)</b>	<b>You Pay (After-tax)</b>	<b>YMCA Pays</b>	<b>Total Premium</b>
Employee + Domestic Partner	\$4.73	\$5.62	\$31.05	\$41.40
Employee + Domestic Partner Child/ren	\$4.73	\$3.82	\$25.65	\$34.20
Employee + Domestic Partner + Own Child/ren	\$8.55	\$5.62	\$42.51	\$56.68
Employee + Domestic Partner + DP Child/ren	\$4.73	\$9.44	\$42.51	\$56.68

# HEALTH INSURANCE PLAN OPTIONS

## MEDICAL

- UNITED HEALTHCARE POINT OF SERVICE 100/80 PLAN (POS, CHOICE PLUS) INCLUDES EYEMED VISION CARE COVERAGE
- UNITED HEALTHCARE POINT OF SERVICE 80/60 PLAN (POS, CHOICE PLUS) INCLUDES EYEMED VISION CARE COVERAGE

## DENTAL

- CIGNA DENTAL PPO PLAN

A brief summary of each plan is noted on the following pages. Please refer to the Benefit Summary for greater detail on eligible coverage. Please note, vision coverage is provided by EyeMed Vision Care, regardless of the medical plan that is elected.



# UNITED HEALTHCARE MEDICAL PLAN OPTIONS

GROUP #202970	CHOICE PLUS 100/80			CHOICE PLUS 80/60		
	In-Network		Out-of-Network	In-Network		Out-of-Network
<b>Wellness Exams &amp; Preventive Screening</b>	Mammogram and Pap Smear; Physicals; Well-Baby Care; Immunizations		Mammogram and Pap Smear only	Mammogram and Pap Smear; Physicals; Well-Baby Care; Immunizations		Mammogram and Pap Smear only
	100% - No co-pay		80%*	100% - No co-pay		60%*
<b>Deductible</b>	None		\$600 per Individual \$1,200 Family Maximum	None		\$1,000 per Individual \$2,000 Family Maximum
<b>Physician Office Visit</b>	100% after: \$25 co-pay for Primary Care/Virtual Visit \$35 co-pay for Specialist		80%*	100% after: \$25 co-pay for Primary Care/Virtual Visit \$35 co-pay for Specialist		60%*
<b>In-Patient Hospital</b>	100% after \$200 co-pay		80%*	80%		60%*
<b>Out-Patient Hospital</b>	100% after \$100 co-pay		80%*	80%		60%*
<b>Emergency Room</b>	100% after \$175 co-pay (waived if admitted)			100% after \$175 co-pay (waived if admitted)		
<b>Urgent Care Facility</b>	100% after \$50 co-pay		80%*	100% after \$50 co-pay		60%*
<b>Other Eligible Medical Charges</b>	100%		80%*	80%		60%*
<b>Annual Out-of-Pocket Maximum<sup>1</sup></b>	\$2,000/Individual \$4,000/Family		\$6,600/Individual \$13,200/Family	\$3,000/Individual \$6,000/Family		\$13,000/Individual \$26,000/Family
<b>Lifetime Maximum</b>	UNLIMITED			UNLIMITED		
<b>Prescription Drugs</b>	Generic	Preferred	Non-Preferred	Generic	Preferred	Non-Preferred
Local Network Pharmacy (31 day supply)	\$10	\$30	\$50	\$10	\$30	\$50
Mail Order (90 day supply)	\$25	\$70	\$125	\$25	\$70	\$125
<b>In-Network Vision (EyeMed Vision Care)</b>	100% after \$10 co-pay for annual eye exam; Discount for Glasses and Contacts			100% after \$10 co-pay for annual eye exam; Discount for Glasses and Contacts		

\* Subject to deductible

<sup>1</sup> The Annual Out-of-Pocket Maximum is the most you pay each calendar year for Covered Health Services. If you exceed the annual maximum, the Plan pays 100% of Eligible Expenses for Covered Health Services through the end of the calendar year. Effective 1/1/14 the Out-of-Pocket Maximum includes deductibles, covered co-insurance and co-pays.

To locate a physician or specialist, go to [www.myuhc.com](http://www.myuhc.com) or call 877-BEN-YMCA (877-236-9622)

# CIGNA DENTAL PPO PLAN

**GROUP # 3336299**

BENEFITS	IN-NETWORK	OUT-OF-NETWORK*
<b>COMBINED CALENDAR YEAR MAXIMUM</b> Type I-III (both in and out-of network)	<b>\$1,500</b>	
<b>CLASS I – PREVENTIVE</b> <ul style="list-style-type: none"> <li>• Oral Exams, Routine Cleanings<sup>1</sup></li> <li>• Space Maintainers</li> <li>• Full Mouth Series &amp; Bitewing X-rays<sup>1</sup></li> <li>• Fluoride Treatment (children)<sup>1</sup></li> <li>• Sealants (children)<sup>1</sup></li> </ul>	<b>100% Covered NO Deductible</b>	<b>100% Covered NO Deductible</b>
<b>CLASS II – BASIC RESTORATIVE SERVICES</b> <ul style="list-style-type: none"> <li>• Fillings</li> <li>• Oral Surgery</li> <li>• Periodontal Scaling &amp; Root Planing<sup>1</sup></li> <li>• Simple Extractions</li> </ul>	<b>85% Covered NO Deductible</b>	<b>80% Covered AFTER Deductible<sup>2</sup> \$50/Individual \$150/Family</b>
<b>CLASS III - MAJOR RESTORATIVE SERVICES</b> <ul style="list-style-type: none"> <li>• Inlays/Onlays</li> <li>• Crowns</li> <li>• Dentures</li> <li>• Bridgework</li> <li>• Endodontics</li> <li>• Root Canal Therapy</li> <li>• Surgical Extractions of Impacted Teeth</li> <li>• General Anesthesia/IV Sedation</li> </ul>	<b>50% Covered AFTER Deductible<sup>2</sup> \$50/Individual \$150/Family</b>	<b>50% Covered AFTER Deductible<sup>2</sup> \$50/Individual \$150/Family</b>
<b>CLASS IV - ORTHODONTIA</b> Dependent Children under age 19	<b>50% Covered AFTER Deductible \$50 Deductible \$1,500 Lifetime Maximum (per dependent child)</b>	<b>50% Covered AFTER Deductible \$100 Deductible \$1,000 Lifetime Maximum (per dependent child)</b>

\* Out-of-Network dentists are paid based on a Maximum Reimbursable Charge, which is calculated at the 80<sup>th</sup> percentile of all provider charges in the geographic area. Out-of-Network dentists can bill you for the additional charges above the Maximum Reimbursable Charge, while In-Network dentists have agreed to accept a contracted fee. For this reason, using an out-of-network dentist will typically leave to higher out-of-pocket costs.

<sup>1</sup> Frequency and/or age limitations may apply to these services

<sup>2</sup> Annual deductible for Class II Services (Out-Of-Network) and Class III Services is combined.

To locate a PPO dentist online, please visit <http://www.cigna.com/ymca> or call 877-BEN-YMCA (877-236-9622).

# EYEMED VISION CARE

EyeMed Vision Care’s network of providers includes private practitioners, as well as the nation’s premier retailers, LensCrafters®, Sears Optical, Target Optical, JCPenny Optical and most Pearle Vision locations.

**Note: Vision care coverage is available only in conjunction with medical coverage (United Healthcare).**

<b>EyeMed Select Plan</b>	
<b>Eye Exam</b>	\$10 Copay
<b>Frames</b>	35% Off Retail
<b>Standard Plastic Lenses</b>	\$50 Single / \$70 Bifocal \$105 Trifocal
<b>Lens Options</b> (tints, coatings, etc.)	\$15 Copay: UV Treatment, Tint, Scratch Coating
<b>Contact Lenses</b>	15% Off Retail
<b>Laser Vision Correction</b>	15% Off Retail
<b>Additional Pairs Benefit</b>	Not Available
<b>Frequency</b>	Every 12 Months

To locate EyeMed Vision Care providers near you, visit [www.eyemedvisioncare.com](http://www.eyemedvisioncare.com) and choose **Select Network**. You may also call 877-BEN-YMCA (877-236-9622)

# EMPLOYEE LIFE INSURANCE

## **ELIGIBILITY**

All regular employees scheduled to work at least 30 hours per week.

## **EFFECTIVE**

Benefit coverage becomes effective the 1<sup>st</sup> of the month following 30 days of employment.

## **COST**

The YMCA pays the full cost of the premium.

## **AMOUNT OF COVERAGE**

One time the employee's base annual salary up to age 65.

If an employee is 65 years of age or older, the life insurance benefits decreases to 65% of the individual's base annual salary.

## **ENROLLMENT**

An employee is automatically enrolled in Basic Life Insurance once eligible. A beneficiary should be elected via the self-service module in *CONNECT*.

The Plan is provided through MetLife and the group number is 146043-1-G. If you have any questions, please contact the Association Office Benefits Department at (212) 630-9687 or MetLife (for claim inquiries) at (800) 638-6420.

# EMPLOYEE SUPPLEMENTAL LIFE INSURANCE

## ELIGIBILITY

All regular employees scheduled to work at least 30 hours per week can purchase additional Life Insurance at one time their annual salary. Coverage is up to a maximum of \$500,000 combined with Basic Life Insurance.

## EFFECTIVE DATE OF COVERAGE

Benefit coverage becomes effective the 1<sup>st</sup> of the month following 30 days of employment.

## COST

The employee pays the full premium based upon the age chart shown below. The rates are shown as a **bi-weekly deduction** amount. Your biweekly deduction is based on your salary and age; your information is shown on *CONNECT* self-service.

CURRENT AGE	RATE PER \$1,000	CURRENT AGE	RATE PER \$1,000
Under 25	\$ 0.0231	55 - 59	\$ 0.1938
25 - 29	\$ 0.0277	60 - 64	\$ 0.2908
30 - 34	\$ 0.0323	65 - 69	\$ 0.5031
35 - 39	\$ 0.0369	70 - 74	\$ 0.9415
40 - 44	\$ 0.0462	75 - 79	\$ 1.3108
45 - 49	\$ 0.0692	over 80	\$ 2.5754
50 - 54	\$ 0.1062		

## AMOUNT OF COVERAGE

One time the employee's annual base salary up to age 65.

If an employee is 65 years of age or older, the life insurance benefit decreases to 65% of the individual's annual base salary.

## ENROLLMENT

This is a voluntary benefit which means that employees must elect to participate in this benefit to be enrolled.

The Plan is provided through MetLife and the group number is 146043-1-G. If you have any questions, please contact the Association Office Benefits Department at (212) 630-9687 or MetLife (for claim inquiries) at (800) 638-6420.

# DEPENDENT LIFE INSURANCE COVERAGE

## ELIGIBILITY

All regular employees scheduled to work at least 30 hours per week can purchase life insurance for their spouse and dependent children.

## EFFECTIVE DATE OF COVERAGE

Benefit coverage becomes effective the 1<sup>st</sup> of the month following 30 days of employment.

## COST

The employee pays the full cost of the premium. The **bi-weekly deduction is .92 cents.**

## AMOUNT OF COVERAGE

<u>DEPENDENT</u>	<u>COVERAGE AMOUNT</u>
Spouse	\$5,000
Children (Birth to 13 days)	\$0
Children (14 days to 6 months)	\$500
Children (6 months of age but under 26 years)	\$5,000

## DURATION OF COVERAGE

Children are covered up to age 26.

## ENROLLMENT

This is a voluntary benefit which means that employees must elect to participate in this benefit to be enrolled.

The Plan is provided through MetLife and the group number is 146043-1-G. If you have any questions, please contact the Association Office Benefits Department at (212) 630-9687 or MetLife (for claim inquiries) at (800) 638-6420.

# **ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE**

## **ELIGIBILITY**

All regular employees scheduled to work at least 30 hours per week.

## **EFFECTIVE DATE OF COVERAGE**

Benefit coverage becomes effective the 1<sup>st</sup> of the month following 30 days of employment as a regular employee.

## **COST**

The YMCA pays the full cost of the premium.

## **AMOUNT OF COVERAGE**

One times annual base salary up to age 65 and 65% of annual salary over the age of 65.

## **ENROLLMENT**

An employee is automatically enrolled in Accidental Death & Dismemberment (AD&D) Insurance once eligible. A beneficiary should be elected via the self-service module in *CONNECT*.

The Plan is provided through MetLife and the group number is 146043-1-G. If you have any questions, please contact the Association Office Benefits Department at (212) 630-9687 or MetLife (for claim inquiries) at (800) 638-6420.

# **DISABILITY BENEFITS**

## **Short-Term Disability Plan**

**(New York State Mandated)**

Short-Term Disability (STD) coverage is designed to assist those employees who need an extended leave of absence due to an illness or injury that is non-work related.

### **ELIGIBILITY**

All employees are eligible.

### **EFFECTIVE DATE OF COVERAGE**

After 7<sup>th</sup> day of illness/disability.

### **WEEKLY BENEFIT**

50% of base salary up to a maximum of \$170 per week.

### **HOW TO APPLY FOR BENEFITS**

Short-Term Disability forms are requested from the Association Office Benefits Department. All forms must be completed by the employee and their physician or health care provider. The completed forms must be returned to the Association Office Benefits Department for processing. These forms can be faxed to the confidential Human Resources fax at 917-441-9580. If you have questions, please call the Association Office Benefits Department at (212) 630-9687.

### **ENROLLMENT**

An employee is automatically enrolled in the Short-Term Disability Plan.

The Plan is provided through the New York State Insurance Fund (NYSIF) and the group number is 6301049. If you have any questions, please contact the Association Office Human Resources Benefits Department at (212) 630-9687 or NYSIF at 518-437-4308.



# **SUPPLEMENTAL DISABILITY BENEFITS**

## **ELIGIBILITY**

All regular employees scheduled to work 15 or more hours per week.

## **EFFECTIVE DATE OF COVERAGE**

Coverage becomes effective on the first (1<sup>st</sup>) day of the month following 30 days of regular employment.

## **COVERAGE OPTIONS**

Supplemental Short-Term Disability Plan 1:

- Disability benefits begin on the 8<sup>th</sup> day from the accident/sickness
- Rate: \$1.02/per \$10 of weekly benefit

Supplemental Short-Term Disability Plan 2:

- Disability benefits begin on the 15<sup>th</sup> day from accident/sickness
- Rate: \$0.924/per \$10 of weekly benefit

Supplemental Short-Term Disability Plan 3:

- Disability benefits begin on the 31<sup>st</sup> day from accident/sickness
- Rate: \$0.732/per \$10 of weekly benefit

All plans will pay a maximum benefit of 26 weeks. You may receive up to 60% of your weekly salary up to a maximum of \$2,450 per week. Please note that the supplemental short-term disability benefits will be coordinated with the New York State mandated plan.

## **ENROLLMENT**

This is a voluntary benefit which means that employees must elect to participate in this benefit to be enrolled. Enrollments are made via *CONNECT* Employee Self-Service.

The Plan is provided through Lincoln Financial Group and the group number is 000010180403. If you have any questions, please contact the Association Office Benefits Department at (212) 630-9687 or Lincoln Financial Group (for claim inquiries) at (800) 423-2765.

# **LONG-TERM DISABILITY (LTD) PLAN**

## **ELIGIBILITY**

All regular employees scheduled to work 30 hours per week and worked at least one year of with the YMCA of Greater New York.

## **EFFECTIVE DATE OF COVERAGE**

There is an elimination or waiting period of 90 consecutive days from the first day an employee is absent due to the disability.

## **COST**

The YMCA pays the total cost of this benefit.

## **MONTHLY BENEFIT**

60% of an employee's annual base salary up to a maximum of \$17,500 per month.

## **HOW DO I APPLY FOR BENEFITS**

Long-Term Disability forms are available at the Association Office Benefits Department. Please call (212) 630-9687 to request the appropriate paperwork.

## **ENROLLMENT**

An employee is automatically enrolled in the Long-Term Disability Plan the 1<sup>st</sup> of the month after 1 year of employment.

The Plan is provided through Liberty Mutual and the group number is GF3-840-431907-01. If you have any questions, please contact the Association Office Benefits Department at (212) 630-9687 or Liberty Mutual at (800) 210-0268.

# FAMILY AND MEDICAL LEAVE ACT

## **ELIGIBILITY**

Any employee who has been employed for at least 12 months and has worked at least 1,250 hours in the 12 month period before the leave request.

## **TYPE OF LEAVE**

The federal Family and Medical Leave Act of 1993 (FMLA) entitles employees to take unpaid leave due to illness or to care for a sick family member. The law allows **12** work-weeks of unpaid leave per 12 months to:

- Care for a newborn child within 12 months of the birth.
- Adoption or foster care of a child within 12 months of the placement.
- Caring for a child, spouse or parent who is ill due to a serious health condition.
- An employee's own serious health condition which makes the individual unable to perform his/her job functions.
- For qualifying exigencies arising out of the fact that the employee's spouse, son, daughter or parent is on covered active duty or call to covered active duty status as a member of the National Guard, Reserves or Regular Armed Forces.

The law allows up to a total of **26** work-weeks of unpaid *Military Caregiver Leave* during a single 12 month period to:

- Grant an eligible employee who is a spouse, child, parent or next of kin of a covered servicemember with a serious injury or illness, to care for that servicemember.

## **Benefits and Job Protection**

For the duration of FMLA leave, employees will continue to be covered under the health insurance plan in effect at the time their leave began. Upon return from FMLA leave, an employee (unless designated as a "Key" employee who is salaried among the highest ten percent of employees within 75 miles of the worksite) must be restored to their original or equivalent position with equivalent pay, benefits, and other employment terms and conditions. The use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

FMLA makes it unlawful for an employer to:

- Interfere with, restrain, or deny the exercise of any right provided under FMLA
- Discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

In addition, some states have their own state family and medical leave laws, which may provide leave benefits different than those outlined above. If you have any questions about family and medical leave coverage under federal or state law, or about your eligibility for coverage, please ask your Branch Human Resources Coordinator or call the Association Office Benefits Department at (212) 630-9687.

# **NEW YORK STATE PAID FAMILY LEAVE (PFL)**

## **ELIGIBILITY**

YMCA employees who are regularly scheduled to work 20 or more hours per week and have been employed at least 26 consecutive weeks prior to the date the paid family leave (“PFL”) begins (or who have a regular work schedule of less than 20 hours per week and have worked at least 175 days prior to the date PFL begins) are eligible.

An employee has the option to file a waiver of PFL and therefore not be subject to deductions when his or her regular employment is:

- 20 or more hours per week but the employee will not work 26 consecutive weeks
- less than 20 hours per week and the employee will not work 175 days in a 52 consecutive week period.

## **BENEFIT ELIGIBILITY**

The number of weeks available under PFL will be phased in over several years:

- January 1, 2019    ten (10) weeks
- January 1, 2021    twelve (12) weeks

An employee may be eligible for the time indicated above within any 52 consecutive week period for the following reasons:

- a. to participate in providing care, including physical or psychological care, for the employee’s family member (child, spouse, domestic partner parent, grandchild, grandparent, parent of a spouse or domestic partner) with a serious health condition;
- b. to bond with the employee’s child during the first twelve months after the child’s birth, adoption or foster care placement;
- c. for qualifying exigencies, as interpreted by the Family and Medical Leave Act (FMLA), arising out of the fact that the employee’s spouse, domestic partner, child, or parent is on active duty (or has been notified of an impending call or order to active duty) in the armed forces of the United States.

The 52 consecutive week period is determined retroactively with respect to each day for which PFL benefits are currently being claimed.

## **BENEFIT ELIGIBILITY CONTINUED**

PFL benefits are financed solely through employee contributions via payroll deductions. The weekly monetary benefit will be 55% of the employee's average weekly wage or 50% of the state average weekly wage, whichever is less (*increases to 60% on or after January 1, 2020 and 67% or after January 1, 2021*).

The YMCA of Greater NY will allow employees to supplement PFL benefits up to their full salary with paid time off, to the maximum extent permitted by applicable law.

An employee who is eligible for both short-term disability benefits and PFL during the same period of 52 consecutive calendar weeks may not receive more than 26 total weeks of disability and PFL benefits during that period of time. Short-term disability benefits and PFL benefits may not be used concurrently.

## **DEFINITION OF A SERIOUS HEALTH CONDITION**

A serious health condition is an illness, injury, impairment, or physical or mental condition that involves:

- a. inpatient care in a hospital, hospice or residential health care facility; or
- b. continuing treatment or continuing supervision by a health care provider.

Subject to certain conditions, the continuing treatment or continuing supervision requirement may be met by a period of incapacity of more than three (3) consecutive full days during which a family member is unable to work, attend school, perform regular daily activities or is otherwise incapacitated due to illness, injury, impairment or physical or mental conditions, and any subsequent treatment or period of incapacity relating to the same condition, that also involves:

- a. treatment two or more times by a health care provider; or
- b. treatment on at least one occasion by a health care provider, which results in a regimen of continuing treatment under the supervision of the health care provider.

The continuing treatment or continuing supervision requirement also may be met by any period during which a family member is unable to work, attend school, perform regular daily activities, or is otherwise incapacitated due to a chronic serious health condition or an illness, injury, impairment, or physical or mental condition for which treatment may not be effective. A chronic serious health condition is one which:

- a. requires periodic visits for treatment by a health care provider;
- b. continues over an extended period of time (including recurring episodes of a single underlying condition); and

- c. may cause episodic rather than a continuing period of incapacity. Examples of such episodic incapacity include but are not limited to asthma, diabetes, and epilepsy. Other conditions may meet the definition of continuing treatment.

## **USE OF LEAVE**

An employee does not need to use this leave entitlement in one block. Leave can be taken intermittently in increments of at least **one full day** or on a reduced leave schedule, except that an employee may only take intermittent or reduced leave to care for a family member with a serious health condition where it is shown to be medically necessary. Employees must make reasonable efforts to schedule intermittent or reduced leave so as not to unduly disrupt the YMCA's operations. Leave taken on an intermittent or reduced leave schedule will not result in a reduction of the total amount of leave to which an employee is entitled beyond the amount of leave actually taken.

## **EMPLOYEE RESPONSIBILITIES**

An employee must provide **thirty (30) days' advance notice** before the date leave is to begin if the qualifying event is foreseeable. When thirty (30) days' notice is not practicable for reasons such as lack of knowledge of approximately when leave will be required to begin, a change in circumstances, or a medical emergency, the employee must provide notice as soon as practicable and generally must comply with the YMCA's normal call-in procedures. Failure by the employee to provide (30) days' advance notice of a foreseeable event may result in partial denial of the employee's benefits for a period of up to thirty (30) days from the date notice is provided.

Employees must provide sufficient information to make the YMCA aware of the qualifying event and the anticipated timing and duration of the leave. Employees must specifically identify the type of family leave requested. Employees also must provide medical certifications and periodic recertification or other supporting documentation or certifications supporting the need for leave. An employee requesting paid family leave must submit a completed Request for Paid Family Leave or PFL-1 form (posted on YNET) and additional certification form(s) as follows to the Association Office Benefits Department:

1. Bonding Certification: PFL-2 Form plus documentation;
2. Health Care Provider Certification: PFL-4 Form plus Personal Health Information (PHI) Release (PFL-3 Form); or
3. Military Qualifying Event: PFL-5 Form plus documentation.

## **JOB BENEFITS AND PROTECTION**

During any PFL taken pursuant to this policy, the YMCA will maintain coverage under any existing group health insurance benefits plan as if the employee had continued to work. The employee must make arrangements with their business office prior to taking leave to pay their portion of any applicable health insurance premiums each month.

The YMCA's obligation to maintain health insurance coverage ceases if an employee's premium payment is more than 30 days late. If an employee's payment is more than 15 days late, the YMCA will send a letter notifying the employee that coverage will be dropped on a specified date unless the co-payment is received before that date.

Any employee who exercises his or her right to PFL will, upon the expiration of that leave, be entitled to be restored to the position held by the employee when the leave commenced, or to a comparable position with comparable benefits, pay, and other terms and conditions of employment. The taking of leave covered by PFL will not result in the loss of any employment benefit accrued prior to the date on which the leave commenced.

## **LEAVE CONCURRENT WITH FMLA**

The YMCA will require an employee who is entitled to leave under both the FMLA and PFL, to take PFL concurrently with any leave taken pursuant to the FMLA. When the total hours taken for FMLA in less than full-day increments reaches the number of hours in an employee's usual workday, the YMCA may deduct one (1) day of PFL from an employee's annual available PFL.



# AFLAC

## **ACCIDENT INSURANCE**

Group accident insurance pays a benefit for the treatment of injuries suffered as the result of a covered accident. Benefits are paid regardless of any other health insurance benefits the insured may receive.

## **ELIGIBILITY**

All regular employees scheduled to work at least 20 hours per week on their primary assignment.

## **EFFECTIVE DATE OF COVERAGE**

Benefit coverage becomes effective the 1<sup>st</sup> of the month following 30 days of employment.

## **COST**

The employee pays the full cost of the premium. Deductions are taken on a pre-tax basis.

<b>Tier</b>	<b>Biweekly Premium</b>
Employee Only	\$3.24
Employee & Spouse/Domestic Partner	\$4.84
Employee & Child/ren	\$6.72
Employee & Family	\$8.34

## **ENROLLMENT**

This is a voluntary benefit which means that employees must elect to participate in this benefit to be enrolled. Enrollments are made via *CONNECT* Employee Self-Service.

The Plan is provided through AFLAC and the group number is 23098. If you have any questions, please contact the Association Office Benefits Department at (212) 630-9687 or AFLAC (for claim inquiries) at (800) 433-3036. You may also visit their website at [www.aflacgroupinsurance.com](http://www.aflacgroupinsurance.com).

# AFLAC- Continued

## CRITICAL ILLNESS INSURANCE

Critical illness insurance will help you with the expenses that can accompany certain medical events. This allows you to worry less about how you're going to pay for the expenses and more on your recovery.

## ELIGIBILITY

All regular employees scheduled to work at least 20 hours per week on their primary assignment. Please note the maximum enrollment age is 64 years old.

## EFFECTIVE DATE OF COVERAGE

Benefit coverage becomes effective the 1<sup>st</sup> of the month following 30 days of employment.

## COST

The employee pays the full cost of the premium. Deductions are taken on a post-tax basis.

	<b>BIWEEKLY PREMIUM</b>			
<b>Age Band</b>	<b>\$5,000 benefit</b>	<b>\$10,000 benefit</b>	<b>\$15,000 benefit</b>	<b>\$20,000 benefit</b>
18 – 29	\$1.28	\$1.96	\$2.66	\$3.34
30 – 39	\$1.84	\$3.12	\$4.38	\$5.66
40 – 49	\$3.40	\$6.22	\$9.02	\$11.84
50 – 59	\$5.40	\$10.22	\$15.04	\$19.88
60 – 64	\$8.44	\$16.32	\$24.18	\$32.06

## ENROLLMENT

This is a voluntary benefit which means that employees must elect to participate in this benefit to be enrolled. Enrollments are made via *CONNECT* Employee Self-Service.

The Plan is provided through AFLAC and the group number is 23098. If you have any questions, please contact the Association Office Benefits Department at (212) 630-9687 or AFLAC (for claim inquiries) at (800) 433-3036. You may also visit their website at [www.aflacgroupinsurance.com](http://www.aflacgroupinsurance.com).

# WORKERS' COMPENSATION

All YMCA of Greater New York employees are covered by Workers' Compensation Insurance, which provides benefits and medical care for an employee who becomes disabled by a job-related injury or illness. **An employee who becomes injured while at work must report the injury immediately to his/her supervisor, department head or Branch Human Resources Department.**

Claims must be submitted to the Workers' Compensation Insurance carrier as soon as possible. If you have any questions, please contact the Association Office Risk Management Department at (212) 630-9654.

# EMPLOYEE ASSISTANCE PROGRAM (EAP)

The Employee Assistance Program (EAP) provides resources to help resolve personal concerns that may be affecting an employee's health, well-being, family life or job performance. It provides **confidential** assistance to the employee, their dependents, and household members 24 hours a day, 7 days a week.

In-person sessions are available with an EAP counselor in your area. The counselor will help employees evaluate their concerns, and suggest the next best steps. Employees may contact the EAP for any number of reasons, including:

- Stress related to work, family and personal life
- Balancing work and family
- Coping with change and transition
- Anxiety or depression
- Grief and bereavement
- Marital, family and parent-child issues
- Problems with alcohol and drugs

The program includes:

- **Five** EAP counseling sessions per eligible person per year
- 24/7 phone access to live counselors 365 days a year for assessment and referral
- Co-branded website at [www.feibh.com/ymcanyc](http://www.feibh.com/ymcanyc)
- Spanish speaking counselors are available

Employees can contact the EAP by calling the toll-free number at 1-800-847-4027. Plan to spend up to 15 minutes with an EAP counselor for an initial phone interview. Employees may also access the program online at [www.feibh.com/ymcanyc](http://www.feibh.com/ymcanyc).

# COMMUTER BENEFITS PROGRAM

The TransitChek® Commuter Benefits program allows you to pay for your monthly commute by using tax-free dollars. **Employees can enroll, change or suspend their benefit on a monthly basis.**

## ELIGIBILITY AND COST

Staff scheduled to work 20 – 29 hours per week on their **primary assignment** can deduct up to \$122.00 per month for their transit expenses and up to \$100 per month for qualified parking expenses from their paycheck, pre-tax.

Staff scheduled to work 30 – 40 hours per week on their **primary assignment** can deduct up to \$260 per month for their transit expenses and up to \$260 per month for qualified parking expenses from their paycheck, pre-tax. They are also eligible to take out additional monies on an after-tax basis.

## EFFECTIVE DATE OF COVERAGE AND ENROLLMENT

Below is the enrollment schedule for 2019:

Benefit Month	Enrollment Period	Payroll Deduction
January 2019	November 1, 2018 – November 30, 2018	December 28, 2018
February 2019	December 1, 2018 – December 31, 2018	January 25, 2019
March 2019	January 1, 2019 – January 31, 2019	February 22, 2019
April 2019	February 1, 2019 – February 28, 2019	March 22, 2019
May 2019	March 1, 2019 – March 31, 2019	April 19, 2019
June 2019	April 1, 2019 – April 30, 2019	May 17, 2019
July 2019	May 1, 2019 – May 31, 2019	June 28, 2019
August 2019	June 1, 2019 – June 30, 2019	July 26, 2019
September 2019	July 1, 2019 – July 31, 2019	August 23, 2019
October 2019	August 1, 2019 – August 31, 2019	September 20, 2019
November 2019	September 1, 2019 – September 30, 2019	October 18, 2019
December 2019	October 1, 2019 – October 31, 2019	November 15, 2019

## MONTHLY BENEFIT

Employees will be deducted on the second paydate of the month *prior* to the benefit month (see schedule above). All products will be mailed to the participant’s home address by the 26<sup>th</sup> of the month following their initial enrollment. Every month thereafter, the selected product will be mailed or filled by the 26<sup>th</sup> of each month.

# COMMUTER BENEFITS PROGRAM – Continued

## HOW DO I APPLY FOR BENEFITS

There are two easy, convenient ways to enroll:

1. Online by visiting the website <http://tams.transitchek.com/>.
2. Telephone by calling (888) 618-CHEK (888-618-2435) and speaking with a TransitChek Customer Service Representative.

You will need to provide the following information to enroll:

- Our company code – **JFC87**
- Your employee ID number\*
- Your date of birth

\* Please do not include the zero(s) in front of your employee ID# while registering. For example, if your employee ID# is 066555, please use 66555.

If you have any questions regarding your benefit, call TransitChek Customer Service at (888) 618-CHEK (888-618-2435), Monday through Friday from 8:00 a.m. to 8:00 p.m. EST.

*Please note that if your account is placed on suspended status for more than 3 months, the YMCA of Greater New York may cancel your account due to a lack of utilization. A participant will receive written notification before their account is cancelled.*

# TUITION REIMBURSEMENT PROGRAM

The Tuition Reimbursement Program is a financial investment in our employees, our most valuable resource. We encourage staff to broaden their job-related academic knowledge to keep our Association on top of advances in information and technology, and to expand their professional capacities and opportunities. Below are program highlights:

- Eligibility for this program is based on years of service, performance review ratings, application and focus of study.
- Employees may receive one award per year. The award is up to \$2,000 per calendar year.
- Applications for the summer/fall reimbursement award are due by June 1<sup>st</sup> and for the winter/spring reimbursement award are due by December 1<sup>st</sup>.
- Additional information on the program and the application is available on YNET.

If you have any questions, please contact your Branch HR representative.

# NY'S 529 COLLEGE SAVINGS PROGRAM

NY's 529 College Savings Program is an education savings plan designed to help families set aside funds for future college costs. **Employee can enroll, change or suspend their contribution at any time.**

Parents, grandparents, relatives and friends can save for eligible 2- or 4-year colleges, vocational/technical schools or graduate schools. These savings can be used for tuition, certain room-and-board costs, books, and other qualified expenses.

## ELIGIBILITY AND CONTRIBUTION

All regular employees will be able to contribute to NY's 529 College Savings Program via a payroll deduction. The minimum contribution for each pay period is **\$15 per account**. Please note contributions are made via a payroll deduction on an *after-tax* basis.

## HOW DOES THE *DIRECT PLAN* WORK?

You can invest your contributions in one or more investment portfolios, such as:

- Age-based options – professionally managed for you and automatically adjusted to be more conservative as the future student reaches college age
- Individual portfolios – you can create and manage your own mix of investments

When you are ready to use your savings to pay for school expenses, you can make a tax-free, qualified withdrawal. *(Note: earnings on nonqualified withdrawals may be subject to federal income tax and a 10% federal penalty tax, as well as state and local income taxes. Tax and other benefits are contingent on meeting other requirements and certain withdrawals are subject to federal, state and local taxes.)*

New York State taxpayers may be eligible for a state income tax deduction of up to \$10,000 on the account contributions. *(Note: Up to \$10,000 is deductible from New York State taxable income for married couples filing jointly on contributions made to all accounts in NY's 529 College Savings Program, single taxpayers can deduct up to \$5,000 annually. May be subject to recapture in certain circumstances such as rollovers to another state's plan or nonqualified withdrawals.)*

NY's 529 College Savings Program is open to out-of-state residents. Please note the account holder is eligible for the state income tax deduction.



# NY'S 529 COLLEGE SAVINGS PROGRAM - Continued

## HOW DO I SET UP A 529 ACCOUNT?

There are two ways to set up an account:

### 1. Enroll online

- You can quickly and securely enroll online at [www.ny529atwork.org](http://www.ny529atwork.org).
- Select **Open an Account** and follow the step-by-step instructions.
- When you reach the **Funding Your Account** page, please select **Payroll Deduction**.
  - i. A prefilled, printable *Payroll Deduction Authorization Form* will be generated.

### 2. Enroll by mail

- You can enroll by mail by filling out the *Enrollment Application* (for new accounts) and choosing **Payroll Deduction** as the method for funding your account. The mailing address is indicated on the application.
- The *Enrollment Application* can be downloaded from [www.ny529atwork.org](http://www.ny529atwork.org) or requested by phone at (877) 697-2837.

If you already participate in the *Direct Plan*, you can log into your account at [www.ny529atwork.org](http://www.ny529atwork.org) and follow the instructions to initiate a payroll deduction and print out the *Payroll Deduction Authorization Form*.

Once you have obtained and reviewed the *Payroll Deduction Authorization Form*, please submit it to the Association Office Payroll Department for processing.

Fax: 917-441-9569

Mail: YMCA of Greater NY – Payroll Department  
5 West 63<sup>rd</sup> Street, 6<sup>th</sup> Floor  
New York, NY 10023

If you have any questions regarding NY's 529 College Savings Program, please call (800) 420-8580, Monday through Friday from 8:00 am to 9:00 pm EST.

# **401(a) RETIREMENT PLAN**

The YMCA Retirement Fund is a not-for-profit pension fund, organized and operated for the purpose of providing retirement benefits for employees of the YMCA.

## **ELIGIBILITY REQUIREMENTS**

Must be at least 21 years of age, have 2 years of service and worked at least 1,000 hours each anniversary year.

## **CONTRIBUTIONS**

The YMCA of Greater New York contributes **10%** of your bi-weekly compensation to the Retirement Fund.

## **VESTING**

Effective July 1, 2005, you must have 2 years of service.

## **ENROLLMENT**

An employee is automatically enrolled in the YMCA Retirement Fund once they are eligible. A Designation of Beneficiary form should be completed and sent to the Association Office Benefits Department for approval.

If you have any questions, please contact the Association Office Benefits Department at (212) 630-9687 or the YMCA Retirement Fund at (800) 738-9622. You can also visit the YMCA Retirement Fund's website at [www.yretirement.org](http://www.yretirement.org).

# 403(b) SMART ACCOUNT

The 403(b) Smart Account is a voluntary savings plan for retirement. **Employees can enroll in the Plan at anytime.**

## **ELIGIBILITY**

All employees are eligible for this plan regardless of age or number of hours worked.

## **EFFECTIVE**

Employees can immediately start making contributions to this account.

## **MAXIMUM ANNUAL CONTRIBUTION**

100% of pay or **\$19,000**, whichever is less per annual IRS guidelines. Please note that the YMCA is required to deduct Social Security and Medicare taxes *prior* to the 403(b) contribution.

Employees age 50 and above may contribute an additional **\$6,000**.

## **CONTRIBUTIONS**

Employees contribute to their 403(b) Smart Account via biweekly payroll deductions.

## **LOANS**

Individuals actively employed with the YMCA can borrow money from their 403(b) Smart Account. Employees can borrow up to the lesser of \$50,000 or 50% of their account balance. The minimum amount that can be borrowed is \$1,000. Please contact the YMCA Retirement Fund at (800) 738-9622 or the Association Office Benefits Department at (212) 630-9687 for additional details.

## **HARDSHIP WITHDRAWALS**

Permitted in limited amounts for qualifying circumstances. If a hardship withdrawal is granted, all contributions to this account must stop for six (6) months. Please contact the YMCA Retirement Fund at (800) 738-9622 or the Association Office Benefits Department at (212) 630-9687 for additional details.

## **EARLY WITHDRAWALS (PRIOR TO AGE 59 ½)**

Income tax is withheld from the distribution plus an additional 10% penalty tax.

For more information, please call the YMCA Retirement Fund at **1-800-738-9622** or visit their website at [www.yretirement.org](http://www.yretirement.org).

# **SERVICE AWARDS**

The YMCA of Greater New York is committed to recognizing the accomplishments of staff members who have provided long and dedicated service to the YMCA movement. The Association administers a service award program that recognizes staff members in 5 year increments. Staff members who reach a service milestone are invited to a celebratory luncheon and also receive a gift booklet.

Any staff member reaching a service milestone equal to or greater than 20 years of service is also granted an additional week of vacation. The additional week of vacation must be taken the year after they complete their milestone year (the year they are invited to the luncheon).

If you have any questions, please contact your branch Business Office.

# VACATION

## **ELIGIBILITY**

All exempt and non-exempt employees regularly scheduled to work at least 30 hours per week after three months of continuous employment.

## **AMOUNT OF VACATION DAYS**

The accrual schedule per calendar year is as follows:

### ***VACATION ACCRUAL SCHEDULE***

<b><u>YEARS OF SERVICE</u></b>	<b><u>VACATION</u></b>	<b><u>ACCRUAL SCHEDULE*</u></b>
0 - 1 year	Based on Date of Hire	1.25 days per month
1 - 5 years	15 Days	1.25 days per month
After 5 years	20 Days	1.66 days per month
After 10 years	22 Days	1.83 days per month

- ❖ Vacation time is calculated in hours and is based on the employee's scheduled work hours. Please refer to the Paid-Time Off guide for detailed information on accruals

## **VACATION CARRY OVER**

We encourage employees to take vacation time within the calendar year it is earned. Vacation time carried over from one year to the next year must be used by December 31<sup>st</sup> of the new year. For example, 2018 vacation time carried over to 2019 must be used by December 31, 2019 or the days will be lost or forfeited.

## **VACATION SCHEDULING**

We encourage employees to schedule and take vacation time according to their department timetable. The scheduling of vacation time should be approved at least two weeks in advance by the employee's supervisor, Department Head or Executive Director. Please check with your Department Head or Human Resources Department for the appropriate approval procedure for your work unit.

## **VACATION PAYMENT UPON TERMINATION**

Upon separation from the YMCA an employee with earned but unused vacation time will receive payment for the unused accrued time at his/her current base rate of pay. An employee's vacation payout will be processed the payroll after his/her last regular paycheck is received.

**PAYMENT IN LIEU OF VACATION**

An employee may not waive his/her vacation time and receive pay in lieu of vacation usage except upon retirement, resignation, or termination of employment.

**VACATION ACCRUAL DURING A LEAVE OF ABSENCE**

Employees will not accrue vacation time while out on a Leave of Absence or FMLA Leave.

# 2019 HOLIDAYS

<b><u>HOLIDAY</u></b>	<b><u>DAY</u></b>	<b><u>DATE</u></b>
New Year's Day	Tuesday	January 1, 2019
Martin Luther King, Jr. Day	Monday	January 21, 2019
Presidents' Day	Monday	February 18, 2019
Memorial Day	Monday	May 27, 2019
Independence Day	Thursday	July 4, 2019
Labor Day	Monday	September 2, 2019
Thanksgiving Day	Thursday	November 28, 2019
Day after Thanksgiving	Friday	November 29, 2019
Christmas Day	Wednesday	December 25, 2019

Full-time regular employees scheduled to work 30 hours or more each week are entitled to take time off for holidays with the approval of their manager based on the operational needs of the Branch or Department.

# HOLIDAY PAY GUIDELINES

## NON-EXEMPT STAFF

Regular employees (salaried + hourly) scheduled to work 20 or more hours per week are entitled to holiday pay.

Regular employees working less than 20 hours per week are **not** eligible to receive holiday pay.

**Non-Exempt (hourly) employees regularly scheduled to work 20 or more hours per week, who work on a holiday, will be paid for the actual hours worked on that day plus holiday pay.**

For part-time staff scheduled to work 20 or more hours per week, **holiday pay must not be removed from the timecard**, whether or not the employee worked on the holiday. For example, if an employee is hired to work 25 hours per week, they are entitled to 5 hours of holiday pay at the primary assignment rate.

### **Sick Day Usage Before, During or After a Holiday**

YMCA employees scheduled to work the day before, the day of or the day after a holiday and call out sick shall forfeit their right to holiday pay for the day unless there are documented, extenuating circumstances which prohibit the employee from reporting for duty.

### **Scheduled Vacation Day During a Holiday**

When a scheduled vacation day falls on an Association holiday, the employee should only receive holiday pay. The vacation day will remain in the employee's leave time bank for future use.

As a reminder, the Floating Holiday Pay Code should be used solely for floating holidays. YMCA scheduled holiday pay should not be approved for any days other than those stipulated in the Holiday Calendar distributed by the AO Human Resources Department.



# FLOATING HOLIDAYS

## **ELIGIBILITY**

All regular employees scheduled to work at least 20 hours per week.

## **AMOUNT OF FLOATING HOLIDAYS**

Each employee is allowed to take up to two paid floating holidays per calendar year.

Floating holidays are accrued at the rate of one (1) day per 6 months of employment. For example, an employee who is employed on January 1<sup>st</sup> will accrue 1 floating holiday for the first 6 months of the calendar year. The additional floating holiday will be granted if the employee is employed on July 1<sup>st</sup>.

## **SCHEDULING OF FLOATING HOLIDAYS**

To the extent possible, the use of floating holidays should be approved at least two weeks in advance by the employee's supervisor, or Department Head or Executive Director.

## **CARRYOVER**

Floating holidays cannot be carried over from one year to the next. Floating holidays not used within the calendar year will be forfeited.

## **PAYMENT OF FLOATING HOLIDAYS UPON TERMINATION**

Employees will not be paid for unused floating holidays upon separation.

# **PERSONAL DAYS**

Personal days are distributed to eligible employees to provide time off for medical/dental appointments, to celebrate religious holidays, or for other personal matters that cannot be attended to outside normal work hours.

## **ELIGIBILITY**

All regular employees scheduled to work at least 20 hours per week.

## **AMOUNT OF PERSONAL DAYS**

Each employee is allowed to take up to two paid personal days per calendar year.

Personal days are accrued at the rate of one (1) day per 6 months of employment. For example, an employee who is employed on January 1<sup>st</sup> will accrue 1 personal day for the first 6 months of the calendar year. The additional personal day will be granted if the employee is employed on July 1<sup>st</sup>.

## **SCHEDULING OF PERSONAL DAYS**

To the extent possible, the use of personal days should be approved at least two weeks in advance by the employee's supervisor, or Department Head or Executive Director.

## **CARRYOVER**

Personal days cannot be carried over from one year to the next. Personal days not used within the calendar year will be forfeited.

## **PAYMENT OF PERSONAL DAYS UPON TERMINATION**

Employees will not be paid for unused personal days upon separation.

# SICK DAYS

## **ELIGIBILITY**

All employees regularly scheduled to work at least 30 hours per week, including Seasonal and Temporary staff, may use sick time after 3 months of continuous employment. Any sick time taken before 3 months of continuous employment will be considered leave without pay.

## **ALLOWANCE PER CALENDAR YEAR**

Six (6) days per calendar year.

## **RATE OF ACCRUAL**

Accruals are based on the number of hours the employee is scheduled to work per week.

## **ACCEPTABLE REASONS TO USE SICK TIME**

- Employee has a mental or physical illness, injury, or health condition; needs to get a medical diagnosis, care, or treatment of mental or physical illness, injury, or condition; needs to get preventive medical care.
- Employee must care for a family member who needs medical diagnosis, care, or treatment of a mental or physical illness, injury, or health condition, or who needs preventive medical care.
- The YMCA of Greater New York closes due to a public health emergency or employee needs to care for a child whose school or child care provider closed due to a public health emergency.

Effective May 5, 2018, paid sick time can be used for “safe” time leave when an employee or an employee’s family member has been a victim of a family offense, sexual offense, stalking or human trafficking, for the following purposes:

- To obtain services from a domestic violence shelter, rape crisis center, or other shelter or services program for relief from a family offense matter, sexual offense, stalking, or human trafficking;
- To participate in safety planning, temporarily relocate, or take other actions to increase the safety of the employee or employee’s family members from future family offense matters, stalking or human trafficking;
- To meet with a civil attorney or other social service provider to obtain information and advice on, and prepare for or participate in, any criminal or civil proceeding, including but not limited to matters related to a family offense matter, sexual offense, stalking,

human trafficking, custody, visitation, matrimonial issues, orders of protection, immigration, housing, discrimination in employment, housing or consumer credit;

- To file a complaint or domestic incident report with law enforcement;
- To meet with a district attorney's office;
- To enroll children in a new school; or
- To take other actions necessary to maintain, improve, or restore the physical, psychological, or economic health or safety of the employee or employee's family member or to protect those who associate or work with the employee.

#### **DEFINITION OF FAMILY MEMBERS**

- Child
- Grandchild
- Spouse
- Domestic partner
- Parent
- Grandparent
- Child or parent of an employee's spouse or domestic partner
- Sibling (including a half, adopted, or step sibling)

## **ADVANCE NOTICE**

If the need is foreseeable, the YMCA of Greater New York can require up to seven days advance notice of your intention to use sick time. If the need is unforeseeable, the YMCA of Greater New York may require you to give notice as soon as practicable.

## **DOCUMENTATION**

The YMCA of Greater New York can require documentation from a licensed health care provider if you use more than 3 consecutive workdays as sick time. The Paid Sick Leave Law prohibits employers from requiring the health care provider to specify the medical reason for sick time. Disclosure may be required by other laws.

Employees may be required to provide reasonable documentation for the use of safe time for absences more than three consecutive workdays. Reasonable documentation can be provided from various individuals working with or for the victim services organization, an attorney, a member of the clergy, or a medical or other professional service provider. Other acceptable documents include production of a police, court record, or notarized letter from the employee explaining the need for safe time. Employers cannot require documentation specify the details of the family offense matter, sexual offense, stalking, or human trafficking.

## **SICK TIME CARRYOVER**

Any unused earned sick time will be carried over for future use. Employees can accrue up to 130 days of sick time.

## **SICK TIME PAYMENT UPON TERMINATION**

There is no payment of sick time upon separation of employment from the YMCA.

# BEREAVEMENT LEAVE

All full-time regular employees are entitled to the following paid time off in the event of a death in the immediate family. Immediate family is defined as a relative through blood, marriage, or legal adoption. This includes spouse, domestic partner, parent, child, grandchild, brother, sister, grandparent, niece and nephew.

## NUMBER OF BEREAVEMENT DAYS

Employees may receive a maximum of three (3) **consecutive work days** per incident including the day of the death and the day of the funeral.

# JURY DUTY

All regular employees who receive a summons for jury duty are required to notify their supervisor on the next working day as to the date they are supposed to report for service. Other than a serious conflict, normal work demands are **not** cause for being excused from service.

For regular employees, time served on jury duty will be considered as the employee's regularly scheduled work day and pay will be computed based on the number of hours scheduled to work. Employees who are on vacation, holiday or any other leave at the time of jury duty **will not** be entitled to jury duty pay.

Effective September 1, 2012, temporary employees will not receive pay for jury duty service.

Employees must always notify their supervisor immediately after being released from jury duty. It is expected that employees report to work for their regular shift when excused or dismissed from jury duty.

At the end of jury duty, employees must provide certification of having served jury duty and the amount of money that was received, if any.

# YMCA BRANCH MEMBERSHIP

## **ELIGIBILITY**

All full-time and regularly scheduled part-time employees are eligible for the employee YMCA membership and program discount as noted below.

## **BENEFIT**

All full-time and regularly scheduled part-time employees are eligible to receive a family, citywide, YMCA membership, at no cost. The citywide membership is valid for use at all YMCA of Greater New York branches. The family membership includes the employee plus one adult and all children, under 18 years of age, living in the same household. The membership is valid as long as the individual remains a regularly scheduled employee of the YMCA of Greater New York. Seasonal Staff receive an individual, adult membership for the time of their employment at their assigned branch.

## **PROGRAM/ACTIVITY FEES & ENROLLMENT**

Eligible, full-time or regularly scheduled part-time employees and their eligible family members will receive a discount of up to 15% off the regular, published member rate. The discount includes summer day camp and sleepaway camp in Huguenot, New York, as well as other fee based programs association wide.

Employees and their eligible family members are expected to enroll or register for the desired program or activity. Participation will be based on enrollment deadlines, sign-up days, waiting lists, and other criteria as may be established by each Branch. Certain programs may be excluded from eligibility for employee discounts, at the discretion of the branch Executive Director.

## **ADMINISTRATION**

All employees must contact the Human Resources Coordinator at their branch to request the YMCA membership benefit. All program and activity fee discounts are processed by the Member Service Desk at the branch the program is taking place. All staff who participate in this benefit are subject to the rules of membership and must abide by the Member Code of Conduct.

# PLUM BENEFITS

Plum Benefits is a special YMCA of Greater New York employee program that directly distributes monthly discount offers to Broadway plays, sporting events, comedy clubs and other special events throughout New York City. Each month the Association Office will distribute the latest listing throughout the YMCA via email. Employees can contact their Branch Human Resources team or the Association Office Benefits Department at (212) 630-9687 for additional information. Instructions on how to sign up and purchase tickets are printed below.

1. **Signing up** with Plum Benefits is cost-free and takes just a few moments. Simply visit [www.plumbenefits.com](http://www.plumbenefits.com) and enter your individual work email address or the YMCA access code: **YMCANY**.
2. **Once you are enrolled**, you can log in from any computer, anywhere.
3. **Log in 24/7** to [www.plumbenefits.com](http://www.plumbenefits.com)
4. **Browse and Search** the current available offers
5. **Select an event** you want to attend
6. **Use the special code** in the offer you've selected when you purchase tickets as you normally would – online, by phone, or in person at the box office



# SUPPLEMENTAL BENEFITS

The following vendors provide discounts to the YMCA of Greater New York's employees. Please contact the vendor with any questions:

## Verizon

- ✓ Offers an employee discount of 19%. Discount applies to most voice and data plans with a monthly access fee of \$34.99 or higher
- ✓ Visit [verizonwireless.com/discounts](http://verizonwireless.com/discounts) or call 800-922-0204

## Sprint

- ✓ Offers an employee discount of 22%. Discount applies to select regular priced Sprint monthly data
- ✓ Corporate ID# NYMCA\_ZMB\_ZZZ
- ✓ Call 800-390-9545

## AT&T

- ✓ Offers an employee discount of 15%. Discount applies qualified voice/data plans
- ✓ Employee Discount Code - #2863409
- ✓ Call 866-260-7304

# **BENEFITS SUMMARY STATEMENT**

This Benefits Summary is meant to serve as a guide only, and is not intended to be a contract for any purpose or duration, expressed or implied. This summary is not intended to guarantee employment, or any particular conditions of employment, for a fixed period of time or to restrict the right of The YMCA of Greater New York, or the right of any employee, to terminate employment, at-will, at any time, for any reason.

The YMCA of Greater New York reserves the right to change or discontinue the policies contained in this summary from time to time, and to interpret and apply them as it deems appropriate. No oral statements or representations can change the provisions of this summary.

Not all policies and procedures are set forth in this document. The intent is to provide a quick reference summary highlighting some of the benefits and policies of the YMCA of Greater New York.

If you have any questions, please feel free to reach out to the Association Office Benefits Department at 212-630-9687 or at [benefits@ymcanyc.org](mailto:benefits@ymcanyc.org).