



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

2023

EMPLOYEE BENEFITS

BOOKLET

FULL-TIME EMPLOYEES



New York City's YMCA | WHERE THERE'S A Y, THERE'S A WAY

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BENEFIT BOOKLET STATEMENT

This Benefits Booklet 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 booklet 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 booklet 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 booklet.

Not all policies and procedures are set forth in this document. The intent is to provide a quick reference 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.

ENROLLMENT OPPORTUNITIES

Introduction

Employees have a **31-day** window to make any changes/updates to their benefit plans. If changes/updates are not made within that 31-day window, the employee must wait for a qualified life event (examples listed below) or the Open Enrollment period at the end of the year.

- New hires have **31 days** from their date of hire to make a benefit election.
- Employees have **31 days** from a qualified life event to make any changes/updates to their benefit election(s). Documentation (i.e. a marriage certificate) proving the qualified life event must be submitted to the Association Office Benefits department. A few examples of qualified life events are:
 - Marriage or Divorce
 - Birth or Adoption
 - Loss of coverage from another carrier
 - Change of employment status (full-time to part-time or vice versa)
 - Death of a dependent
- Open Enrollment occurs annually in the Fall. Any changes that are made during the Open Enrollment period are effective the following **January 1st**.

Employees may contact the Association Office Benefits department with any questions:

Phone: 212-630-9687

Email: benefits@ymcanyc.org



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 (1st) day of the month following 30 days of regular employment. For example, if you begin your employment March 10th, your benefits will become effective May 1st. Another example is if you begin your employment October 1st, your benefits will become effective November 1st. 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 are listed on page 4).

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.

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 Summary Plan Descriptions (found on YNET) for greater detail on eligible coverage. Please note that vision coverage is provided by EyeMed Vision Care when you elect either the United Healthcare 100/80 or United Healthcare 80/60 plan.

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 FULL TIME EMPLOYEES January 1, 2023 – December 31, 2023

UNITED HEALTHCARE 100/80 Plan	You Pay	YMCA Pays	Total Premium
Employee	\$115.67	\$362.07	\$477.74
Employee + Child(ren)	\$208.28	\$651.80	\$860.08
Employee + Spouse	\$246.51	\$797.95	\$1,044.46
Family	\$339.12	\$1,087.68	\$1,426.80

UNITED HEALTHCARE 100/80 Plan	You Pay (Pre-tax)	You Pay (After-tax)	YMCA Pays	Total Premium
Ee + Domestic Partner	\$115.67	\$130.84	\$797.95	\$1,044.46
Ee + Domestic Partner Child/ren	\$115.67	\$92.61	\$651.80	\$860.08
Ee + Domestic Partner + Own Child/ren	\$208.28	\$130.84	\$1,087.68	\$1,426.80
Ee + Domestic Partner + DP Child/ren	\$115.67	\$223.45	\$1,087.68	\$1,426.80

UNITED HEALTHCARE 80/60 Plan	You Pay	YMCA Pays	Total Premium
Employee	\$42.66	\$342.54	\$385.20
Employee + Child(ren)	\$76.51	\$616.81	\$693.32
Employee + Spouse	\$112.41	\$729.99	\$842.40
Family	\$146.27	\$1,004.26	\$1,150.53

UNITED HEALTHCARE 80/60 Plan	You Pay (Pre-tax)	You Pay (After-tax)	YMCA Pays	Total Premium
Ee + Domestic Partner	\$42.66	\$69.75	\$729.99	\$842.40
Ee + Domestic Partner Child/ren	\$42.66	\$33.85	\$616.81	\$693.32
Ee + Domestic Partner + Own Child/ren	\$76.51	\$69.76	\$1,004.26	\$1,150.53
Ee + Domestic Partner + DP Child/ren	\$42.66	\$103.61	\$1,004.26	\$1,150.53

HEALTH INSURANCE PAYROLL DEDUCTIONS (CONTINUED)



BI-WEEKLY PAYROLL DEDUCTIONS CIGNA DENTAL PPO PLAN

FULL TIME EMPLOYEES
January 1, 2023 – December 31, 2023

Cigna Dental PPO Plan	You Pay	YMCA Pays	Total Premium
Employee	\$4.73	\$14.93	\$19.66
Employee + Child(ren)	\$8.55	\$26.99	\$35.54
Employee + Spouse	\$10.35	\$32.67	\$43.02
Family	\$14.17	\$44.72	\$58.89

Cigna Dental PPO Plan	You Pay (Pre-tax)	You Pay (After-tax)	YMCA Pays	Total Premium
Ee + Domestic Partner	\$4.73	\$5.62	\$32.67	\$43.02
Ee + Domestic Partner Child/ren	\$4.73	\$3.82	\$26.99	\$35.54
Ee + Domestic Partner + Own Child/ren	\$8.55	\$5.62	\$44.72	\$58.89
Ee + Domestic Partner + DP Child/ren	\$4.73	\$9.44	\$44.72	\$58.89



MEDICAL PLAN OPTIONS

GROUP #202970	CHOICE PLUS 100/80			CHOICE PLUS 80/60		
	In-Network		Out-of-Network	In-Network		Out-of-Network
Wellness Exams & Preventive Screening	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%*
Deductible	None		\$600 per Individual \$1,200 Family Maximum	None		\$1,000 per Individual \$2,000 Family Maximum
Physician Office Visit	100% after: \$25 co-pay for Primary Care/Virtual Visit \$40 co-pay for Specialist		80%*	100% after: \$25 co-pay for Primary Care/Virtual Visit \$40 co-pay for Specialist		60%*
In-Patient Hospital	100% after \$200 co-pay		80%*	80%		60%*
Out-Patient Hospital	100% after \$100 co-pay		80%*	80%		60%*
Emergency Room	100% after \$250 co-pay (waived if admitted)			100% after \$250 co-pay (waived if admitted)		
Urgent Care Facility	100% after \$50 co-pay		80%*	100% after \$50 co-pay		60%*
Other Eligible Medical Charges	100%		80%*	80%		60%*
Annual Out-of-Pocket Maximum¹	\$2,500/Individual \$5,000/Family		\$6,600/Individual \$13,200/Family	\$3,500/Individual \$7,000/Family		\$13,000/Individual \$26,000/Family
Lifetime Maximum	UNLIMITED			UNLIMITED		
Prescription Drugs	Generic	Preferred	Non-Preferred	Generic	Preferred	Non-Preferred
Local Network Pharmacy (31 day supply)	\$10	\$35	\$60	\$10	\$35	\$60
Mail Order (90 day supply)	\$25	\$85	\$150	\$25	\$85	\$150
In-Network Vision (EyeMed Vision Care)	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

¹ 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 or call 877-BEN-YMCA (877-236-9622).



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).

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

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



DENTAL PLAN

GROUP # 3336299

BENEFITS	IN-NETWORK	OUT-OF-NETWORK*
COMBINED CALENDAR YEAR MAXIMUM Type I-III (both in and out-of network)	Starts at \$1,500 with the opportunity to increase by \$250 each year up to \$2,000 per year	
CLASS I – PREVENTIVE <ul style="list-style-type: none"> • Oral Exams, Routine Cleanings¹ • Space Maintainers • Full Mouth Series & Bitewing X-rays¹ • Fluoride Treatment (children)¹ • Sealants (children)¹ 	100% Covered NO Deductible	100% Covered NO Deductible
CLASS II – BASIC RESTORATIVE SERVICES <ul style="list-style-type: none"> • Fillings • Oral Surgery • Periodontal Scaling & Root Planing¹ • Simple Extractions 	85% Covered NO Deductible	80% Covered AFTER Deductible² \$50/Individual \$150/Family
CLASS III - MAJOR RESTORATIVE SERVICES <ul style="list-style-type: none"> • Inlays/Onlays • Crowns • Dentures • Bridgework • Endodontics • Root Canal Therapy • Surgical Extractions of Impacted Teeth • General Anesthesia/IV Sedation 	50% Covered AFTER Deductible² \$50/Individual \$150/Family	50% Covered AFTER Deductible² \$50/Individual \$150/Family
CLASS IV - ORTHODONTIA Applies to both Adults and Children	50% Covered AFTER Deductible \$50 Deductible \$1,500 Lifetime Maximum (per member)	50% Covered AFTER Deductible \$100 Deductible \$1,000 Lifetime Maximum (per member)

* Out-of-Network dentists are paid based on a Maximum Reimbursable Charge, which is calculated at the 80th 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.

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

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

To locate a PPO dentist online, please visit www.mycigna.com or call 877-BEN-YMCA (877-236-9622).

BASIC LIFE INSURANCE

ELIGIBILITY

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

EFFECTIVE

Benefit coverage becomes effective the 1st 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* and can be updated at any time.

The Plan is provided through Lincoln Financial Group and the group number is 04-431907. If you have any questions, please contact the Association Office Benefits department at (212) 630-9687 or Lincoln Financial Group (for claim inquiries) at (888) 787-2129.

ONLINE WILL PREPARATION SERVICES

Employees enrolled in Basic Life Insurance will also be eligible for online will preparation through the website of Lincoln partner, Morneau Shepell. This service offers a secure and convenient way to create, save and print a legally binding will that you can change at any time. For more information and instructions on how to access this service, please contact the Association Office Benefits department at (212) 630-9687 or at benefits@ymcanyc.org.



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 1st 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 will be calculated by *CONNECT* and shown when you log into Employee Self-Service.

CURRENT AGE	RATE PER \$1,000	CURRENT AGE	RATE PER \$1,000
Under 25	\$0.0231	55 - 59	\$0.1338
25 - 39	\$0.0277	60 - 64	\$0.2215
40 - 44	\$0.0369	65 - 69	\$0.4108
45 - 49	\$0.0554	Over 70	\$0.8769
50 - 54	\$0.0831		

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. A beneficiary should be elected via the self-service module in *CONNECT* and can be updated at any time.

The Plan is provided through Lincoln Financial Group and the group number is 04-431907. If you have any questions, please contact the Association Office Benefits department at (212) 630-9687 or Lincoln Financial Group (for claim inquiries) at (888) 787-2129.

DEPENDENT LIFE INSURANCE

ELIGIBILITY

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

EFFECTIVE DATE OF COVERAGE

Benefit coverage becomes effective the 1st 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	\$10,000
Children (Birth to 13 days)	\$0
Children (14 days to 6 months)	\$500
Children (6 months of age but under 26 years)	\$10,000

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 Lincoln Financial Group and the group number is 04-431907. If you have any questions, please contact the Association Office Benefits department at (212) 630-9687 or Lincoln Financial Group (for claim inquiries) at (888) 787-2129.

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 1st 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 AD&D once eligible. A beneficiary should be elected via the self-service module in *CONNECT* and can be updated at any time.

The Plan is provided through Lincoln Financial Group and the group number is 04-431907. If you have any questions, please contact the Association Office Benefits department at (212) 630-9687 or Lincoln Financial Group (for claim inquiries) at (888) 787-2129.

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 **8%** of your bi-weekly compensation to the Retirement Fund.

VESTING

To be vested, 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.

403(b) SMART ACCOUNT



The 403(b) Smart Account is a voluntary savings plan for retirement. **Employees can enroll, make changes or cancel their elections at any time.**

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 **\$22,500**, 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 **\$7,500**.

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. 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 59½)

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.

AFLAC – ACCIDENT INSURANCE

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.

Please note that per the New York State Department of Insurance, new enrollees must have major medical insurance to participate in AFLAC's supplemental coverage. If you do not have major medical insurance, you will be ineligible to enroll in AFLAC's plans at the YMCA. To comply with this requirement, the AO Benefits department will send you the relevant forms if you elect AFLAC via self-service. Your enrollment will be approved if you complete/submit the forms to the Association Office within the timeframe provided.

EFFECTIVE DATE OF COVERAGE

Benefit coverage becomes effective the 1st 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.

Tier	Biweekly Premium
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.

AFLAC – CRITICAL ILLNESS INSURANCE

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.

Also note that per the New York State Department of Insurance, new enrollees must have major medical insurance to participate in AFLAC's supplemental coverage. If you do not have major medical insurance, you will be ineligible to enroll in AFLAC's plans at the YMCA. To comply with this requirement, the AO Benefits department will send you the relevant forms if you elect AFLAC via self-service. Your enrollment will be approved if you complete/submit the forms to the Association Office within the timeframe provided.

EFFECTIVE DATE OF COVERAGE

Benefit coverage becomes effective the 1st 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.



Age Band	BIWEEKLY PREMIUM			
	\$5,000 benefit	\$10,000 benefit	\$15,000 benefit	\$20,000 benefit
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.

AFLAC – CRITICAL ILLNESS INSURANCE (CONTINUED)

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.

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.



Effective 2022, staff members with 20+ years of service within the YMCA movement who retire from our Association will be granted a lifetime membership for themselves and their spouse/domestic partner at the YMCA of Greater NY.

BENEFIT

All regular full-time and part-time employees are eligible to receive an adult or family citywide membership at the YMCA of Greater NY at no cost. Relatives in the relationships listed below can be added to a family membership by providing the corresponding documentation. In addition, add-ons to a family membership that are an additional cost can be purchased at the Branch. Please see the membership add-ons chart for more information on who can be added to your family membership at an additional cost. The membership is valid while the individual remains a regularly scheduled active employee.

Relationship Type	Eligibility Requirements	Documents for Verifying Eligibility
Adopted child	Employee's or spouse/domestic partner's adopted child	Adoption Certificate (including child's birthdate)
Biological Child	Employee's biological child	Government issued birth certificate (including parents' names)
Domestic Partner	A person of the opposite or same sex with whom the employee has established a Domestic Partnership	Domestic Partnership Certificate or Affidavit of Domestic Partnership
Foster child	Employee's or spouse/domestic partner's foster child	Government issued birth certificate and Foster Care Paperwork
Legal Spouse	Employee's husband or wife	Government issued marriage certificate
Step-child	Employee's spouse/domestic partner's biological child	Government issued marriage certificate and Government issued birth certificate (including parents' names)

BRANCH MEMBERSHIP (CONTINUED)

Note: If the biological, adopted, step or foster child is over 27 years old and disabled, the additional criteria needs to be met:

- Must be the child of the employee or employee's spouse/domestic partner
- Must be unmarried
- Must be medically certified as disabled
- Must be financially supported by the employee and spouse/domestic partner

YMCA FAMILY MEMBERSHIP ADD-ONS

Young Adults (Ages 22-26) (needs to be one of the relationship types)	Add to a Family Membership for \$10/month
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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.

COMMUTER BENEFITS PROGRAM



The HealthEquity® 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 \$128.00 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 \$300 per month for their transit expenses and up to \$300 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 2023:

Benefit Month	Enrollment Period	Payroll Deduction
January 2023	November 1, 2022 – November 30, 2022	December 23, 2022
February 2023	December 1, 2022 – December 31, 2022	January 20, 2023
March 2023	January 1, 2023 – January 31, 2023	February 17, 2023
April 2023	February 1, 2023 – February 28, 2023	March 17, 2023
May 2023	March 1, 2023 – March 31, 2023	April 28, 2023
June 2023	April 1, 2023 – April 30, 2023	May 26, 2023
July 2023	May 1, 2023 – May 31, 2023	June 23, 2023
August 2023	June 1, 2023 – June 30, 2023	July 21, 2023
September 2023	July 1, 2023 – July 31, 2023	August 18, 2023
October 2023	August 1, 2023 – August 31, 2023	September 15, 2023
November 2023	September 1, 2023 – September 30, 2023	October 27, 2023
December 2023	October 1, 2023 – October 31, 2023	November 24, 2023

MONTHLY BENEFIT

Employees will be deducted on the second pay date of the month **prior** to the benefit month (see schedule above). All products will be mailed to the participant's home address by the 1st day of the benefit month. Every month thereafter, the selected product will be mailed or filled by the 1st of each month

COMMUTER BENEFITS PROGRAM (CONTINUED)

HOW DO I APPLY FOR BENEFITS

1. Online by visiting the website <http://healthequity.com/wageworks>.
2. Telephone by calling (877) 924-3967 and speaking with a HealthEquity Customer Service Representative.

You will need to provide the following information to enroll:

- Your date of birth
- Your home ZIP code
- The last 4 digits of your employee ID number*

The HealthEquity logo is displayed in white text on a purple rectangular background.

- * Example – if your employee ID# is 12345, please enter 2345 when enrolling. Also, if your employee ID# only contains 3 digits, include a leading zero in front of your employee ID# while registering. For example, if your employee ID# is 454, please use 0454.

The benefit is provided through HealthEquity and the group number is **55247**. If you have any questions regarding your benefit, please contact the Association Office Benefits department at (212) 630-9687 or HealthEquity Customer Service at (877) 924-3967. Customer Service Representatives are available 24 hours a day, 7 days a week (excluding holidays).

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:

- Short-Term Counseling – Up to 5 sessions per issue:
 - Alleviate emotional stress
 - Tackling family/parenting challenges
 - Deal with substance misuse
 - Work through grief and loss
- Work-Life benefits – unlimited consultations and referrals:
 - Eldercare
 - Medical Advocacy
 - Personal Assistant
- Legal & Financial Benefit – 1 session/consultation per issue



The program includes:

- 24/7 phone access to live counselors 365 days a year for assessment and referral
- Co-branded website at www.feibh.com/ymcanyc
- YMCA access code: **YMCANYC**

Employees can contact the EAP by calling the toll-free number at (800) 847-4027. Employees should 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.

For more information, please watch this video: <https://vimeo.com/723053906>



HEALTH WELLNESS PROGRAM

In 2023, the YMCA of Greater New York has partnered with FEI, our employee assistance program, to offer you new wellness resources & programs throughout the year.

The goal is to inspire, educate and help you stay accountable and empowered with your physical and mental well-being. Services are confidential and customized to you!

The Wellness Program will include:

- Mindful Moments
- Cooking Demos
- Wellness Webinars
- Wellness Challenges

Look out for webinar invites and emails on other wellness programs!



FINANCIAL WELLNESS PROGRAM

In 2023, the YMCA of Greater New York has partnered with Morgan Stanley to offer financial wellness resources to help you feel less stressed, more confident, and more in control of your financial future. The program will provide access to educational tools, resources, and financial professionals.

To sign up for the Financial Wellness Program, please follow the steps below:

Step 1: Click on "[Get Started](#)." Sign up with your YMCA email; if you do not have one, please use your personal email address on record with the YMCA. If you already have a Morgan Stanley Online or Stock Plan Connect Account, you can also sign in using your credentials for that account.

Step 2: Answer a few simple questions about your preferences.

Step 3: Receive your personalized learning plan based on your answers.

Once you have registered, you are welcome to sign up for a complimentary, 30-minute consultation with a **dedicated Morgan Stanley Financial Advisor**, log into the [Digital Portal](#) and click "Looking for advice?" in the top-right corner. There are also webinars and articles available to you.

For more information about the program, please watch this [video](#) from Morgan Stanley at Work.

STUDENT LOAN REFINANCE COUNSELING SERVICE



Gradifi Refi is a student loan refinancing program which allows you to combine your current higher education loans into a single loan at a potentially lower interest rate. **All employees as well as their family and friends will be**

able to utilize this service.

Gradifi members have access to expert student loan counselors from the nonprofit American Student Assistance® (ASA) who can help you decide what is best for you and your loans.

How Do I Apply?

To learn more about how Gradifi Refi can help you, please visit www.gradifi.com/access/ymcanyc. Once you register, you will gain access to refinance offers from their leading vendors.

- You can find exclusive refinance offers from Earnest, First Republic, LendKey and MEFA.
- You can also receive a \$300 bonus when you refinance your student loans through Gradifi Refi.

If you have any questions regarding the refinance counseling program, call Gradifi at 1-844-GRADIFI (1-844-478-9494).

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:



- ✓ To be eligible, employees must have completed two years of employment and be regularly scheduled to work at least 30 hours per week. (Years of service do not need to be consecutive).
- ✓ Degrees being completed must be related to the purpose of the YMCA. Applicants working towards undergraduate degrees will be considered before Masters or Doctoral programs.
- ✓ Employees will be eligible to receive tuition reimbursement **4 times** during their tenure at the YMCA of Greater NY. These years do not need to be consecutive.
 - Applications for the summer/fall reimbursement award are due in June and for the winter/spring reimbursement award are due in December.
 - Additional information on the program and the application is available on YNET.

If you have any questions, please contact your Branch HR representative, or call the Association Office Benefits department at (212) 630-9687.

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 **\$1 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.
- 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.
- Employees can download the *Enrollment Application* for the 529 Program from www.ny529atwork.org or request it by phone at (877) 697-2837.

If you already participate in the *Direct Plan*, you can log into your account at 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: 646-365-7298

Mail: YMCA of Greater NY – Payroll department
5 West 63rd Street, 6th 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.

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 via email to employees listed on Outlook. 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 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
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



FMLA (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 (FAMILY AND MEDICAL LEAVE ACT) (CONTINUED)

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.

SHORT-TERM DISABILITY (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 7th 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 518-437-4306.

SUPPLEMENTAL SHORT-TERM DISABILITY



Supplemental Short-Term Disability Coverage can be elected to supplement the New York State Mandated Short-Term Disability plan.

ELIGIBILITY

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

EFFECTIVE DATE OF COVERAGE

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

COVERAGE OPTIONS

Supplemental Short-Term Disability **Plan 1:**

- Disability benefits begin on the 8th day from the accident/sickness
- Rate: \$0.962/per \$10 of weekly benefit

Supplemental Short-Term Disability **Plan 2:**

- Disability benefits begin on the 15th day from accident/sickness
- Rate: \$0.872/per \$10 of weekly benefit

Supplemental Short-Term Disability **Plan 3:**

- Disability benefits begin on the 31st day from accident/sickness
- Rate: \$0.691/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.

Click [here](#) to watch a PowerPoint presentation from Lincoln Financial regarding this great benefit!

LONG-TERM DISABILITY (LTD)

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 1st of the month after 1 year of employment.

The Plan is provided through Lincoln Financial Group 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 Lincoln Financial Group at (800) 210-0268.

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

An employee may be eligible for up to 12 weeks of PFL 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, sibling) 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.

PFL benefits are financed solely through employee contributions via payroll deductions. The weekly monetary benefit will be 67% of the employee's average weekly wage or 67% of the state average weekly wage, whichever is less.

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.

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.



2023 HOLIDAYS

<u>HOLIDAY</u>	<u>DAY</u>	<u>DATE</u>
New Year's Day ¹	Monday	January 2, 2023
Martin Luther King, Jr. Day	Monday	January 16, 2023
Presidents' Day	Monday	February 20, 2023
Memorial Day	Monday	May 29, 2023
Juneteenth	Monday	June 19, 2023
Independence Day	Tuesday	July 4, 2022
Staff Appreciation Holiday ²	Friday	September 1, 2023
Labor Day	Monday	September 4, 2023
Thanksgiving Day	Thursday	November 23, 2023
Day after Thanksgiving	Friday	November 24, 2023
Christmas Day	Monday	December 25, 2023

¹ New Year's Day 2022 will be observed on 1/2/23

² Staff not eligible for PTO but scheduled to work that day will receive holiday pay equal to their scheduled hours.

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.

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.

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

<u>YEARS OF SERVICE</u>	<u>VACATION</u>	<u>ACCRUAL SCHEDULE*</u>
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 31st of the new year. For example, 2022 vacation time carried over to 2023 must be used by December 31, 2023 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.

FLOATING HOLIDAYS & PERSONAL DAYS

Floating holidays & 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 FLOATING HOLIDAYS/PERSONAL DAYS

As an active regular employee, you accrue one floating holiday and one personal day on January 1st and one floating holiday and one personal day on July 1st. For example, an employee who is employed on January 1st will accrue 1 floating holiday and 1 personal day for the first 6 months of the calendar year. The additional floating holiday and personal day will be granted if the employee is employed on July 1st.

SCHEDULING OF FLOATING HOLIDAYS/PERSONAL DAYS

To the extent possible, the use of floating holidays and personal days should be approved at least two weeks in advance by the employee's supervisor, department head or Executive Director.

CARRYOVER

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

PAYMENT OF FLOATING HOLIDAYS/PERSONAL DAYS UPON TERMINATION

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

SICK DAYS



ELIGIBILITY

All employees are eligible.

ALLOWANCE PER CALENDAR YEAR AND CARRY OVER

Up to 56 hours per calendar year. Any unused earned sick time will be carried over for future use. Employees can accrue up to 130 days of sick time.

RATE OF ACCRUAL

You will accrue sick time at the rate of one hour for every 30 hours worked, up to a maximum of 56 hours of sick time per calendar year.

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 childcare provider closed due to a public health emergency.

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/Parent of an employee's spouse or domestic partner, Sibling (including half, adopted, or step siblings).

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 report, 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 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 workdays** 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 workday 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.

Seasonal and temporary employees are not eligible to 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.

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 will be honored 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 honored).

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

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.