



YOUR BENEFITS YOUR



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

2021 YMCA of the Fox Cities Employee Benefits Guide

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As an Employee of YMCA of the Fox Cities you can enroll in valuable benefits to protect the health and financial security of you and your family. Within this guide you will find the highlights of each of the benefits including medical insurance, dental insurance, vision insurance, life insurance, and more! All these benefits (if elected) will be paid for through convenient payroll deductions if you are a benefit-eligible employee of YMCA of the Fox Cities.

We encourage you to read through this guide, share it with your family, and ask us any questions that you may have so that you are educated and empowered to choose the benefits that are best for you.

Current Employees: Our next enrollment takes place towards the end of 2021. Open enrollment is your chance to add or drop benefits, change your elections, and add or drop dependents. If you do not act during open enrollment, you will not have another chance to make changes until the next open enrollment period unless you experience a qualifying life event like a birth, adoption, marriage, or divorce.

New Employees: You have 30 days from your full-time date of hire to elect benefits. Your elections will take effect on the first day of the month following 30 days of active full-time employment. If you do not act now, you will not have the opportunity to enroll again until the next open enrollment period, unless you experience a qualifying life event like a birth, adoption, marriage, or divorce before that time.

If you are a new employee - Welcome to YMCA of the Fox Cities! And if you are a current employee, thank you again for your service to the company and we look forward to an outstanding year!

Sincerely,
Human Resources



Benefit Contact Information

Coverage/Service	Carrier	Contact
Medical Insurance	Prairie States Enterprises	1.800.615.7020 www.prairieontheweb.com
Flexible Spending Accounts	Employee Benefits Corporation	1.800.346.2126 www.ebcflex.com
Dental Insurance	Delta Dental of Wisconsin	1.800.236.3712 www.deltadentalwi.com
Vision Insurance	Superior Vision of Wisconsin	1.800.507.3800 www.superiorvision.com
Life/AD&D Insurances	Lincoln Financial Group	1.800.487.1485 www.lfg.com
Disability Insurance	Lincoln Financial Group	1.800.487.1485 www.lfg.com
Retirement Plan & Tax-Deferred Savings Plan	YMCA RETIREMENT FUND	1.800.738.9622 www.yretirement.org

YMCA of the Fox Cities Benefits Contact

Michelle Sorenson
HR Generalist
920.882.3668
msorenson@ymcafoxcities.org

Eligibility, Enrollment, & Changes

Employee Eligibility: All full-time employees actively working 37.5 hours or more per week are eligible for benefits on the first of the month following 30 days of full time-employment.

Dependent Eligibility:

- Your legally married spouse who is a resident of the same country in which the Employee resides. Such spouse must have met all requirements of a valid marriage contract of the State in which the marriage of such parties was performed.
- Your dependent children up to age 26 including natural born, stepchildren, legally adopted, or children placed with you for adoption.
- Children of the employee who are required to be covered by reason of a Qualified Medical Child Support Order (QMCSO), as defined in ERISA §609(a).
- Disabled children age 26 and over if all the following apply:
 1. *is a child as defined above.*
 2. *is unmarried.*
 3. *became handicapped prior to reaching age 26.*
 4. *is dependent upon the Employee/Employee's spouse for support and maintenance.*
 5. *is incapable of self-sustaining employment because of physical handicap, mental handicap, mental illness, or mental disorders.*

Benefit election changes during the year may be made for the following reasons:

- Changes in the employee's legal marital status such as marriage, divorce, separation, or the death of a spouse.
- A change in the number of dependents such as birth, death, or adoption.
- Changes in employment status of the employee or of the employee's spouse or dependents. This includes the beginning or ending of employment, new or different work hours, change from full-time to part-time status or vice versa.
- A dependent becomes eligible or ceases to be eligible for coverage due to age.
- Employee, spouse or dependent becoming, or ceasing to be, eligible for Medicare or Medicaid.
- A judgment, decree, or order that results from a divorce or legal separation.
- ***An election change must be made within 30 days of the qualifying event.***

Pretax Elections: Employee medical premiums will be deducted on a pre-tax basis through payroll deduction. Due to IRS rules, contributions cannot be revoked or changed during the plan year, unless you experience a qualifying "Status Change" as described above.

How My Medical Plan Works

Preferred Provider Option (PPO): The YMCA of the Fox Cities Health Plan uses a PPO Network which is all about choice. You get to choose which providers to visit each time you need care, and you can help control your own medical costs by choosing providers from within the PPO. When you go out-of-network, you can visit any doctor or hospital you want, but you pay a greater portion of the cost.

In-Network Benefits: When you visit a provider that is within the PPO network, you will maximize the benefits of your medical plan. You do not have to select a Primary Care Physician, nor do you need a referral to see a specialist. Simply visit any doctor you choose within the PPO network for whatever care you need. Even within the PPO Network, you are responsible for the annual deductible before your plan begins paying coinsurance for most benefits. After your deductible is met, you are only responsible for your portion up to your annual out-of-pocket maximum.

Out-of-Network Benefits: Your plan allows you to visit any provider you want, even if they are not within the PPO network. However, you will pay more for the services of any provider who is out-of-network and you will have to satisfy your out-of-network deductible before the plan's coinsurance kicks in. When you visit an out-of-network provider, the plan bases its payments on what it considers the usual & customary rate (U&C) for each service provided. If the charge incurred is more than the U&C limit set forth by the plan, you are responsible for paying the full difference between the charge and what the plan pays. When you receive out-of-network care, you are responsible for filing claim forms for reimbursement. As with in-network providers, you will still need to contact Prairie States Enterprises to pre-certify hospital stays and certain outpatient procedures

Pre-Certification/Utilization Review: 1.800.615.7020

Terms To Know:

- **In-Network:** The doctors and hospitals that participate in the plan by accepting negotiated discounts to their fees.
- **Copay:** A flat dollar amount that you are required to pay at the time of service for Medical or Rx Drugs. Not all Health Plans use copays.
- **Out-of-Pocket Maximum:** The maximum amount that you could be responsible for paying in any plan year, including your deductible, copays, and coinsurance, before the health plan covers 100% of remaining eligible expenses.
- **Deductible:** Your initial portion of Healthcare costs that you will pay before your plan begins cost sharing.
- **Coinsurance:** The percentage of the cost you will pay after you meet your deductible
- **Usual & Customary (U&C):** The most a plan will consider eligible for a covered expense. U&C charges are based on the range of fees charged by providers with comparable training for the same or similar services in your area. When you receive care in-network, U&C allowance limitations do not apply

Traditional Medical Plan Summary & Rates

YMCA of the Fox Cities offers a traditional medical plan administered through **Prairie States Enterprises**. Visit www.prairieontheweb.com to find an In-Network Provider near you.

Medical Plan Details	In-Network	Out-of-Network
Calendar Year Deductible Individual Family	\$1,000 Individual \$2,000 Family	\$2,000 Individual \$4,000 Family
Coinsurance Plan Pays Employee Pays	80% 20%	60% 40%
Annual Out-of-Pocket Maximum Individual Family	\$2,000 Individual \$4,000 Family	\$4,000 Individual \$8,000 Family
Preventative Care	100% No Cost Share	40% after deductible
Primary Care Office Visit	\$35 copay	40% after deductible
Specialist Office Visit	\$70 copay	40% after deductible
Emergency Room	\$150 copay, then 20% after deductible	\$150 copay, then 20% after deductible
Hospitalization	20% after deductible	40% after deductible
Prescription Drugs		
Generic	Retail: \$10 copay Mail: \$20 copay	Not Covered
Preferred Brand	Retail: \$25 copay plus 10% Mail: \$50 copay plus 10%	Not Covered
Non-Preferred Brand	Retail: \$45 copay plus 20% Mail: \$90 copay plus 20%	Not Covered
Specialty	Tier 1: \$75 copay Tier 2: \$80 copay plus 10% Tier 3: \$100 copay plus 20%	Not Covered
Monthly Employee Cost		
Employee	\$152.40	
Limited Family	\$381.12	
Family	\$457.44	

The information described herein is only intended to be a summary of your benefits. It does not describe or include all benefit provisions, limitations, exclusions, or qualifications for coverage. Please review your certificate of coverage for a complete explanation of your benefits. If the benefits below conflict in any way with the certificate of coverage, the certificate of coverage will prevail

HDHP Medical Plan Summary & Rates

YMCA of the Fox Cities offers a high deductible health plan administered through **Prairie States Enterprises**. Visit **www.prairieontheweb.com** to find an In-Network Provider near you.

Medical Plan Details	In-Network	Out-of-Network
Calendar Year Deductible Individual Family	\$6,350 Individual \$12,700 Family	\$12,700 Individual \$25,400 Family
Coinsurance Plan Pays Employee Pays	100% 0%	100% 0%
Annual Out-of-Pocket Maximum Individual Family	\$6,350 Individual \$12,700 Family	\$12,700 Individual \$25,400 Family
Preventative Care	100% No Cost Share	100% after deductible
Primary Care Office Visit	100% after deductible	100% after deductible
Specialist Office Visit	100% after deductible	100% after deductible
Emergency Room	100% after deductible	100% after deductible
Hospitalization	100% after deductible	100% after deductible
Prescription Drugs		
Generic	100% after deductible	Not Covered
Preferred Brand	100% after deductible	Not Covered
Non-Preferred Brand	100% after deductible	Not Covered
Specialty	100% after deductible	Not Covered
Monthly Employee Cost		
Employee	\$103.02	
Limited Family	\$277.92	
Family	\$333.36	

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Dental Plan Summary & Rates

YMCA of the Fox Cities offers you the option to buy affordable Dental Insurance through **Delta Dental of Wisconsin**. On this plan, you have the option to use any dentist; however, if you go out-of-network, the plan will reimburse based on the "Usual and Customary" fees. See Human Resources for a full summary description of benefits. To find an in-network provider near you, visit **www.deltadentalwi.com** or call 1.800.236.3712.

	In-Network	Out-of-Network
Calendar Year Deductible		
Individual	\$50	\$50
Family	\$150	\$150
Annual Maximum Benefit (Per Person)	\$1,000	\$1,000
Lifetime Orthodontia Benefit Maximum Per Dependent Child	\$1,500	\$1,500
Types of Services	In-Network	Out-of-Network
Type 1: Diagnostic & Preventative Care	100%	100%
Type 2: Basic Restorative Services	80%	80%
Type 3: Major Restorative Services	50%	50%
Type 4: Orthodontic Services	50%	50%
Monthly Employee Cost		
Employee	\$7.64	
Employee + Spouse	\$15.28	
Employee + Child(ren)	\$18.34	
Family	\$30.57	

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Vision Plan Summary & Rates

YMCA of the Fox Cities offers the below Vision Benefit through **Superior Vision of Wisconsin**. Below you will find Vision Benefit Summary. Visit www.superiorvision.com to find an In-Network Provider near you.

Vision Plan Details	In-Network	Out-of-Network
Annual Eye Exam	100%	Up to \$35 reimbursement
Lenses Single Bifocal Trifocal	100% 100% 100%	Up to \$25 reimbursement Up to \$40 reimbursement Up to \$45 reimbursement
Frames	\$125 retail allowance	Up to \$70 reimbursement
Contact Lenses Elective Medically Necessary	\$150 retail allowance 100%	Up to \$125 reimbursement Up to \$150 reimbursement
Benefit Frequencies Exams Lenses Contact Lenses (Instead of Glasses) Frames	Once every 12 months Once every 12 months Once every 12 months Once every 24 months	Once every 12 months Once every 12 months Once every 12 months Once every 24 months
Monthly Employee Cost		
Employee	\$10.92	
Employee + Spouse	\$18.56	
Employee + Child(ren)	\$19.66	
Family	\$29.48	

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Flexible Spending Accounts (FSA)

YMCA of the Fox Cities offers you two different FSA options: A **Medical Reimbursement Account** and a **Dependent Care Reimbursement Account**. The Medical Reimbursement Account is pre-funded, meaning that the entire amount you elect to contribute for the plan-year is available for you to use at the start of the year even though you have not actually contributed it yet. The Dependent Care Reimbursement Account is not pre-funded, meaning that to pull money from this account; you will first have to contribute to the account. **Both accounts are "Use it or Lose it"** at the end of the plan year with the exception of 2 ½ month "Grace Period". By using these accounts, you can save money and bring home more of your income by paying for medical care and dependent care expenses using PRE-TAX dollars from your payroll.

Note: You may not utilize the medical FSA if you have a Health Savings Account (HSA). You may still participate in the dependent care FSA.

Note: This is an example for your reference only and actual amounts will vary based on your income, expenses, FSA election amount, and tax rates.

How Much Can I Save By Using An FSA? In this example, a person with an annual salary of \$40,000 would bring home \$600 more in a year just by participating in an FSA instead of paying medical care costs out of pocket with after-tax money.

	Without FSA	With FSA
 You Earn	\$3,333 per month	\$3,333 per month
 You Set Aside (Pre-Tax)	\$0 per month	\$200 per month
 The IRS Taxes You On	\$3,333 per month	\$3,133 per month
 You spend this much on your family's medical, dental, vision, and dependent care expenses (combined).	\$2,400 per year	\$2,400 per year
 You Bring Home	\$27,600 per year	\$28,200 per year

Bring home \$600 more per year simply by paying for the same expenses with Pre-Tax FSA dollars instead of Post-Tax dollars!

This example assumes a 25% tax rate. Your numbers will vary based on income, FSA contributions, and taxes.

This is an example for illustration purposes only. Your personal income and tax savings will vary based on your income, tax rate, and the amount of money you contribute to your FSA.

2021 Maximum Annual Contribution Limits

- **Medical FSA:** Up to \$2,500 per short plan year.
- **Dependent Care FSA:** Up to \$5,000 if single or married & filing taxes jointly or \$2,500 if married & filing taxes separately.

For a complete list of eligible medical expenses see IRS publication 502:
<http://www.irs.gov/publications/p502/>

For a complete list of eligible dependent care expenses see IRS publication 503:
<http://www.irs.gov/publications/p503/>

Life/AD&D and Long-Term Disability

As a full-time associated of the YMCA of the Fox Cities, working 37.5 or more hours per week, you are eligible for a variety of company sponsored benefit plans. YMCA of the Fox Cities pays 100% of the cost of your Basic Life, Accidental Death and Dismemberment (AD&D) and Long-Term Disability (LTD). The amount of your insurance or disability benefit is determined by the schedule of insurance in the policy.

You also can purchase additional life insurance for yourself. If you purchase life insurance for yourself, you will also be eligible to purchase life insurance for your spouse and/or children. Please see Human Resources for details.

Voluntary Life Insurance Benefits at a Glance

Employee		
Guaranteed coverage amount during initial offering or approved special enrollment period		\$150,000
Newly hired employee guaranteed coverage amount		\$150,000
Continuing employee guaranteed coverage annual increase amount		Choice of \$10,000 or \$20,000
Maximum coverage amount		5X your annual salary (\$300,000 maximum in increments of \$10,000)
Minimum coverage amount		\$10,000
AD&D coverage amount		Equal to the life insurance amount chosen
Spouse		
Guaranteed coverage amount during initial offering or approved special enrollment period		\$30,000
Newly hired employee guaranteed coverage amount		\$30,000
Continuing employee guaranteed coverage annual increase amount		Choice of \$5,000 or \$10,000
Maximum coverage amount		50% of the employee coverage amount (\$150,000 maximum in increments of \$5,000)
Minimum coverage amount		\$5,000
AD&D coverage amount		Equal to the life insurance amount chosen
Dependent Children		
6 months to age 19 (to age 25, if unmarried & a full time student) guaranteed coverage amount		\$10,000
Age 14 days to 6 months guaranteed coverage amount		\$250

YMCA RETIREMENT FUND

One of the primary benefits of working for a YMCA is that you can build your savings with the YMCA Retirement Fund. During your YMCA career, you might move from one YMCA to another, but your savings will stay at the YMCA Retirement Fund.

The Retirement Plan

The Retirement Plan is a 401(a) defined contribution account balance plan. This means that your benefits are defined by the amount contributed to your accounts during your career, plus the interest credited to these accounts.

Eligibility

To be eligible to be enrolled in the Retirement Plan, you must have completed 1,000 hours of service during each of any two 12-month periods, beginning with your date of hire. These two years do not have to be consecutive. You must also be at least age 21. Once you are eligible, your YMCA will enroll you in the Retirement Plan and you are immediately vested.

The Retirement Plan Accounts

Contributions to your accounts in the Retirement Plan are based on your salary. Your YMCA chooses a total contribution rate, which may be paid in full by your YMCA (all to the YMCA Account) or shared with the employee (split between the YMCA Account and the Personal Account).

For example, if your YMCA chooses a 12% total contribution rate, it may either decide to pay the full 12% to your YMCA Account, or pay 7% to your YMCA Account and require you to pay 5% to your Personal Account.

The Tax-Deferred Savings Plan

As an employee of a participating YMCA, you can participate in the Savings Plan. You can open a 403(b) Smart Account from your first day of employment, regardless of your age or hours worked. This account allows you to save money on a pre-tax basis through payroll deduction. You will have to pay Social Security and Medicare taxes on the amounts you contribute. You do not have to pay federal income tax on your contributions, or on the account's earnings, until you withdraw them from the Savings Plan (state tax laws vary).

Rollovers

Whether you are a new employee or have been working at a YMCA for a while, you may roll over funds from qualified plans, tax-deferred annuities, deferred compensation governmental plans, Traditional IRAs, SEP IRAs, or SIMPLE IRA plans into a Rollover Account in the Savings Plan. However, rollovers of Roth IRAs are not accepted.

Loans

While you are working for a participating YMCA, you can borrow from the Savings Plan. For more information about loans, see our publication Getting a Loan from the Tax-Deferred Savings Plan on our website: www.yretirement.org, or call Customer Service at: 1 800-RET-YMCA.

At Retirement

If you are no longer working for a YMCA, you can start a lifetime annuity as early as age 55. You can decide whether to take an annuity or a distribution with the monies saved in either the Retirement Plan or Savings Plan, while leaving your money in the other Plan to continue to earn interest. These decisions can be made for each Plan at different times.

PAID TIME OFF

Bereavement Pay:

- 3 days total for an immediate family member
- Normally immediately before or after the funeral
- Family member definition for this policy only: Spouse, child, parent (and in-laws), brother, sister (and in-laws), grandparent, grandchildren, stepchild/parent

Holiday:

- 8 days total (6 holidays and 2 floating holidays)
- Eligible new hires will be eligible for recognized holidays immediately after the date of employment
- For new employees, 2 floating holidays will be granted if hired before June 30th, 1 floating holiday will be granted if hired between July 1st and September 30th, and no floating holidays will be granted if hired on or after September 30 until the following January 1st.
- Unused holidays or floating holidays are not cashed out or paid out at termination

Sick Pay:

- Earning 1 day/month of employment (immediately after the 1st of the month of hire)
- Eligible to utilize after completing 90 days of employment
- Sick days can be used only after they have been accumulated
- A maximum of 60 days can be earned and carried over from year to year
- 6 sick days within a 12-month period will be excessive absenteeism - which may result in performance improvement process/disciplinary actions up to and including termination
- Sick days are not cashed out or paid out at time of termination

Vacation:

Full-Time Hourly

1st year of service	- 1 week/5 days (Pro-rated based on when you are hired)
2 – 5 years of service	- 2 weeks/10 days
6 – 15 years of service	- 3 weeks/15 days
16 – 25 years of service	- 4 weeks/20 days
26 + years of service	- 5 weeks/25 days

Exempt

1st year of service	- 2 weeks/10 Days (Pro-rated based on when you are hired)
2 – 5 years of service	- 3 weeks/15 days
6 – 15 years of service	- 4 weeks/20 days
16 + years of service	- 5 weeks/25 days

PAID TIME OFF

Vacation:

- Vacation begins accruing the 1st of the month following 90 days of employment
- Must be hired prior to October 1st of that year to be eligible for any vacation.
- Vacation is converted to calendar year the first of the year following employment
- A vacation day is paid out based on the employee's normal work schedule (8 hours for an 8-hour shift or 10 hours for a normally scheduled 10-hour shift) and paid out at the primary base pay.
- Vacation days can be taken in full or half day increments.
- Vacation earned and not taken at the time of an employee's termination will be paid out with the final paycheck.
- Any vacation taken prior to being earned will be paid back by the employee and deducted off the final paycheck.
- Vacation cannot be carried over year-to-year and is not paid out in lieu of time not taken.

Wellness Benefit:

- Will receive 1 additional paid day off within the Floating Holiday Package to be used the following year after an employee had utilized zero (0) sick days
- The day off must be used the following year and cannot be carried over to following year or paid out if the employee terminates
- The employee must have worked one (1) full calendar year to be eligible

MEMBERSHIP & PROGRAM DISCOUNTS

Membership	Complimentary Self & Family
Membership Joiner's Fee	Waived
KIT Lockers (APY, FWY, HVY and NMY)	Complimentary Self & Family
Full Time Day Care (6 weeks to 2 years)	25% off child's membership status
Full Time Day Care including 4K & 4K Wrap Around (2 years to 5 years)	50% off child's membership status
Pre-School/Pre-K	50% off child's membership status for 1 pre-school class per session per child
Day Camps (1/2 & Full Day) and Camp Nan A Bo Sho	50% off child's membership status
Play & Learn Licensed Program (6 weeks to 2 years) ACY, APY, CLC- While working up to 5 hours per day.	25% off child's membership status (while working)
Play & Learn Licensed Program (2 years to 6 years) ACY, APY and CLC While working up to 3 hours per day.	100% off child's membership status (while working)
Play & Learn Licensed Program (2 years to 6 years) ACY, APY and CLC - While working hours 4 & 5 per day.	50% off child's membership status
Play & Learn Licensed Program Up to 3 hours per day while NOT working at the YMCA (You may contract hours 4 & 5 at the discounted rate). Kids Corner Program Up to 3 hours per day while NOT working at the YMCA.	25% off child's membership status (while NOT working)
Kids Corner Program FWY, HVY, NMY -While working up to 3 hours per day.	100% off child's membership status (while working and in-house)
School Age (School Age Employees receive a 100% discount if their child is enrolled at their school site during the school and they receive 50% discount for the summer)	50% off child's membership status
Registration Fees for Day Care, School Age, Pre-School, and Pre-K	No Discount
Programs and Summer Specialty Day Camps **Some discounts may vary due to additional materials or charges. (Ex: growth & development, stained glass, basket weaving, pottery, contracted specialty classes such as kayaking and scuba diving.)	Complimentary Self & Family
One Time Fee for Program/Class (Ex: books, supplies, costumes, uniforms, swimsuits, t-shirts, competition fees or any other one-time fee.)	No Discount
Private Instruction - 1 Student Only (Ex: individual music, piano, guitar lessons, personal training, nutrition counseling, etc.)	No Discount
Semi-Private/Group Instructor - Typically 2 - 6 people some examples: Aerial yoga, Fit Ranx, Reformer, etc. (Excludes Personal training)	50% off participant membership status
Teams (Ex: Gymnastics, Swimming, Studio Y, Inspire Dance)	50% off participant membership status
Adult One Day Bus Trips (Excludes Overnight trips)	25% off participant membership status
YMCA Retail Merchandise	10% Off
YMCA Birthday Parties, Family Fun Center, Adventure Alley, Fun Runs, Gymnastics Center	25% off participant membership status