



IMPORTANT CONTACT INFORMATION:

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YMCA Benefits Administrator
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Blue Options Health Care
www.bcbsfl.com

Met Life
www.metlink.com

Colonial Supplemental
www.coloniallife.com
1-407-648-0311

Visionary Concepts
(407) 831-1793
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SUMMARY OF EMPLOYEE BENEFITS

Effective 10/1/2006





Our Benefits Philosophy

The focus of the YMCA's benefits program is to enhance the work environment and to be responsive to the increased recognition that employees have different needs, depending on their age, marital status and dependents. (See Employee Handbook or call the Human Resources Director (386-255-8773) for a more detailed description of benefits and eligibility.)

Legally Mandated Benefits

Social Security, Unemployment Insurance, Worker's Compensation

YMCA Facility Usage

- **Free** Family Facility Usage and 20% reduction on program fees for Full-Time Employees
- **Free** Employee Facility Usage for Part-Time Employees

Holidays (Full-Time Employees)

7 paid holidays and 1 floating paid holiday per year

Vacation Days (Full-Time Employees)

2 weeks each benefit year (3 weeks after 5 years; 4 weeks after 10 years)

Personal Time Off (Full-Time Employees)

5 days each benefit year

Bereavement Leave (Full-Time Employees)

Up to 3 days paid leave for death in the immediate family



HIGHLIGHTS OF SUPPLEMENTAL PLANS

Supplemental Income Plans are Simplified Issue and are fully portable at the same rate. Some income protection plans are guaranteed for life! These plans may be right for your family because plans are voluntary, and they pay in addition to any other coverage you may have. Payment is direct to you, unless assigned.

Accident Plan (on or off the job) – Accident Disability income for primary insured for up to 1 year. Medical expenses include: Emergency Services, Hospitalization, Dislocation/Fracture Schedule, Ambulance, AD&D; optional sickness benefits & disability riders

Hospital Indemnity Plan – To protect yourself and your family against the rising cost of hospitalization co-insurance and deductible responsibility. The base policy pays a daily benefit for hospital confinement & outpatient surgery. You may customize your plan with any of 5 levels of coverage of \$5,000 - \$50,000.

Critical Illness Type Coverages – Valuable coverage to protect your financial resources should you or a member of your family need expensive treatment for heart disease, stroke, cancer or end-stage renal failure.

Disability Income Coverage – Protection for one of your most valuable assets – your ability to earn an income. Policies pay a monthly benefit for disability due to a covered sickness or injury. Coverage is guaranteed renewable to age 65.

Life Insurance – A variety of strategies to help individuals protect their loved ones:

- **Term Life Insurance** – ideal for providing coverage for a specific amount of time.
- **Universal Life Insurance** – provides a death benefit, and over time, may provide a fund value you can use for retirement, children's education or emergencies.

METLIFE BENEFITS/RATES SUMMARY

(See policy or Certificate of Insurance for full descriptions)

DENTAL PLAN		
ANNUAL DEDUCTIBLE		
Single	\$50	
Family	\$150	
BENEFITS		
	In Network	Out of Network
Preventative Care	100%	80%
Basic Care	80%	60%
Major/Restorative Care	50%	40%
Annual Maximum	\$1,000	\$1,000
Orthodontia (Child Only)	60%	60%
Lifetime Orth. Max.	\$1,000	\$100
Overnight Hospital	\$2,000-\$4,000 per	\$600-\$1,500 per
MONTHLY RATES:		
Employee Only	*\$ 28.37	
Employee & Spouse	\$ 59.19	
Employee & Children	\$ 73.18	
Family	\$104.01	
*YMCA pays 51% of the Employee Only rate (= \$14.47) - applied to whatever Plan employee chooses.		
LIFE/AD&D PLAN		
Plan Design	1x Basic Annual Earnings	
Non-Medical Maximum	\$100,000	
Plan Maximum	\$200,000	
MONTHLY RATES	No cost to the employee	
LONG-TERM DISABILITY		
Monthly Benefit	60% of salary to \$6,000	
Elimination Period	180 days	
Benefit Period	To Age 65	
Return to Work Incentive	24 mos. from date of benefit	
MONTHLY RATES	No cost to the employee	



Family & Medical Leave Act

Employees who have been employed by the Greater Daytona Beach Area YMCA for at least 12 months and worked at least 1,250 hours during the previous 12 months are eligible to receive up to 12 weeks of job-protected leave, without pay, in a 12-month period, for specified family and medical needs.

YMCA Retirement Fund

Once eligible, the YMCA pays 12% of each employee's monthly compensation to the Plan. Employees are fully vested at time of enrollment. Additional retirement savings may be available (before and after-tax accounts), even as a new employee.

Association of YMCA Professionals (AYP)

The YMCA will pay for total annual membership dues for eligible employees.

Staff Development and Training

The YMCA recognizes that the quality of its work is directly related to the continuing growth and training opportunities for employees. We are dedicated to properly and fully training and developing our employees, based mutually upon the YMCA's goals and the employee's needs.

Employee Reward & Recognition

The YMCA promotes employee reward & recognition of an employee's tenure, personal and professional accomplishments and special contributions.



Insurance Coverage (Full-Time Employees)

The YMCA provides pre-tax health and dental insurance benefits, paid jointly by the YMCA and the employee. Group coverage is Guaranteed Issue and can continue through COBRA in some cases.

The YMCA provides Life/Accidental Death & Dismemberment Insurance and Long-Term Disability Insurance, at no cost to the employee.

You have the opportunity to receive these benefits from the top providers in the nation...

- **Blue Cross/Blue Shield of Florida** – Health
See page 5 for details on coverage & options
(For more information, contact Benefits Administrator)
- **MetLife** – Life, Disability, Dental, Vision
See page 6 for details on coverage & options
(For assistance, contact Benefits Administrator)
- **Colonial** – Voluntary Supplemental Plans
See page 7 for highlights and examples
(For assistance, contact Colonial Insurance directly)

BLUE OPTIONS BENEFITS/RATES SUMMARY

(See benefit policy for full benefit descriptions)

Benefit	Plan 1801	Plan 1262	Plan 1664
PLAN MAXIMUMS			
Indiv. CY Deductible	\$1,500	\$500	\$250
Co-Insurance %	50%	80%/50%	80%/60%
Out of Pocket Max.	\$10,000	\$2,500	\$2,500
Lifetime Max.	\$1 million	\$5 million	\$5 million
CO-PAY ITEMS			
Dr. Visits (PCP only)	\$35	\$20	\$20/\$35 Spec.
Pharmacy	\$15 gen. only	\$15/\$30/\$50	\$15/\$30/\$50
HOSPITAL SERVICES			
OP Hospital Facility	\$300-\$500 per occur.	\$150-\$300 per occur.	\$150-\$250 per occur.
Ambulatory Surgical Center	CYD & Co-ins.	\$100	\$75
Mammograms	\$0	\$0	\$0
Major Diagnostic Testing	CYD & Co-ins.	\$100	\$75
Emergency Room	CYD & Co-ins.	\$100	\$100
Overnight Hospital	\$2,000-\$4,000 per	\$600-\$1,500 per	\$750-\$1,500
MONTHLY RATES:			
Employee Only	\$116.53	*\$271.93	\$295.12
Employee & Spouse	\$241.22	\$562.89	\$610.90
Employee & Children	\$219.08	\$511.23	\$554.83
Family	\$369.98	\$863.38	\$937.02
*YMCA pays 75% of the Employee Only rate for Plan 1262 (= \$203.95) - applied to whatever Plan employee chooses.			