COLLECTIVE BARGAINING AGREEMENT BETWEEN THE POLICEMEN'S BENEVOLENT LABOR COMMITTEE, THE KANE COUNTY CORONER AND THE COUNTY OF KANE

AGREEMENT DATES

12/01/2021 through 11/30/2023

INDEX

Articles

PREAMBLE	1
ARTICLE 1 RECOGNITION	2
ARTICLE 2 MANAGEMENT RIGHTS	4
ARTICLE 3 PROBATIONARY EMPLOYEES	
ARTICLE 4 SAVINGS CLAUSE	6
ARTICLE 5 UNION SECURITY	6
ARTICLE 6 INDEMNIFICATION	7
ARTICLE 7 NON-DISCRIMINATION	7
ARTICLE 8 NO STRIKE OR LOCKOUT	7
ARTICLE 9 SENIORITY	8
ARTICLE 10 LAYOFF AND RECALL	9
ARTICLE 11 GRIEVANCE PROCEDURE	11
ARTICLE 12 DISCIPLINE AND DISCHARGE	15
ARTICLE 13 PERSONNEL FILES	17
ARTICLE 14 EMPLOYEE DEVELOPMENT & TRAINING	18
ARTICLE 15 LABOR-MANAGEMENT COMMITTEE	19
ARTICLE 16 HOLIDAYS	20
ARTICLE 17 VACATIONS	20
ARTICLE 18 SICK LEAVE	22
ARTICLE 19 MISCELLANEOUS PROVISIONS	24
ARTICLE 20 LEAVES OF ABSENCE	26
ARTICLE 21 UNION RIGHTS	34
ARTICLE 22 WAGES	36
ARTICLE 23 OUT OF TITLE WORK	38
ARTICLE 24 INSURANCE	38
ARTICLE 25 VACANCIES	40
ARTICLE 26 SAFETY AND HEALTH	41
ARTICLE 27 HOURS OF WORK	42
ARTICLE 28 SUBCONTRACTING	45
ARTICLE 29 COMPLETE AGREEMENT AND MAINTENANCE OF STANDARDS	16

ARTICLE 30 TERMINATION	46
SIGNATURE PAGE	48
APPENDIX A DRUG AND ALCOHOL TESTING	49
APPENDIX B DRUG TESTING LOCATIONS	54
APPENDIX C	55
APPENDIX D	56

PREAMBLE

This Agreement is entered into by the Kane County Coroner ("Coroner") and the County of Kane ("County"), hereinafter referred to, respectively and/or collectively, as applicable, as the "Employer", and the Policemen's Benevolent Labor Committee (PBLC) hereinafter referred to as the "PBLC" or the "Union".

The purpose of this Agreement is to provide an orderly collective bargaining relationship between the Employer and the Union representing the employees in the bargaining unit and to make clear the basic terms upon which such relationship depends. It is the intent of both the Employer and the Union to work together to provide and maintain satisfactory terms and conditions of employment and to prevent as well as to adjust misunderstandings and grievances relating to some of employees working conditions.

To the extent provisions of the Collective Bargaining Agreement are in conflict with provisions of the Kane County Code, the Collective Bargaining Agreement shall apply.

In consideration of mutual promises, covenants and Agreement contained herein, the parties hereto, by their duly authorized representative and/or agents, do mutually covenant and agree as follows:

ARTICLE 1 RECOGNITION

Section 1. Bargaining Unit Descriptions

The Employer hereby recognizes the PBLC as the sole and exclusive collective bargaining representative for the purpose of collective bargaining on matters relating to wages, hours, working conditions and other terms and conditions of employment of the following unit.

Included: All employees of the Kane County Coroner's Office in the title of Deputy Coroner, Administrative Assistant 1 and Administrative Assistant 2.

Excluded: Coroner, Chief Deputy Coroner, Director of Operations, Director of Administration, all other employees of the County of Kane and Kane County Coroner, all supervisors, managerial, professional, short-term and confidential employees within the meaning of the Illinois Public Labor Relations At ("Act"), and all other persons excluded from coverage under the Act.

While the Employer recognizes all job classifications under the agreement, the Employer will be under no obligation to fill vacant positions when qualified personnel are unavailable or operational needs do not warrant the position to be filled. Only one person will fill exempt status positions unless otherwise stated in this Agreement.

Where the Employer finds it necessary to create new job classifications, the work of which falls within the scope of the bargaining unit, the Employer shall inform the Union in writing and the parties may meet to determine the appropriate classification or jointly petition the State Labor board to seek the necessary unit clarification within thirty (30) days.

Section 2. Categories of Employment

- A. Regular Full-Time an employee in an established position working 35 or more hours per week. Employees in this classification are entitled to the benefits described in this Collective Bargaining Agreement and any policies specifically adopted by the Coroner. Unless otherwise noted, benefits begin to accrue on the first day of regular employment.
- B. Regular Part-Time an employee in an established position who is scheduled to work less than 35 hours per week. Employees in this classification who qualify for and participate in the Illinois Municipal Retirement Fund (IMRF) are entitled to the benefits described in this Collective Bargaining Agreement and any policies specifically adopted by the Coroner. Unless otherwise noted, benefits begin to accrue on the first day of regular employment.
- C. Seasonal or Intermittent full-time or part-time an employee hired to work temporarily for a short period of time or only intermittently throughout the year. Employees

in this classification are not eligible for any benefits covered by this Collective Bargaining Agreement.

Kane County is required to enroll all employees into IMRF if their job normally requires 600 or more hours in a twelve-month period. Both parties recognize that this Agreement supersedes any other guidelines pertaining to employee status, benefits, wages, etc.

Section 3. New Classifications

If a new position classification is created by the Employer, the Employer shall set the proper pay grade for this classification.

The Employer shall determine the proposed salary grade in relation to:

- A. The job content and responsibilities attached thereto in comparison with the job content and responsibilities of other position classifications in the Employer's work force:
- B. Like positions with similar job content and responsibilities within the Kane County Government System, if available, otherwise to the Kane County Labor Market generally;
- C. Significant differences in working conditions to comparable position classifications.

If the Union does not agree with the determination of the proposed salary grade the Employer establishes under this paragraph, then the Union shall within ten (10) days request a meeting with the Employer to discuss the Employer's action. The Employer shall thereafter meet with the Union and render a decision within twenty (20) calendar days. If the Union still disagrees with the decision of the Employer, they may submit the matter to Step IV of the Grievance Procedure within ten (10) days from the receipt of the Employer's decision.

Section 4. Non-Bargaining Unit Personnel

Non-Bargaining Unit Personnel may continue to perform bargaining unit work which is incidental to their jobs. In addition, they may perform bargaining unit work in emergency situations and where such work is necessary to train a bargaining unit employee. Such work by said personnel shall not cause a reduction in overtime opportunities for, or any layoffs of bargaining unit employees.

Section 5. Short-Term Employees

The Employer may continue to utilize the services of student interns to assist with and supplement bargaining unit work in accordance with past practice and the Act.

Section 6. Abolition, Merger or Change of Job Classification

If the Employer determines to abolish, merge or change existing classifications, the Employer shall negotiate with the Union over the impact of such. Such negotiations shall include good faith impact bargaining as required under the Illinois Public Labor Relations Act. The Parties agree that a change in job title in the bargaining unit shall not remove the job position from the bargaining unit as long as the type of work performed by the position remains essentially the same.

Section 7. Job Audit/Reclassification

Any employee who believes that he/she is performing work outside his/her job description shall be granted a job audit on the work being performed. A written request for a job audit or reclassification will be submitted through the Union and a written decision returned by management within 60 days. If the job audit creates a reclassification for that employee, the affected employee(s) shall receive any retroactive increase in pay that was created by the reclassification.

ARTICLE 2 MANAGEMENT RIGHTS

Except as specifically limited by the express provisions of this Agreement, the County and the Coroner retain traditional rights to manage all affairs of its respective offices, as well as those rights set forth in the Illinois Counties Code and the Illinois Public Labor Relations Act. Such management rights shall include, but are not limited to, the following:

- a) To plan, direct, control and determine all operations, standards and services of the Employer;
- b) To supervise, direct and evaluate employees;
- c) To establish the qualifications for employment and to decide which applicants will be employed;
- d) To establish reasonable work rules and work schedules and to assign work as the Employer deems necessary. Such work rules and schedules shall be posted in a place and manner as mutually agreeable to the Employer and the Union;
- e) To hire, promote, demote, transfer, schedule and assign employees to positions and to create, combine, modify and eliminate positions;
- f) To suspend, demote, discharge and take such other disciplinary action against employees for just cause (with the exception of probationary employees, who may be discharged without cause);
- g) To establish reasonable work and productivity standards and, from time to time, amend such standards;

- h) To determine whether work and/or services are to be provided by employees covered by this Agreement (including which employees) or by other employees or persons not covered by this Agreement;
- To assign overtime and determine the number of hours of work and shifts per week;
- j) To lay off employees;
- k) To maintain efficiency of Employer's operations and services;
- 1) To determine methods, means, organization and number of personnel by which such operations and services shall be provided;
- m) To determine the standards of professionalism required of the employees, and from time to time, to change those standards;
- n) To take whatever action is necessary to comply with all applicable state and federal laws;
- o) To secure, change or eliminate methods, equipment and facilities for the improvement of operations;
- p) To determine the kinds and amounts of services to be performed as it pertains to operations and the number and kind of Classifications to perform such services, to include revision, combination, addition or elimination of job classifications;
- q) To contract out for goods and/or services;
- r) To take whatever action is necessary to carry out the functions of the Employer in emergency situations;
- s) To establish and maintain a budget;
- t) To make, alter and enforce rules, regulations, orders and policies and other management rights.

Nothing in this Agreement shall constitute a waiver by the county or the Coroner of any rights or authority either has under any statute or law.

ARTICLE 3 PROBATIONARY EMPLOYEES

Employees in the Coroner Unit shall be "probationary employees" for twelve (12) months. No matter concerning the discipline, layoff, transfer or termination of a probationary employee shall be subject to the grievance and arbitration procedures except as otherwise provided in this Agreement. A probationary employee shall have no seniority

except as otherwise provided in this Agreement, until he/she has completed his/her probationary period. Upon completion of his/her probationary period, he/she will acquire seniority from his/her date of hire.

ARTICLE 4 SAVINGS CLAUSE

If any provision of this Agreement or any application thereof should be rendered or declared unlawful, invalid or unenforceable by virtue of any judicial action, the remaining provisions of this Agreement shall remain in full force and effect. In such event, upon the request of either party, the parties shall meet promptly and negotiate with respect to substitute provisions for those provisions rendered or declared unlawful, invalid or unenforceable.

ARTICLE 5 UNION SECURITY

Section 1. <u>Deduction</u>

The Employer agrees to deduct from the pay of those employees who individually request it any or all of the following:

- A) Union membership dues, assessments, or fees
- B) Union sponsored credit union contribution or other union sponsored programs
- C) Any other mutually agreeable contributions

Requests for any of the above shall be made on a form agreed to by the parties and shall be made within the provisions of applicable state statutes.

Upon receipt of an appropriate written authorization from an employee, such authorized deductions shall be made in accordance with law and shall be remitted each pay day to Policemen's Benevolent Labor Committee, Policemen's Benevolent & Protective Association Labor Committee, 435 West Washington Street, Springfield, IL 62702, along with a list of bargaining unit employees' and union members' names and employee identification number. The Union shall advise the Employer of the deduction rate and any increase in dues or other approved deductions in writing at least fifteen (15) days prior to its effective date.

Section2. Notice and Appeal

The Union agrees to provide notices and appeal procedures to employees in accordance with applicable law.

Section 3. Indemnification

The Union shall indemnify, defend, and hold the Employer harmless against any claim, demand, suit or liability arising from any action taken by the Employer in complying with this Article.

ARTICLE 6 INDEMNIFICATION

The Employer shall defend and indemnify the employees according to terms of the applicable statutes of the State of Illinois.

ARTICLE 7 NON-DISCRIMINATION

Section 1. Prohibition Against Discrimination

Both the Employer and the Union agree not to illegally discriminate against any employee on the basis of race, sex, creed, religion, color, marital or parental status, age, national origin, political affiliation, disability, or veteran status – provided, however, that all personnel must at all times support and defend the Constitution and laws of the United States, State of Illinois and laws promulgated therefrom.

Section 2. Union Membership or Activity

Neither the Employer nor the Union shall interfere with the right of employees covered by this Agreement to become or not become members of the Union, and there shall be no discrimination against any such employees because of lawful Union membership or non-membership activity or status.

Section 3. Equal Employment/Affirmative Action

The parties recognize the Employer's obligation to comply with federal and state Equal Employment and sex discrimination laws applicable to the Employer.

ARTICLE 8 NO STRIKE OR LOCKOUT

Section 1. No Strike Commitment

Neither the Union nor any bargaining unit employee will call, initiate, authorize, participate in, sanction, encourage, or ratify any work stoppage, slow down, or the concerted interference with the full, faithful and proper performance of the duties of employment with the Employer during the term of this Agreement. No bargaining unit employee shall refuse to cross any picket line, regardless of who established such line.

Section 2. Performance of Duty

It is recognized that employees covered by this Agreement may be required in the line of duty to perform duties growing out of or connected with labor disputes, which may arise within the County. The Union agrees that no disciplinary action or other action will be taken by the Union against any employee or employees covered by this Agreement by reason of any such action or conduct in the line of duty.

Section 3. Resumption of Operations

In the event of action prohibited by Section 1 above, the Union immediately shall disavow such action and request the employees to return to work, and shall use its best efforts to achieve a prompt resumption of normal operations. The Union, including its officials and agents, shall not be liable for any damages, direct or indirect, upon complying with the requirements of this Section.

Section 4. No Lockout

No lockout of employees shall be instituted by the Employer during the term of this Agreement.

ARTICLE 9 SENIORITY

Section 1. Definition

For the purpose of this agreement the following definitions shall apply:

- A. <u>County-wide Seniority</u> means an employee's uninterrupted employment with the County since their last date of hire.
- B. <u>Classification Seniority</u> means the length of uninterrupted employment an employee has in their current classification.
- C. <u>Office Seniority</u> means the length of uninterrupted employment an employee has in the Coroner's Office.

(Part-time employees shall receive seniority on a prorated basis)

Section 2. Loss of Seniority

An employee shall lose his/her applicable seniority in accordance with Section 1 and no longer be an employee if:

- A. He/she resigns or quits by giving an official letter of resignation.
- B. He/she is discharged for just cause unless reversed through the Grievance or Arbitration Procedure.
 - C. He/she retires.

- D. He/she does not return to work from layoff or authorized leave of absence within ten (10) calendar days after being notified by certified mail to return.
- E. He/she has been on layoff for a period of time equal to his/her seniority at the time of his/her layoff or two (2) years, whichever is greater.
- F. Accepts "gainful employment" that is inconsistent with the purpose of the authorized leave while on an approved leave of absence from the Coroner's Office.

Section 3. Seniority List

The Employer and Union have agreed upon the initial seniority list setting forth the present seniority dates for all employees covered by this Agreement, which shall become effective on or after the date of execution of this Agreement. Such lists shall resolve all questions of seniority affecting employees covered under this Agreement or employed at the time the Agreement becomes effective. Disputes as to seniority listing shall be resolved through the grievance procedure. The Employer shall provide an "up to date" list to the Union or any individual employee upon request.

Section 4. Seniority While on Leave

Employees will not continue to accrue seniority credit for all time spent on authorized unpaid leave of absence beyond three months except for authorized leave due to circumstances beyond the control of the employee such as medical leave, military leave, etc.

Section 5. Seniority tie-breaking

Seniority shall be determined based upon the following:

- A. Classification seniority
- B. Office seniority
- C. County seniority

Where employees have the same classification seniority date and seniority cannot be resolved by the above formula, any such tie shall be broken at the time of hire or promotion by drawing lots.

ARTICLE 10 LAYOFF AND RECALL

Section 1. Procedure for Layoff

A) When employees are removed from a classification for the purpose of reducing the work force of that classification, the employee with the least seniority in the affected classification and bargaining unit shall be removed first.

- B) A removed employee shall be transferred, conditioned upon being qualified to perform the work available in the following order of priority:
 - 1) To a vacancy, if any, in another classification within the same bargaining unit.
 - 2) To replace an employee with less seniority, if any, in another classification within the same bargaining unit.
 - 3) To a vacancy, if any, in a classification assigned to the next lower pay grade with the same bargaining unit.
 - 4) To replace an employee with less seniority, if any in a classification assigned to the next lower pay grade within the same bargaining unit.
- C) A removed employee not transferred as provided in B above shall have the procedure set forth in B3 above applied to classifications assigned to each succeeding next lower pay grade until he/she is transferred or laid off.
- D) The procedure set forth in B and C above shall be applied for an employee who is replaced as a result of the application of the above procedure until he/she is transferred or laid off.
- E) In applying the procedures set forth in B, C, and D above, a removed or replaced full-time employee shall be transferred to another full-time position. A removed or replaced part-time employee shall be transferred to either a full-time or part-time position.
- F) In applying the above procedures, full-time probationary employees shall be removed from the affected classification or replaced, as the case may be, prior to removing or replacing full-time, non-probationary employees, and part-time probationary employees shall be removed or replaced prior to removing or replacing part-time, non-probationary employees.
- G) Temporary employees shall be laid off prior to the layoff of any full-time or part-time employees.

Section 2. Procedure for Recall

An employee with seniority who has been laid off or transferred as a result of a layoff shall be recalled to work, conditioned upon ability to perform the work available, in accordance with the reverse application of the procedure for layoff. Recall rights shall continue for two (2) years after an employee has been laid off. No new employees at all shall be hired until all employees on layoff desiring to return to work shall have been given the opportunity to return to work.

In the event of recall, eligible employees shall receive notice of recall either by actual notice or by certified mail, return receipt requested. It is the responsibility of all employees

eligible for recall to notify the Employer of their current address. Upon receipt of the notice of recall, employees shall have five (5) working days to notify the Employer of their acceptance of the recall. The employee shall have five (5) working days thereafter to report to duty.

Section 3. Notice

The Employer shall notify the Union thirty (30) days prior to the intended effective date of a planned layoff. The Employer and the Union will discuss alternatives to the layoff if put forth by the Union.

Any employee to be laid off will be notified thirty (30) calendar days prior to the effective date.

ARTICLE 11 GRIEVANCE PROCEDURE

Section 1. Grievance

Grievance is defined as a dispute or disagreement as to the interpretation and application of any provision in this Agreement. Grievances may be processed by the Union on behalf of an employee or on behalf of a group of employees or itself setting forth name(s) or group(s) of the employee(s). Either party may have the grievant or one grievant representing the group grievant present at any step of the grievance procedure. The resolution of a grievance filed on behalf of a group of employees shall be made applicable to the appropriate employees within that group. An Employee may present a grievance and have it heard through Step 3 of the grievance procedure without the intervention of the Union; provided that the Union is notified by the employee and afforded the opportunity to be present at such conference and that any settlement made shall not be inconsistent with the terms of this Agreement. Nothing shall be construed to limit the Union's right to exercise its discretion to refuse to process grievances of employees, which it believes to be not meritorious. Nothing in this Article is designed to alter an employee's duties in the chain of command.

Business days shall include the weekdays of Monday through Friday, excluding holidays or other days the Coroner's Office or the Kane County Government Offices, as applicable, are closed.

Section 2. Grievance Steps

It is the intent and purpose of all parties to use their individual and collective best efforts to settle and resolve their differences on a prompt and informal basis. Where such informal efforts are unsuccessful in resolving an issue, which is believed to be a violation of this Agreement the following procedure, shall be followed.

Due to the co-Employer status of the County and the Coroner, where applicable and necessary to the resolution of the grievance, a grievance may be directed to the Coroner or

County Board representative or both for response. In the event a grievance is erroneously filed in good faith with either the County or the Coroner, the grievant shall be so informed and notified in writing. The grievant shall have ten (10) business days from the date they are so notified to re-file the grievance with the proper party.

Step 1. Director of Administration

The Employee and/or the Union shall raise the grievance in writing on the approved form to the Director of Administration. The grievance shall clearly define the situation in question and specify the violation of the Agreement. All grievances must be presented not later than ten (10) business days from the date the grievant became aware of the occurrence giving rise to the complaint. A written response to the grievance shall be rendered within ten (10) business days after the grievance is presented. If the grievance is not resolved at Step 1, the signed Step 1 grievance response will be presented to Step 2. The parties recognize that variations from the Director of Administration, where mutually agreeable, may exist. The Union is entitled to be present at any grievance meeting and any grievance settlement should not conflict with this Agreement unless mutually agreed by all parties in writing.

Step 2. Chief Deputy Coroner

Grievances submitted to the Chief Deputy Coroner at Step 2 shall be presented in writing by the Union to the Chief Deputy Coroner within ten (10) business days from the receipt of the answer or the date such answer was due, whichever is earliest. Grievances presented at Step 2 shall include a response to the Chief Deputy Coroner decision. Within ten (10) business days after the grievance is presented to Step 2, the Chief Deputy Coroner shall render a written answer to the grievant and provide a copy of such answer to the Union.

Step 3. Coroner

If the grievance is still unresolved, it shall be presented by the Union to the Coroner in writing within ten (10) business days after receipt of the Step 2 response or after the Step 2 response is due, whichever is earliest. The grievance shall include copies of all preceding responses.

Within ten (10) business days after receipt of the written grievance the parties may meet or hold other discussions in an attempt to solve the grievance unless the parties mutually agree otherwise. Coroner shall give his/her written response within ten (10) business days following the meeting.

If no meeting is held, the Coroner shall respond in writing to the grievance within ten (10) business days of receipt of the grievance.

Step 4. Arbitration

If the grievance is still unsettled, and the Union wishes to proceed to arbitration, the grievance must be presented to arbitration within fifteen (15) business days after the receipt

of the Step 3 response or the date the response was due, whichever is earlier. The Union shall notify the Employer in writing of the intent to go to arbitration.

Upon request of either party, the parties may meet within ten (10) business days after receipt of the Step 3 response or the date the response was due for the purpose of conducting a pre-arbitration conference to attempt to resolve the grievance prior to requesting arbitration.

If arbitration is requested, representatives of the Employer and the Union shall meet to select an arbitrator. If the parties are unable to agree on an arbitrator within the ten (10) business days, the parties shall request the Federal Mediation and Conciliation Service ("FMCS") to submit a list of seven (7) arbitrators. The parties shall alternately strike the names of three (3) arbitrators, taking turns as to the first strike. The person whose name remains shall be the arbitrator, provided that either party, before striking any names, shall have the right to reject one (1) panel of arbitrators. The arbitrator shall be notified of his/her selection by a joint letter from the Employer and the Union, requesting that he/she set a time and place for the hearing, subject to the availability of the Employer and Union representatives and shall be notified of the issue where mutually agreed by the parties. The Employer and the Union shall evenly split the costs of each FMCS panel.

Section 3. Arbitration Procedures

Both the parties agree to attempt to arrive at a joint stipulation of the facts and issues as outlined to be submitted to the arbitrator. The Employer or Union shall have the right to request the arbitrator to require the presence of witnesses and/or documents. Each party shall bear the expense of its own witnesses.

The arbitrator shall decide questions of arbitrability. The arbitrator shall make a preliminary determination on the question of arbitrability. Once a determination is made that determination cannot be reasonably made, the arbitrator shall then proceed to determine the merits of the dispute. The arbitrator shall neither amend, modify, nullify, ignore, add nor subtract from the provisions of the Agreement.

The parties shall share the expenses and fees of the arbitrator and the cost of the hearing room equally. Nothing in this Article shall preclude the parties from agreeing to use expedited arbitration procedures. The decision and award of the arbitrator shall be final and binding on the Employer, the Union, and the employee or employees involved. The Employer shall be responsible for making arrangements for a Court Reporter for arbitration proceedings. The parties shall bear the court reporter costs, including applicable appearance fees and costs and associated with the transcription of a verbatim record, equally.

Section 4. Time Limits

Grievances may be withdrawn at any step of the Grievance Procedure. Such withdrawal shall not constitute a decision on the merits of the Grievance. Grievances not raised or appealed within the designated time limits will be barred. The time limits at any step or for any hearing may be extended by mutual agreement of the parties involved at that particular step.

Failure to respond within the time limits by the designated person shall automatically advance the grievance to the next step. If after receipt of a written response from the Employer, a grievance is not processed by the aggrieved employee/grievant within the specified time limits provided, the grievance shall be considered void.

Section 5. Time Off, Meeting Space and Telephone Use

- A. Time Off: The grievant(s) and/or Union grievance representative will be permitted reasonable time without loss of pay during their working hours to investigate and process grievances. A grievant who is called back on a different shift or on his/her day off as a result of the Employer scheduling a grievance meeting shall have such time spent in the meeting considered as time worked. Witnesses whose testimony is pertinent to the Union's presentation or argument will be permitted reasonable time without loss of pay to attend grievance meetings and/or respond to the Union's investigation. No employee or Union representative shall leave his/her work to investigate, file or process grievances without first notifying and receiving permission from his/her supervisor or designee as well as the supervisor of any unit to be visited, and such permission shall not be denied unreasonably. Employees attending grievance meeting shall normally be those having direct involvement in the grievance.
- B. Meeting Space and Telephone Use: Upon request, the employee and Union representative shall be allowed the use of an available appropriate room while investigating or processing a grievance; and, upon prior general approval, shall be permitted the reasonable use of telephone facilities for the purpose of investigating or processing grievances. Such use shall not include any long distance or toll calls at the expense of the Employer.

Section 6. Advanced Grievance Step Filing

Certain issues which by nature are not capable of being settled at a preliminary step of the grievance procedure or which would become moot due to the length of time necessary to exhaust the grievance steps, may by mutual agreement be filed at the appropriate advance step where the action giving rise to the grievance was initiated. Mutual agreement shall take place between the appropriate Union representative and the appropriate Employer representative at the step where it is desired to initiate the grievance.

Section 7. Pertinent Witnesses and Information

Either Party may request the timely production of specific documents, books, papers or witnesses reasonably available from the other party and substantially pertinent to the grievance under consideration. Such request shall not be unreasonably denied, and shall be in conformance with applicable laws, and rules issued pursuant thereto, governing the dissemination of such materials. This paragraph is not applicable to Step 1 of the grievance procedure. Requests made pursuant to this section by the Union may only be initiated by the Union President or his designee.

Any documents books, papers, or witnesses in constructive possession of a Party, as of the date of request, which are not disclosed pursuant to a request for production, shall be

excluded from use as evidence in any subsequent hearing. Both parties have a duty to supplement discovery promptly as it becomes known. Generally see Supreme Court Rule 214.

ARTICLE 12 DISCIPLINE AND DISCHARGE

In addition to the rights guaranteed by the laws of the State of Illinois and the United States of America, the parties agree that bargaining unit employees shall have the following rights in discipline cases.

Section 1. Discipline and Discharge

Discipline of non-probationary employees shall be for just cause and shall be progressive and corrective. Employee discipline shall include the following:

- 1. Corrective action/recognition notice
- 2. Written Reprimand
- 3. Suspension (notice to be given in writing)
- 4. Demotion (notice to be given in writing)
- 5. Discharge (notice to be given in writing)

Employees shall be notified of any disciplinary or corrective action that will affect them. Employees shall sign a receipt acknowledging the action, but such signature does not indicate that the employee is in agreement with the action. Supervisors shall be responsible for the documentation of any corrective action/recognition notice taken on behalf of the employee. This action will be documented, signed by the employee and a copy will be placed in the employees file until the completion of the annual employee evaluation. Upon completion of the evaluation, accumulated slips will be removed and a new accumulation will begin. If the Coroner, or his designee, has reason to reprimand an employee, it shall be done in a discrete manner that will not embarrass the employee before other employees or the public.

Section 2. Limitation

The Coroner's agreement to use progressive and corrective disciplinary action does not prohibit the Coroner in any case from imposing discipline which is commensurate with the severity of the offense. The Coroner, or his designee, shall notify both the employee and Union of disciplinary action. Such notification shall be in writing and shall reflect the specific nature of the offense.

Section 3. Pre-Disciplinary Meeting

For discipline other than corrective actions and written reprimands, prior to imposing the contemplated discipline on the employee, the Coroner, or his designee, shall meet with the employee involved and inform the employee of the contemplated discipline and the reason thereof. The employee shall be informed of his contract rights to Union representation

and shall be entitled to such, if so requested by the employee. The employee and the Union representative shall be given the opportunity to rebut or clarify the reasons for such discipline and further provided that a Union representative shall be available within twenty-four (24) hours of notification. If the employee does not request Union representation, a Union representative shall nevertheless be entitled to be present as a non-active participant at any and all such meetings, provided that said Union representative must be available when the meetings take place within twenty-four (24) hours after notice.

Section 4. Investigative Interviews

Where the Coroner desires to conduct an investigative interview of an employee where the results of the interview might result in discipline, the Coroner agrees to first inform the employee that the employee has a right to Union representation at such interview. If the employee desires such Union representation, no interview shall take place without the presence of a Union representative. The role of the Union representative is limited to assisting the employee, clarifying the facts and suggesting other employees who may have knowledge of the facts. If the employee does not request Union representation, Union representative shall nevertheless be entitled to be present as a non-active participant at any and all such meetings provided that a Union representative is available within twenty-four (24) hours' notice from Coroner to the Union.

Section 5. Removal of Discipline

Records of discipline other than suspensions shall be removed from the employee's personnel file if two (2) years pass from the date of the offense without the employee receiving discipline for an offense of a similar nature or unless the employee is the subject of ongoing progressive discipline.

Records of discipline concerning suspensions shall be removed from the employee's personnel file if five (5) years pass from the date of the offense without the employee receiving discipline for an offense of a similar nature or unless the employee is the subject of ongoing progressive discipline.

Section 6. Limitation of the Grievance Procedure

Corrective actions or written reprimands shall be subject to the grievance procedure through step three thereof but shall not be subject to arbitration.

Section 7. Suspension Day Defined

A suspension day is a twenty-four (24) hour period during which an employee was scheduled to work a regular tour of duty but has been ordered not to report for duty. Disciplinary suspensions shall be without pay.

Section 8. Limitation of the Suspension Period

During any suspension period, defined as the period between the first and final actual suspension days (inclusive), an employee may not work for paid overtime, providing the duration of the suspension period is not more than four times the number of actual suspension days. The suspension period shall start not less than 15 days from the date of the pre-disciplinary hearing.

ARTICLE 13 PERSONNEL FILES

Section 1. Personnel Files

The Employer shall keep a central personnel file for each employee within the bargaining unit. The Employer is free to keep working files, but material not maintained in the central personnel file may not provide the basis for disciplinary or other action against an employee unless it is made available for inspection in accordance with the Illinois Personnel Record Review Act.

Section 2. Inspection

Upon request of an employee, the Employer shall reasonably permit an employee to inspect his personnel file in accordance with the Illinois Personnel Record Review Act and subject to the following:

- A) Such an inspection shall occur within seven (7) business days following receipt of the request. The Employer may be present during such inspection.
- B) Such inspection shall only occur during daytime office staff working hours Monday through Friday upon written request.
- C) The employee shall not be permitted to remove any part of the personnel file from the premises but may obtain copies of any information contained therein in accordance with the Illinois Personnel Record Review Act.
- D) Upon written authorization by the requesting employee, that employee may have a representative of the Union present during such inspection.
- E) Pre-employment information, such as reference reports, credit checks or information provided to the Employer with specific request that it remain confidential, shall not be subject to inspection or copying.
- F) An employee may not place any type of document into the personnel files maintained by the Employer without permission, except pursuant to the Illinois Personnel Record Review Act.

Section 3. Notification

Employees shall be given notice by the Employer when any materials are placed in their personnel file except those of a routine, clerical nature.

Section 4. Limitation on Use of File Material

It is agreed that any material not available for inspection, such as provided in Section 1 and 2 above, shall not be used in any manner or any forum adverse to the Employee's interest.

Section 5. Personnel Record Correction

If the employee disagrees with any information contained in the personnel record, a removal or correction of that information may be mutually agreed upon by the employee and the Employer. The employee may submit a written statement explaining the employee's position, which shall be attached to the personnel record.

Section 6. Confidentiality of Records

The Employer agrees to keep the Employee's Personnel Record confidential and will not release any information from this record: (1) without the Employee's written approval; or (2) without a Court Order requiring the release of the information; or (3) unless required by law in order to respond to a government agency; or (4) unless required by statute, regulation or common law, e.g., without limitation, as required by Illinois Freedom of Information Act ("FOIA") or other applicable law. In the event the Employer receives a court order for a personnel file, the Employer will notify the employee that the office received an order. The Employer also agrees to assert applicable exemptions under FOIA should it receive a FOIA request for personnel files.

ARTICLE 14 EMPLOYEE DEVELOPMENT & TRAINING

Section 1. Orientation

The Employer and PBLC recognize the need for the training and development of employees in order that services are efficiently and effectively provided and employees are afforded the opportunity to develop their skills and potential. In recognition of such principle, the Employer shall endeavor to provide employees with reasonable orientation with respect to current procedures, forms, methods, techniques, materials, and equipment normally used in such employees' work assignments and periodic changes therein, including, where available and relevant to such work, procedural manuals.

Section 2. Time Off

If, because of changes in certification, accreditation or licensure, employees are required by the Employer to take courses so as to retain their present position classification, such employees shall be granted reasonable time for such without loss of pay.

Section 3. Illinois Vital Records System

The Employer shall register and certify all clerks, secretaries, and office managers in an approved class of the Illinois Vital Records System.

ARTICLE 15 LABOR-MANAGEMENT COMMITTEE

Section 1. Labor Management Conferences

The Union and the Employer mutually agree that in the interest of efficient management and harmonious employee relations, it is desirable that meetings be held between Union representatives and responsible administrative representatives of the Employer. Such meetings may be requested at least seven (7) days in advance by either party by placing in writing a request to the other for a labor-management conference and expressly providing the agenda for such meeting. Such meetings and locations shall be limited to:

- a) Discussion of the implementation and general administration of this Agreement.
- b) A sharing of general information of interest to the parties.
- c) Notifying the Union of changes in non-bargaining conditions of employment contemplated by the Employer which may affect employees.

The Employer and the Union agree to cooperate with each other in matters of the administration of this Agreement, and to the degree that standards of public service can be maintained for the citizens of the State of Illinois.

Section 2. Integrity of Grievance Procedure

It is expressly understood and agreed that such meetings shall be exclusive of the grievance procedure.

Section 3. Union Representative Attendance

When absence from work is required to attend labor-management conferences, employees shall, before leaving their work station, give reasonable notice to and receive approval from, their supervisor in order to remain in pay status. The first supervisor outside the bargaining unit shall approve the absence except in emergency situations. On duty employees attending such conferences shall be limited to two Union representatives.

Section 4. List of Union Stewards

The Union shall provide a current list of stewards to the Employer upon the signing of this contract and shall provide an updated list whenever there is a change.

ARTICLE 16 HOLIDAYS

Section 1.

All bargaining unit employees assigned to a Monday through Friday (35 hours per week) non-continuous operations work schedule shall receive the holidays approved annually by the County Board.

Permanent full-time employees in such positions shall receive a full day's pay for each holiday. Permanent part-time employees in such positions shall receive pay proportional to the average number of hours normally worked (i.e., normally work four (4) hours a day, shall receive four (4) hours pay).

When a scheduled holiday occurs during a scheduled vacation, an alternate day of vacation will be allowed for non-continuous operations employees.

Section 2.

Continuous operations employees (currently, Deputy Coroners who are assigned to work twelve hour shifts on a rotating Sunday through Saturday basis), who are assigned to work non-Major Holidays that are recognized by the County Board, will earn Holiday Time at a rate equal to the number of hours the employee works on the assigned non-Major Holiday to use on another date.

"Major Holidays" will be considered New Year's Day, July 4th, Thanksgiving, and Christmas. Continuous operations employees assigned to work on those Major Holidays will receive 1.5 times their normal rate of pay for hours actually worked on the Major Holiday. They will also earn Holiday Time to use on another date at a rate equal to the number of hours the employee worked on the assigned Major Holiday. In the event that a continuous operations employee is mandated to work a Major Holiday, the employee will received two times their normal rate of pay and will earn Holiday Time at a rate equal to the number of hours the employee worked on the assigned Major Holiday to use on another date.

ARTICLE 17 VACATIONS

Vacation time is calculated from the first of the month after 12 months of continuous employment with the Coroner. Each regular full-time and regular part-time employee is entitled to vacation with pay in accordance with the following:

- A. All bargaining unit employees assigned to a Monday through Friday (35 regular hours per week) schedule are entitled to receive vacation with pay as follows:
- 1. Seventy Hours (10 days @ 7 hours) -- Upon completion of 12 months of continuous employment. Employees earn seventy (70) hours vacation each year in which 12 months of continuous employment is completed, through the completion of five (5) full years.
- 2. One Hundred and Five Hours (15 days @ 7 hours) -- Upon completion of 60 months (5 years) of continuous employment.
- 3. One Hundred and Forty Hours (20 days @ 7 hours) -- Upon completion of 180 months (15 years) of continuous employment.

During the first year of employment only, the Coroner offers the option of taking up to one (1) week vacation after six (6) months of continuous service. If the employee elects to use one (1) week after six (6) months, only one (1) week remains to be taken upon the completion of 12 months total service during the following one (1) year period. If the employee terminates prior to the first anniversary and has borrowed vacation time, pay for days used will be deducted from their final paycheck. The employee is required to complete a form prior to the commencement of the vacation.

- B. Continuous operations employees (currently, Deputy Coroners who are assigned to work twelve hour shifts on a rotating basis) are entitled to receive vacation with pay as follows:
- 1. Eighty-Four Hours (7 days @ 12 hours) -- Upon completion of 12 months of continuous employment. Employees earn eighty-four (84) hours vacation each year in which 12 months of continuous employment is completed, through the completion of five (5) full years.
- 2. One Hundred Thirty-Two Hours (11 days @ 12 hours) -- Upon completion of 60 months (5 years) of continuous employment.
- 3. One Hundred Sixty-Eight Hours (14 days @ 12 hours) -- Upon completion of 180 months (15 years) of continuous employment.

During the first year of employment only, the Coroner offers the option of taking up to forty-two (42) hours of vacation after six (6) months of continuous service. If the employee elects to use forty-two (42) hours after six (6) months, only forty-two (42) hours will remain to be taken upon the completion of 12 months total service during the following one (1) year period. If the employee terminates prior to the first anniversary and has borrowed vacation time, pay for days used will be deducted from their final paycheck. The employee is required to complete a form prior to the commencement of the vacation.

- C. Vacation pay is calculated on the basis of the employee's normal work week. Regular part-time employees will receive vacation pay proportionate to the average number of hours normally worked per week.
- D. Purchase of Military Service Credit -- Notwithstanding the earning schedule set out above, Coroner employees who present proof of having purchased military service credit from the Illinois Municipal Retirement Fund pursuant to a duly approved resolution by the Kane County Board, will earn vacation time at a rate that equals their employment with the Coroner plus the number of months of military service credits that were purchased. Proof must be presented to the Human Resources Department so that the employee's vacation accrual schedule is properly adjusted.
- E. Vacation carry-over from year to year -- All vacation earned during a year must be taken during the following year or it will be forfeited. No vacation credit will be allowed to accrue from year to year. Vacations will be scheduled with prime consideration given to the efficient operation of the Employer. While employee requests will be honored whenever possible, final approval must be given by the Coroner or his/her designee to provide continuity of operations.
- F. Holidays -- When a holiday falls during an employee's scheduled vacation period, the employee will be paid for the holiday instead of vacation pay. The employee may then take an alternate day of vacation during that anniversary year by arrangement with the department head. G. Vacation Payment -- No salary payment will be made in lieu of vacation not taken.
- G. Vacation Pay upon termination -- Employees with less than 12 months of service are not entitled to any vacation pay upon termination. Employees with 12 months or more of continuous service with the Coroner's Office will receive pay for unused vacation (vacation earned in the previous year) and for accrued vacation (vacation earned for each completed month employed from the last anniversary date during the year in which termination occurs).

ARTICLE 18 SICK LEAVE

- A. General Provisions It is the policy of the Employer to provide protection for eligible employees against loss of income because of illness. To insure that protection, the Employer has made provisions for both short-term and extended sick leave reserve. All regular full-time and part-time employees are eligible. Part-time employees earn sick leave proportionate to the average number of hours worked. Sick leave pay is based on the employee's regular straight-time rate in effect when the sick leave is taken. Employees must first use sick or funeral pay earned and accumulated prior to December 1, 1989, before they can use short-term sick leave or extended sick leave.
- B. Short-term Sick/Personal day accumulation "Sick leave year" is defined as the twelve month period beginning December 1 of each year. Eligible employees, who have completed twelve months of continuous service as of December 1 of the applicable sick leave

year, will be credited with five (5) days equal in length to the employee's regular shift (e.g., non-continuous operations staff will be credited with five 7-hour sick days, and continuous operations staff (Deputy Coroners) will be credited with five 12-hour sick days). Employees must complete six (6) months of continuous employment with the Coroner before they are eligible to earn sick leave. Employees who have completed less than twelve months of continuous service as of December 1 of the applicable sick leave year, will be credited with a pro-rated number of short-term sick leave days at the rate of one (1) day for each remaining one-fifth (i.e., 73 day period) of the sick leave year. Employees are entitled to the sick leave the first day of each one-fifth (i.e., 73 day period) of the sick leave year.

- C. Short-term Sick/Personal day utilization An employee's short-term sick leave credit can be used for personal and family injury or illness, maternity, doctor and dentist appointments or personal days. Employees may use more than one (1) sick/personal day per one-fifth period. However, if a terminating employee has used more sick/personal days than have been earned for the number of one-fifth periods worked, the employee will be required to repay any unearned sick/personal days.
- D. Unused Short-term Sick day/Carry over and payment at termination Short-term sick days will not accumulate from year to year. At the end of the sick leave year, all unused short-term sick leave for employees will roll over into extended sick leave. Upon termination, employees will be paid for any unused short-term sick leave at the rate of one (1) day for every one-fifth period worked in the benefit year provided they give fourteen (14) calendar days' notice.
- E. Sick or Funeral Leave earned previous to December 1, 1989 Employees who earned and accumulated sick and funeral pay under the policy in effect prior to December 1, 1989 can carry this time forward and use it for any purpose appropriate under that policy. Under the policy, employees could accumulate up to thirty (30) sick or funeral days. Uses include personal illness or injury, funeral leave, maternity, serious illness in the immediate family, three to one (3:1) conversion for vacation, one-third payment at termination or full payment at retirement when receiving an IMRF pension. The sick or funeral leave earned prior to December 1, 1989 may be carried over from year to year and employees may use it per the policy guidelines as stated above.
- F. Extended Sick leave Accumulation Eligible employees will be credited with one (1) day of extended sick leave per month after the completion of six (6) months of continuous employment with the Coroner. Unused extended sick leave will carry over from year to year and may accumulate up to a maximum of 240 days.
- G. Extended Sick leave utilization Unlike short-term sick leave, extended sick leave is intended to provide employees with protection during periods when the employee is under a doctor's care at home or is hospitalized. Extended sick leave is to be used during periods of personal injury, illness or maternity until IMRF disability benefits begin.

An employee may utilize extended sick leave for himself/herself prior to utilizing short-term sick leave if the employee has a serious health condition and is under a doctor's

care at home or in the hospital. A doctor's certification is required to support the request for extended sick leave.

An employee may also use up to six (6) accrued extended sick days during a Fiscal Year to care for the employee's child, stepchild, spouse, domestic partner, sibling, parent, mother-in-law, father-in-law, grandchild, grandparent or stepparent, on the same terms upon which the employee is able to use extended sick days for his or her own absences.

Extended sick days run concurrently with Family and Medical Leave.

H. Payment for unused extended sick leave - No payment for unused extended sick leave is made at termination. Retiring employees under IMRF qualify for up to one (1) year of additional pension service for unused extended sick leave at the rate of one month for every twenty days of fraction thereof (1:20). To qualify for this pension credit, the effective date of the pension must be within sixty (60) days of termination. This additional pension service credit provision applies solely to employees retiring with an IMRF pension. Converted extended sick leave cannot be used to meet the requirements of a minimum of eight (8) years for an IMRF pension or 35 years for a non-discounted pension under age 60.

ARTICLE 19 MISCELLANEOUS PROVISIONS

Section 1. Use of Masculine Pronoun

The use of the masculine pronoun in this or any other document is understood to be for clerical convenience only, and it is further understood that the masculine pronoun includes the feminine pronoun as well.

Section 2. Definition

Whenever the term Employer is used in this Agreement, it shall mean the Employer or his/her authorized designee.

Section 3. Notification of Leave Balance

Employees shall be given a statement of leave balances (sick leave, vacation days, holidays, and accumulated compensatory time, if applicable) on request, but no more than twice annually.

Section 4. Evaluations

The Union and the Employer encourage periodic evaluation conferences between the employee and his/her supervisor. The written evaluation done once a year by the supervisor shall be discussed with the employee and the employee shall be given a copy immediately after completion. The employee shall sign the evaluation, as recognition of having read it but such signature shall not constitute agreement with the evaluation.

Appeals will be made utilizing the employee's chain of command up through the Coroner. The purpose of the Employee Performance Evaluations shall be to assist individual employees in professional growth. Evaluations shall not be used as a basis for disciplinary action. Employees shall be allowed to attach a letter to their evaluation in accordance with the Illinois Personnel Record Review Act.

Section 5. Copies of the Agreement

Each employee covered by this Agreement shall be provided a copy of the Agreement by the Employer in the form of printed or electronic/data media.

Section 6. Meeting Place

All meetings or hearings or other proceedings over which the parties have control shall be held at the Government Center in Kane County, Illinois, unless there is a reasonable basis to hold such meetings, hearings or other proceedings elsewhere.

Section 7. Job Descriptions

At least annually each employee will be provided with a copy of his/her current job description which shall include principle duties and responsibilities. When requirements are revised and the duties and responsibilities remain essentially unchanged, incumbents in these positions who qualified under previous requirements for the class shall be considered qualified.

Section 8. Secondary Employment/Outside Activities

The Employer respects an employee's right to undertake secondary employment on a part-time basis or engage in outside activities so long as doing so does not conflict or interfere with the employee's ability to perform his or her assigned responsibilities or his or her commitment to the Employer. An employee who wishes to accept secondary employment, must provide to the Employer, in writing, details of the nature of such secondary employment and obtain the consent of the Employer before beginning such secondary employment.

Any employee who undertakes public speaking engagements that relate to the employee's duties at the Employer, may only do so with the permission of the Employer. The employee may never discuss non-public information.

Engaging in outside activities or secondary employment that, in the sole opinion of the Employer, negatively affects job performance, results in a conflict or the appearance of impropriety, places the Employer in disrepute or subjects the Employer to public disfavor or disadvantage, will not be permitted.

ARTICLE 20 LEAVES OF ABSENCE

Section 1. Policy

Leaves of absence may be granted to maintain continuity of service and to protect the employer-employee relationship in instances where circumstances require an employee's absence. Leaves are granted on each individual case and at the discretion of the Coroner or his/her designee. Leaves of absence are without pay unless the employee is entitled to sick pay, vacation pay, or compensatory time.

A leave of absence will not be granted for the purpose of trying another job. Failure to return at the end of an approved leave may result in termination. An employee that has been granted a leave of absence is NOT permitted to engage in employment outside of their position with the Coroner's Office without the express written approval of the Coroner.

Section 2. Types of Leaves of Absence

(A) Family and Medical Leave:

Eligible employees may be granted up to 12 work weeks for a family or medical leave for one or more of the following reasons:

- 1. Birth Leave for birth of a child of an employee and to provide care for the child following birth.
- 2. Placement Leave for placement of a child with an employee for adoption or foster care.
- 3. Personal Illness for a serious health condition when an employee is unable to perform their job.
- 4. Family Illness for an employee to care for their son, daughter, spouse or parent who has a serious health condition.
- 5. Because of any qualifying exigency arising out of the fact that the spouse, or a son, daughter, or parent of the employee is a covered military member on active duty (or has been notified of an impending call or order to active duty) in the Armed Forces in support of a contingency operation.
- 6. To care for a covered service member with a serious injury or illness if the employee is the spouse, son, daughter, parent or next of kin of the service member.

ELIGIBILITY - Employees may be eligible for a leave of absence if they have worked for at least 12 months and for at least 1,250 hours during the year preceding the start of the leave of absence.

Military Family Leave Entitlements – Eligible employees whose spouse, son, daughter or parent is on covered active duty or call to covered active duty status may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.

FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks to care for a covered service member during a single 12-month period. A covered service member is: (1) a current member of the Armed Forces including a member of the National Guard or Reserves, who is undergoing medical treatment, recuperation or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list, for a serious injury or illness; or (2) a veteran who was discharged or released under conditions other than dishonorable at any time during the five-year period prior to the first date the eligible employees take FMLA leave to care for the covered veteran, and who is undergoing medical treatment, recuperation, or therapy for a serious injury or illness.

The FMLA definitions of "serious injury or illness" for current service members and veterans are distinct from the FMLA definitions of "serious health condition."

EXPIRATION OF ENTITLEMENT - Subject to the policy statement above, an employee taking leave due to the birth or placement of a child, the personal illness of the employee, a family illness or a qualifying exigency, may be eligible for up to 12 work weeks of leave a year that is based on a rolling 12-month period measured backward from the first date leave is used. In other words, each time an employee takes a leave, the remaining leave for which the employee may be eligible would be any balance of the 12 work weeks that has not been used during the immediately preceding 12 months. (For example: if an employee has taken 8 weeks of leave during the past 12 months, an additional 4 weeks of leave could be taken. If an employee used 4 weeks beginning February 1, 2008, 4 weeks beginning June 1, 2008 and 4 weeks beginning December 1, 2008, the employee would not be entitled to any additional leave until February 1, 2009. However, on February 1, 2009, the employee would be entitled to 4 weeks of leave; on June 1 the employee would be entitled to 4 additional weeks, etc.).

COMBINED LEAVE TOTAL - During the single 12-month period described in the preceding paragraph, an eligible employee and spouse who both work for the County shall be entitled to a combined total of 26 work weeks of leave for the birth or placement of a child, for the personal illness of the employee, for a family illness or to care for the covered service member.

LEAVE TAKEN INTERMITTENTLY OR ON A REDUCED SCHEDULE - Leave for the birth or placement of a child may not be taken by an employee intermittently or on a reduced leave schedule unless the employee and the Coroner or his/her designee agree. Leave in order to care for a spouse, son, daughter or parent with a serious health condition or because of an employee's serious health condition or to care for a covered service member may be taken intermittently or on a reduced leave schedule when medically necessary.

FORESEEABLE LEAVE

- for the birth or placement of a child When the necessity for leave is foreseeable based on an expected birth or placement, the employee shall provide the Coroner or his/her designee with not less than 30 days' notice, before the date the leave is to begin, of the employee's intention to take leave, except that if the date of the birth or placement requires leave to being in less than 30 days, the employee shall provide such notice as is practicable.
- in order to care for a spouse, son, daughter or parent with a serious health condition or because of an employee's serious health condition or to care for a covered service member When the necessity for leave is foreseeable based on planned medical treatment, the employee:
 - (a) shall make a reasonable effort to schedule the treatment so as not to unduly disrupt the operations of the department, subject to the approval of the health care provider of the employee, son, daughter, spouse or parent, as appropriate and
 - (b) shall provide the Coroner or Coroner's designee with not less than 30 days' notice, before the date the leave is to begin, of the employee's intent to take leave, except that if the date of the treatment requires leave to begin in less than 30 days, the employee shall provide such notice as is practicable.
- in any case in which the necessity for leave due to active duty of the family member is foreseeable, the employee shall provide such notice to the Coroner or his/her designee as is reasonable and practicable.

A request for a leave of absence shall be supported by a complete and sufficient medical certification issued by the health care provider of the eligible employee, or of the son, daughter, spouse or parent of the employee, or of the next of kin of an individual in the case of service member family leave. The Employer, via a human resources professional or a management official, may contact the health care provider for purposes of clarification and authentication of the medical certification after the employee has been given an opportunity to cure any deficiencies in the certification. Under no circumstances may the employee's direct supervisor contact the employee's health care provider.

In any case in which the Employer has reason to doubt the validity of the certification provided, the Employer may require, at the Employer's expense, that the employee obtain the opinion of a second health care provider designated or approved by the Employer; however the selected health care provider may not be employed on a regular basis by the Employer. Pending receipt of the second medical opinion, the employee is provisionally entitled to the benefits of leave. If the certifications do not ultimately establish the employee's entitlement to FMLA leave, the leave shall not be designated as FMLA leave and may be treated as paid or unpaid leave under the Employer's established leave policies.

The first time an employee requests leave because of a qualifying exigency arising out of the active duty or call to active duty status of a covered military member, the Coroner or the Coroner's designee may require the employee to provide a copy of the covered military member's active duty orders or other documentation issued by the military that indicates that the covered military member is on active duty or call to active duty status in support of a contingency operations, and the dates of the covered military member's active duty service. This information need only be provided once, unless a different active duty or call to active duty status occurs.

Upon return to work from a family or medical leave, the employee is entitled to be restored to their original or equivalent position which involves the same or substantially similar duties and responsibilities with equivalent pay, benefits or other terms and conditions of employment. An employee is entitled to such reinstatement even if the employee has been replaced or his or her position has been restructured to accommodate the employee's absence.

As a condition of restoring an employee whose leave was occasioned by the employee's own serious health condition that made the employee unable to perform the employee's job, the Employer may require the employee to obtain and present certification from the employee's health care provider that the employee is able to resume work. An employee has the same obligation to participate and cooperate in the fitness for duty certification process as in the initial certification process.

The Employer may seek fitness-for-duty certification only with regard to the particular health condition that caused the employee's need for medical leave. The Employer may require that the certification specifically address the employee's ability to perform the essential functions of the employee's job as long as the Employer provides the employee with a list of the essential functions of the employee's job at the same time that the Employer provides notice to the employee that the leave is designated as FMLA-qualifying. The Employer may contact the employee's health care provider for purposes of clarifying and authenticating the fitness-for-duty certification. The Coroner or Coroner's designee may not delay the employee's return to work while contact with the health care provider is being made, unless the Coroner or his/her designee has failed to give notice to the employee that a fitness for duty certification to return to work that addresses the employee's ability to perform the essential functions of the employee's job is required. In circumstances where a fitness-for-duty certification is required, the Employer shall present the certification to the Coroner or Coroner's designee before the employee shall be allowed to return to work.

(B) Non-FMLA Military Leave: Any full time employee, who is a member of any reserve component of the U.S. Armed Forces or Illinois State Militia (National Guard) shall be granted leave from his or her employment for any period actively spent in military service, including: basic training; annual training, or special or advance training. During leaves for annual training (typically 14-15 days, but can be longer), the employee shall continue to receive his or her regular compensation as a County employee. During leaves for basic training and up to 60 days of special or advanced training, if the employee's compensation for military activities is less than his or her compensation as a County employee, he or she

shall receive his or her regular compensation as a County employee minus the amount of his or her base pay for military activities.

However, when the Armed Forces of the United States of America are engaged in or involved in active hostilities, eligible employees who are called to service during said hostilities shall receive the difference, if any, between the salary they would have received from Kane County and the salary they receive from the United States for a term of up to five (5) years unless the above period is extended by law in which case the employee shall continue to receive the benefits as stated.

Military leaves will be granted to all eligible full-time and part-time employees when they are called to leave their positions to enter military service. Seniority will be restored as required by state or federal law. The employee will be restored to his or her same or similar position by making application within 90 calendar days after discharge or hospitalization continuing after discharge.

For all non-FMLA military leaves, employees should provide their supervisor with a copy of their written orders, including any subsequent changes within 30 days of the change or as soon as reasonably practical.

- (C) Personal Leave: May be granted or denied at the discretion of the Coroner or his/her designee based on the facts of each individual case. The reason for this type of leave must be of a nature involving a serious family problem or some similar circumstance. The guidelines listed under the "Rules, Regulations and Procedures" section of this policy must be adhered to in all cases.
- (D) Educational Leave: May be granted at the discretion of the Coroner or his/her designee without pay to eligible employees who wish to continue their education provided the course of study is beneficial to the department.
- (E) Workers' Compensation Leave: All employees experiencing an occupational disability due to an accident or illness arising out of and in the course of their employment may be placed on a workers' compensation leave. Participating employees should apply for IMRF disability benefits if eligible. Family Medical Leave time shall run concurrent with workers compensation leave for an employee's job-related injuries or illnesses.
- (F) Administrative Leave: The Coroner or his/her designee may place an employee on administrative leave of absence pending a determination of the employee's employment status.
- (G) Victim's Economic Security and Safety Act (VESSA) Leave: An employee who is a victim of domestic or sexual violence or who has a family or household member who is a victim of domestic or sexual violence may take up to a total of 12 work weeks of leave from work during any 12-month period to address the domestic or sexual violence, as detailed in VESSA. This may include seeking medical attention or counseling for injuries or psychological trauma, obtaining victim services, relocating, seeking legal assistance or participating in a related court proceeding. Neither this section nor VESSA creates

additional rights for an employee to take leave that exceeds the unpaid leave time under, or is in addition to unpaid leave time permitted by, the federal Family and Medical Leave Act of 1993.

Notice and Certification – The employee shall provide the employer with at least 48 hours' advance notice of the employee's intention to take a leave under VESSA, unless providing such notice is not practicable. The employer may require the employee to provide certification to the employer. When an unscheduled absence occurs, the employee shall provide notice as soon as possible, and shall provide certification to the employer in accordance with the provisions of VESSA.

- (H) School Visitation Leave: Eligible employees that have been employed for at least six (6) consecutive months may take up to a maximum of eight (8) hours during any school year to attend school conferences or classroom activities related to the employee's children if the conference or classroom activities cannot be scheduled during non-work hours. An employee may not take more than four (4) hours of school visitation leave in one day, and the leave may not be taken if the employee has not exhausted all accrued vacation leave, personal leave or any other type of leave, except for sick or disability leave. The employee must provide their supervisor with at least 7 days advance notice. In emergency situations, no more than 24 hours' notice is required. The employee must consult with their supervisor to schedule the leave so as not to unduly disrupt the operations of the employer.
- (I) Other Leaves Required by Law: Eligible employees will be granted leaves of absence required by state or federal law in accordance with the provisions of the applicable law.

Section 3. Rules, Regulations and Procedures

- (A) The Coroner or his/her designee may require, or an employee may elect, that accrued sick days, accrued vacation and, if applicable, personal days, be used during the leave of absence.
- (B) Extended Leave of Absence Any leave over 12 work weeks in duration, except leave to care for a qualified service member, is considered an extended leave of absence. An employee needing to be off work for more than 12 consecutive work weeks must petition the Coroner for an extended leave, which may be granted at the Coroner's discretion based upon the operational needs of the department. Employees in this extended period must contact the Coroner or his/her designee at least 30 calendar days prior to their expected return to work.
- (C) Healthcare Coverage During a Leave of Absence During any approved leave, the County will maintain the employee's health coverage under any group health plan on the same terms as if the employee had continued to work. If the employee is not receiving any pay from the County while on leave, the employee must pay their portion of health insurance coverage no later than the 15th of each month.

(D) Vacation, Sick Pay and Holiday Pay - Sick pay credit and vacation time will not continue to accrue after the last day paid on any authorized leave of absence. Employees will be paid for holidays which fall during the period they are receiving pay from the County. The use of any leave will not result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

Section 4. Procedure

- (A) A "Request for Leave of Absence" form should be completed by the employee defining the reason for the leave, its duration, and the amount of vacation, sick pay, and if applicable, compensatory time to be used during the leave (if any).
- (B) This request should be submitted to the Coroner or his/her designee, who after recommending approval or disapproval distributes the form according to the routing indicated.
- (C) A medical certification and/or fitness for duty report is required upon commencing and returning from a family and medical leave or workers' compensation leave. Employees must provide medical certification within 15 calendar days of the request. Medical re-certification may be required at the County's expense.

Section 5. IMRF Leave of Absence and Disability Benefits

- (A) Employees who have a medical certification of a disability which may extend for thirty (30) calendar days or more could be eligible for disability benefits under the Illinois Municipal Retirement Fund. To be eligible, an employee must have twelve (12) months or more of service credit with IMRF. Pregnancy is included as a disability under IMRF if the employee is eligible and claims should be submitted in the same manner as other disability claims. The Kane County Human Resource Department should be contacted for the forms for application.
- (B) Employees participating under IMRF and on a leave of absence without pay from the Employer or disability pay under IMRF (i.e., family illness, placement leave) will not be protected for death or disability benefits during the unpaid period. Before the leave of absence begins, employees should file with IMRF a Benefit Protection Leave of Absence Authorization (forms are available in the Kane County Human Resource Department). Death and disability benefits are reinstated immediately upon returning to work. Employees may establish service credits for retirement (not to exceed twelve (12) months) for this leave by paying the Employees' contributions which would have been paid if actually working plus interest. The County Board must approve the acceptance of employer paid IMRF obligations.

Section 6. Workers' Compensation

The Workers' Compensation law provides protection for employees experiencing occupational disabilities through accidents or by exposure to disease arising out of and in the

course of employment as defined in County Resolution 12-219. Time off work due to a job-related injury will run concurrent with FMLA leave.

- (A) When an employee suffers an on-the-job injury or exposure, even though no medical attention is required, a "Report of Injury" form must be completed by the Employer and sent to the Human Resources Department as soon as possible. If medical attention was required as a result of the injury or exposure, a claim will then be filed with the County Human Resources Department.
- (B) All expenses involved with the treatment of the exposure or injury are covered by the Illinois Workers' Compensation Act. That Act provides payment of sixty-six and two-thirds (66 2/3) of the employee's wages for lost time at work after a three-day waiting period. If the employee is off work for more than fourteen days because of a job related injury or exposure, then the employee will be compensated for the waiting period. In addition to this partial payment of wages pursuant to the Illinois Workers' Compensation Act (hereinafter referred to as "The Act"), employees with more than one year of service with the County will also receive a minimal amount of disability through IMRF.

The Employer, in addition to compliance with the Act, shall pay an additional one third (1/3) of the average weekly wage to employee for the first thirty days that the employee is totally disabled. This is a voluntary payment by the Employer and by accepting such payments, employees shall recognize and will assist the Employer in enforcing its subrogation rights.

Section 7. Jury Duty

Leave shall be granted to employees who are called to jury duty or are required to be absent from work because of subpoena from any legislative, judicial, or administrative tribunal. Employees summoned to jury duty shall be entitled to one full shift off for every day of jury service. Time away from work with pay shall be granted for such purposes. All compensation received for court or jury shall be remitted by the employee to the County Auditor, to be returned to the County Treasurer from which the original payroll warrant was drawn. The Employer feels that by volunteering to appear as a witness, an employee may create the impression that the County favors one litigant to the detriment of the other. Therefore, to avoid any suspicion of favoritism, employees are instructed not to appear as a witness unless properly subpoenaed.

Section 8. Bereavement Leave

In the event of a death in an employee's immediate family, the employee will be allowed up to three (3) days leave with pay for the time actually lost. Immediate family members (including step, foster and adopted) are defined as including the employee's children, father, mother, step-parents, current spouse, brother, sister, father-in-law, mother-in-law, brother-in-law, sister-in-law, son-in-law, daughter-in-law, grandparents and grandchildren. Also, immediate family includes the employee's current spouse and the spouse's grandchildren. In the case of an employee's civil union partner that resides with the

employee, immediate family includes his/her father, mother, brother, sister, children and grandchildren.

These days will not be deducted from sick pay. Employees must notify their immediate supervisor of the death, relationship to the deceased and expected time of absence. Any additional time off beyond three days will be granted at the sole discretion of the Employer and will be deducted from the employee's unused vacation time or may be taken as holiday time to which the employee is otherwise entitled.

In addition to the paid bereavement leave, the Illinois Child Bereavement Act provides that all eligible employees, as defined by the Family and Medical Leave Act of 1993, shall be entitled to use up to 2 weeks (10 working days) of unpaid bereavement leave to attend the funeral or alternative to funeral of his or her child; make arrangements necessitated by the death of the child; or grieve the death of the child. In the event of the death of more than none child in a 12-month period, the employee is entitled to up to a total of 6 (six) weeks of bereavement leave during that 12-month period. All child bereavement leaves will be granted in accordance with the Child Bereavement Act. Leaves must be completed within 60 days after the date on which the employee receives notice of the death of the child.

Section 9. Blood Donation

Full time employees with at least six (6) consecutive months of service are allowed 1 hour of leave with pay every 56 days to participate in blood donation. Employees must give a 15 day advance notice to the Coroner or Coroner's designee that they wish to take the leave. A written certification from the blood bank or hospital is required to verify the date of the blood donation.

ARTICLE 21 UNION RIGHTS

Section 1. Union Activity During Working Hours

Employees shall be allowed necessary and reasonable time off with pay during working hours to attend committee meetings, negotiations and other necessary and reasonable activities so long as they have been established by this Agreement, and/or other meetings called or agreed to by the Employer if such employees are entitled or required to attend such meetings by virtue of being participants.

Section 2. Access to Premises by Union Representatives

The Employer agrees that local representatives and officers and PBLC staff representatives shall have reasonable access to the premises of the Employer, giving notice upon arrival to the appropriate Employer representative. Such visitations shall be for the reason of the administration of this Agreement. By mutual agreement with the Employer in emergency situations, Union staff representatives or Local Union representatives may call a meeting during work hours to prevent, resolve or clarify a problem.

Section 3. Time Off for Union Activities

Two Local Union representatives shall be allowed two days off per year or one Union representative four days per year with pay for legitimate Union business such as Union meetings, State or area wide Union committee meetings, State or International conventions. One Local Union Officer from each unit shall be allowed to attend Local Executive Board and Monthly meetings provided such representative shall give reasonable notice to his/her supervisor of such absence and shall be allowed such time off. Any additional Local Union Officers or Executive Board members will be permitted to attend Local Executive Board and Monthly meetings based on operational needs. Time off granted to Local Union Officers to attend Local Executive Board and Monthly meetings shall not exceed two (2) hours unless approved by the Employer.

Such time off shall not be detrimental in any way to the employee's record. Additional time off without pay for the purposes stated in the preceding paragraph may be granted by the Coroner in his sole discretion.

Section 4. Union Bulletin Boards

The Employer shall provide a bulletin board and/or space at the Coroner's Office.

Section 5. Information Provided to Union

The Employer shall notify the Union in writing of the following personnel transactions involving bargaining unit employees as they occur: new hires, promotions, layoffs, re-employment, transfers, leaves, returns from leave, suspension, discharge and termination.

At the request of the Union, the Employer shall furnish the Union a current seniority roster and re-employment lists, applicable under the seniority provisions of this Agreement.

Section 6. Union Orientation

By mutual arrangement regarding time, place and duration with the Employer, the Union shall be allowed to orient new employees for the purpose of informing employees of their rights and obligations under this Collective Bargaining Agreement, and without loss of pay for employees involved; provided, such Union orientation shall not exceed fifteen (15) minutes. Attendance by employees and such Union orientation shall be on a voluntary basis.

The Employer shall inform the Union of all such hiring and the Union shall inform the Employer of the Union representative who will carry out the Union orientation

Section 7. Distribution of Union Literature

During employee's non-working hours, he/she shall be permitted to distribute Union literature by interdepartmental mail, not including office email, or by posting on the Union

bulletin board, and other means so as long as such distribution does not impair the operations of the Office.

Neither the Office email nor any equipment belonging to the Employer, such as, but not limited to, radios, pagers, cell phones, vehicles, photocopy machines and microcomputers, shall be used for personal use or for Union business. Employees shall have no expectation of privacy for email or voicemail communications or mailbox materials.

Section 8. Union Meetings on Premises

The Employer agrees to make available conference and meeting rooms for Union meetings upon prior notification by the designated Union representative, unless to do so would interfere with the operating needs of the Employer, or cause additional cost or undue inconvenience to the Employer. The Employer will provide the Union space for a computer outlet, desk and filing cabinet on the premises.

Section 9. Rate of Pay

Any time off with pay provided for under this Article shall be at the employee's regular rate of pay as though the employee were working, not to exceed the employee's regular working scheduled hours.

ARTICLE 22 WAGES

Section 1. Wage Schedule – See Appendix C

Employees shall be compensated in accordance with the wage schedule attached to this Agreement and marked Appendix C. The attached wage schedule shall be considered a part of this Agreement.

Section 2. Pay Period

Employees will be paid on a bi-weekly schedule of twenty-six (26) times annually. Each payroll period shall consist of fourteen (14) calendar days, so that the bi-weekly rate of pay of each employee shall be 1/26th of the employee's annual salary. In a year which 27 pay periods shall occur, the bi-weekly rate of pay for each employee shall be 1/27th of the annual salary. When a payday falls on a holiday, the paycheck is distributed the preceding workday.

Section 3. Overtime

The overtime rate shall be calculated at 1 and ½ times the employee's base hourly rate. Additional discretionary pay (e.g. on-call pay) will be added to the base hourly rate in accordance with applicable state and federal law.

Section 4. Specialty/Additional Duty Pay Provisions

Employees who perform the following functions during a pay period will receive the following lump sum amounts during the pay period:

Training Coordinator -- Employee(s) assigned as Training Coordinator shall receive an additional \$100.00 per pay period.

Section 5. Uniform Provisions

Effective December 1, 2022, employees shall receive a \$450 payment on the first payday of each fiscal year for purchasing of uniforms. All employees are solely responsible for purchasing their own uniforms, which shall include polos, khakis, black pants, and seasonal gear approved by the Coroner and further detailed in the Coroner's dress code policy. Except for uniform shirts, which must be approved by the Coroner and purchased through a vendor approved by the Employer, all other uniform items may be purchased at any vendor as long as they conform to the Coroner's dress code policy.

Section 6. Training and Meetings

Mandatory Training or Meetings. Employees attending authorized mandatory training outside of the regular shift approved by the Employer shall be paid time and one-half their regular hourly rate of pay for all time spent in attendance with a two-hour minimum.

Section 7. Travel <u>Time</u>

If the Employer approves training for an employee, the Employer shall reimburse the employee in accordance with the Kane County Financial Policy as adopted by the Kane County Board.

Section 8. Call-Out/Death Scene Pay

Call-Out (Death Scene Duties) -- Employees who are called out to a death scene during a time the employee is not scheduled to work will receive a minimum of three hours' straight time pay per after-hours call-out to a death scene investigation up to 40 hours per week, and overtime compensation when the employee's work hours exceed 40 per week, including call-out work; provided, however, that the three hour minimum shall only be applicable if an employee is initially called out to a death scene during a time the employee is not scheduled to work and the three hour minimum time period ends prior to the start of the employee's next scheduled shift. Travel time to and from a death scene will be counted and compensated as hours worked.

Section 9. No Pyramiding.

Compensation shall not be paid more than once for the same hours under any provision of this Agreement.

ARTICLE 23 OUT OF TITLE WORK

The Employer may temporarily assign an employee to perform the duties of another employee.

Employees who are assigned to perform a significant number of duties of another employee for more than five (5) consecutive working days (counted individually and cumulatively) from the start to the end of the entire period shall be paid the greater of the following:

- (A) The pay of the employee whose duties the assigned employee is performing, or
 - (B) The current pay of the assigned employee, after said five-day period.

ARTICLE 24 INSURANCE

Employees shall receive the same insurance coverage offered to non-union employees who are employed by the County. The current details of the insurance plan are as follows:

Section 1. Medical, Vision and Dental Coverage

- A. The Employer shall provide comprehensive insurance programs for hospitalization, medical, vision and dental coverage for each covered employee who chooses to participate and their eligible dependents similar to the coverage which is currently in effect. The Health Insurance Benefit Summaries for fiscal year 2022 are included in Appendix D attached hereto and incorporated herein. All regular full-time employees and all regular part-time employees who work a minimum of twenty-one (21) hours per week are eligible to enroll in the County's comprehensive group hospitalization, medical, vision and dental insurance plans.
- B. Premium costs are shared by full-time employees and the County through payroll deduction. Eligible part-time employees pay the full premium for all plans for coverage through payroll deduction. A pre-tax deduction Section 125 Plan is available at the time of enrollment. Beginning December 1, 2021 through November 30, 2023, the overall aggregate cost of the County's health insurance programs, shall be shared by the County and the union and non-union employees at the overall aggregate rate of eighty-three percent (83%) borne by the County and seventeen percent (17%) borne by the union and non-union employees. It is understood that individual premium rates and percentage contribution levels will vary across plans and will be based on an employee's plan selection each year, but the overall aggregate percentage rates borne by the County and the union and non-union employees shall remain the same through November 30, 2023.

- C. The County reserves the right to self-insure, change carriers and engage in cost containment measures during the term of this Agreement so long as the benefits and coverages sought are substantially similar to those being currently offered.
- D. The parties agree to continue the implementation of a Wellness Plan component for Employees and spouses covered by the County's health insurance plans. Participation in the Wellness Plan shall be defined as participating in an annual health evaluation which shall continue to be limited to completing an assessment, providing a blood sample, and receiving a health evaluation report. No other additional action on the part of any employee or spouse shall be required. The Employer agrees that participation (or non-participation) in the Wellness Plan shall not be used in any way to initiate or support an employment action of any kind. The parties further agree that accommodations shall be made to facilitate participation of retired employees that reside outside of Kane County. Participation in the Wellness Plan shall not require or constitute any waiver of an individual's right to privacy under HIPAA, or other applicable laws. Employees and/or their spouses who choose not to participate shall continue to pay an additional \$50 per employee and/or spouse per month toward health insurance premiums.

Section 2. Future Plans

Should the County adopt plans or policies which affect Employee's insurance benefits (including what is commonly referred to as flexible benefit program), employees of the Employer shall have the option to participate in the same plans or programs in the same manner as other County Employees.

In addition, in the event the County agrees to a lower overall contribution for employees who participate in County plan(s), the lower overall contribution rate shall apply to employees covered by this Agreement.

Section 3. Life Insurance

The County will provide information concerning any available additional life insurance through IMRF and at the request of the employee shall make such necessary deductions from the employee's paycheck.

Section 4. Health Care Continuation Coverage for Retirees, Medicare Eligible Retirees and Disabled Employees

A. Retirees-

The County shall pay 10% of the cost of continued medical insurance benefits under the same terms and coverage for the non-Medicare eligible retired employee as the employee received for the 12 months preceding retirement.

Employees retiring under regular IMRF must be at least 55 years of age with at least eight (8) years of service.

In order to be eligible for the 10% premium reduction, an employee must have been employed by the County for 15 or more consecutive years.

Retired employees who wish to take advantage of this medical insurance must pay 90% of the premium for either single or dependent coverage. The premium is due on the 1st of each month and must be submitted to Human Resources in order for coverage to be maintained.

B. Medicare Eligible Retirees, Disabled Employees and Surviving Spouses-

Kane County offers a reduced benefit PPO health care plan to Medicare eligible retirees, disabled employees and surviving spouses. The PPO plan includes a separate deductible of \$500.00 for outpatient drugs to be paid at 80% (coinsurance does not go towards the outpatient prescription maximum). The full amount of the premium that must be paid is established by the County Board each year.

C. Retirees

Retired employees may elect to change medical insurance plans during the annual open enrollment period for active County employees each year.

ARTICLE 25 VACANCIES

Section 1. Determination of Vacancies

The Employer shall solely determine when a vacancy or duty assignment exists and whether or not to fill the vacancy or duty assignment.

Section 2. Notification of Vacancy

When a vacancy exists in an existing job classification or as a result of a new job classification, notice of such vacancy shall be posted announcing the vacancy and application process for inspection by members. The posting will be for at least 10 days. Employees may also submit requests for any vacant job open to their respective Bargaining Unit at any time.

Section 3. Selection

The Employer or his/her designee shall be the sole person to select those persons to fill the vacancies.

ARTICLE 26 SAFETY AND HEALTH

Section 1. General Duty

The Employer and Union shall cooperate so that the Employer can continue its efforts to provide for a safe working environment, including tools and equipment, for its employees as is legally required by federal and state laws.

The parties agree that grievances alleging violation of Section 1 of this Article may be filed at Step 3 of the Grievance Procedure of this Agreement and will be subject to the Grievance Arbitration procedure.

Section 2. Fitness for Duty Evaluation

Employees may be required to undergo a physical or psychological fitness for duty evaluation by the Employer, or his or her designee, where there is a reasonable belief that an employee may not be physically, emotionally or mentally fit to carry out his or her essential job duties. Minimum physical requirements of the position include: the ability to move 100 pounds; the ability to sit at and type on a computer for long periods of time; the ability to drive a Coroner vehicle to death scenes; climbing, twisting, reaching, pulling, pushing, lifting, carrying, crouching, kneeling and dragging are normally required in a number of death investigations; and crawling, swimming or standing in water may be required in nonroutine and unusual situations. Determining that a fitness for duty evaluation is warranted shall be made by the Coroner or his/her designee. The basis for the determination shall be set forth in writing to the employee ten (10) days prior to the time the employee is to undergo such testing. However, the ten (10) day notice shall be waived when the employee's conduct imminently or directly threatens the safety to self or others. In that case, a copy shall be given to the employee at the time the employee is ordered to undergo such evaluation.

All examinations and inquiries into an employee's fitness for duty shall be both job related and consistent with operational necessity and shall be no broader or more intrusive than deemed necessary by qualified, licensed and certified medical doctors, psychiatrists or psychologists.

An Employee shall have the right to inform the Union of the order after it is received and shall have the right to secure a similar fitness for duty evaluation at the employee's own expense from a qualified, licensed and certified medical doctor, psychiatrist or psychologist of their own choosing.

The Employee shall sign any and all releases or authorizations required by the medical doctor, psychiatrist, or psychologist, as the case may be, to release the information and evaluation obtained as a result of a fitness for duty evaluation to the Employer. The Employer recognizes the employee's right to privacy and agrees that any information and evaluation obtained pursuant to this section shall be placed in the employee's secure medical file. The evaluation and information provided to the Employer as a result of such fitness for duty evaluation shall be provided to the employee.

In the event the Coroner seeks to terminate an employee covered under this Agreement, based on the fitness for duty evaluation and other information, the Coroner or his/her designee shall meet with the employee involved and inform the employee of the contemplated action and the reason thereof. The employee shall be informed of his/her contract rights to Union representation and shall be entitled to such, if so requested by the employee. If the Employer and the Employee are unable to agree to the findings of the fitness for duty examination, the doctors representing the employee and the County shall pick a third party qualified physician in that field to arbitrate the decision. The physician can be chosen from a list of area physicians qualified in that practice.

Section 3. Drug and Alcohol Testing

See Appendix A reference Drug and Alcohol Testing procedures.

ARTICLE 27 HOURS OF WORK

Section 1. Hours/Overtime

(A) The purpose of this Article is to define the Hours of Work, the means of scheduling Time Off, and provide a basis for the computation of straight time, overtime, and other premium wages consistent with the Fair Labor Standards Act. Nothing in this Article shall be construed as a guarantee of hours of work. This Article is not intended to establish a claim to compensation in any form for hours not physically worked except as specifically provided for in this Agreement.

(B) Work Week/Period.

The work week is one-hundred and sixty-eight (168) hour period beginning at 0001 hours on Sunday and ending at 2359 hours the following Saturday. Time worked shall be defined according to the Fair Labor Standards Act.

(C) <u>Overtime</u>.

Overtime is defined as all authorized work in excess of forty (40) hours per work period. Overtime work shall be rounded to the nearest quarter (1/4) hour. Time spent on sick leave, vacations or authorized leave shall not be considered hours worked in computing overtime, however, holidays and compensatory time off (if applicable) shall be considered hours worked in computing overtime. Overtime shall be paid at the rate of time and one-half an employee's base rate of pay.

Section 2. General Provisions for All Employees

(A) "The Work Day and the Work Week"

The Work Day for non-continuous operations staff shall consist of eight (8) consecutive hours with one-hour unpaid meal period plus two (2) paid fifteen (15) minutes

rest periods. Office hours to be staffed during daytime hours Monday through Friday and a second shift on Wednesday to be staffed, at the discretion of the Coroner, from 12:30 p.m. to 8:30 p.m. with one Deputy Coroner and one Administrative employee. (35 regular, in-office hours per week.)

The Work Day for continuous operations staff (e.g., Deputy Coroners) assigned to a twelve-hour shift schedule shall consist of twelve (12) consecutive hours with a one-hour paid meal period. Deputy Coroners will be assigned to a rotating, Sunday through Saturday, twelve (12) hour shift schedule (A-Shift=0900-2100 hours, B-Shift=2100-0900 hours or C-Shift=1000-2200 hours). (36 to 48 regular hours per week.) A Deputy Coroner's schedule may be modified by the Coroner in his discretion in accordance with the needs of the Kane County Coroner's Office. The Union and the assigned Deputy Coroner will then be reasonably notified of any change of assigned hours so that volunteers may first be sought; the Coroner shall endeavor when possible to give at least seven (7) days' advance notice.

(B) "Meal Periods"

Work schedules shall provide for the work day to be broken at approximately midpoint by an uninterrupted, one hour unpaid meal period. Subject to operational needs, employees shall have the right to leave the work site during such periods. If Employees begin their meal period and they are asked to work during their meal period for more than a de minimis amount of time (e.g. transferring of calls shall be considered de minimis), they will receive thirty (30) minutes' pay for work performed during their meal period up to one half hour. If employees work longer than one half hour, they will receive pay for actual time worked. The Union will create and administer a rotation system whereby employees are offered the opportunity to work during their meal period that results in an equitable distribution. In exceptional circumstances, if an Employee has not been able to take his/her one-hour meal period, the Coroner or his designee, in his sole discretion, may flex the Employee's hours for that day.

(C) Shift Pick Rotation

Shift picks for Deputy Coroners shall be done biannually approximately one month prior to the start of a new six (6) month shift schedule. First pick for shift selection shall be offered on a rotating basis based off the seniority list referenced in Article 9, Section 3 of this Agreement, with the most senior employee provided the initial opportunity for first pick, then rotating through the seniority list to the least senior employee for first pick, before resuming with the most senior employee for first pick. Following the first pick for shift selection, the remaining employees shall pick their shift by rotating through the seniority list starting with the employee listed after the employee that received the opportunity of first pick.

However, any newly hired Deputy Coroner shall be assigned to C-Shift=1000-2200 hours upon hiring for training purposes. After completing the initial C-shift assignment, any newly hired Deputy Coroner shall pick last at their first opportunity to pick a shift and thereafter shall assume their place in the seniority list rotation based on their date of hire.

Any Deputy Coroner who has been previously terminated and subsequently rehired and has lost his/her applicable seniority, as outlined in Article 9, Section 2 of this Agreement, shall use the date of rehiring for purposes of the seniority list rotation for shift picks.

Section 3. Shift Trading

Provided there is no disruption of services, employees within the same division and classification may agree, solely at their option and with the approval of their supervisor, to substitute for one another and to trade their regularly scheduled daily shifts (or any portion thereof), subject to the provisions outlined below.

- 1. Trades are restricted to personnel with the same classification.
- 2. Shifts to be traded must be within sixty (60) days of each other and shall be limited to the regularly scheduled daily shifts the involved personnel are required to work.
- 3. Employees desiring to trade shifts must provide advance notice to their supervisor(s) on the affected shifts, by fully completing and signing the appropriate form, and submitting it to the supervisor(s). The completed form must be approved and signed by their supervisor(s) on the affected shifts prior to any trade. In the event it is not possible to submit a fully executed form prior to the shift trade, the employees involved in the trade will email or text the supervisor to confirm their agreement concerning the trade, and the supervisor will either approve or deny via email or text. The employees will then follow-up with a completely signed form on their next scheduled work day.
- 4. The hours worked by the employees involved in the trade shall be excluded in the calculation of the hours for which the substituting employee would otherwise be entitled to overtime compensation. Where one employee substitutes for another, each employee will be credited as if he or she had worked his or her normal work schedule for that shift.
- 5. Any employee failing to appear for an approved trade, for any reason, will be required to use his/her accrued paid benefit time to cover the hours or will be docked pay for the missed hours. Any failure to report to work without proper notice is a policy violation and may result in appropriate discipline.
- 6. The employer is not responsible for any lost time (unfulfilled trade payback) due to a substituting employee's termination, retirement, change of division, etc. It is always a possibility that an employee may not be paid back for a trade day by another employee due to such occurrences. In such an event, the employee will be responsible for working his/her regularly assigned shift, unless he or she is approved to use paid benefit time.

Section 4. Overtime Procedure

Overtime shall be distributed as equally as possible among employees who normally perform the work in the position classification in which the overtime is needed. If all employees in a given shift decline the opportunity to work the offered overtime, the

Employer may mandate that employees work the overtime from least senior employee to most senior employee. After all employees in said shift have been required to work overtime, the process shall repeat itself.

The Union shall be furnished overtime records on request, but not more than on a quarterly basis, except in the event of a bona fide dispute regarding the provisions of this Article, showing the number of overtime hours worked by each employee.

Section 5. Alternative Schedules

Alternative schedules and flex-time may be utilized. Decisions of the Employer regarding employee requests for alternative schedules or flex-time shall not be subject to the grievance procedure.

Section 6. Scheduling of Single Vacation Days Time Off

Requests for time off shall be submitted between the 1st and the 15th of the previous month and will be granted on the basis of department seniority. Any requests for time off after the 15th of the previous month will be based on calendar date of submission. Time off submitted less than forty-eight (48) hours prior to the beginning of the shift may be subject to operational needs.

No more than one (1) Deputy Coroner and one (1) Secretary will be granted time off on the same day which may include a vacation week. Nothing in the above formula shall limit the Coroner's ability to grant additional time off based on staffing levels.

ARTICLE 28 SUBCONTRACTING

Section 1. General Policy

It is the general policy of the employer to continue to utilize employees to perform work for which they are qualified to perform. The Employer reserves the right to contract out any work that it deems necessary in the interest of economy, improved work product or emergency.

Section 2. Notice and Discussion

Absent an emergency situation, prior to the Employer changing its policy involving the overall subcontracting of work in a bargaining unit area, when such change amounts to a significant deviation from past practice resulting in loss of work of bargaining unit employees, the Employer shall notify the Union and offer the Union an opportunity to discuss and participate in considerations over the desirability of such subcontracting of work, including means by which to minimize the impact of such on employees.

Prior to subcontracting of bargaining unit work, the Employer, the Union, and the proposed sub-contractor shall meet to discuss the employment of employees subject to layoff. The Employer will request that the sub-contractor hire laid off employees.

ARTICLE 29 COMPLETE AGREEMENT AND MAINTENANCE OF STANDARDS

Section 1. Complete Agreement

The parties acknowledge that during the negotiations which preceded this Agreement, each had the unlimited right and opportunity to make demands and proposals with respect to any subject or matter not removed by law from the area of collective bargaining. The understandings and agreements arrived at by the parties after the exercise of that right and opportunity are set forth in this Agreement. Except as otherwise provided in this Agreement, The Employer and the Union, for the life of this Agreement, each voluntarily and unqualifiedly waive the right, and each agrees that the other shall not be obligated to bargain collectively with respect to:

- a) any subject matter or matter specifically referred to or covered in this Agreement and
- b) subjects or matters that arose as a result of the parties proposals during bargaining but which were not agreed to.

Section 2. Maintenance of Standards

- a. However, except as otherwise provided in this Agreement, the Employer agrees that during the period of this Agreement, it shall not unilaterally change any bona fide past practices and policies with respect to salaries, hours, conditions of employment, and fringe benefits enjoyed by members of the bargaining unit without prior consultation and negotiations with the Union. Where past practice conflicts with the express terms of the Agreement the Agreement shall prevail.
- b. The Employer agrees that if during the term of this Agreement, it enters into any new agreement with any union or employee group considered to be a county department providing for increased fringe benefits greater than those provided herein (fringe benefits are defined as health and life insurance, vacation, sick leave, and tuition reimbursement) the Employer shall notify the Union and upon request, negotiate with the Union concerning the application of the fringe benefit to the bargaining units. However, it is the intent of the Employer not to provide such increased fringe benefit to other union or County Departments without making the same provisions available to the bargaining units.

ARTICLE 30 TERMINATION

This Agreement shall be effective December 1, 2021, and shall continue in full force and effect until midnight November 30, 2023, and thereafter from year to year, unless not

more than one hundred eighty (180) days, but not less than sixty (60) days prior to November 30, 2023 or any subsequent November 30 either party gives written notice to the other of its intention to amend or terminate this Agreement.

SIGNATURE PAGE

IN WITNESS THEREOF, the parties hereto have set their hands this day of November, 2022.

FOR THE EMPLOYER:

Rob Russell

Kane County Coroner

Corinne Pierog

Chairman, Kane County Board

FOR THE UNION:

Steve Laker, Local President Policemen's Benevolent Labor

Committee (P.B.L.C.)

Derick Hayden, Local Vice President

Policemen's Benevolent Labor

Committee (P.B.L.C.)

APPENDIX A DRUG AND ALCOHOL TESTING

Section 1. Statement of Policy

It is the policy of the Coroner that the public has a reasonable right to expect the employees of the Coroner to be free from the effects of drugs and alcohol and have the physical stamina and emotional stability to perform their assigned duties. The Employer has the right to expect its employees to report for work fit and able for duty. The purposes of this policy shall be achieved in such manner as not to violate any rights of the employees established in this Agreement. Unlawful use of drugs as well as being under the influence of alcohol or the unauthorized consumption of alcohol while on duty shall be cause for discipline, up to and including discharge.

Section 2. Prohibitions

Employees shall be prohibited from:

- a) being under the influence of alcohol or illegal drugs during the course of their workday;
- b) consuming or possessing alcohol, except as may be necessary in the performance of their duty, at any time during the workday, or anywhere on the Employer's premises or work sites, buildings or properties or any vehicle owned by the Employer or any vehicle not owned by the Employer but used in service to the Employer;
- c) the unlawful manufacture, possession, use, sale, purchase, dispensation, or delivery of any illegal drug at any time and at any place except as may be necessary in the performance of duty;
- d) failing to report to their supervisor any known adverse side effects of medication or prescription drugs which they are taking;
- e) intentionally tampering with, substituting for, or causing another person to tamper with, substitute for a urine and/or blood specimen.

Section 3. Drug and Alcohol Testing Permitted

Testing is permitted where the Employer has reasonable suspicion to believe.

- a) that an employee is under the influence of alcohol or illegal drugs during the course of the workday;
- b) has abused prescribed drugs; or
- c) has used illegal drugs.

d) employee appears to be unable to perform his/her job safely.

The Employer shall have the right to require the employee to submit to alcohol or drug testing as set forth in this Agreement. The Employer may also require an employee to randomly submit to alcohol or drug testing where the employee is assigned to a departmental drug enforcement group for a period of at least thirty (30) days and where such employee's duties are primarily related to drug enforcement. The Employer may require any employee accepting an assignment requiring a commercial driver's license to submit to alcohol or drug testing as may be permitted by law. The foregoing shall not limit the right of the Employer to conduct any tests it may deem appropriate for persons seeking employment with the Coroner or the County, transfer or upon promotion to another position within the County.

Section 4. Order to Submit to Reasonable Suspicion Testing.

At the time an employee is directed to submit to testing as authorized by this Agreement, the Employer shall provide the employee with oral notice briefly outlining the reasonable suspicion leading to the request. Within seventy-two (72) hours of the time an employee is ordered to submit to testing authorized by this Agreement, the Employer shall provide the employee and the Union with a written notice setting forth the facts and inferences which form the basis of the order to test. Refusal to submit to such test may subject the employee to discipline, but the employee's taking of the test shall not be construed as a waiver of any objection or rights that he may possess.

Section 5. Random Drug Testing.

- a) All employees of this bargaining unit will be subject to Random Drug Testing. Such testing will be during an employee's regularly scheduled shift.
- b) Upon notification that an employee is scheduled for Random Drug Testing, such employee will appear at the required location specified for the drug testing. (See Appendix B)
- c) The employee must appear at the required location during their regularly scheduled shift, but not later than 6 hours from the time they receive the notice.
- d) The employee will be required to show a photo identification card to the testing agency upon their arrival to verify their true identity before the testing procedure will begin. If the employee does not have a photo ID then the on duty supervisor will be required to go to the location and verify the identity of the employee.
- e) The random selection process shall be by computer generated numbers. Such computer generated program shall be performed by an outside contractor hired by the Coroner after consultation with the Union. The outside contractor shall be one that specializes in such functions.

- f) The outside contractor shall not select more than two (2) Employer's employees from the computer generated list per month for random drug testing.
- g) The dates for said tests shall also be chosen at random by the same outside contractor. To maintain the security of the selection process, the contractor shall deal only with the Employer or, in the Employer's absence, a designee for purposes of notifying the Employer of testing dates and individuals selected. The list of selected member(s) shall be provided to the Union after the testing dates for the affected member(s).
- h) On the same day the employee has been given notice for testing, the Union representative will also be notified that the employee has been selected. The Union representative shall insure only those employees originally selected were actually tested. The Coroner or designee shall assist the Union representative in understanding any discrepancies.
- i) Immediately after being ordered, refusal to report for testing shall constitute insubordination and will result in the imposition of statutory and departmental rules, regulations and procedures concerning the imposition of discipline.
- j) An employee who tests positive after a random drug test shall be subject to the same conditions as those who test positive under "reasonable suspicion" drug test.
- k) The random selection of a member will not result in the member's name being removed from any future selection process.
- l) If an employee is selected for a random test, but is unavailable due to extenuating circumstances, no disciplinary action will be taken (e.g., at a death scene investigation). The test will be administered as soon as practicable after the employee is available.

Section 6. Tests to be Conducted

In conducting the testing authorized by this Agreement, the Employer shall:

- a) use only a clinical laboratory or hospital facility that is licensed pursuant to the Illinois Clinical Laboratory Act that has or is capable of being accredited by the National Institute of Drug Abuse (NIDA) and Department of Transportations (DOT)
- b) select a laboratory or facility that conforms to all NIDA standards and DOT;
- c) establish a chain of custody procedure for both the sample collection and testing that will ensure the integrity of the identity of each sample and test result;

- d) collect a sufficient sample of the bodily fluid or material from an employee to allow for initial screening, a confirmatory test and a sufficient amount to be set aside reserved for later testing, if requested by the employee;
- e) collect samples in such a manner as to preserve the individual employee's right to privacy, ensure a high degree of security for the sample and its freedom from adulteration;
- f) confirm any sample that tests positive in the initial screening for drugs by retesting the second portion of the same sample by gas chromatography mass spectrometry (GCMS) or an equivalent or better scientifically accurate and accepted method that provides quantitative data about the detected rug or drug metabolites;
- g) provide the tested employee with the opportunity to have an additional sample tested by a clinical laboratory or hospital facility of the employee's own choosing, at the employee's own expense; provided the employee notifies the Employer within seventy-two (72) hours of receiving the results of the tests;
- h) require that a laboratory or hospital facility report to the Employer that a blood or urine sample is positive only if both the initial screening and the confirmation tests are positive for a particular drug. The parties agree that should any information concerning such testing or the results thereof be obtained by the Employer inconsistent with the understandings expressed herein (e.g., billings for testing that reveal the nature or number of the tests administered), the Employer will not use such information in any manner or forum adverse to the employee's interest;
- i) require that with regard to drug testing, for the purpose of determining whether the employee is under the influence of drugs on a 5 panel drug test with test results higher than the following:

Amphetamines	1000ng/ml
Cocaine Metabolites	300ng/ml
Marijuana Metabolites	50ng/ml
Opiates	2000ng/ml
Phencyclidine	25ng/ml

Those testing higher will be removed from safety sensitive positions.

j) require that with regard to alcohol testing, for the purpose of determining whether the employee is under the influence of alcohol, test results showing an alcohol concentration of .02 or more based upon the grams of alcohol per 100 milliliters of blood be considered positive; those testing .02 or higher, will be removed from safety sensitive positions.

- k) provide the employee tested with a copy of all information and reports received by the Employer in connection with the testing and the results;
- l) ensure that no employee is the subject of any adverse employment action except emergency temporary assignment or relief of duty during the pendency of any testing procedure. Any such emergency reassignment or relief from duty shall be immediately discontinued in the event of a negative test result.

Section 7. Right to Contest.

The Union or the employee, with or without the Union, shall have the right to file a grievance concerning any testing permitted by this Agreement, contesting the basis for the notice to submit to the tests, the right to test, the administration of the tests, significance and accuracy of the tests, the results or any other alleged violation of this Agreement. Such grievances shall be commenced at Step 2 of the Grievance Procedure. It is agreed that the parties in no way intend or have in any manner restricted, diminished or otherwise impaired any legal rights that employees may have with regard to such testing. Employees retain such rights as may exist and may pursue the same in their own discretion, with or without the assistance of the Union.

Section 8. Discipline.

Employees who refuse to submit to testing for the presence of illegal drugs or alcohol during hours of work shall be subject to immediate discharge.

APPENDIX B DRUG TESTING LOCATIONS

Dreyer Medical Center 2500 West Fabyan Parkway Batavia, IL 60510 8:00 a.m. to 5:00 p.m. Monday through Friday

Dreyer Medical Clinic Aurora West Plaza Location 2358 Sequoia Dr. Aurora, IL 60506 7:00 a.m. to 8:00 a.m.

APPENDIX C

The starting base wage for bargaining unit employees is as follows:

Secretary - \$18.00/hr. Deputy Coroner - \$20.00/hr. Office Manager - \$25.00/hr.

The following wage increases for bargaining unit employees on the payroll as of dates indicated below will be effective as follows:

FY2022 – 4.0% across the board increase effective on December 1, 2021 FY2023 – 4.0% across the board increase effective on December 1, 2022

The above stipend payments and wage increases will be paid as reflected, via regular payroll, minus applicable withholdings and deductions.

APPENDIX D

Kane County Health Plan Features

Summary of Benefits and Coverage: What this <u>Plan</u> Covers & What You Pay For Covered Services Kane County: Non-Union BA HMO <u>Plan</u>

Coverage Period: 01/01/2022 - 12/31/2022 Coverage for: ALL | Plan Type: HMO

The Summary of Benefits and Coverage (SBC) document will help you choose a health <u>plan</u>. The SBC shows you how you and the <u>plan</u> would share the cost for covered health care services. NOTE: Information about the cost of this <u>plan</u> (called the <u>premium</u>) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-800-892-2803 or at www.bcbsi.com. For general definitions of common terms, such as <u>allowed amount</u>, <u>balance billing, consurance, copayment, deductible, provider, or other terms, see the Glossary. You can view the Glossary at www.bcbsi.com. For general definitions of common terms, such as <u>allowed amount</u>, <u>balance billing, consurance, copayment, deductible, provider, or other terms, see the Glossary. You can view the Glossary at www.bcbsi.com. For general definitions of common terms, such as <u>allowed amount</u>, <u>balance billing, consurance, copayment</u>, <u>deductible, provider</u>, or other terms, see the Glossary. You can view the Glossary at www.bcbsi.com. For general definitions of common terms, such as <u>allowed amount</u>, <u>balance billing</u>, <u>consurance</u>, <u>copayment</u>, <u>deductible</u>, <u>provider</u>, or other terms.</u></u>

		<u></u>
Important Questions	Answers	Why This Matters:
What is the overall deductible?	\$0	See the Common Medical Events chart below for your costs for services this <u>plan</u> covers.
Are there services covered before you meet your deductible?	No.	You will have to meet the <u>deductible</u> before the <u>plan</u> pays for any services.
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the <u>out-of-pocket</u> <u>(imit</u> for this <u>plan?</u>	\$1,500 Individual/\$3,000 Family <u>Prescription drug</u> expense limit: \$500 Individual/\$1,500 Family	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
What is not included in the out-of-pocket limit?	<u>Premiums, balance-billing</u> charges, and health care this <u>plan</u> doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket</u> <u>limit</u> .
Will you pay less if you use a <u>network provider</u> ?	Yes. See www.bcbsil.com or call 1-800-892-2803 for a list of participating providers.	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a Referral to see a specialist?	Yes.	This <u>plan</u> will pay some or all of the costs to see a <u>specialist</u> for covered services but only if you have a <u>Referral</u> before you see the <u>specialist</u> .

		What Y	ou Will Pay	
Common Medical Event	Services You May Need	Participating Provider (You will pay the least)	Non-Participating Previder (You will pay the most)	Limitations, Exceptions, & Other Importer Information
f you visit a health	Primary care visit to treat an injury or illness	\$30 copay/visit	Not Covered	Services or supplies that are not ordered by your <u>Primery Care Physician</u> or Women's Principal Health Care <u>Provider</u> , except emergency and routine vision exams, are not covered.
are <u>provider's</u> office or clinic	Specialist visit	\$50 copay/visit	Not Covered	Referral required.
	Preventive care/screening/ immunization	No Charge	Not Covered	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what you plan will pay for.
you have a test	Diagnostic test (x-ray, blood work)	No Charge	Not Covered	Referral required.
Aon uses a mar	Imaging (CT/PET scans, MRIs)	No Charge	Not Covered	Referral required.

		What Y	ou Will Pay	
Common Medical Event	Services You May Need	Participating Provider (You will pay the least)	Non-Participating Provider (You will pay the most)	Limitations, Exceptions. & Other Important Information
	Generic drugs	\$10 <u>copay/prescription</u> (retail) \$20 <u>copay/prescription</u> (mail order)	Not Covered	Dispensing limit may apply to certain drugs. Payment of the difference between the cost of a brand name drug and a generic may be
if you need drugs to treat your illness or condition	Preferred brand drugs	\$40 <u>copay</u> /prescription (retail) \$80 <u>copay</u> /prescription (mail order)	Not Covered	required if a generic drug is available. Certain women's preventative services will be covered with no cost to the member. For a full
More information about prescription drug coverage is available at www.bobsil.com.	Non-preferred brand drags	\$60 <u>copay/prescription</u> (retail) \$120 <u>copay/p</u> rescription (mail order)	Not Covered	list of these prescriptions and/or services, please contact Gustomer Service. 30-day retail/90-day mail. RX <u>Out-of-Pocket</u> Expense Limit: \$500 Individual/\$1,500 Family.
	Specialty drugs	Applicable copay	Not Covered	Coverage based on group policy. Prior <u>authorization</u> may be required. Specialty retail limited to a 30-day supply.
If you have outpatient	Facility fee (e.g., ambulatory surgery center)	No Charge	Not Covered	Referrel required.
surgery	Physician/surgeon fees	No Charge	Not Covered	Referral required.
	Emergency room care	\$500 copay/visit	\$500 copay/visit	Copay waived if admitted.
If you need immediate medical attention	Emergency medical transportation	No Charge	No Charge	Ground transportation only.
	Ument care	\$30 copay/visit	Not Covered	Must be affiliated with member's chosen medical group or referral required.

Common Medical Event	Services You May Need	What Y Participating Provider (You will pay the least)	ou Will Pay <u>Non-Participating</u> Provider (You will pay the most)	Limitations. Exceptions, & Other Important Information
if you have a hospital	Facility fee (e.g., hospital room)	\$250 copay/admission	Not Covered	Referral required.
stay	Physician/surgeon fees	No Charge	Not Covered	Referral required.
If you need mental health, behavioral	Outpatient services	\$30 copay/visit	Not Covered	Untimited visits. <u>Referral</u> required.
health, or substance abuse services	Inpatient services	\$250 copay/admission	Not Covered	Untimited days, Referral required.
	Office visits	\$30 copay/visit	Not Covered	Copy applies for the 1st prenatal visit only. Cost sharing does not apply for preventive services. Depending on the type of services, a copayment may apply. Maternity care may
ff you are prognant	Childbirth/delivery professional services	No Charge	Nat Covered	include tests and services described elsewhere in the SBC (i.e. ultrasound).
	Childbirth/delivery facility services	\$250 copay/admission	Not Covered	Referral required.
	Home health care	No Charge	Not Covered	Referral required.
	Rehabilitation services	\$30 <u>copay</u> /visit	Not Covered	60 visks combined for all therapies.
if you need help	Habilitation services	\$30 copay/visit	Not Covered	Referral required.
recovering or have	Skilled nursing care	\$250 copay/admission	Not Covered	Excludes custodial care. Referral required.
other special health needs	<u>Durable medical equipment</u>	No Charge	Not Covered	Referral required. Benefits are limited to items used to serve a medical purpose. <u>Durable Medical Equipment</u> benefits are provided for both purchase and rental equipment (up to the purchase price).
	Hospice services	No Charge	Not Covered	Inpatient copay may apply. Referral required.

What You Will Pay						
Common Medical Event	Services You May Need	Participating Provider (You will pay the least)	Non-Participating Provider (You will pay the most)	Limitations, Exceptions, & Other Important Information		
if your child needs	Children's eye exam	No Charge	Not Covered	Limited to one exam every 12 months at participating providers.		
dental or eye care	Children's glasses	Not Covered	Not Covered	None		
	Children's dental check-up	Not Covered	Not Covered	None		

Excluded Services & Other Covered Services:

	Custodial care	•	your policy or plan document for more informati Long term care	•	Private-duty nursing
•	Dental care (Adult)	•	Non-emergency care when traveling outside the U.S.	٠	Routine foot care (with the exception of person with diagnosis of diabetes)
*	er Covered Services (Limitations may apply to	fhoe	o services. This len't a complete list. Please see	VOLE	r plan document.):
<u>/U</u>	or govered deviates (minimum unit abbit to	HIOS	D Set Lines: 1100 (Sur en delibiate lien 1 1986 1 100		<u> </u>
	Acupuncture	4	Chiropractic care		Routine eye care (Adult)
_	Acupuncture	•		•	
	Acupuncture Bariatric surgery	•	Chiropractic care	•	Routine eye care (Adult)
•	Acupuncture	•	Chiropractic care Hearing aids (for children 1 per ear every 24	•	Routine eye care (Adult) Weight lass programs (except when non-

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: the plan at 1-800-892-2803, U.S. Department of Labor's Employee Senefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/beatthreform, or Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.cclio.ams.gav. Other coverage options may be available to you too, including buying individual insurance coverage through the HealthCare.gov or call 1-800-318-2596.

Your <u>Grievance</u> and <u>Appeals</u> Rights: There are agencies that can help if you have a complaint against your <u>plan</u> for a denial of a <u>claim</u>. This complaint is called a <u>grievance</u> or <u>appeal</u>. For more information about your rights, look at the explanation of benefits you will receive for that medical <u>claim</u>. Your <u>plan</u> documents also provide complete information to submit a <u>claim</u>, <u>appeal</u>, or a <u>grievance</u> for any reason to your <u>plan</u>. For more information about your rights, this notice, or assistance, contact: Blue Cross and Blue Shield of Illinois at 1-800-892-2803 or visit <u>www.bcbsil.com</u>, or contact the U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or visit <u>www.bcbsil.com</u>, or contact the U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or visit <u>www.bcbsil.com</u>, or contact the Illinois Department of Insurance at (877) 527-9431 or visit <u>http://insurance.illinois.gov</u>.

Does this plan provide Minimum Essential Coverage? Yes

Minimum Essential Coverage generally includes plans, health insurence available through the Marketplace or other individual market policies, Medicare, Medicard, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

Does this plan meet the Minimum Value Standards? Yes
If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llama al 1-800-892-2803.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-892-2803.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-800-892-2803.

Navajo (Dine): Dinek'eligo shika at'ohwol ninisingo, kwiijigo holne' 1-800-892-2803.

To see examples of how this plan might cover costs for a sample medical situation, see the next section.

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this <u>plan</u> might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your <u>providers</u> charge, and many other factors. Focus on the <u>cost sharing</u> amounts (<u>deductibles</u>, <u>copayments</u> and <u>opinsurance</u>) and <u>excluded services</u> under the <u>plan</u>. Use this information to compare the portion of costs you might pay under different health <u>plans</u>. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby (9 months of p. getwork a s-natal core and a respetal detecty)

■ The plan's overall deductible	\$(
■ Specialist copayment	\$50
■ Hospital (facility) <u>consyment</u>	\$250
■ Other	\$0

This EXAMPLE event includes services like: Specialist office visits (prenatal care) Childbith/Delivery Professional Services Childbith/Delivery Facility Services Diagnostic lests (ultrasounds and blood work) Specialist visit (anesthesia)

\$12,700
14 Maria
\$0
\$300
\$0
\$60
\$360

Managing Joe's type 2 Diabetes (a year of routine in network care of a well controlled condition)

The <u>plan's</u> overall <u>deductible</u> <u>Specialist copayment</u> Hospital (facility) <u>copayment</u>	\$0 \$50 \$250
■ Other	\$0

This EXAMPLE event includes services like:
Primary care physician office visits (including disease education)
Diagnostic tests (blood work)
Prescription drugs
Durable medical equipment (glucose meter)

Total Example Cost	35,600
n this example, Joe would pay:	
Cost Sharing	
Deductibles	\$0
Copayments	\$1,000
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$20
The total Joe would pay is	\$1,020

Mia's Simple Fracture for network emergency room visit and follow up care:

■ The plan's overall deductible	\$0
■ Specialist copayment ■ Hospital (facility) copayment	\$50 \$250
■ Other	\$0

This EXAMPLE event includes services like:
Emergency room care (Including medical supplies)
Diagnostic test (x-ray)
Durable medical equipment (crutches)
Rehabilitation services (physical therapy)

Total Example Cost	\$2,800
In this example, Mia would pay:	
Cost Sharing	
Deductibles	\$0
Copayments	\$600
Colnsurance	\$0
What isn't covere	ď
Limits or exclusions	\$0
The total Mia would pay is	\$800

BlueCross BlueShield of Ulinols

ll you, or scoppone you are helping, have spurations, you have the right to get help and information in your language at no cost. To appeal to an interpreter, call the duplomer service number on the back of your manufact card. If you are not a seember, or don't flave a card, call 856-710-0964.

يل كان أهنية أم الدير تشخص ضاعد أمثلة. قطيلة قليق في العسمول علي العساسة والمطومات الصرورية بالنظاء من مراري لها تنظفاً. الاحث إلى متزجية واربية من مسارة الرابية على مسارة المرابعة المعالمة المسابقة ا		
知果您,或带正在临时的时候,到此书提陈。您有维将免费以助的甲籍强得莱斯和凯恩。 治院一位都瘫痪,指数离坏在您的者具卡的高的客户债務者活益证。 如果您不是音用,或沒有者具长,就被高355710-9954。		
Service, our quelqu'un que vous âles en train d'aisser, avez des questions, vous avez le droit d'obtrait de l'aide et l'information dans votes langue à aucus coût. Pour patier à un interprése, composez le marnière du service ditert information du votes de crite cartie de maculma. 31 vous n'illes possoniement et de l'aide et l'information dans votes langue à aucus coût. Pour patier à un interprése, composez le marnière du service ditert information dans votes langue à aucus coût. Pour patier à un interprése, composez le marnière du service ditert information dans votes langue à aucus coût. Pour patier à un interprése, composez le marnière du service de la configuration de la composez le marnière du service de la configuration de la configuration de la configuration de la composez le marnière du service de la configuration de la configu		
Falls Sie oder jemand, dem Sie hollon, Fragen haben, haben Sie das Recth, kossoniose Hälle und Informationen in hver Sprache zu erhalten. Den mit einem Unbretscher zu sprechen, rufen Sie hähe die Kunderssenbonnurmen auf der Rüdenbas litzer Allgibedsische zu. Falls Sie hahr Mitglied bind oder kohne Mitgliedsische besitzen, noten Sie bier 855-7 (146904 zu.		
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જો તમને અથવા તમે પદદ કરી રહ્યા કોલ એવી કોઇ બીજી વ્યક્તિને એમ.બી.એમ. કુશાયિયા સાથે વાત કરવા માટે, તમના સલ્યપદના કાર્ડની પાછળ અપેળ ગ્રાહક નેવા નંબર પર કોલ કરી. જો આપ સલ્યપદ ના ધરાવતા કોવ, આવેલા આપની પાંકે કાર્ડ નથી તો કંદક-૧૦-૯૭૬૦ નંબર પર કોલ કરો.		
यदि आगके, या आप जिसकी सहायता कर हो हैं उसके, पक्ष हैं, वो आपको अपनी आण से जिल्लाक सहायता और अभकारी प्रप्त करने कर अधिकार है। किसी अनुवादक से बात करने के विराह अपने सदस्य करने के विराह अपने सदस्य करने के विराह अपने सदस्य करने के विराह अपने सहाय करने करने करने करने करने करने करने करने		
Set are equations often state delianatio media demandia, final distributi di chiavero sistrib e informazioni anale tus lingua gredularmanie. Per perfore con un interprete, punt chiamatre il serviziro dilenti el numero deportatio sul lato postenicare delia tep lategare di appiro. Da mon set acodo o mon possibilità una benevera punt chiamatre il numero 655.7 fo 6998.		
안돼 가장 또는 귀하기 듣는 시랑이 잘모여 있다면 귀하는 무료로 그리면 도움과 종보를 귀하의 없어로 닫힌 수 있는 뿐이가 있습니다. 공순 커도 ৃ면에 있는 고객 서비스 번호로 진호하십시오. 화물이 아니시기나 카드가 앉으시면 857/14984 오로 전통주십시오.		
T'éó ní, éi doodago la 'da bilda mindiwo' igii, na 'ddideigo, ta 'kió ben nó a hicki' ' 1/é milk' a niki a 'deo) wok. Ata 'Imben' bich' i' habanadaih ninkinga éi kwo' é de 'infishul été anidaalwo' igii bich'; ' hodlinik, ben néhickimi bine 'dép' bildé'. Koji such nashaosa ná bada'étgéb éi doodaga ben nééhicainigií ádingu koji 'hodlinih 359-710-6984.		
Jeśfi Ty hio osobo, klántj pomogosz, mado jakókoluké pyjarde, trocio powo do ozyeksna bezpistosj intormed i pomocy we wkenym języku. Aby pomoznawied z bumaczan, zadzwoł pod nome godany na odwode korty czdowówania, Jedoń nie jestał odwokon kie nie zazykon no nasz przy sobio kary, zadzwoń pod morez 555-710-8044.		
Ести у вто, что чаговоек, которому вы помочаеть, веспиван котором, у вой есть право не бесплетную гомощь, и информецию, пророставленную та вышей жамах. Чтосы потоврить о перевод челы, поросние в отдел оботреждене вичений или запафом, указанному на ображной отроже восней хартонах учествена. Ести вы не завляетаю, учественам или у вос нет картонах, пожемет по такжерому восней том не запачатаю. Учественам или у вос нет картонах, пожемет по такжерому восней том не запачатаю. Учественам или у вос нет картонах, пожемет по такжерому восней том не запачатаю.		
Si ustad o elgalem a quien united testà synderido tene proguntas, dene detecho a obserer synde a información en se allione a lo costo elguno. Para habitar con un intérprete con uniquese con si número del Sarvicio di Clieres que ligora en el severo de se tabab de miembro. Si ustad no se miembro o no posee vos terjata, flame el 855-710-6964.		
Kung Ikaw, o ang isang leong lyong Brutshangan oy may nga kamang, may lamapatan Nang makasawa ng ulahog sa keparasaspon sa Mong sela-asang watang bayasi. Upong sela-isang bayasi dipengalasan bang bayasann-wika, tumbaway sa numbero ng serbisyopisha sa kumbanor sa Sabol ng Iyong kand ng mapeniko. Kung dalaw ay hibob isang intyembot, a kuya ay malang kand. Sumawag sa 253-716-4694.		
گر آپ کی وائٹس ایسے فودگی جوں کی آپ مند گزرتے ہیں، کرنی موال در بوٹن ہے تو آپ کر اپنی زیان میں مند داور سازمان حاصل کرنے کا حل ہے۔ مز جم سے بات کرنے کے لیے، کناشر سروس عرر ہر گل کریں جو آپ کے کاٹ کی بائٹ اور دری ہے۔ اگر آپ سمر نہیں ہے، وا آپ کے پاس کار 3 ہوں ہے تو 366 1750 ور قال کری۔		
Hiểu quy vý hoặc sạy thi má quỹ vý giúp đờ có bắt bỳ chu hhể nào, quý vị có quyền dược hỗ thy và mhán thông thi tháng siện ngữ của nhiều millo phí. Để sái chuyện với thông cịnh viên, gọi số dạo vụ khách hàng năm ở phía sau thi hỗi viên cóc quý ví. Nhỏ quy ví không phiế là họi viện hoặc bhong có thể, gọi số 855-710-6304.		

Health care coverage is important for everyone.

We provide free communication aids and services for anyone with a disability or who needs language assistance. We do not discriminate on the basis of race, color, national origin, sex, gender identity, age or disability.

To receive language or communication assistance free of charge, please call us at 855-710-6984.

If you believe we have failed to provide a service, or think we have discriminated in another way, contact us to file a grievance.

Office of Civil Rights Coordinator 300 E. Randolph St. 35th Floor

Chicago, Illinois 60601

Phone: TTY/TDD:

855-664-7270 (voicemall) 855-661-6965 855-661-6960

Fax: Email:

CivilRightsCoordinator@hcsc.net

You may file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, at:

U.S. Dept. of Health & Human Services 200 Independence Avenue SW Room 509F, HHH Building 1019 Washington, DC 20201

Phone: 800-368-1019
TTY/TDD: 800-537-7697
Complaint Portal: https://ocrportal.hths.gov/ocr/portal/lobby.lsf
Complaint Forms: http://www.hhs.gov/ocr/office/file/index.html

Summary of Benefits and Coverage; What this \underline{Plan} Covers & What You Pay For Covered Services Kene County: Union BA HMO \underline{Plan}

Coverage Pariod: 01/01/2022 - 12/31/2022 Coverage for: ALL | Plan Type: HMO

The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-800-892-2803 or at www.bcbsil.com. For general definitions of common terms, such as allowed amount, balance bling, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary. You can view the Glossary at www.healthcare.gov/sbo-qlossary/ or call 1-855-756-4448 to request a copy.

Important Questions	. Answers	Why This Matters:
What is the overall deductible?	\$0	See the Common Medical Events chart below for your costs for services this <u>plan</u> covers.
Are there services covered before you meet your deductible?	No.	You will have to meet the <u>deductible</u> before the <u>plan</u> pays for any services.
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the <u>out-of-pocket</u> <u>limit</u> for this <u>plan</u> ?	\$1,500 Individual/\$3,000 Family Prescription drug expense fimit: \$500 Individual/\$1,500 Family	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
What is not included in the <u>out-of-pocket limit?</u>	Premiums, balance-billing charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket</u>
Will you pay less if you use a <u>network provider</u> ?	Yes. See <u>www.bcbsil.com</u> or call 1-800-892-2803 for a list of <u>participatine</u> <u>providers</u> .	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a Referral to see a specialist?	Yes.	This plan will pay some or all of the costs to see a <u>specialist</u> for covered services but only if you have a <u>Referral</u> before you see the <u>specialist</u> .

		What You Will Pay			
Common Medical Event	Services You May Reed	Participating Provider (You will pay the least)	Non-Participating <u>Provider</u> (You will pay the most)	Limitations, Exceptions, & Other Importar	
if you visit a health	Primary care visit to treat an injury or illness	\$30 <u>copay</u> /visit	Not Covered	Services or supplies that are not ordered by your <u>Primary Care Physician</u> or Women's Principal Health Care <u>Provider</u> , except emergency and routine vision exams, are not covered.	
care <u>provider's</u> office or clinic	Specialist visit	\$50 copay/visit	Not Covered	Referral required.	
	Preventive care/screening/ immunization	No Charge	Not Covered	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what you plan will pay for.	
lf you have a test	Diagnostic lest (x-ray, blood work)	No Charge	Not Covered	<u>Referral</u> required.	
100	Imaging (CT/PET scans, MRIs)	No Charge	Not Covered	Referrat required.	

Common Medical Event	Services You May Need	Participating Provider (You will pay the least)	ou Will Pay Non-Participating Provider (You will pay the most)	Limitations, Exceptions, & Other Important Information
	Generic drugs (reall) S20 cocay/prescription Not Covered Payment	Dispensing limit may apply to certain drugs. Payment of the difference between the cost of a brand name drug and a generic may be		
If you need drugs to treat your illness or condition	Preferred brand drugs	\$40 copay/prescription (retail) \$80 copay/prescription (mail order)	Not Covered	required if a generic drug is available. Certain women's <u>preventative services</u> will be covered with no cost to the member. For a ful
contraction about prescription drug. coverage is available at www.bobsil.com.	Non-preferred brand drugs	\$69 <u>copay/prescription</u> (retail) \$120 <u>copay/prescription</u> {mall order}	Not Covered	ilst of these prescriptions and/or services, please contact Customer Service. 30-day retail/90-day mall. RX <u>Out-of-Pocket</u> Expense Limit: \$500 Individual/\$1,500 Family.
Specially drug	Specialty drugs	Applicable <u>copay</u>	Not Covered	Coverage based on group policy. Prior <u>authorization</u> may be required. Specialty retail limited to a 30-day supply.
If you have outpatient	Facility fee (e.g., ambulatory surgery center)	No Charge	Not Covered	Referral required.
surgery	Physician/surgeon fees	No Charge	Not Covered	Referral required.
	Emergency room care	\$250 copay/visit	\$250 copay/visit	Copay waived if admitted.
If you need immediate medical attention	Emergency medical transportation	No Charge	No Charge	Ground transportation only.
	Urgent care	\$30 <u>copay</u> /visit	Not Covered	Must be affiliated with member's chosen medical group or referral required.

		What Y	ou Will Pay	
Commos Medical Event	Services You May Need	Participating Provider (You will pay the least)	Non-Participating Provider (You will pay the most)	Limitations, Exceptions, & Other Important Information
If you have a hospital	Facility fee (e.g., hospital room)	\$250 <u>copay</u> /admission	Not Covered	Referral required.
stay	Physician/surgeon fees	No Charge	Not Covered	Referral required.
if you need mental health, behavioral	Outpatient services	\$30 copey/visit	Not Covered	Unlimited visits. <u>Referrat</u> required.
health, or substance abuse services	Inpatient services	\$250 copay/admission	Not Covered	Unlimited days. <u>Referral</u> required.
	Office visits	\$30 copay/visit	Not Covered	Copay applies for the 1st prenatal visit only. Cost sharing does not apply for preventive services. Depending on the type of services, a copayment may apply. Maternity care may
If you are pregnant	Childbirth/delivery professional services	No Charge	Not Covered	include tests and services described elsewhere in the SBC (i.e. ultrasound).
	Childbirth/delivery facility services	\$250 copay/admission	Not Covered	Referral required.
	Home health care	No Charge	Not Covered	Referral required.
	Rehabilitation services	\$30 copay/visit	Not Covered	60 visits combined for all therapies. <u>Referral</u> required.
If you need help	Habilitation services	\$30 copay/visit	Not Covered	
recovering or have other special health	Skilled nursing care	\$250 copay/admission	Not Covered	Excludes custodial care. Referral required.
neëda	Durable medical equipment	No Charge	Not Covered	Referral required. Benefits are limited to items used to serve a medical purpose. <u>Durable Medical Equipment</u> benefits are provided for both purchase and rental equipment (up to the purchase price).
	Hospice services	No Charge	Not Covered	Inpatient copay may apply. Referral required.

		What Y	ou Will Pay	
Common Medical Event	Services You Yay Need	Participating Provider (You will pay the least)	Non-Fart cipating Provider (You will pay the most)	Limitations, Exceptions, & Other Important information
If your child needs	Children's eye exam	No Charge	Not Covered	Limited to one exam every 12 months at participating providers.
dental or eye care	Children's glasses	Not Covered	Not Covered	None
	Children's dental check-up	Not Covered	Not Covered	None

ervices Your <u>Pfan</u> Generally Does NOT Cover (C Custodial care Denlal care (Adull)	Long term care Non-emergency care when traveling outside the U.S.	 Private-duty nursing Routine foot care (with the exception of person with diagnosis of diabetes)
ther Covered Services (Limitations may apply to Acupuncture Bariatric surgery Cosmetic surgery (only for correcting congenital deformities or conditions resulting from	these services. This isn't a complete list. Please sea Chiropractic care Hearing aids (for children 1 per ear every 24 months for, adults up to \$2500 per ear every 24 months)	your plan document.) Routine eye care (Adult) Weight loss programs (except when non-medically supervised) Most coverage provided outside the

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: the plan at 1-800-892-2803, U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.doi.gov/ebsa/healthreform, or Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61585 or www.ccilo.cms.gov. Other coverage options may be available to you too, including buying individual insurance coverage through the HealthCare.gov or call 1-800-318-2596.

Your <u>Grievance</u> and <u>Appeals</u> Rights: There are agencies that can help if you have a complaint against your <u>plan</u> for a denial of a <u>claim</u>. This complaint is called a <u>grievance</u> or <u>appeal</u>. For more information about your rights, look at the explanation of benefits you will receive for that medical <u>claim</u>. Your <u>glan</u> documents also provide complete information to submit a <u>claim</u>, <u>appeal</u>, or a <u>grievance</u> for any reason to your <u>glan</u>. For more information about your rights, this notice, or assistance, contact: Blue Cross and Blue Shield of Illinois at 1-800-892-2803 or visit <u>www.bcbsil.com</u>, or contact the U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or visit <u>www.dcl.gov/ebsa/healthreform</u>. Additionally, a consumer assistance program can help you file your <u>appeal</u>. Contact the Illinois Department of Insurance at (877) 527-9431 or visit http://insurance.illinois.gov.

Does this plan provide Minimum Essential Coverage? Yes

Minimum Essential Coverage generally includes plans, fleatin insurance available through the Marketplace or other individual market policies, Medicare, Medicard, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

Does this plan meet the Minimum Value Standards? Yes

if your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-892-2803.

Tagalog (Tagalog): Kung kallangan ninyo ang tulong sa Tagalog lumawag sa 1-800-892-2803.

Chinese (中文): 如果需要中文的帮助,请拨打这个号码 1-800-892-2803. Navajo (Dine): Dinek'ehgo shika afohwot ninisingo, kwiiilgo holne' 1-800-892-2803.

To see examples of how this <u>plan</u> might cover costs for a sample medical situation, see the next section.

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this <u>plan</u> might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your <u>providers</u> charge, and many other factors. Focus on the <u>cost sharing</u> amounts (<u>deductibles, copayments</u> and <u>coinsurance</u>) and <u>excluded services</u> under the <u>plan</u>. Use this information to compare the portion of costs you might pay under different health <u>plans</u>. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of m<u>inictivers pro-paral care and a</u> licisofial de (vary)

■ The plan's overall <u>deductible</u>	50
	\$50
■ Specialist consyment	****
■ Hospital (facility) <u>copayment</u>	\$250
■ Other	\$0

This EXAMPLE event includes services like:

Specialist office visits (prenatal care)
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests (utrasounds and blood work)
Specialist visit (anesthesia)

Total Example Cost	\$12,700
in this example, Peg would pay:	= :-
Cost Sharing	
Deductibles	\$0
Copayments	\$300
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$60
The total Peg would pay is	\$360

Managing Joe's type 2 Diabetes (a year of rouring re-network care of a well-optimalised conditions)

■ The <u>plan's</u> overall <u>deductible</u>	\$0
Specialist copayment	\$50
■ Hospital (facility) copsyment	\$250
■ Other	\$0

This EXAMPLE event includes services like: Primary care physician office visits (including disease education) Diagnostic tests (blood work) Prescription drugs

<u>Durable medical equipment</u> (glucose meter)

Total Example Cost	\$5,600
In this example, Joe would pay:	
Cost Sharing	
Deductibles	\$0
Copayments	\$1,000
Coinsurance	\$0
What isn't covered	1977
Limits or exclusions	\$20
The total Joe would pay is	\$1,020

Mia's Simple Fracture (ninetwork americantly room wait and tollow thickness.

Hospitel (facility) copsyment \$25	Hospitel (facility) copayment	\$0 \$50 \$250 \$0
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This EXAMPLE event includes services like: Emergency room care (including medical

<u>Diagnostic test</u> (x-ray)
<u>Durable medical equipment</u> (crutches)
<u>Rehabilitation services</u> (physical therapy)

Total Example Cost	\$2,800
In this example, Mis would pay:	
Cost Sharing	
Deductibles	\$0
Copayments	\$500
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$0
The total Min would pay is	\$500

BlueCross BlueShield of Illinois

if you, or scoroom you are helping, theve questions, you have the digit to got help and information in your tenguage at no occi.
To special to an interpreter, call the quistorier service reother on the back of your member cond. If you are not a member, or don't have a read, call 855-710-8884.

الجردية Arabic	ين كان لنهائه أو لمن شخص تمايده فسطة طبطة هنول في قدمسات والسكومات القسرووية بلعظه من يون فية تتقلة. التحت في ستز جو فيريه العبل على زفع عيسة هندلاء السكور على طبو بطقة عنسويتك. فإن لركان عسنواه في 20 سنان سنفة، دلاسل على 1948-195.
類粒中文 Chinese	無暴症,或您定在協助的對象,對此有疑問,等有學科免責以認的母語指導策動和訊息。 治神一位無違兵,蘇敦電師在你的會員卡背面的客戶服務電話路隔,如果您不是會員,爰沒有 會員长,對被電影57(9-59)4。
Français Franch	Strous, ou queligrum que vous éles as item d'eléc, avac des quedions, vous évez le doit d'obtent de l'aide et Tinformation dens rebre largue à aucun coût. Pour parier à un laterprête, composaz le numbre du service elémit indiqué su vesco de vote carte de seminor. Si vous n'éles pas membre ou ai vous n'avez pas de carte, veultez composaz le 865-710-5964.
Deutsch German	Fails Size oder januard, dem Sis helden. Fragen baben, haben blie des Pacit, koykmisen 1984 vod informationen in hiner Sprache zu erkalten. Um mit einem Didmetscher zu sprechen, rules Sie bilde die Kundensendoeruntener mit der Rückseite fürer Mitgliedskante an, Palls Sie helm Mitglied slad oder keine Mitgliedskante bestreet, unten Sie bilde 855-7 (0-6384 zn.
EMQVILO Graek	Εύν ιστίς ή κόποιος που βατβάσε έχετε αρωτήσεις, όχετε το θετάλομα το λόβους θούριου αναιλεροφορίας στη γλόσου στος χωρός χρέωση, Το ναι μωλήσετα στ ένταγ δεφριγκία, καλέστε τον αραθμό εξυπηρέπησης πελατών του απογράφεται στο πίσω μέρος τις πάρτος μέλους στος. Εύν δεν άστο μέλος ή δεν έχετε κάλοιο, ακλέστε τον αραθμό 855-710-6884.
ગુજરાતી ઉત્તા થ ક	જો તમને અક્ષવા તમે મકક કરી રક્ષા ક્ષેત્ર એવી કોઈ બીજી વ્યક્તિએ એક્ષા-બ્રેએમ, કુશાયિશ સાથે વાત કરવા માટે. તમાશ સભ્યપદના ક્રાર્કની પાલક આપેલ ગ્રાઠક સેવા નંબર પર કેલ કરો. જો આપ શસ્ત્રપાદ ના ધરાવતા ક્ષેત્ર, અદ્યવા આપની પાસે કાર્ડ નથી તો કક્ક-710-6945 નંબર પર ક્ષેત્ર કરો.
हिंदी स्थात	यदि आपके, या आप विसर्का सहस्रता कर रहे हैं उसके, प्रकाह, तो अपको अपनेह आषा के निर्शाहक कहायक और व्यक्करी प्राप्त करने कर अधिकार हैं। किसी अनुवादक से बात करने के लिए, अपने स्वस्य कार्ड के पीछे दिए गुण व्यक्त संक्षा नंबर पर कींस करें। यदि उत्तर सहस्य नहीं हैं, या आपके पास कार्ड नहीं हैं, तो होई हैं प्र-प्रकृति पर कार्स करें।
Enfanto Italian	Se tuo qualicusco che stal estando ambe domende, hasil dicido di elemeno sixto e intercacioni nella ten largua gratulamenta. Per pastara con un interprete, puol chiprome il servizio clienti ai numero risponsta sud leto posteriore della ten tenama di socio. Be non sel accio o non passiadi una insaera, puol chiprata el nomeno 855-716-6984.
한 극이 Koreas	인약 취하 또는 귀하기 않는 시필이 필요에 있다면 귀하는 우름도 그러된 웃음과 경로를 귀하의 언어로 받을 수 있는 원리가 있습니다. 작용 하도 탓만에 있는고색 서비스 번호를 전통하십시오. 회원이 하니시키다 카드가 없으시면 856.716세터 오토 전략주십시오.
Diné Navajo	Tiák at. ős dondaga te tön blisk mánifero figit, na 'kiflikígo, ta'kif ber ná shódifi 't 'sá nik' e niká a'den brot. Aus 'halm' i bich' i haderatoin ninizingu él kwe'è da 'initségi útá unidanlevi 'igli bich' i haddinin, ber nédiszenin blor déf 'ekidi'. Kuji atah nankasos na hadif dégió él dondago ber nédiszinégil ádloga koji 'bodifinih 185-710-6984.
Polski Polsk	Lessi Ty ina carba, hatnij pomagasz, mado jakieslokieta pytania, mocio prawo do uzjetamia bazpialnej indomacji i pomocy we własnym języku. Aby potoza swiati: z trunuczem, zedowoń pod numer podany na odwrocie karty czlowiomeskią. Joželi nie jeziać całonitom kie nio mazy przy odwie karty, zodawoń pod numer 665-710-6884.
Pycoudi Ruisian	Есля у вас или чаловка, которому вы помответе, везичани вопросы, у вас есть право на бесплатную помощь и информацую, предоставляемую на зашем ясыте. Утобы потворять с поряводичном, позваниля в отдел собатуверамения или и не песплатного по геляфому, услажному на обратный откроим вызый акремия участника. Если вы на песплатно-участником или у вас ней зартички, позванила по пелефому 567-710-6864.
Español Spanish	Si ustad o adjuden a quino ustad adul apud ando tieno proguntas, itene denotro e obtener apuda e información en su tridinna sin conto alguno. Para fueltar con un intirfyrete comuniquese con el número del Servicio al Clianta que ligura en al revesso de su tarjeta de mientos. Si utitad no es mientos o no posee una terista, lisces al 856-710-6984.
Yagalog Yagalog	ltung kawa, o ang kamg kaong kyong dinduktungan ay may mgai lamong, may a magasan kamg makésutuha ng kalong ari tupormangon sa lyong akka mang wating payasi i Upang maképag-usap sa bang langsasih-wika. Iumanang sa munkero ng sentatyo para sa tinatomar sa sikod ng lyong kami ng makemiro. Kimg Raw ay Hindi hang milyenthro, o kaya ay watang kand, fumankig sa 655-710-5084.
فردر Lârdu	گر آپ کو، با نکس کیے جن کی قیامت کارتے ہیں۔ کوئی موال تو پیش ہے تو اپ کا اپنی زبل میں مقت مند فور مطورات شاصل کرنے کا حق ہے، مقد مند ہے اپنے ، کلیششر مورس نمیر پر کال کاری مو آپ کے عکرت کی بخت ہے درج ہے، کار آپ سمبر بین ہیں، باب ہے بیش دو فنیوں ہے آو ، 8585 710 کار کرنے کار کاروں
Tidag Việt Victorence	Hiểu quy vị hoặc quốn mã quý vị giáp đờ có bài lợ cứu hài nào, quy vị có quyền được hỗ trợ và nhàn thông tin bằng ngôn ngữ của cách miễn phí. Để nói chuyện với thông đại viện, gọi số địch vụ khách hàng nôn ở pháo sau thể hội viện của quý vị. Hiểu quy vị thông phái là hội viện boác không có thể, gọi số 555-710-6884.

Health care coverage is important for everyone.

We provide free communication aids and services for anyone with a disability or who needs language assistance. We do not discriminate on the basis of race, color, national origin, sex, gender identity, age or disability.

To receive language or communication assistance free of charge, please call us at 855-710-6984.

If you believe we have falled to provide a service, or think we have discriminated in another way, contact us to file a grievance.

Office of Civil Rights Coordinator 300 E. Randolph St.

35th Floor Chicago, Illinois 60601

Phone: TTY/TDD:

Fax: Email: 855-664-7270 (voicemall) 855-661-4965 855-661-6960 CiviRightsCoordinator@hcsc.net

You may file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, at:

U.S. Dept. of Health & Human Services 200 Independence Avenue SW Room 509F, HHH Building 1019 Washington, DC 20201

Phone: 800-368-1019
TTY/TDD: 800-537-7697
Complaint Portal: https://ocrportal.https.cov/ocr/portal/lobby.isf
Complaint Forms: http://www.hhs.gov/ocr/office/file/index.html

Summary of Benefits and Coverage: What this <u>Plan</u> Covers & What You Pay For Covered Services Kane County: Non-Union HMOI <u>Plan</u>

Coverage Period: 01/01/2022 -- 12/31/2022 Coverage for: ALL | Plan Type: HMO

The Summary of Benefits and Coverage (SBC) document will help you choose a health <u>plan</u>. The SBC shows you how you and the <u>plan</u> would share the cost for covered health care services. NOTE: information about the cost of this <u>plan</u> (called the <u>premium</u>) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-800-892-2803 or at www.bcbgi.com. For general definitions of common terms, such as allowed amount, belance being, coinsurance, copeyment, deductive, provider, or other underlined terms, see the Glossary. You can view the Glossary at www.hcbgi.com. For general definitions of common terms, such as allowed amount, belance being, coinsurance, copeyment, deductive, provider, or other underlined.

Important Questions	Answers	Wny This Matters:
What is the overall deductible?	\$0	See the Common Medical Events chart below for your costs for services this <u>plan</u> covers.
Are there services covered before you meet your <u>deductible</u> ?	No.	You will have to meet the <u>deductible</u> before the <u>plan</u> pays for any services.
Are there other deductibles for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services.
What is the <u>out-of-pocket</u> <u>limit</u> for this <u>plan</u> ?	\$1,500 Individual/\$3,000 Famity Prescription drug expense limit: \$500 Individual/\$1,500 Family	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limits</u> has been met.
What is not included in the out-of-pocket limit?	Premiums, balance-billing charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the <u>gut-of-cocket</u> <u>limit</u> .
Will you pay less if you use a <u>network provider?</u>	Yes. See www.bcbsil.com or call 1-800-892-2803 for a list of particlogram providers.	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's</u> charge and what your <u>plan</u> pays (<u>balance billing</u>). Be aware, your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
Do you need a <u>Referral</u> to see a specialist?	Yes.	This <u>clan</u> will pay some or all of the costs to see a <u>specialist</u> for covered services but only if you have a Referral before you see the <u>specialist</u> .

	1	What Y	ou Will Pay	
Common Medical Event	Services You May Need	Participating Provider (You will pay the least)	<u>Non-Participating</u> <u>Provider</u> (You wil: pay the most)	Limitations, Exceptions, & Other Importar information
f you visit a fealth	Primary care visit to treat an Injury or illness	\$30 <u>copay</u> /visit	Not Covered	Services or supplies that are not ordered by your <u>Primary Care Physician</u> or Women's Principal Health Care <u>Provider</u> , except emergency and routine vision exams, are not covered.
care <u>provider a</u> office or clinic	Specialist visit	\$50 <u>copay</u> /visit	Not Covered	Referral required.
	<u>Preventive care/screening/</u> Immunization	No Charge	Not Covered	You may have to pay for services that eren't preventive. Ask your provider if the services needed are <u>preventive</u> . Then check what you ptan will pay for.
f you have a test	Diagnostic test (x-ray, blood work)	No Charge	Not Covered	Referral required.
I Lon Hear Hress	Imaging (CT/PET scans, MRIs)	No Charge	Not Covered	Referred required.

	What You Will Pay			
Common Medica: Event	Services You May Need	Participating Provider (You will pay the feast)	Non-Participating <u>Provider</u> (You will pay the most)	Limitations Exceptions, & Other Important Information
If you need drugs to treet your lithess or condition More information about prescription drug soverage is available at www.bcbsif.com.	Generic drugs	\$10 copay/prescription (retail) \$20 copay/prescription (mail order)	Not Covered	Dispensing limit may apply to certain drugs. Payment of the difference between the cost of a brand name drug and a generic may be
	Preferred brand drugs	\$40 <u>copay/prescription</u> (retail) \$80 <u>copay/prescription</u> (mail order)	Not Covered	required if a generic drug is available. Certain women's <u>preventative services</u> will be covered with no cost to the member. For a full
	Non-preferred brand drugs	\$60 conay/prescription (retail) \$120 conay/prescription (mail order)	Not Covered	list of these prescriptions and/or services, please contact Customer Service. 30-day retail/90-day mail. RX <u>Out-of-Pocket</u> Expense Limit: \$500 Individual/\$1,500 Family.
	Specialty drugs	Applicable <u>copay</u>	Not Covered	Coverage based on group policy. Prior <u>authorization</u> may be required. Specialty retail limited to a 30-day supply.
If you have outpatient	Facility fee (e.g., ambulatory surgery center)	No Charge	Not Covered	Referral required.
surgery	Physician/surgeon fees	No Charge	Not Covered	Referral required.
If you need inwediate medical attention	Emergency room care	\$500 copay/visit	\$500 <u>copay</u> /visit	Copay waived if admitted.
	Emergency medical transportation	No Charge	No Charge	Ground transportation only.
	<u>Urgant care</u>	\$30 copay/visit	Not Covered	Must be affiliated with member's chosen medical group or <u>referral</u> required.

		What Y	ou Will Pay	
Common Medical Event	Services You May Need	Participating Provider (You will pay the least)	Non-Participating Provider (You will pay the most)	Limitations, Exceptions, & Other Important information
If you have a hospital	Facility fee (e.g., hospital room)	\$250 copay/admission	Not Covered	Referral required.
stay	Physician/surgeon fees	No Charge	Not Covered	Referral required.
if you need mental health, behavioral	Outpatient services	\$30 copay/visit	Not Covered	Unlimited visits. <u>Referral</u> required.
health, or substance abuse services	Inpatient services	\$250 copay/admission	Not Covered	Unlimited days, Referral required.
	Office visits	\$30 <u>copay</u> ivisit	Not Covered	Copay applies for the 1st prenetal visit only. Cost sharing does not apply for preventive services. Depending on the type of services, a copayment may apply. Maternity care may
If you are pregnant	Childbirth/delivery professional services	No Charge	Not Covered	include tests and services described elsewhere in the SBC (i.e. ultrasound).
	Childbirth/delivery facility services	\$250 copay/admission	Not Covered	Referral required.
	Home health care	No Charge	Not Covered	Referral required.
	Rehabilitation services	\$30 copay/visit	Not Covered	80 visits combined for all therapies.
	Habilitation services	\$30 copay/visit	Not Covered	Referral required.
If you need help recovering or have	Skilled mursing care	\$250 copay/admission	Not Covered	Excludes custodial care. Referral required.
other special health needs	Durable medical equipment	No Charge	Not Covered	Referral required. Benefits are limited to items used to serve a medical purpose. <u>Durable Medical Equipment</u> benefits are provided for both purchase and rental equipment (up to the purchase price).
	Hospice services	No Charge	Not Covered	Inpatient copay may apply. Referral required.

		' What Y	ou Will Pay	
Common Medical Event	Services You May Need	Participating Provider (You will pay the least)	Non-Participating <u>Provider</u> (You will pay the most)	Limitations, Exceptions, & Other Important Information
If your child needs	Children's eye exam	No Charge	Not Covered	Limited to one exam every 12 months at participating providers.
dental or eye care	Children's glasses	Not Covered	Not Covered	None
	Children's dental check-up	Not Covered	Not Covered	None

Excluded Services & Other Covered Services:

Excluded Services & Other Covered Services:		I But all and a substantial and a substantial
Services Your <u>Plan</u> Generally Does NO1 Cover (Cr Custodial care Dental care (Adult)	eck your policy or <u>plan</u> document for more informat • Long term care • Non-emergency care when traveling outside the U.S.	Private-duty nursing Routine foot care (with the exception of person with diagnosis of diabetes)
Other Covered Services (Limitations may apply to Acupuncture	these services. This isn't a complete list. Please see	your plan document) Routine eve care (Adult)
Bariatric surgery Cosmetic surgery (only for correcting congenital)	Hearing aids (for children 1 per ear every 24 months for, adults up to \$2500 per ear every 24	 Weight loss programs (except when non- medically supervised)
deformities or conditions resulting from accidental injuries, scars, tumors, or diseases)	months) Infertility treatment	 Most coverage provided outside the United States. See www.bcbsit.com

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: the plan at 1-800-892-2803, U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform, or Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x81565 or www.ccib.cms.gov. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your <u>Grievance</u> and <u>Appeals</u> Rights: There are agencies that can help if you have a complaint against your <u>plan</u> for a denial of a <u>claim</u>. This complaint is called a <u>grievance</u> or <u>appeal</u>. For more information about your rights, look at the explanation of benefits you will receive for that medical <u>claim</u>. Your <u>plan</u> documents also provide complete information to submit a <u>claim</u>, <u>appeal</u>, or a <u>grievance</u> for any reason to your <u>plan</u>. For more information about your rights, this notice, or assistance, contact: Blue Cross and Blue Shield of Illinois at 1-806-892-2603 or visit <u>www.bcbsil.com</u>, or contact the U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or visit www.dol.gov/ebsa/healthreform. Additionally, a consumer assistance program can help you file your <u>appeal</u>. Contact the Illinois Department of Insurance at (877) 527-9431 or visit https://insurance.illinois.gov.

Does this plan provide Minimum Essential Coverage? Yes

Minimum Essential Coverage generally includes <u>plans, health insurance</u> available through the <u>Marketplace</u> or other individual market policies, Medicare, Medicard, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of <u>Minimum Essential Coverage</u>, you may not be eligible for the <u>premium tax credit</u>.

Does this plan meet the Minimum Value Standards? Yes

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tex credit to help you pay for a plan through the Marketplace.

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-892-2803.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-892-2803.

Chinese (中文): 如果需要中文的帮助,请拨打这个号码 1-800-892-2803.

Navajo (Dine): Dinek'ehgo shika al'ohwol ninisingo, kwiijigo holne' 1-890-892-2803.

To see examples of how this gian might cover costs for a sample medical situation, see the next section.

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this <u>plan</u> might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your <u>providers</u> charge, and many other factors. Focus on the <u>cost sharing</u> amounts (<u>deductibles</u>, <u>copayments</u> and <u>coinsurance</u>) and <u>excluded services</u> under the <u>plan</u>. Use this information to compare the portion of costs you might pay under different health <u>plans</u>. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby (9 months of jip pely<u>yor</u>s pre-hatal care and a hospital salvory)

■ The <u>plan's overall deductible</u> ■ <u>Specialist copayment</u> ■ Hospital (facility) <u>copayment</u> ■ Other	\$0 \$50 \$250 \$0
_ 0.016,	7**

This EXAMPLE event includes services like: Specialist office visits (prenatal care) Childbirth/Delivery Professional Services Childbirth/Delivery Fzcility Services Disonostic tests (ultrasounds and blood work) Specialist visit (anesthesia)

Total Example Cost	\$12,700
In this example, Peg would pay:	
Cost Sharing	Marie e
Deductibles	\$0
Copayments	\$300
Coinsurance	\$0
What isn't covered	· · · · · · · · · · · · · · · · · · ·
Limits or exclusions	\$60
The total Peg would pay is	\$360

Managing Joe's type 2 Diabetes falyear of routine <u>in-network</u> care of a well ocentroiled conditions

■ The <u>plan's overall deductible</u> ■ <u>Specialist copeyment</u> ■ Hospital (facility) <u>copeyment</u> ■ Other	\$0 \$50 \$250 \$0
This EXAMPLE event includes services like:	

Primary care physician office visits (including disease education) <u>Diagnostic tesis</u> (blood work) <u>Prescription drugs</u> <u>Durable medical equipment</u> (glucose meter)

Total Example Cost	\$5,600
in this example, Joe would pay:	
Cost Sharing	
Deductibles	\$0
Copayments	\$1,000
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$20
The total Jos would pay is	\$1,020

Mia's Simple Fracture (a network emergency room visit and follow up care)

m The plan's overall deductible	\$0
■ Specialist copayment	\$50
■ Hospital (facility) copsyment	\$250
■ Other	\$0

This EXAMPLE event includes services like: Emergency room care (including medical supplies) Diagnostic test (x-ray) Durable medical equipment (crutches) Rehabilitation services (physical (herapy)

Total Example Cost	\$2,800
In this example, Mis would pay:	
Cost Sharing	
Deductibles	\$0
Copayments	\$800
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$0
The total Mis would pay is	\$600

BlueCross BlueShield of Illinois

if you, or someone you are helping, here questions, you have the right to get help and hibroration in your language at no cost.

To construct the profession and the profession the brack of your member card, if you are not a member, or don't have a card, as 655-710-6660.

العربية Arabis	ان كان ثنياة أو فس استعم شناعه المثلة التين في المستول على المساعدة والمطرعات الفتر روية بلتك من بون اية 1925، اللحمة إلى متزجم فزر وبه انصل على رائم همية فلصلاء المتذكرير على طبي المواجعة عنويتك. فإن أم كان مستواء أو قدت 19 منك مطلة، التصل على 100,004، 1935.
類體中女 Chinese	如果您,或您正在協助的對象,對此有疑例。您有權利免責以您的學經濟得當於和訊息。 法持一位裁媒員,課政世印在您的會員十段面的客戶繼稱繼續強調,如果您不是會員,或沒有 會員上,就是查太571040以。
Français Françi	Si voes, ou quelqu'un que vous éles en train d'aider, avez des questous, vous evez le drait d'obtenir de l'inide at l'information deux volre largue à autour coût. Pour parter é un injerpréte, composaz le nombre du service alleir indiquit au venu de votre certe du mantire. Si voes n'îlles pes membre ou şi vous s'avez pas de conte, venillez composar le 835-710-8564.
Deutsch Germen	Falls Sie oder (smand, dem Bie helfen, Fragen beten, haben Sie der Racht, koxientose Hilfe und Intermationen in Ihrer Sprache zu erhalten. Um mit einem Delmetscher zu sprachen, nuten Sie bilse die Kunderscenktenuntmer auf der Richtsaele ihrer bisplachstate zu. Falls Sie halm Mitglied sind oder hehre Mitglied sind oder h
Ekkpraci Grant	Εύν ευτός ή εύνους του βοηθών έχοιε φωνήσος, έχοιε νο δικοίκειο να λέβενε βοήθου και πλεροφορίες στη γλώσου σος χρερός χρύκευη. Του νο μιλέρονει σε έναγ δικεριφέα, κάλτοι τον οροβμό εξυπηρέτητης γελικών του σκογράφεια στο σίσω μέρος της κάρτος μέλος στος. Εύν δεν είστι μέλος ή θαν έχειε κάρτο, αλλάστι τον οροβμό 635-710-6804.
ગુજરાતી (Coint)	જો તમને અથવા તમે મદદ કરી રહ્યા શેવ બેલી કોઈ બીજી વ્યક્તિને બેલાબી એમ દુભવિશા સાથે વાત કરવા માટે. તમાસ સશ્યપદનદ કર્યની પાલલ આપેલ ગાંહક તેવા નંબર પર કોલ કરી. જો લાપ સસ્થપદ ના ધરાવતા કોલ, અક્ષવા આપની પાકે હાર્ડ નહી તો કડ-710-6984 નંબર પર ક્ષેલ કરો.
fijeti Kilodi	यदि आपके या आप जिसकी सहायता कर हो हैं उसके, प्राव हैं, तो आपको आपको शाम में निःशुन्क सहायता और सामकारी प्राप्त करने का अधिकार है। किसी अनुवादक से वास करने के लिए. अपने सदस्य काई के पीके दिए गए सहका सेवा नंब पर कील करें। यदि अप सदस्य नहीं हैं, या अपके पास काई नहीं हैं, तो 865-710-886 पर करने करने
italiano Italian	Se to qualizate the stall advance professioned on the field of planner asks a information rate bas linguagestianners. Per pastian con un interpreta, push chiarrare il exector client al numero aportato auti ano posterior data has lacuas di exoto. Se non sel accio cono posterio materiare, push chiarrare il numero 855-710-8964.
환호이 Korean	인와 귀하 또는 귀하기 몸은 사람이 찾는데 있다면 귀라는 무료로 그러질 도움과 창모를 귀하의 언어로 함을 수 있는 불리가 있습니다. 땅된 커트 첫만에 있는고객 서비스 반으로 전화하십시오. 호텔이 아니시기나키도가 와오시면 565개0-56배으로 건물주십시오.
Dinê Navajo	T'ds ni. di dondago la 'da blish ambulwo''gii, na'idilishigo, ta'ida boa ad shobu'y' i'da pilk'o niki a'doo'wol. Au' 'aalee' i bich'i' 'buderakhib nindalugo ol kwo''e da 'lafishigi dhi amidaalwo''igii bich'i' bodhiba. Den nekhizinii bine'deji' bida'. Koji saab marksoo ra badi'elejio el doodogo bee nekhiziniii dhimpo boji' hoddinia 255-210-4984.
Pahiki Palish	Joils Ty to Coadra, Nikrel pomogast, mucio jekinkowiek opiania, mucio pravno do uzystania bezpiatelj informacji jeperozy we elecnymi jezyto. Aby porozmeniać z kontaczem, zadzenih pod zemner podany na obenopie kanji członiemskiej. Jożni niej jesiak ocholikowa ubi nio most przy pobie kanji, zotowała pod ni most 950-710-6684.
Pyrosuli Russián	Если у восили часовета, зоторому вы помотили, возвикти вопросы у или если-прево на бесплатную помощь и вирорите, если предоставляеную на вешем изыве. Чтобы поговорить с переводению, позвания в оприт обстурнения изментов из такжерому, указанняму на обративаю стороно вклюб картичес участнями. Если мы на залижетом, участнями изму вке инег карточки, розвочите по нависания в том в на залижетом изму вке инег карточки, розвочите по нависания в том в на залижетом участнями изму вке инег карточки, розвочите по нависания в на залижетом участнями изму вке инег карточки, розвочите по нависания в на залижетом участнями изму вке инег карточки, розвочителя по нависания в на залижетом участнями изму вке инег карточки.
Español Spanish	Si ested a eigulen a quien estad està eyudando lisse proguntos. Sone derecho a obtense revota e información en su lideras sin costo alguno. Para hebiar con on interprete comuniquese con el número del Servicio el Chenta que ligras an el teretos de su lagres de xientos. Si ustad no se mismoro o no poses una tarjeta. Bene al 855-710-8384.
1 agalog Tagalog	Kung bizar, o ang isang jarang tengakungan ay roay mga tambug, may karapatan kang anakasuka ng lubog at Impomesayon sa Iyong haka pang kalang bayad. Uyang makipag-sang sa bang jagapata unitia. Lumbang sa neurono ng saribyo pana sa kuadaron sa Rood ng hong tamba ng makamban. Kung kana ay hadi isang miyamban, o kaya ay walang kand, fumanang sa 865-710-6054.
اربر Usdu	گر کہ ، کو واکس نیسے فرد کو میں کی آب مدہ طرف ہوراں ہورال توہیل ہے تو اپ کا لیٹر زبان میں سکت منذ فرز معلومات داصل کی نے کاسطی ہے۔ میں میں میں میں میں میں میں ہے۔ کے کولا تھی ہتات ہے تر بر ہیں۔ بین واقب کے باس کولا لیٹن ہے تو - 100% 100% 100% کی اس میں ہے۔
Tiếng VIA Violnameso	Hầu quyề và hoặc spurềi mà quý và giáp đờ có bắt khọ cáu thể khọ cáu thể khọc quyền được hất trự và hake thông tiện bằng ngón ngữ các chính miễn phá. Đã môi chuyệc với thông dịch viện, gọi số địch vự khách hàng như ở phía sau thể hói viện của quý vị. Nếu quý vị thông phái là hời viện hoặc xhúng có thể, gọi số 555-710-6894.

Health care coverage is important for everyone.

We provide free communication aids and services for anyone with a disability or who needs language assistance. We do not discriminate on the basis of race, color, national origin, sex, gender identity, age or disability.

To receive language or communication assistance free of charge, please call us at 855-710-6984.

If you believe we have failed to provide a service, or think we have discriminated in another way, contact us to file a <u>gitevance</u>.

Office of Civil Rights Coordinator 300 E. Randolph St.

35th Floor

Chicago, Illinois 60601

Phone: TTY/TDD:

855-664-7270 (voicemail) 855-661-6965 855-661-6960

Fax: Email:

CivilRightsCoordinator@hcsc.net

You may file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, at:

U.S. Dept. of Health & Human Services

200 Independence Avenue SW Room 509F, HHH Building 1019 Washington, DC 20201

Phone: 800-368-1019
TTY/TDD: 800-537-7697
Complaint Portal: https://ocrportal.htms.gov/ocr/portal/lobby.jsf
Complaint Forms: http://www.hhs.gov/ocr/office/file/index.html

Summary of Benefits and Coverage: What this Plan Covers & What You Pay For Covered Services Kane County: Union HMOI Plan

Coverage Period: 01/01/2022 -- 12/31/2022 Coverage for: ALL | Plan Type: HMO

The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the <u>plan</u> would share the cost for covered health care services. NOTE: Information about the cost of this <u>plan</u> (called the <u>premium</u>) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-800-892-2803 or at www.bcbsi.com. For general definitions of common terms, such as <u>allowed amount</u>, <u>belance triing, consurance, coordinated, provider, or other underlined</u> terms, see the Glossary. You can view the Glossary at www.bcbsi.com. For general definitions of common terms, such as <u>allowed amount</u>, <u>belance triing, consurance, coordinate, provider, or other underlined</u> terms, see the Glossary. You can view the Glossary at www.bcbsi.com. For general definitions of common terms, such as <u>allowed amount</u>, <u>belance triing, consurance, coordinate</u>, provider, or other underlined terms, see the Glossary. You can view the Glossary at www.bcbsi.com. For general definitions of common terms, such as <u>allowed amount</u>, <u>belance triing, consurance, coordinate</u>, provider, or other underlined terms, see the Glossary. You can view the Glossary at www.bcbsi.com. For general definitions of common terms, such as a glowed amount, belance triing, consurance, coordinate triing, consurance,

Important Questions	Answers	Why This Matters:	
What is the overall deductible?	\$0	See the Common Medical Events chart below for your costs for services this <u>plan</u> covers.	
Are there services covered before you meet your deductible?	Na.	You will have to meet the <u>deductible</u> before the <u>plan</u> pays for any services.	
Are there other deductibles for specific services?	No,	You don't have to meet <u>deductibles</u> for specific services.	
What is the <u>out-of-pocket</u> <u> mit for this plan</u> ?	\$1,500 Individual/\$3,000 Family <u>Prescription drug</u> expense limit: \$500 Individual/\$1,500 Family	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall femily <u>out-of-pocket limit</u> has been met.	
What is not included in the out-of-pocket limit?	Premiums, balance-billing charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket</u> limit.	
Will you pay less if you use a <u>network provider</u> ?	Yes. See <u>www.bcbsil.com</u> or call 1-800-892-2803 for a list of <u>participating</u> providers.	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an <u>out-of-network provider</u> and y might receive a bill from a <u>provider</u> for the difference between the <u>provider's</u> charmand what your <u>plan pays (belance billing)</u> . Be aware, your <u>network provider</u> might an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.	
Do you need a <u>Referral</u> to see a <u>specialist</u> ?	Yes.	This <u>plan</u> will pay some or all of the costs to see a <u>specialist</u> for covered services but only if you have a <u>Referral</u> before you see the <u>specialist</u> .	

What You Will Pay					
Common Medical Event	Services You May Need	Participating Provider (You will pay the least)	Non-Participating Provider (You will pay the most)	Limitations, Exceptions, & Other Importan Information	
If you visit a realth	Primary care visit to treat an injury or illness	\$30 <u>copay</u> /visit	, Not Covered	Services or supplies that are not ordered by your <u>Primary Care Physician</u> or Women's Principal Health Care <u>Provider</u> , except emergency and routine vision exams, are not covered.	
are <u>provider's</u> office or clinic	Specialist visit	\$50 copay/visit	Not Covered	Referral required.	
	Preventive care/screening/ Immunization	No Charge	Not Covered	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.	
f you have a test	Diagnostic test (x-ray, blood work)	No Charge	Not Covered	Referral required.	
ii yeu nere a upt	Imaging (CT/PET scans, MRIs)	No Charge	Not Covered	Referral required.	

		What Y	ou Will Pay	
Common Medical Event	Services You May Need	Participating Provider (You will pay the least)	Non-Participating Provider (You will pay the most)	Limitations, Exceptions, & Other Important Information
If you need drugs to freat your Illness or condition More information about prescription drug coverage is available at www.bcbsil.com.	Generic drugs	\$10 copay/prescription (retail) \$20 copay/prescription (mall order)	Not Covered	Dispensing limit may apply to certain drugs. Payment of the difference between the cost of a brand name drug and a generic may be
	Preferred brand drugs	\$40 <u>copay</u> /prescription (retail) \$80 <u>copay</u> /prescription (meil order)	Not Covered	required if a generic drug is available. Certain women's <u>preventative services</u> will be covered with no cost to the member. For a full
	Non-preferred brand drugs	\$60 <u>cocay</u> /prescription (retail) \$120 <u>copay</u> /prescription (mail order)	Not Covered	list of these prescriptions and/or services, please contact Customer Service. 30-day retail/90-day mall. RX <u>Out-of-Pockef</u> Expense Limit: \$500 Individual/\$1,500 Family.
	Specialty drugs	Applicable copay	Not Covered	Coverage based on group policy. Prior <u>authorization</u> may be required. Specialty retail limited to a 30-day supply.
If you have outpatient	Facility fee (e.g., ambulatory surgery center)	No Charge	Not Covered	Referral required.
surgery	Physician/surgeon fees	No Charge	Not Covered	Referrat required.
	Еглегоелсу гост саге	\$250 copay/visit	\$250 <u>copav</u> /visit	Copay waived if admitted.
if you need immediate medical attention	Emergency medical transportation	No Charge	No Charge	Ground transportation only.
	<u>Urgent care</u>	\$30 copay/visit	Not Covered	Must be affiliated with member's chosen medical group or referral required.

	What You Will Pay			
Common Medical Event	Services You May Need	Participating Provider (You will pay the least)	Non-Participating Provider (You will pay the most)	Limitations, Exceptions. & Other Important Information
If you have a hospital	Facility fee (e.g., hospital room)	\$250 <u>copay</u> /edmission	Not Covered	Referral required.
stay	Physician/surgeon fees	No Charge	Not Covered	Referral required.
If you need mental	Outpatient services	\$30 copay/visit	Not Covered	Unlimited visits. <u>Referral</u> required.
health, or substance	Inpatient services	\$250 copay/admission	Not Covered	Unlimited days. Referral required.
	Office visits	\$30 <u>copay</u> /visit	Not Covered	Copay applies for the 1st prenatal visit only. Cost sharing does not apply for preventive services. Depending on the type of services, a copayment may apply. Maternity care may
If you are pregnant	Childbirth/delivery professional services	No Charge	Not Covered	include tests and services described elsewhere in the SBC (i.e. ultrasound).
	Childbirth/delivery facility services	\$250 copay/admission	Nat Covered	Referral required.
	Home health care	No Charge	Not Covered	Referral required.
	Rehabilitation services	\$30 copay/visit	Not Covered	60 visits combined for all therapies.
If you need help	Habilitation services	\$30 copay/visit	Not Covered	Referral required.
recovering or have other special health needs	Skilled nursing care	\$250 copay/admission	Not Covered	Excludes custodial care. Referral required.
	Durable medical equipment	No Charge	Not Covered	Referral required. Benefits are limited to items used to serve a medical purpose. <u>Durable Medical Equipment</u> benefits are provided for both purchase and rental equipment (up to the purchase price).
	Hospice services	No Charge	Not Covered	Inpatient copay may apply. Referral required.

Common Medical Event	Services You May Need	Participating Provider (You will pay the least)	Non-Participating Provider (You will pay the most)	Limitations, Exceptions. & Other Important Information
If your child needs	Children's eye exam	No Charge	Not Covered	Limited to one exam every 12 months at participating providers.
dental or eye care	Children's glasses	Not Covered	Not Covered	None
	Children's dental check-up	Not Covered	Not Covered	None

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)				
Custodial care	Long term care	 Private-duty nursing 		
Dental care (Adult)	 Non-emergency care when traveling outside the 	 Routine foot care (with the exception of person 		
	U.S	with diagnosis of diabeles)		

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.) Acupuncture Bariatric surger · Chiropractic care

- Bariatric surgery Cosmetic surgery (only for correcting congenital deformities or conditions resulting from accidental injuries, scars, tumors, or diseases)
- Hearing aids (for children 1 per ear every 24 months for, adults up to \$2500 per ear every 24 months)
- Infertility treatment
- Routine eye care (Aduit)
- Weight loss programs (except when nonmedically supervised)
- Most coverage provided outside the United States. See www.bcbsil.com

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact Information for those agencies is: the <u>plan</u> at 1-800-892-2803, U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.coi.gov/ebsa/fiealthreform, or Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.coio.cms.gov. Other coverage options may be available to you too, including buying individual insurance coverage through the health-care.gov or call 1-800-318-2598.

Your <u>Grievance</u> and <u>Appeals</u> Rights: There are agencies that can fielp if you have a complaint against your <u>plan</u> for a denial of a <u>claim</u>. This complaint is called a <u>orievance or appeal</u>. For more information about your rights, look at the explanation of benefits you will receive for that medical <u>claim</u>. Your <u>plan</u> documents also provide complete information to submit a <u>claim</u>, <u>appeal</u>, or a <u>orievance</u> for any reason to your <u>plan</u>. For more information about your rights, this notice, or assistance, contact: Blue Cross and Blue Shield of Illinois at 1-800-892-2803 or visit <u>www.bcbsil.com</u>, or contact the U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or visit www.dol.gov/ebsa/reatthreform. Additionally, a consumer assistance program can help you file your <u>appeal</u>. Contact the Illinois Department of Insurance at (877) 527-8431 or visit <u>http://insurance.illinois.gov</u>.

Does this olan provide Minimum Essential Coverage? Yes

Minimum Essential Coverage generally includes plans, health insurance available through the Marketolace or other individual market policies, Medicare, Medicard, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

Does this plan meet the Minimum Value Standards? Yes

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

Language Access Services:

Spanish (Español): Para obtaner asistencia en Español, liame al 1-800-892-2803. Tagalog (Tagalog): Kung kallangan ninyo ang tulong sa Tagalog tumawag sa 1-800-892-2803.

Chinese (中文): 如果需要中文的帮助,请拨打这个号码 1-800-892-2803.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninîsingo, kwiijigo hoine' 1-800-892-2803.

To see examples of how this plan might cover casts for a sample medical situation, see the next section.

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this <u>plan</u> might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your <u>providers</u> charge, and many other factors. Focus on the <u>cost sharing</u> amounts (<u>deductibles</u>, <u>copayments</u> and <u>coinsurance</u>) and <u>excluded services</u> under the <u>plan</u>. Use this information to compare the portion of costs you might pay under different health <u>plans</u>. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby (9 months of in-patystik pro-hataticate and a hospital delivery)

The plan's overall <u>deductible</u>	\$0
Specialist copsyment	\$50
Hospital (facility) <u>copayment</u>	\$250
- Other	60

This EXAMPLE event includes services like: Specialist office visits (prenate cere) Childbirth/Delivery Professional Services Childbirth/Delivery Facility Services Diagnostic tests (uitrasounds and blood work) Specialist visit (anesthesia)

Total Example Cost	\$12,700
In this example, Peg would pay:	
Cost Sharing	1000
Deductibles	\$0
Copayments	\$300
Coinsurance	\$0
What isn't covered	100
Limits or exclusions	\$60
The total Peg would pay is	\$360

Managing Joe's type 2 Diabetes (a year of routine <u>renotwork</u> care of a wellcontrol ed condition)

■ The plan's overall deductible	\$0
# Specialist copsyment	\$50
Hospital (facility) <u>copayment</u>	\$250
■ Other	\$0

This EXAMPLE event includes services like: <u>Primary care physician</u> office visits (including disease education) <u>Diagnostic tests (blood work)</u> <u>Prescription drugs</u> <u>Ourable medical equipment (glucose meter)</u>

n this example, Joe would pay:	
Cost Sharing	<u> 1898 I.</u>
Deductibles	\$0
Copayments	\$1,000
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$20
The total Joe would pay is	\$1,020

Mia's Simple Fracture minetwork ordergancy room welt and follow Juicarr)

■ The <u>plan's</u> overall <u>deductible</u> ■ <u>Specialist copeyment</u> ■ Hospital (facility) <u>copeyment</u>	\$0 \$50 \$250
■ Other	\$0

This EXAMPLE event includes services like: Emergency room care (including medical supplies) Diagnostic test (x-ray) Durable medical equipment (crutches) Rehabilitation services (physical (herapy)

Total Example Cost	\$2,800
In this example, Mis would pay:	
Cost Sharing	
Deductibles	\$0
Copayments	\$500
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$0
The total Mis would pay is	\$500

BlueCross BlueSitield of Illinois

Rycou, or someone your arch heighing, have questions, you have the right to get heigh and and anomation in your tanguage at no cost.

To speak to an interpreter, cash the customer earliest number on the back of your member cand. Byour are not a mamber, or don't time a cost, cash 855-71(0-6664).

قىرىپة	ان كان أنبك أو فان شنعن كساجة اطلقة هليك فلحق في فلعمسول على القساعة والمطرعات الحرورية باعقاء بن بوي فية تكلة، التحت إلى سلوحم فروي: التمل على وكم عصة فلسلام الملوم فير ويدا الم تكرر عسوات. أو
Arabic	كنت لا قدالة مقتصل على 1989، 1997.
禁糧中文	如果您,这些正在協助的對象,對此有疑惑,忽存機科免費以認的母親獲得幫助和訊息。 法第一位国際民,指致驾印在您的审局卡转面的客戶機樣或試發問。 如果也不是會員,投資有
Chinese	會員卡,接受電 55770.56%,
Français Franch	Si vous, ou quelqui un que vous éles en train d'aident, avez des questiènce, vous avez le droit déchérait de l'aide et l'information dans votre langue à accum coût. Pour perier à un interprite, composez le numéro du service disent fréque au verse de composer le 1557 (0.6384.
Deutsch	Falls Sie oder jetrand, dem Sie helfen, Flagen haben, helben Bis das Racht. Rusberlose Hille und Informationen in Arer Sprache zu edleiden. Um mit einem Dohnelscher zu sprechen, rufen Sie bide die
German	Klandensendommenner auf der Klückselbe Reser Afgliedsdamte en. Falls Sie bein Mitglied bid oder Seine Mitgliedskante besitzen, nuller Sie bide 855-7 (10-8984 an.
Eliloyuků Greek	Εύν τσείς ή ελπόνες που βαηθότε έχετε πρωτήσεις, έχετε το δικοίωμα να λάδετε βουβεία και πληροφορίες στη γιλάσους στο, χωρίς χελώση. Για να μιλήσατε σε έναν διερμηνία, καλέστε τον οριθμό εξυπηρέτησης πελατών που αντηρόφεται στο πίσιο μέτρος της εύριας είνας είνας είναι μέλος ή δεν έχετε κόρια, καλέστε τον αριθμό 1953-710-4964.
ગુજરાતી	જો તમતે અક્ષવા તમે ૫૯૮ કરી રહ્યા ક્ષેપ્ર એવી ક્રેઈ બીજી વ્યક્તિને એગાર્બી રોપ, ફળદિયા સાથે વાત કરવા માટે, તમાર સસ્થયદના કાર્ડની પકલલ ખાપેલ ગ્રાફક સેવા નંબર પર કોલ કરો.
Guistati	જો આપ સમ્થયદ ના પરાવતા હોવ. અક્ષવા આપની પાસે કાર્ડ નથી તો ક્રક્ક-710-69કા નંબર પર ક્ષેલ કરો.
हिंदी Hindi	यदि आगके, या आप जिसकी सहायाता कर रहे हैं उसके, प्रका है, तो आपके अथकी साथ में जिल्लाक सहायाता और आमकरी प्राप्त करने का अधिकार है। किसी अनुवादक से बात शरने के शिए. अपने सदस्य कार्ड के वीछ दिए जार सहक में जा कहर पर कींत करें। यदि आप सदस्य नहीं है, जा आपके पास कार्ड नहीं है, तो 855-710-8864 पर कींत करें।
lialiero Italian	Se tu o qualcuno che sial sistando evela domende, hai il dello de decesse alsto e informaciosi pode tua litique gratulamente. Per partere con un interprete, pud chiamente il condizio chenti al cumero riporfeto sul lata posteriore della lue leccere di sende. Se non sel sectio o non paralecti trus tessere, pud chiamente il numero 255.7 10-6594.
원국이	변약 취하 또는 취하가 되는 시험이 싫은이 있다면 취해는 무료로 그러한 모음의 참도를 취해의 엄어로 빨갛 수 있는 권리가 있습니다. 회행 계도 첫번에 있는고액 서비스 병호를
Konean	결혼하십시오. 화원이 어디지기나 취료가 없다시면 35차가에 오르 전환주십시오.
Oiné Navaio	Tiết ni, tổ doodago is do bikk antaniwo 'ight, no 'idikkigu, to 'kito bee nó choidi' 'i 'éis nik' e nihà d'doolwol. Aus' hollau' Hech' i' hadesatzh như ángo di kwe'd da 'idishigi sta anticalwo 'ighi bich' i' hodding, cen nebhotatañ bine 'dg' hitair'. Keji atah nantacon rui hadil 'éighù di dandago bee nebhotatañ dingo keji 'hodilloll: 835-710-1984.
Polski	Julid Ty Nub cardon, której promograz, made jeldebalníck prierite, menie pravo do ucydanie bezpisolej internacji i pomocy wewissnym języko. Aby portemenkać z niuriuszem, zadzwoń pod numer podany na
Polski	odwocej bater izdoskowskiej. Jelziń nie jeszie odpublece jub nie niez przy sobie barty, zadzwoń pod narow 1555-710-5064.
Pytosian Russian	Если у вед или человека, которожу на глимскиета, вединали котросы, у вас оста-аршео на безеленную лемогра и информацию, предоставляеную на вешем учитам посмотите в отдел обсидениемней илингов по телефому, указанализу на обратней стороме вашей зарточии учистивка. Если вы на изглетаеть или у вес нет карточки, пожените по телефому база 104 6584.
Espeñol Spanish	Si usted o algulant a quien untend esté equationis fisses programas. Bane derectos e editerer aquata e información en su titiones sin costo alguna. Plara heaber com un intérpreta comuniquese com el intorsero del Servicio al Chronic que rigure am el servesco de su teripido de miembro. El tatad no es miembro o no posses una teripida, llama el 655,710,5644.
Tagalog	Nung kaw, o ang isang seong dyong mutukergan ay may mga tatorng, may katagangan kang makaukola ng akong at impomanayon sa iyong wika nang awang bayasi. Upang makhaya-usap sa isang ang-usah -wika,
Tagalog	kanawang sa eumaton ng andakya para sa Bushawa sa Baod ng iyong Suad ng ang-usaho. Kung ikaw ay hidid isang miyemfor, o kaya ay walang kand, fumawaig sa 853-710-6984.
فردر	ار آپ کو۔ یا کسے نیسے خود کر جس کی فہمدد گزرہے ہیں ، گزن موق شویٹی ہے تو۔ آپ کے لیٹی زبان میں ملت مند اور مطرمات حنسال کرنے کا جن ہے۔ مار جم سے بات کرنے کے لیے، کسٹس صور س تدیر یہ گلا کی ہی مو آپ
دختان	پے کلا کی بات بر دوج ہے۔ اگر آپ سیز نہیں ہیں، یا آپ سے باس کار 5 دیس ہے کو ، 1980ء کار اور کا 850ء کی ہر ہے۔
Fiéag Việt	Hấu quý vị hoác mọ với mà quý vị giáp đờ có bắt bộ cấu hởi nào, quý vị có quyều đạo: hỗ trợ và nhâu thống lin bằng ngôn ngô của mình miền giới. Để đội chuyện với thông địch Viên, gọi số địch vụ khách
Vietnamese	bằng niên ở giữa sau thể hới Mão của quý vị. Nhữ quý vị không phái là hợi viên hoặc không có thể, gọi số 355-710-6584.

Health care coverage is important for everyone.

We provide free communication aids and services for anyone with a disability or who needs language assistance. We do not discriminate on the basis of race, color, national origin, sex, gender identity, age or disability.

To receive language or communication assistance free of charge, please call us at 855-710-6984.

If you believe we have falled to provide a service, or think we have discriminated in another way, contact us to file a grievance.

Office of Clvil Rights Coordinator 390 E. Randolph St. 35th Floor Chicago, Illinois 60601

Phone: TTY/TOD:

855-664-7270 (voicemall)

855-661-6965 855-661-6960

Fax:

Emaîl:

CivilRightsCoordinator@hcsc.net

You may file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, et:

U.S. Dept. of Health & Human Services 200 Independence Avenue SW Room 509F, HHH Building 1019 Washington, DC 20201

800-368-1019 800-537-7697

Phone: 800-368-1019
TTY/TDD: 800-537-7697
Complaint Portal: https://ocrportal.hhs.gov/ocr/portal/lobby.isf
Complaint Forms: http://www.hhs.gov/ocr/office/file/index.html

Summary of Benefits and Coverage: What this <u>Plan</u> Covers & What You Pay For Covered Services Kane County: PPO Non-Union Active <u>Plan</u>

Coverage Period: 01/01/2022 - 12/31/2022 Coverage for: Individual/Family | Plan Type: PPO



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-800-295-0593 or al www.bcbsil.com. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, cocarment, deductible, provider, or other terms, see the Glossary. You can view the Glossary at www.hcbbsil.com, or other terms, see the Glossary. You can view the Glossary at www.hcbbsil.com, or other terms, see the Glossary. You can view the Glossary at www.hcbbsil.com, or other terms, see the Glossary. You can view the Glossary at www.hcbbsil.com, or other terms, see the Glossary. You can view the Glossary at www.hcbbsil.com, or other terms, see the Glossary. You can view the Glossary at www.hcbbsil.com, or other terms, see the Glossary. You can view the Glossary at www.hcbbsil.com, or other terms of the control of

Important Questions	Answers	. Why This Matters:
What is the overall deductible?	For In-Network: \$750 Individual/\$2,250 Family For <u>Out-of-Network:</u> \$1,500 Individual/\$4,500 Family	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .
Are there services covered before you meet your deductible?	Yes. Certain <u>preventive care</u> , services that charge a <u>conay, prescription drups</u> , and emergency room services are covered before you meet your <u>deductible</u> .	This plan covers some items and services even if you haven't yet mat the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other <u>deductibles</u> for specific services?	Yes, \$300 <u>deductible</u> for <u>Out-of-Natwork</u> hospital admission. There are no other specific <u>deductibles</u> .	You must pay all of the costs for these services up to the specific <u>deductible</u> amount before this <u>plan</u> begins to pay for these services.
What is the <u>out-of-pocket</u> <u>limit</u> for this <u>plan</u> ?	For In-Network: \$3,000 Individual/\$9,000 Family For <u>Out-of-Network:</u> \$6,000 Individual/\$18,000 Family <u>Prescription drug</u> expense limit: \$500 Individual/\$1,500 Family	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
What is not included in the out-of-packet limit?	Premiums, balance-billing charges and health care this gian doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Will you pay lets if you use a <u>network provider</u> ?	Yes. See <u>www.bcball.com</u> .or call 1-800-295-0593 for a list of <u>network</u> <u>providers</u> .	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	No.	You can see the specialist you choose without a reternal.

All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You <u>In-Network Provider</u> (You will pay the least)	r Will Pay <u>Out-of-Network Provider</u> (You will pay the most)	Limitations, Exceptions & Other Important Information
	Primary care visit to treat an injury or itness	\$30 <u>copay</u> /visit; <u>deductible</u> does not apply	40% coincurance	Virtual Visits: \$30/visit; deductible does not apply. See your benefit booklet* for details.
If you visit a health care provider's office	Specialist visit	\$50 <u>copay</u> /visit; deductible does not apply	40% coinsurance	None
ar clinic	Preventive care/screening/ immunization	No Charge; <u>deductible</u> does not apply	40% <u>coinsurance</u>	You may have to pay for services that aren't preventive. Ask your provider if the services needed are <u>preventive</u> . Then check what your <u>plan</u> will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	20% coinsurance	40% coinsurance	Preauthorization may be required; see your benefit booklet* for details.
	Imaging (CT/PET scans, MRIs)	20% coinsurance	40% coinsurance	

Company What You Will Pay Limitations, Exceptions, 8				
Common Medical Event	Services You May Need	In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	Important Information
If you need drugs to treat your allness or condition More information about prescription drug covering is dvolable at principality	Generic drags	\$10 copay/prescription (retail) \$20 copay/prescription (mail order); deductible does not apply	\$10 <u>copay/</u> prescription (retail); <u>deductible</u> does not apply	30-day supply at Retail 90-day supply at Mail Order Rx <u>Out-of-Pocket</u> Expense Limit: \$500 ladividual/\$1,500 Family
	Preferred brand drugs	\$40 <u>copay/prescription</u> (retail) \$80 <u>copay/prescription</u> (mail order); <u>deductible</u> does not apply	\$40 <u>copay</u> /prescription (retail); <u>deductible</u> does not apply	For <u>Out-of-Network provider</u> , you are responsible for 50% of the eligible amount after the <u>conay</u> . Payment of the difference between the cost
	Non-preferred brand drugs	\$60 <u>copay/prescription</u> (retail) \$120 <u>copay/prescription</u> (mail order); <u>deductible</u> does not apply	\$60 <u>copay/prescription</u> (retail); <u>deductible</u> does not apply	of a brand name drug and a generic may be required if a generic drug is available. Certain women's <u>preventive services</u> will be covered with no cost to the member. For a full list of these prescriptions and/or services, please contact Customer Service.
	Specialty drugs	\$60 <u>copay/prescription</u> (retail); <u>deductible</u> does not apply	Not Covered	Specialty drug coverage based on group policy. Prior <u>authorization</u> may be required. Specialty retail limited to a 30-day supply.
If you have outpatient	Facility fee (e.g., ambulatory surgery center)	20% coingurance	40% coinsurance	Preauthorization may be required.
eurgery	Physician/surgeon fees	20% coinsurance	40% <u>coinsurance</u>	None

		What You	r Will Pay	Limitations, Exceptions, & Other
Common Medical Event	Services You May Need	In Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	Important Information
	Emergency room care	\$500 <u>copay</u> /visit; <u>deductible</u> does not apply	\$500 <u>conay/visit;</u> deductible does not apply	Copay waived if admitted.
If you need immediate medical attention	Emergency medical transportation	20% coinsurance	20% coinsurance	Preauthorization may be required for non- emergency transportation; see your benefit booklet* for details.
	Urgeni care	\$30 <u>copay</u> /visit; <u>deductible</u> does not apply	40% <u>coinsurance</u>	None
If you have a hospital	Facility fee (e.g., hospital room)	20% <u>coinsurance</u>	40% <u>colnsurance</u>	\$300 <u>deductible</u> per admission <u>Out-of-</u> <u>Network providers.</u> <u>Presuthorization</u> required.
	Physician/surgeon fees	20% coinsurance	40% coinsurance	None
H you need mental health, behavioral	Outpatient services	\$30 <u>consy</u> /office visit; <u>deductible</u> does not apply; 20% <u>coinsurance</u> for other cutpatient services	40% coinsurance	PCP <u>coopy</u> applies to psychotherapy visit only. <u>Preairthorization</u> may be required; see your benefit booklet* for details. Virtual Visits: \$30/visit; deflectible does not apply. See your benefit booklet* for details.
hoalth, of substance abuse services	Inpatient services	20% coinsurance	40% coinsurance	\$300 <u>deductible</u> per admission Out-of-Network groviders. <u>Preauthorization</u> required.

Common		What Yo	u Will Pay	Limitations, Exceptions, & Other
Medical Event	Services You May Need	in-Ketwork Provide: (You will pay the least)	Out-of-Network Provider (You will pay the most)	Important Information
	Office visits	\$30 <u>copay</u> /visit; <u>deductible</u> does not apply	40% coinsurance	<u>Copay</u> applies to first prenatal visit (per pregnancy). <u>Cost sharing</u> does not apply for <u>preventive</u>
lf you are pregnant	Childbirth/delivery professional services	20% coinsurance	40% <u>coinsurance</u>	services. Depending on the type of services, a coparment, consurance, or deductible may apply. Matemity care may include tests and services described elsewhere in the SBC (i.e. ultrasound).
	Childbirth/delivery facility services	20% coinsurance	40% <u>coinsurance</u>	\$300 <u>deductible</u> per admission <u>Out-of-Network providers</u> .
	Home health care	20% coinsurance	40% <u>coinsurance</u>	Preauthorization may be required.
	Rehabilitation services	20% coinsurance	40% coinsurance	Preauthorization may be required.
	Habilitation services	20% <u>colneurance</u>	40% <u>coinsurance</u>	Presunconzatori may be required.
If you need help	Skilled nursing care	20% соіпзиланся	40% <u>coinsurance</u>	\$300 <u>deductible</u> per admission <u>Out-of-Network providers</u> , <u>Preauthorization</u> may be required.
recovering or have other special health needs	Durable medicał equipment	20% coinsurance	40% colnsurance	Benefits are limited to Items used to serve a medical purpose. <u>Durable Medical Equipment</u> benefits are provided for both purchase and rental equipment (up to the purchase price). <u>Preauthorization</u> may be required.
	Hospice services	20% <u>coinsurance</u>	40% <u>coinsurance</u>	\$300 <u>deductible</u> per admission <u>Out-of-Network providers</u> . <u>Preauthorization</u> may be required.

Common Medical Event	Services You May Need	What You <u>In Network Provider</u> (You will pay the least)	u Will Pay Out-of-Network Frovicer (You will pay the most)	Cimitations, Exceptions, & Other Emportant Laformation
137 5 6075 15 756	Children's eye exam	Not Covered	Nat Covered	None
If your child needs dental or eye care	Children's glasses	Not Covered	Not Covered	None
delimin ala caia	Children's dental check-up	Not Covered	Not Covered	None

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Ch	eck your policy or <u>plan</u> document for more informat	ion and a list of any other <u>excluded services</u> .)
Acupuncture Dental care (Adult)	Long term care Routine eye care (Adult)	Routine foot care (with the exception of person with diegnosis of diabetes) Weight toss programs
Other Covered Services (Limitations may apply to	these services. This isn't a complete list. Please see	your <u>plan</u> document.)
Bariatric surgery Chiropractic and Osteopathic manipulation limited to 15 visits per celendar year) Cosmetic surgery (only for correcting congenital deformities or conditions resulting from accidental injuries, sears, tumors, or diseases)	Hearing aids for children 1 per ear, every 24 months, for adults up to \$2,500 per ear every 24 months) Infertikty treatment Most coverage provided outside the United States. See www.bcbsil.com	Non-emergency care when traveling outside the U.S. Private-duty nursing (with the exception of inpatient private duty nursing)

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: the plan at 1-800-295-0593, U.S. Department of Labor's Employee Benefits Security Administration at 1-865-444-EBSA (3272) or agencies is: the <u>pian</u> at 1-out-zeo-upso, U.S. Department of Laton's Employee benefits Security Authorities and 1-out-zeo-upso, U.S. Department of Leath and Human Services, Center for Consumer Information and Insurance Oversight, at 1-977-267-2323 x81585 or www.ccio.cms.gov/. Other coverage options may be available to you too, including buying Individual insurance coverage through the Health Insurance Marketplace, For more Information about the Marketplace, visit www.teath.care.gov or call 1-800-318-2598.

Your <u>Grievance</u> and <u>Appeals</u> Rights: There are agencies that can help if you have a complaint against your <u>plan</u> for a denial of a <u>claim</u>. This complaint is called a <u>grievance</u> or <u>appeal</u>. For more information about your rights, look at the explanation of benefits you will receive for that medical <u>claim</u>. Your <u>plan</u> documents also provide complete information to submit a <u>claim</u>, <u>appeal</u>, or a <u>grievance</u> for any reason to your <u>plan</u>. For more information about your rights, this notice, or assistance, confact: Blue Cross and Blue Shield of Illinois at 1-800-295-0593 or visit <u>www.bcbsil.com</u>, or confact the U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or visit <u>www.dol.gov/ebsa/healthreform</u>. Additionally, a consumer assistance program can help you file your <u>appeal</u>. Contact the Illinois Department of insurance at (877) 527-9431 or visit <u>http://insurance.illinois.gov</u>.

Does this plan provide <u>Minimum Essential Coverage?</u> Yes

<u>Minimum Essential Coverage</u> generally includes <u>plans</u>, <u>health insurance</u> available through the <u>Marketplace</u> or other individual market policies, Medicare, Medicard, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of <u>Minimum Essential Coverage</u>, you may not be eligible for the <u>premium tax credit</u>.

Does this plan meet the Minimum Value Standards? Yes

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, l'ame al 1-800-295-0593.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-295-0593.

Chinese (中文): 如果需要中文的帮助、请拨打这个号码1-800-295-0593.

Navajo (Dine): Dinek'ehgo shika at'ohwoi ninisingo, kwiijigo hoine' 1-800-295-0593.

To see examples of how this <u>plan</u> might cover costs for a sample medical situation, see the next section.

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this <u>plan</u> might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your <u>providers</u> charge, and many other factors. Focus on the <u>cost sharing</u> amounts (<u>deductibles</u>, <u>copeyments</u> and <u>colnsurence</u>) and <u>excluded services</u> under the <u>plan</u>. Use this information to compare the portion of costs you might pay under different health <u>plans</u>. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby (9 n omis of <u>intinetwork pre-inalal care and a</u> hoopital delivery)

■ The plan's overall deductible	\$750
■ Specialist copayment	\$50
Hospital (facility) coinsurance	203
Other coinsurance	20%

This EXAMPLE event includes services like:

<u>Specialist</u> office visits (prenatal care)

Childbirth/Delivery Professional Services

Childbirth/Delivery Facility Services

<u>Diagnostic tests</u> (ultrasounds and blood work)

<u>Specialist</u> visit (anesthasla)

Total Example Cost	\$12,700
in this example, Peg would pay:	
Cost Sharing	
Deductibles	\$750
Copayments	\$30
Coinsurance	\$2,200
What Isn't covered	
Limits or exclusions	\$60
The total Peg would pay is	\$3,040

Managing Joe's type 2 Diabetes (a year of routine <u>insolvenik</u> care or a redcontrolled conciling

■ The <u>plan's</u> overall <u>deductible</u> ■ Specialist copeyment	\$750 \$50
Hospital (facility) coinsurance Giher coinsurance	20% 20%

This EXAMPLE event includes services like:
Primary care physician office visits (including disease education)
Diagnostic tests (blood work)
Prescribtion drugs
Durable medical equipment (glucose meter)

Total Example Cost	\$5,600
In this example, Joe would pay:	
Cost Sharing	7
Deductibles	\$760
Copayments	\$1,000
Coinsurance	\$30
What isn't covered	
Limits or exclusions	\$20
The (ots) Jos would pay is	\$1,800

Mia's Simple Fracture (<u>in-petwork</u> envergency room visic and follow up care)

The plan's overall deductible	\$750
■ Specialist copsyment	\$50
■ Hospital (facility) coinsurance	20%
■ Other coinsurance	20%

This EXAMPLE event includes services like:
Emergency room care (including medical supplies)
Diagnostic test (x-ray)
Durable medical equipment (crutches)
Rehabilitation services (physical therapy)

Total Example Cost	\$2,600
in this example, Mis would pay:	
Cost Sharing	
Deductibles	\$750
Copayments	\$500
Coinsurance	\$200
What Isn't covered	
Limits or exclusions	\$0
The total Miz would pay is	\$1,450

BlueCross BlueShield of Illinois

it you, or someone you are helping, helvo questione, you have the uight to get help and information in your language at no cost. To speak to an interpreter, call the customer service number on the back of your member cand, it you are not a member, ordon't have a cass, call 856-710-884.

خىرىية Arabic	ن كان أنهاية أو فاي تستمين تماهده استثار أنتهاي الحسول على المساهد والعسلومات المسرورية بابتك من دون فية تتكار التعمت إلى مترجه فوزي، العسل على وقع همينة العملاه المدانان على علي يطاقة عصويتك. فإن ام الكان عسنوا، أو لت لا تمانات عالمية العمل على 2004.19
繁體中文 Chinasa	如果您,或果尼在僧的的哲学。对此有疑问,您有些对意情以您的母妹接得某動和职思。 治两一位起耳角,指接她母在您的智典少货前的客户理题军就被惩。如果您不是管差,或没有 舍身子,接接着 85-710-864。
Prençais Franch	Si vecas, ou quelqu'un que vous étas en train d'édes, avez des constions, vous avez le droit d'obtent du latie et l'information dans rotat langue à aucon colt. Pour parter à un interpréte, composez le numéric du service clèsot finâqué au vesso de votes carte de membre. Si rous n'étas pas membre de si veue n'évez pas de certe, revities companer le 855-7 (5-694).
Deulsch Gennun	Falls Silo opter (posmed, dem Silo halfan, Falgon haben, Nation Silo des Roubs), knotonicos Halfa und Salamaticosmi in fixed Syractic zu establin. Um mili direm Didmetischer zu apracticu, rufen Silo bida die Kundensendenummen auf der Redeselbe Peer Weigliegels aus der Pele Silo bein Mitglied sind oder keine Mitgliedsparte besteen, rufen Silo halfa 855-710-8884 an
Elleyenő Greek	Εθνεστές ή πόποιος του βοηθών έχου τρωήσες, έχει το διακίκου να λάβετε θουβάιο τοι πληροφούς στη φλώσσα σας χωθές χρόμους. Το να μόψεπε σε έναν διαρφήσει, καλέσε τον αριθμό τέρπορόνησης πολοπίου του ονογράφεται του αποκέμος της κόριος μέλος σες, Είδα δεν έντε μέλος ή δεν έχει πέριος, καλέστε τον αριθμό 855-710-8984.
ઉત્તર ાણ ગૈજકાયા	જો તમને બદાવા તથે મદદ કરી રહ્યું કેલ ચેલી કેઈ બીજી વ્યક્તિને એસબીએપ ફુલાપિયા રાશે વામ કરવા માટે, તમારા ક્ષભ્યપદના કર્મની પાછર સાપેલ ગ્રાઇક તેવા નંબર પર કેલ દરો જો બાપ સમયપદ ના ધરાવત્ર લેવ, આવા આપની પાસે કાર્ક નથી. તો કેકડ-૧૧૦-૬૭૬ન નંબર પર કોલ કરો.
REET Hindi	यदि आपके सा आप जिल्ली सहायान कर रहे हैं उसके, प्रभाई, सो आपको आपकी माणा में लिशाहक शहरात्था और प्राम्मकशि प्रप्ता करने का अधिकार है। विसरी अनुवादना से वात करने के लिए. अपने सदस्य पनर्ड के पीछे हिए याए सहक मेंबा कंडर पर कींस करें। यदि आप सदस्य नहीं हैं. या आपके पास कार्ड नहीं हैं. यो 555-10-6964 पर जीत करें।
lationo Kalian	Se to equalcono che stal attrando avata donanda, firal circilo di etterare abido e informazioni nalia lua lingua galatifamende. Per partiare son un bilangresia, pusi chiamane il sentazio clerati al rumano aportazio asti lab passartige delle luzi lessarra di socio. Se non sei socio o soci potebiadi une l'essarra, pusi chiamane il numero 265-710-5636.
친국의 Korean	99와 귀하 또는 귀하기 점는 시험이 절면이 있다면 귀하는 무료로 그러한 도양과 정보를 구청의 언대로 받을 수 있는 권리기 있습니다. 최원 카드 보면야 있는고적 서비스 방효류 전화하십시오. 회원이 어디시거나 카드기 없으시면 8557104894 오랜 전화주십시오.
Dinë Navoje	T'ist mi. 8'i decedage to 'de bilak sedellwe' (gi), ne 'saliteidge, to 'kib beu rei sibblet i' t'ist aftil enfled n'declaw). Ata' feitre 'I biet i' hadeoxizib etnizinge di kwr'ê da 'injish gi ska anidaniwe' igii biet 'I' hadishin, bee nebblezini bien' diç' biris'. Kuji nav reuksaase rê hadit digêdê di dacdage bee nêbblezinigii bilanga koji' hadiinih 835-710-6914.
Potski Potsh	Jeld Ty lub modes, hlike) pomagusar, vaciei jelebelmiek pytmla, mucie pramo do uzyatowia bazplatnej indormacji i pomocy we własnym jązytou. Aby ponosmowiać z iliamaczami, zaśżanot pod numer podany na odmociei karty członkowskiej. Jeżni nie jestak rzkonkiem lub nie macz przy sobie kesty, zastowoł pod numer 855-710 5964.
Pydooilik Russian	Еслы у авс или чаловоля, инторият ры пристать, всемени копросы, у все четь прево не бессионалую помоще и информацию, предоставленную на власы измесь. Натри неговорить е пораводником, подражите в оправ оботрящение вленитов по темефину, указанному и в обративай опороже ваший, чартими, участимия. Если вы не паличеною участимом или у вас нет корточен, положите по телефину 655-710-6564.
Español Spanisk	St unand a signified at quiern untend exits ayouternice deeper pagaments, share-decenting anotherny synthe e-informacion and sulfotores stericostic aliquiso. Para habitantion un interprete corrunt quiete con en número des Servicio au Cidade que liquiso e en el reverso de avulanções de méterable. Si unhad no es enfection o no procese unit farjets, hieros at 555-716-6944.
Tagalog Tagalog	Kung kaw, o ang isang teong yaong feutulongan ay may mga isnorng, may tarapatan lang matanda ng lubong ai impormasyon as lyang mika neng walang bayod. Upang maliyang salam hala salam sa alaba sa as alaba sa as alaba sa as alaba sa as
ارير ناتاتا	ر آپ کر اوا کس ایسے فرد کر جس کی آپ مند کررہے ہوں۔ کوئی سوال دریش ہے کہ آپ کو اپنی زیاز میں ملت مند کور مغرفات حاصل کو آپ کا حق ہے۔ مارجو سے بات کوئے کے قے، کشام مروس اندر پر کال کریں جی لیے۔ نے کرنا کی بشت پر در بھے۔ اگر آپ مصر نہیں ہیں، باآپ کے باس کارا نہیں ہے کہ 1853/10 کار کر کے دری
Tiếng Việt Vietnamese	Hầu quy vị hoặc người mà quật vị pháp đã có bất bộ các hỏi nào, quý vị có quyền được hỗi trợ và nhận tháng áo bằng ngôn ngời của mình miễn giái. Để nhỏi chuyển với lhưng dịch viện, gọi số đich vự khách báng nhàm ở phác sau thế hỏi tiến mào quý vị không phải là rất viên trước không có thát, gọi số 856-710-4984.

Health care coverage is important for everyone.

We provide free communication aids and services for anyone with a disability or who needs language assistance. We do not discriminate on the basis of race, color, national origin, sex, gender identity, age or disability.

To receive language or communication assistance free of charge, please call us at 855-710-6984.

If you believe we have falled to provide a service, or think we have discriminated in another way, contact us to file a grievance.

Office of Civil Rights Coordinator 300 E. Randolph St. 35th Floor Chicago, Illinois 60601

Phone:

855-664-7270 (voicemail)

855-661-6965 855-661-6960

Fax:

CivilRightsCoordinator@hcsc.net

You may file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, at:

U.S. Dept. of Health & Human Services 200 Independence Avenue SW Room 509F, HHH Building 1019 Washington, DC 20201

800-368-1019 800-537-7697

Phone: 800-368-1019
TTY/TOD: 800-337-7697
Complaint Portal: https://ocrportal.hhs.gov/ocr/portal/lobby.isf
Complaint Forms: http://www.hhs.gov/ocr/office/filer/index.html

Summary of Benefits and Coverage: What this <u>Plan</u> Covers & What You Pay For Covered Services Kane County: PPO Union Active <u>Plan</u>

Coverage Period: 01/01/2022 -- 12/31/2022 Coverage for: Individual/Family | Plan Type: PPO



The Summary of Benefits and Coverage (SBC) document will kelp you choose a health <u>plan</u>. The SBC shows you how you and the <u>plan</u> would share the cost for coverage health care services. NOTE: Information about the cost of this <u>plan</u> (called the <u>premium</u>) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-800-295-0593 or at www.bcbsit.com. For general definitions of common terms, such as <u>allowed amount, balance billing, coinsurance, copeyment, deductible, provider,</u> or other underlined terms, see the Glossary. You can view the Glossary at www.healthcare.cov/sbc-qlossary/ or call 1-855-756-4446 to request a copy.

Important Questions	Answers	. Why This Matters:
What is the overall deductible?	For In-Network: \$750 Indiwidual\$2,250 Family For <u>Out-of-Network:</u> \$1,500 Individual\$4,500 Family	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .
Are there services covered before you meet your deductible?	Yes. Certain <u>preventive care</u> , services that charge a <u>copay</u> , <u>prescription drugs</u> , and emergency room services are covered before you meet your <u>deductible</u> .	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment or coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>oost sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at https://www.healihcate.gov/coverage/preventive-care-benefits/ .
Are there other <u>deductibles</u> for specific services?	Yes. \$300 deductible for Out-of-Network hospital admission. There are no other specific deductibles.	You must pay all of the costs for these services up to the specific <u>deductible</u> amount before this <u>plan</u> begins to pay for these services.
What is the <u>out-of-pocket</u> l <u>imit</u> for this <u>plan</u> ?	For In-Network: \$2,750 Individual/\$8,250 Family For <u>Out-of-Network:</u> \$5,500 Individual/\$14,250 Family <u>Prescription drug</u> expense limit: \$500 Individual/\$1,500 Family	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket</u> <u>limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
What is not included in the out-of-pocket limit?	Premiums, balance-billing charges and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Will you pay less if you use a network provider?	Yes. See <u>www.bcbsil.com</u> pr call 1-800-295-0593 for a list of <u>network</u> <u>providers.</u>	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider</u> , charge and what your <u>plan</u> pays (<u>betance billing</u>). Be aware, your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
Do you need a <u>referral</u> to see a specialist?	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .

		What Yo	u Will Pay	Limitations, Exceptions, & Other
Commen Medical Event	Services You May Need	In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	Important Information
	Primary care visit to treat an injury or illness	\$30 <u>copay/visit;</u> deductible does not apply	40% <u>coinsurance</u>	Virtual Visits: \$30/visit; <u>deductible</u> does not apply. See your benefit booklet ^e for details.
f you visit a health care provider's office	Specialist visit	\$50 <u>copay</u> /visit; deductible does not apply	40% coinsurance	None
or clinic	Preventive care/screening/ Immunization	No Charge; deductible does not apply	40% coinsurance	You may have to pay for services that aren preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
you have a test	Diagnostic test (x-ray, blood work)	20% <u>coinsurance</u>	40% coinsurance	Preauthorization may be required; see you benefit booklet* for details.
	Imaging (CT/PET scans, MRts)	20% coinsurance	40% coinsurance	

		What You	ı Will Pay	Limitations, Exceptions, & Other
Common Medical Event	Services You May Need	In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	Important Information
	Generic drugs	\$10 <u>oopay</u> /prescription (retail) \$20 <u>copey</u> /prescription (mail order); <u>deductible</u> does not apply	\$10 <u>copay</u> /prescription (retail); <u>deductible</u> does not apply	30-day supply at Retail 90-day supply at Mail Order Rx <u>Out-of-Pocket</u> Expense Limit: \$500 Individual/\$1,500 Family
if you need drugs to treat your illness or condition More information about	Preferred brand drugs	\$40 <u>copay/prescription</u> (retail) \$80 <u>copay/prescription</u> (mail order); <u>deductible</u> does not apply	\$40 <u>copay</u> /prescription (retail); <u>deductible</u> does not apply	For <u>Out-of-Network provider</u> , you are responsible for 50% of the eligible amount after the <u>copay</u> . Payment of the difference between the cost
prescription drug coverage is available at <u>vivie bobsk co</u> m	Non-preferred brand drugs	\$60 copay/prescription (retail) \$120 copay/prescription (mail order) deductible does not apply	\$60 <u>capsy/prescription</u> (retail); <u>deductible</u> does not apply	of a brand name drug and a generic may be required if a generic drug is available. Certain women's <u>preventive services</u> will be covered with no cost to the member. For a full list of these prescriptions and/or services, please contact Customer Service.
	Specially drugs	\$60 <u>copay/prescription</u> (retail); <u>deductible</u> does not apply	Not Covered	Specialty drug coverage based on group policy. Prior <u>authorization</u> may be required. Specialty retail limited to a 30-day supply.
If you have outpatient	Facility fee (e.g., ambulatory surgery center)	20% coinsurance	40% coinsurance	Preauthorization may be required.
surgery	Physician/surgeon fees	20% coinsurance	40% coinsurance	None

Common		What You In-Network Provider	i Will Pay Out-of-Natwork Provider	Limitations, Exceptions, & Other
Medical Event	Services You May Need	(You will pay the least)	(You will pay the most)	important information
	Етнегрелсу гоот саге	\$250 <u>copay</u> /visit; deductible does not apply	\$250 <u>copay</u> /visit; <u>deductible</u> does not apply	Copay waived if admitted.
If you need immediate medical attention	Emergency medical transportation	20% <u>coinsurance</u>	20% <u>coinsurance</u>	Preauthorization may be required for non- emergency transportation; see your benafit booklet* for details.
	Urgent care	\$30 copay/visit; deductible does not apply	40% <u>coinsurance</u>	None
If you have a hospital	Facility fee (e.g., hospital room)	20% <u>coinsurance</u>	40% <u>coinsurance</u>	\$300 <u>deductible</u> per admission <u>Out-of-</u> <u>Network providers.</u> <u>Preauthorization</u> required.
	Physician/surgeon fees	20% colasurance	40% coinsurance	None
if you need mental health, behavioral health, or substance	Outpatient services	\$30 copay/office visit deductible does not apply; 20% coinsurance for other outpatient services	40% coinsurance	PCP <u>copay</u> applies to psychotherapy visit only. <u>Preauthorization</u> may be required; see your benefit booklet* for details. Virtual Visits: \$30 <u>copay</u> /visit; <u>deductible</u> does not apply. See your benefit booklet* for details.
abuse services	Inpatient services	20% coinsurance	40% coinsurance	\$300 <u>deductible</u> per admission <u>Out-of-</u> <u>Network providers</u> . <u>Preguthorization</u> required.

Common			u Will Pay	Limitations, Exceptions, & Other
Medical Event	Services You May Need	in-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	Important Information
	Office visits	\$30 <u>copay</u> /visit; <u>deductible</u> does not apply	40% colnaurance	<u>Copay</u> applies to first prenetal visit (per pregnancy). <u>Cost sharing</u> does not apply for <u>preventive</u>
If you are prognant	Childbirth/delivery professional services	20% coinsurance	40% <u>coinsurance</u>	services. Depending on the type of services, a consyment, coinsurence, or deductible, may apply. Maternity care may include lests and services described elsewhere in the SBC (I.e. ultrasound).
	Childbirth/delivery facility services	20% coinsurance	40% <u>coinsurance</u>	\$300 deductible per admission Out-of-Network providers.
	Home health care	20% coinsurance	40% coinsurance	Preauthorization may be required.
	Rehabilitation services	20% coinsurance	40% <u>coinsurance</u>	Preauthorization may be required.
	Habilitation services	20% coinsurance	40% coinsurance	Trosumoresion had so toolshou.
If you need help	Skilled nursing care	20% coinsurance	40% <u>coinsurance</u>	\$300 <u>deductible</u> per admission <u>Out-of-Network providers</u> <u>Preauthorization</u> may be required.
recovering on have other special health needs	<u>Durable medical equipment</u>	20% coinsurance	40% colnsurance	Benefits are limited to items used to serve a medical purpose. <u>Qurable Medical</u> <u>Equipment</u> benefits are provided for both purchase and rental equipment (up to the purchase price). <u>Preauthorization</u> may be required.
	Hospice services	20% coinsurance	40% coinsurance	\$300 <u>deductible</u> per admission <u>Out-of-Network providers</u> . <u>Presuthorization</u> may be required.

Common Medical Event	Services You May Need	What You <u>In-Network Provider</u> (You will pay the least)	u Will Pay Out-of-Nelwork Provider (You will pay the most)	Limitations, Exceptions, & Other Important Information
	Children's eye exam	Not Covered	Not Covered	None
if your child needs dental or eye care	Children's glasses	Not Covered	Not Covered	None
ucinal of eye care	Children's dental check-up	Not Covered	Not Covered	None

Excluded Services & Other Covered Services:

Acupuncture Dental care (Adult)	eck your policy or <u>glan</u> document for more informat Long term care Routine eye care (Adult)	 Reutine foot care (with the exception of person with diagnosis of diabetes) Weight loss programs
Other Covered Services (Limitations may apply to	these services. This isn't a complete list. Please see	your <u>plan</u> document.)
 Bariatric surgery Chiropractic care (Chiropractic and Osteopathlo manipulation limited to 15 visits per calendar year) Cosmetic surgery (only for correcting congenital deformities or conditions resulting from accidental injuries, soars, tumors, or diseases) 	Hearing aids for children 1 per ear, every 24 months, for adults up to \$2,500 per ear every 24 months) Intertility treatment Most coverage provided outside the United States. See www.bcbsil.com	Non-emergency care when traveling outside the U.S. Private-duty nursing (with the exception of impatient private duty nursing)

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: the plan at 1-800-295-0593, U.S. Department of Lator's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.doi.gov/ebsa/healthreform, or Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.ccilo.cms.gov. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your <u>Grievance</u> and <u>Appeals</u> Rights: There are agencies that can help if you have a complaint against your <u>plan</u> for a denial of a <u>claim</u>. This complaint is called a <u>grievance</u> or <u>appeal</u>. For more information about your rights, look at the explanation of benefits you will receive for that medical <u>claim</u>. Your <u>plan</u> documents also grevance or appear. For more information about your rights, note as the expentation of business you was receive for that medical your rights, from plan provide complete information to submit a claim, appeal, or a girevance for any reason to your plan. For more information about your rights, this notice, or assistance, contact Blue Cross and Blue Shield of titrios at 1-800-295-0593 or visit www.bchsii.com, or contact the U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or visit www.dol.gov/ebsa/healfbre/orm. Additionally, a consumer assistance program can help you file your appeal. Contact the Illinois Department of Insurance at (877) 527-9431 or visit https://gov/ebsa/healfbre/orm. Additionally, a consumer assistance program can help you file your appeal.

Does this plan provide Minimum Essential Coverage? Yes

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other Individual market policies, Medicare, Medicard, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

Does this plan meet the Minimum Value Standards? Yes
If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium lax credit to help you pay for a plan through the Marketplace.

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-295-0593.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-295-0593.

Chinese (中文): 如果需要中文的帮助、请拨打这个号码1-800-295-0593.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwiijigo holne' 1-800-295-0593.

To see examples of how this <u>plan</u> might cover costs for a sample medical situation, see the next section.

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this <u>plan</u> might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your <u>providers</u> charge, and many other factors, Focus on the <u>cost sharing</u> amounts (<u>deductibles</u>; <u>coparments</u> and <u>coinsurance</u>) and <u>excluded services</u> under the <u>plan</u>. Use this information to compare the portion of costs you might pay under different health <u>plans</u>. Please note these coverage examples are based on self-only coverage.

\$760

\$50

20%

Peg is Having a Bahy (9 movins of <u>minippgdk</u> are halal care and a mospital delivery)

The plan's overall deductible	\$750
Specialist copayment	\$50
Hospital (facility) coinsurance	20%
Other <u>coinsurance</u>	20%

This EXAMPLE event includes services like: Specialist office visits (prenetal care) Childbirth/Delivery Professional Services Childbirth/Delivery Facility Services Diagnostic tests (ultrasounds and tolood work) Specialist visit (enestheste)

in this example, Peg would pay:	
Cost Sharing	
Deductibles	\$750
Copayments	\$30
Coinsurance	\$2,000
What isn't covered	7 1 1
Limits or exclusions	\$60
The total Peg would pay is:	\$2,810

Managing Joe's type 2 Diabetes is year of row mu <u>annetwork care of a well-</u> controlled condition

■ Hospital (facility) coinsurance
Other coinsurance
This EXAMPLE event includes services like:
Primary care physician office visits (including
disease education)
Diagnostic tests (blood work)
Prescription drugs
Durable medical equipment (glucose meter)

■ The <u>clan's</u> overall <u>deductible</u>

■ Specialist copayment

In this example, Joe would pay:	
Cost Sharing	
Deductibles	\$750
Copayments	\$1,000
Coinsurance	\$30
What isn't covered	
Limits or exclusions	\$20
The total Joe would pay is	\$1,800

Mia's Simple Fracture in network emergency room visit and follow visit page:

The plan's overall deductible Specialist copeyment Hospital (facility) coinsurance Other coinsurance	\$750 \$50 20% 20%
Cther coinsurance	207

This EXAMPLE event includes services like; Emergency room care (including medical supplies) Diegnostic test (x-ray) Durable medical equipment (crutches) Rehabilitation services (physical therapy)

Total Example Cost	\$2,800
n this example, Mia would pay:	
Cost Sharing	
Deductibles	\$750
Copayments	\$400
Coinsurance	\$200
What isn't covered	
Limits or exclusions	\$0
The total Mis would pay is	\$1,350

BlueCross BlueShield of Illinois

Eyou, or someone you are helping, have questions, you have the right to get help and information in your lamparge at no cost.

To specif to an interceptor, call the customer service number on the back of your monthor card. If you are not as member, or don't later a card, can 855-716 6564.

يل كان لديلة أو لدى شنيعى تصاحد خدلة، طلبة تمثل في العصول على العساحدة والمسترمات التعرووية يأهنك من دون فية تكلنة التحلت إلى مترجم فوزي، فتصل على رائم طندة اللملاك السنكور على طبير وطالة عصوباتك. المؤرخ المنتقد المستركة المستركة المنتقد عندية المستركة ا
知事态。或数距在温斯的对意,对此有规划 还有福利免费以您的的销售得知的和讯息。治确一位翻译员,持数就印在您的智典卡奇面的客户思格电感强强,如果某不选管员,或没有 舍具卡, 接致者 955710464。
Si vous, qui quality i vir qua vous álem en trats d'actier, coez des questions, vous evez la dreix d'obseré de l'éclemente de all'éclemente de la dreix vous élege à auxun codit. Pour partier à un interpréte, composer, le numéro du service client indiqué às veus des vois carte de membre. Si vous n'élés pas membre qual veus n'évez pas de safe, veulles composer la 865-710-8564.
Feith Sie noter jemment, dem Sie helten, Fragen helten, kaben Sie das Rocht, kosteniuse (filte und letomesforen m fixer Sprache zu erhalben. Um miterinstrücknetzer ze sprachen, orien Sie bitta die Kundersprokomunnser auf der Räcksante ihrer Mitgliedstande an. Falls site heltplied sind oder kalensfriglindsbarte bestern, niter Sie bitte 855-710-4564 an
Εύν εσιείς η επιτοιος κου βισήδαι έχετε εφωνήσεις, έχεια το δικολωμα το λόβοια βιαήθαια και υληφοφορίας απηγείωται στος γυρής χρόνους. Το να μπέλροπε σε έναν διαρμηκίαι καλίσια του αριθμό εξυπαράπησης πελιολών του απογράφεται στο πίσω μέρος της εάριας μέλους, στος. Εύν δοι είναι μέλος ήθεν έχου είναιο, επιλίται τον αριθμό ΕδΕ-ΤΙΟ-884-L.
જો તમને અથવા તમે મકદ કરી રક્ષા ક્રેપ્ટ ગેલી કેઇ બીજી વ્યક્તિએ દેસ-બીએમ, કુલાઉથા શકે વાત કરવા પાટે, તમારા સભ્યપદના દાર્ડની, પાછળ આપેલ ઝાઇક સેવા નંબર પર ક્રેલ કરો. જો હતા સભ્યપદ ના ધરાવતા ક્ષેત્ર, અથવા આપની પાસે કાર્ડ નથી તો 85S-710-6984 નંબર પર ક્ષેત કરો.
पहि अत्योह या आप विस्तवि ब्रह्मक्सा कर हो है उसके, प्रकार है, तो आंख्यों अपनी काला में किनाहुक स्थायता और आजनाई प्राप्त करने कर अधिका है। किसी अनुवादक से ब्राह्म करने के लिए, अपने सदस्य पाई के गीछे दिए मध्याहक सेवा मंत्रा कर करेंग करें। परित आप स्थायन मही हैं, या आपके पास कार्य मही हैं, से 655-710466 पर क्येंस करें।
Se su equations of w stat shinade even domands, half district inchances along a informazion anala sus ingua gratulamente. Per parties con un interprete, puri chiamane il santolo clienti al numano riportato sul lato postatione del final tessera di socio. Se non sei socia a non possandi una tessera, puri chiamane il esempo 855-7 (40-698).
안약 위하 또는 귀하기 듣는 사랑이 찾은이 있다면 귀하는 무료된 그리한 도움과 정보를 귀하의 또야로 받음 수 있는 권리기 있습니다. 회원 카드 형연이 됐는고색 서비스 반으로 장화하십시오 희생이 이나시거나 카드가 없으시면 RSTID RS와 모르진화주십사오
T'th ai, is desdego to de trick mindows/get, no 'stilledges, to 'ids beer at abdel i' i '34 offic onlis n' dentest. Ant 'haloo' (bich')' badestrib miringo di levr'o de 'inide ai dia ardnolwe 'ufi bich')' badfingh, two ndrhorion bioc' dej' bilati. Kaji anh contanue as hadic'eiged di dondago boe oldhizialigii iddinga koji 'badfingh. 255-710-6984.
Jeld Ty lab peabs, tribny pomiagase, madie jaliakolwida pytamia, madie pawno do wystania biopriotogi informacji spomocy we wkanym języku. Aby pomozwaniała z bumaczam, zadowoć pod numer podany na odwocie barly człoskomialej. Jeldei cie jasieki odonikien lub nie maż przy pobio bąty, zadowoł pod numer 1557 10-664.
Есны у нас или чоловом, которому выгламаторта, вознешти вопровы, у выс есть гарам на беспитиро постацьи и піформация, предоставлявную на вешем измес. Чтобы посмерни с переметичемы, замеженной отделя обеспубниция или у віже нег изрточни, подержници или у віже нег изрточници подержници или у віже нег изрточници подержници по
Si usted o alguen e quientustes està eyeusros dene pregunas, ispe derocha a obtener eyede e internacion en a bioma aincosto degaro. Para matiar com un interpasse con un interpasse con el número del Sontido el Citesta que figara on elemento de su linigira de reternitro. Si estad no es relemento qui no posee una tarjos. Ilame el 156-719-6984.
Kurg danar, o any many taong knowlarigan ay may mga taonay, may kasapatan lang makabuta ng autony at impososayon sa Apong wka many asteing bayati. Upang makipag-urap sa bang Lagassan mika, sumawan ga sarbayo para na kujikonar sa ikadi ng hajag kardi ng najyandru. Kung taon ay filindi isang miyemforo, o kaya ay watang kardi, tumawang sa 855-710-9584.
گر آپ کر وہا کس ایسے فرد کو جس کی آب مدد کررہے ہیں۔ تکرس موال دریاتی ہے تو اپ کو اپنی تولیل میں ملت مند اور مطرمات سامیل کوئے کا بی جے۔ مترجم سے بات کوئے کے قیے، کصفر سروس بیر کل خری جو آپ کے کارڈ کر بشت نور درج ہے۔ گار ف سعن نیس جن بالب کے باس کارڈ نیر ہے تو - 1855/1058 پر کل کوئ
Néo quý vá toko negatió má quý vý giúp đờ có bắt bộ câu thời nào, quý ví có quyền được hỗ thự và train thông án bằng ngôn ngôi cứu mình miễn phí. Để nói chuyển sới thàng địch viên, gọi số địch vụ khách Nàng nằm ở goàn câu thà hỗi viên của quý vị tiến quý vị thông ghài là hỏi viên boác không có linh, gọi số 855-710-6884.

Health care coverage is important for everyone.

We provide free communication aids and services for anyone with a disability or who needs language assistance. We do not discriminate on the basis of race, color, national origin, sex, gender identity, age or disability.

To receive language or communication assistance free of charge, please call us at 855-710-6984.

If you believe we have failed to provide a service, or think we have discriminated in another way, contact us to file a <u>unevance</u>.

Office of Civil Rights Coordinator 300 E. Randolph St.

35th Floor

Chicago, Illinois 60601

Phone: TTY/TOD:

855-664-7270 (volcemail) 855-661-6965 855-661-6960

Fax:

Email:

CivilRightsCoordinator@hcsc.net

You may file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, at:

U.S. Dept. of Health & Human Services 200 Independence Avenue SW Room 509F, HHH Building 1019 Washington, DC 20201

Phone: TTY/TDD: 800-368-1019 800-537-7697

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