COLLECTIVE BARGAINING AGREEMENT BETWEEN METROPOLITAN ALLIANCE OF POLICE, CHAPTER #753, THE KANE COUNTY SHERIFF AND THE COUNTY OF KANE (PEACE OFFICER UNIT)

AGREEMENT DATES 12/01/2021 THROUGH 11/30/2024

INDEX

<u>Article</u>		<u>Page</u>
PREAMBLE		1
ARTICLE 1	RECOGNITION	2
ARTICLE 2	PROBATIONARY EMPLOYEE	4
ARTICLE 3	SAVINGS CLAUSE	5
ARTICLE 4	UNION SECURITY	6
ARTICLE 5	INDEMNIFICATION	7
ARTICLE 6	NON-DISCRIMINATION	8
ARTICLE 7	NO STRIKE OR LOCKOUT	9
ARTICLE 8	SENIORITY	10
ARTICLE 9	LAYOFF AND RECALL	12
ARTICLE 10	GRIEVANCE PROCEDURE	14
ARTICLE 11	DISCIPLINE AND DISCHARGE	18
ARTICLE 12	PERSONNEL FILES	21
ARTICLE 13	DEVELOPMENT & TRAINING	23
ARTICLE 14	LABOR-MANAGEMENT COMMITTEE	24
ARTICLE 15	HOLIDAYS	25
ARTICLE 16	VACATIONS	26
ARTICLE 17	SICK LEAVE	28
ARTICLE 18	MISCELLANEOUS	30
ARTICLE 19	LEAVES OF ABSENCE	31
ARTICLE 20	UNION RIGHTS	38
ARTICLE 21	WAGES	40
ARTICLE 22	OUT OF TITLE WORK	45
ARTICLE 23	INSURANCE	46
ARTICLE 24	VACANCIES	48
ARTICLE 25	SAFETY AND HEALTH	49
ARTICLE 26	HOURS OF WORK	51
ARTICLE 27	DETAILS	56
ARTICLE 28	SUBCONTRACTING	58
ARTICLE 29	MANAGEMENT	59
ARTICLE 30	COMPLETE AGREEMENT/MAINTENANCE OF STANDARDS	60
ARTICLE 31	DURATION	61
Signature Page		62
Appendices		
A. Drug and Alcohol Testing		63
B. Hours of Work Schedule		69
C. Deputy Pay Step Plan		74
	Plan Features	75
E. MOU – Lateral Hires – dated April 15, 2022		76
F. MOU – "Patrol Plus" – dated April 1, 2019		77

PREAMBLE

This Agreement is entered into by the Sheriff of Kane County ("Sheriff") and the County of Kane ("County"), hereinafter referred to respectively and/or collectively, as applicable, as the "Employer", and the Metropolitan Alliance of Police, Chapter #753, hereinafter referred to as "MAP" 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 MAP 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.

Peace Officer Unit – All deputized Peace Officers and Peace Officer Sergeants. Excluded: Sheriff, Undersheriff/Chief Deputy, Bureau Commanders, Peace Officer Lieutenants and all other confidential, managerial, and supervisory employees as defined in the Illinois Public Labor Relations Act.

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

Where the Sheriff finds it necessary to create new job classifications, the work of which falls within the scope of the bargaining unit, the Sheriff 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 the Kane County Employee handbook and this Collective Bargaining Agreement. 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 the Kane County Employee Handbook and this Collective Bargaining Agreement. 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 described in the Kane County Employee Handbook nor are they 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 hereto 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. However, 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, any layoffs of bargaining unit employees

Section 5. Sheriff's Auxiliary

The Sheriff may utilize the services of the Kane County Sheriff's Auxiliary Deputies in accordance with applicable law.

Section 6. Short-term Employees

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

Section 7. 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 8. Job Audit/Reclassification

MAP or, 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 PROBATIONARY EMPLOYEES

An employee in the Peace Officer Unit is a "probationary employee" for his/her first twelve (12) months of employment following the date of certification as a peace officer by the Illinois Law Enforcement Training and Standards Board, or if certified prior to employment with the Sheriff's office, for the first 12 months of employment, subject to the approval by the Kane County Sheriff's Merit Commission. The term certification includes a waiver of training due to previous employment as a peace officer.

ARTICLE 3 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 4 UNION SECURITY

Section 1. Deduction

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 Metropolitan Alliance of Police, Chapter #753, 235 Remington Blvd., Unit B, Bolingbrook, IL 60440, 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.

Section 2. 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.

COLLECTIVE BARGAINING AGREEMENT FOR MAP KANE COUNTY (PEACE OFFICERS) 12/21 THROUGH 11/24

ARTICLE 5 INDEMNIFICATION

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

ARTICLE 6 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, sexual orientation, or veteran status – provided, however, that all personnel of the Office of the Sheriff 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 Sheriff.

ARTICLE 7 NO STRIKE OR LOCKOUT

Section 1. No Strike Commitment

Neither the Union nor any bargaining unit employee with 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 Sheriff during the term of this Agreement. No bargaining unit employee shall refuse to cross any picket line, by whomever 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 8 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. Office Seniority means the length of uninterrupted employment an employee has in the Sheriff's Office.
- D. <u>Final Merit Commission Test Score</u> means the final overall test score from the applicable Sheriff's Merit Commission eligibility list.

(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 or the Merit Commission, whichever is applicable.
- 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 Sheriff's Office.

Section 3. Seniority List

The Sheriff and Union have agreed upon the initial seniority list setting forth the present seniority dates for all employees covered by this Agreement and 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 Sheriff 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 for the basis of hiring and promotion

Seniority shall be determined based upon the following:

- A. Classification seniority
- B. Office seniority
- C. County seniority
- D. Final total score of the appropriate eligibility list

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 9 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. For the purpose of this Article persons of different rank shall be considered to be in separate classifications.
- B. All employees under the Merit Commission will be covered by this Article. Where provisions of this Article conflict with any applicable federal or state law, the provisions of such law shall prevail.
- C. 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 in the same grade within the same bargaining unit.
 - 2. To replace an employee with less seniority, if any, in another classification in the same pay grade 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.
- D. A removed employee not transferred as provided in C above shall have the procedure set forth in C3 above applied to classifications assigned to each succeeding next lower pay grade until he/she is transferred or laid off.
- E. The procedure set forth in C and D 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.
- F. In applying the procedures set forth in C, D, and E 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.
- G. 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.
 - H. 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.

Exception: All employees with Merit Commission Rank that are demoted due to layoffs will be restored to their previous rank regardless of the time frame. Where provisions of this exception conflict with any applicable federal or state law, the provisions of such law shall prevail.

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 Sheriff of their current address. Upon receipt of the notice of recall, employees shall have five (5) working days to notify the Sheriff 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 10 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 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 a superior officer's duties in the chain of command.

Business days shall include the weekdays of Monday through Friday, excluding holidays or other days the Sheriff's Office administrative functions 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 Sheriff, where applicable and necessary to the resolution of the grievance, a grievance may be directed to the Sheriff 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 Sheriff, 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. Immediate Supervisor

The Employee and/or the Union shall raise the grievance in writing on the approved form to the employee's supervisor who is outside the bargaining unit. 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. The immediate supervisor shall render a written response to the grievance within ten (10) business days after the grievance is presented. In instances where the Union is appropriately grieving the County, Step 1 will be referred to the Sheriff. If the grievance is not resolved at Step 1, the signed Step 1 grievance and supervisor response will be presented to Step 2. The parties recognize that variations from the immediate supervisor, 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 Contract.

Step 2. Undersheriff/Chief Deputy/Human Resource Director

Grievances submitted to the Undersheriff/Chief Deputy or County Human Resource Director or his/her designee at Step 2 shall be presented in writing by the Union within five (5) 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 immediate supervisor's decision. Within five (5) business days after the grievance is presented

to Step 2, the Undersheriff/Chief Deputy or County Human Resource Director shall render a written answer to the grievant and provide a copy of such answer to the Union.

Step 3. Sheriff/County Board Chairman

If the grievance is still unresolved, it shall be presented by the Union to the Sheriff, his designee or County Board Chairman in writing within five (5) 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 five (5) 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. The Sheriff or designee shall give his/her written response within five (5) business days following the meeting.

If no meeting is held, the Sheriff or his/her designee shall respond in writing to the grievance within five (5) 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 Sheriff 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 Sheriff /County Board and the Union shall meet to select an arbitrator. If the parties are unable to agree on an arbitrator within the five (5) business days, either party may request the Federal Mediation and Conciliation Service ("FMCS") or the Illinois Labor Relations Board ("ILRB") to submit a list of seven (7) arbitrators. The party making such a request shall provide contemporaneous notice to the other party by providing them with a copy of the request. Within 45 days of receipt of the list of 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. Unless otherwise agreed in writing by the parties, in the event the parties fail to select an arbitrator within the time limit specified above either party may request that FMCS or the ILRB, as applicable, appoint one of the arbitrators from the list. The arbitrator shall be notified of his/her selection by a joint letter from the Sheriff and Union, requesting that he/she set a time and place for the hearing, subject to the availability of the Sheriff and Union representatives and shall be notified of the issue where mutually agreed by the parties.

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 who are not employees of the Employer.

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 providing a Court Reporter for arbitration proceedings. The parties shall bear the cost 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 or Union grievance representative 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 Sheriff 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 most 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

COLLECTIVE BARGAINING AGREEMENT FOR MAP KANE COUNTY (PEACE OFFICERS) 12/21 THROUGH 11/24

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 not disclosed pursuant for production, as of the date of request, 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 11 DISCIPLINE AND DISCHARGE

In addition to the rights guaranteed by the laws of the State of Illinois and the United States of America and the Rules and Regulations of the Kane County Sheriff's Merit Commission, the parties agree that bargaining unit employees shall have the following rights in discipline cases.

Section 1. Discipline and Discharge

Discipline in the Kane County Sheriff's Office shall be for just cause and shall be progressive and corrective. Employee discipline shall include the following:

- 1. Corrective action/recognition notice
- 2. Oral Reprimand
- 3. Written Reprimand
- 4. Suspension (notice to be given in writing)
- 5. Demotion (notice to be given in writing)
- 6. 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. First line supervisors shall be responsible for the documentation of any corrective action/recognition notice taken on behalf of the employee. This action will be documented on the approved Personal Performance Review form, 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 Sheriff 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 Sheriff's agreement to use progressive and corrective disciplinary action does not prohibit the Sheriff in any case from imposing discipline which is commensurate with the severity of the offense. The Sheriff 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 Sheriff 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 24 hours after notice.

Section 4. Investigative Interviews

Where the Sheriff or his designee desires to conduct an investigative interview of an employee where the results of the interview might result in discipline, the Sheriff 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 24 hours' notice from Sheriff to the Union.

Section 5. Use of Past Discipline

Unless otherwise required by law, records of discipline other than suspensions shall not be admissible in any disciplinary matter 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 subject of ongoing progressive discipline.

Unless otherwise required by law, records of discipline concerning suspensions shall be inadmissible in any disciplinary matter 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. Application of Peace Officers Statutory Provisions

All peace officers covered under this Agreement shall be disciplined in accordance with the Uniform Peace Officers' Disciplinary Act. Nothing in this Agreement shall be construed to replace or diminish the rights of employees established under said Act.

In addition, body-worn camera recordings shall only be used in accordance with the Law Enforcement Officer-Worn Body Camera Act, 50 ILCS 706/10-1 *et seq.* Peace officers will be permitted to view camera footage as permitted by law.

Section 7. 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 8. Merit Commission Employees

Sheriff's Merit System Employees covered under this Agreement shall be disciplined pursuant to Section 3-8013 of the Sheriff's Merit System Law, 55 ILCS 5/3-8013 (2011) subject to the alternative grievance review provisions provided in this Agreement.

In the event charges are referred to the Merit Commission, the employee shall have the option of waiving a hearing before the Merit Commission and shall then be disciplined by the Sheriff subject to the contractual grievance appeal procedure. To effectuate this election, the following procedure shall be utilized:

1. Within ten (10) business days of the employee receiving a copy of the charges referred to the Merit Commission and the entire investigation file relating to the charges, the Union will advise the Sheriff and the Merit Commission of the employee's election under this Section to waive his or her right to a Merit Commission review and/or hearing and proceed, instead, in accordance with the grievance/arbitration provisions of Article 10 of this Agreement, upon the issuance of discipline by the Sheriff. Such notice shall be in writing and shall include a written waiver, executed by the employee, acknowledging that the employee is knowingly waiving his or her rights to a hearing before the Merit Commission. If no such notice/waiver is provided within the ten (10) business days, the employee and the Union shall be deemed to have elected to proceed under the rules of the Merit Commission and all rights under Article 10 shall be deemed waived.

- 2. Upon receipt of a notice from the Union that the employee is electing to proceed under the grievance/arbitration provisions of Article 10, the Sheriff's Office will withdraw the charges before the Merit Commission. Thereafter, the Sheriff or his designee will make a determination regarding discipline.
- 3. Once discipline is issued by the Sheriff or his designee, the employee, or the Union, as applicable, may grieve the discipline, as provided in Article 10 of the CBA commencing at Step 4. The filing of said grievance shall serve as a Request for Arbitration under Step 4 of the grievance procedure.

In the event the Sheriff's Merit System Law is amended in a manner which nullifies the rights of parties to a collective bargaining agreement to negotiate, pursuant to Section 3-8013 of the Sheriff's Merit System Law, an alternative disciplinary review process, or which makes the alternative grievance review provisions contained in this section illegal, either party may request to immediately re-negotiate the terms of this section. Any impasse resulting is such negotiation shall be resolved in accordance with the provisions of Section 14 of the Illinois Labor Relations Act.

Section 9. Suspension Day Defined

A suspension day is a twenty-four hour period during which an employee was scheduled to work a regular tour of duty but has been ordered not to report for duty. If the suspension is administrative in nature the employee will be paid for the time as if he or she had worked. Disciplinary suspension shall be without pay, however, an employee may choose to deduct the appropriate amount of time equal to the suspension in lieu of serving the suspension.

Section 10. 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 12 PERSONNEL FILES

Section 1. Personnel Files

The Sheriff shall keep a central personnel file for each employee within the bargaining unit. The Sheriff 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.

Section 2. Inspection

Upon request of an employee, the Sheriff shall reasonably permit an employee to inspect his personnel file subject to the following:

- A. Such an inspection shall occur within two business days following receipt of the request. The Sheriff or his designee 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 –
- D. Upon written authorization by the requesting employee, that employee may have a representative of the Union present during such inspection and;
- E. Pre-employment information, such as reference reports, credit checks or information provided the Sheriff 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 Sheriff without permission, except pursuant to the Illinois Employee Personnel Record Review Act.

Section 3. Notification

Employees shall be given notice by the Sheriff 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 Sheriff. 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 a Court Order requiring the release of the information, or (2) unless release or disclosure of said information is required by statute, regulation or common law, e.g., without limitation, as required under the Illinois Freedom of Information Act ("FOIA"), 5 ILCS 140/1 et seq., or other applicable law. In the event the Sheriff receives a court order for a personnel file, the Sheriff will notify the employee that the Office has received an order. The Sheriff's Office also agrees to exert applicable exemptions under FOIA should the Office receive a FOIA request for personnel files.

ARTICLE 13 EMPLOYEE DEVELOPMENT & TRAINING

Section 1. Orientation

The Sheriff and MAP 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 Sheriff 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 Sheriff to take courses so as to retain their present position classification, such employees shall be granted reasonable time for such without loss of pay.

ARTICLE 14 LABOR-MANAGEMENT COMMITTEE

Section 1. Labor Management Conferences

The Union and the Sheriff 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 Sheriff. 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 Sheriff which may affect employees.

The Sheriff and the Union agree to cooperate with each other in matters of the administration of this Agreement, and to the degree that standards of law enforcement can be maintained for the maximum protection of 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 one per bargaining unit during time issues affecting the unit(s) are discussed and one representative for the local.

Section 4. List of Union Stewards

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

ARTICLE 15 HOLIDAYS

Section 1.

Starting December 1 of each year Peace Officer unit employees shall receive 14 Holiday credits. These credits must be used in the fiscal year in which they are earned and may not be carried over. Those employees assigned to continuous operations positions and holding the rank of Deputy will use these holidays in accordance with Article 26 section 9 of this agreement. Those employees holding the rank of Sergeant will use these holidays in accordance with Article 26 Section 9 of this Agreement.

All Peace Officer unit employees not assigned to continuous operations will use these holidays in accordance with Article 26 Section 9 of this Agreement; however, they will not receive premium pay on premium holidays unless they are required to work on a premium holiday assigned by their Lieutenant.

Section 2.

Permanent full-time employees shall receive a full day's pay.

Section 3.

Permanent part-time employees 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).

Section 4.

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

Section 5.

When an employee works on a holiday, he or she shall be paid at their regular rate of pay and receive an accumulated paid holiday off to be taken at a later date, in accordance with classification seniority. Employees required to work on Christmas Eve, Christmas, Easter, July 4th, Thanksgiving, and New Year's Day ("Premium Pay Holidays") shall be paid at double time (2x) their regular rate for all hours actually worked on the Premium Pay Holiday. Employees not assigned to continuous operations in patrol are not required to work the Premium Pay Holidays. In the event one of these employees is assigned to work a Premium Pay Holiday by the Sheriff or his designee, they will receive the premium holiday pay (i.e., double time (2x) their regular rate for all hours actually worked on the Premium Pay Holiday.

Section 6. Termination of Employment

Continuous operations employees and other employees who are granted holiday credits are entitled to one paid holiday per calendar month (which are accrued on a monthly basis), plus one additional holiday. If an employee terminates employment and he or she has already taken more holidays than entitled to on a monthly accrual basis, plus one additional day, the employee's pay will be docked accordingly. Untaken holidays already accrued on a monthly basis, plus one additional day, may be used to increase the number of paid days off prior to the actual date of termination. Untaken holidays will not be paid for as additional compensation in the employee's final paycheck if the days can be scheduled as paid time off instead.

ARTICLE 16 VACATIONS

Section 1. Accrual

All employees shall earn paid vacation in accordance with the schedule below. Part time employees shall receive vacation time proportionate to the average hours worked. Employees shall accumulate vacation based on countywide seniority. Accrual and use of vacation time is based on the fiscal year, December 1 through November 30.

- 1. From hire date through the end of the fiscal year, vacation time is earned at a rate of .833 days per month (.833 x 12 = 10) to determine the number of vacation days accrued for the following fiscal year. Any fraction of accrued vacation days will be converted to the nearest whole day using standard mathematical rounding (.49 or lower to be rounded down and .50 and higher to be rounded up). At the start of the second fiscal year following an employee's start date to five years of service, the employee will receive a total of ten (10) vacations days during that fiscal year. Vacation time is earned at a rate of .833 days per month (.833 X 12 = 10) to determine the number of vacation days accrued for the following fiscal year. However, should an employee leave for any reason before completing the fiscal year, their last payout will be adjusted in accordance with the above formula.
- 2. During the fiscal year in which the employee completes five (5) years of service, their vacation time will be calculated at a rate of 1.25 days per month (1.25 X 12 = 15) based on their anniversary date and will be allowed to use the 15 days in that fiscal year. However, should an employee leave for any reason before reaching their anniversary date, their last payout will be adjusted in accordance with the above formula.
- 3. During the fiscal year in which the employee completes ten (10) years of service, their vacation time will be calculated at a rate of 1.66 days per month (1.66 X 12 = 20) based on their anniversary date and will be allowed to use the 20 days in that fiscal year. However, should an employee leave for any reason before reaching their anniversary date, their last payout will be adjusted in accordance with the above formula.
- 4. During the fiscal year in which the employee completes Twenty five (25) years of service, their vacation time will be calculated at a rate of 2.08 days per month (2.08 X 12 = 25) based on their anniversary date and will be allowed to use the 25 days in that fiscal year. However, should an employee leave for any reason before reaching their anniversary date, their last payout will be adjusted in accordance with the above formula.

Section 2. Use of Vacation Time

Vacation time may be taken in increments of not less than one (1) day at any time after it is earned for employees in the Peace Officer Unit. Vacation period shall run from December 1st to November 30th. Employees who by length of continuous service are entitled to more than ten (10) days of vacation may request the following:

After accrual of twenty (20) vacation days, a maximum of five (5) days may be turned back to be paid at straight time in lieu of time off. After accrual of twenty-five (25) vacation days, a maximum of ten (10) days may be turned back to be paid at straight time in lieu of time off. Employees who are selling back vacation time must indicate in writing their intention to do so by July 1 of that calendar year. Employees wishing to retract such request for pay may do so subject to vacation schedule availability.

Section 3. Vacation Schedules

Subject to Section 4 and the Sheriff's operating needs, vacations shall be scheduled as requested by the employee.

Section 4. Vacation Periods Scheduled by Seniority

Based on the above statement, the following vacation bid process will be adhered to:

Beginning October 15th or at the end of the Shift bid process whichever is earlier, and continuing for one month, employees may bid for vacation periods (one or more weeks) based on classification seniority. This will be done by filling in slots on a posted list of weeks in the following fiscal year. (December 1st-November 30th). If an employee is denied a vacation request during this period, he or she may submit a request for a different vacation period. At the completion of the vacation bid process, the supervisor for each shift who is outside the bargaining unit will review the posted list and finalize the seniority bid vacation lists. Conflicts in scheduling will be resolved in favor of the employee having the greatest classification seniority. Based on this bid process no more than 2 employees shall be granted the same week off in a particular year. All approved vacation time shall count against the max off provision in Article 26 Section 9 of this Agreement.

Vacation periods requested other than as described above shall be granted on a first-come first-served basis. Requests will be considered on the basis of calendar date of submission to and confirmed by a supervisor, not by time of day. Employees will be notified in writing as to the number of available vacation slots and the number of uncommitted vacation weeks still held by the employee. It will be up to the employee to submit a request for any of the remaining available weeks or face the loss of vacation time when no open weeks remain in the fiscal year.

If an employee decides to remove his or her name from a scheduled vacation week or weeks, another employee may bid for the open slot and be granted the time based on classification seniority.

Once a vacation is approved and scheduled, the employee will be allowed to take that vacation even if transferred and a scheduling conflict develops.

Section 5. Separation Pay

Employees, after the completion of their probationary period, shall be compensated for all unused vacation time already accrued at the time they separate.

Section 6. Vacation Pay

All vacation leave will be paid at the regular rate based on the length of the employee's normal workday.

ARTICLE 17 SICK LEAVE

Section 1. Accrual and Use

All employees shall accumulate paid sick leave at the rate of one (1) day for each month's service. Part-time employees shall accumulate paid sick leave on a prorated basis. Sick Leave may be used for illness, disability, or injury of the employee, appointments with Doctor, Dentist or other professional medical practitioner, and in the event of illness, disability, or injury of a member of an employee's immediate family or household on days employee is scheduled to work. For purposes of definition, the "immediate family or household" shall be husband, wife, spouse, domestic partner, children, mother, father, brother, sister, grandchild, stepparent, and grandparents, father and mother in-law, or any relative or person living in the employee's household who is financially and emotionally dependent on the employee and where the presence of the employee is needed.

Such time may be used in increments of no less than one hour at a time for any of the above reasons. Any such use is subject to twenty-four (24) hours' prior notification to the employee's immediate supervisor, if at all possible.

Section 2. Accumulation

Employees may have unlimited accumulation of sick days subject to the provisions and limitations contained in Section 3 of this Article.

Section 3. Unused Sick Leave

- A. Employees who retire with twenty (20) or more years of service shall be entitled to cash for up to twenty (20) days of unused sick time on a one for one basis. Any additional unused sick time may be credited on a one for one basis to IMRF for service credit up to a maximum of 240 days. An employee who retires with twenty (20) or more years of service shall have the option of applying some or all of his or her unused sick time to IMRF for service credit in lieu of cash.
- B. Employees who have completed their probationary period and who voluntarily or involuntarily terminate employment with the Sheriff's Office shall be entitled to cash for unused sick days on a three for one basis up to a maximum of twenty days. Any additional unused sick time shall not be compensable. The amount of payment for all unused sick leave is to be calculated at the employee's rate of pay in effect on the pay day immediately preceding the employee's separation. Once an employee has accumulated fifteen (15) sick days, additional sick days may be converted into paid days off on a two to one basis with a maximum of twenty (20) days converted to ten (10) days in any calendar year.

Section 4. Sick Days Abuse Sanctions

The Sheriff shall not discipline an employee for legitimate use of sick days. For the purposes of the provisions contained in this Article, "abuse" of sick days or sick leave is the utilization of such for reasons other than those stated in Section 1 of this Article. Upon sufficient evidence of the abuse of such sick leave, the employee shall not be paid for such leave. In addition, abuse of sick leave may subject the employee to disciplinary action pursuant to the terms of this Agreement. All employees agree to cooperate fully with the Office in verifying illness and shall provide reasonable proof of illness upon request if the Sheriff has reasonable grounds to suspect abuse.

Section 5. Procedures

No employee will be permitted to take pay for sick days if they have not yet been earned. Sick days shall be paid at full pay at the current rate of compensation. Sick days may be utilized by employees when they are sufficiently ill so that good judgment would determine it best not to report to work or in the event of injury not arising out of or in the course of their employment and for routine medical and dental appointments. All foreseeable leave for such purposes shall require a reasonable specific prior notification.

In the event that an employee has no accrued sick time and said employee calls in sick, earned /benefit time shall be deducted from that employee to cover said sick day(s) in the following order: Comp time, Holiday time and then vacation time. Use of this provision shall be documented as a sick day covered by earned/benefit time. Use of this provision will not subject any employee to disciplinary actions under section 4, unless a violation of section 4 is established.

The Sheriff or any authorized supervisor may direct an employee who appears ill to leave work to protect the health of other employees. Compliance with such an order will not be charged to sick leave for the first day. An employee may grieve suspected abuse of this paragraph. An employee shall be paid sick leave equivalent to the normally scheduled straight time day.

The Sheriff shall maintain a record of sick leave accrual, sick leave taken, and the balance of sick leave allowance available for the individual employees.

Section 6. Conversion of Sick Days

After the accumulation of fifteen (15) sick days, additional sick days which are accumulated may be converted into paid days off on a two to-one basis up to a maximum of twenty (20) sick days converted into ten (10) paid days off in any one (1) year.

ARTICLE 18 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 Sheriff is used in this Agreement, it shall mean the Sheriff or his authorized officer or agent.

Section 3. Notification of Leave Balance

Employees shall have access to an electronic data base that provides a statement of leave balances (sick leave, vacation days, holidays, and accumulated compensatory time) on request.

Section 4. Evaluations

The Union and the Sheriff encourage periodic evaluation conferences between the employee and his/her supervisor. The written evaluation done at least once a year by the supervisor and 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 Undersheriff. 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 Personnel record Review Act.

Section 5. Copies of the Agreement

A copy of this Agreement shall be posted to the Sheriff's Office's internal intranet site.

Section 6. Meeting Place

All meetings or hearings or other proceedings over which the parties have control shall be held in the Sheriff's complex 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, unless it is otherwise made available electronically on a year round basis, 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.

ARTICLE 19 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 of absence are required when the employee's absence, other than vacation, will extend beyond a two-week period. Leaves are granted based on each individual case and at the discretion of the Sheriff. Leaves of absence are without pay unless the Sheriff requires, or the employee elects with the Sheriff's approval, accrued sick pay, holiday pay, vacation pay or compensatory time be used during the leave of absence; provided, however, that the Sheriff may not require the use of accrued time if an applicable federal or state statute or regulation specifically prohibits an employer from doing so, or if doing so is prohibited by the terms of this Agreement.

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 Sheriff's Office without the express written approval of the Sheriff. The Sheriff may grant an exception for employees who are providing humanitarian relief because of a local or national emergency or catastrophic event.

It is the Sheriff's policy to grant leaves of absence to eligible employees in accordance with all applicable federal and state laws. Where provisions of this Article conflict with any applicable federal or state law, the provisions of such law shall prevail.

Section 2. 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. Eligibility and entitlement to leaves of absences governed by state or federal law shall be determined in accordance with the provisions of the applicable law.

Subject to the policy statement above, employees may be eligible for up to twelve (12) work weeks of leave a year, which is based on a rolling 12-month period measured backward from the first date leave is used, unless otherwise required by law. 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 which has not been used during the immediately preceding 12 months.

Employees must give a 30-calendar day advance notice of the need to take a leave of absence when it is foreseeable. Foreseeable leaves include, but are not limited to, maternity leave, placement leave, military leave, educational leave, personal leave or planned medical treatment leave. Where it is not possible under the circumstances to provide advance notice, notice must be given as soon as possible.

Section 3. Types of Leaves of Absence

A. Family and Medical Leave:

<u>ELIGIBILITY</u> – 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.

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 immediate 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.).

Eligible employees may be granted a family or medical leave of absence under the provisions of the Family and Medical Leave Act ("FMLA") 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 the 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. Eligible employees shall be entitled to a total of 26 work weeks of leave during a single 12-month period to care for the service member, or as otherwise provided by law.

<u>Combined Leave Total</u> – During the single 12-month period described in the preceding section, an eligible employee and spouse who both work for the Sheriff 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.

<u>Leave Taken Intermittently or on a Reduced Schedule</u> – 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 department head 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 department head 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 begin 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 department head 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 department head as is reasonable and practicable.

All aspects of FMLA leaves of absences shall be governed by the provisions of the FMLA and the regulations promulgated there under, all as may be amended from time to time. The Sheriff will exercise his discretion in connection with FMLA leaves of absences in accordance with the FMLA and the applicable regulations.

B. Military Leave:

Eligible employees will be granted military leaves with pay for up to fifteen (15) days in a calendar year and shall be granted additional military leaves with or without pay in accordance with all applicable state and federal laws; provided, however, that the 15 days of paid military leave referenced herein shall first be applied to leave that is required by law to be paid. For all Military Leaves, employees should provide their supervisor with a copy of their written orders, as practicable, including any subsequent changes, within the time limits prescribed by law. If an employee is applying for differential pay, the employee should provide payroll with the amount of their base pay prior to the leave. If an employee desires to use benefit time during the leave, the employee should also notify payroll prior to the leave. Upon completion of military service, a copy of the employee's Leave and Earnings Statement verifying the duration of the employee's military service and base pay must be provided to payroll by the employee.

C. Family Military Leave

Eligible employees will be granted 30 days of unpaid military leave during the time Federal and State deployment orders are in effect. Employees are required to give at least a 14 days' notice of the intended date upon which the family military leave will commence if leave will consist of 5 or more consecutive work days. The leave may not be taken if the employee has not exhausted all accrued vacation leave, personal leave, compensatory leave, and any other leave that may be granted to the employee, except sick leave and disability leave. The employee must consult with their supervisor to schedule the leave so as not to unduly disrupt the operations of the employer.

For all Family Military Leaves, employees should provide their supervisor with a copy of the written orders.

D. Victim's Economic Security and Safety Act (VESSA) Leave:

Eligible employees will be granted leaves to address domestic or sexual violence in compliance with VESSA. 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 FMLA. All aspects of the leave shall be governed by the provisions of VESSA.

E. Personal Leave:

May be granted or denied at the discretion of the Sheriff 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. Personal leaves are governed in the same manner as any other type of leave. The guidelines listed under other Sections of this policy must be adhered to in all cases.

F. <u>Educational Leave</u>:

May be granted at the discretion of the Sheriff without pay to eligible employees who wish to continue their education provided the course of study is beneficial to the Sheriff's Office.

G. 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 (See Workers' Compensation).

H. School Visitation Leave:

Eligible employees that have been employed at least six (6) consecutive months may take up to a maximum of eight (8) unpaid 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 seven (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.

1. Other Leaves Required by Law:

Eligible employees will be granted leaves of absences required by state or federal law in accordance with the provisions of the applicable law.

Section 4. Controls and Rules During a Leave

- (A) The Sheriff may require that an employee requesting any type of leave designate that accrued sick days, accrued vacation and, if applicable, personal days and compensatory time be used during the leave of absence.
- (B) <u>Duration of Leave</u>: The cumulative time off for any type of leave of absence may not be longer than six months, unless otherwise required by law.
- (C) <u>Extended Leave of Absence</u>: Any leave over twelve 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 Sheriff for an extended leave, which may be granted at the Sheriff's discretion based upon the operational needs of the Office. Employees in this extended period must contact the Sheriff at least 30 calendar days prior to their expected return to work. Every effort will be made to place the employee returning from an extended leave to the same or substantially similar position.

- (D) <u>Health Care Coverage During a Leave of Absence</u>: Group hospitalization coverage will continue for up to 6 months. The employee portion of the payment for this coverage must be received in the Human Resource office no later than the 1st of each month during the leave of absence. A limited continuation option is available to eligible employees after this period under COBRA, a limited extension of health insurance coverage.
- (E) <u>Vacation, Sick Pay Benefits and Holiday Pay</u>: 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 Sheriff's Office. 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 5. Procedure

- 1. 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, compensatory time, holiday and sick pay to be used during the leave (if any).
- 2. This request should be submitted through the chain of command to the Undersheriff/Chief Deputy, who, after recommending approval or disapproval, will forward the form to the Sheriff.
- 3. 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 Employer's expense.

Section 6. IMRF Leave of Absence Authorization and Disability Benefits

- (A) Employees who have a medical certification of a disability which may expend for 30 calendar days or more could be eligible for disability benefits under the Illinois Municipal Retirement Fund (see IMRF Disability Benefits). To be eligible, an employee must have 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. Human Resources should be contacted for the forms for application.
- (B) Employees participating under IMRF and on a leave of absence without pay from Sheriff or disability pay under IMRF (i.e. family illness, placement leave) will not be protected for death or disability benefits during the unpaid period. A Benefit Protection Leave of Absence Authorization should be filed with IMRF before the leave commences. Death and disability benefits are reinstated immediately upon returning to work. Employees may establish service credits for retirement (not to exceed 12 months) for this leave by paying the employee contributions which would have been paid if actually working plus interest. The County Board must approve the acceptance of employer paid IMRF obligations. Forms are available in Human Resources. Leaves of absence may be granted to maintain continuity of service and to protect the employer-employee relationship in instances where unusual circumstances require an employee's absence. Leaves are granted on the assumption that the employee will be available to return to regular employment when the conditions necessitating the leave permit.

Section 7. Worker's Compensation

The Worker's 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.

- (A) When an employee suffers an on-the-job injury or exposure, whether or not medical attention is required, a "Report of Injury" form must be completed by the employee and forwarded to both the Insurance Coordinator and up through the chain of command to the Undersheriff/Chief Deputy as soon as possible.
- (B) All expenses involved with the treatment of the exposure or injury are covered by the Illinois Worker's Compensation Act. That Act provides payment of sixty-six and two-thirds 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 Employer 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 of the average weekly wage to employees 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.

Nothing in this policy shall be construed as limiting or contravening the Public Employee Disability Act, 5 ILCS 345/1.

Section 8. Jury Duty

Court 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. Time away from work with pay shall be granted for such purposes. All compensation received for court or jury shall be remitted by the employees 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 Employer favors one litigant to the detriment of the other. Therefore, to avoid any suspicion of favoritism, Employer employees are instructed not to appear as a witness unless properly subpoenaed.

Section 9. Funeral Pay

In the event of a death in an employee's immediate family, the employee will be allowed up to three days leave with pay for the time actually lost. Immediate family members are defined as including the employee's children (including step and adopted), father, mother, current spouse, brother, sister, father-in-law, mother-in-law, brother-in-law, sister-in-law, son-in-law, daughter-in-law, great grandparents, great grandparents-in-law, grandparents-in-law 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 Sheriff or his designee 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 above provisions, 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 a 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

COLLECTIVE BARGAINING AGREEMENT FOR MAP KANE COUNTY (PEACE OFFICERS) 12/21 THROUGH 11/24

of more than one 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.

ARTICLE 20 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 MAP 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 Sheriff or his designee.

Such time off shall not be detrimental in any way to the employee's record. Additional time off without pay shall be granted under the conditions as stated in the preceding paragraph.

Section 4. Union Bulletin Boards

The Employer shall provide bulletin boards and/or space at each work location.

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, reemployment, 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 reemployment 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.

COLLECTIVE BARGAINING AGREEMENT FOR MAP KANE COUNTY (PEACE OFFICERS) 12/21 THROUGH 11/24

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 and other means so as long as such disruption does not impair the operation of the Office.

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 Sheriff 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 21 WAGES

Section 1. Wage Schedule - See Appendix C.

Employees shall be compensated in accordance with the wage schedules attached to this Agreement and marked Appendix C. The attached wage schedules shall be considered a part of this Agreement. All wages shall be paid retroactive to all employees who are employed or were employed and retired in good standing on or after December 1, 2021.

Lateral hires shall be compensated in accordance with the Memorandum of Understanding between the Sheriff and the Union, dated April 15, 2022, and attached as Appendix E.

Section 2. Pay Period

All 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 Saturday, Sunday or a holiday, the paycheck is distributed the preceding workday.

Section 3. Overtime

The overtime rate shall be calculated at 1 ½ times the basic hourly rate, which is determined by dividing the base annual salary by a 2080-hour work year. Additional nondiscretionary pay (e.g. longevity and specialty pay) will be added to the basic hourly rate in accordance with applicable state and federal law.

Section 4. Uniform Provisions

A. Peace Officer Unit employees shall be given a uniform allowance of \$1,700 per year to be evenly divided and paid separately (i.e., not combined with regular earnings), via direct deposit into his/her bank account on file with the County, on the second regular payroll dates in November and May of each year. If an employee does not utilize direct deposit for their regular payroll check as of the date of execution of this Agreement, that employee will continue to receive paper checks for the duration of this Agreement. New employees will receive a stipend equal to the first years clothing allowance plus an additional \$400 upon hire date. The regular clothing allowance provided for in this Section shall not be payable to any Merit Peace Officer Unit employee during his/her first year of service. The allowance will commence on the next regular uniform allowance distribution date following the end of the first year of service.

Ballistic vests - Appropriately rated NIJ certified ballistic vests will be the responsibility of the officer to purchase, maintain and replace; provided, however, the Employer will replace ballistic vests which are damaged as a direct result of, and in the course of, an officer's official duties.

B. A standing committee comprised of a reasonable number of bargaining unit and management representatives will meet on an as needed basis to discuss matters pertaining to uniforms. Nothing in this provision precludes the Sheriff from making unilateral changes with respect to the current basic uniform, provided that if a unilateral change is made without input and consent from the bargaining unit representatives, any associated costs to uniform changes would be borne solely by the Employer unless waived by the Union.

Section 5. Longevity Pay

Peace Officer Unit employees shall receive longevity pay at the following rates: at the end of the employee's fourth year of service the employee shall receive an additional \$36 per month each month in his/her regular pay check; at the end of the employee's seventh year of service the employee shall receive \$72 per month each month in his/her regular pay check; at the end of the employee's tenth year of service the employee shall receive \$120 per month each month in his/her regular pay check. Each year thereafter employees shall receive additional longevity pay at the rate of \$12 per month times every year of service. The same conditions stated above in the first paragraph of this section apply in regard to IMRF and overtime calculations.

Section 6. Specialty/Additional Duty Pay

With the exception of "Interpreter Pay" (see subsection B), employees may only receive one Specialty/Additional Duty Pay provision listed below. The highest Specialty/Additional Duty Pay provision will be provided for those employees who qualify for more than one listed below:

- A. <u>Canine Officer</u> Officers who are assigned as Canine Handlers will be compensated at a rate of (1/2) hour of overtime per day for each day the canine is in their custody as compensation for Care, Feeding, and Grooming of the canine.
- B. <u>Interpreter</u> Any employee who is fluent in Spanish, sign language, Polish, Laotian, or others as mutually agreed, and who proves certification by letter from a third-party vendor approved by the Sheriff, will be eligible to receive additional compensation of \$150 per month.
- C. Training Officers who are assigned and state certified as training officers shall receive \$150 per month to be added to the base salary. All training officers/operators shall be allowed to attend a certified training program, provided such programs are available locally and funding is available.
- D. <u>Hazardous Duty Pay</u> Sworn employees assigned to SWAT and/or Certified Bomb Technicians shall receive an additional \$200 per month to be added to the base salary.

Section 7. Officer in Charge (OIC)

When a deputy is assigned to act as an "officer in charge" ("OIC"), in the absence of the sergeant from that shift, that deputy shall receive sergeant's pay for the time worked as an OIC. Deputies selected to be OIC, pursuant to Duty Assignment DA-PAT-OIC shall be on the current list for promotion to sergeant and/or have a minimum of three (3) years of patrol experience as a Kane County Sheriff's deputy.

Section 8. Other Pay Provisions

All other hours worked by the employees, including but not limited to Investigations, Juvenile, and Warrants will count towards the minimum hours in the Regular Pay Period.

Section 9. Training

- A. <u>Mandatory Training or Meetings</u>. 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.
- B. <u>Voluntary Training</u>. For voluntary training outside an employee's regular tour of duty, approved by the Employer, for special units such as SWAT, CRT, NRT, Bomb Squad, Canine Unit, or Arson Unit, the

employee shall be compensated at the employee's regular rate of pay provided the hours worked shall count towards the minimum hours in the regular pay period.

Section 10. Meal allowance

Employees assigned to travel greater than 21 miles from the Sheriff's Office, whether for training or otherwise, shall be provided meal allowances if they are also required to work outside their eight (8) hour work day in conjunction with the travel, as follows:

- a. Employees who are required to travel, as stated above, outside their regular 8 hour work day, but who are not required to stay overnight: \$16.00, depending on hours of travel and number of meals provided.
- b. Employees who are required to travel, as stated above, outside their regular eight hour work day and who are additionally required to stay overnight: up to \$61.00, depending on hours of travel and number of meals provided.
- c. The Sheriff may change the above meal rate for special circumstances, but will attempt to utilize the County guidelines regulating this type of expense.

Section 11. Travel Time

If the Sheriff approves training for an employee, the Sheriff agrees to pay for travel time by automobile to said training in all cases whereby the training facility is more than twenty-one (21) miles from the Sheriff's Department. A union member can voluntarily waive the 21 mile travel time benefit to facilitate training in the agency.

Section 12. Callback/Callout

Callback/callout is defined as an official assignment of work which does not continuously precede or follow an employee's regularly scheduled working hours. When an employee is called out/back by the Employer outside his/her normal work schedule by the Sheriff or his designee, he/she will be compensated at a rate of time and one-half (1-1/2) pay with a two hour minimum.

Section 13. Holdover or Called In (Mandatory)

When an employee is held over or called in to work additional hours in conjunction with regularly scheduled hours by the Employer, he/she will be compensated at a rate of time and one-half (1-1/2) pay for actual hours worked. Employees held over or called in will have their hours count towards the minimum hours in the Regular Pay Period.

Section 14. Hire Back

When an employee is hired on a voluntary basis, to fill a vacancy to maintain staffing requirements as determined by the Employer for an extra shift or portion thereof, he/she will be compensated at the rate of time and one-half (1-1/2) pay.

Section 15. Roll Call Pay

Employees who are required to attend roll call as part of their assignments shall be entitled to roll call pay for actual time spent in roll call outside regular hours of work.

Section 16. No Pyramiding

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

Section 17. Premium Holiday Pay

- A. Premium Holiday Time is defined as the number of hours actually worked in the twenty-four period beginning at 0000 hours of the officially designated Holiday and ending at 2359 hours.
- B. Premium Holiday Pay for employees required to be on duty during Premium Holiday Time will be paid as follows: in accordance with Article 15, Section 5 of this Agreement.

Section 18. Court Activity

- A. Stand-By Court Pay Standby court pay will be granted to employees who are not scheduled to work those hours and received a subpoena to appear in court which was later canceled. The employee shall receive two (2) hours pay at time and one-half (1 1/2) times his/her regular rate of pay. Employees who receive at least three hours advance notification of the cancellation shall not be entitled to receive stand-by court pay. Each employee scheduled for a court time shall be required to check their County E-mail or contact by phone during business hours the Civil Department to determine if notice of cancellation was given. Failure to follow the established procedures will result in the employee not being eligible to receive such standby court pay.
- B. Court Time Pay Employees required outside of their normal work hours to appear in Court as a result of their employment during regular or overtime work hours in any civil or criminal matter, including all subpoenas, shall be paid at the rate of time and one-half (1 1/2) their regular hourly rate of pay at a minimum of three (3) hours, unless the employee is scheduled to be on duty during any part of the time he or she is in court, in which case he or she will be paid for actual hours worked over the regularly scheduled tour of duty at a rate of time and one-half their regular rate of pay.

Employees required outside of their normal work hours to appear in court cases scheduled outside the Sixteenth Judicial Circuit as a result of their employment in any civil or criminal matter, including all subpoenas, shall be paid at the rate of time and one-half (1 1/2) their regular hourly rate of pay at a minimum of three (3) hours which shall include a reasonable amount of travel time.

Section 19. Stand-By Pay/On Call

An employee is entitled to stand-by pay if he/she is officially notified through the orders of a command officer with the •rank of division Lieutenant or above that he/she is required to keep the Employer informed of his/her whereabouts on off-duty time and to be available for possible recall for work, either on a day the employee was not scheduled to work or for a period of time before or after completing the employee's work day. An employee entitled to stand-by pay under this Section shall receive two (2) hours pay at the applicable rate for each day or portion thereof of stand-by whether required to work or not.

The designated On-Call Detective and other employees placed on- call by the Sheriff or his designee, will have their hours count towards the minimum hours in the Regular Pay Period and shall receive pay at a rate of time and one-half (1½), or double time (x2) on designated holidays, with a two hour minimum. An employee subject to on-call status who also has approved outside/secondary employment shall be required to provide a letter of understanding from the secondary employer that allows the employee to leave the secondary employment within ten (10) minutes of notification of a call out request. Lacking the letter of understanding from the secondary employer may preclude the employee from duty assignments requiring on-call status.

Section 20. Compensatory Time

Employees may elect to receive compensatory time off at the rate of time and one half in lieu of premium overtime pay. Up to 120 hours of compensatory time may be accrued and banked. Once the 120 hours is reached, overtime worked must be compensated by overtime pay.

ARTICLE 22 OUT OF TITLE WORK

The Sheriff 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 23 INSURANCE

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. Current Plan design and rates for 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. 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, 2024.
- 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 Employers agree 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. If an employee participates in the Wellness Plan, the Employee will pay \$50 less per month towards health insurance premiums. If the Employee's spouse is covered by the County's health insurance plan, and the spouse participates in the Wellness Plan, the Employee will receive an additional \$50 discount on health insurance premiums. Children are not eligible to participate in the Wellness Program and thus are not eligible to earn a discount.

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. Sheriff's Law Enforcement Personnel (SLEP) members who retire (at any age) must have at least 20 years of SLEP credit.

In order to be eligible for the 10% premium reduction, an employee must have been employed by the Employer 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 -- Annual Open Enrollment --

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

ARTICLE 24 VACANCIES

Section 1. Determination of Vacancies

The Sheriff 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 on the Kane County Sheriff's Office Intranet Site and sent to all Union employees via electronic notification announcing the vacancy and application process. The posting will be for at least 5 days.

Section 3. Duty Assignment

Peace Officer Duty Assignments are at the determination of the Sheriff. Peace Officer Unit Personnel interested in a change of duty assignment may submit requests for any duty assignment within the job classification at any time.

An updated Public Safety Lateral Assignments list will be posted December 1st of each *year*. Employees shall submit their notice of interest to their immediate supervisor starting November 1st and submitted no later than November 21st. Those employees who submit a notice will be placed on the list. The Public Safety Lateral Assignments list shall be posted on the Kane County Sheriff's Office Intranet Site.

Once the Public Safety Lateral Assignments list of interested employees is established, interviews of interested employees can begin at any time; however, additional interested employees who wish to apply for the position must submit their request within the 5 days after the position has been posted. The additional employees will be provided the same opportunity to be interviewed as those on the Public Safety Lateral Assignments list. Those employees previously interviewed will not normally be interviewed an additional time within the fiscal year.

Section 4. Selection

The Sheriff or his designee shall be the sole person to select those persons to fill vacancies. Provided, however, in making the selection, the Sheriff or his designee shall give consideration to factors such as seniority, experience, training, proven ability, demeanor, evaluations, and any other appropriate factors brought to the Sheriff's attention which impacts on the criteria which relates to the vacancy. Whenever possible the Sheriff will designate a group of employees to include the supervisor of the unit to conduct interviews for vacancies. This group can only recommend a candidate to the Sheriff.

ARTICLE 25 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 III of the Grievance Procedure of this Agreement and will be subject to the Grievance Arbitration procedure.

Section 2. Safety Committee

Two (2) employees designated by the Union and two (2) persons designated by the Employer shall comprise a safety committee for the purpose of discussing safety and health issues relating to employees and to recommend reasonable safety and health criteria relating to equipment and facilities. The committee will meet on a reasonable basis at a mutually agreed time. Employees attending a committee meeting will be paid if the meeting is scheduled during an employee's working hours. Formal recommendations of the committee shall be submitted in writing to the Sheriff with a copy to the Union, but shall not be binding upon the Employer or the Union.

Section 3. Fitness for Duty Evaluation

Employees may be required to undergo a physical or psychological fitness for duty evaluation by the Sheriff, 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. Determining that a fitness for duty evaluation is warranted shall be made by the Sheriff or his/her designee, in accordance with GO-08-01. 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 Employer seeks to terminate an employee covered under this Agreement, based on the fitness for duty evaluation and other information obtained pursuant to GO-08-01, the Sheriff 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 Employer 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 4. Drug and Alcohol Testing

See Appendix A reference Drug and Alcohol Testing procedures.

The parties agree to continue to discuss the language of Section 8. of Appendix A. "Voluntary Requests for Assistance and Discipline and incorporate changes via a Memorandum of Understanding.

The Employer may not take adverse employment action against an employee based solely on the lawful possession or consumption of cannabis, or cannabis infused substances, by people residing in the employee's household.

ARTICLE 26 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. The regular hours for the work period shall consist of forty (40) hours beginning at 0001 hours on a designated Sunday and ending seven days later at 2359 hours on Saturday.
- C. Overtime. 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 or authorized leave shall not be considered hours worked in computing overtime, however, holidays, vacations and compensatory time off 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.
- D. Compensatory Time. Employees may choose to accumulate compensatory time at the applicable rate. All reasonable efforts will be made to accommodate an employee's request to utilize accumulated compensatory time off.
- E. Training. Employer will provide all training mandated by the State or approved by the Employer at the Employer's expense. All hours spent training will be deemed hours worked.

Section 2. General Provisions for All Employees

- A. "The Work Day and the Work Week" The normal workday shall consist of eight (8) consecutive hours with one-half hour paid meal period plus two paid (2) fifteen (15) minute rest periods. The normal workweek shall consist of five (5) consecutive work days followed by two (2) consecutive days off. One rest period shall be taken during the first half of the shift and one during the second half of the shift.
- B. "Meal Periods" Work schedules shall provide for the work day to be broken at approximately mid-point by an uninterrupted, one-half hour paid meal period for employees who are regularly scheduled to work forty hours per week. Subject to operational needs, employees shall have the right to leave the work site during such periods.
- C. Employees assigned to Patrol shall be allowed a thirty-minute meal period per tour of duty. This time shall be considered out-of-service time during which the employee will be subject only to priority calls. Employees will be allowed to take periodic rest "coffee" breaks as long as they are not out of service and properly perform their assignments.

Section 3. Scheduling Practices

Appendix B sets forth the scheduling practices that prevail with respect to the length of the normal workweek, starting and quitting times, days off and shifts. Hereinafter where changes in schedules affecting bargaining unit employees are sought by the Sheriff, except in an emergency, the Sheriff shall notify and shall

discuss such changes with the Union within forty-five (45) calendar days prior to the effective date of the changes. In addition, the Sheriff shall notify the affected employees twenty-eight (28) calendar days prior to the change.

In addition to the above, the Sheriff and the Union have entered into a Memorandum of Understanding, dated April 1, 2019, with respect to the scheduling of "Patrol Plus" assignments ("Patrol Plus MOU"). Such assignments may be appropriated outside of the schedule matrix and have days off and hours based on specific operational needs, as directed by the Sheriff, as described in the Patrol Plus MOU, a copy of which is attached as Appendix F and incorporated herein.

Section 4. Shift Assignment

The Sheriff shall maintain the sole right to assign employees to each shift based on operational needs. Employees assigned to continuous operations shall be placed on permanent shifts with days off rotating every twenty-eight days according to the scheduling systems included in Appendix B. Based on their classification seniority, employees will bid for shift assignment and initial days off. The divisional supervisor outside the bargaining unit or his designee shall conduct the shift bid process. The bid schedule will be posted, in the patrol division or by an accepted electronic means, no later than the first Tuesday after Labor Day. The shift bid process will begin by the 15th of September. The bidding process will be as follows:

The first 15 deputies on the seniority list will place their bids by the second Monday of September. The bids shall be posted no more than 48 hours later. The next 15 deputies in seniority shall submit their bids by the third Monday in September. These bids will be posted within the next 48 hours. The remainder of the deputies in patrol shall submit their bids by the fourth Monday in September. Nothing in this procedure prevents deputies from submitting a shift bid earlier then their assigned time; however, the bids will not be posted until it is their turn in the bid process.

Any deputies who fail to provide their bids will be assigned a vacant spot. In the event a deputy is off work for any reason, the Divisional Supervisor will contact them by the phone number provided to the Office to obtain their bid. Final shift assignments will be posted by October 1.

The new schedule shall normally begin in the last scheduled shift change in November, if practical; otherwise, the shift schedule will take place the first scheduled shift change in December.

If a scheduling slot becomes available, other employees in the same division may bid for the vacant slot and be granted the slot based on classification seniority. No more than two slots will be affected by this bid process. This process will go into effect after the shift bidding procedures have been completed for a given year. The Sheriff reserves the right to leave a slot vacant based on operational needs.

Patrol Sergeants on respective shifts will be permitted to select their days off in accordance with the following schedule:

ALL PATROL SHIFTS: Friday/Saturday, Sunday/Monday, Tuesday/Wednesday or Wednesday/Thursday

New officers shall not be assigned a shift prior to completing their training. The Sheriff, or his designee, reserve the right to assign days off to said employees if he deems necessary.

Section 5. Shift Movement or Duty Assignment

The Sheriff shall maintain the right to move employees from one shift or duty assignment to another based upon job performance and necessity. Unless necessity dictates otherwise, the Sheriff shall give ten (10)

calendar days prior notice of a change in shift or duty assignment. Necessity as used in this paragraph means employee shortages because of injury, sickness, suspensions, or any situation, which is detrimental to the function or operation of the Sheriff's Department. It is further provided that this paragraph shall not be used for discriminatory or punitive reasons.

Section 6. Shift Trading

The occasional, voluntary substitution by employees of the same classification for one another during scheduled work hours, or "trading" of time, may be permitted by the Sheriff or his designee provided that the substitution or trade does not cause any anticipated overtime pay and does not cause the substituting employee's pay to fall below the minimum wage.

All time trades, or substitutions, by sworn personnel must occur within a 30 day period. All time trades, or substitutions, by civilian personnel must occur within the same pay period.

Time trades or substitution requests must be signed by all parties involved, indicating the employees' agreement concerning the trade or substitution. A sergeant from each shift affected must review and either approve or deny the trade or substitution request in writing within 72 hours of receipt of the request. For special circumstances, the division lieutenant or designee can approve requests for trades and substitutions with less than 72 hours notice. Substituting employees will assume responsibility for the shift for which they traded as if it were their scheduled work day. The pay, however, of both the substituting and the substituted employees shall be unaffected.

Section 7. Overtime Procedure

Overtime shall be distributed as equally as possible among the employees who normally perform the work in the position classification in which the overtime is needed and within the work shift. Overtime shall be distributed on a rotating basis among such employees on the work schedule who are already not scheduled to work at that time and who are assigned to that shift. If enough personnel cannot be secured to fill the overtime on the needed shift, then employees assigned to other shifts within the division may be offered the available overtime and thereafter the overtime may be offered to other qualified persons in the Office. Once overtime has been accepted by an employee, it shall become the responsibility of the employee to work the accepted hours.

For overtime with more than 24 hours' notice, it will be offered to those normally assigned to the shift that the overtime is needed. If no one on the originating shift wants the overtime a supervisor will then notify the division using the divisional electronic notification system. If no one within the division wants the overtime, it will then be offered to qualified persons within the Office via the divisional electronic notification system. Employees will be afforded 2 hours to respond and will be filled accordingly off the established overtime rotation list. Once a person accepts (not works) an overtime shift they will be placed at the bottom of the established overtime rotation list.

For overtime with less than 24 hours' notice but more than 8 hours' notice, the overtime will be first offered to those on duty. If no one on duty wants the overtime, the overtime will be offered using the divisional electronic notification system. Employees will be allowed 2 hours to respond to the notification and the spot will be filled based off the established overtime rotation list. If no one within the division wants the overtime, it will then be offered to qualified persons within the Office via the divisional electronic notification system. Once a person accepts (not works) an overtime shift they will be placed at the bottom of the established overtime rotation list.

For overtime with less than 8 hours' notice, the overtime will be first offered to those on duty. If no one on duty wants the overtime, it will be offered to qualified persons within the Office using the divisional electronic notification system. This overtime scenario will be filled on a first response basis. Once a person accepts (not works) an overtime shift they will be placed at the bottom of the established overtime rotation list. In the

instance where there is a tie for first response, the tie would go to the employee in the division where the overtime was created.

In the event that a critical incident or emergency situation arises the on duty supervisor may forgo the established system to secure enough manpower using on duty resources. Once the incident is over and time permitting the supervisor will attempt to secure voluntary overtime using the electronic notification system.

Sergeant overtime shall be filled in accordance with the same provisions as outlined for deputies. In the evet of an emergency situation where no sergeant is available a lieutenant may temporarily assume the duties of the sergeant until a sergeant can be called in or if no sergeant is available a qualified OIC can be appointed.

No employee on continuous operations shall leave their post until relieved up to a maximum time of four (4) hours. If all employees in a given shift decline the opportunity to work the offered overtime, the Sheriff 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.

A PDF version of the updated established overtime rotation lists (Deputy and Sergeant) shall be posted on the Kane County Sheriff's Office Intranet Site weekly and shall be viewable to all Union employees.

Section 8. Alternative Schedules

Alternative schedules and flex-time may be utilized if agreed to by the Sheriff and the employee(s) involved. Decisions of the Sheriff regarding employee requests for alternative schedules or flex-time shall not be subject to the grievance procedure.

Section 9. Scheduling of Holidays, Single Vacation Days, Compensatory Time and Two for One Sick Days

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 classification seniority. Employees will be allowed to designate one holiday request as a priority holiday and this day will be granted as long as there are available slots and no other persons with higher classification seniority have requested that day off as a priority holiday. Any ties in day priority holiday requests will be decided based on classification seniority. All time off requests other than priority holiday requests will be treated equally. 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 24 hours prior to the beginning of the shift may be subject to operational needs. Employees requesting a vacation week(s) after the vacation bid process set forth in Article 16 of this Agreement will follow the same procedure as described above.

In patrol no more than 3 employees per shift will be granted time off on the same day. This includes sergeants. Nothing in the above formula shall limit a supervisor's ability to grant additional time off based on staffing levels. If a Sergeant requests time off and another Sergeant is scheduled to work that same shift the requesting Sergeant shall be granted that time off and the request shall not affect the max off provision.

Section 10. Time Limit on Approval/Denial of Time Off

The approval/denial of any time off shall be done normally within twenty-four (24) hours of the request. In the event the scheduling supervisor is not readily available, the approval/denial will be made within seventy-two (72) hours. For requests submitted between the 1st and the 15th of the previous month, the Sheriff shall approve them prior to the 17th of the same month.

ARTICLE 27 DETAILS

Section 1. Details

Details are defined as the voluntary employment of peace officer employees on a special detail, during their off-duty hours, by a separate or independent employer in law enforcement related activities, which employment is facilitated by the Sheriff's Office, and paid through the County of Kane. Special details are performed solely at the option of the employee. As such, the hours of work for the separate and independent employer are not combined with the hours worked for the Sheriff for purposes of overtime compensation. Employees are expected, however, to observe their normal standards of conduct during such special details and will be subject to discipline for a failure to do so.

Detail rate shall be paid at the current rate for detail work and shall be paid in the employee's regular paycheck. All efforts will be made to secure payment for details worked as soon as possible. Any changes in the detail rate shall be negotiated in advance with MAP.

Details shall be made available to all sworn bargaining unit members who have completed the necessary training and have been released to full duty without restrictions. No officer can work a detail during such time as they (1.) are being paid by the Office (i.e. while on call); (2.) are on any type of paid or unpaid leave of absence; (3.) are assigned to light duty; (4.) are serving a disciplinary suspension.

Section 2. Sanctions

Employees are expected to work details as scheduled. Employees who fail to report to their detail duty will be reprimanded in the following manner:

- First Infraction Written warning
- Second Infraction in a Calendar Year One (1) month suspension from future details.
- Third Infraction in a Calendar Year Three (3) month suspension from future details.
- Fourth Infraction in a Calendar Year One (1) year suspension from future details.

Employees who fail to fulfill their obligation to a detail due to unforeseen work-related obligations may be exempt from above sanctions after review by appropriate authority. The employee is still required to notify their supervisor of the circumstances prior to the detail and make every effort to find a replacement for the detail.

Being sick does not remove the employee's responsibility to find a replacement. The employee must call Communications and advise that he/she is sick and name the replacement for the detail a pattern of sickness could result in suspension from details.

Section 3. Duration

Details provide a legitimate service to the citizens of Kane County and provide additional income opportunities to officers who work them. The County and the Sheriff agree to actively maintain the detail system for the duration of this agreement and will work to solicit new detail opportunities. Any changes to the detail system shall be negotiated with MAP.

Section 4. Detail Sign-Up

Detail sign-up will be held electronically (e.g., by Zoom) or in-person at a pre-determined location at the Sheriff's Office. Only Union members are eligible to sign-up for a detail except as otherwise provided in Section 5. Sign-up will be held by name lottery on the 17th of each month, rotating between 0700 and 1500 Hours every

other month. If the 17th falls on the weekend or holiday when the front office staff are off, sign-up will be on the last weekday before the weekend or holiday. Prior to the lottery, the detail administrator will determine the number of details each deputy may take. Deputies must be present to be part of the lottery process. Once the lottery process has begun, no other names are allowed to enter.

For 48 hours following detail sign-up, no Union member present at the sign-up may take any additional details; sworn union members not present at the detail sign-up may take details up to the number determined by the detail administrator within this 48 hour period. After the 48-hour period, details are again open to all sworn union members, and there will be no limit to the number of details a sworn union member may take. For the 240 hours following the detail sign-up lottery, only Union members may participate in the sign-up.

If a detail becomes available with less than 24 hours' notice, it will be paged out and distributed on a first come, first served basis; provided, however, the Employer is under no obligation to fill any detail.

Section 5. Unfilled Details Following the Sign-Up Period

The Union recognizes details may remain unfilled after the initial detail sign-up. Non-bargaining unit personnel are only eligible to sign up for a detail after 240 hours following the time the detail sign-up was held. There shall be no limitation on how many details non-bargaining unit personnel may sign up for at this time. Further, the Employer is under no obligation to fill any detail.

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 subcontractor hire laid off employees.

ARTICLE 29 MANAGEMENT RIGHTS

Except as specifically limited by the express provisions of this Agreement, the Employer retains traditional rights to manage all affairs of the Employer, as well as those rights set forth in the 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 and services of the Employer;
- (b) To supervise and direct 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 within the Employer;
- (f) To suspend, discharge and take such other disciplinary action against employees for just cause (probationary employees with cause);
- (g) To establish reasonable work and productivity standards and, from time to time, amend such standards;
- (h) To lay off employees;
- (i) To maintain efficiency of Employer operations and services;
- (j) To determine methods, means, organization and number of personnel by which such operations and services shall be provided;
- (k) To take whatever action is necessary to comply with all applicable state and federal laws;
- (I) To change or eliminate methods, equipment and facilities for the improvement of operations;
- (m) 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;
- (n) To contract out for goods and/or services;
- (o) To take whatever action is necessary to carry out the functions of the Employer in emergency situations.

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

ARTICLE 30 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.

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 Contract, the Contract 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 (as detailed in County Board Res. No. 13-286)), 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 31 DURATION

Peace Officer Units

This Agreement shall be effective as of December 01, 2021 and shall continue in full force and effect until November 30, 2024 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, 2024 either party gives written notice to the other of its intention to amend this Agreement. In the event that such notice is given, negotiations shall begin as soon as practicable thereafter. This Agreement shall remain in full force and effect during the period of negotiations.

COLLECTIVE BARGAINING AGREEMENT FOR MAP KANE COUNTY (PEACE OFFICERS) 12/21 THROUGH 11/24

SIGNATURE PAGE

IN WITNESS THEREOF, the parties hereto have set their hands this	174 day of	May
--	------------	-----

FOR THE CO-EMPLOYERS:

Ronald Hain

Sheriff of Kane County

Corinne Pierog Chairman, Kane County Board

FOR THE UNION:

Nathan Moravec, Local President Metropolitan Alliance of Police

Chapter #753

Keith R. George, President Metropolitan Alliance of Police

APPENDIX A DRUG AND ALCOHOL TESTING

Section 1. Statement of Policy

It is the policy of the Employer that the public has a reasonable right to expect the employees of the Sheriff's Office 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.

Section 2. Prohibitions

Unless assigned to an investigative unit which requires the conduct set forth below, Sheriff employees shall be prohibited from:

- (a) being under the influence of alcohol or illegal or illegally obtained 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 adverse side effects of medication or prescription drugs that the employee knows could interfere with the performance of his or her job duties;
- (e) intentionally tampering with, substituting for, or causing another person to tamper with, substitute for a specimen.

Violation of the above-referenced prohibitions shall be cause for discipline, up to and including discharge.

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;
- (c) has used illegal or illegally obtained drugs; or
- (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. At least two supervisory personnel must state their reasonable suspicions concerning an affected employee prior to any direction to submit the employee to the testing authorized herein. The foregoing shall not limit the right of the Employer to conduct any tests it may deem appropriate for persons seeking employment with the Sheriff's Office, transfer or upon promotion to another position within the Office.

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 Drug Testing Locations)
- (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 for each sworn officer of the department. Such computer generated program shall be performed by an outside contractor hired by the Employer 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 four (4) Sheriff'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 Sheriff or, in the Sheriff's absence, a designee for purposes of notifying the Sheriff 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 Sheriff 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 and shall be subject to discipline for any violations of Section 2.

- (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 officer is selected for a random test, but is unavailable due to extenuating circumstances, no disciplinary action will be taken (e.g., in court, on a surveillance, engaged in a police activity that the employee is participating in such as a drug raid, hostage situation, etc.). The test will be administered as soon as practicable after the employee is available.

Section 6. Tests to be Conducted

In conducing 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 Transportation (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 re-testing 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 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.

- 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 .04 or more based upon the grams of alcohol per 100 milliliters of blood be considered positive (Note: the foregoing standard shall not preclude the Employer from attempt to show that test results between .02 and .04 demonstrate that the employee was under the influence, but the Employer shall bear the burden of proof in such cases); those testing .04 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;
- (I) 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. Voluntary Requests for Assistance and Discipline

The Employer shall take no adverse employment action against any employee who voluntarily seeks treatment, counseling or other support for an alcohol or drug related problem, other than the Employer may require reassignment of the employee with pay if he is then unfit for duty in his current assignment. All such requests for assistance and/or referral to treatment shall remain confidential and any information received by the Employer concerning counseling, referral, and/or treatment shall not be used in any manner adverse to the employee's interest, except as described in this Agreement.

The foregoing is contingent upon:

- (a) The alcohol or drug use at issue does not involve any illegal activity; and
- (b) The employee agreeing to the appropriate treatment as determined by the physician(s) involved; and
- (c) The employee discontinues his use of illegal drugs or abuse of alcohol; and
- (d) The employee completes the course of treatment prescribed, including an "after-care"

COLLECTIVE BARGAINING AGREEMENT FOR MAP KANE COUNTY (PEACE OFFICERS) 12/21 THROUGH 11/24

group for a period up to twenty-four (24) months; submits proof of completion; and

(e) The employee agrees to submit to random testing during hours of work during the period of "after-care."

Employees who do not agree to or who do not act in accordance with the foregoing or test positive a second or subsequent time for the presence of illegal drugs or alcohol during hours of work shall be subject to discipline, up to and including discharge.

The foregoing shall not be construed as an obligation on the part of the Employer to retain an employee on active status throughout the period of rehabilitation if it is appropriately determined that the employee's current use of alcohol or drugs prevents such individual from performing his duties or whose continuance on active status would constitute a direct threat to the property or safety of others. Such employees shall use accumulated paid leave or take unpaid leave of absence, pending treatment.

APPENDIX A 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

Testing Locations After Hours

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

COLLECTIVE BARGAINING AGREEMENT FOR MAP KANE COUNTY (PEACE OFFICERS) 12/21 THROUGH 11/24

AAAA AA A	Appendix B / Public Safety				ELEK		
	*		·····	, a second			V V WWW. WWW. WWW. WWW. WWW. WWW. WWW.
Patrol - Days	6		T1 1F	MED	T (1) 1	- FDI	CAT
0700-1500	SUN	MON	TUE	WED	THU	FRI	SAT
Sergeant	X	Х	X	Х	X	DO	DO
Sergeant	DO	DO	Х	Х	Х	X	Χ
Sergeant	Х	Х	Χ	DO	DO	Х	X
TEAM A 0600-1400	SUN	MON	TUE	WED	THU	FRI	SAT
Slot #1	Х	Х	Х	Х	DO	DO	Х
Slot #2	Х	Х	Х	DO	DO	X	Х
Slot #3	Х	Х	DO	DO	Х	Х	Х
Slot #4	DO	DO	Х	Х	X	X	X
Slot #5	DO	Х	Х	Х	Х	Х	DO
Slot #6	Х	Х	Х	Х	DO	DO	Х
Slot #7	Х	DO	DO	Х	Х	Х	Х
TEAM B 0700-1500	SUN	MON	TUE	WED	THU	FRI	SAT
Slot #8	Х	Х	х	Х	Х	DO	DO
Slot #9	Х	Х	Х	DO	DO	Х	Х
Slot #10	Х	Х	DO	DO	Х	Х	Х
Slot #11	Х	DO	DO	Х	×	Х	Х
Slot #12	DO	DO	Х	Х	Х	Х	Х
Slot #13	DO	Х	Х	Х	Х	Х	DO
Slot #14	Х	Х	Х	Х	Х	DO	DO
SRO CHS	DO	Х	Х	Х	Х	Х	DO
SRO KHS	DO	Х	Х	Х	Х	Х	DO

COLLECTIVE BARGAINING AGREEMENT FOR MAP KANE COUNTY (PEACE OFFICERS) 12/21 THROUGH 11/24

Patrol - Afternoons							
1500-2300	SUN	MON	TUE	WED	THU	FRI	SAT
Sergeant	Х	Х	Χ	Х	X	DO	DO
Sergeant	DO	DO	Χ	Х	Х	Х	Х
Sergeant	Х	Х	Х	DO	DO	Х	Х
TEAM A 1400-2200	SUN	MON	TUE	WED	THU	FRI	SAT
Slot #15	Х	Х	Х	Х	DO	DO	Х
Slot #16	Х	Х	Х	DO	DO	Х	Х
Slot #17	Χ	Х	DO	DO	X	Х	Х
Slot #18	DO	DO	Х	X	Х	Х	Х
Slot #19	DO	Х	Х	Х	Х	Х	DO
Slot #20	Х	Х	Х	X	DO	DO	Х
Slot #21	Х	DO	DO	Х	Х	Х	Х
TEAM B 1500-2300	SUN	MON	TUE	WED	THU	FRI	SAT
Slot #22	Х	Х	Х	Х	DO	DO	Х
Slot #23	Х	Х	Х	DO	DO	Χ	Х
Slot #24	Х	Х	DO	DO	Х	Х	X
Slot #25	DO	DO	Х	Х	Х	Х	Х
Slot #26	DO	Х	Χ	Х	Х	Х	DO
Slot #27	Х	Х	Х	Х	Х	DO	DO
Slot #28	Х	Х	DO	DO	Х	Х	Х
Slot #29	Х	DO	DO	Х	Х	Х	Х

COLLECTIVE BARGAINING AGREEMENT FOR MAP KANE COUNTY (PEACE OFFICERS) 12/21 THROUGH 11/24

Patrol - Midnights	; ;						
2300-0700	SUN	MON	TUE	WED	THU	FRI	SAT
Sergeant	Х	Х	Χ	Х	Х	DO	DO
Sergeant	DO	DO	Χ	Х	Х	Х	X
Sergeant	Х	Х	Х	DO	DO	X	Х
TEAM A 2200-0600	SUN	MON	TUE	WED	THU	FRI	SAT
Slot #30	Х	Х	Х	Х	DO	DO	X
Slot #31	Х	Х	X	DO	DO	Х	Х
Slot #32	Х	X	DO	DO	Х	X	Х
Slot #33	DO	DO	X	Х	X	X	Х
Slot #34	DO	Х	Х	Х	Х	Х	DO
Slot #35	Х	Х	Х	Х	DO	DO	Х
Slot #36	Х	DO	DO	Х	Х	X	Х
TEAM B 2300-0700	SUN	MON	TUE	WED	THU	FRI	SAT
Slot #37	Х	Х	Х	Х	Х	DO	DO
Slot #38	Х	Х	Х	DO	DO	Х	Х
Slot #39	Х	Х	DO	DO	Х	Х	Х
Slot #40	Х	DO	DO	Х	Х	Х	Х
Slot #41	DO	DO	Χ	Х	Х	Х	Χ
Slot #42	DO	Х	Χ	Х	Χ	Χ	DO
Slot #43	Х	X	Χ	Х	Χ	DO	DO

Criminal Investigators									
0800-1600	SUN	MON	TUE	WED	THU	FRI	SAT	***************************************	
Sergeant	DO	Х	Х	Х	Х	Χ	DO		
Detective #1	DO	Х	X	Х	Х	Х	DO		
Detective #2	DO	Х	Х	Х	Х	Х	DO		
Detective #3	DO	Х	Х	Х	Х	Х	DO		
Detective #4	DO	Х	Х	Х	Х	Х	DO		
1400-2200	SUN	MON	TUE	WED	THU	FRI	SAT	and white your	
Detective #5	DO	Х	Х	X	Х	Х	DO		
Detective #6	DO	Х	Х	Х	X	Х	DO		
On-Call Detective will work afternoons the week before and during On-Call week.									
								and the case of many of the Post of the State	
Investigations Suppor	t Servic	es					Company of the Compan		
0800-1600	SUN	MON	TUE	WED	THU	FRI	SAT	en certain	
Juvenile Investigator	DO	Х	Х	Х	X	Х	DO		
Senior Services	DO	Х	X	Х	Х	Х	DO		
	-					\$. , , = , , , , , , , , , , , , , , , ,	we compare the second	
SIU				#					
0800-1600	SUN	MON	TUE	WED	THU	FRI	SAT		
Sergeant	DO	Х	Х	Х	Х	Х	DO	A Activity of the Advisory of the Activity	
Detective #1	DO	Х	Х	X	X	X	DO	*************************	
Detective #2	DO	Х	Х	X	Х	Х	DO		
0600-1600	SUN	MON	TUE	WED	THU	FRI	SAT	a turnasunan sunun	
Detective #3	DO	X	Х	Х	Х	DO	DO		
Detective #4	DO	Х	Х	Х	X	DO	DO		
pay program and which considers the second of the second o	10000.0000.000			! 	La management			Market State Control of the Control	
Evidence	: à	991		William Control	1		er approximation	i i	
0800-1600	SUN	MON	TUE	WED	THU	FRI	SAT		
Sergeant	DO	X	Х	X	X	Х	DO		
Detective #1	DO	Х	Х	Х	X	Х	DO		
Detective #2	DO	Х	Х	X	X	Х	DO		

COLLECTIVE BARGAINING AGREEMENT FOR MAP KANE COUNTY (PEACE OFFICERS) 12/21 THROUGH 11/24

Court Operat	ions			· · · · · · · · · · · · · · · · · · ·		***************************************	
0700-1500	SUN	MON	TUE	WED	THU	FRI	SAT
Sergeant	DO	Х	Х	Х	Х	Х	DO
Deputy #1	DO	Х	Х	Х	Х	X	DO
Deputy #2	DO	Х	Х	Х	Х	Х	DO
Deputy #3	DO	Х	Х	Х	X	Х	DO
Deputy #4	DO	Х	Х	Х	X	Х	DO
	Broken depty.						
Tactical Oper	ations			and the same of th			ACTION AND ADDRESS OF THE ACTION ADDRESS OF THE ACTION AND ADDRESS OF THE ACTION AND ADDRESS OF
0700-1500	SUN	MON	TUE	WED	THU	FRI	SAT
Sergeant	DO	Х	X	Х	Х	Х	DO
Deputy #1	DO	Х	Х	Х	Х	Х	DO
Deputy #2	DO	Х	Х	Х	Х	Х	DO
	Anna Anna de	1					
Traffic Unit) a mercula di Americano						4
0700-1500	SUN	MON	TUE	WED	THU	FRI	SAT
Sergeant	DO	Х	Χ	Х	Х	Χ	DO
Deputy #1	DO	X	Χ	Х	Х	Х	DO
Deputy #2	DO	Х	Χ	Х	Χ	Х	DO

APPENDIX C

DEPUTY/SERGEANTS PAY SCALE		4.00%		4.00%		4.00%
(New Pay Scale)	12/1/21	Hourly	12/1/22	Hourly	12/1/23	Hourly
Deputy Starting	\$63,658	\$30.61	\$66,205	\$31.83	\$68,853	\$33.10
Completion of year 1	\$66,720	\$32.08	\$69,389	\$33.36	\$72,165	\$34.69
Completion of year 2	\$75,901	\$36.49	\$78,937	\$37.95	\$82,095	\$39.47
Completion of year 3	\$82,022	\$39.43	\$85,303	\$41.01	\$88,715	\$42.65
Completion of year 4	\$88,142	\$42.38	\$91,668	\$44.07	\$95,334	\$45.83
Completion of year 5	\$92,816	\$44.62	\$96,529	\$46.41	\$100,390	\$48.26
Completion of year 6	\$96,188	\$46.24	\$100,035	\$48.09	\$104,036	\$50.02
Sergeant (16% Dif)	\$111,578	\$53.64	\$116,041	\$55.79	\$120,682	\$58.02
Sergeant After 4 Years (17% Dif)	\$112,539	\$54.11	\$117,041	\$56.27	\$121,723	\$58.52
Sergeant After 7 years (18% Dif)	\$113,501	\$54.57	\$118,041	\$56.75	\$122,763	\$59.02

Based off of:	12/1/20	12/1/20	
Starting	61210	29.4279 O	ld Starting - Tier 2
Completion of year 1	64154	30.8433 O	ld Step 2 - Tier 2
Completion of year 2	72982	35.0875 O	ld Step 4 - Tier 2
Completion of year 3	78867	37.9169 O	ld Step 6 - Tier 2
Completion of year 4	84752	40.7462 O	ld Step 8 - Tier 2
Completion of year 5	89246	42.9068 0	ld Step 5 - Tier 1
Completion of year 6	92488	44.4654 O	ld Step 9 - Tier 1

Appendix D



www.bcbsil.com. For general definitions of common terms, such as <u>allowed amount, balance billing, coinsurance, copayment, deductible, provider,</u> or other <u>underlined</u> terms, see the Glossary. You can view the Glossary at <u>www.healthcare.gov/sbc-glossary/</u> or call 1-855-756-4448 to request a copy. 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

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 <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 Family 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 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 www.bcbsil.com or call 1-800-892-2803 for a list of participating providers.	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'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 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> .

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

	Not Covered
	A plantikan dela utivative kirienda sinuka para di jumit dibas tuatum.
No Charge	Not Covered
\$50 <u>copay</u> /visit	Not Covered
\$30 <u>copay</u> /visit	Not Covered
what reparticipating Provider (You will pay the least)	what you will Pay <u>Non-Participating</u> <u>Provider</u> least) (You will pay the most)

^{*} For more information about limitations and exceptions, see the <u>plan</u> or policy document at <u>www.bcbsil.com.</u>

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

Common Medical Event	Services You May Need	What Y Participating Provider (You will pay the least)	What You Will Pay Non-Participating Provider least) (You will pay the most)	Limitations, Exceptions, & Other Important Information
If you have a hospital stay	Facility fee (e.g., hospital room) Physician/surgeon fees	\$250 <u>copay</u> /admission No Charge	Not Covered Not Covered	Referral required.
If you need mental health behavioral	Outpatient services	\$30 <u>copay</u> /visit	Not Covered	Unlimited visits. Referral required.
health, or substance abuse services	Inpatient services	\$250 <u>copay</u> /admission	Not Covered	Unlimited days. <u>Referral</u> 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, 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.
The second secon	Home health care	No Charge	Not Covered	Referral required.
	Rehabilitation services	\$30 copay/visit	Not Covered	60 visits combined for all therapies.
f you need help	Habilitation services	\$30 <u>copay</u> /visit	Not Covered	Keleli di Tequilea.
recovering or have	Skilled nursing care	\$250 <u>copay</u> /admission	Not Covered	Excludes custodial care. Referral required
needs	Durable medical equipment	No Charge	Not Covered	Referral required. Benefits are limited to items used to serve a medical purpose. Durable Medical Equipment benefits are provided for both purchase and
	Hospice services	No Charge	Not Covered	Inpatient copay may apply. Referral required

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

Excluded Services & Other Covered Services:

 Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more inform	ck y	our policy or plan document for more informatio	n an	nation 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 U.S.	•	Routine foot care (with the exception of person with diagnosis of diabetes)
Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)	ese	services. This isn't a complete list. Please see y	2	olan document.)
 Acupuncture	•	Chiropractic care	٠	Routine eye care (Adult)
 Bariatric surgery	•	Hearing aids (for children 1 per ear every 24	•	Weight loss programs (except when non-
 Cosmetic surgery (only for correcting congenital		months for, adults up to \$2500 per ear every 24	· 	medically supervised)
 deformities or conditions resulting from		(nonus)	•	Nost coverage provided outside trie
 accidental injuries, scars, tumors, or diseases)	•	Intertility treatment		United States. See www.pcosn.com

www.dol.gov/ebsa/healthreform, or Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 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 x61565 or www.cciio.cms.gov. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance 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 Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

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

Does this plan provide Minimum Essential Coverage? Yes

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 Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid,

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 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 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.



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

(9 months of in-network pre-natal care and a Peg is Having a Baby

1 The plan's overall deductible nospital delivery) \$50 \$250 The plan's overall deductible

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

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

Specialist office visits (prenatal care) Childbirth/Delivery Professional Services Childbirth/Delivery Facility Services Childbirth/Delivery Facility Services Childbirth/Delivery Facility Services Childbirth/Delivery Facility Services Specialist visit (allersthesia)	This EYAMDI E avant includes convices like:
--	---

Other

Specialist copayment

Hospital (facility) <u>copayment</u>

Primary care physician office visits (including	This EXAMPLE event includes services like:

Other

Hospital (facility) <u>copayment</u>

\$250 \$50

Hospital (facility) copayment Specialist copayment

\$250 \$50

The plan's overall deductible

Other

Specialist copayment

disease education)

Diagnostic tests (blood work)

Prescription drugs

Durable medical equipment (glucose meter)

Emergency room care (in	This EXAMPLE event includes services like:
(including medical	cludes services like:

supplies) Diagnostic test (x-ray)

Rehabilitation services (physical therapy) <u>Durable medical equipment</u> (crutches)

റ	
0	
<u>s</u>	
tion of	
1.000	
74.3	
5.83	
MY.	i
A 1977 C	ı
	ı
	ı
-	ı
	•
N	ı
Ŋ	
2,70	
2,700	
2,700	
Cost \$12,700	
2,700	
2,700 Total Example Cost	

In this example, Peg would pay:

Cost Sharing

The total Peg would pay is

Limits or exclusions

What isn't covered

Coinsurance

Copayments

<u>Deductibles</u>

Total Example (

\$1,020	The total Joe would pay is	\$360
\$20	Limits or exclusions	\$60
	What isn't covered	
\$0	Coinsurance	\$0
\$1,000	Copayments	\$300
\$0	Deductibles	\$0
	<u>Cost Sharing</u>	
	In this example, Joe would pay:	

148.1
-
2
90
944,000
<u> </u>
3
75
O ·
0
ò
ū
ost
-
1
1.
1.
₩.
\$2,8
8
0

\$5,600

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



If you, or someone you are helping, have questions, you have the right 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 card. If you are not a member, or don't have a card, call 855-710-6984.

Tiếng Việt	اور دو	Tagalog	usiueds	Pyccий	Polski	Diné	(한국)	ltaliano	Rich	ગુજરાતી	EJANYIKÓ	Deutsch	Français	繁露中文	المريدة
Vietnamese	Urdu	Tagalog	gades	Russian	Polski	Navajo	Korean	Italian	Hindi	Gujərəti	Greek	German	French	Chinese	Arabic
Nếu quý vị hoặc người mà quý vị giúp đời có bất kỳ cầu hồi nào, quý vị có quyền được hỗ trợ và nhân thông tin bằng ngôn ngữ của mình miễn phi. Để nói chuyện với thông dịch viên, gọi số địch vụ khách hàng nằm ở phía sau thẻ hội viên của quý vị. Nêu quý vị không phải là hội viên hoặc không có thể, gọi số 855-710-6984.	گر آپ کو، یا نکسی ایسے فرد کو جس کی آب مدد کررہے ہیں، کونی سوال درہیں ہے تو، آپ کو اپنی زبان میں مقت مدد اور معلومات خاصل کرنے کا حق ہے۔ مترجم سے بات کرنے کے لیے، کشار سروس تعبر اپر کال کریں جو آپ کے کار تا کی ہشت پر سرچ ہے۔ اگر آپ مسیر نہیں ہیں، یا آپ کے پائس عار 3 نہیں ہے تو، 855-7105984 پر کال کریں۔	Kung ikaw, o ang isang taong tyong ilnuhukngan ay may mga tanong, may karapatan kang makakuha ng tutong at Impermasyon sa Iyong wika nang watang bayad. Upang makipag-usap sa isang tagasatin-wika, tumawag sa numero ng serbisyo para sa kuslomer sa likod ng iyong kard ng miyembro. Kung ikaw ay hindi isang miyembro, o kaya ay watang kard, tumawag sa 855-710-6884.	Si usted o alguien a quien usted está ayudando tiene preguntas, liene derecho e obtener ayuda e información en su idioma sin costo alguno. Para habtar con un interprete comuniquese con el número del Servicio al Citente que figure en el reverso de su tarjeta de miembro. Si usted no es miembro o no posse una tarjeta, llame al 855-710-5984.	Если у вас или человеке, которому вы помогвете, возникли вопросы, у вас есть право на бесплатную помощь и информацию, предоставленную на вашем языке. Члобы поговорить с переводчиком, позвоните в отдел обслуживания клиентов по телефону, указанному на обратной стороне вашей карточки участника. Если вы на являетесь участником или у вас нет карточки, позвоните по телефону 855-710-6984.	Ješíi Ty lub osoba, której pomagasz, macie jakiekotwiek pytania, macie prawo do uzyskania bezpłalnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczam, zadzwoń pod numer podany na odwrocie karty członkowskiej. Jeżeli nie jasteś członkiem lub nie masz przy sobie karty, zadzwoń pod numer 855-710-6984.	T'áú ní, ởi doodago ta'da bíkh unánilwo'lgií, na'idilkidyo, ts'idá bee ná shóði']' t'ái níik'e nikà a'doolwol. Ata' linline'i bich'i' hadeesdzih ninkingo či kwe'e da'iniishgi áká anidaslwo'lgií bich'i' hodílnih, bee nééhózinii bine'déé; bikhá'. Kojí atah nastsoos ná hadil éégóð éi doodago bee nééhózinigií ádingo koji hodílnih 855-710-6984.	만약 귀하 또는 귀하기 돕는 사랑이 질문이 있다면 귀하는 무료로 그러한 도톰과 정보효 귀하의 언어로 받을 수 있는 권리가 있습니다. 회원 카드 뒷면해 있는고객 서비스 번호로 전화하십시오. 회원이 아니시거나 카드가 없으시면 85-710-6984 으로 전화주십시오.	Se tu o qualcuno che stai alutando avete domande, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratultamente. Per partare con un interprete, puoi chiamare il servizio citenti al numero riportato sul lato posteriore della tua tessera di socio. Se non sei socio o non possiedi una tessera, puol chiamare il numero 655.710-6984.	यदि आपके, या आप जिसकी सहायता कर रहे हैं उसके, प्रश्न हैं, तो आपको अपनी आधा में जिःशुल्क सहायता और जानकारी प्राप्त करने का अधिकार है। किसी अनुबादक से बात करने के लिए. अपने सदस्य काउं के पीछे दिए गए ग्राहक सेवा नंबर पर कॉल करें। यदि आप सदस्य नहीं हैं. या आपके पास कार्ड नहीं हैं, तो 855-710-6984 पर कॉल करें।	જો તમને અથવા તમે મદદ કરી રહ્યા ફ્રોચ એવી કોઈ બીજી વ્યક્તિને એસ.બી.એમ. દુભાષિયા સાથે વાત કરવા માટે, તમારા સભ્યપદના કાર્ડની પાછળ આપેલ ગ્રાઠક સેવા નંબર પર કોલ કરો. જો આપ સભ્યપદ ના ધરાવતા ફોવ, અથવા આપની પાસે કાર્ડ નથી તો 855-710-6984 નંબર પર કોલ કરો.	Εάν εστές ή κάποιος που βοηθάτε έχετε τρωτήσεις, έχετε το δικοίωμα να λάβετε βοήθεια και πληροφορίες στη γλώσσα σας χωρίς χρέωση. Τα να μιλήσετε σε έναν διερμηνέα, καλέστε τον αριθμό εξαπηρέτηστης πελαπών που αναγράφεται στο πίσω μέρος τής κάρτας μέλους σας. Εάν δεν είστε μέλος ή δεν έχετε κάρτα, καλέστε τον αριθμό 855-710-6984.	Falls Sie oder jemand, dem Sie helfen, Fragen haben, haben Sie das Recht, kosteniose Hilfe und Informationen in ihrer Sprache zu erheiten. Um mit einem Dohmetscher zu sprechen, rufen Sie bitte die Kundenservicenummer auf der Rückseite Ihrer Mitgliedskarte an. Falls Sie kein Mitglied sind oder keine Mitgliedskarte besitzen, rufen Sie bitte 855-7 10-6984 an.	SI vous, ou quelqu'un que vous étes en train d'aider, avez des questions, vous avez le droit d'obtenir de l'aide et l'information dans votre tangue à aucun coût. Pour parter à un interpréte, composez le numéro du service crient indiqué au verso de votre carte de membre. Si vous n'êtes pas membre ou si vous n'avez pas de carte, veullez composer le 855-710-6984.	如果您, 或您正在協助的對象,對此有疑問,您有權利免費以您的母語獲得幫助和訊息。治詢一位翻譯員,請致電印在您的會員卡肯面的客戶服務電話號碼。如果您不是會員, 或沒有 會員卡,請致電 855-710-8984。	إن كان لديك أو لدى شخص تساعدة أسللة، فلديله اللحق في العصول على المساعدة والمعلومات الضرورية بلنظ من دون اية تكلفة. التحدث إلى متوجه فوري، اتصل على رقم خدمة المملاه المذكور على ظير بطاقة عضويتك. فإن لع تكن عصوا، أو كنت لا تملك مطاقة، فاتصل على 10.8984.

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

Phone:

Office of Civil Rights Coordinator 300 E. Randolph St. 35th Floor Chicago, Illinois 60601 Email: Fax: TTY/TDD:

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

CivilRightsCoordinator@hcsc.net

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

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

U.S. Dept. of Health & Human Services

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



www.bcbsil.com. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary. You can view the Glossary at www.healthcare.gov/sbc-glossary or call 1-855-756-4448 to request a copy. 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

	A STATE OF THE PROPERTY OF THE	
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 <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 Family 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 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> <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> .

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

	lf von have a fest work)	Pres imm	8	Prim injur	Common Medical Event
Imaging (CT/PET scans, MRIs)	ostic test (x-ray, blood	Preventive care/screening/ immunization	Specialist visit	Primary care visit to treat an injury or illness	Services You May Need
No Charge	No Charge		\$50 copay/visit	\$30 <u>copay</u> /visit	What Yo Participating Provider (You will pay the least)
Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	What You Will Pay Non-Participating Provider least) (You will pay the most)
Referral required.	Referral required.	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.	Referral required.	Services or supplies that are not ordered by your Primary Care Physician or Women's Principal Health Care Provider, except emergency and routine vision exams, are not covered.	Limitations, Exceptions, & Other Important Information

^{*} For more information about limitations and exceptions, see the plan or policy document at www.bcbsil.com.

Must be affiliated with member's chosen medical group or referral required.	Not Covered	\$30 copay/visit	Urgent care	medical attention
Ground transportation only	No Charge	No Charge	Emergency medical transportation	If you need immediate
Copay waived if admitted	\$250 copay/visit	\$250 <u>copay</u> /visit	Emergency room care	
Referral required	Not Covered	No Charge	Physician/surgeon fees	surgery
Referral required.	Not Covered	No Charge	Facility fee (e.g., ambulatory surgery center)	If you have outpatient
Coverage based on group policy. Prior <u>authorization</u> may be required. Specialty retail limited to a 30-day supply.	Not Covered	Applicable <u>copay</u>	Specialty drugs	
\$500 Individual/\$1,500 Family				
RX Out-of-Pocket Expense Limit:		(mail order)	C	
30-day retail/90-day mail	Not Covered	\$60 <u>copay/prescription</u> (retail)	Non-preferred brand drugs	coverage is available at www.bcbsil.com.
please contact Customer Service.				More information about
Certain women's preventative services will be covered with no cost to the member. For a full	Not Covered	\$80 copay/prescription (mail order)	Preferred brand drugs	If you need drugs to treat your illness or
required if a generic drug is available		\$40 copay/prescription		
Payment of the difference between the cost of a brand name drug and a generic may be	Not Covered	\$20 copay/prescription (mail order)	Generic drugs	
Dispensing limit may apply to certain drugs		\$10 copay/prescription (retail)		
Information	Non-Participating Provider (You will pay the most)	Participating Provider (You will pay the least)	Services You May Need	Common Medical Event
	What You Will Pay	What Y	ende in english de errore ende de erric en de endemnismes demnismes de error en de er de erd de erd de er	

Common Medical Event	Services You May Need	What Y Participating Provider (You will pay the least)	What You Will Pay Non-Participating Provider least) 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	Outpatient services	\$30 <u>copay</u> /visit	Not Covered	Unlimited visits. Referral required
health, or substance abuse services	Inpatient services	\$250 copay/admission	Not Covered	Unlimited days. <u>Referral</u> 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, copayment may apply. Maternity care may
If you are pregnant	Childbirth/delivery professional services	No Charge	Not Covered	elsewhere in the SBC (i.e. ultrasound)
	Childbirth/delivery facility services	\$250 copay/admission	Not Covered	Referral required.
And in the control of	Home health care	No Charge	Not Covered	Referral required.
	Rehabilitation services	\$30 copay/visit	Not Covered	60 visits combined for all therapies.
f vou naed help	Habilitation services	\$30 <u>copay</u> /visit	Not Covered	<u>Neigild</u> i lequileu.
recovering or have	Skilled nursing care	\$250 copay/admission	Not Covered	Excludes custodial care. Referral required
needs	Durable medical equipment	No Charge	Not Covered	Referral required. Benefits are limited to items used to serve a medical purpose. Durable Medical Equipment benefits are provided for both purchase and
	Hospice services	No Charge	Not Covered	Inpatient copay may apply. Referral required

^{*} For more information about limitations and exceptions, see the <u>plan</u> or policy document at <u>www.bcbsil.com.</u>

Excluded Services & Other Covered Services:

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

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 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 x61565 or www.cciio.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. www.dol.gov/ebsa/healthreform, or Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323

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

Does this plan provide Minimum Essential Coverage? Yes

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 Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid,

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 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 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.



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

(9 months of in-network pre-natal care and a Peg is Having a Baby hospital delivery)

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

in-network emergency room visit and follow Mia's Simple Fracture up care)

The <u>plan's</u> overall <u>deductible</u> Specialist <u>copayment</u> Hospital (facility) <u>copayment</u> Other	\$0 \$50 \$250 \$0
his EXAMPLE event includes services like:	
pecialist office visits (prenatal care)	
hildbirth/Delivery Professional Services	
hildbirth/Delivery Facility Services	

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

Other

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

Charialist visit (anasthasia)

disease education)	Primary care physician office visits (including	This EXAMPLE event includes services like:
--------------------	---	--

Prescription drugs	disease education)	Primary care physician office visits (including
--------------------	--------------------	---

Durable medical equipment (glucose meter)

<u>Durable medical equipment</u> (crutches) Rehabilitation services (physical therapy)
--

	In this ex
IO.	example, Peg
ost Sharing	would pay:

Total Example Cost

\$12,700

Total Example Cost

\$5,600

Total Example Cost

\$2,800

\$360	The total Ped would bay is
\$60	Limits or exclusions
	What isn't covered
\$0	Coinsurance
\$300	Copayments
\$0	Deductibles
	Cost Sharing

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

The total Mia would pay is	Limits or exclusions	What isn't covered	Coinsurance	Copayments	<u>Deductibles</u>	Cost Sharing	In this example, Mia would pay:
\$500	\$0		\$0	\$500	\$0		



If you, or someone you are helping, have questions, you have the right 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 card. If you are not a member, or don't have a card, call 855-7 (0-8984,

Nêu quý vị hoặc người mà quý vị giúp đỡ có bất kỳ câu hói nào, quý vị có quyền được hỗ trợ và nhận thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với thông dịch viên, gọi số đích vụ khách hàng nằm ở phía sau thẻ hội viên của quý vi, Nêu quý vi không phải tả hội viên hoặc không có thể, gọi số 855-710-5984.	Tiếng Việt Vielnamese
گر آپ کو، یا کسی ایسے فرد کو جس کی آپ بعد کررہے ہیں، کوئی صوال دریپٹن سے تو، آپ کو اپنی زیان میں مقت مدد اور معلومات حاصل کرنے کا حق ہے، مترجم سے بات کرنے کے لیے، کشر صروبن نمبر اور کال کریں جو آپ کسے کار کہ کی پشت پر درج ہے۔ اگر آپ مسر نہیں ہیں، یا آپ کسے پاس کار ڈ نبیں ہے تو، 100,500 ہر کال کاریں۔	Pidu pid
Kung ikaw, o ang isang taong tyong tinutulungan ay may mga tanong, may karapatan kang makakuha ng tulong at impomasyon sa iyong wita nang walang bayad. Upang makipag-usag sa isang tagasalin-wika, tumawag sa numaro ng serbisyo para sa kustomer sa likod ng iyong kard ng raiyembro. Kung ikaw ay hindi isang miyembro, o kaya ay walang kard, tumawag sa 855-710-6984.	Tagalog Tagalog
Si usted o alguien a quien usted está ayudando tiene preguntas, tiene derecho a obtaner ayuda e información en su idioma sin costo alguno. Para hablar con un interprete comuniquese con el número del Servicio al Cilente que figura en el reverso de su tarjeta de miembro. Si usted no es miembro o no posae una tarjeta, llame al 855-710-5984.	Español Spanish
Если у вес или человека, которому вы помогаете, возникти вопросы, у вас есть право на бесплаткую помощь и информацию, предоставленную на вашем языке. Чтобы поговорить с переводчиком, позволите в отдел обслуживания клиентов по телефону, указанному на обратной стороме вашей карточки участника. Если вы не являетесь участником или у вас нет карточки, позвоните по телефону 855-710-6964.	Русский Russian
Jeśli Ty lub osoba, której pomagasz, made jakiekotwiek pytania, macie prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby poroznawiać z tłumaczem, zadzwoń pod numer podany na odwrocie karty członkowskiej. Jażeli nie jesteś członkiem lub nie masz przy sobie karty, zadzwoń pod numer 855-710-6984.	Polski Polish
T'áú mi, ói doodago la 'du blká unánílwo'igií, na 'idíkidgo, ts'idú bee ná abôótí'i t'áú níik'e níká a'doolwol. Ata' halne'i bich'i hadeesdzih ninizingo či kwe'ê da 'iniishgi úká anídzalwo'igií bich'i' hudífhilh, bee nééhózinii bine'déé' bikáá'. Kojí atah maltsoos ná hadit'éégóò éi doodago bee nééhózinigií ádingo koji hodífhilh 855-710-6984.	Dinė Navajo
만약 귀하 또는 귀하가 돕는 사람이 질문이 있다면 귀하는 무료로 그러한 도움과 정보료 귀하의 언어로 받물 수 있는 권리가 있습니다. 회원 카드 뒷면에 있는고객 서비스 전화하십시오. 회원이 아니시거나 카드가 없으시면 855-710-6984 으로 전화추십시오.	연네요 Korean
Se tu o qualcuno che stai siutando evele domande, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuliamente. Per parlare con un interprete, puoi chiamare il servizio ciienti al numero riportalo sul lato posteriore della tua lessera di socio. Se non sei socio o non possiedi una tessera, puoi chiamare il numero 855-710-6984.	Italiano Italian
यदि आपके, या आप जिसकी सहायता कर रहे हैं उसके, पश्च हैं, तो आपको अपनी आषा में जिःकृत्क सहायता और जानकारी प्राप्त करने का अधिकार है। किसी अनुवादक से बात करने के लिए, अपने सदस्य कार्ड के पीछे दिए गए आहक सेवा नंबर पर कॉल करें। यदि आप सदस्य नहीं हैं. या आपके पास कार्ड नहीं हैं. तो 855-710-5984 पर कॉल करें।	Hind)
જો તમને અથવા તમે મદદ કરી રહ્યા ઢોચ એવી કોઇ બીજી વ્યક્તિને એસ.બી.એમ. દુર્ણાધેશ સાથે વાત કરવા માટે. તમારા સભ્યપદના કાર્ડની પાછળ આપેલ ગ્રાહક સેવા નંબર પર કોલ કરો જો આપ સભ્યપદ ના ધરાવતા ઢોવ, અથવા આપની પાસે કાર્ડ નથી તો 855-710-6984 નંબર પર કોલ કરો.	ગુજરાતી Gujərati
Εάν εσείς ή κόποιος που βοηθότε έχετε ερωπήσεις, έχετε το δικαίωμα να λάβετε βοήθεια και πληροφορίες στη γλώσσα σας χωρίς χρέωση. Για να μιλήσετε σε έναν διερμηνέα, καλέστε τον αριθμό εξυπηρέπησης πελατών που αναγράφεται στο πίσω μέρος της κάρτας μέλους σας. Εάν δεν είστε μέλος ή δεν έχετε κάρτα, καλέστε τον αριθμό 855-710-8984.	EJAnyuká Greek
Falls Sie oder Jemand, dem Sie helfen. Fragen haben, haben Sie das Recht, kosteniose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dokmetscher zu sprechen, rufen Sie bitte die Kundenservicenummer auf der Rückseite Ihrer Mitgliedskarte an. Falls Sie kein Mitglied sind oder keine Mitgliedskarte bestizen, rufen Sie bitte 855-7 10-5904 an.	Deutsch German
Si vous, ou quelqu'un que vous êtes en train d'aitler, avez des questions, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à avœur coût. Pour parter à un interprête, composez le numéro du service client indiqué au verso de votre carte de membre. Si vous n'êtes pas membre ou si vous n'avez pas de carte, veuillez composer le 655-710-6984.	Français Franch
如果您. 或您正在協助的對象. 對此有疑問, 您有權利免費以您的母語獲得幫助和訊息。治詢一位翻譯員. 請致電印在您的會員卡背面的客戶服務電話號碼。如果您不是會員. 或沒有 會員卡. 請致電 855-710-8984。	紫髓中文 Chinese
إن كان لديث أو لدى شخص غماعده أسلله المدق في العصول على المساعدة والمعلومات الصرورية بلغتك من دون اية تكلفة اللحدث إلى مترجم فوري، انصل على وقع خدمة العملاء المذكور على ظهر بطاقة عصوبتك. فان أد تكن عصواً: أو كن عليه القطور التي أو كن عصواً: أو كن على أو كن عصواً: أو كن على أو كن أو ك	المعربية Arabic

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: מסד/אדן.

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

CivilRightsCoordinator@hcsc.net

Email: Fax:

Phone: TTY/TDD: 800-537-7697

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

U.S. Dept. of Health & Human Services

800-368-1019

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

Complaint Portal: https://ocrportal.hhs.gov/ocr/portal/lobby.jsf Complaint Forms: http://www.hhs.gov/ocr/office/file/index.html



www.bcbsil.com. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary. You can view the Glossary at www.healthcare.gov/sbc-glossary/ or call 1-855-756-4448 to request a copy. 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

	A THE RESIDENCE OF THE PROPERTY OF THE PROPERT	
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	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 Family 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 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> <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 <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'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 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> .

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

Referral required.
III Pay Non-Participating <u>Provider</u> ou will pay the most)

^{*} For more information about limitations and exceptions, see the <u>plan</u> or policy document at <u>www.bcbsil.com.</u>

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

Common Medical Event If you have a hospital stay If you need mental health, behavioral health, or substance	Services You May Need Facility fee (e.g., hospital room) Physician/surgeon fees Outpatient services Inpatient services	Participating Provider (You will pay the least) \$250 copay/admission No Charge \$30 copay/visit \$250 copay/admission	What You Will Pay Non-Participating Provider (You will pay the most) ssion Not Covered Not Covered Not Covered Not Covered	Limitations, Exceptions, & Other Important Information Referral required. Referral required. Unlimited visits. Referral required. 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 include tests and services described
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 <u>copay</u> /admission	Not Covered	Referral required.
	Home health care	No Charge	Not Covered	Referral required.
	Rehabilitation services	\$30 <u>copay</u> /visit	Not Covered	60 visits combined for all therapies
f von need he h	Habilitation services	\$30 copay/visit	Not Covered	Neichal reduilea.
recovering or have	Skilled nursing care	\$250 <u>copay</u> /admission	Not Covered	Excludes custodial care. Referral required
needs	Durable medical equipment	No Charge	Not Covered	Referral required. Benefits are limited to items used to serve a medical purpose. Durable Medical Equipment benefits are provided for both purchase and rental equipment (up to the purchase price).
	Hospice services	No Charge	Not Covered	Inpatient <u>copay</u> may apply. Referral required.

^{*} For more information about limitations and exceptions, see the <u>plan</u> or policy document at <u>www.bcbsil.com.</u>

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

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.	cyour policy or <u>plan</u> document for more informatic	n 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 U.S. 	 Routine foot care (with the exception of person with diagnosis of diabetes)
Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.	se services. This isn't a complete list. Please see !	/our plan document.)
Acupuncture	Chiropractic care	Routine eye care (Adult)
Bariatric surgery	Hearing aids (for children 1 per ear every 24	 Weight loss programs (except when non-
Cosmetic surgery (only for correcting congenital)	months for, adults up to \$2500 per ear every 24	medically supervised)
deformities or conditions resulting from	months)	 Most coverage provided outside the
accidental injuries, scars, tumors, or diseases)	Infertility treatment	United States. See www.bcbsil.com

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 x61565 or www.cciio.cms.gov. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance www.dol.gov/ebsa/healthreform, or Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 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 Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

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

Does this plan provide Minimum Essential Coverage? Yes

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 Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid,

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 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 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.



amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing costs you might pay under different health <u>plans</u>. Please note these coverage examples are based on self-only coverage. **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

Peg is Having a Baby

(9 months of <u>in-network</u> pre-natal care and a

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

<u>(in-network</u> emergency room visit and follow Mia's Simple Fracture

a The plan's overall deductible
Specialist copayment
Hospital (facility) <u>copayment</u>
Other

\$0 \$50 \$250 \$0

Hospital (facility) copayment The plan's overall deductible Specialist copayment

\$50 \$0

up care)

\$250

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

Primary care physician office visits (including This EXAMPLE event includes services like:

disease education)

Specialist office visits (prenatal care)

This EXAMPLE event includes services like:

Childbirth/Delivery Facility Services Childbirth/Delivery Professional Services

Diagnostic tests (ultrasounds and blood work)

Specialist visit (anesthesia)

Diagnostic tests (blood work)

Durable medical equipment (glucose meter)

Emergency room care (including medical This EXAMPLE event includes services like:

supplies,

Diagnostic test (x-ray)

Rehabilitation services (physical therapy, <u> Durable medical equipment (crutches)</u>

Total Example Cost

\$12,700

Total Example Cost

In this example, Peg would pay:

Limits or exclusions	What isn't covered	Coinsurance	<u>Copayments</u>	Deductibles	Cost Sharing
\$60		\$0	\$300	\$	

The total Peg would pay is

\$360

n this example, Joe would pay:	Mary 1997
<u>Cost Sharing</u>	
Deductibles	\$0
Copayments	\$1,000
Coinsurance	\$ 0
What isn't covered	
Limits or exclusions	\$20
The total Joe would pay is	\$1,020

Total Example Cost \$2,800

\$5,600

In this example, Mia would pay:

\$600	The total Mia would pay is
\$0	Limits or exclusions
	What isn't covered
\$0	Coinsurance
\$600	Copayments
\$0	<u>Deductibles</u>
	Cost Sharing

3 5



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

To speak to an interpreter, call the customer service number on the back of your member cand. If you are not a member, or don't have a card, call 855-710-6984.

Tiếng Việt Néu quý vị hoặc người mà quý vị giúp đờ có bất kỳ câu hởi nào, quý vị có quyền được hỗ trợ và nhân thông tín bằng ngôn ngữ của mình miễn phí. Để nói chuyện với thông dịch viên, gọi số địch vụ khách Vienamese hàng nằm ở phía sau thẻ hội viên của quý vị. Néu quý vị không phái tả hội viên hoặc không có thể, gọi số 855-710-8984.
ے توء آپ کو اپنی زبان میں مقت مدد اور معلومات حصل کرنے کا حق ہے۔ مترجم سے بات گرنے کے لیے، کشفر سروین نمبر پر کال کریں جو اپ تو، 855-710-8984 پر کال کریں۔
Kung ikaw, o ang isang laong iyong tinutukngan ay may mga tanong, may kerapatan kang makakuha ng lulong at imponnesyon sa iyong wika nang walang bayad. Upang makipag-usap sa isang tagasalin-wika, tumawag sa numaro ng serbisyo para sa kustomer sa likod ng iyong kard ng miyembro. Kung ikaw ay hindi isang miyembro, o kaya ay walang kard, tumawag sa 855-710-8884.
Si usted o algulen a quien usted está ayudando tiene preguntas, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Par Cliente que figura en el reverso de su tarjeta de miembro. Si usted no es miembro o no posee una tarjeta, llame al 655-710-6984.
Ести у вас или человека, которому вы помогаете, возникли вопросы, у еже ёсть прево на бестиалную помощь и информацию, предоставленную на вашем языке. Чтобы логоворить с переводчиком, Русский позвоните в отдел обслуживания клиентов по телефону, указанному на обратной стороне вашей карточки участника. Если вы не являетесь участником или у вас нет карточки, позвоните по телефону 955-710-6964.
Ješli Ty tub osoba, której pomagasz, macie jakiekotwiek pytania, macie prawo do uzyskania bezplatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer podany na odwnocie karty członkowskiej. Jeżeli nie jesteś członkiem tub nie masz przy sobie karty, zadzwoń pod numer 855-710-8984.
T'áú ní, či doodago h'da biká unánilwo'ígií, na'ídíkidgo, ts'ídá bee ná abóóti'í 't'áá níik'o níká a'doolwo). Ata' halne'í bich'í' hadeesdzih ninizingo či bich'í' hodítlníh, bee nééhózínii bine'déé bikáá'. Kojí atah maitsoos ná hadíl 'éégóó éí doodago bee nééhózínigií ádingo koji' hodítlníh 855-710-6984
만약 귀히 또는 귀하기 돕는 사람이 칠문이 있다면 귀하는 우료로 그러한 도움과 점보를 귀하의 언어로 받을 수 전화하십시오. 회원이 아니시거나 커드가 없으시면 855-710-6984 모로 전화주십시오.
Se tu o qualcuro che stai aiutando avete domande, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuliamente. Per posteriore della tua tessera di socio. Se non sei socio o non possiedi una tessera, puoi chiamare il numero 855-710-6984.
यदि आपके, या अरप जिसकी सहायता कर रहे हैं उसके, प्रश्न हैं, तो आपको अपनी क्षाण में निःशत्क सहायता और जानकारी प्राप्त करने पीछे दिए गए ग्राहक सेवा नंबर पर कॉल करें। यदि आप सदस्य नहीं हैं, या आपके पास कार्ड नहीं है, तो 855-710-6984 पर कॉल करें।
ગુજરાતી જો તમને અક્ષવા તમે મદદ કરી રહ્યા હોય એવી કોઈ બીજી વ્યક્તિને એસ.બી.એમ. દુભાષિયા સાથે વાત કરવા માટે. તમારા સભ્યપ ઉપાંગાથાં
Εάν εσείς ή κόποιος που βοηθόπε έχειε ερωπήσεις, έχετε το δικαίωμα να λάβετε βοήθεια και πληροφορίες στη γλώσσα σας χωρίς χρέωση. Για Greek πελατών που αναγράφεται στο πίσω μέρος της κάρτας μέλους σας. Εάν δεν είστε μέλος ή δεν έχετε κάρτα, καλέστε τον αριθμό 855-710-8984.
Falls Sie oder jemand, dem Sie helfen, Fragen haben, heben Sie das Recht, kosteniose Hilfe und informationen in ihrer Sprache zu erhalten. Um Kundenservicenummer auf der Rückseite Ihrer Mitgliedskane an. Falls Sie kein Mitglied sind oder keine Mitgliedskarte besitzen, nifen Sie bitte 85
Si vous, ou quelqu'un que vous êtes en train d'eitler, avez des questions, vous avez le droit d'obtenir de l'eide et l'information dans votre largue à service client îndiqué au verso de votre carte de membre. Si vous n'êtes pas membre ou si vous n'avez pas de carte, veuillez composer le 855-71
繁體中文 如果您, 或您正在協助的對象. 對此有疑問, 您有權利免費以您的母語獲得幫助和訊息。治詢一位翻議員, 請致電印在您的會 Chinese 會員卡, 請致電 855-710-6984。
والمعلومات العنزورية بلفظه من دون فية تكلفة. للتحدث إلى متوجه فوري، اتصل على رقم خدمة العملاء المذكور على ظهر يطلقة عصبوبتك. فمان لم يكن عصبوا، أو المعربية

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:

Fax: TTY/TDD:

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

CivilRightsCoordinator@hcsc.net

Email:

Phone: TTY/TDD: 800-368-1019 800-537-7697 You may file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, at:

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

U.S. Dept. of Health & Human Services

Complaint Portal: https://ocrportal.hhs.gov/ocr/portal/lobby.jsf Complaint Forms: http://www.hhs.gov/ocr/office/file/index.html



www.bcbsil.com. For general definitions of common terms, such as <u>allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary. You can view the Glossary at www.healthcare.gov/sbc-glossary or call 1-855-756-4448 to request a copy.</u> 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 "..."

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 <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 Family 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 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> <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 <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'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 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> .

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 will pay the least)	What You Will Pay Non-Participating Provider least) (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/prescription</u> (retail) \$80 <u>copay/prescription</u> (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		\$60 <u>copay/prescription</u>		list of these prescriptions and/or services please contact Customer Service.
www.bcbsil.com	Non-preferred brand drugs	(retail) \$120 copay/prescription (mail order)	Not Covered	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.
	Emergency room care	\$250 <u>copay</u> /visit	\$250 <u>copay</u> /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.

Common Medical Event If you have a hospital stay	Services You May Need Facility fee (e.g., hospital room) Physician/surgeon fees	What Y Participating Provider (You will pay the least) \$250 copay/admission No Charge	What You Will Pay vider Non-Participating Provider Provider	Limitations, Exceptions, & Other Important Information Referral required. Referral required.
If you need mental	Physicianisurgeon rees Outhorfient services	\$30 conav/visit	Not Covered	Unlimited visits. Referral required
health, behavioral health, or substance	Outpatient services Inpatient services	\$250 copay/admission	Not Covered	Unlimited days. Referral required
abuse services	AND LITTLE AND REPORTED THE STATE OF THE STA	A THE SAME THE TAXABLE AND THE SAME SAME SAME SAME SAME SAME SAME SAM	COME CONTROL DE MONTO DE LA COMPANSACIÓN CON CONTROL DE MONTO DE CONTROL DE PROPERTO DE CONTROL DE	
	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, copayment may apply. Maternity care may
If you are pregnant	Childbirth/delivery professional services	No Charge	Not Covered	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.
T VOI BARO DAIN	Habilitation services	\$30 copay/visit	Not Covered	Neieliai redunea.
recovering or have	Skilled nursing care	\$250 copay/admission	Not Covered	Excludes custodial care. Referral required
omer special neam needs			-	Referral required. Benefits are limited to items used to serve a
	Durable medical equipment	No Charge	Not Covered	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.

^{*} For more information about limitations and exceptions, see the <u>plan</u> or policy document at <u>www.bcbsil.com.</u>

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

Excluded Services & Other Covered Services:

ery ery ery ery ery ery ery ery	Other Covered Services (Limitations may apply to these services Acupuncture Chiroprac	Custodial care Dental care (Adult) Dental care (Adult) U.S.	Services Your Plan Generally Does NOT Cover (Check your policy
Hearing aids (for children 1 per ear every 24 • Weight loss programs (except when non-months for, adults up to \$2500 per ear every 24 medically supervised) • Most coverage provided outside the	Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.) • Acupuncture • Chiropractic care • Routine eye care (Adult)	Long term care • Private-duty nursing Non-emergency care when traveling outside the U.S. • Private-duty nursing • Routine foot care (with the exception of person with diagnosis of diabetes)	Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

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 x61565 or www.cciio.cms.gov. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance www.dol.gov/ebsa/healthreform, or Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 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 Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

provide complete information to submit a <u>claim, appeal, or a 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 grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also Contact the Illinois Department of Insurance at (877) 527-9431 or visit http://insurance.illinois.gov Administration at 1-866-444-EBSA (3272) or visit www.dol.gov/ebsa/healthreform. Additionally, a consumer assistance program can help you file your appeal Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a

Does this plan provide Minimum Essential Coverage? Yes

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 Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid,

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 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 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.



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

Peg is Having a Baby

(9 months of in-network pre-natal care and a າospital delivery)

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

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

Hospital (facility) copayment	■ Specialist copayment	The plan's overall deductible

TOTTO TO

\$0 \$50 \$250

Other

i Hospital (facility) <u>copayment</u> Specialist copayment The plan's overall deductible

\$0 \$50 \$250 \$0

The plan's overall deductible Specialist copayment

S

Other Hospital (facility) copayment

\$250 \$50

Specialist office visits (prenatal care) This EXAMPLE event includes services like:

Childbirth/Delivery Facility Services Childbirth/Delivery Professional Services

Specialist visit (anesthesia) Diagnostic tests (ultrasounds and blood work)

> Primary care physician office visits (including This EXAMPLE event includes services like:

disease education,

Prescription drugs Diagnostic tests (blood work)

Durable medical equipment (glucose meter)

Emergency room care (including medical	This EVANUE aroust includes services like.
--	--

Diagnostic test (x-ray)

supplies)

Rehabilitation services (physical therapy) Durable medical equipment (crutches)

Total Example Cost

\$12,700

Total Example Cost

\$5,600

In this example, Peg would pay:	
Cost Sharing	
Deductibles	\$0
Copayments	\$300
Coinsurance	\$0
What isn't covered	
imite or exclusions	

The total Peg would pay is

\$360

In this example, Joe would pay:

\$1 330	The total line would hav is
\$20	Limits or exclusions
	What isn't covered
\$0	Coinsurance
\$1,000	Copayments
\$0	Deductibles
	Cost Sharing

Total Example Cost \$2,800

The total Mia would pay is	Limits or exclusions	What isn't covered	Coinsurance	Copayments	Deductibles	Cost Sharing	In this example, Mia would pay:
\$500	\$0		\$0	\$500	\$0	The second secon	



If you, or someone you are helping, have questions, you have the right 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 card. If you are not a member, or don't have a card, call 855-710-6984,

Nêu quý ví hoặc người mà quý ví giúp đỡ có bất kỳ câu hối nào, quý ví có quyền được hỗ trợ và nhận thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với thông dịch viên, gọi số địch vụ khách hàng nằm ở phía sau thể hội viên của quý ví. Nếu quý ví không phải là hội viên hoặc không có thể, gọi số 855-710-6984.	Tiếng Việt Vietnamese
گر آپ کو، یا کسی ایسے فرد کو جس کی آپ مند کار ایسے بین، کوئی سوال دریوش ہے تو، آپ کو اپنی زبان میں مغت مدد اور معلومات حاصل کرنے کا حق ہے۔ متوجم سے بات کرنے کے لیے، کمیٹس مروس نمبر اللہ علی کاری کر اور کالی کاری در اللہ کاری درج ہے۔ اگر آپ مسرد نہیں ہیں، یا آپ کیے پاس کاری دہیں ہے تو، 100904 ہر کال کارین	المال) المال)
kung ikaw, o ang isang taong iyong tinululungan ay mey ringa tanong, may kerapetan kang makakuha ng tulong at Impormesyon sa Iyong wika nang walang bayad. Upang makipag-usap sa Isang tagasalin-wika, tumawag sa numaro ng serbisyo para sa kustomer sa likod ng iyong kard ng miyembro. Kung ikaw ay hindi isang miyembro, o kaya ay walang kard, tumawag sa 855-710-6984.	Tagalog Tagalog
Si usted o alguien a quien usted està ayudando teme proguntas, tieme derecho a obtener ayuda e información en su idioma sin costo alguno. Pera hablar con un interprete comuniquese con el número del Servicio at Cliente que figura en el reverso de su tarjeta de miembro. Si usted no es miembro o no posee una tarjeta, llame al 855-710-6984.	Español Spanish
Если у вас или человека, которому вы помогаете, возникли вопросы, у вас есть право на бесплатную поивщь и информецию, предоставленную на вешем языке. Чтобы поговорить с переводчиком, позвоните в огдел обслуживания илиентов по телефону, указанному на обратной стороне вашей карточки участника. Если вы не являетесь участником или у вас нет карточки, позвоните по гелефону 855-710-6984.	Русский Russian
Ješli Ty tub osoba, której pomegasz, macie jakiekotwiek pytania, macie prawo do uzyskania bezpłalnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer podany na odwrocie karty członkowskiej, Jeżeli nie jesteś członkiem lub nie masz przy sobie karty, zadzwoń pod numer 855-710-5984.	Polski Polish
Táá ní, bị doodago tự da bika mànilwo 'lgií, na 'idikidgo, ts'idá bec ná ahóóti'i 't'áú níik'e níká a'doolwot. Ata' halta'í bìch'i hadecstžáh ninizingo éi kwe'ò da iniishgi áká midsalwo 'tglí bich'i hodillaih, bec nééhózinii bine'déé' bikáí'. Kojí atah maaltsoos ná hadit'éégóò éi doodago bec nééhózinigh ádago kojí hodillaih, 855-710-6984.	Dinė Navajo
만약 귀하 또는 귀하가 돕는 사람이 질문이 있다면 귀하는 무료로 그러한 도톰과 정보를 귀하의 언어로 받ã 수 있는 권리가 있습니다. 회원 카드 뒷면에 있는고객 서비스 변호로 전화하십시오. 회원이 아니시거나 카드가 없으시면 1855-710-6994 으로 전화주십시오.	왕국 Ol Korean
Se tu o qualcuro che stai alutando avete domande, hali il diritto di ottenere aiuto e informazioni nella tua lingua gratultamente. Per partare con un interprete, puol chiamare il servizio citenti al numero riportato sul lato posteriore della tua tessera di socio. Se non sei socio o non possiedi una tessera, puol chiamare il numero 855-7 10-5984.	Ilaliano Itakan
यदि आपके, या आप जिसकी सहायता कर रहे हैं उसके, प्रश्न हैं, तो आपके अपनी शाषा में जि:शुरूक सहायता और जानकारी प्राप्त करने का अधिकार है। किसी अनुवादक से बात करने के लिए, अपने सदस्य कार्ड के पीछे दिए गए ग्राहक सेवा नंबर पर कॉल करें। यदि आप सदस्य नहीं हैं. या आपके पास कार्ड नहीं हैं. तो 855710-6984 पर कॉल करें।	Hind Path
જો તમને અથવા તમે મદદ કરી રહ્યા હોય એવી કોઈ બીજી વ્યક્તિને એસ.બી.એમ. દુભાષિયા સાથે વાત કરવા માટે, તમારા સભ્યપદના શર્ડની પાછળ આપેલ ગ્રાહક સેવા નંબર પર કોલ કરી. જો આપ સભ્યપદ ના ધરાવતા હોવ, અથવા આપની પાસે કાર્ડ નથી તો 855-710-6984 નંબર પર કોલ કરો.	ગુજરાતી Gujarati
Εάν εσείς ή κόποιος που βοηθάτε έχετε ερωπήσεις, έχετε το δικαίωμα να λόβετε βοήθεια και πληροφορίες στη γλώσσα σας χωρίς χρέωση. Για να μιλήσετε σε έναν διερμηνέα, καλέστε τον αριθμό εξυπηρέπιστης πελισκών που αναγράφεται στο πίσω μέρος της κάρτας μέλους σας. Εάν δεν είστε μέλος ή δεν έχετε κάρτα, καλέστε τον οριθμό 855-710-6984.	Еддүка Greek
Falts Sie oder jemand, dem Sie helten, Fragen haben, haben Sie das Recht, kosteniose Hilfe und Informationen in ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprachen, rufen Sie bitte die Kundersservicenummer auf der Rückselte Ihrer Mitgliedskarte an. Falls Sie kehn Mitglied sind oder keine Mitgliedskarte besitzen, rufen Sie bitte 855-7 10-6884 an.	Deutsch German
SI vous, ou quelqu'un que vous êtes en train d'aider, avez des questions, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parter à un interprête, composez le numéro du servicer client indiqué au verso de votre carte de membre. Si vous n'êtes pas membre ou si vous n'avez pas de carte, veuillez composer le 855-710-6984.	Français French
如果您. 或您正在協助的對象. 對此有疑問. 您有權利免費以您的母語獲得幫助和訊息。洽詢一位翻譯員. 議数電印在您的會員卡背面的客戶服務電話號碼。如果您不是會員. 或沒有 會員卡, 請致電 855-710-8984。	黎體中文 Chinese
إن كان لديك أو لدى شخص تساعده اسانة، تلديك العق في الحصول على المساعدة والمعلومات المضرورية بإغلام مان دون ية تكلفة. اللحدث إلى مترجم فوري، اتصل على وقع خدمة المدلاء الدنكور على علي بطاقة عضوبتك. فإن لم تكن عضرا، أو كانت لا تعلك بطاقة، فاتصل على 10.4984.	العربية Arabic

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.

Chicago, Illinois 60601 35th Floor

Phone:

Fax: TTY/TDD:

855-664-7270 (voicemail) 855-661-6965 855-661-6960 CivilRightsCoordinator@hcsc.net

Email:

200 Independence Avenue SW Room 509F, HHH Building 1019 Washington, DC 20201 U.S. Dept. of Health & Human Services Phone: TTY/TDD: Complaint Portal: https://ocrportal.hhs.gov/ocr/portal/lobby.jsf Complaint Forms: http://www.hhs.gov/ocr/office/file/index.html

800-368-1019 800-537-7697

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



www.bcbsil.com. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary. You can view the Glossary at www.healthcare.gov/sbc-glossary, or call 1-855-756-4448 to request a copy. 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 1-800-295-0593 or at

TO THE INTERNATIONAL PROPERTY OF THE PROPERTY		
Important Questions	Answers	Why This Matters:
What is the overall	For In-Network: \$750 Individual/\$2 250 Family	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this plan begins to pay. If you have other family members on the <u>plan</u> , each family
deductible?	For Out-of-Network: \$1.500 Individual/\$4.500 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 deductible.
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</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
Are there other deductibles for specific services?	Yes. \$300 <u>deductible</u> for <u>Out-of-Network</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 Out-of-Network: \$6,000 Individual/\$18,000 Family 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 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 <u>network provider</u> ?	Yes. See <u>www.bcbsil.com</u> or 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'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 <u>specialist?</u>	No.	You can see the specialist you choose without a referral.

|--|

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

Surger	ave outpatient		More information about prescription drug coverage is available at www.bcbsil.com.	And the state of the same of t		Common Medical Event
Physician/surgeon fees	Facility fee (e.g., ambulatory surgery center)	Specialty drugs	Non-preferred brand drugs	Preferred brand drugs	Generic drugs	Services You May Need
20% coinsurance	20% <u>coinsurance</u>	\$60 copay/prescription (retail); deductible does not apply	\$60 copay/prescription (retail) \$120 copay/prescription (mail order); deductible does not apply	\$40 copay/prescription (retail) \$80 copay/prescription (mail order); deductible does not apply	\$10 copay/prescription (retail) \$20 copay/prescription (mail order); deductible does not apply	What You <u>In-Network Provider</u> (You will pay the least)
40% coinsurance	40% coinsurance	Not Covered	\$60 <u>copay/prescription</u> (retail); <u>deductible</u> does not apply	\$40 copay/prescription (retail); deductible does not apply	\$10 copay/prescription (retail); deductible does not apply	What You Will Pay <u>vider</u>
None	Preauthorization may be required.	Specialty drug coverage based on group policy. Prior <u>authorization</u> may be required. Specialty retail limited to a 30-day supply.	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.	For Out-of-Network provider, you are responsible for 50% of the eligible amount after the copay. Payment of the difference between the cost	30-day supply at Retail 90-day supply at Mail Order Rx <u>Out-of-Pocket</u> Expense Limit: \$500 Individual/\$1,500 Family	Limitations, Exceptions, & Other Important Information

	20% coinsurance		\$30 copay/office visit; deductible does not apply; 20% coinsurance for other outpatient services
	20% coinsurance	70 /0 00110010100	\$30 copay/office visit; deductible does not apply; 20% coinsurance for other outpatient services
\$300 deductible per admission Out-of-			

	other special health needs	ff you need help					If you are pregnant		Common Medical Event
Hospice services	Durable medical equipment	Skilled nursing care	Habilitation services	Rehabilitation services	Home health care	Childbirth/delivery facility services	Childbirth/delivery professional services	Office visits	Services You May Need
enance with the second	20% <u>coinsurance</u>	20% <u>coinsurance</u>	20% coinsurance	20% coinsurance	20% coinsurance	20% <u>coinsurance</u>	20% <u>coinsurance</u>	\$30 <u>copay</u> /visit; <u>deductible</u> does not apply	What Yo <u>In-Network Provider</u> (You will pay the least)
40% <u>coinsurance</u>	40% <u>coinsurance</u>	40% coinsurance	40% coinsurance	40% coinsurance	40% coinsurance	40% coinsurance	40% coinsurance	40% coinsurance	What You Will Pay <u>vyider</u> <u>Out-of-Network Provider</u> e least) (You will pay the most)
\$300 deductible per admission Out-of-Network providers. Preauthorization may be required.	Benefits are limited to items used to serve a medical purpose. <u>Durable 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.	\$300 deductible per admission Out-of-Network providers. Preauthorization may be required.	riedunionzanon may be required.	Droguthorization may be required	Preauthorization may be required.	\$300 deductible per admission Out-of-Network providers.	a copayment, coinsurance, or deductible may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound).	Copay applies to first prenatal visit (per pregnancy). Cost sharing does not apply for preventive	Limitations, Exceptions, & Other Important Information

	If your child needs Children		Common Medical Event
Children's dental check-up	Children's glasses	Children's eye exam	Services You May Need
Not Covered	Not Covered	Not Covered	What You Will Pay In-Network Provider Out-of-Network (You will pay the least) (You will pay)
Not Covered	Not Covered	Not Covered	
NONе	None	None	Limitations, Exceptions, & Other htp://www.dec.com/rest/html/rest/

Excluded Services & Other Covered Services:

ease see your <u>plan</u> document.)	Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.	Other Covered Services (Limitation
Weight loss programs	•	
with diagnosis of diabetes)	 Routine eye care (Adult) 	Dental care (Adult)
Routine foot care (with the exception of person	 Long term care 	Acupuncture
information and a list of any other excluded 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.	Services Your Plan Generally Does

ဝူ	Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please	ese	services. This isn't a complete list. Please see t	you	see your <u>plan</u> document.)
•	Bariatric surgery	•	Hearing aids for children 1 per ear, every 24	•	Non-emergency care when traveling outside the
•	Chiropractic care (Chiropractic and Osteopathic		months, for adults up to \$2,500 per ear every 24		U.S.
	manipulation limited to 15 visits per calendar		months)	•	Private-duty nursing (with the exception of
	year)	•	Infertility treatment		inpatient private duty nursing)
•	Cosmetic surgery (only for correcting congenital	•	Most coverage provided outside the		
	deformities or conditions resulting from		United States. See www.bcbsil.com		
	accidental injuries, scars, tumors, or diseases)				A de de de la companya de la company

agencies is: the plan at 1-800-295-0593, 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 x61565 or www.ccijo.cms.gov. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance 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 Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

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

Does this plan provide Minimum Essential Coverage? Yes

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 Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid,

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 1-800-295-0593. 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 plan might cover costs for a sample medical situation, see the next section.



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

Peg is Having a Baby

(9 months of in-network pre-natal care and a nospital delivery)

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

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

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

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

Other coinsurance

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

Specialist office visits (prenatal care) This EXAMPLE event includes services like:

Childbirth/Delivery Facility Services Childbirth/Delivery Professional Services Diagnostic tests (ultrasounds and blood work)

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

(including I	This FXAMPLE event includes services like:
--------------	--

Diagnostic test (x-ray,

Rehabilitation services (physical therapy, Durable medical equipment (crutches)

Total Exa	ч
19	4
tal Exan	1
	ı
×	
20	
- 3	1
7	٠
⋾	
æ	``
0	d
Ö	
SO	d
-	÷
100	1
mple Cost	ä
4.7	
5.50	H
)OSI	
165	
1.7%	
	i
100	
100	-
1 1	
100	ġ.
	ä
6	Ė
-	Ċ
12,7	
198	ŕ
	,
9	١.
10	

In this example, Peg would pay:

Specialist visit (anesthesia)

The total Peg would pay is	Limits or exclusions	What isn't covered	Coinsurance	Copayments	Deductibles	Cost Sharing
\$3,040	\$60		\$2,200	\$30	\$750	

Total Example Cost \$5,600

Durable medical equipment (glucose meter)

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

Total Example Cost

\$1,450	The total Mia would pay is
\$0	Limits or exclusions
	What isn't covered
\$200	Coinsurance
\$500	Copayments
\$750	Deductibles
The state of the s	Cost Sharing
A STATE OF THE PARTY OF THE PAR	In this example, Mia would pay:



If you, or someone you are helping, have questions, you have the right 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 card. If you are not a member, or don't have a card, call 855-710-5684.

Tiếng Việt	np.yl ا	⊺agalog	Español	Русский	Polski	Dinė	한국의	llaliano	Red	ગુજરાતી	Ельдика	Deutsch	Français	繁體中文	العربية
Vietnamese		Tagalog	Spanish	Russian	Polish	Navajo	Korean	Italian	Hind	Gujarati	Greek	German	French	Chinese	Arabic
Née quý vị hoặc người má quý vị giúp đỡ có bắt kỳ cầu hởi nào, quý vị có quyền được hỗ trợ và nhận thống tin bằng ngôn ngờ của mình miễn phí. Để nói chuyện với thông dịch viên, gọi số địch vụ khách hàng nằm ở phía sau thể hỏi viên của quý vi. Nếu quý vị không phải là hội viên hoặc không có thẻ, gọi số 855-710-6984.	گر آپ کی، یا گسی لیسے فود کو جس کی آپ مند کررہے ہیں، گوئی موال دریشن ہے تو، آپ کو اپنی زبان میں ہفت حد اور معلومات حاصل کرنے کا دق ہے۔ مقرجہ سے بات کونے کے لیے، گسٹمر سروعن نمیں پر کال کویں جو کے کرنے کی نہیں ہیں، یا آپ کے پاس کارڈ نہیں ہے تو، 855-710-888 پر کال کریں۔	Kung Ikaw, o ang isang taong iyong tinutulungan ay may mga tanong, may karapatan kang makakuha ng tutong at impormasyon sa iyong wika nang walang bayad. Upang makipag-usap sa isang tagasalin-wika, tumawag sa numero ng serbisyo para sa kustomer sa likod ng iyong kard ng miyembro. Kung ikaw ay hindi isang miyembro, o kaya ay walang kard, tumawag sa 855-710-6884.	Si usted o alguien a quien usted està ayudando tiene preguntas, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un interprete comuniquese con el número del Servicio al Cilente que figura en el reverso de su larjeta de miembro. Si usted no es miembro o no posea una tarjeta, llame al 855-710-6384.	Если у вас или человека, которрину вы помогаете, возникли копросы, у вас есть право на бесплатную помощь и информацию, предоставленную на вашем языке. Чтобы поговорить с пораводчиком, позвоните в отдел обслуживания илиентов по телефону, указанному на обратной стороне вашей карточки участника. Если вы на являетесь участником или у вас нет карточки, позвоните по телефону 855-710-6984.	Ješli Ty lub osobe, której pomagasz, macie jakiekolwiek pytania, macie prawo do uzyskania bezpłalnej informacji i pomocy we własnym języku. Aby porozinawiać z tłumaczem, zadzwoń pod numer podany na odwiocie karty członkowskiej. Jeżeli nie jesteś członkiem lub nie masz przy sobie karty, zadzwoń pod numer 855-710-5884.	T'áá ní, éi doodago ta'da béká anánítwo tgii, na idificidgo, is idá boe ná ahóói i'i t'áá nik'e niká a'dootwot. Ata' halne't bicb'i hadecsdzih niuzingo éi kwe'è da iniishgi áká anádzalwo igii bich'i hodifinih, bee nééhózinii bine'déé; bikáá'. Koji atab mantisoos ná hadit'éégóó éi doodago bee nééhózinigii ádingo koji hodifinih 855-710-6984.	만약 귀하 또는 귀하기 돕는 사람이 질문이 있다면 귀하는 무료로 그러한 도움과 정보를 귀하의 연아로 받을 수 있는 권리가 있습니다. 회원 카드 윷면에 있는고객 서비스 번호로 전화하십시오, 회원이 아니시거나 카드가 없으시면 855-710-6984 으로 전화주십시오.	Se tu o qualcuno che stai aiutando avete domande, hai il diritto di oltanere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare il servizio chenti al numero riportato sul tato posteriore della tua tessera di socio. Se non sei socio o non possiedi una tessera, puoi chiamare il numero 855-710-6984.	यदि आपके, या आप जिसकी सहायता कर रहे हैं उसके, प्रश्न हैं, हो आपको अपनी आपा में जिल्हान्त सहायता और जानकारी प्राप्त करने का अधिकार है। किसी अनुवादक से बात करने के लिए. अपने सदस्य कार्ड क पीछे दिए गए ग्राहक सेवा नंबर पर कॉल करें। यदि आप सदस्य नहीं हैं, यो आपके पास कार्ड नहीं है, तो 855-710-6684 पर कॉल करें।	જો તમને અથવા તમે મદદ કરી રહ્યા હોય એવી કોઈ બીજી વ્યક્તિને એસ.બી.એમ. દુભાષિયા સાથે વાત કરવા માટે, તમારા સભ્યપદના કાર્ડની પાછળ આપેલ ગ્રાહક સેવા નંબર પર કીલ કરો. જો આપ સભ્યપદ ના ધરાવતા હોવ, અથવા આપની પાસે કાર્ડ નથી તો 855-710-6984 નંબર પર કોલ કરો.	Εόν εσείς ή κάποιος που βοηθότε έχετε ερωτήσεκς, έχετε το δικοίωμα να λόβετε βοήθειο και πληροφορίες στη γλώσσα σας χωρίς χρέωση. Για να μιλήσετε σε έναν διερμηνέα, καλέστε τον αριθμό εξυπηρέτησης πελαπών που αναγράφεται στο πίσω μέρος της κάρτας μέλους σας. Εάν δεν είστε μέλος ή δεν έχετε κόρτα, καλέστε τον αριθμό 855-710-6884.	Falls Sie oder Jemend, dem Sie helfen. Fragen haben, haben Sie das Recht, kosteniose Hilfe und Informetionen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, nufen Sie bitte die Kundenservicenummer auf der Ruckseite Ihrer Mitgliedskarte an. Falls Sie kein Mitglied sind oder keine Mitgliedskarte besitzen, rufen Sie bitte 855-710-6984 an	Si vous, ou quelqu'un que vous êtes en train d'aider, avez des questions, vous avez le droit d'obtenir de l'aide et l'Information dans votre langue à aucum coût. Pour parler à un interprête, composez le numero du service client indiqué au verso de votre carte de membre. Si vous n'êtes pas membre ou si vous n'avez pas de carte, veuillez composer le 855-710-6984.	如果您, 或您正在協助的對象, 對此有疑問, 您有權利免費以您的母語獲得幫助和訊息。洽詢一位翻譯員, 請致電印在您的會員卡背面的客戶服務電話號碼。如果您不是實員, 或沒有 會員卡, 請致電 855-710-6984。	إن كان لديك أو لدى شخص تساعده استئة. فلبيك المحول على المساعدة والمحلومات الحضوورية بلغلك من دون فية تكلفة. للتحدث إلى متر جد فوري، لتصل على رقم خدمة العملاء العذكور على ظهر وطاقة عصوبيك. فإنى أم لكن عصوب كنت لا تملك جلالة، فلتصل على 85-710-6984

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:

Fax:

855-664-7270 (voicemail) 855-661-6965 855-661-6960 CivilRightsCoordinator@hcsc.net

Email:

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

Phone:

TTY/TDD:

800-368-1019 800-537-7697

Complaint Portal: https://ocrportal.hhs.gov/ocr/portal/lobby.jsf Complaint Forms: http://www.hhs.gov/ocr/office/file/index.html

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

U.S. Dept. of Health & Human Services



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 1-800-295-0593 or at

www.bcbsil.com. For general definitions of common terms, such as <u>allowed amount, balance billing, coinsurance, copayment, deductible, provider,</u> or other <u>underlined</u> terms, see the Glossary. You can view the Glossary at <u>www.healthcare.gov/sbc-glossary/</u> or call 1-855-756-4448 to request a copy.

The second secon	Alisweis	why fills marters.
What is the overall \$750 For One of the overall \$750 For One of the overall \$750	For <u>In-Network:</u> \$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 charge before you meet your emerg deductible?	Yes. Certain <u>preventive care,</u> services that charge a <u>copay, 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</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 deductibles hospit for specific services?	Yes. \$300 <u>deductible</u> for <u>Out-of-Network</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.
For <u>In.</u> \$2,750 What is the <u>out-of-pocket</u> For <u>OI.</u> \$5,500 limit for this <u>plan?</u> Prescu	For In-Network: \$2,750 Individual/\$8,250 Family \$2,750 Individual/\$8,250 Family For Out-of-Network: \$5,500 Individual/\$14,250 Family 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 limit</u> has been met.
What is not included in the <u>Premi</u> out-of-pocket <u>limit?</u> health	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 1-800-29 a network provider?	Yes. See <u>www.bcbsil.com</u> or 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'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 before you get services</u> .
Do you need a <u>referral</u> to No.		You can see the <u>specialist</u> you choose without a <u>referral</u> .

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

	If you have a test	or clinic	If you visit a health S	or Pi	Common Medical Event
Imaging (CT/PET scans, MRIs)	Diagnostic test (x-ray, blood work)	Preventive care/screening/ immunization	Specialist visit	Primary care visit to treat an injury or illness	Services You May Need
20% coinsurance	20% coinsurance	No Charge; <u>deductible</u> does not apply	\$50 <u>copay</u> /visit; <u>deductible</u> does not apply	\$30 copay/visit; deductible does not apply	What You In-Network Provider (You will pay the least)
40% coinsurance	40% coinsurance	40% coinsurance	40% coinsurance	40% coinsurance	What You Will Pay ovider Out-of-Network Provider e least) (You will pay the most)
	Preauthorization may be required; see your benefit booklet* for details.	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.	None	Virtual Visits: \$30/visit; deductible does not apply. See your benefit booklet* for details.	Limitations, Exceptions, & Other Important Information

^{*} For more information about limitations and exceptions, see the <u>plan</u> or policy document at <u>www.bcbsil.com.</u>

surgery	If you have outpatient		prescription drug coverage is available at www.bcbsil.com.	If you need drugs to treat your illness or condition More information about		Common Medical Event
Physician/surgeon fees	Facility fee (e.g., ambulatory surgery center)	Specialty drugs	Non-preferred brand drugs	Preferred brand drugs	Generic drugs	Services You May Need
20% coinsurance	20% coinsurance	\$60 copay/prescription (retail); deductible does not apply	\$60 copay/prescription (retail) \$120 copay/prescription (mail order) deductible does not apply	\$40 copay/prescription (retail) \$80 copay/prescription (mail order); deductible does not apply	\$10 copay/prescription (retail) \$20 copay/prescription (mail order); deductible does not apply	What Yo <u>In-Network Provider</u> (You will pay the least)
40% coinsurance	40% coinsurance	Not Covered	\$60 <u>copay/</u> prescription (retail); <u>deductible</u> does not apply	\$40 copay/prescription (retail); deductible does not apply	\$10 copay/prescription (retail); deductible does not apply	What You Will Pay ovider Out-of-Network Provider e least) (You will pay the most)
None	Preauthorization may be required.	Specialty drug coverage based on group policy. Prior authorization may be required. Specialty retail limited to a 30-day supply.	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.	For Out-of-Network provider, you are responsible for 50% of the eligible amount after the copay. Payment of the difference between the cost of a board of the order of the control of the cost of the	30-day supply at Retail 90-day supply at Mail Order Rx Out-of-Pocket Expense Limit: \$500 Individual/\$1,500 Family	Limitations, Exceptions, & Other Important Information

Common Medical Event	Services You May Need	What You In-Network Provider (You will pay the least)	What You Will Pay <u>vider</u> Out-of-Network Provider e least) (You will pay the most)	Limitations, Exceptions, & Other Important Information
	Emergency room care	\$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 benefit booklet* for details.
	<u>Urgent care</u>	\$30 copay/visit; deductible does not apply	40% coinsurance	None
If you have a hospital stay	Facility fee (e.g., hospital room)	20% <u>coinsurance</u>	40% coinsurance	\$300 <u>deductible</u> per admission <u>Out-of-</u> <u>Network providers.</u> <u>Preauthorization</u> required.
	Physician/surgeon fees	20% coinsurance	40% coinsurance	None
If you need mental health, behavioral health, or substance	Outpatient services	\$30 <u>copay</u> /office visit; <u>deductible</u> does not apply; 20% <u>coinsurance</u> for other outpatient services	40% <u>coinsurance</u>	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% <u>coinsurance</u>	40% coinsurance	\$300 <u>deductible</u> per admission <u>Out-of-</u> <u>Network providers.</u> <u>Preauthorization</u> required.

	recovering of nave other special health needs	If you need help			Company of the Compan		If you are pregnam:		Common Medical Event
Hospice services	Durable medical equipment	Skilled nursing care	Habilitation services	Rehabilitation services	Home health care	Childbirth/delivery facility services	Childbirth/delivery professional services	Office visits	Services You May Need
20% coinsurance	20% coinsurance	20% <u>coinsurance</u>	20% coinsurance	20% <u>coinsurance</u>	20% coinsurance	20% coinsurance	20% <u>coinsurance</u>	\$30 <u>copay</u> /visit; <u>deductible</u> does not apply	What You <u>In-Network Provider</u> (You will pay the least)
40% coinsurance	40% <u>coinsurance</u>	40% coinsurance	40% coinsurance	40% coinsurance	40% coinsurance	40% coinsurance	40% coinsurance	40% coinsurance	What You Will Pay <u>vider</u> <u>Out-of-Network Provider</u> eleast) (You will pay the most)
\$300 <u>deductible</u> per admission <u>Out-of-Network providers.</u> <u>Preauthorization</u> may be required.	Benefits are limited to items used to serve a medical purpose. <u>Durable 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.	\$300 deductible per admission Out-of-Network providers. Preauthorization may be required.	(I reading) and be reduced.	Presuthorization may be required	Preauthorization may be required.	\$300 deductible per admission Out-of-Network providers.	a copayment, coinsurance, or deductible may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound).	Copay applies to first prenatal visit (per pregnancy). Cost sharing does not apply for preventive	Limitations, Exceptions, & Other Important Information

^{*} For more information about limitations and exceptions, see the <u>plan</u> or policy document at <u>www.bcbsil.com.</u>

	If your child needs	The state of the s	Common Medical Event
Children's dental check-up	Children's glasses	Children's eye exam	Services You May Need
Not Covered	Not Covered	Not Covered	What You In-Network Provider (You will pay the least)
Not Covered	Not Covered	Not Covered	. Will Pay Out-of-Network Provider (You will pay the most)
NONE NOTE NOTE	None	None	Limitations, Exceptions, & Other rk Provider Important Information the most)

Excluded Services & Other Covered Services:

	1					
_	Sen	Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)	Ş	our policy or plan document for more information	n and a list	of any other excluded services.)
ı	•	Acupuncture	•	Long term care	 Routine 	Routine foot care (with the exception of person
	•	Dental care (Adult)	• 70	Routine eye care (Adult)	with dia	with diagnosis of diabetes)
	,	(· · · · · · ·)		•	 Weight 	Weight loss programs
-		Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)	Se s	services. This isn't a complete list. Please see y	our <u>plan</u> do	cument.)
	•	Bariatric surgery	- -	Hearing aids for children 1 per ear, every 24	 Non-err 	Non-emergency care when traveling outside the
	•	Chiropractic care (Chiropractic and Osteopathic	⇒	months, for adults up to \$2,500 per ear every 24	US	
	_	manipulation limited to 15 visits per calendar	⊐	months)	 Private- 	Private-duty nursing (with the exception of
		year)	_	Infertility treatment	inpatien	inpatient private duty nursing)
	•	Cosmetic surgery (only for correcting congenital	_	Most coverage provided outside the		
	_	deformities or conditions resulting from	_	United States. See www.bcbsil.com		
r		accidental injuries, scars, tumors, or diseases)				

agencies is: the plan at 1-800-295-0593, U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or x61565 or www.cciio.cms.gov. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance www.dol.gov/ebsa/healthreform, or Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 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 Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

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

Does this plan provide Minimum Essential Coverage? Yes

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 Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid,

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 1-800-295-0593.

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 plan might cover costs for a sample medical situation, see the next section.



amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage. different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing **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

Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

Hospital (facility) coii	20%	ineurance
Specialist copaymen	\$50	nt
The plan's overall de	\$750	eductible

The plan's overall do Hospital (facility) coinsurance Specialist copayme

Other coinsurance 20%

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

M Other coinsurance ductible \$750 20% 20% \$50

This EXAMPLE event includes services like:

disease education) Primary care physician office visits (including

Specialist office visits (prenatal care)

This EXAMPLE event includes services like:

Childbirth/Delivery Professional Services

Childbirth/Delivery Facility Services

Diagnostic tests (ultrasounds and blood work)

Specialist visit (anesthesia)

Diagnostic tests (blood work)

Prescription drugs Durable medical equipment (glucose meter)

1 . 12 . 1
1 1
1.
1 44
10
100
"
10000
1:170
1 3 1
10
1.000
1 22 0
1946
1000
1
1.00000
1.799.03
1
2.00
B = 1, 734
1
12.000
1500
10000
4 3 44
1.0.00
2.75
1000
1
1.57
1 6531
N 101 101
1. **- 3
100 000
1000
1.00
10.00
1 37
100
1
(0)
f
1: =
E

Total Example Cost **\$12,700**

In this example, Peg would pay:

Deductibles \$750 Copayments \$30 Coinsurance \$2,000 What isn't covered \$60	Cost Sharing
---	--------------

The total Peg would pay is

\$2,810

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

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

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

This EXAMPLE event includes services like:

supplies) Emergency room care (including medical

Rehabilitation services (physical therapy) Durable medical equipment (crutches) Diagnostic test (x-ray)

1		
	Free 6	
	[otal	
1	= 1	
Ų	201	
	777	
	100	
	Exa	
	=	ŀ
	=	
	_	1
	7	ı
	_	ŀ
	· m	1
		ì
		į
	1.5	1
	0	1
	175	l
	33	ŀ
	-	ı
	100	ŀ
	100	ì
	KO 17	١
	100	ł
	100	I
	100	ı
		ł
	1000	ŧ
	1	1
	t '	ı
		ı
	1.7	ŧ
	1	i
	1 '	i
	1	1
	100	ï
	1	i
	1	i
		- [
	100	3
	1 1	į
	4 20	ı
	60	ı
	1 2 3	ı
		1
	-	J
	100	1
		1
	_	1
	_	
	0	J

In this example, Mia would pay:

\$1,350	The total Mia would pay is
\$0	Limits or exclusions
	What isn't covered
\$200	Coinsurance
\$400	Copayments
\$750	Deductibles
	Cost Sharing



If you, or someone you are helping, have questions, you have the right 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 card. If you are not a member, or don't have a card, call 855-710-8984.

Nếu quỹ vị hoác người mà quỹ vị giúp đờ có bắt kỳ câu hỏi nào. quỹ vị có quyền được hỗ trợ và nhân thông tin bằng ngôn ngữ của mình miễn phí. Đề nói chuyện với thông dịch viên, gọi số địch vụ khách hàng nằm ở phía sau thẻ hội viên của quỹ vị. Nếu quý vị không phải là hỏi viên hoặc không có thẻ, gọi số 355-710-5984.	Tiếng Việt Vietnamese
گر آپ کی، یا کسی ایسے فود کو جس کی آپ مند کررہے ہیں، کونی سوال دریش ہے تو، آپ کو اپنی زبان میں مفت مند اور معلومات حاصل کرنے کا حق ہیے۔ مترجہ سے بات کرنے کے لیے، کشفر سووی نمیر ہر کال کویں جو آپ کے کارڈ کی بشت پر درج ہے۔ اگر آپ ممسر نہیں ہیں، یا آپ کے پاس کارڈ ڈبیں ہے تو، 855-710-868 پر کال کویں۔	اوبو Urdu
Kung Ikaw, o ang isang taong iyang tinutulungan ay may mga tanong, may karapatan kang makakuha ng tulong at impormasyon sa iyong wika nang walang bayad. Upang makipag-usap sa isang tagasalin-wika, tumawag sa numero ng serbisyo para sa kustomer sa likod ng iyong kard ng miyembro. Kung ikaw ay hindi isang miyembro, o kaya ay walang kard, tumawag sa 855-710-6984.	Tagalog Tagalog
SI usted o algulen a quien usted está ayudando tiene preguntas, tiene derecho a obtener ayuda e Información en su idioma sin costo alguno. Para habitar con un interprete comuniquese con el número del Servició al Cilente que figura en el reverso de su tarjeta de miembro. Si usted no es miembro o no posee una tarjeta, llame al 855-7 10 5384.	Espattol Spanish
Еслы у вас или человска, которожу вы ломогаете, возникли вопросы, у вас есть права на бесптвтлую помощь и информацию, предоставленную на вашем языке. Чтобы посоворить с переводчиком, позвониле в отдел обслуживания клиентов по телефоку, указанному на обратной стороне вашей карточки участника. Если вы на являетесь участником или у вас нет карточки, позвоните по телефоку, указанному на обратной стороне вашей карточки, участника. Если вы на являетесь участником или у вас нет карточки, позвоните по телефоку.	Русский Russian
Jeśl Ty jub osoba, której pomagasz, macia jakiekolwiek pytania, macia prawo do uzyskania bazpłatnej informacji i pomocy we własnym języku. Aby poroznawiać z flumaczem, zadzwoń pod numer podany na odwrocie karty członkowskiej. Jeżeli nie jesteś członkiem lub nie masz przy sobie karty, zadzwoń pod numer 855-710-6984.	Polski Polish
Tát nī, či doodago h'da bīká anánílwo'ígií, na'idíktidgo, ts'idá bee ná abbótí'í t'át núk'e níká a 'doolwel. Ata' halne'i bich'í hadecsdzih minizingo čí kwe'e da'iniishgi áká anidaalwo'ígií bich'í' hodíilníh, bee nééhóziní bine'déé' bikáá'. Kojí atah maltsoos ná hadít'éégóó čí doodago bee nééhózinígií ádingo kojí bodíilníh \$55-710-6984.	Diné Navajo
만약 귀하 또는 귀하기 듣는 사람이 질문이 있다면 귀하는 무료로 그러한 도움과 정보를 귀하의 언어로 받을 수 있는 권리가 있습니다. 회원 카드 뒷면에 있는고객 서비스 번호로 전화하십시오. 회원이 아니시거나 카드가 없으시면 855-710-6984 오로 전화주십시오.	한국의 Korean
Se tu o qualcuno che stal alutando avete domande, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare il servizio ciaenti al numero riportato sul lato posteriore della tura tessera di socio. Se mon sei socio o non possiedi una tessera, puoi chiamare il numero 555-710-6984.	llaliano Italian
यदि आपके, या आप जिसकी सहायता कर रहे हैं उसके, प्रश्न हैं, तो आपको आपने में कि शुक्क रहायता और जानकारी प्राप्त करने का अधिकार है। किसी अनुबादक से बात करने के लिए, अपने सदस्य कार्ड के पीछे दिए गए ग्राहक सेवा नंबर पर कॉल करें। यदि आप सदस्य नहीं हैं. या आपके पास कार्ड नहीं हैं. तो 855-710-8884 पर कॉल करें।	Rich Hind
જો તમને અઘવા તમે મદદ કરી રહ્યા ક્ષેય એવી કોઈ બીજી વ્યક્તિને એસ.બી.એમ. દુભાષિયા સાથે વાત કરવા માટે, તમારા સભ્યપદના કાર્ડની પાછળ આપેલ ગાઠક સેવા નંબર પર કોલ કરી. જો આપ સભ્યપદ ના ધરાવતા કોવ, અથવા આપની પાસે કાર્ડ નથી તો 855-710-6984 નંબર પર કોલ કરી.	ગુજરાતી ઉપાંકાર્થા
Εάν εσείς ή κάποιος που βοηθάτε έχετε ερωτήσεις, έχετε το δικαίωμα να λάβετε βαήθεια και πληροφορίες στη γλώσσα σας χωρίς χρέωση. Για να μιλήσετε σε έναν διερμηνέο, καλέστε τον αριθμό εξυπηρέπισης τελοπών που αναγράφεται στο πίσω μέρος της κάρτας μέλους σας. Εάν δεν είστε μέλος ή δεν έχετε κάρτα, κολέστε τον αριθμό 855-710-6984.	EJJANKÓ Graek
Falls Sie oder jemand, dem Sie helfen, Fragen haben, haben Sie das Recht, kostenlose Hilfe und informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprachen, rufen Sie bitte die Kundensenvicenunvner auf der Rückseite Ihrer Mitgliedskarte an. Falls Sie kein Mitglied sind oder keine Mitgliedskarte besitzen, rufen Sie bitte 855-710-8984 an	Deutsch German
S) vous, ou queltu'un que vous étes en train d'aider, avez des questions, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprête, composez le numéro du service cilent indiqué au verso de votre carte de membre. Si vous n'êtes pas membre ou si vous n'avez pas de carte, veuillez composer le 855-710-6984.	Français French
如果您, 或您正在協助的對象, 對此有疑問, 您有權利免費以您的母語獲得幫助和訊息。洽詢一位翻譯員, 請茲電印在您的會員卡背面的客戶服務電話號碼。如果您不是會員, 或沒有 會員卡, 請致電 855-710-6984。	繋體中文 Chinese
إن كان لديك او لدى شخص تساعدة المليك المحق في العصول على العصول العصول على العصول العصو	العربية Arabic

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:

Email: Fax:

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

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:

800-368-1019 800-537-7697

Phone: TTY/TDD:

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

U.S. Dept. of Health & Human Services

Complaint Portal: https://ocrportal.hhs.gov/ocr/portal/lobby.jsf
Complaint Forms: http://www.hhs.gov/ocr/office/file/index.html

Appendix E

MEMORANDUM OF UNDERSTANDING

This memorandum of understanding (MOU), dated April 15th, 2022, is made and entered into between the Sheriff of Kane County (Sheriff) and the Metropolitan Alliance of Police Chapter 753 (MAP) for KCSO Public Safety.

Pursuant to conversations between the Sheriff and MAP personnel, it is agreed:

- 1. The Kane County Sheriff's Merit Commission has voted to create lateral hiring for deputy sheriff peace officers.
- 2. Lateral hire applicants are required to have an Illinois Peace Officer Certification or equivalent, or be certifiable through ILETSB, a minimum of one year sworn police experience, currently with a law enforcement agency in a good standing status, and full-time or equivalent status.
- 3. If a certified police officer with under one year of service is on the entry-level deputy eligibility list, they may be hired as a lateral deputy with the below benefits if they reach one year of service with their respective agency while the same eligibility list remains active.
- 4. Upon hiring, the deputy will begin with no seniority.
- 5. Upon hiring, the deputy will begin with "Completion of Year 2" for starting pay.
- 6. Upon completion of field training, the deputy will proceed to "Completion of Year 3" pay.
- 7. Pay increases from that point will continue consistently under the existing Collective Bargaining Agreement on the employee's date of hire anniversary.
- 8. A lateral hire deputy will receive a stipend upon hiring to compensate them for payment into a health insurance plan for the 60-day gap of non-insurance for new employees. It shall be the deputy's responsibility to acquire the insurance and the deputy will be required to provide a receipt for the cost of the insurance.
- 9. Upon completion of field training, the deputy will have one (1) week of vacation benefit time for use if hired after June 1st of the fiscal year (to be used during the fiscal year of hire) and two (2) weeks of vacation benefit time for use if hired prior to June 1st of the fiscal year (to be used during the fiscal year of hire).
- 10. The Collective Bargaining Agreement shall govern all other terms of employment.
- 11. This MOU is made without precedent or prejudice to either party and not be utilized as precedent or evidence in any subsequent grievance or any arbitral, judicial or administrative proceeding, except for the enforcement of the terms of the MOU.

12. This agreement contains the entire agreement between the parties.

For the employer,

For the Union

Ron Hain

Nathan Moravec

Sheriff of Kane County

MAP Chapter 753 Union President

Appendix F

MEMORANDUM OF UNDERSTANDING

This memorandum of understanding (MOU), dated April 1, 2019, is made and entered into between the Sheriff of Kane County (Sheriff) and the Metropolitan Alliance of Police Chapter 753 (MAP) for KCSQ Public Safety.

Pursuant to conversations between the Sheriff and MAP, It is agreed:

- The Sheriff's Office has created several lateral assignment positions within the Patrol Division, known as Patrol Plus, to include (but not limited to): Senior Services Deputy. Support Services Deputy, and Traffic Deputy.
- These lateral assignments may be appropriated outside of the schedule matrix and have days
 off and hours based on specific operational needs, as directed by the Sheriff;
- 3. The assigned deputies may be subject to supporting patrol functions based on the assessment of the Sheriff or his designer.
- 4. If additional manpower is needed to supplement patrol based on insufficient manpower from deputies in the scheduling matrix, Patrol Plus deputies will be assigned to fill those vacancies before hire back is authorized.
- 5. This supplement of parrol will only apply during Day Shift parrol schedule hours, Monday through Friday.
- 6. This MOU is made without precedent or prejudice to either party and not be utilized as precedent or evidence in any subsequent greatment of any arbitral, judicial or ediministrative proceeding, except for the enforcement of the terms of the MOU.
- 7. This MOU shall be enforced through the grievance process contained in the CBA:
- 8. This agreement contains the entire agreement between the parties.

For the employer

Ron Hain

Sheriff of Kane County

For the Union

Nothan Moravec

MAP Chapter 753 Union President