

EXHIBIT A

Collective Bargaining Agreement

By and Between

The City of Naperville

And

The Metropolitan Alliance of Police

Chapter #582

January 1, 2023 – December 31, 2027

PREAMBLE

The purpose of this Agreement is the promotion of harmonious relations between the City and the Chapter, the establishment of a prompt, equitable and peaceful procedure for the resolution of differences, and the establishment of an agreement covering rates of pay, hours of work and conditions of employment applicable to bargaining unit Record Specialists. Therefore, in consideration of the mutual promises and agreements contained herein, the City and the Chapter do mutually promise and agree as follows:

AGREEMENT

This Agreement has been made and entered into by and between the CITY OF NAPERVILLE, (hereinafter referred to as the "City", or the "Employer") and the METROPOLITAN ALLIANCE OF POLICE – NAPERVILLE CIVILIANS CHAPTER #582 (hereinafter referred to as "Chapter") on behalf of certain employees described in Article 1 (hereinafter referred to as "Record Specialists", "Employees", or "Members").

ARTICLE 1

RECOGNITION

Section 1.1 Recognition

In accordance with the Illinois State Labor Relations Board's (ISLRB) Certification of Representation dated January 28, 2010, as S-RC-10-153, the City hereby recognizes the Chapter as the sole and exclusive collective bargaining representative for all persons employed full-time and probationary by the City of Naperville Police Department in the position or title of Records Specialist, but excluding all managerial, confidential and supervisory employees as defined by the Illinois Public Relations Act (hereinafter referred to as the "Act"), and all other employees of the City of Naperville.

Section 1.2 Fair Representation

The Chapter recognizes its responsibility as a bargaining unit and agrees to fairly represent all members in the bargaining unit, whether or not they are members of the Chapter. The Chapter further agrees to indemnify, defend and hold harmless the City and its officials, representatives and agents from any and all claims, demands, suits or other forms of liability (monetary or otherwise) and for all legal costs resulting from any failure on the part of the Chapter to fulfill its duty of fair representation.

Section 1.3 Probationary Period

Effective to any members hired after the effective date of this Agreement, the probationary period (hereinafter "Probationary Period") for Record Specialists shall be twelve (12) months

from the date of hire as Record Specialists. Except as otherwise provided herein, during the Probationary Period the employee is entitled to all rights, privileges, and benefits under this Agreement except that a Probationary Employee may be disciplined or discharged at any time within the Probationary Period with or without just cause, and such action shall not be subject to the Grievance Procedure or Arbitration.

ARTICLE 2

NON-DISCRIMINATION

Section 2.1 Prohibition against Discrimination for Exercise of Rights under the ILRA

In the application of the terms of this Agreement, the City and the Union agree that neither will discriminate against any Records Specialists on the basis of her rights as defined under the Illinois Labor Relations Act.

Section 2.2 Prohibition Against Discrimination Generally

In accordance with applicable law, neither the City nor the Chapter shall discriminate against any employee covered by this Agreement on the basis of race, sex, creed, religion, color, sexual preference, marital (including parental) status, age, national origin, membership or lack of membership in the Chapter, or mental and/or physical disability unrelated to the member's ability to perform the job. Any claim of discrimination on the bases set forth above shall not constitute a Grievance under this Agreement and the parties agree that any such claim shall be processed through the appropriate Federal or State Agency or Court rather than through the Grievance Procedure set forth in this Agreement. The parties agree that failure to pursue such a complaint of discrimination through the grievance procedure shall not be the basis of a bar to proceed before any State or Federal Agency or Court.

Section 2.3 Gender/Terms

The use of the feminine pronoun in this document is understood to be for clerical convenience only, and it is further understood that the masculine and feminine pronouns are interchangeable.

When the term "Records Supervisor" is used, it shall be understood to mean "Records Supervisor or her designee".

When the term "Records Section" is used, it shall be understood to mean the Record Specialists and Records management.

Section 2.4 Chapter Representation

Authorized representatives of the Chapter shall be permitted, with reasonable notice and prior approval of the Records Supervisor, which notice may be given by e-mail or by phone, and which approval shall not be unreasonably withheld, to visit the Police Department during working hours to talk with Records Specialists concerning matters covered by this Agreement.

ARTICLE 3

MANAGEMENT RIGHTS

Section 3.1 Management Rights

Except as specifically limited by an express provision of this Agreement, the City retains all rights to manage and direct its affairs in all of its various aspects and to manage and direct its employees, including but not limited to the following:

1. To plan, direct, control and determine the budget and all the operations, services and missions of the City.
2. To supervise and direct the working forces.
3. To hire and promote employees.
4. To establish the qualifications for employment and to employ employees.
5. To schedule and assign work.
6. To examine employees.
7. To establish specialty positions and to select and/or transfer personnel for such positions.
8. To establish work and productivity standards, and from time to time, to change those standards.
9. To assign overtime, to contract out for goods and services.
10. To determine the methods, means organization and number of personnel by which such operations and services shall be made or purchased.
11. To determine whether services are to be provided by employees covered by this Agreement or by other employees or persons not covered by this Agreement subject to the subcontracting provisions contained herein.
12. To make, alter and enforce reasonable rules, regulations, orders, policies and procedures.
13. To evaluate members.
14. To discipline, suspend and discharge non-probationary employees for just cause (probationary employees without cause).
15. To change or eliminate existing methods, equipment or facilities or introduce new ones.

16. To establish and modify standards and/or criteria for employee training and education and assign employees to training and education for job related duties.
17. To determine work hours (shift hours).
18. To change, combine or modify job duties within the framework provided for in the Illinois Labor Relations Act.
19. To determine internal investigation procedures.
20. To take any and all actions as may be necessary to carry out the mission of the City and the Police Department in the event of civil emergency as may be declared by the mayor or his authorized designee (who will have the sole discretion to determine that civil emergency conditions exist which may include, but not be limited to, riots, civil disorders, tornado conditions, floods or other catastrophes), which actions may include the suspension of the provisions of this Agreement provided that wage rates shall not be suspended and providing that all provisions of this Agreement shall be promptly removed once a civil emergency condition ceases to exist, and to carry out the missions of the City. In the event of such emergency action, the provisions of this Agreement pertaining to usage of accumulated leave time may be suspended, provided that all the provisions of this Agreement shall be immediately reinstated once the local disaster or emergency condition ceases to exist.

Inherent managerial functions, prerogatives and policy-making rights which the City has not expressly restricted by a specific provision of this Agreement are not in any way, directly or indirectly, subject to the grievance procedures contained herein, provided, however, that the exercise of any of the above rights shall be subject to the Union's rights under Section 4 of the Illinois Public Labor Relations Act and shall not conflict with any of the express written provisions of this Agreement. All matters not specified in this Agreement shall be subject to the provisions of the City of Naperville Employee Policy Manual as amended from time to time, and the rules, regulations and general orders of the Police Department.

ARTICLE 4

NO STRIKE

Section 4.1 **No Strike**

Neither the Chapter nor any members, agents or employees will instigate, promote, sponsor, engage in, or condone any strike, sympathy strike, slowdown, sit-down, concerted stoppage of work, concerted refusal to perform overtime, or work to the rule situation, mass absenteeism, picketing for or against the City of Naperville or any other intentional interruption or disruption of the operations of the City, regardless of the reason for so doing. Any or all members who violate any of the provisions of this article may be discharged or otherwise disciplined by the City. Each member who holds the position of steward of the Chapter occupies a position of special trust and responsibility in attempting to bring about compliance with the provisions of this Article. In addition, in the event of a violation of this Section of this Article, the Chapter agrees to inform its members of their obligations under this Agreement and to direct them to return to work.

Section 4.2 **No Lockout**

The City will not lock out any members during the term of this Agreement as a result of a labor dispute with the Chapter.

Section 4.3 **Penalty**

The only matter which may be made the subject of a Grievance concerning disciplinary action imposed for an alleged violation of Section 4.1 above is whether or not the Record Specialist actually engaged in such prohibited conduct. The discipline imposed for such violations shall not be subject to the Grievance provisions. The failure to confer a penalty in any instance is not a waiver of such right in any other instance nor is it a precedent. The Parties retain their respective rights as set forth in the Illinois Public Labor Relations Act.

Section 4.4 **Judicial Restraint**

Nothing contained herein shall preclude the City or the Chapter from obtaining judicial restraint and damages in the event the other party violates the no strike or no lockout provisions of this Article. There shall be no obligation to exhaust the grievance procedure contained in this Agreement before instituting court action seeking such judicial restraint or damages.

ARTICLE 5

DUES DEDUCTION AND FAIR SHARE

Section 5.1 Dues Fee Deduction

- (a) Upon receipt of a written and signed authorization form from an employee, the Employer shall deduct the amount of Chapter dues and initiation fees, if any, set forth in such form and any authorization increase therein, and shall remit such deduction along with a list of the names and the amounts from whom deductions have been made each pay period to the Metropolitan Alliance of Police at the address designated by the Chapter in accordance with the laws of the State of Illinois. The Chapter shall advise the Employer of any increase in dues at least thirty (30) days prior to its effective date on an annual basis.
- (b) The Chapter shall indemnify, defend, and hold the Employer harmless against any claim, demand, suit, cost, expense, or any other form of liability, including fees for attorneys hired by the Chapter, and costs arising from or incurred because of any act taken or not taken by the Employer in complying with or carrying out the provisions for this Article, provided the Employer does not initiate or prosecute such action.

ARTICLE 6

MEMBER SECURITY

Section 6.1 Personnel Files

The City shall maintain Record Specialists' personnel files (hereinafter referenced as "Personnel File or Personnel Files") in accordance with the Personnel Record Review Act, 820 ILCS 40/1 et seq. and other applicable law.

Section 6.2 Right of Inspection

Record Specialists' Personnel Files shall be available for inspection by a Record Specialist upon reasonable notification to the Records Supervisor. A Chapter Representative may inspect a Record Specialist's file if the Record Specialist provides the Record Supervisor with a written authorization to that effect. Personnel Files may be inspected during business days between the hours of 9 a.m. and 5 p.m. unless another time is agreed upon. If one or more of the exceptions set forth in Section 10 of the Personnel Record Review Act are applicable to materials in the Personnel File, those materials shall not be made available for inspection.

No part of the Personnel File may be removed from the Police Department, and the Record Supervisor, or her designee, may be present at all times the inspection takes place.

Section 6.3 **Rights to Copies**

A Record Specialist shall be entitled to copies of any material in her Personnel File unless an exception set forth in Section 10 of the Personnel Record Review Act applies.

Section 6.4 **Right to Rebuttal**

In the event that a Record Specialist's Personnel File contains material which the Record Specialist believes is adverse to the Record Specialist, said Record Specialist shall have the right to have placed in her Personnel File a written rebuttal to said material.

Records of investigations of misconduct and disciplinary action following therefrom shall be expunged by the Chief, or his designee, from the employee's file in the following manner:

- Exonerated: immediately
- Unfounded: immediately
- No conclusion: immediately
- Verbal counseling/reprimand: after one year
- Sustained/written reprimand: after three years
- Sustained suspension: after five years (unless an allegation involving excessive force, sexual harassment, discrimination, dishonesty in the performance of official police duties, or criminal conduct as referenced below.)
- Sustained suspension for substance abuse – six years.

Any information of an adverse employment nature which may be contained in any Exonerated, Unfounded, or No Conclusion file shall not be used against the employee in any future disciplinary proceeding. A sustained allegation of misconduct involving sexual harassment, discrimination, dishonesty in the performance of official duties or criminal conduct may be used in future disciplinary proceedings to determine credibility, notice, and the appropriate penalty.

ARTICLE 7

SENIORITY

Section 7.1 **Definition of Seniority**

As used herein the term "Seniority" shall refer to and be defined as the continuous full-time length of service or employment with the Records Unit.

Section 7.2 **Seniority List**

The Records Supervisor shall prepare a list setting forth the current Seniority dates for all Record Specialists covered by this Agreement ("Seniority List"). The Seniority List shall be updated from time to time as changes occur in Record Specialist Seniority. The Records

Supervisor shall provide the Record Specialists with up-to-date copies of the Seniority List prior to the annual Time Off Selection Day described in Article 15.

Section 7.3 Termination of Seniority

A Record Specialist's Seniority shall be lost when she:

- 1) Resigns or transfers from her employment with the Police Department; or
- 2) Is discharged for just cause and not reinstated in accordance with this Agreement; or
- 3) Is laid off pursuant for a period of twenty-four (24) months in accordance with this Agreement; or
- 4) Accepts gainful employment while on an approved leave of absence unless continuation of Seniority is approved in writing by the City Manager; or
- 5) Is absent for three (3) consecutive scheduled workdays without proper notification or authorization, and without showing just cause for the failure to so report.

Section 7.4 Accrual of Seniority

Except as required by law, Record Specialists will not continue to accrue Seniority credit for all time spent on an authorized unpaid leave of absence in excess of thirty (30) days.

ARTICLE 8

GRIEVANCE PROCEDURE

Section 8.1 Definitions

A "business day" is defined as a calendar day exclusive of Saturdays, Sundays or Holidays. A "Grievance" is defined as a dispute raised by a Records Specialist or by the Chapter involving an alleged violation of an express provision of this Agreement.

Section 8.2 Grievance Procedure

- 8.2.1 Grievance Form:** A grievance (hereinafter "Grievance") shall be processed on the grievance form (hereinafter "Grievance Form") attached hereto as **Appendix A** which may be supplemented by additional pages as needed.

8.2.2 Contents of Grievances - All Grievances shall set forth the following:

- (a) The specific provision(s) of this Agreement, including the specific portion of such provision, which are alleged to have been violated;
- (b) A statement of facts which are the basis for each alleged violation(s); and
- (c) The specific relief requested.

Grievances that do not contain each of these elements may be returned to the Grievant by the Records Supervisor within three (3) calendar days of receipt with a note indicating what is missing. The timeframe for response at Step 1 will be stayed until the Grievance form is submitted. The Grievant shall have five (5) calendar days to resubmit the Grievance to her Supervisor with a copy to the Records Supervisor. Upon resubmission, the Grievance shall be processed as is and the timeframe for responding thereto shall be calculated from the day following resubmission.

8.2.3 Scheduling: Grievance meetings provided for each Step described below shall be scheduled in a manner that does not interfere with the efficient operation of the Records Section.

8.2.4 Timeframe for Filing a Grievance: All Grievances must be tendered to the Records Specialist's Supervisor, with a copy to the Records Supervisor, no later than seven (7) calendar days from the date of the occurrence of the matter giving rise to the Grievance, or within seven (7) calendar days after the Records Specialist or the Chapter, through the use of reasonable diligence, could have obtained knowledge of the occurrence or of the event giving rise to the Grievance. No Grievance shall be entertained or processed unless it is submitted within the time-frames set forth above. If a Grievance is not timely presented, it shall be considered waived and may not be further pursued.

8.2.5 Timeframe for Appeal: Any appeal from Step 1 to Step 2 or from Step 2 to Step 3 shall be made within seven (7) calendar days after a response at any Step has been issued by the City. If a Grievance is not appealed within the timeframe specified, it shall be considered settled on the basis of the City's response at the last Step and any further appeal shall be deemed waived. If the City does not respond to a Grievance within the specified timeframe at Step 1 or Step 2, the Grievant and/or the Chapter may elect to treat the Grievance as denied at that Step and appeal the Grievance to the next Step. The timeframes specified in this Section 8 may be extended by mutual agreement of the parties.

8.2.6 Bypassing Steps: The parties may, by mutual written agreement in a specific instance, agree to bypass one or more steps of the Grievance Procedure.

8.2.7 Chapter Representation

The Chapter shall have the right to designate up to three (3) employees as Chapter Representatives. The names of the Records Specialists selected shall be certified in writing to the Police Chief and the Records Supervisor by the Chapter in January of each year. The Chapter may submit revised lists from time to time.

A Chapter Representative shall be allowed to represent a Records Specialist-Grievant at a meeting held pursuant to Grievance Procedure Steps 1-3 if requested by the Grievant to do so. If such a meeting occurs during work hours, the Chapter Records Specialist may attend without loss of pay. No more than one (1) Records Specialist shall be present at any Step of the Grievance Procedure. The Grievant is not included in this limitation. Records Specialists who are required witnesses are not included in this limitation so long as their attendance is strictly limited to the time period necessary for them to testify.

8.2.8 Step 1:

Any Records Specialist and/or Chapter Representative who has a Grievance shall submit the Grievance in writing on the Grievance Form to the Records Supervisor, in accord with the provisions of Section 8.2.1 - 8.2.5.

- (a) The Records Supervisor, or her designee, shall investigate the Grievance. In the course of such investigation the Records Supervisor shall offer to discuss the Grievance with the Grievant and an authorized Chapter representative, if one is requested by the Records Specialist, within seven (7) calendar days of receipt at a time mutually agreeable to the parties.
- (b) The Records Supervisor or her designee, shall provide a written summary of her response, or the resolution if one is agreed upon, within seven (7) calendar days following said meeting.

8.2.9 Step 2:

A Grievance may be appealed to Step 2 of the Grievance Procedure if it is not adjusted at Step 1 upon submission of a written appeal to the Police Chief on the Grievance Form within ten (10) calendar days of receipt of the decision rendered at Step 1. The Grievance shall state the basis upon which the Grievant believes the Grievance was improperly denied at Step 1.

A meeting shall be held at a mutually agreeable time and place with the Grievant, the Police Chief, or his designee, the Records Supervisor, or her designee, and a Chapter Representative if one has been requested by the Grievant. Such meeting shall occur within fourteen (14) calendar days of receipt of the appeal to Step 2 unless otherwise agreed to by the parties.

If the Grievance is settled as a result of such meeting, the settlement shall be reduced to writing and signed by the parties unless both parties agree otherwise.

If no settlement is reached, the Police Chief, or his designee, shall submit a written response to the Chapter within fourteen (14) calendar days following the meeting.

8.2.10 Step 3:

If a Grievance is not settled at Step 2 and the Chapter desires to appeal, the appeal shall be submitted in writing by the Chapter to the City Manager within ten (10) calendar days of receipt of the decision rendered at Step 2. The grievance shall specifically state the basis upon which the Grievant believes the Grievance was improperly denied at Step 2.

A meeting shall be held at a mutually agreeable time and place with the Grievant, the City Manager, or his designee, the Records Supervisor, or her designee, and a Chapter Representative if one has been requested by the Grievant. Such meeting shall occur within fourteen (14) calendar days of receipt of the appeal to Step 3 unless otherwise agreed to by the parties.

If the Grievance is settled as a result of such meeting, the settlement shall be reduced to writing and signed by the parties unless both parties agree otherwise.

If no settlement is reached, the City Manager, or his designee, shall submit a written response to the Chapter within fourteen (14) calendar days following the meeting.

Section 8.3 Arbitration

If the grievance is not settled in Step 3, and the Chapter wishes to appeal the Grievance from Step 3, the Chapter may refer the matter to arbitration (hereinafter "Arbitration"), as described below, within fourteen (14) calendar days of receipt of the City's written answer as provided to the Chapter at Step 3. If a Grievance is not referred to Arbitration within the timeframe specified, it shall be considered settled on the basis of the City's response at Step 3 and no referral to Arbitration may be made.

- 1) The City and the Chapter shall attempt to agree upon an arbitrator (hereinafter "Arbitrator") within seven (7) calendar days after receipt of the notice of referral. In the event the parties are unable to agree upon the arbitrator within said seven (7) day period, the parties shall jointly request the Federal Mediation and Conciliation Service to submit a panel of seven (7) arbitrators, pursuant to its Labor Arbitration Rules from the "Metropolitan" Area (125-mile radius). The parties agree that they can mutually reject an entire panel and request that a new panel be submitted before the striking process begins. The parties shall determine by the toss of a coin who shall strike first, then alternately strike names one at a time until one Arbitrator is selected. If the Arbitrator selected is unavailable for hearing for more than six (6) months a new Arbitrator will be selected from either the current panel or a new panel if requested by either party.
- 2) The Arbitrator shall be notified of his/her selection and shall be requested to set a time and place for the hearing, subject to the availability of Chapter and City representatives.

- 3) More than one Grievance may be submitted to the same Arbitrator only if both parties mutually agree to do so in writing.
- 4) Both parties shall attempt to arrive at a joint stipulation of the facts and issues to be submitted to the Arbitrator. Those facts and issues agreed upon shall be designated as "Agreed". Those facts and issues not agreed upon shall be designated as "Disputed – Grievant's Disputed Statement of Facts & Issues" or "Disputed – City Disputed Statement of Facts & Issues".
- 5) The City and Chapter shall have the right to request the Arbitrator to require the presence of witnesses or documents. Each party shall bear the costs of its own witnesses and for the production of documents.
- 6) The City and the Chapter retain the right to employ legal counsel at their own expense.
- 7) The Chapter and the City may request that, if possible, the Arbitrator submit his/her decision in writing within thirty (30) calendar days following the close of the hearing or the submission of briefs by the parties, whichever is later.
- 8) The fees and expenses of the Arbitrator shall be divided equally between the City and the Chapter.
- 9) If either party desires a verbatim record of the proceedings, it may cause such to be made, providing it pays for the record and makes a copy available without charge to the Arbitrator. If the other party also desires a copy of the record, it shall share equally in the cost of the record. In the event that the Arbitrator requests a copy of the transcript, the parties shall share equally in the cost of the record.

Section 8.4 Limitations on Authority of Arbitrator

The Arbitrator shall have no right to amend, modify, nullify, ignore, add to, or subtract from the provisions of this Agreement. The Arbitrator shall consider and decide only the question of fact as to whether there has been a violation, misinterpretation or misapplication of the specific provisions of this Agreement. The Arbitrator shall be empowered to determine the issue raised by the Grievant as submitted in writing at Step 1. The Arbitrator shall have no authority to decide on any issue not so submitted or raised by the Grievant.

The Arbitrator shall be without power to make any decision or award, which is contrary to or inconsistent with, in any way, applicable laws, or of rules and regulations of administrative bodies that have the force and effect of law.

The Arbitrator shall not in any way limit or interfere with the powers, duties and responsibilities of the City under the Constitution of the State of Illinois, state statutes, and applicable court

decisions. Any decision or award of the Arbitrator rendered within the limitations of this Section shall be final and binding upon the City, the Chapter and the Records Specialists covered by this Agreement.

Section 8.5 Grievance Processing

Reasonable time while on duty, subject to the employer's staffing needs, shall be granted to a designated union representative (a maximum of two (2) employees shall be so designated) for aiding, assisting or otherwise representing employees in the handling and processing of grievances, and shall be without loss of pay.

ARTICLE 9

DISCIPLINE

Section 9.1 Discipline for Just Cause

In general, the City will practice progressive discipline. Record Specialists shall not be disciplined except for just cause. When just cause exists, the City shall have the right to invoke one or more of the following disciplinary measures set forth below.

Section 9.2 Oral or Written Reprimand

This is a censure, expressing formal disapproval of the action or actions of a Record Specialist, but carries no loss of privileges. Oral reprimands will be recorded in writing and maintained in a manner determined by the Employer. An oral reprimand shall not be subject to the Grievance or Arbitration procedures provided for in this Agreement.

A written reprimand may be issued by the Records Supervisor or by a supervisor in the employee's chain of command. When a supervisor issues a written reprimand, it should be countersigned by the Records Supervisor. A copy of the written reprimand shall be given to the Record Specialist, and another shall be placed in the Record Specialist's personnel file.

Section 9.3 Suspension Without Pay

This is the temporary removal of a Record Specialist from employment accompanied by a concurrent and temporary loss of wages. The Police Chief, or his designee, has the authority to implement a suspension of a Record Specialist up to a maximum of three (3) days. Any suspension greater than three (3) days must be approved by the City Manager.

Section 9.4 Termination of Employment

Termination of employment is the act of discharge from employment and the permanent loss of all privileges of employment. The Deputy Director of Administrative Services may recommend to the Police Chief, or his designee, that a Record Specialist be terminated from her employment.

This provision does not waive any right an employee may have under the Grievance Procedure set forth in Article 8.

Section 9.5 Conduct

The parties agree that they shall treat each other with respect and courtesy.

Section 9.6 Disciplinary Questioning

Nothing herein shall be construed as a waiver of Record Specialists' rights under the Illinois Public Labor Relations Act to union representation during disciplinary questioning if requested.

ARTICLE 10

DRUG FREE WORKPLACE

Section 10.1 Drug Free Workplace

The provisions of the City's Drug Free Workplace Policy as set forth in the City Employee Policy Manual ("EPM") as amended from time to time and the provisions set forth below shall govern drug and alcohol testing and promote a drug free workplace. To the extent there are any conflicts between the provisions set forth below and the Drug Free Workplace Policy in the EPM, the provisions below shall prevail.

Section 10.2 Right to Consult

If a Records Specialist is ordered to submit to testing authorized by this Agreement, she shall be permitted to consult with a Member representative of the Union within a reasonable time, not to exceed thirty (30) minutes from the time the order is given, as long as such consultation does not interfere with the timely execution of the order.

Section 10.3 Right to Contest

The Chapter and/or the member, with or without the Chapter, shall have the right to file a grievance concerning any testing permitted by this Article contesting the basis for the order to submit to the tests, the administration of the tests, the significance and accuracy of the tests, or results or any other alleged violation of this Article. 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 members may have with regard to such testing. Members retain any such rights as may exist and may pursue the same in their own discretion, with or without the assistance of the Chapter.

Any Last Chance agreement subject to this policy shall permit the Grievant to challenge whether the violation occurred, but not the level of discipline.

ARTICLE 11

LAYOFF AND RECALL

Section 11.1 Layoff

The City, in its discretion, shall determine whether layoffs are necessary. If the City determines that layoffs are necessary, members covered by this Agreement will be laid off in accordance with their length of service as a Records Specialist within the Records Unit. Except in an emergency, no layoff will occur without at least fifteen (15) calendar day notification to the Chapter, in order to afford the Chapter, the opportunity to provide advisory input through a labor management meeting, provided this process will not be used to delay the layoffs.

Section 11.2 Recall

Members who are laid off shall be placed on a recall list for a period of two (2) years. If there is a recall, members who are still on the recall list shall be recalled, in the inverse order of their layoff, provided they are fully qualified to perform the work to which they are recalled. However, members recalled to duty shall be subject to a reasonable amount of retraining at the discretion of the Chief of Police, members who are eligible for a recall shall be given fourteen (14) calendar days' notice of recall, and notice of recall shall be sent to the member by certified or registered mail with a copy to the Chapter, provided that the member must notify the Police Chief or his designee of his intention to return to work within seven (7) days after receiving notice of recall. The City shall be deemed to have fulfilled its obligations by mailing the recall notice by certified mail, return receipt requested, to the mailing address last provided by the member, it being the obligation and responsibility of the member to provide the Police Chief or his designee with his latest mailing address. If a member fails to timely respond to a recall notice, his name shall be placed at the bottom of the recall list for the first failure and shall be eliminated for any subsequent failure to respond, provided the recall requests are over ninety (90) days apart.

ARTICLE 12

LABOR-MANAGEMENT CONFERENCES

Section 12.1 Purpose of Labor Management Meetings

In the interest of harmonious employee relations and to promote a unified interpretation and application of the terms of this Agreement, the parties agree that it is desirable that meetings be held from time to time between Record Specialists and Records Section management (hereinafter "Labor Management Meetings"). Such meetings may be initiated at any time by either the Records Supervisor or a Chapter Representative. The date, time, place, and agenda for such meetings shall be mutually agreed upon.

Staff meetings scheduled by the Records Supervisor shall not be considered Labor Management Meetings.

Labor Management Meeting topics may include, but are not limited:

- 1) discussion on the implementation and general administration of this Agreement;
- 2) a sharing of general information of interest to the parties;
- 3) notifying the Chapter of changes in conditions of employment contemplated by the Employer which may affect members; and
- 4) safety issues.

Section 12.2 Scope of Labor Management Conferences

It is expressly understood and agreed that such meetings shall be exclusive of the grievance procedure. Grievances being processed under the grievance procedure shall not be considered at “labor-management conferences”, nor shall negotiations for the purpose of altering any or all of the terms of this Agreement be carried out at such meetings.

Section 12.3 Attendance

Attendance at Labor Management Meetings shall be voluntary on the Record Specialists' part. On duty Record Specialists may attend such meetings without loss of compensation so long as the Record Supervisor determines that there is sufficient coverage of the Records Section. Employees attending Labor Management Meetings while off duty shall not be compensated for their time.

Section 12.4 Employee Email

Employees acting as bargaining team members and/or stewards shall be authorized to utilize the Employer’s email system to communicate with the Union and bargaining unit members, provided that such communication is limited to Union business.

ARTICLE 13

SICK LEAVE PAY OUT

When an employee on TOP plan (see Article 14) is retirement eligible under the provisions of IMRF, their sick leave accruals will be processed as follows:

When a retirement eligible employee separates from the City, the City will contribute the cash value of up to 720 hours of the employee’s earned but unused sick leave into a Retiree Health Savings Plan (RHSP). Payment will be made at the salary rate in effect as of the last day worked.

The RHSP may be used for the payment of health insurance premiums and other eligible healthcare expenses.

The City will pay out the sick leave accruals into the employee's RHSP account within 30 days following the eligible employee's final rate of earnings for an IMRF pension, nor will it be subject to IMRF member contributions.

To qualify for the RHSP, an employee must meet the retirement eligibility requirements as defined by IMRF regulations. Any sick leave hours over 720 hours up to 960 hours may be used to purchase IMRF service credit as governed by IMRF rules.

ARTICLE 14

BENEFITS APPLICABLE TO RECORD SPECIALISTS HIRED ON OR AFTER JULY 1, 2011 [Tier 2 Employees]

Section 14.1 Benefits Applicable to Records Specialists Hired on July 1, 2011 or Later

City employees hired before July 1, 2011 are referred to in the City as "Tier 1 Employees". City employees hired on or after July 1, 2011 are referred to in the City as "Tier 2 Employees".

Tier 2 Employees are entitled to certain benefits which are different from Tier 1 Employees. The following provisions in this Agreement apply to Tier 2 Employees only:

Holidays: Notwithstanding any other provision of Article 16 ("Holidays"), Tier 2 Employees are entitled to the same holidays as Tier 1 Employees except that they are not eligible for floating holidays.

Paid Time Off: Notwithstanding any other provision of Article 18 ("Time Off under TOP"), Tier 2 Employees are not eligible to participate in the City's "TOP" (Time Off Program). Tier 2 Employees shall instead be governed by the City's Paid Time Off -2011 Plan ("PTO-11 Plan) which shall govern all matters related to paid time off and utilization and all other topics included in the Plan. The TOP and PTO-11 are appended hereto as **Appendix B**.

ARTICLE 15

HOURS OF WORK AND OVERTIME

Section 15.1 Application of Article

The normal work week shall consist of forty (40) hours Monday through Friday. The provisions of this Article shall be used to calculate overtime payments. Nothing in this Agreement shall be construed as a guarantee of hours of work per day or per week.

Section 15.2 Normal Work Hours

Section 15.3 Court Time

Record Specialists who are required to appear in court pursuant to subpoena for an issue related to their employment while on their off-duty time shall receive a minimum of two (2) hours pay at their overtime rate of pay.

Section 15.4 Timekeeping

Record Specialists shall swipe in and out of the timekeeping system provided by the City on a timely basis. Record Specialists who inadvertently swipe in early or late shall promptly notify their Supervisor to that effect by e-mail so that their time record may be corrected.

Section 15.5 Start Time and Time Off Selection

Start Time and Time Off Selection Day. During the first or second week of October in each year, one day shall be designated by the Employer as the “Start Time and Time Off Selection Day”. On that day, all Specialists and the Employer shall convene in an Employer designated location. At that time each Specialist, in Seniority order, shall submit their first choice for time off (including holidays, vacation and personal days). After every Specialist has made their first choice, the process shall continue until the selection process is complete. Attendance in person is preferred to complete this process. However, if a Specialist is unable to be present due to an emergency or a preapproved day off, they may attend by telephone or may email their preferred days off to the Records Supervisor who shall act on their behalf during selection. Management reserves the right to review the schedule and provide final approval.

Section 15.6 Overtime

Record Specialists shall have any hours exceeding forty (40) in a week paid at the rate of one-and-one-half (1-1/2) times their regular rate of pay. Overtime pay will be in fifteen (15) minute increments. Hours worked for the purpose of overtime include paid time off, such as vacation, PTO, floating and scheduled holidays, and sick time.

Overtime may be authorized by the Records Supervisor or his/her designee. Overtime may be verbally approved but shall be followed up with written confirmation which may be by e-mail. Except where overtime is assigned based upon the most senior person on a Shift, the overtime posting or schedule adjustment may specify that employees will be selected based on ongoing involvement in a specific matter, possession of specific skills or have a particular ability or experience. Such limitations will be reasonable and be posted in the overtime or schedule adjustment notice. If none of the above criteria apply or more than one employee meets all of the criteria, the selection shall be based upon seniority. Individual employees shall not be solicited for overtime.

Mandatory overtime may be required by the Records Supervisor for all Record Specialists.

Section 15.7 No Pyramiding

Overtime compensation shall not be paid more than once for the same hours under any provision of this Article or Agreement.

Section 15.8 Call Off for Unscheduled Absences

An employee unable to work due to an emergency (hereinafter referred to as a "Call In") shall notify the Records Supervisor or Supervisor, or their designee, as soon as possible. The Records Supervisor shall, at his/her sole discretion, determine whether it is necessary to provide coverage for the Call In. If coverage is deemed necessary, the Records Supervisor may offer employees who have a scheduled day off the ability to come into work.

Section 15.9 Temporary Shift Coverage for Extended Absences

In the event that a Record Specialist will be absent from her shift schedule slot for an extended period of time, the Records Supervisor may, at his/her sole discretion, notify the Record Specialists of the situation and seek volunteers to provide coverage for the affected slot. If more than one Record Specialist desires to fill the temporarily vacant slot, seniority shall govern the selection of the individual assigned. If there are no volunteers, reverse seniority shall be applied in filling the absence.

Section 15.10 Switching of Shift Schedule Slots

Record Specialists may request to be allowed to switch shift schedule slots so long as the switch occurs during the same work week and does not trigger any overtime. The request shall be submitted in writing, signed by both Record Specialists, and directed to the Records Supervisor for approval. Once a slot switch has been approved, the Record Specialists shall be required to honor their request.

Section 15.11 Interpreting

In the event that a Record Specialist is requested by the Employer to assist with interpretation on site (at the Police Department), the Record Specialist shall do so. Interpretation on site shall include general customer service and assisting citizens at the police department. It shall not include transcription of criminal interrogations or the writing or transcribing of police reports. In the event that a Record Specialist is requested to go off site to interpret on behalf of the Employer, or to perform other services outside the scope of this section, he or she shall have the right to deny such request and such denial shall in no way be a basis for discipline against the Record Specialist. If the Record Specialist consents to assist with interpreting off site, he or she shall be escorted to and from the site by a representative of the Police Department. The Records Supervisor or Supervisor shall be informed of any occurrence where a Record Specialist assists with interpreting and shall make any necessary accommodation to that Record Specialist's workload.

ARTICLE 16

HOLIDAYS

Section 16.1 Holidays

Twelve (12) paid holidays will be granted to Record Specialists as follows:

- New Year's Day
- Memorial Day (last Monday in May)
- July 4th
- Labor Day (first Monday in September)
- Veterans' Day
- Thanksgiving Day (fourth Thursday in November)
- Day after Thanksgiving (fourth Friday in November)
- Christmas Eve
- Christmas Day
- Three (3) Floating Holidays (not applicable to employees on PTO -11) Floating holidays must be used in one day increments and are subject to the prior approval of the Records Supervisor.

By October of each calendar year, the upcoming year's actual holiday schedule will be published by the Employer's Human Resources Department. Generally, when an above-listed holiday falls on a Saturday, it will be observed on the preceding Friday. Generally, when an above-listed holiday falls on a Sunday, it will be observed on the following Monday. When a particular calendar year presents a need to deviate from this holiday observance procedure (e.g., during leap years), the final decision will be at the discretion of the City Manager and published by Human Resources.

Section 16.2 Holiday Compensation

Eight (8) hours of straight time shall be paid to all regular and Introductory period full-time Record Specialists for each Holiday.

A Record Specialist on paid leave will receive holiday pay for any Holiday that falls during said leave period, provided the workday immediately prior to and immediately following the Holiday are paid leave or paid workdays. If a Record Specialist takes an unpaid day off on the workday immediately before or after a Holiday listed in Section 16.1 above, she will not receive pay for that Holiday.

Should a Record Specialist be required to work on a scheduled Holiday listed in Section 16.1 above (other than a floating holiday), she will be paid one and a half times (1 ½) her regular rate of pay for each hour worked in addition to receiving eight (8) hours of straight time for holiday pay.

If a Record Specialist is on unpaid leave, she will not receive holiday pay. A suspension without pay will result in the loss of holiday pay.

Record Specialists are not eligible for payment in lieu of holidays.

ARTICLE 17

LEAVES

SECTION 17.1 **Funeral Leave**

When there is a death in the immediate family, a full time Record Specialist will be granted up to three consecutive workdays off between the date of death and the date of the funeral or other memorial service. A workday is defined as an employee's regularly scheduled hours for that day. These hours shall be granted without loss of pay and without charge to accrued leave.

Immediate family is defined as spouse, parents, parents-in-law, children, brothers and sisters, brothers- and sisters-in-law, grandchildren, grandparents, grandparents of spouse or other persons who have been members of the employee's household at the time of death (this list includes relationships of "step," "half," and "great.")

Time taken in addition to the three consecutive workday funeral leave may be taken under other provisions of this Agreement at the discretion of the Record Specialist with approval of the Records Supervisor and will be chargeable to other accrued leaves excluding sick leave.

SECTION 17.2 **Military Leave**

A Record Specialist shall receive military leave and seniority in accordance with applicable law as amended from time to time.

SECTION 17.3 **Jury Duty Leave**

Record Specialists called upon for jury duty shall notify the Records Supervisor as soon as possible. Straight time pay for eight (8) hours per day will be paid for the period served if the Records Specialist provides documentation evidencing the actual days she performed jury duty. A Record Specialist's time served on jury duty shall not be charged against sick time or vacation time and shall be considered as time worked. Record Specialists may keep any payment for jury duty served.

Section 17.4 **Maternity/New Parent Leave**

The City Maternity/New Parent Leave policy is incorporated into this agreement as **APPENDIX C**.

ARTICLE 18

TIME OFF UNDER TOP

Section 18.1 Time Off Plan ("TOP")

Except as provided below, the City of Naperville Time Off Plan ("TOP") attached hereto as **Appendix B** is incorporated into this Agreement by reference. TOP shall govern all matters related to vacation time, sick time accrual and utilization and all other topics included in the Plan.

Records Specialists will be allowed to accrue up to one hundred percent (100%) or one year of their annual PTO accruals as set forth below. Once a Records Specialist reaches the maximum accrual of one year, they will no longer accrue additional PTO until they are below the one-year maximum cap.

Time Off Plan (TOP) - Paid Time Off (PTO)

Paid Time Off (PTO) eliminates the distinction between sick and vacation. PTO is an accrual of time, which an employee can use for any purpose such as vacation, other leisure time, personal illness, or to care for another person who is ill.

PTO is earned each pay period, effective with the first pay period of employment. Accruals are posted to the employee's record each pay period. Employees who regularly work less than a 40-hour workweek will have their PTO accrual prorated accordingly. Accruals are based on budgeted hours for the position, not on actual hours worked. For example, an employee in a 20 hour per week position who temporarily works 25 hours per week will still receive accruals based on the originally budgeted 20-hour work week.

PTO time will not be earned during any period of unpaid leave. A maximum 1-year accrual of PTO time may be accumulated at any one time. When the maximum 1-year accrual cap is reached no additional PTO is earned until the employee uses sufficient time to bring their accruals below the maximum accrual limit.

Accrual is rounded on the last pay period of the calendar year to balance the accruals required.

Usage of PTO is governed by department work rules and is subject to supervisory approval. All accrued PTO will be paid out at the time an employee separates from employment.

ARTICLE 19

UNIFORMS AND EQUIPMENT

19.1 Uniforms and Equipment

Any specialty uniforms or equipment required shall be provided by the Employer.

ARTICLE 20

SUBCONTRACTING

Section 20.1 Subcontracting

The City shall have the right to subcontract out any work it deems necessary when such subcontracting will not cause the layoff or reduction of force of any bargaining unit members.

ARTICLE 21

TUITION REIMBURSEMENT PROGRAM

Section 21.1 Tuition Reimbursement Program

Record Specialists shall be eligible to participate in the City's Tuition Reimbursement Program in the same manner and subject to the same terms and conditions as non-union employees of the City.

ARTICLE 22

MEDICAL, DENTAL AND LIFE INSURANCE

Section 22.1

Record Specialists participating in the City's medical insurance and/or dental insurance program(s) shall pay a monthly premium contribution of twenty (20) percent of the monthly premium, as determined by the City, applicable to the plan(s) chosen by the employee. Monthly premium amounts may be adjusted each year of the contract on January 1. The City shall have the right to implement new employee premium contribution rates on January 1 of each year consistent with the above language regardless of whether the collective bargaining agreement has expired. Nothing herein shall restrict the Union's right to bargain over the terms of medical and dental insurance. The premium amounts and employee premium contribution amounts for 2024 are appended hereto as **APPENDIX D**.

Section 22.2

The Employer agrees to continue medical and dental benefits provided for in this Article as set forth on the plan summary sheets appended to this agreement as **APPENDIX E**. If during the term of this agreement the City modifies the terms of these medical plans and implements the modifications with all non-sworn police department employees, the Union agrees to consent to implementation of the modified terms for members its bargaining unit. , Nothing in this Agreement restricts the City's right: to change insurance carriers, plan administrators or networks; to self-insure and to change the method or manner of self-insurance; to change benefit levels as directed by the City Council; to implement a health insurance program with multiple plan options (that may include but is not limited to a high deductible plan, Health Savings Account, or Health Reimbursement Account); to participate in programs to reduce health insurance costs, or to utilize health maintenance organizations or other similar groups, provided that the coverage and benefit levels are the same for employees under this Agreement as provided to all other non-union employees of the City, as the same may be changed from time to time by the City.

Section 22.3 Life Insurance

Record Specialists shall be provided a life insurance benefit and an accidental death and dismemberment benefit under the same terms and conditions as such benefits are available to non-union employees of the City. The Employer will provide to all employees life insurance in an amount equal to one and one-half (1 1/2) times the employee's base salary. A supplemental optional life insurance plan is also available for purchase by Record Specialists.

Section 22.4 Medical Expense Reimbursement Plan, Dependent Care Plan, and other Voluntary Programs

Record Specialists shall be allowed to participate in the City's Medical Expense Reimbursement Plan, Dependent Care Plan, and any other policies or plans made available by the City on a voluntary basis in the same manner and to the same extent as such policies and plans are available to non-union employees of the City.

Section 22.5 Terms of Policies to Govern

The extent of coverage under the insurance policies or programs referred to in this Article shall be resolved in accordance with the terms and conditions of said policies, rules, and guidelines (including provisions governing self-insurance) and shall not be subject to the Grievance Procedure provided for in Article 6 herein.

ARTICLE 23

WAGES AND COMPENSATION

Section 23.1

Employees shall be paid consistent with the rates in **APPENDIX F**. Step level is based on years of service in the City. Step increases will be implemented no later than the pay period after the employee reaches the listed years of service.

The wage rates in Appendix F shall be increased as follow:

1/1/23 – A 6.5% market adjustment increase based upon the current rates being below the rates other like municipalities are paying their records employees..

1/1/23 – A 2.5% wage increase to be applied on top of the market adjustment increase.

1/1/24 – A 2.5% wage increase.

1/1/25 – A 2.5% wage increase.

1/1/26 – A 2.5% wage increase.

1/1/27 – A 2.5% wage increase.

For this agreement only, all wage increases shall be paid retroactively.

ARTICLE 24

SUPERVISORY WORK

Section 24.1 Supervisory Work

The parties agree that Record Supervisors may perform bargaining unit work consistent with past practice in the Records Department so long as performance of bargaining unit work by Record Supervisors does not result in any full-time bargaining unit member being scheduled for less than 40 hours of work in a week and does not result in any part time bargaining unit member being scheduled for less than the number of hours in their normal work week.

However, if a bargaining unit member has been laid off status and is subject to recall in accord with Article 11/Layoff and Recall, Section 11.2, Record Supervisors shall not perform more than 4 hours of bargaining unit work a day.

The City agrees that it is not the intent of the City to use supervisory work to supplant current bargaining unit positions and the Union agrees that it is not the intent of the Union for this provision to act as a guarantee of staffing levels.

ARTICLE 25

BULLETIN BOARDS

Section 25.1 Bulletin Boards

The City will provide the Chapter with a bulletin board in a designated location which will be accessible to all Record Specialists upon which the Chapter may post its notices subject to approval of the Record Supervisor. If there is any objectionable material on the bulletin board, the Record Supervisor will remove it and provide the Chapter with an explanation.

ARTICLE 26

SAVINGS CLAUSE

Section 26.1 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, or by existing or subsequently enacted Federal or State legislation, or by Executive Order or any Federal or State boards or agencies, or other competent authority, the remaining provisions of this Agreement shall remain in full force and effect. In such event, upon the request of either party hereto, the parties shall meet promptly and negotiate with respect to substitute provisions for those provisions rendered or declared unlawful, invalid or unenforceable.

ARTICLE 27

TERM

Section 27.1 Term of the Agreement

This Agreement shall be effective January 1, 2023 and shall remain in full force and effect until December 31, 2027. It shall continue in effect from year to year thereafter unless notice of termination or demand to bargain is given in writing by certified mail by either party not less than sixty (60) nor more than one hundred twenty (120) days before December 31, 2027 or any subsequent annual expiration date.

Notices under this Article shall be addressed by the Employer to the Chapter to the attention of the President, Metropolitan Alliance of Police at 215 Remington Blvd., Bolingbrook, IL 60440, and to the employer by the Chapter to the attention of the City Manager at 400 South Eagle Street, Naperville, IL 60540.

Either party may, by written notice, change the address to which such notice shall be given. The notices referred to herein shall be considered to have been given as of the date shown on the postmark. Written notice may be tendered in person, in which case the date of notice shall be the date of receipt.

ARTICLE 28

COMPLETE AGREEMENT

Section 28.1 Entire Agreement

This Agreement, upon ratification, supersedes and cancels all prior practices, policies, procedures and agreements, whether written or oral, unless expressly stated to the contrary herein, and constitutes the complete and entire agreement between the parties, and concludes collective bargaining for its term.

The parties acknowledge that during the negotiations which resulted in this Agreement, each had the unlimited right and opportunity to make demands and proposals with respect to any subject matter not removed by law from the area of collective bargaining and that the understandings and agreements reached by the parties after the exercise of that right and opportunity are set forth in this Agreement. Therefore, the Employer and the Chapter, for the duration of this Agreement, each voluntarily and unqualifiedly waives the right, and each agrees that the other shall not be obligated to bargain collectively with respect to any subject or matter, which has been bargained by the parties in this agreement.

IN WITNESS WHEREOF, the parties hereto have affixed their signatures this day of _____, 2024.

**METROPOLITAN ALLIANCE
OF POLICE CHAPTER 582**

CITY OF NAPERVILLE

Metropolitan Alliance of Police

Douglas A. Krieger
City Manager

Keith George
President, Metropolitan Alliance of Police

By: _____


ATTEST

Dawn Portner
City Clerk

Date: _____

Date: _____

APPENDIX A

	METROPOLITAN ALLIANCE OF POLICE Dept: _____ Chap# _____ <h2 style="margin: 0;">GRIEVANCE REPORT</h2>	Page 1 Grievance # _____
GRIEVANT DATA (If more than one (1) grievant, list separately in narrative)		Grievant(s) or MAP chapter rep MUST Sign Grievance
Grievant's Name: Last, First MI: _____		Star #: _____
Incident Date: _____	Contract Article and Section Violated: _____	Date/Time Step 1 Initiated: _____
Shift Assignment: _____	Supervisor: _____	Presented To: _____
Grievant's Signature: _____		MAP chapter Rep. Signature: _____
S T E P 1	STATEMENT OF GRIEVANCE STEP 1	
	Briefly state the cause of your grievance and the remedy you seek _____ _____ _____ _____ _____ _____	
	See attached for additional information <input type="checkbox"/>	
	Employer's Step 1 response and reasons therefore: _____ _____ _____ _____	
	Immediate supervisor's signature: _____	
	Date/Time of response: _____	
	Response given to: _____	
	S T E P 2	REASONS FOR ADVANCING GRIEVANCE STEP 2
_____ _____ _____ _____ _____ _____		
See attached for additional information <input type="checkbox"/>		
Grievant's signature: _____		
Date/Time Step 2 initiated: _____		
Presented to: _____		
Employer designee's response and reasons therefore: _____ _____ _____ _____		
Employer designee's signature _____		
Date/Time of response: _____		
Response given to: _____		



METROPOLITAN ALLIANCE OF POLICE

Dept: _____ Chapter # _____

GRIEVANCE REPORT

Grievance # _____

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REASONS FOR ADVANCING GRIEVANCE STEP 3

See attached for additional information

Grievant's Signature:	Date/Time Step 3 Initiated:
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Presented To: _____

Employer Designee's Response and Reasons Therefore:

Employer Designee's Signature:	Date/Time of Response:
--------------------------------	------------------------

Response Given To: _____

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REASONS FOR ADVANCING GRIEVANCE STEP 4

See attached for additional information

Grievant's Signature:	Date/Time :	Chapter President or Designee Signature :	Date/Time :
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DATE GRIEVANCE ADVANCED TO ARBITRATION AND PERSON SERVED WITH NOTICE

Chapter president or designee signature:	Date/Time submitted for arbitration:
--	--------------------------------------

APPENDIX B



City of Naperville Employee Policy Manual

4. PAID AND UNPAID TIME OFF

4.2 Time Off Plan (TOP)

Paid Time Off (PTO)

TOP was implemented on June 9, 2001. All employees hired on or after June 9, 2001 until June 30, 2011 automatically have TOP as their leave plan unless their Collective Bargaining Agreement has other provisions

PTO is earned each pay period, effective with the first pay period of employment. Employees who regularly work less than a 40-hour workweek will have their PTO accrual prorated accordingly. Accruals are based on budgeted hours for the position, not on actual hours worked. For example, an employee in a 20 hour per week position who temporarily works 25 hours per week will still receive accruals based on the originally budgeted 20-hour work week.

PTO time will not accrue if an employee is unpaid for an entire pay period. PTO for full-time employees is earned according to the following schedule:

Start of Service Year	Hours Accrued Per Year	* Hours Accrued Per Pay Period	** Maximum Accrual Allowed
1 – 4	120	4.62	120
5 – 10	160	6.15	160
11 – 15	200	7.69	200
16	208	8.00	208
17	216	8.31	216
18	224	8.62	224
19	232	8.92	232
20+	240	9.23	240

*Accrual is rounded on the last pay period of the calendar year to balance the accrual as required.

**When the maximum accrual allowed is reached, accruals are capped, and no further accruals are allowed, until the accrued time is less than the maximum allowed.



City of Naperville Employee Policy Manual

4. PAID AND UNPAID TIME OFF

Employees **paid in lieu of holidays** will accrue an extra 40 hours of PTO time (1.54 hours per pay period) which are placed in their “Holiday Vacation Bank,” as explained in the **Payment in Lieu of Holidays** section in this chapter. These employees working 40 hours/week will accrue as follows:

Start of Service Year	Hours Accrued Per Year	* Hours Accrued Per Pay Period	** Maximum Accrual Allowed
1 – 4	160	6.16	160
5 – 10	200	7.69	200
11 – 15	240	9.23	240
16	248	9.54	248
17	256	9.85	256
18	264	10.16	264
19	272	10.46	272
20+	280	10.77	280

*Accrual is rounded on the last pay period of the calendar year to balance the accrual as required.

**When the maximum accrual allowed is reached, accruals are capped, and no further accruals are allowed, until the accrued time is less than the maximum allowed.

PTO Cash Out (TOP)

Employees may cash out up to a maximum of 48 PTO hours each calendar year in which they have at least 640 hours of sick leave accrued.

Sick Leave (TOP) – Accumulation & Use

Employees on TOP will accrue 80 sick leave hours per year (3.08 hours each pay period) up to a maximum of 960 hours (accrual and limitation is prorated for employees scheduled less than 40 hours per week).

Employees who converted to TOP with an excess of 960 hours will not earn sick leave until their balance is reduced by utilization to below the 960-hour maximum. Sick leave will be earned in the same pay period as the employee’s sick leave drops below 960 hours.

Employees may transfer a maximum of 48 unused PTO hours into their sick leave account annually if they have less than 960 hours of sick time accrued.

No sick leave will accrue if an employee is unpaid for an entire pay period.

Sick leave may be granted for any of the following reasons:

- Incapacitation due to illness, injury or disability.
- Personal medical or dental appointments, which cannot be scheduled during non-working hours (although every attempt should be made to schedule these appointments outside of working hours).



City of Naperville Employee Policy Manual

4. PAID AND UNPAID TIME OFF

- Absence required to care for seriously ill or disabled member of the employee's immediate family. Immediate family is defined as the employee's spouse, domestic partner, child, stepchild, parent, stepparent, parent-in-law, sibling, grandparent, or grandchild.

Any use of sick leave for purposes other than those outlined above is not authorized. Misuse of sick leave may be grounds for disciplinary action, up to and including discharge, and will be considered part of the employee's overall performance. Sick leave will run concurrently with family and medical leave under the Family and Medical Leave Act (FMLA), described later in this chapter.

Sick Leave (TOP) – Documentation & Notification

Department Directors will establish procedures for employees to notify supervisors of absence and intent to use sick leave. In some cases, the department's written work rules or General Orders can supersede City policies related to sick leave documentation and notification.

If sick leave is used for more than five consecutive work days or in conjunction with a day off, a statement from a physician will be required confirming illness and indicating the need for time off. A supervisor will also require a statement from a physician confirming illness when there have been more than five instances of absence for sick leave in any one year. An illness for which a doctor's statement has been received will not be counted in determining whether five instances have occurred in any one year. For a continuing illness or condition, one annual statement from a doctor will suffice for all sick leave usage arising out of the illness or condition for that year.

All employees are responsible for obtaining a physician's statement when required. If determined necessary, the City reserves the right to require an employee to be examined by a City appointed physician at the City's expense.

Sick Leave (TOP) Donation Bank

A sick leave donation bank has been established to continue the income of eligible employees under the following circumstances:

- An employee's own non-job related, serious illness, until the employee is eligible to draw disability payments from his/her pension fund.
- To care for a member of an employee's immediate family (defined as an employee's spouse, parent or child) who has a serious health condition as defined under the Family and Medical Leave Act (FMLA) and is certified as such by a Physician.

Employees may withdraw a maximum of 160 sick leave hours during their employment with the City. To withdraw time from the Sick Leave Donation Bank, an employee must be a participant in the Bank. To participate, an employee must have at least 160 sick hours accrued and have donated at least 8 hours to the Bank. An employee may donate a maximum of 40 hours of sick leave to the Bank in any calendar year. Donations to the Sick Leave Bank are irrevocable. To donate hours into the Bank, an employee must complete a [TOP Sick Leave Bank Donation Form](#).



City of Naperville Employee Policy Manual

4. PAID AND UNPAID TIME OFF

To withdraw from the Bank, an employee must have depleted all other accrued leaves and have submitted all necessary documentation required under FMLA, IMRF or other pension fund. An employee who withdraws time from the Bank does not have to “repay” the Bank at a later date. To withdraw hours from the Bank, an employee must complete a TOP Sick Leave Bank Withdrawal Form.

The requirements and benefits afforded under the Sick Leave Bank program are pro-rated accordingly for part-time employees.

Sick Leave Incentive: 401(a) (TOP)

Each year, employees on TOP who utilize 3 or less workdays/24 hours of sick leave (pro-rated for part-time employees and those employees working a flexible schedule) will be eligible for a sick leave incentive. The incentive is calculated by multiplying the employee’s current wage rate by the hour multiplier in the following table:

Years of service completed <u>(completed employment)</u>	Days of Pay <u>(based on full-time)</u>
1-4 years	1.00 day (8 hours)
5-9 years	1.15 days (9.2 hours)
10-14 years	1.35 days (10.8 hours)
15-19 years	1.40 days (11.2 hours)
20-24 years	1.50 days (12 hours)
25-29 years	1.75 days (14 hours)
30+ years	2.00 days (16 hours)

The following are examples to illustrate the design of the program:

Sam is a full-time, 13-year employee who works 8-hour days at an hourly wage rate of \$20.00 per hour. Sam utilizes only 10 sick hours in a year. Sam is eligible for a sick leave incentive of \$216.00 which is calculated as follows: **8 hours x \$20.00 per hour x 1.35 days = \$216.00**

George is a 2-year, part-time employee who works 20 hours per week (five days a week, 4 hours a day) at an hourly wage rate of \$15.00 per hour. George utilizes 12 sick hours in a year. George is eligible for a \$60.00 sick leave incentive as follows: **4 hours x \$15.00 per hour x 1 day = \$60.00**

The sick leave incentive will be paid by the City into the employee’s individual 401(a) account. The City’s contribution is pre-tax. Employees will manage their own investment options available in their 401(a) account. All funds in an employee’s 401(a) account are portable upon separation from employment.



City of Naperville Employee Policy Manual

4. PAID AND UNPAID TIME OFF

The sick leave incentives will be paid by the end of August each year for the incentive year that runs from July 1st to June 30th. Employees must be actively employed at the time of the August payment in order to receive the sick leave incentive payment for the previous incentive year.

Compensatory Time (TOP)

Compensatory time allows any non-exempt employee on TOP to bank payment for overtime hours worked and use it as paid leave time later on. Compensatory time can be earned only for hours over the 40 hours paid in a work week. For example, if an employee works 44 hours in a workweek, the four hours of overtime may be banked (at 1 ½ times the employee's regular rate of pay) as 6 hours of compensatory time.

A maximum of 40 hours of compensatory time may be accrued at any one time. Utilization of compensatory time is subject to supervisory approval. An employee may elect to have compensatory time paid out on any subsequent paycheck. (An employee may not take compensatory time off in the same pay period as that in which the compensatory time is earned.) All accrued compensatory time will be paid out at the time an employee separates from employment.

In cases where a non-exempt employee is promoted or transferred to an exempt position, if they have accrued compensatory time, they must either use it before their effective promotion date, or cash it out, preferably prior to the start of their new exempt position.



City of Naperville Employee Policy Manual

4. PAID AND UNPAID TIME OFF

4.3 PTO - 11

Paid Time Off (PTO-11)

The Paid Time Off – 2011 Plan hereafter referred to as PTO-11, was approved by the City Council on June 21, 2011 and was implemented on July 1, 2011. All employees hired on or after July 1, 2011, automatically have PTO-11 as their leave plan. The PTO-11 plan was amended and approved by City Council on January 21, 2020 for eligible employees to include the sick leave provisions outlined later in this policy. The amendments to PTO-11 were implemented on April 3, 2020.

Utilization of PTO during a new hire probationary period is subject to supervisory approval.

Full-time employees earn a total of 120 hours of paid time off (PTO) in the first year of employment. Employees who work less than a 40-hour workweek will have their PTO accrual prorated accordingly. PTO time will not accrue if an employee is unpaid for an entire pay period.

Employees will not be eligible to take PTO time during their first 30 calendar days of employment. After 30 days of employment, 40 hours (prorated for part-time employees) of PTO is placed in the employee's PTO accrual bank along with accruals earned for their first 30 days of employment. Employees accrue the remaining hours over the remaining pay periods during their first 12 months (up to the annual maximum accrual allowed). These numbers are prorated for employees who work less than a 40-hour workweek.

Thereafter, every year on the employee's anniversary date, an additional 8 hours (or prorated amount) of PTO time will be added to their annual accrual, up to a maximum of 240 hours (*see the accrual schedule below*).

A maximum 1-years' worth of accrual of PTO time may be accumulated at any one time. When this maximum accrual allowed is reached, PTO accruals are capped, and no further accruals occur, until the accrued time is "used down" to less than the maximum allowed.



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4. PAID AND UNPAID TIME OFF

PTO is earned according to the following schedule effective August 1, 2013:

Start of Year	Annual PTO Accrual (hours)	*Accrual Per Pay Period (hours)	Maximum Accrual
1	120	3.08**	120
2	128	4.92	128
3	136	5.23	136
4	144	5.53	144
5	152	5.84	152
6	160	6.15	160
7	168	6.46	168
8	176	6.76	176
9	184	7.07	184
10	192	7.38	192
11	200	7.69	200
12	208	8.00	208
13	216	8.30	216
14	224	8.61	224
15	232	8.92	232
16+	240	9.23	240

* Accrual is rounded on the last pay period of the calendar year to balance the accrual as required.

** 3.08 hours will accrue each pay period for 26 pay periods. After 30 calendar days of employment, the employee will realize these accruals, plus an initial deposit of 40 hours of PTO in his/her PTO accrual bank.

Should a paid holiday fall within an employee's scheduled paid time off, their PTO accrual will not be charged.

Usage of PTO is governed by each department's work rules. PTO must be scheduled in advance and have supervisory approval, except in the case of illness or emergency. All accrued PTO will be paid out at the time an employee separates from employment.



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4. PAID AND UNPAID TIME OFF

Employees in PTO-11 who are **paid in lieu of holidays** will accrue an extra 40 hours of PTO time (1.54 hours per pay period) or prorated amount, which are placed in their “Holiday Vacation Bank,” as explained in the **Payment in Lieu of Holidays** section in this chapter. These employees working 40 hours/week will accrue as follows:

Start of Year	Annual PTO Accrual (hours)	*Accrual Per Pay Period (hours)	Maximum Accrual
1	160	4.62**	160
2	168	6.46	168
3	176	6.77	176
4	184	7.08	184
5	192	7.38	192
6	200	7.69	200
7	208	8.00	208
8	216	8.31	216
9	224	8.62	224
10	232	8.92	232
11	240	9.23	240
12	248	9.54	248
13	256	9.84	256
14	264	10.15	264
15	272	10.46	272
16+	280	10.77	280

* Accrual is rounded on the last pay period of the calendar year to balance the accrual as required.

** 4.62 hours will accrue each pay period for 26 pay periods. After 30 calendar days of employment, the employee will realize these accruals, plus an initial deposit of 40 hours of PTO in his/her PTO-11 accrual bank.



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4. PAID AND UNPAID TIME OFF

Sick Leave (PTO-11) – Accumulation & Use

Employees on PTO-11 will accrue 80 sick leave hours per year (3.08 hours each pay period) up to a maximum of 480 hours (accrual and limitation is prorated for employees budgeted to work less than 40 hours per week). When this maximum accrual allowed is reached, sick accruals are capped, and no further accruals occur, until the accrued time is “used down” to less than the maximum allowed.

Sick leave may be granted for any of the following reasons:

- Incapacitation due to illness, injury or disability.
- Personal medical or dental appointments, which cannot be scheduled during non-working hours (although every attempt should be made to schedule these appointments outside of working hours).
- Absence required to care for seriously ill or disabled member of the employee's immediate family. Immediate family is defined as the employee's spouse, domestic partner, child, stepchild, parent, stepparent, parent-in-law, sibling, grandparent, or grandchild.

Any use of sick leave for purposes other than those outlined above is not authorized. Misuse of sick leave may be grounds for disciplinary action up to and including discharge and will be considered part of the employee's overall performance. Sick leave will run concurrently with family and medical leave under the Family and Medical Leave Act (FMLA), described later in this chapter.

Sick leave for employees on PTO-11 will not be paid out at retirement or separation, nor will it be used for IMRF service credit.

No sick leave will accrue if an employee is unpaid for an entire pay period.

Sick Leave (PTO-11) – Documentation & Notification

Department Directors will establish procedures for employees to notify supervisors of absence and intent to use sick leave. In some cases, the department's written work rules or General Orders can supersede City policies related to sick leave documentation and notification.

If sick leave is used for more than five consecutive work days or in conjunction with a day off, a statement from a physician will be required confirming illness and indicating the need for time off. A supervisor will also require a statement from a physician confirming illness when there have been more than five instances of absence for sick leave in any one year. An illness for which a doctor's statement has been received will not be counted in determining whether five instances have occurred in any one year. For a continuing illness or condition, one annual statement from a doctor will suffice for all sick leave usage arising out of the illness or condition for that year.

All employees are responsible for obtaining a physician's statement when required. If determined necessary, the City reserves the right to require an employee to be examined by a City appointed physician at the City's expense.



City of Naperville Employee Policy Manual

4. PAID AND UNPAID TIME OFF

Sick Leave Incentive: 401(a) (PTO-11)

Each year commencing on July 1, 2020, employees on PTO-11 who utilize 3 or less workdays/24 hours of sick leave (pro-rated for part-time employees and those employees working a flexible schedule) will be eligible for a sick leave incentive. The incentive is calculated by multiplying the employee's current wage rate by the hour multiplier in the following table:

Years of service completed (completed employment)	Days of Pay (based on full-time)
1-4 years	1.00 day (8 hours)
5-9 years	1.15 days (9.2 hours)
10-14 years	1.35 days (10.8 hours)
15-19 years	1.40 days (11.2 hours)
20-24 years	1.50 days (12 hours)
25-29 years	1.75 days (14 hours)
30+ years	2.00 days (16 hours)

The following are examples to illustrate the design of the program:

Sam is a full-time, 9-year employee who works 8-hour days at an hourly wage rate of \$20.00 per hour. Sam utilizes only 10 sick hours in a year. Sam is eligible for a sick leave incentive of \$184.00 which is calculated as follows: **8 hours x \$20.00 per hour x 1.15 days = \$184.00**

Pat is a 2-year, part-time employee who works 20 hours per week (five days a week, 4 hours a day) at an hourly wage rate of \$15.00 per hour. Pat utilizes 12 sick hours in a year. Pat is eligible for a \$60.00 sick leave incentive as follows: **4 hours x \$15.00 per hour x 1 day = \$60.00**

The sick leave incentive will be paid by the City into the employee's individual 401(a) account. The City's contribution is pre-tax. Employees will manage their own investment options available in their 401(a) account. All funds in an employee's 401(a) account are portable upon separation from employment.

The sick leave incentives will be paid by the end of August each year for the incentive year that runs from July 1st to June 30th. Employees must be actively employed at the time of the August payment in order to receive the sick leave incentive payment for the previous incentive year.



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4. PAID AND UNPAID TIME OFF

Compensatory Time (PTO-11)

Compensatory time allows any non-exempt employee on PTO-11 to bank payment for overtime hours worked and use it as paid leave time later on. Compensatory time can be earned only for hours over the 40 hours paid in a work week. For example, if an employee works 44 hours in a workweek, the four hours of overtime may be banked (at 1 ½ times the employee's regular rate of pay) as 6 hours of compensatory time.

A maximum of 40 hours of compensatory time may be accrued at any one time. An employee may elect to have compensatory time paid out on any subsequent paycheck. All accrued compensatory time will be paid out at the time an employee separates from employment.



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4. PAID AND UNPAID TIME OFF

For the last five holidays of the year (Veteran’s Day, Thanksgiving, the day after Thanksgiving, Christmas Eve and Christmas Day), the police department “shift workers” will receive 60 hours of pay in lieu of holidays (40 hours as accrued vacation or PTO over 26 pay periods plus 20 hours as Holiday Sellback, paid in cash in January each year). The employees have the option to sell back any or all of the 40 vacation or PTO hours throughout the calendar year.

4.6 Maternity/New Parent Leave

The Maternity/New Parent Leave was approved by City Council on January 21, 2020 for eligible employees beginning on January 22, 2020. Maternity/New Parent Leave provides employees paid time off for:

- The birth of a child and to care for the newborn child within one year of birth, or
- The placement of a child for adoption or foster care and to care for the newly placed child within one year of placement.

This policy will run concurrently with Family Medical Leave Act (FMLA) leave, as described in this chapter.

Up to 12 consecutive weeks of paid leave is given for *Maternity* Leave, to begin at the date of birth.

Up to 6 consecutive weeks of paid leave is given for *New Parent* Leave. These six weeks are all to be taken within one year of the qualifying event, provided the employee meets the eligibility requirements as of the date of birth/placement of adoption or foster care.

Eligibility for Maternity/New Parent Leave

An employee must meet all of the following conditions in order to be eligible for Maternity/New Parent Leave:

- Is a regular full-time or part-time non-union employee (i.e. not a temporary employee) or a regular full-time or part-time employee subject to a collective bargaining agreement that has adopted Maternity/New Parent Leave, and
- Has been employed with the City for at least 12 months (the 12 months do not need to be consecutive) as of the date of the birth or placement of adoption or foster care, and
- Has worked at least 1,250 hours during the 12-month period immediately before the date of the birth or placement of adoption or foster care, and
- Has filed and meets the requirements as defined under FMLA.

Employees are eligible for *Maternity* Leave if they:

- Have given birth to a child,

Employees are eligible for *New Parent* Leave if they:

- Are a spouse of a woman who has given birth to a child or the father of the child, or



City of Naperville Employee Policy Manual

4. PAID AND UNPAID TIME OFF

- Have adopted a child or been placed with a foster child (in either case, the child must be age 17 or younger); the adoption of a new spouse's child is excluded from this policy.

Employees do not need to exhaust all of their vacation/PTO or sick accruals before taking Maternity/New Parent Leave.

While on Maternity/New Parent Leave

The City will continue to make payroll deductions to collect the employee's share of benefit premium(s).

The employee will not accrue PTO/vacation and sick leave, while on Maternity/New Parent Leave.

Maternity/New Parent Leave does not constitute a break in service for purposes of longevity, seniority or any employee benefit plan.

Maternity/New Parent Leave will be continuous leave, inclusive of any City-observed holidays that may fall during the time off. No intermittent leave will be permitted.

Maternity/New Parent Leave will run concurrently with an approved FMLA leave.

APPENDIX D

2024 Rates

City of Naperville 2024 Rates					
	Total Monthly Premium	80% Employer Monthly Rate	20% Employee Monthly Rate	City Cost per pay period	Employee Cost per pay period
Blue Cross Medical Plans					
HMO Blue Advantage					
Employee	\$ 742.47	\$ 593.98	\$ 148.49	\$ 296.99	\$ 74.25
Employee + Spouse	\$ 1,468.88	\$ 1,175.10	\$ 293.78	\$ 587.55	\$ 146.89
Employee + Child(ren)	\$ 1,414.74	\$ 1,131.79	\$ 282.95	\$ 565.90	\$ 141.47
Employee + Family	\$ 2,215.47	\$ 1,772.38	\$ 443.09	\$ 886.19	\$ 221.55
PPO Plan					
Employee	\$ 856.20	\$ 684.96	\$ 171.24	\$ 342.48	\$ 85.62
Employee + Spouse	\$ 1,795.95	\$ 1,436.76	\$ 359.19	\$ 718.38	\$ 179.60
Employee + Child(ren)	\$ 1,771.45	\$ 1,417.16	\$ 354.29	\$ 708.58	\$ 177.15
Employee + Family	\$ 2,718.69	\$ 2,174.95	\$ 543.74	\$ 1,087.48	\$ 271.87
PPO Plan - Health Savings Account					
Employee	\$ 544.38	\$ 435.50	\$ 108.88	\$ 217.75	\$ 54.44
Employee + Spouse	\$ 1,146.02	\$ 916.82	\$ 229.20	\$ 458.41	\$ 114.60
Employee + Child(ren)	\$ 1,107.09	\$ 885.67	\$ 221.42	\$ 442.84	\$ 110.71
Employee + Family	\$ 1,714.60	\$ 1,371.68	\$ 342.92	\$ 685.84	\$ 171.46
Delta Dental					
Employee	\$ 39.90	\$ 31.92	\$ 7.98	\$ 15.96	\$ 3.99
Employee + 1 (Spouse or 1 Child)	\$ 81.90	\$ 65.52	\$ 16.38	\$ 32.76	\$ 8.19
Employee + Children	\$ 110.00	\$ 88.00	\$ 22.00	\$ 44.00	\$ 11.00
Employee + Family	\$ 138.60	\$ 110.88	\$ 27.72	\$ 55.44	\$ 13.86
BCBS Vision					
Employee	\$ 5.28				\$ 2.64
Employee + One	\$ 10.32				\$ 5.16
Employee + Family	\$ 15.47				\$ 7.74



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 1-800-828-3116 or 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.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	For Blue Choice Options: \$2,500 Individual / \$5,000 Family For In-Network: \$2,500 Individual / \$5,000 Family For Out-of-Network: \$3,000 Individual / \$6,000 Family <u>Deductible tiers all feed each other</u>	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 policy, the overall family <u>deductible</u> must be met before the <u>plan</u> begins to pay.
Are there services covered before you meet your deductible?	Yes. Certain <u>preventive care</u> is 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 for specific services?	Yes. \$300 <u>deductible</u> for Out-of-Network 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 out-of-pocket limit for this plan?	For Blue Choice Options: \$5,000 Individual / \$10,000 Family For In-Network: \$5,000 Individual / \$10,000 Family For Out-of-Network: \$10,000 Individual / \$15,000 Family <u>Out-of-pocket limit tiers all feed each other</u>	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
What is not included in the out-of-pocket limit?	<u>Premiums</u> , <u>balance-billing</u> charges, and health care this <u>plan</u> doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Will you pay less if you use a network provider?	Yes. See www.bcbsil.com or call 1-800-838-3116 for a list of <u>network providers</u> .	You pay the least if you use a <u>provider</u> in Blue Choice Options. You pay more if you use a <u>provider in-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 (balance billing). 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 <u>services</u> .
Do you need a referral to see a specialist?	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.

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Blue Choice Options Provider (You will pay the least)	In-Network Provider (You will pay more)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	15% coinsurance	35% coinsurance	50% coinsurance	Virtual visits: No Charge; deductible applies. See your benefit booklet* for details.
	Specialist visit	15% coinsurance	35% coinsurance	50% coinsurance	None
	Preventive care/screening/immunization	No Charge; deductible does not apply	No Charge; deductible does not apply	50% coinsurance; deductible does not apply	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.
If you have a test	Diagnostic test (x-ray, blood work)	15% coinsurance	35% coinsurance	50% coinsurance	Preauthorization may be required; see your benefit booklet* for details.
	Imaging (CT/PET scans, MRIs)	15% coinsurance	35% coinsurance	50% coinsurance	
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at 888-202-1654 or www.caremark.com	Generic drugs	20% after deductible to the maximum medical out of pocket	20% after deductible to the maximum medical out of pocket	20% after deductible to the maximum medical out of pocket	Prior authorization; and management programs are in place.
	Preferred brand drugs	20% after deductible to the maximum medical out of pocket	20% after deductible to the maximum medical out of pocket	20% after deductible to the maximum medical out of pocket	
	Non-preferred brand drugs	20% after deductible to the maximum medical out of pocket	20% after deductible to the maximum medical out of pocket	20% after deductible to the maximum medical out of pocket	
	Specialty drugs	20% after deductible to the maximum medical out of pocket	20% after deductible to the maximum medical out of pocket	20% after deductible to the maximum medical out of pocket	Prior authorization; and management programs are in place.

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

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Blue Choice Options Provider (You will pay the least)	In-Network Provider (You will pay more)	Out-of-Network Provider (You will pay the most)	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	15% <u>coinsurance</u>	35% <u>coinsurance</u>	50% <u>coinsurance</u>	<u>Preauthorization</u> may be required; see your benefit booklet* for details.
	Physician/surgeon fees	15% <u>coinsurance</u>	35% <u>coinsurance</u>	50% <u>coinsurance</u>	None
	<u>Emergency room care</u>	15% <u>coinsurance</u>	15% <u>coinsurance</u>	15% <u>coinsurance</u>	None
If you need immediate medical attention	<u>Emergency medical transportation</u>	15% <u>coinsurance</u>	15% <u>coinsurance</u>	15% <u>coinsurance</u>	<u>Preauthorization</u> may be required for non-emergency transportation; see your benefit booklet* for details.
	<u>Urgent care</u>	15% <u>coinsurance</u>	35% <u>coinsurance</u>	50% <u>coinsurance</u>	None
	Facility fee (e.g., hospital room)	15% <u>coinsurance</u>	35% <u>coinsurance</u>	50% <u>coinsurance</u>	\$300 <u>deductible</u> per admission <u>Out-of-Network providers</u> . <u>Preauthorization</u> required. See your benefit booklet* for details.
If you have a hospital stay	Physician/surgeon fees	15% <u>coinsurance</u>	35% <u>coinsurance</u>	50% <u>coinsurance</u>	None
	Outpatient services	15% <u>coinsurance</u>	35% <u>coinsurance</u>	50% <u>coinsurance</u>	<u>Preauthorization</u> may be required; see your benefit booklet* for details. Virtual visits: No Charge; <u>deductible</u> applies. See your benefit booklet* for details.
	Inpatient services	15% <u>coinsurance</u>	35% <u>coinsurance</u>	50% <u>coinsurance</u>	\$300 <u>deductible</u> per admission <u>Out-of-Network providers</u> . <u>Preauthorization</u> required.

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

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Blue Choice Options Provider (You will pay the least)	In-Network Provider (You will pay more)	Out-of-Network Provider (You will pay the most)	
If you are pregnant	Office visits	15% <u>coinsurance</u>	35% <u>coinsurance</u>	50% <u>coinsurance</u>	Cost sharing does not apply for <u>preventive services</u> . Depending on the type of services, a <u>coinsurance</u> , or <u>deductible</u> may apply. <u>Maternity care</u> may include tests and services described elsewhere in the SBC (i.e. <u>ultrasound</u>).
	Childbirth/delivery professional services	15% <u>coinsurance</u>	35% <u>coinsurance</u>	50% <u>coinsurance</u>	
	Childbirth/delivery facility services	15% <u>coinsurance</u>	35% <u>coinsurance</u>	50% <u>coinsurance</u>	
If you need help recovering or have other special health needs	Home health care	15% <u>coinsurance</u>	35% <u>coinsurance</u>	50% <u>coinsurance</u>	Limited to 40 visits per benefit period. <u>Preauthorization</u> may be required.
	Rehabilitation services	15% <u>coinsurance</u>	35% <u>coinsurance</u>	50% <u>coinsurance</u>	<u>Preauthorization</u> may be required.
	Habilitation services	15% <u>coinsurance</u>	35% <u>coinsurance</u>	50% <u>coinsurance</u>	<u>Preauthorization</u> may be required.
	Skilled nursing care	15% <u>coinsurance</u>	35% <u>coinsurance</u>	50% <u>coinsurance</u>	\$300 <u>deductible</u> per admission <u>Out-of-Network providers</u> . <u>Preauthorization</u> may be required.
	Durable medical equipment	15% <u>coinsurance</u>	35% <u>coinsurance</u>	50% <u>coinsurance</u>	Benefits are limited to items used to serve a medical purpose. <u>Durable Medical Equipment</u> benefits are provided for both purchase and rental equipment (up to the purchase price). <u>Preauthorization</u> may be required.
	Hospice services	15% <u>coinsurance</u>	35% <u>coinsurance</u>	50% <u>coinsurance</u>	\$300 <u>deductible</u> per admission <u>Out-of-Network providers</u> . <u>Preauthorization</u> may be required.

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Blue Choice Options Provider (You will pay the least)	In-Network Provider (You will pay more)	Out-of-Network Provider (You will pay the most)	
If your child needs dental or eye care	Children's eye exam	Not Covered	Not Covered	Not Covered	None
	Children's glasses	Not Covered	Not Covered	Not Covered	None
	Children's dental check-up	Not Covered	Not Covered	Not Covered	None

Excluded Services & Other Covered Services:

<p>Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)</p> <ul style="list-style-type: none"> • Acupuncture • Dental care (Adult) <ul style="list-style-type: none"> • Routine eye care (Adult) • Routine foot care (except for persons with diagnosis of diabetes)
<p>Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)</p> <ul style="list-style-type: none"> • Bariatric surgery • Chiropractic care • Cosmetic surgery (only for correcting congenital deformities or conditions resulting from accidental injuries, scars, tumors, or diseases) <ul style="list-style-type: none"> • Hearing aids (for children 1 per ear, every 24 months, for adults up to \$2,500 per ear every 24 months) • Infertility treatment (limited to diagnosis only) • Private-duty nursing (with the exception of inpatient private-duty nursing) (unlimited visits per calendar year) • Weight loss programs (except when non-medically supervised)

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: the [plan](tel:1-800-838-3116) at 1-800-838-3116, 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.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.

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 [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 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: Blue Cross and Blue Shield of Illinois at 1-800-838-3116 or visit www.bcbsil.com, or contact the U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or visit www.dol.gov/ebsa/healthreform. Additionally, a consumer assistance program can help you file your [appeal](#). Contact the Illinois Department of Insurance at (877) 527-9431 or visit <http://insurance.illinois.gov>.

Does this [plan](#) provide [Minimum Essential Coverage](#)? **Yes**

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

Does this [plan](#) meet the [Minimum Value Standards](#)? **Yes**

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

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-838-3116.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-838-3116.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-800-838-3116.

Navajo (Dine): Dinekehgo shika at'ohwol ninisingo, kwijigo holne' 1-800-838-3116.

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

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing 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.

Peg is Having a Baby

(9 months of Blue Choice Options pre-natal care and a hospital delivery)

- **The plan's overall deductible** **\$2,500**
- **Specialist copayment** **15%**
- **Hospital (facility) coinsurance** **15%**
- **Other coinsurance** **15%**

This EXAMPLE event includes services like:

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

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

In this example, Peg would pay:

<u>Cost Sharing</u>	
Deductibles	\$2,500
Copayments	\$0
Coinsurance	\$1,500
<i>What isn't covered</i>	
Limits or exclusions	\$60
The total Peg would pay is	\$4,060

Managing Joe's Type 2 Diabetes

(a year of routine Blue Choice Options care of a well-controlled condition)

- **The plan's overall deductible** **\$2,500**
- **Specialist copayment** **15%**
- **Hospital (facility) coinsurance** **15%**
- **Other coinsurance** **15%**

This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)
 Diagnostic tests (*blood work*)
 Prescription drugs
 Durable medical equipment (*glucose meter*)

Total Example Cost **\$5,600**

In this example, Joe would pay:

<u>Cost Sharing</u>	
Deductibles	\$1,900
Copayments	\$0
Coinsurance	\$700
<i>What isn't covered</i>	
Limits or exclusions	\$20
The total Joe would pay is	\$2,620

Mia's Simple Fracture

(Blue Choice Options emergency room visit and follow up care)

- **The plan's overall deductible** **\$2,500**
- **Specialist copayment** **15%**
- **Hospital (facility) coinsurance** **15%**
- **Other coinsurance** **15%**

This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)
 Diagnostic test (*x-ray*)
 Durable medical equipment (*crutches*)
 Rehabilitation services (*physical therapy*)

Total Example Cost **\$2,800**

In this example, Mia would pay:

<u>Cost Sharing</u>	
Deductibles	\$2,500
Copayments	\$0
Coinsurance	\$50
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$2,550

The plan would be responsible for the other costs of these EXAMPLE covered services.



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, sexual orientation, health status 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: 855-664-7270 (voicemail)
TTY/TDD: 855-661-6965
Fax: 855-661-6960

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

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

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

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 talk to an interpreter, call 855-710-6984.

Español Spanish	Si usted o alguien a quien usted está ayudando tiene preguntas, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 855-710-6984.
العربية Arabic	إذا كنت أنت أو شخص ما الذي تساعد عليه، لديك الحق في الحصول على التفسيرات بدون تكلفة في لغتك.
繁體中文 Chinese	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。
Français French	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 parler à un interprète, appelez 855-710-6984.
Deutsch German	Falls Sie oder jemand, dem Sie helfen, Fragen haben, haben Sie das Recht, kostenlos Hilfe und Informationen in Ihrer Sprache zu erhalten. Uns mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 855-710-6984 an.
ગુજરાતી Gujarati	જો તમે અથવા તમને સહાય કરી રહ્યા છો તે કોઈ સહાયકને કોઈ પ્રશ્નો હોય તો, તમને આ અધિકાર છે કે તમે કોઈ પણ ભાષામાં મુક્તિ મેળવવા માટે મુક્તિ મેળવવા માટે અચૂક અધિકાર છે. આ અધિકાર મુક્તિ મેળવવા માટે અચૂક અધિકાર છે. આ અધિકાર મુક્તિ મેળવવા માટે અચૂક અધિકાર છે. આ અધિકાર મુક્તિ મેળવવા માટે અચૂક અધિકાર છે. આ અધિકાર મુક્તિ મેળવવા માટે અચૂક અધિકાર છે.
हिन्दी Hindi	જો તમે અથવા તમને સહાય કરી રહ્યા છો તે કોઈ સહાયકને કોઈ પ્રશ્નો હોય તો, તમને આ અધિકાર છે કે તમે કોઈ પણ ભાષામાં મુક્તિ મેળવવા માટે મુક્તિ મેળવવા માટે અચૂક અધિકાર છે. આ અધિકાર મુક્તિ મેળવવા માટે અચૂક અધિકાર છે. આ અધિકાર મુક્તિ મેળવવા માટે અચૂક અધિકાર છે. આ અધિકાર મુક્તિ મેળવવા માટે અચૂક અધિકાર છે.
Italiano Italian	Se tu o qualcuno che stai aiutando avete domande, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare il numero 855-710-6984.
한국어 Korean	만약 귀하 또는 귀하를 도와주는 사람이 질문이 있으시면 귀하를 모국어로 도와드릴 수 있습니다. 귀하를 모국어로 도와드릴 수 있습니다. 귀하를 모국어로 도와드릴 수 있습니다. 귀하를 모국어로 도와드릴 수 있습니다. 귀하를 모국어로 도와드릴 수 있습니다. 귀하를 모국어로 도와드릴 수 있습니다. 귀하를 모국어로 도와드릴 수 있습니다.
Other Navajo	Tábh na, ói dowlagha la'chi bika' umínííwé' gúí, na' taítkídige, ts'itíh' hee' ná' níí'heé'í' í' t'ásh' náí'k' í' ná'k'wá' d'oo-í-wé'of' deo' bina' taítkídígít'í' hee' ná' í' ná'obóon'í'. Á'la' dá'í'í'ne' t'áí' b'ich' í' hee'd'í'í'í'í'í' ná'we' í' 855-710-6984.
فارسی Persian	اگر شما یا کسی که شما به او کمک می‌کنید، سوالاتی داشته باشید، شما این حق را دارید که به زبان مادری خود از کمک بگیرید. این حق را می‌توانید بدون هزینه از طریق شماره 855-710-6984 بگیرید.
Polski Polish	Jżeli Ty lub osoba, której pomagasz, masz jakikolwiek pytania, masz prawo do uzyskania bezpłatnej informacji i pomocy w swoim języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer 855-710-6984.
Русская Russian	Если у вас или человека, которому вы помогаете, есть вопросы, вы имеете право на получение помощи и информации на своем языке. Чтобы поговорить с переводчиком, позвоните по телефону 855-710-6984.
Tagalog Tagalog	Kung ikaw, o ang isang taong iyong tinutulongan ay may mga tanong, may karapatan kang makakuha ng tulong at impormasyon sa iyong wikang magulang ngayad. Upang makausap-usap sa isang tagatuturi-wika, tumawag sa 855-710-6984.
उर्दू Urdu	اگر آپ یا کسی کے لئے مدد کرنے والے شخص کو کچھ سوالات ہیں، تو آپ کو اپنی اپنی زبان میں مدد اور معلومات حاصل کرنے کا حق ہے۔ آپ کو اس کے لئے 855-710-6984 پر بلا کوئی خرچہ دیکھنا ہے۔
Tiếng Việt Vietnamese	Nếu quý vị, hoặc người mà quý vị giúp đỡ, có câu hỏi, thì quý vị có quyền được giúp đỡ và nhận thông tin bằng ngôn ngữ của mình miễn phí. Để noi chuyện với một thông dịch viên, gọi 855-710-6984.



City of Naperville: BA HMO Plan

Coverage for: Individual / Family | Plan Type: HMO

The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-800-892-2803 or at

<https://policy-srv.box.com/s/y9j4a7m5642ogodgbwgtvs6on9ncuifo>

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.

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 plan covers.
Are there services covered before you meet your deductible?	No.	You will have to meet the deductible before the plan pays for any services.
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	\$2,500 Individual / \$5,000 Family Prescription drug expense limit: \$2,500 Individual / \$5,000 Family	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit?	Premiums, balance-billing charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Will you pay less if you use a network provider?	Yes. See www.bcbsil.com or call 1-800-892-2803 for a list of network 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 plan will pay some or all of the costs to see a specialist for covered services but only if you have a referral before you see the specialist.

A 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		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$25/visit	Not Covered	Services or supplies that are not ordered by your <u>Primary Care Physician</u> or Women's <u>Principal Health Care Provider</u> , except emergency and routine vision exams, are not covered.
	<u>Specialist visit</u>	\$50/visit	Not Covered	<u>Referral</u> required.
	<u>Preventive care/screening/immunization</u>	No Charge	Not Covered	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your <u>plan</u> will pay for.
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	No Charge	Not Covered	<u>Referral</u> required.
	Imaging (CT/PET scans, MRIs)	No Charge	Not Covered	
If you need drugs to treat your illness or condition More information about <u>prescription drug coverage</u> is available at www.bcbsil.com	Generic drugs	\$10/prescription (retail) \$20/prescription (mail order)	Not Covered	34-day supply at Retail 90-day supply at Mail Order Rx Out-of-Pocket Expense Limit: \$2,500 Individual / \$5,000 Family
	Preferred brand drugs	\$40/prescription (retail) \$80/prescription (mail order)	Not Covered	Dispensing limit may apply to certain drugs. Certain women's preventive services will be covered with no cost to the member. For a full list of these prescriptions and/or services, please contact Customer Service.
	Non-preferred brand drugs	\$60/prescription (retail) \$120/prescription (mail order)	Not Covered	The amount you may pay per 30-day supply of a covered insulin drug, regardless of quantity or type, shall not exceed \$100, when obtained from a Participating Pharmacy.
	<u>Specialty drugs</u>	\$100/prescription (retail)	Not Covered	<u>Specialty drug</u> coverage based on group policy. Prior authorization may be required. <u>Specialty retail</u> limited to a 30-day supply.

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

*For more information about limitations and exceptions, see the plan or policy document at <https://policy-srv.box.com/s/y9j4a7m56420godbwgtatvs6on9ncufo>.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	\$150/visit	Not Covered	<u>Referral</u> Required.
	Physician/surgeon fees	No Charge	Not Covered	<u>Referral</u> Required.
	<u>Emergency room care</u>	\$300/visit	\$300/visit	<u>Copayment</u> waived if admitted.
If you need immediate medical attention	<u>Emergency medical transportation</u>	No Charge	No Charge	Ground transportation only.
	<u>Urgent Care</u>	\$25/visit	Not Covered	Must be affiliated with member's chosen medical group or <u>referral</u> required.
	Facility fee (e.g., hospital room)	\$250/day	Not Covered	<u>Referral</u> required. \$250 <u>copayment</u> for the 1st 3 days per calendar year.
If you have a hospital stay	Physician/surgeon fees	No Charge	Not Covered	<u>Referral</u> Required.
	Outpatient services	\$25/visit	Not Covered	Unlimited visits. <u>Referral</u> required.
	Inpatient services	\$250/day	Not Covered	Unlimited days. <u>Referral</u> required. \$250 <u>copayment</u> for the 1st 3 days per calendar year.
If you need mental health, behavioral health, or substance abuse services	Office visits	\$25 PCP/\$50 SPC/visit	Not Covered	<u>Copayment</u> applies for the first prenatal visit (per pregnancy). Cost sharing does not apply for preventive services. Depending on the type of services, a <u>copayment</u> may apply. Maternity care may include tests and service described elsewhere in the SBC (i.e. ultrasound).
	Childbirth/delivery professional services	No Charge	Not Covered	<u>Referral</u> Required. \$250 <u>copayment</u> for the 1st 3 days per calendar year.
	Childbirth/delivery facility services	\$250/day	Not Covered	

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Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need help recovering or have other special health needs	<u>Home health care</u>	No Charge	Not Covered	<u>Referral</u> required.
	<u>Rehabilitation services</u>	\$25/visit	Not Covered	60 visits combined for all therapies. <u>Referral</u> required.
	<u>Habilitation services</u>	\$25/visit	Not Covered	Excludes custodial care. <u>Referral</u> required. \$250 copayment for the 1st 3 days per calendar year.
	<u>Skilled nursing care</u>	\$250/day	Not Covered	<u>Referral</u> required. Benefits are limited to items used to serve a medical purpose. <u>Durable Medical Equipment</u> benefits are provided for both purchase and rental equipment (up to the purchase price).
	<u>Durable medical equipment</u>	No Charge	Not Covered	Inpatient <u>copayment</u> may apply. <u>Referral</u> required.
If your child needs dental or eye care	<u>Hospice services</u>	No Charge	Not Covered	Limited to one exam every 12 months at participating <u>providers</u> .
	Children's eye exam	No Charge	Not Covered	\$75 material allowance every 24 months.
	Children's glasses	No Charge	Not Covered	None
	Children's dental check-up	Not Covered	Not Covered	

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.)
<ul style="list-style-type: none"> • Custodial care • Dental care (Adult) • Long-term care • Non-emergency care when traveling outside the U.S. • Private-duty nursing

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)
<ul style="list-style-type: none"> • Acupuncture • Bariatric surgery • Chiropractic care • Cosmetic surgery (only for correcting congenital deformities or conditions resulting from accidental injuries, scars, tumors, or diseases) • Hearing aids (for children 1 per ear, every 24 months, for adults up to \$2,500 per ear every 24 months) • Infertility treatment (4 invitro attempt maximum with special approval up to 6 per benefit period) • Most coverage provided outside the United States. See www.bcbsil.com • Routine eye care (Adult) • Routine foot care (only in connection with diabetes) • Weight loss programs (except when non-medically supervised)

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

*For more information about limitations and exceptions, see the plan or policy document at <https://policy-srv.box.com/s/y9j4a7m5642ogodgbwgatvs6on9ncuf0>.

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

Your 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 [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 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: 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 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 the Illinois Department of Insurance at 1-877-527-9431 or visit <http://insurance.illinois.gov>.

Does this plan provide Minimum Essential Coverage? Yes

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

Does this plan meet the Minimum Value Standards? Yes

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

Language Access Services:

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

Tagalog (Tagalog): Kung 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, kwijigo holne' 1-800-892-2803.

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

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost-sharing 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.

Peg is Having a Baby

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

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

This EXAMPLE event includes services like:

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

Total Example Cost \$12,700

In this example, Peg would pay:

<i>Cost sharing</i>	
<u>Deductibles</u>	\$0
<u>Copayments</u>	\$300
<u>Coinsurance</u>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$60
The total Peg would pay is	\$360

Managing Joe's Type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

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

This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)
Diagnostic tests (blood work)
Prescription drugs
Durable medical equipment (glucose meter)

Total Example Cost \$5,600

In this example, Joe would pay:

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

Mia's Simple Fracture

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

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

This EXAMPLE event includes services like:

Emergency room care (including medical supplies)
Diagnostic test (x-ray)
Durable medical equipment (crutches)
Rehabilitation services (physical therapy)

Total Example Cost \$2,800

In this example, Mia would pay:

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



BlueCross BlueShield of Illinois

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, sexual orientation, health status 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: 855-664-7270 (voicemail)
TTY/TDD: 855-661-6965
Fax: 855-661-6960

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

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

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

bcbsil.com

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 talk to an interpreter, call 855-710-6984.

Español Spanish	Si usted o alguien a quien usted está ayudando tiene preguntas, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 855-710-6984.
العربية Arabic	855-710-6984- ٨٥٥-٧١٠-٦٩٨٤ مع مترجم فوري، اتصل بلع الرقم
繁體中文 Chinese	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。查詢一位翻譯員，請撥電話 號碼 855-710-6984。
Français French	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 parler à un interprète, appelez 855-710-6984.
Deutsch German	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 sprechen, rufen Sie bitte die Nummer 855-710-6984 an.
ગુજરાતી Gujarati	જો તમને અથવા તમે મદદ કરી રહ્યા હોય એવી કોઈ બીજી વ્યક્તિને એસ.બી.એમ. કાયદાક્રમ બાબતે પ્રશ્ન હોય, તો તમને (વેબ) ભાષામાં મદદ અને માહિતી મેળવવાનો હક્ક છે. કૃપાચિયા સાથે વાત કરવા માટે આ નંબર 855-710-6984 પર કોલ કરો.
हिंदी Hindi	यदि आपके, या आप जिसकी सहायता कर रहे हैं उसके, प्रश्न हैं, तो आपके अपनी भाषा में नि:शुल्क सहायता और जानकारी प्राप्त करने का अधिकार है। किसी अनवादक स बात करने क लिए 855-710-6984 पर काल करें।
Italiano Italian	Se tu o qualcuno che stai aiutando avete domande, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare il numero 855-710-6984.
한국어 Korean	만약 귀하 또는 귀하가 돕는 사람이 질문이 있다면 귀하는 무료로 그러한 도움과 정보를 귀하의 언어로 받을 수 있는 권리가 있습니다. 통역사가 필요 하시면 855-710-6984 로 전화 하십시오.
Diné Navajo	T'áá ní, éí doodagó ía' da biká anánílwo' ígítí, na' ídítikídgo, ts' ídá bee ná ahóótí' í' t'áá níl' e níká a' doolwoí dóó bina' ídítikídgití bee ní h' odoonih. Áta' dahalne' ígítí bich' í' hodítílnih kve' é 855-710-6984.
فارسی Persian	اگر شما، یا کسی که شما به و کمک می کنید، سوالی داشته باشید، حق این را دارید که به زبان خود، به طور رایگان کمک و اطلاعات دریافت نمایید. جهت گفتگو با یک مترجم شفاهی، با شماره 855-710-6984 تماس حاصل نمایید.
Polski Polish	Jesli Ty lub osoba, której pomagasz, macie jakiekolwiek pytania, macie prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiac z tłumaczem, zadzwoni pod numer 855-710-6984.
Русский Russian	Если у вас или человека, которому вы помогаете, возникли вопросы, у вас есть право на бесплатную помощь и информацию, предоставленную на вашем языке. Чтобы связаться с переводчиком, позвоните по телефону 855-710-6984.
Tagalog Tagalog	Kung ikaw, o ang isang taong iyong tinutulongan 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 855-710-6984.
اردو Urdu	اگر آپ کو، یا کسی ایسے فرد کو جس کو آپ مدد کر رہے ہیں، کوئی سوال درپیش ہے تو، آپ کو اپنی زبان میں دستد اور معلومات حاصل کرنے کا حق ہے۔ مترجم سے بات کرنے کے لیے، 855-710-6984 پر کال کریں۔
Tiếng Việt Vietnamese	Nếu quý vị, hoặc người mà quý vị giúp đỡ, có câu hỏi, thì quý vị có quyền được giúp đỡ và nhận thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, gọi 855-710-6984.



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 1-800-828-3116 or 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.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	For Blue Choice Options: \$500 Individual / \$1,500 Family For In-Network: \$1,000 Individual / \$3,000 Family For Out-of-Network: \$2,000 Individual / \$6,000 Family Deductible tiers all feed each other	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.
Are there services covered before you meet your deductible?	Yes. Certain preventive care and services that charge copay are covered before you meet your deductible.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible. See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	For Blue Choice Options: \$3,000 Individual / \$9,000 Family For In-Network: \$4,000 Individual / \$12,000 Family For Out-of-Network: \$6,000 Individual / \$18,000 Family Out-of-pocket limit tiers all feed each other	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit?	Premiums, balance-billing charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Will you pay less if you use a network provider?	Yes. See www.bcbsil.com or call 1-800-838-3116 for a list of network providers.	You pay the least if you use a provider in Blue Choice Options (BCO). You pay more if you use a provider in-network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	No.	You can see the specialist you choose without a referral.

A 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			Limitations, Exceptions, & Other Important Information
		Blue Choice Options Provider (You will pay the least)	In-Network Provider (You will pay more)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$20 <u>copay/visit</u> plus 15% <u>coinsurance</u>	\$30 <u>copay/visit</u> plus 35% <u>coinsurance</u>	50% <u>coinsurance</u>	Virtual visits: \$10/visit; deductible does not apply. See your benefit booklet* for details.
	Specialist visit	\$40 <u>copay/visit</u> plus 15% <u>coinsurance</u>	\$50 <u>copay/visit</u> plus 35% <u>coinsurance</u>	50% <u>coinsurance</u>	None
	Preventive care/screening/immunization	No Charge; deductible does not apply	No Charge; deductible does not apply	50% <u>coinsurance</u> ; deductible does not apply	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your <u>plan</u> will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	15% <u>coinsurance</u>	35% <u>coinsurance</u>	50% <u>coinsurance</u>	Preauthorization may be required; see your benefit booklet* for details.
	Imaging (CT/PET scans, MRIs)	15% <u>coinsurance</u>	35% <u>coinsurance</u>	50% <u>coinsurance</u>	
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at 888-202-1654 or www.caremark.com	Generic drugs	20% <u>coinsurance</u> up to \$10 <u>copay</u>	20% <u>coinsurance</u> up to \$10 <u>copay</u>	20% <u>coinsurance</u> up to \$10 <u>copay</u>	
	Preferred brand drugs	20% <u>coinsurance</u> up to \$40 <u>copay</u>	20% <u>coinsurance</u> up to \$40 <u>copay</u>	20% <u>coinsurance</u> up to \$40 <u>copay</u>	Prior authorization; and management programs are in place
	Non-preferred brand drugs	20% <u>coinsurance</u> up to \$60 <u>copay</u>	20% <u>coinsurance</u> up to \$60 <u>copay</u>	20% <u>coinsurance</u> up to \$60 <u>copay</u>	
	Specialty drugs	20% <u>coinsurance</u> up to \$100 <u>copay</u>	20% <u>coinsurance</u> up to \$100 <u>copay</u>	20% <u>coinsurance</u> up to \$100 <u>copay</u>	Prior authorization; and management programs are in place

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

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Blue Choice Options Provider (You will pay the least)	In-Network Provider (You will pay more)	Out-of-Network Provider (You will pay the most)	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	15% coinsurance	35% coinsurance	50% coinsurance	Preauthorization may be required; see your benefit booklet* for details.
	Physician/surgeon fees	15% coinsurance	35% coinsurance	50% coinsurance	None
	Emergency room care	15% coinsurance	15% coinsurance	15% coinsurance	None
If you need immediate medical attention	Emergency medical transportation	15% coinsurance	15% coinsurance	15% coinsurance	Preauthorization may be required for non-emergency transportation; see your benefit booklet* for details.
	Urgent care	15% coinsurance	35% coinsurance	50% coinsurance	None
	Facility fee (e.g., hospital room)	15% coinsurance	35% coinsurance	50% coinsurance	Preauthorization required. See your benefit booklet* for details.
If you have a hospital stay	Physician/surgeon fees	15% coinsurance	35% coinsurance	50% coinsurance	None
	Outpatient services	\$20 copay/office visit; deductible does not apply; and 15% coinsurance for other outpatient services	\$30 copay/office visit; deductible does not apply; and 35% coinsurance for other outpatient services	50% coinsurance	PCP copay applies to psychotherapy visit only. Preauthorization may be required; see your benefit booklet* for details. Virtual visits: \$10/visit; deductible does not apply. See your benefit booklet* for details.
	Inpatient services	15% coinsurance	35% coinsurance	50% coinsurance	Preauthorization required.

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

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Blue Choice Options Provider (You will pay the least)	In-Network Provider (You will pay more)	Out-of-Network Provider (You will pay the most)	
If you are pregnant	Office visits	\$20 PCP/\$40 SPC copay/visit plus 15% coinsurance	\$30 PCP/\$50 SPC copay/visit plus 35% coinsurance	50% coinsurance	Copay applies to first prenatal visit (per pregnancy). Cost sharing does not apply for preventive services. Depending on the type of services, a copayment, coinsurance, or deductible may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound). None
	Childbirth/delivery professional services	15% coinsurance	35% coinsurance	50% coinsurance	
	Childbirth/delivery facility services	15% coinsurance	35% coinsurance	50% coinsurance	
If you need help recovering or have other special health needs	Home health care	15% coinsurance	35% coinsurance	50% coinsurance	Limited to 40 visits per calendar year benefit period. Preauthorization may be required.
	Rehabilitation services	15% coinsurance	35% coinsurance	50% coinsurance	Preauthorization may be required.
	Habilitation services	15% coinsurance	35% coinsurance	50% coinsurance	Preauthorization may be required.
	Skilled nursing care	15% coinsurance	35% coinsurance	50% coinsurance	Preauthorization may be required.
	Durable medical equipment	15% coinsurance	35% coinsurance	50% coinsurance	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). Preauthorization may be required.
	Hospice services	15% coinsurance	35% coinsurance	50% coinsurance	Preauthorization may be required.

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Blue Choice Options Provider (You will pay the least)	In-Network Provider (You will pay more)	Out-of-Network Provider (You will pay the most)	
If your child needs dental or eye care	Children's eye exam	Not Covered	Not Covered	Not Covered	None
	Children's glasses	Not Covered	Not Covered	Not Covered	None
	Children's dental check-up	Not Covered	Not Covered	Not Covered	None

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- Acupuncture
- Dental care (Adult)
 - Long-term care
 - Non-emergency care when traveling outside the U.S.
 - Routine eye care (Adult)
 - Routine foot care (except for persons with diagnosis of diabetes)

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

- Bariatric surgery
- Chiropractic care (Chiropractic and Osteopathic manipulation limited to 15 visits per calendar year)
 - Hearing aids (for children 1 per ear, every 24 months, for adults up to \$2,500 per ear every 24 months)
 - Infertility treatment (limited to diagnosis only)
 - Private-duty nursing (with the exception of inpatient private-duty nursing) (unlimited visits per calendar year)
 - Weight loss programs (except when non-medically supervised)
- Cosmetic surgery (only for correcting congenital deformities or conditions resulting from accidental injuries, scars, tumors, or diseases)

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: the [plan](tel:1-800-838-3116) at 1-800-838-3116, 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.ccio.cms.gov. Other coverage options may be available to you too, including buying individual insurance coverage through the [Health Insurance Marketplace](http://www.HealthCare.gov). For more information about the [Marketplace](http://www.HealthCare.gov), visit www.HealthCare.gov or call 1-800-318-2596.

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 [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 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: Blue Cross and Blue Shield of Illinois at 1-800-838-3116 or visit www.bcbsil.com, or contact the U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or visit www.dol.gov/ebsa/healthreform. Additionally, a consumer assistance program can help you file your [appeal](#). Contact the Illinois Department of Insurance at (877) 527-9431 or visit <http://insurance.illinois.gov>.

Does this [plan](#) provide [Minimum Essential Coverage](#)? **Yes**

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

Does this [plan](#) meet the [Minimum Value Standards](#)? **Yes**

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

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-838-3116.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-838-3116.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-800-838-3116.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-800-838-3116.

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

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing 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.

Peg is Having a Baby

(9 months of Blue Choice Options pre-natal care and a hospital delivery)

- **The plan's overall deductible** \$500
- **Specialist both** \$40+15%
- **Hospital (facility) coinsurance** 15%
- **Other coinsurance** 15%

This EXAMPLE event includes services like:

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

Total Example Cost \$12,700

In this example, Peg would pay:

<u>Cost Sharing</u>	
Deductibles	\$500
Copayments	\$20
Coinsurance	\$1,800
<i>What isn't covered</i>	
Limits or exclusions	\$60
The total Peg would pay is	\$2,380

Managing Joe's Type 2 Diabetes

(a year of routine Blue Choice Options care of a well-controlled condition)

- **The plan's overall deductible** \$500
- **Specialist both** \$40+15%
- **Hospital (facility) coinsurance** 15%
- **Other coinsurance** 15%

This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)
 Diagnostic tests (*blood work*)
 Prescription drugs
 Durable medical equipment (*glucose meter*)

Total Example Cost \$5,600

In this example, Joe would pay:

<u>Cost Sharing</u>	
Deductibles	\$500
Copayments	\$200
Coinsurance	\$900
<i>What isn't covered</i>	
Limits or exclusions	\$20
The total Joe would pay is	\$1,620

Mia's Simple Fracture

(Blue Choice Options emergency room visit and follow up care)

- **The plan's overall deductible** \$500
- **Specialist both** \$40+15%
- **Hospital (facility) coinsurance** 15%
- **Other coinsurance** 15%

This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)
 Diagnostic test (*x-ray*)
 Durable medical equipment (*crutches*)
 Rehabilitation services (*physical therapy*)

Total Example Cost \$2,800

In this example, Mia would pay:

<u>Cost Sharing</u>	
Deductibles	\$500
Copayments	\$100
Coinsurance	\$300
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$900

The plan would be responsible for the other costs of these EXAMPLE covered services.



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, sexual orientation, health status 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: 855-664-7270 (voicemail)
TTY/TDD: 855-661-6965
Fax: 855-661-6960

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

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

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

	A	B	C	D	E	F	G	H
1	APPENDIX F							
2	MAP Chapter 582							
3	January 1, 2023 - December 31, 2027							
4								
5		Current 1/1/2022	1/1/23 Market adjustment (6.5%)	1/1/23 2.5%	1/1/24 2.5%	1/1/25 2.5%	1/1/26 2.5%	1/1/27 2.5%
6	Step 0 (hiring rate)	\$21.47	\$22.87	\$23.44	\$24.02	\$24.62	\$25.24	\$25.87
7	1	\$21.81	\$23.23	\$23.81	\$24.40	\$25.01	\$25.64	\$26.28
8	2	\$22.48	\$23.94	\$24.54	\$25.15	\$25.78	\$26.43	\$27.09
9	3	\$23.27	\$24.78	\$25.40	\$26.04	\$26.69	\$27.36	\$28.04
10	4	\$24.12	\$25.69	\$26.33	\$26.99	\$27.66	\$28.35	\$29.06
11	5	\$25.01	\$26.64	\$27.30	\$27.98	\$28.68	\$29.40	\$30.14
12	6	\$26.29	\$28.00	\$28.70	\$29.42	\$30.15	\$30.91	\$31.68
13	7	\$27.76	\$29.56	\$30.30	\$31.06	\$31.84	\$32.63	\$33.45