

FULL-TIME **BENEFITS** AT A GLANCE

Flexible Spending Account (FSA) -Section 125 Account Health FSA Dependent Care FSA Commuter FSA

Pension

Illinois Municipal Retirement Fund (IMRF) Employees working 1000 hours or more annually or other 12-month period Mandatory employee 4.5% contribution per paycheck Employer Contribution defined annually by IMRF

Retirement Health Care Funding Plan

30-day probation period. The percentage is based on the number of years in a qualified pension plan on start date.

Up to 5 years - 1.0% 6-10 years - 1.5% 11-15 years - 2.0% 16-20 years - 3.0% 21-30 years - 4% 31+ years - 5.0%

District Paid Life Insurance Policy

Basic Life and AD&D- 2X annual salary up to \$500,000

HEALTH BENEFITS

Insurance Effective on First Day of Employment

BCBS Medical- PPO Network \$500.00/\$1000/\$1500 Deductible - In Network \$1500/\$3000/\$4500 Out of Pocket - In Network

BCBS Prescription

Preferred Generic/Non-Preferred Generic/Preferred Brand/Non-Preferred Brand/Preferred Specialty/Non-Preferred Specialty Preferred Retail Pharmacy 30-day supply -\$0/\$10/\$50/\$100/\$150/\$250 Non-Preferred Retail Pharmacy 30-day supply -\$10/\$20/\$70/\$120/\$150/\$250 Mail Order up to 90-day supply - \$0/\$50/\$100/\$200/N/A/N/A

BCBS Dental

\$50/\$100/\$150 Deductible In Network\$2000 annual maximum benefitPreventative, Basic, Major and Orthodontia Coverage (Orthodontia lifetime Maximum \$2000)

BCBS Vision

Eye Exam- Every 12 months - \$10 copay in network Basic lenses single/bifocal/trifocal = \$10 copay in network Frames every 24 months - \$150 allowance, then 20% over allowance — in network

Contact Lenses (in lieu of glasses) \$150 allowance, then 15% over allowance – in network

Cost Per Paycheck	Medical	Dental	Vision
Employee	\$45.66	\$1.69	\$0.33
Employee & Spouse	\$94.00	\$3.43	\$0.63
Employee & Child	\$87.29	\$4.38	\$0.66
Family	\$135.63	\$6.54	\$0.97

13 Paid Holidays

New Year's Day, Martin Luther King Jr Day, Presidents' Day, Memorial Day, Juneteenth, Independence Day, Labor Day, Indigenous Peoples'/ Columbus Day, Veterans Day, Thanksgiving Day, Day after Thanksgiving, Christmas Eve (1/2 day), Christmas Day., New Year's Eve (1/2 day)

1 Floating Holiday

Benefit Leave Time Vacation

1 - 5 vears of employment = 10 working days

- 6 10 years of employment = 15 working days
- 11 20 years of employment = 20 working days

21+ years of employment = 25 working days (In the first year of employment, 50 % of vacation is immediately available upon hire and the other 50 %

upon successful completion of the introductory period.)

12 Sick Days per calendar year on January 1 (Pro-rated amount in first year of employment after 30 day waiting period)

2 Personal Days Annually

Short Term Disability Pay

6 weeks, 100% pay when employed for 1-2 years 12 weeks, 100% pay when employed for 2+ years

Family Bereavement Leave

Pet Bereavement Leave

Employee Assistance Program – EAP

Fox Fitness all-inclusive membership and Blackberry Farm membership to active full-time employee and their immediate family members

District Program Discounts

Optional Benefits

457 Deferred Compensation Plan IMRF Voluntary Additional Contribution Plan NCPERS Group Life and AD&D - \$16 per month Voluntary Group Life and AD&D -Allstate Supplemental Coverage Accident Insurance Critical Illness Group Voluntary Disability Insurance Pet Insurance Identity Theft Coverage Legal Assistance Coverage