



## FULL-TIME BENEFITS AT A GLANCE

### **Flexible Spending Account (FSA)**

Health FSA

Dependent Care 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

### **District Paid Life Insurance Policy**

Basic Life and AD&D- 2X annual salary up to \$200,000

## **HEALTH BENEFITS**

Insurance effective on First Day of employment

### **BC/BS of IL HMO**

\$1500/\$3000 max out of pocket

BC/BS prescription plan; Prescription drug expense limit: \$2,000 Individual / \$6,000 Family

### **BC/BS of IL PPO with HRA**

In-Network Deductible: Single \$3,500 Employee+ 1 dependent \$7,000 Employee+ 2 or more dependents \$10,500

Out-of-Network Deductible: Single \$4,000 Employee+ 1 dependent \$8,000 Employee+ 2 or more dependents \$12,000

Out of Pocket limits:

In Network: Single \$4,650 Employee+ 1 dependent \$9,300 Employee+ 2 or more dependents \$13,950

Out of Network: Single \$6,300 Employee+ 1 dependent \$12,600 Employee+ 2 or more dependents \$18,900

Prescription drug limit: Single \$2,000 Employee+1 dependent \$4,000 Employee+ 2 or more dependents \$6,000

### **Davis Vision**

Exam: Calendar year – Covered in full Applies to \$600 total materials allowance

Lenses & lens upgrades: Calendar year – Applies to \$600 total materials allowance

Frame: Calendar year – Applies to \$600 total materials allowance

Contacts, evaluation & fitting: Calendar year – Applies to \$600 total materials allowance

### **Delta Dental To Go**

PPO Network: \$25/employee; \$50/employee + 1; \$75/family.

Premier Network: \$50/ employee; \$100/employee + 1; \$150/family.

\$50/individual for Out-of Network. Doesn't apply to preventive care services.

**Annual Limit:** \$2,000 for PPO and Premier Dentist services; \$1,200 for Out-of-Network services.

**To Go feature:** You can take the unused amount of benefits and carry over to the next year as long as you have been covered by the dental plan for the entire year and have had at least one dental service that applies to your annual maximum.

### **Epic Hearing**

No cost hearing coverage for employee and dependents

### **Employee Assistance Program (EAP)**

No cost access for employees and their dependents for confidential guidance

### **8 Paid Holidays**

New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Day after Thanksgiving, Christmas Eve (1/2 day), Christmas Day., New Year's Eve (1/2 day)

2 floating holidays

### **Benefit Leave Time**

Vacation

1 - 4 years of employment = 10 working days

5 - 9 years of employment = 15 working days

10 - 15 years of employment = 20 working days

Year 16 = 21 working days

Year 17 = 22 working days

Year 18 = 23 working days

Year 19 = 24 working days

Year 20+ = 25 working days

Personal Leave

32 hours per year; accrued

Sick Leave

12 days per year; accrued

Volunteer Time Off

FT employees are eligible for up to 8 hours of paid time off to volunteer for a non-profit; used in either a 4 or 8 hour increment

Family Bereavement

Employee Assistance Program – EAP

Lakeview Fitness all-inclusive membership and Turtle Creek Waterpark 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

Voluntary Group Life and AD&D

Child and Spouse Life Coverage