



2026 Employee Benefit Summary*

To be eligible for all health insurance benefits, you must be a full-time/regular employee. Summaries of each insurance plan is provided in the enrollment package, which you will receive from Human Resources shortly after you are hired or become eligible for benefits.

Medical Insurance- PDRMA BCBS PPO, BCBS HMO Illinois or BCBS Blue Advantage (HMO)

The medical plans available to full-time/ regular employees are Preferred Provider Organization (PPO) or a Health Maintenance Organization (HMO). It is your responsibility to research providers to determine if they participate in each plan in order to obtain the most for your benefits. Participating PPO and HMO providers can be located at www.bcbsil.com.

MEDICAL DEDUCTIONS: *The bi-weekly payroll deductions for 24 pay periods are as follows:*

Type of coverage	BCBS PPO \$3500 Deductible w/ \$3000 HRA	BCBS HMO Illinois	BCBS Blue Advantage
Employee Only	\$70.17	\$58.51	\$58.29
Employee + Spouse	\$143.82	\$119.94	\$119.50
Employee + 1 Child	\$98.24	\$81.91	\$81.61
Employee + Children	\$137.52	\$114.66	\$114.25
Employee + Family	\$210.47	\$175.52	\$174.88

Medical Rebate

- HMO Premium Rebate: Employees that select the HMO Illinois Plan will receive a premium rebate of \$300. The rebate will be paid in two (2) installments: \$150 on the first check following January 1 and a second \$150 on the first check following July 1.
- Individuals must be employed to receive a rebate.

Health Insurance Opt-out

- An employee may choose to opt-out of health coverage. Employee must provide proof of coverage for all parties for which coverage is waived and sign a waiver.
- Opt-out benefit is \$6,000 per year spread out over bi-weekly payroll for 24 pay periods. Life event policies still remain and opt-out benefits will not continue if an employee's life event coverage is needed.

The following summarizes the three different plan coverage options:

BCBS \$3,500 DEDUCTIBLE /RX (W/ \$3,000 HRA) Medical Benefits

Medical Benefits			
Deductible	In-Network - BCO	In-Network PPO	Out-of-Network
Single	\$500/\$3,000	\$500/\$3,000	\$4,000
Employee + 1 Dependent	\$1,000/\$6,000	\$1,000/\$6,000	\$8,000
Family	\$1,500/\$9,000	\$1,500/\$9,000	\$12,000
Out-of-Pocket Maximum			
Single	\$4,650	\$4,650	\$6,300
Employee + 1 Dependent	\$9,300	\$9,300	\$12,600
Family	\$13,950	\$13,950	\$18,900
Routine Preventive Care	Paid at 100% No deductible, copay or annual limit	Paid at 100% No deductible, copay or annual limit	Paid at 100% No deductible, copay or annual limit
Primary Care Physician	100% after \$20 copay	100% after \$20 copay	70% after deductible
Specialist	100% after \$30 copay	100% after \$30 copay	70% after deductible
Urgent Care	100% after \$30 copay	100% after \$30 copay	70% after deductible
Emergency Room	100% after \$100 copay	100% after \$100 copay	100% after \$100 copay
Inpatient Hospitalization	90% after deductible	85% after deductible	70% after deductible
Laboratory & Radiology: All services other than MRIs, CT scans and PET scans	100% up to \$300, then 90% after deductible	100% up to \$300, then 85% after deductible	70% after deductible
MRIs, CT scans and PET scans	90% after deductible	85% after deductible	70% after deductible
Acupuncture / Chiropractic Treatment	100% after \$30 copay	100% after \$30 copay	70% after deductible
Physical and Occupational Therapy	90% after deductible	85% after deductible	70% after deductible
Pregnancy	Initial office visit: 100%	Initial office visit: 100%	70% after deductible
	Delivery Fee (includes routine prenatal and postnatal care): 90% after deductible	Delivery Fee (includes routine prenatal and postnatal care): 85% after deductible	
Pharmacy Benefits			
Rx Coinsurance & Copays	Retail		Mail Order
Generic	\$10		\$20
Preferred Brand	20% coinsurance \$30 minimum up to \$50		20% coinsurance \$60 minimum up to \$100
Non-Preferred Brand	30% coinsurance \$50 minimum up to \$75		30% coinsurance \$100 minimum up to \$150
Specialty	40% coinsurance*		N/A
Rx Out-of-Pocket Maximum			
Employee Only	\$2,000		
Employee + 1 Dependent	\$4,000		
Employee + Family	\$6,000		

BCBS HMO Illinois

Medical Benefits		
<i>Deductible</i>	<i>In-Network</i>	<i>Out-of-Network</i>
Single	\$0	No coverage available
Employee + 1 Dependent	\$0	No coverage available
Family	\$0	No coverage available
<i>Out-of-Pocket Maximum</i>		
Single	\$1,500	No coverage available
Employee + 1 Dependent	\$3,000	No coverage available
Family	\$3,000	No coverage available
Routine Preventive Care	100% covered. No deductible; No copay; No annual limit	No coverage available
Primary Care Physician	100% after \$20 copay	No coverage available
Specialist	100% after \$30 copay	No coverage available
Urgent Care	100% after \$20 copay	No coverage available
Emergency Room	100% after \$100 copay	100% after \$100 copay
Inpatient Hospitalization	\$250 copay per admission	No coverage available
Laboratory & Radiology (All services other than MRI, CT scan and PET scan)	100%	No coverage available
MRIs, CT Scans and PET Scans	100%	No coverage available
Acupuncture / Chiropractic Treatment	100% after \$20 copay	No coverage available
Physical and Occupational Therapy	100% after \$20 copay	No coverage available
	60 visit combined limit per year	
Pregnancy	Initial office visit: 100% after \$20 copay	No coverage available
	100% coverage for preventive care in office	
	\$250 copay per hospital admission	
Pharmacy Benefits		
<i>Rx Coinsurance & Copays</i>	<i>Retail</i>	<i>Mail Order</i>
Generic	\$10	\$20
Preferred Brand	20% coinsurance – \$30 minimum up to \$50	20% coinsurance – \$60 minimum up to \$100
Non-Preferred Brand	30% coinsurance - \$50 minimum up to \$75	30% coinsurance – \$100 minimum up to \$150
Specialty	40% up to \$100	
<i>Rx Out-of-Pocket Maximum</i>		
Employee Only		\$2,000
Employee + 1 Dependent		\$4,000
Employee + Family		\$6,000

BCBS Blue Advantage (HMO)

Medical Benefits		
Deductible	In-Network	Out-of-Network
Single	\$0	No coverage available
Employee + 1 Dependent	\$0	No coverage available
Family	\$0	No coverage available
Out-of-Pocket Maximum		
Single	\$1,500	No coverage available
Employee + 1 Dependent	\$3,000	No coverage available
Family	\$3,000	No coverage available
Routine Preventive Care	100% covered. No deductible; No copay; No annual limit	No coverage available
Primary Care Physician	100% after \$20 copay	No coverage available
Specialist	100% after \$30 copay	No coverage available
Urgent Care	100% after \$20 copay	No coverage available
Emergency Room	100% after \$100 copay	100% after \$100 copay
Inpatient Hospitalization	\$250 copay per admission	No coverage available
Laboratory & Radiology (All services other than MRI, CT scan and PET scan)	100%	No coverage available
MRIs, CT Scans and PET Scans	100%	No coverage available
Acupuncture / Chiropractic Treatment	100% after \$20 copay	No coverage available
Physical and Occupational Therapy	100% after \$20 copay 60 visit combined limit per year	No coverage available
Pregnancy	Initial office visit: 100% after \$20 copay	No coverage available
	100% coverage for preventive care in office	
	\$250 copay per hospital admission	
Pharmacy Benefits		
Rx Coinsurance & Copays	Retail	Mail Order
Generic	\$10	\$20
Preferred Brand	20% coinsurance – \$30 minimum up to \$50	20% coinsurance – \$60 minimum up to \$100
Non-Preferred Brand	30% coinsurance - \$50 minimum up to \$75	30% coinsurance – \$100 minimum up to \$150
Specialty	40% up to \$100	
Rx Out-of-Pocket Maximum		
Employee Only		\$2,000
Employee + 1 Dependent		\$4,000
Employee + Family		\$6,000

Vision Insurance- PDRMA Vision

The vision plan is an allowance-based plan through Davis Vision Network (www.davisvision.com). This plan provides a reimbursement of vision related services and products as well as other coverages when provider is within the Davis Vision Network. See Allowance Plan highlights.

VISION DEDUCTIONS: The bi-weekly payroll deductions for 24 pay periods are as follows:

Type of coverage	Vision
Employee Only	\$1.60
Employee + Spouse	\$2.98
Employee + Child (1)	\$2.98
Employee + Children	\$4.69
Employee + Family	\$4.69

Dental Insurance- PDRMA Delta Dental Basic w/ Orthodontia

Dental coverage types are defined below; it is to your benefit to use participating providers.

Coverage Type	In-Network	Premier	Out-of-Network
Deductible Employee	\$25	\$50.00	\$50.00 per individual for Out Of Network-Does not apply to preventive services.
Employee +1 Dependent	\$50	\$100.00	
Family	\$75	\$150.00	
Coinsurance Preventive*	100%	100%	10% Co-Insurance
Basic*	20%	20%	30%
Major*	30%	30%	50%
Orthodontia*	50%	50%	50%
Annual Maximum Benefit: Per Person	\$2,000 for PPO and Premier Dentist services.		\$1,200 for Out-of-Network services.

DENTAL DEDUCTIONS: The bi-weekly payroll deductions for 24 pay periods are as follows:

Type of coverage	Basic w/ Orthodontia
Employee Only	\$3.15
Employee + Spouse	\$6.30
Employee + Child (1)	\$4.50
Employee + Children	\$5.89
Employee + Family	\$8.80

Income Protection and Investments

PDRMA Life Insurance

The District offers Life Insurance to all full-time/regular employees. Employees are enrolled in the Basic Life option, automatically. Basic Life is one times your annual basic salary. **There is no additional cost to the employee.** Employee is required to elect a beneficiary to the Life Insurance benefit.

You may purchase additional life insurance for yourself and your dependents. Please see Voluntary Life Insurance Benefit Summary and Rate Sheet for more details.

IMRF (Illinois Municipal Retirement Fund)

Upon hire, full-time Employees are enrolled in the IMRF program. Part-time employees are enrolled in IMRF, if work potential equates to a minimum of 1,000 hours annually.

Employees will contribute 4.5% of their salary by payroll deduction into this pension plan on a pre-tax basis. The District contributes approximately 6.89% of the Employee’s salary to the IMRF Plan.

IMRF also has short-term and long-term disability plans if needed.

IMRF also provides an opportunity to make additional voluntary after-tax contributions up to 10% of your IMRF reportable earnings on an after-tax basis. These contributions may be used to supplement IMRF retirement income. This benefit is available for all participating IMRF members. The District does not contribute to employee voluntary contribution accounts.

ICMA/Mission Square Retirement

All District employees are eligible to participate in a 457 deferred compensation plan through ICMA/Mission Square Retirement. This program allows for payroll deductions of your choice to be made pre-tax towards a personal 457-retirement plan.

Flexible Spending Account (FSA)- HealthEquity

All full-time Employees can choose to participate in an FSA for health care or dependent care. An FSA allows you to use tax-free money to pay for eligible medical expenses and dependent care expenses.

AFLAC

Aflac offers supplemental insurance policies to meet a variety of needs, including accident, cancer, critical illness, hospital, and short-term disability insurance. Getting one or more supplemental insurance plans can help prepare for unexpected expenses.

Time-Off Benefits

Vacation

Dundee Township Park District provides Vacation time for full-time employees. Time is accrued based on number of hours worked per pay period and length of service. New employees are eligible to take vacation after 90 days. See policy for details.

Length of Service	Annual Benefit	Accrual per Pay Period
Hire Date Through 4 Years of Service	10 Days (80 Hours)	3.077 per pay period
Start of Year 5 Through 9 Years	15 Days (120 Hours)	4.615 per pay period
Start of Year 10 Through 14 Years	20 Days (160 Hours)	6.154 per pay period
Start of Year 15 and Subsequent Years	25 Days (200 Hours)	7.692 per pay period

Holiday Time

Holidays are paid separately from Personal Day, Sick Time and Vacation Time. These Holidays are not banked holidays, nor are they accrued. The following holidays are recognized:

- New Year’s Day
- Memorial Day
- Juneteenth (June 19th)
- Independence Day (4th of July)
- Labor Day
- Thanksgiving Day
- The day after Thanksgiving
- Christmas Eve
- Christmas Day
- New Year’s Eve

Personal Time

Dundee Township Park District provides six (6) Personal Days for full-time employees annually.

- New Employees starting prior to June 30 will be granted six (6) Personal Days.
- New Employees starting July 1 or after until November 30, are granted three (3) Personal Day.

Sick Time

Employees are eligible to accrue Sick Time up to 96 hours a year. The Sick Time accrual rate is 3.692 per pay period based on an 80-hour pay period. Employees are eligible to use Sick Time after 60 days of employment.

Miscellaneous Benefits

Credit Union

The District offers an opportunity for Employees to join KCT Credit Union. KCT offers free checking with no minimum balance requirements. Fixed, low rates and no annual fee credit cards, as well as customized loans and refinance services. Employees can call 847-741-3344 for more information or visit kctcu.org.

Park District Programs/Facilities

Full-time employees and their immediate family members are eligible to participate in available District programs/facilities at no charge or a discounted rate. Please see policy for details.

Wellness Program/PATH

Full-time employees are eligible to participate and may earn up to \$200 as a Wellness Incentive. A covered spouse will also be eligible for the \$200 Wellness Incentive as well. A \$25 incentive is available for those who complete the biometric screening.

Sick Bank

Full-time employees can donate to the sick bank on an annual basis. New and current full-time employees, with a minimum of six (6) months of service and a minimum of six (6) days of accumulated leave time available, can enroll voluntarily in the sick bank.

A minimum of one day must be donated per calendar year to remain active in the sick bank program. More details in section 2.31 of the personnel policy manual.

EAP (Employee Assistance Program)

The DTPD offers confidential services through the Employee Assistance Program with Ulliance. This service is offered to all Full-time employees and their dependents.

*For more complete terms for Medical, Dental and Vision, see plan document at www.pdrma.org/health or **by calling 630-435-8998.***