



Legislation Details (With Text)

File #: 15-0512 **Version:** 1 **Name:** PROPOSED COLLECTIVE BARGAINING AGREEMENT, SALARY SCHEDULE, WAGE ADJUSTMENTS AND HEALTHCARE PLAN RESOLUTION

Type: Resolution **Status:** Approved

File created: 8/26/2015 **In control:** Labor Committee

On agenda: 9/8/2015 **Final action:** 10/6/2015

Title: PROPOSED RESOLUTION

PROPOSED COLLECTIVE BARGAINING AGREEMENT, SALARY SCHEDULE, WAGE ADJUSTMENTS AND HEALTHCARE PLAN RESOLUTION

WHEREAS, the Illinois Public Employee Labor Relations Act (5ILCS 315/1 et seq.) has established regulations regarding collective bargaining with a union; and

WHEREAS, the Collective Bargaining Agreement Salary Schedule and wage adjustments for the period of January 1, 2013 through December 31, 2017, has been negotiated between the Forest Preserve District of Cook County (the "District") and the Sheet Metal Workers International Association, Local No. 73 ("Sheet Metal Workers Union"); and

WHEREAS, the District is obligated to pay the prevailing rate for these categories of employees pursuant to the state statute and the collective bargaining agreement between the District and the Union(s); and

WHEREAS, the unions representing this category of employees have been properly certified that the below-listed rates are the prevailing rates for the effective date(s) set forth herein; and

Title Represented	Wage Rate	Effective Date
Sheet Metal Worker	\$40.81	6/2012 to 5/2013
	\$41.21	6/2013 to 5/2014
	\$41.21	6/2014 to 5/2015

WHEREAS, the general increases and wage adjustments that have been negotiated are reflected in the Salary Schedule and are included in the Collective Bargaining Agreement negotiated between the District and the Sheet Metal Workers Union; and

WHEREAS, the current healthcare plan shall be revised as follows:

COOK COUNTY FOREST PRESERVE DISTRICT HEALTH PLAN DESIGN/APPENDIX B
PLAN DESIGN AND PAYROLL CONTRIBUTIONS CHANGES EFFECTIVE DECEMBER 1, 2015
AND DECEMBER 1, 2016

Cook County Benefit Overview

HMO(s) Benefits Effective until 11/30/2015 Benefits Effective 12/1/2015

Classic Blue Option In Effect Eliminated

Out of Pocket Maximum Drug Copays do not accumulate to OOP Max All Copays accumulate to OOP Max

Out of Pocket Maximum \$1,500 single / \$3,000 family \$1,600 single / \$3,200 family

Inpatient Facility \$100 copay per admit \$100 copay per admit

Preventive	\$10 copay	\$0 copay (100% Covered)	
Other PCP / Urgent Care	\$10 copay	\$15 copay	
Specialists	\$10 copay	\$20 copay	
X-Ray / Diagnostic tests (performed in lab or hospital)	\$0 copay	\$0 copay	
Accident / illness	\$10 copay	\$15 copay	
Emergency Room	\$40 copay	\$75 copay	

PPO Benefits Effective until 11/30/2015 Benefits Effective 12/1/2015
Deductible and Out of Pocket Maximum Copay and Deductibles do not accumulate to OOP Max
Copay and Deductibles do accumulate to OOP Max
Annual Deductible \$125 / \$250 (Single / Family) 2x Out of Network \$350 / \$700 (Single / Family) 2x Out of Network
Out of Pocket Maximum \$1,500/\$3,000 (Single / Family) 2x Out of Network \$1,600/\$3,200 (Single / Family) 2x Out of Network
Inpatient Facility 90% In network / 60% Out of network 90% In network / 60% Out of network
Preventive 90% coinsurance after \$25 copay / 60% Out of network \$0 copay (100% Covered)
PCP 90% coinsurance after \$25 copay / 60% Out of network 90% coinsurance after \$25 copay / 60% Out of network
Specialists 90% coinsurance after \$25 copay / 60% Out of network 90% coinsurance after \$35 copay / 60% Out of network
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Emergency Room - In / Out of Network \$40 copay \$75 copay

Drug Benefits Effective until 11/30/2015 Benefits Effective 12/1/2015
Prescription Drugs - Retail Generic: \$7 copay Brand Formulary: \$15 copay Brand Non-Formulary: \$25 copay Mail Order: 2 x retail Generic: \$10 copay Brand Formulary: \$25 copay Brand Non-Formulary: \$40 copay Mail Order: 2 x retail
Generic Step Therapy N/A PBM's generic step therapy program
Mandatory Maintenance Choice N/A Mandatory mail-order for maintenance drugs
Employee Contributions - As a Percentage of Salary (Pre-Tax)
Blue Advantage HMO Effective until 11/30/2015 Effective 12/1/2015 Effective 12/1/2016
Employee Only 0.50% 1.00% 1.50%
Employee + Spouse 1.00% 1.50% 2.00%
Employee + Child(ren) 0.75% 1.25% 1.75%
Employee + Family 1.25% 1.75% 2.25%

PPO Effective until 11/30/2015 Effective 12/1/2015 Effective 12/1/2016
Employee Only 1.50% 2.00% 2.50%
Employee + Spouse 2.00% 2.50% 3.00%
Employee + Child(ren) 1.75% 2.25% 2.75%
Employee + Family 2.25% 2.75% 3.25%

NOW THEREFORE BE IT RESOLVED, that the District Board of Commissioners does hereby approve the Collective Bargaining Agreement, Salary Schedule and wage adjustments negotiated between the District and the Sheet Metal Workers Union.

BE IT FURTHER RESOLVED, that the District Director of Human Resources, Chief Financial Officer, and Comptroller are hereby authorized to implement the Salary Schedule and wage adjustments as negotiated and otherwise outlined above.

BE IT FURTHER RESOLVED, that the District Comptroller is hereby directed to make all payments consistent with this resolution.

Adopted this 8th day of September, 2015..end

Sponsors: TONI PRECKWINKLE (President)

Indexes:

Code sections:

Attachments:

Date	Ver.	Action By	Action	Result
10/6/2015	1	Labor Committee	approve	Pass
10/6/2015	1	FPD Board of Commissioners	approve	Pass
9/8/2015	1	FPD Board of Commissioners	refer	Pass

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DECEMBER 1, 2016**

Cook County Benefit Overview

HMO(s)	Benefits Effective until 11/30/2015	Benefits Effective 12/1/2015
Classic Blue Option	In Effect	Eliminated

<i>Out of Pocket Maximum</i>	Drug Copays do not accumulate to OOP Max	All Copays accumulate to OOP Max
<i>Out of Pocket Maximum</i>	\$1,500 single / \$3,000 family	\$1,600 single / \$3,200 family
<i>Inpatient Facility</i>	\$100 copay per admit	\$100 copay per admit
<i>Preventive</i>	\$10 copay	\$0 copay (100% Covered)
<i>Other PCP / Urgent Care</i>	\$10 copay	\$15 copay
<i>Specialists</i>	\$10 copay	\$20 copay
<i>X-Ray / Diagnostic tests (performed in lab or hospital)</i>	\$0 copay	\$0 copay
<i>Accident / illness</i>	\$10 copay	\$15 copay
<i>Emergency Room</i>	\$40 copay	\$75 copay

PPO	Benefits Effective until 11/30/2015	Benefits Effective 12/1/2015
<i>Deductible and Out of Pocket Maximum</i>	Copay and Deductibles do not accumulate to OOP Max	Copay and Deductibles do accumulate to OOP Max
<i>Annual Deductible</i>	\$125 / \$250 (Single / Family) 2x Out of Network	\$350 / \$700 (Single / Family) 2x Out of Network
<i>Out of Pocket Maximum</i>	\$1,500/\$3,000 (Single / Family) 2x Out of Network	\$1,600/\$3,200 (Single / Family) 2x Out of Network
<i>Inpatient Facility</i>	90% In network / 60% Out of network	90% In network / 60% Out of network
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<i>X-Ray / Diagnostic tests (performed in lab or hospital)</i>	90% In network 60% Out of network	90% in network 60% Out of network
<i>Accident / Illness</i>	90% coinsurance after \$25 copay / 60% Out of network	90% coinsurance after \$25 copay / 60% Out of network
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<i>Generic Step Therapy</i>	N/A	PBM's generic step therapy program
<i>Mandatory Maintenance Choice</i>	N/A	Mandatory mail-order for maintenance drugs

Employee Contributions - As a Percentage of Salary (Pre-Tax)

Blue Advantage HMO	Effective until 11/30/2015	Effective 12/1/2015	Effective 12/1/2016
Employee Only	0.50%	1.00%	1.50%
Employee + Spouse	1.00%	1.50%	2.00%
Employee + Child(ren)	0.75%	1.25%	1.75%
Employee + Family	1.25%	1.75%	2.25%

PPO	Effective until 11/30/2015	Effective 12/1/2015	Effective 12/1/2016
Employee Only	1.50%	2.00%	2.50%
Employee + Spouse	2.00%	2.50%	3.00%
Employee + Child(ren)	1.75%	2.25%	2.75%
Employee + Family	2.25%	2.75%	3.25%

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