



Legislation Text

File #: 15-0513, Version: 1

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 International Brotherhood of Electrical Workers, Local 134 ("IBEW"); 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

<u>Title Represented</u>	<u>Wage Rate</u>	<u>Effective Date</u>
Electrician	\$42.00	6/2012 to 5/2013
	\$43.00	6/2013 to 5/2014
	\$44.00	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 IBEW; 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
<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
<i>Preventive</i>	90% coinsurance after \$25 copay / 60% Out of network	\$0 copay (100% Covered)
<i>PCP</i>	90% coinsurance after \$25 copay / 60% Out of network	90% coinsurance after \$25 copay / 60% Out of network
<i>Specialists</i>	90% coinsurance after \$25 copay / 60% Out of network	90% coinsurance after \$35 copay / 60% Out of network
<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
<i>Emergency Room - In / Out of Network</i>	\$40 copay	\$75 copay

Drug	Benefits Effective until 11/30/2015	Benefits Effective 12/1/2015
<i>Prescription Drugs - Retail</i>	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
<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%

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

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.