



## Legislation Details

**File #:** 15-0513      **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 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

Title Represented	Wage Rate	Effective Date
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
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  
X-Ray / Diagnostic tests (performed in lab or hospital) 90% In network 60% Out of network  
90% in network 60% Out of network  
Accident / Illness 90% coinsurance after \$25 copay / 60% Out of network 90% coinsurance after \$25 copay / 60% Out of network  
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, 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...end

**Sponsors:** TONI PRECKWINKLE (President)

**Indexes:**

**Code sections:**

**Attachments:**

<b>Date</b>	<b>Ver.</b>	<b>Action By</b>	<b>Action</b>	<b>Result</b>
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