
THE VILLAGE OF TINLEY PARK

Cook County, Illinois

Will County, Illinois

RESOLUTION NO. 2026-R-013

**A RESOLUTION APPROVING A COLLECTIVE BARGAINING AGREEMENT WITH
METROPOLITAIN ALLIANCE OF POLICE, TINLEY PARK CHAPTER #192**

**MICHAEL W. GLOTZ, PRESIDENT
NANCY M. O'CONNOR, VILLAGE CLERK**

**WILLIAM P. BRADY
WILLIAM A. BRENNAN
DENNIS P. MAHONEY
MICHAEL G. MUELLER
KENNETH E. SHAW
COLLEEN M. SULLIVAN
Board of Trustees**

RESOLUTION NO. 2026-R-013

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METROPOLITAIN ALLIANCE OF POLICE TINLEY PARK CHAPTER #192**

WHEREAS, the Village of Tinley Park, Cook and Will Counties, Illinois, is a Home Rule Unit pursuant to the Illinois Constitution of 1970; and

WHEREAS, the Corporate Authorities of the Village of Tinley Park, Cook and Will Counties, Illinois, have considered entering into a successor Collective Bargaining Agreement with Metropolitan Alliance of Police Tinley Park Chapter #192, a true and correct copy of such Collective Bargaining Agreement being attached hereto and made a part hereof as **EXHIBIT 1**; and

WHEREAS, the Corporate Authorities of the Village of Tinley Park, Cook and Will Counties, Illinois, have determined that it is in the best interests of said Village of Tinley Park that said Collective Bargaining Agreement be entered into by the Village of Tinley Park;

NOW, THEREFORE, Be It Resolved by the President and Board of Trustees of the Village of Tinley Park, Cook and Will Counties, Illinois, as follows:

Section 1: The Preambles hereto are hereby made a part of, and operative provisions of, this Resolution as fully as if completely repeated at length herein.

Section 2: That this President and Board of Trustees of the Village of Tinley Park hereby find that it is in the best interests of the Village of Tinley Park and its residents that the aforesaid "Collective Bargaining Agreement" be entered into and executed by said Village of Tinley Park, with said Collective Bargaining Agreement to be substantially in the form attached hereto and made a part hereof as **EXHIBIT 1**.

Section 3: That the President and Clerk of the Village of Tinley Park, Cook and Will Counties, Illinois are hereby authorized to execute for and on behalf of said Village of Tinley Park the aforesaid Collective Bargaining Agreement.

Section 4: That this Resolution shall take effect from and after its adoption and approval.

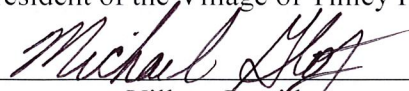
ADOPTED this 3rd day of March, 2026, by the Corporate Authorities of the Village of Tinley Park on a roll call vote as follows:

AYES: Brady, Brennan, Mahoney, Mueller, Shaw, Sullivan

NAYS: None

ABSENT: None

APPROVED this 3rd day of March, 2026, by the President of the Village of Tinley Park.



Village President

ATTEST:



Village Clerk

EXHIBIT 1

Collective Bargaining Agreement Between the Village of Tinley Park and Metropolitan Alliance of Police, Tinley Park Police Chapter #192

AGREEMENT

BETWEEN VILLAGE OF

TINLEY PARK AND

**METROPOLITAN ALLIANCE OF POLICE,
TINLEY PARK POLICE CHAPTER #192**

Through April 30, 2028

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PREAMBLE

This Agreement is entered into by and between the VILLAGE OF TINLEY PARK (hereinafter called the "Village") and the METROPOLITAN ALLIANCE OF POLICE TINLEY PARK CHAPTER #192 (hereinafter called the "Union", or the "Chapter").

This Agreement has as its purpose the promotion of harmonious relations between the Village and the Chapter; the establishment of an equitable and peaceful procedure for the resolution of differences; and the establishment of rates of pay, hours of work and other conditions of employment. It is the intention of this Agreement to provide, where not otherwise mandated by statute, for the salary structure, fringe benefits and employment conditions of the police officers covered by this Agreement, to prevent interruptions of work and interference with the efficient operation of the Police Department, and to provide an orderly and prompt method for handling and processing of grievances;

THEREFORE, the parties agree with each other as follows:

ARTICLE I

RECOGNITION AND REPRESENTATION

The Village recognizes the Union as the sole and exclusive bargaining agent for all probationary and non-probationary Patrol Officers employed by the Police Department of the Village, excluding all department employees of the rank of Sergeant and above and all other Police Department employees and all other employees employed by the Village.

Probationary Patrol Officers shall be covered by the conditions set forth in this Agreement; provided, however, that any disciplinary actions, including suspensions or discharge, shall not be subject to the grievance and arbitration procedure set forth herein.

Whenever the male gender is used in this Agreement, it shall be construed to include male and female employees covered by this Agreement.

ARTICLE II

NO DISCRIMINATION

In accordance with applicable legislation, neither the Village nor the Chapter shall discriminate against any employee in a manner prohibited by law because of race, creed, color, national origin, sex, or union membership or activity.

Any alleged violation of this Article may be processed through Step 4 of the grievance procedure, but no further. Nothing herein shall be construed as a waiver or relinquishment of any employee's right to file any commission or court charge or suit.

ARTICLE III

GRIEVANCE PROCEDURE

Section 3.1. Definition of Grievance.

A grievance is a difference of opinion between an employee or the Chapter and the Village with respect to the meaning or application of the express terms of this Agreement, or with respect to the inequitable application of rules applicable to the Police Department which may be in effect from time to time.

Section 3.2. Chapter Representation.

The Chapter shall appoint an Employee Committee of not more than two (2) members to attend grievance meetings scheduled pursuant to Steps 3 and 4. The Chapter may appoint three (3) Stewards to participate in the grievance procedure to the extent set forth in Step 2 of the grievance procedure. The Chapter shall notify the Village Manager in writing of the names of employees serving on the Employee Committee and as Stewards.

Section 3.3. Grievance Procedure.

Recognizing that grievances should be raised and settled promptly, a grievance must be raised within seven (7) calendar days of the occurrence of the event giving rise to the grievance.

Step 1: Written to Division Commander. An aggrieved employee, (or a Steward or Union officer on behalf of the Chapter), shall file a written grievance signed by the employee on a form provided by the Village setting forth the nature of the grievance and the contract provision(s) involved. The grievance shall be filed with the employee's Division Commander. However, should the aggrieved employee's Division Commander not be available within seven (7) calendar days of the occurrence of the event giving rise to the grievance, then the aggrieved employee, (or a Steward or Union officer) may file the grievance with any other Division Commander. The Commander shall respond in writing within seven (7) calendar days of this discussion.

Step 2: Appeal to Deputy Chief. If the grievance is not settled in Step 1, the Employee Committee may, within seven (7) calendar days following receipt of the Division Commander's answer, forward the grievance to the Deputy Chief. The Deputy Chief shall give a written answer within seven (7) calendar days after receipt of the written grievance.

Step 3: Appeal to Chief. If the grievance is not settled in Step 2, the aggrieved employee, the Employee Committee may, within seven (7) calendar days from receipt of the Step 2 answer, appeal in writing to the Chief. The Employee Committee and the Chief will discuss the grievance at a mutually agreeable time, within seven (7) calendar days of the Chief's receipt of the grievance. If no agreement is reached in such discussion, the Chief will give his answer in writing, within seven (7) calendar days of the discussion. The Village may join the Step 3 and Step 4 meetings if it so desires, by having in attendance both the Chief and the Village Manager or his designee.

Step 4: Appeal to Village Manager. If the grievance is not settled in Step 3 the aggrieved employee, the Employee Committee may, within seven (7) calendar days after receipt of the Step 3 answer, file a written appeal to the Village Manager. A meeting between the Village Manager, or his designee, and the Employee Committee will be held at a mutually agreeable time within seven (7) calendar days of the Village Manager's receipt of the grievance. If no settlement is reached at such meeting, the Village Manager or his designee shall give his answer in writing within ten (10) calendar days of the meeting.

Step 5: Grievance Arbitration. If the grievance is not settled in accordance with the foregoing procedure; the aggrieved employee, the Employee Committee may appeal the grievance to arbitration by notifying the Village Manager within ten (10) calendar days after receipt of the Village's answer in Step 4. Within ten (10) calendar days of receipt of such request, the Chapter and the Village shall jointly submit the dispute to the Federal Mediation and Conciliation Service (FMCS) and request a panel of arbitrators, each of which shall be a member of the National Academy of Arbitrators. If upon receipt of a panel of arbitrators from FMCS, the parties cannot agree on the selection of an arbitrator, the arbitrator shall be selected by having each party strike the name of an arbitrator from the panel until only one remains. First strike shall be determined by a coin toss. Each party retains the right to reject one panel in its entirety, and to request that a new panel be submitted. The arbitrator shall fix the time and place of the hearing, which shall be as soon as possible after his selection, subject to the reasonable availability of Chapter and Village representatives. The arbitrator shall have no right to amend, modify, nullify, ignore, add to or subtract from the provisions of the agreement.

He shall consider and decide only the specific issue submitted to him in writing and shall have no authority to make any decision or recommendation on any other issue not so submitted to him. The arbitrator's decision shall be based solely upon his interpretation of the

meaning or application of the specific terms of this agreement to the facts of the grievance presented. The arbitrator shall submit his decision in writing within thirty (30) days following the close of the hearing or submission of briefs by the parties. The decision of the arbitrator shall be binding on the parties. The fees of the arbitrator and that of a court reporter, if requested by either party, shall be divided equally between the Board and the Chapter. All other expenses shall be borne by the party incurring them.

Section 3.4. Time Limits.

No grievance shall be entertained or processed unless it is filed within the time limits set forth above. If a grievance is not appealed within the time limits for appeal set forth above, it shall be deemed settled on the basis of the last answer of the Village, provided that the parties may agree to extend any time limits. If the Village fails to provide an answer within the time limits so provided, such failure to answer shall constitute a proper denial of the grievance on the date the answer was last due and the Association may immediately appeal to the next Step or forego further processing of the grievance.

Section 3.5. Investigation and Discussion.

All grievance discussions and investigations shall take place in a manner which does not interfere with Village operations and at a time when the Grievant and the Steward or other Chapter representative(s) involved are not being compensated by the Village.

Representatives of the Chapter, previously accredited to the Village in writing by the Chapter, shall be permitted to come on the premises of the Village for the purposes of investigating and discussing grievances if they first obtain permission from the Village Manager or his designated representative; such visits shall not interfere with normal Village operations and such permission shall not unreasonably be denied.

Section 3.6. Civil Service Commission.

It is understood that matters subject to the jurisdiction of the Civil Service Commission such as certification, promotion, discharge, disciplinary suspension of more than five (5) days or a second suspension within any six (6) month period, all as per 65 ILCS 5/10-1-18, are not subject to this grievance procedure.

Section 3.7 Application of Grievance and Arbitration Procedure to Discipline

No discipline shall be administered without just cause. An Officer who is charged with a disciplinary infraction, or issued discipline, where the penalty may result in termination or suspension has the option of appealing such disciplinary action either before the Civil Service Commission or through the grievance procedure set forth in Section 3.3 above and subject to the procedure described below. An Officer must notify the Village within ten (10) days of receiving written notice of the charge(s) against him or her whether he or she will seek review of the imposed discipline through the grievance procedure or through the Civil Service Commission procedures.

If the Officer elects to appeal the discipline through the arbitration procedure in Section 3.3, the following will apply:

1. Notice of intent to appeal will be filed with the Village Manager within ten (10) days of receiving written notice of disciplinary action.
2. The Officer and the Village may agree to extend the time period in which an Officer may file an appeal provided the extension agreement is in writing.
3. The Union and the Village will jointly request a panel of arbitrators from the Federal Mediation and Conciliation Service (FMCS). If upon receipt of a panel of arbitrators from FMCS, the parties cannot agree on the selection of an arbitrator, the arbitrator shall be selected by having each party strike the name of an arbitrator from the panel until only one

remains. First strike shall be determined by a coin toss. Each party retains the right to reject one panel in its entirety, and to request that a new panel be submitted.

4. The arbitrator shall fix the time and place of the hearing, which shall be as soon as possible after his or her selection, subject to the reasonable availability of all parties.
5. Each party shall be afforded the opportunity of an oral argument or briefs, and, as needed supporting witnesses before the arbitrator.
6. Either party may request the opportunity to submit a post-hearing brief to the arbitrator. However, no party shall submit a brief without the agreement of the other. An arbitrator's award shall be final and binding, and any request for judicial review shall be exclusively under and in accordance with the Uniform Arbitration Act (710 ILCS 5/1, et seq.) and Section 8 of the Illinois Public Labor Relations Act (5 ILCS 315/8).

Section 3.8 Counseling Forms

Officers will be advised and provided a copy of all counseling forms completed by Management and made aware of the deficiency no later than 3 days of issuance of the counseling form.

ARTICLE IV

NO STRIKES/NO LOCKOUTS

During the term of this Agreement, the Chapter, its officers and agents, and the employees covered by this Agreement agree not to instigate, promote, sponsor, engage in or condone any strike, sympathy strike, slowdown, speed-up, blue-flu or other concerted stoppage of work, or any other intentional interruption of operations or other concerted refusal to obey lawful orders of the Chief or other appropriate Village representatives. Any, a few, some or all employees who violate any of the provisions of this Article may be discharged or otherwise disciplined by the Village, at the discretion of the Village. The Village will not lock out any employees during the term of this Agreement as a result of a labor dispute with the Chapter.

ARTICLE V
MANAGEMENT RIGHTS

The Village shall retain the sole right and authority to operate and direct the affairs of the Village and the Police Department in all its various aspects, including, but not limited to, all rights and authority exercised by the Village prior to the execution of this Agreement, except as modified in this Agreement. Among the rights retained is the Village's right to determine its mission and set standards of service offered to the public; to direct the working forces; to assign overtime; to plan, direct, control and determine the operations or services to be conducted in or at the Police Department or by employees of the Village; to assign and transfer employees; to hire, promote, demote, suspend, discipline, or discharge for just cause, or relieve employees due to lack of work or for other legitimate reasons, subject to the statutory jurisdiction of the Civil Service Commission; to make and enforce reasonable rules and regulations; to train employees; to subcontract work; and, to change methods, equipment or facilities; provided, however, that the exercise of any of the above rights shall not conflict with any of the specific provisions of this Agreement.

ARTICLE VI
SENIORITY

Section 6.1. Definition.

For purpose of this Agreement, seniority shall be defined as an employee's length of continuous full-time service since the employee's last date of hire excluding time off due to layoff or any other unpaid leave of absence which exceeds thirty (30) consecutive days of absence unless otherwise agreed by the Village.

Section 6.2. Seniority List.

The Village shall maintain a current seniority list. This list shall be made available to the Chapter within 30 days after the execution of this Agreement. Any alleged error in the list must be brought to the attention of the Chief of Police within 30 days after the list has been made available to the Union.

Section 6.3. Termination of Seniority.

Seniority and employment shall be terminated when an employee:

- 6.3.1 quits; or
- 6.3.2 is discharged for cause; or
- 6.3.3 is absent for three (3) consecutive days without authorization by the Village; or
- 6.3.4 is laid off for a period in excess of twenty-four (24) months, or length of seniority whichever occurs first; or
- 6.3.5 is laid off and fails to report to the Village his intention to return to work within seven (7) calendar days after recall and to report for duty within two weeks after recall; or
- 6.3.6 does not report to work within seventy-two (72) hours after the termination of an authorized leave of absence; or
- 6.3.7 retires or is retired.

ARTICLE VII

HOLIDAYS, VACATIONS AND LEAVES OF ABSENCE

Section 7.1. Designated Holidays and Holiday Pay.

During the term of this Agreement, there shall be eleven paid holidays, as follows:

New Year's Day	Thanksgiving Day
Good Friday (1/2 Day)	Friday After Thanksgiving Day
Memorial Day	Christmas Eve (1 day)

Fourth of July
Labor Day
Martin Luther King

Christmas Day
New Year's Eve (1/2 day)
President's Day

Inasmuch as the employees covered by this Agreement must fill work shifts each day of the calendar year, remuneration for the above holidays shall be made by separate check which shall be paid on either the first or second Friday of December of each year.

Remuneration for holidays shall be based on eight-eight (88) hours of pay per year or a pro rata share thereof for the number of days sufficient to cover those holiday periods while employed by the Village.

In addition, all covered employees shall receive twenty-five (25) hours of floating holiday time on May 1 of each year, ten (10) of which will be taken as floating holiday time off, the balance of fifteen (15) being paid as floating holiday pay. Said floating holiday time shall be utilized pursuant to the provisions of Section 10.3 of this Agreement.

In addition, if a covered employee is ordered in to work on a designated Holiday, such employee shall receive two times his regular hourly rate of pay or compensatory time for all hours so worked.

Section 7.2. Vacation Schedule.

In accordance with applicable ordinances, Patrol Officers covered by this Agreement shall be entitled to a vacation as follows:

<u>Years of Continuous Service</u>	<u>Vacation Hours</u>
<u>1 year but less than 2 years</u>	<u>40 Hours (1 Week)</u>
<u>At least 2 years but less than 7 years</u>	<u>80 Hours (2 Weeks)</u>
<u>At least 7 years but less than 11 years</u>	<u>120 Hours (3 Weeks)</u>
<u>At least 11 years but less than 15 years</u>	<u>160 Hours (4 Weeks)</u>
<u>15 years or more</u>	<u>200 Hours (5 Weeks)</u>

In order to be eligible for full vacation benefits under this Section, a Patrol Officer shall have worked at least sixteen hundred (1,600) hours during the twelve (12) month period preceding January 1 of the vacation year, except if unable to so work because of an on-the job injury, or in

the event that the Patrol Officer began employment during said twelve (12) month period, he shall have worked a pro rata portion of sixteen hundred (1,600) hours. Any Patrol Officer with a continuous length of service with the Village of more than one (1) year who would be otherwise entitled to a vacation but who is not eligible for full vacation benefits because he has not worked at least sixteen hundred (1,600) hours during the twelve (12) month period immediately preceding January 1 of the vacation year, where such failure is not the result of an on-the-job injury, shall be entitled to a vacation of one (1) week so long as he worked at least one thousand (1,000) hours during the twelve (12) month period immediately preceding January 1 of the vacation year.

Insofar as practical, vacation will be scheduled at the times requested. It is understood, however, that because of the nature of the work, it may be necessary to limit the number of Patrol Officers who are authorized to take vacation during any particular period of time or on any particular day. Vacation must be approved by the Division Commander and shall be scheduled in accordance with the procedures set forth herein below.

- 7.2.1 During the month of January, all Patrol Officers will submit their vacation requests to their respective Division Commanders.
- 7.2.2 No vacation shall be allowed in excess of three (3) consecutive weeks unless the Chief of Police determines that there are extenuating circumstances and grants approval. Vacations may not be taken in time periods of less than one-half (1/2) of a full day.
- 7.2.3 All vacation days must be taken prior to the end of the calendar year unless a vacation starts prior to the end of the calendar year and extends into the next year.
- 7.2.4 Requests for vacations submitted in January shall be honored based upon seniority. The senior officer assigned to each shift/watch shall take his first choice, all officers by seniority shall follow. This procedure shall be repeated until all then desired vacation weeks/days have been requested. The vacation weeks/days requested in

January pursuant to this procedure shall be submitted to the Division Commander for approval by February 1 of each year. The Division Commander shall review the requests and post a vacation schedule on or before March 1. Once the list is posted, any floating vacation as provided in 7.2.5 below shall not be used to bump scheduled vacation time regardless of seniority. On or before May 31, of each year, every employee covered by this Agreement shall have committed no less than the following amounts of vacation: (a) employees with two weeks entitlement, one week, (b) employees with three weeks entitlement, two weeks, (c) employees with four weeks entitlement, two weeks, (d) employees with five weeks entitlement, three weeks. Once committed and approved by the Division Commander, the committed vacation will be added to the posted vacation schedule. Any floating vacation shall not be used to bump scheduled vacation time regardless of seniority. Nothing herein prohibits an officer from taking a vacation between January 1 and March 1. A request for such a vacation must be submitted no later than the first day of the month preceding the month in which the vacation is to be taken.

- 7.2.5 Vacation weeks or days not selected in January or not committed by May 31 shall be floating vacation. Floating vacation shall be taken on a time-available basis. Requests for one day of floating vacation must be submitted to the Division Commander no less than three working days in advance provided, however, that the Division Commander may in his discretion for extenuating circumstances grant requests without such notice. Requests for two or more consecutive days of floating vacation must be submitted to the Division Commander no later than the 1st day of the month preceding the month in which the vacation days are to occur. These vacation requests may be approved on a first requested basis provided that conflicts which arise in vacation requests submitted on the same day shall be resolved based

upon seniority. All floating vacation weeks/days must be requested no later than November 1 of each year. Floating vacation not requested by that date will be lost and no longer available.

7.2.6 In the case of extenuating circumstances as determined by the Chief of Police, the Division Commander may cancel and reschedule any or all previously approved and scheduled vacation. In the event that a previously approved and scheduled vacation is canceled by order of the Chief or Division Commander under this subsection, then the Village shall reimburse the officer for any forfeited travel/lodging/tour or like deposits or expenses that the officer has paid. The reimbursement shall be made upon request of the officer and presentment to the Village of proper verification that the officer has incurred and paid the expense.

7.2.7 An officer may request to cancel and reschedule vacation. To do so, a written request to cancel and reschedule vacation must be submitted at least 18 days prior to the start of the scheduled vacation. These requests will not be unreasonably denied but in no event shall such requested change conflict with a scheduled vacation of another officer assigned to the same shift.

Section 7.3. Personal Leave Days.

All officers shall be granted three (3) days of leave for personal business during each year of this Agreement (May 1 through April 30) without loss of pay. Request for this leave must be made to the appropriate supervisor as far in advance as possible but not less than 48 hours prior to the commencement of the leave. Use of personal leave shall be subject to the same limitations as are applicable to use of vacation time. Unused personal business leave does not accumulate, provided, however, that those employees with less than seven (7) years of continuous service may accumulate unused personal business leave to a maximum of four (4) days. Newly hired officers

will be entitled to the use of one personal leave day immediately upon being hired, and will be entitled to three (3) days on the following May 1.

Section 7.4. Funeral Leave.

When a death occurs in an employee's immediate family (i.e., employee's mother, father, mother-in-law, father-in-law, spouse, brother, sister, child or grandparents, step mother, step father, step child), an employee covered by this Agreement, upon request, shall be excused for up to three (3) days for the purpose of mourning; when a death occurs to an employee's grandfather in-law or grandmother in-law, that employee shall be excused for up to two (2) days for the purpose of mourning; one (1) day of funeral leave shall be granted for mourning some other member of the family. An eligible employee shall be paid his normal daily rate of pay for any day or days on which he is excused and but for such excuse would have been scheduled to work. An otherwise eligible employee will not receive funeral pay when it duplicates pay received for time not worked for any other reason e.g. funeral leave is available only for scheduled work days and cannot be used in conjunction with any scheduled day off.

Section 7.5. Military Leave.

Military leave shall be granted in accordance with applicable state and federal law.

Section 7.6. Combination of Leaves.

Affected employees may combine the use of compensatory time, trade days, personal days and vacation days, provided that no employee may use combined leave days for a period in excess of 21 consecutive calendar days at one time.

ARTICLE VIII

INSURANCE AND DEATH BENEFITS

Section 8.1. Insurance.

Employees may elect to participate in any health and hospital insurance plan(s) selected and made available from time to time by the Village. Such plan(s) shall include dental coverage as selected by the Village and group term life insurance in the amount of \$50,000. Each employee who participates in a Village selected plan must contribute toward the cost of such insurance in the monthly amounts set forth in here:

Effective Date	Blue Advantage HMO (BAHMO)	Blue Choice Options * (BCO)	Blue Edge HSA * (HDHP)	PPO
5/1/2024	12%			12%
5/1/2025	12%			12%
Upon Ratification	14%			14%
01/01/2027	N/A	14%	5%	N/A
05/01/2027	14%	14 %	5%	14%

*Offered starting January 1, 2027.

The parties acknowledge that the employee will contribute towards the payments of insurance premiums on a percentage basis commencing upon ratification. The Village agrees that the actual monthly premium contribution will be based on the percentage defined above. At no time will the actual monthly contributions exceed 10%, except for PPO at 12% of the prior calendar

year's monthly contribution rate. For contract years 2024 and 2025, the cap shall remain 8% of the prior year's monthly contribution rate except that upon ratification of this Agreement by both parties, the cap shall increase to 10%, except for PPO at 12% of the prior calendar year's monthly contribution rate.

The High-Deductible Health Plan ("HDHP") is subject to annual plan design changes to the minimum annual deductible and annual out-of-pocket maximum. The Village shall provide a Village HSA contribution in the amount listed below for HDHP plan participants:

Single: \$1,000 annually

Family: \$2,000 annually

There is no retroactivity on the application of the above premiums and the above 2026 amounts will only become effective upon ratification. Rates would become effective based on the benefit chart once the agreement is signed. *For example, if it is fully signed on 2/17/26, then the rates would be calculated as of that date and begin on the next available payroll. In this example, that would be 3/6/26.*

For Dental Insurances, the contribution shall be 14% with a 10% cap of the prior calendar year's monthly contribution rate each remaining year of the agreement.

The Village shall pay the remaining premium costs. The Village retains the sole right to select the health/hospital plan made available to employees. However, if during the life of this Agreement the Village intends to select a health/hospital plan that does not provide reasonably comparable benefits, it shall advise the Chapter and the parties will negotiate regarding the provision of this Section.

The parties agree that the Orthodontic Child Lifetime Benefit will increase WILL REMAIN \$1250 at no additional cost to covered employees.

Section 8.2. Health Insurance Review Committee.

The parties shall meet a minimum of twice per calendar year to discuss issues regarding health insurance coverage and costs, unless both parties agree that such meetings are not necessary. Each party will create their own committee of up to two (2) persons, upon request of either party, a meeting shall be set on a mutually agreeable date, with a proposed written agenda for topics of discussion to be sent by the party.

Section 8.3. Retirees Health Insurance.

All full time police officers of the Village of Tinley Park hired on or before May 1, 2013, upon obtaining twenty (20) years of service with the Village's Police Department and upon obtaining the age of fifty (50) years of age and who are retired, regardless of their age at the time of retirement, from the Tinley Park Police Department, and who are without the benefit of any group health and accident insurance coverage, whether public or private, shall be eligible upon retirement from the Village to apply for coverage under the Village's group health insurance plan.

Retired full time police officers, who have become covered by health and accident coverage, whether public or private, other than the coverage offered by the Village, shall be eligible, without objection by the Village, to return to the current Village group health insurance plan, if allowed by the plan. However, it is understood that the retired full time police officers shall need to meet all of the following criteria, and obtain the approval of the Village's health insurance carrier, to be eligible to return to the Village's group health insurance plan:

1. The retired full time police officer must meet the criteria, as described in Ordinance No. 77-O-015, specifically being that he or she (1) has retired, regardless of age at the time of retirement, (2) has 20 years of credible service with the Village of Tinley Park; (3) has attained the age of fifty (50) years; and (4)

is without the benefit of any group health and accident insurance coverage, whether public or private;

2. The retired full time police officer must have had continuous health and accident coverage for the entire period of time he or she was not covered by the Village's group health insurance plan or provide certificate of eligibility (physical). The Village reserves the right to request evidence of said coverage;
3. The retired full time police officer shall provide the Village six (6) months of advanced notice of his or her intention to return to the Village's group health insurance plan when possible. The retired full time police officer must provide notice of his or her intention to return to the Village's group health insurance plan a minimum of thirty (30) days when unforeseen circumstances have occurred. The notification of the retired officers intention to return to the plan shall be in writing and submitted directly to the Village Manager.
4. It is understood that the retired full time police officer, if allowed coverage by the Village's insurance carrier, shall be provided the same coverage options as provided in the most current collective bargaining agreement between the Village and the Union. This includes the option to change coverage during open enrollment.
5. The retired full time police officer shall be required to pay the sum of one-half (½) of the costs to the Village to provide health and accident coverage to the retired full time police officer.
6. In addition, until the retiree is eligible for AARP coverage, the Village shall contribute, in addition to 50% of the premium cost, \$60 per month toward the retiree's cost for health insurance for those covered officers retiring with at least 20 years of service and 50 years of age.

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7. When any such retired full time police officer is eligible for Medicare or Medicaid or similar health and accident insurance programs, then such officer shall not be entitled to any of the benefits of this Section 8.3, except for participation in a supplemental plan as allowed by Ordinance No. 77-O-015.

Section 8.4. Killed In The Line Of Duty Benefits.

In the event that any police officer is killed in the line of duty or suffers a catastrophic injury while on duty or in the performance of duty, or while performing a police function, the Village shall pay to the officer or the officer's family all benefits as provided by current state law including burial expenses up to \$7,500.00 and provide his dependents including widow/widower and all minor children who are without the benefit of health/hospital insurance, with the opportunity to continue participation in the Village selected health and hospital insurance plan on the same basis and under the same terms and conditions as would have existed had the officer not been killed and continued in the employ of the Village, provided that such participation is not prohibited by the terms of the plan. In the event that participation in the Village plan is prohibited, the Village shall pay to the deceased officer's eligible dependents a sum equal to that which the Village would have paid for dependent health/medical insurance had the officer not been killed and continued in the employ of the Village.

"In the line of duty" or "while performing a police function" is understood to include the performance of duty outside the officer's normal work shift and while not being compensated by the Village, whether or not the officer is in uniform. These situations include, but are not limited to, providing assistance in locating criminal subjects, motorist assistance, and providing additional police assistance when needed for the Village of Tinley Park.

ARTICLE IX UNIFORM

ALLOWANCE

Section 9.1. Uniform Allowance.

A uniform allowance in the amount of One Thousand Two Hundred and no/100 Dollars (\$1,200.00) per year shall be paid to the individual officers in the month of May of each contract year, as set forth below. Uniform allowance will be made by a separate check. However, officers hired after December 31 shall not receive a uniform allowance until May of the following contract year.

Patrol Officers shall use such funds to obtain among other items the following items which may be changed from time to time by the Chief:

Plastic flashlight	Tie
Badge	Jacket (chill chaser)
Silver or gold hat cord	Rain coat
Bullets	Fur cap
Off duty holster	Garrison belt
Off duty star	Holster
Long sleeve shirt	Belt keeper
Short sleeve shirt	Handcuff case
Trousers	Ammo magazine pouch
Jacket	Handcuffs
Baton	Baton Ring
5 Star uniform hat	Plastic whistle
Name tags for shirt and jacket	Rain cover
Necessary repairs or alterations on required uniform apparel	Ticket book holder

Patrol Officers assigned on a continuing basis, to special duty, i.e., investigative services, crime prevention, support services, etc., shall not be limited to those items of purchase enumerated above.

In the event that during the term of this Agreement the Village requires a major uniform change for all officers to take effect on a date certain rather than at the time of when replacement would be necessary or should the Village require officers to obtain a new uniform item or equipment item not required in the Department prior to May 1, 1994, then the Village shall, in addition to the clothing allowance provided for herein, pay the cost of the ordered major uniform change or new item.

Section 9.2. Body Armor Vests.

The Village shall upon the request of an officer, provide said officer with a body armor vest of the officer's own choosing provided, however, that if the cost of any vest selected by the officer is more than ten (10) percent higher than the cost of a level IIA vest from the Village vendors, the officer shall pay the additional cost beyond ten (10) percent. The Village shall replace existing vests every five (5) years. Vests will be provided at the Village's expense to those officers making a request pursuant to this section. Officers obtaining vests pursuant to this section shall be required by the Village to wear said vests while on duty. Nothing herein prohibits management from ordering the wearing of body armor vests in any high risk situation.

Section 9.3. Purchase of New Uniforms.

The Village shall make a one time purchase of new uniforms for a newly hired employee as outlined in APPENDIX "F".

ARTICLE X

HOURS OF WORK AND OVERTIME

Section 10.1. Work Period/Normal Workweek and Workday.

The Village established a regularly recurring period of seven (7) consecutive days as the regular work period for each Patrol Officer. The beginning date of this regular work period may be changed provided the change is intended to be permanent at the time that it is made. Within an established work period, the normal workweek shall consist of forty (40) hours per week subject to the last paragraph of this Section 10.1. The normal workday may consist of ten (10) hours, eight (8) hours, or some other combination as determined by the Chief of Police to be in the best interests of the Village and the Department. The normal workweek shall commence at the start of the first regularly scheduled duty day in any seven (7) consecutive day period (168 consecutive hours) which may begin on any day of the calendar week and enter into the next calendar week. Where there is a change in shifts and/or scheduled off duty days, the commencement of the first regularly scheduled duty day of the new workweek shall terminate the preceding workweek.

Preferred Division and Shift selection shall be offered to patrol officers by descending seniority until the designated divisions and shifts have been staffed to the proper levels. This does not preclude the right to adjust and balance the selections in this process based upon the levels of experience of the officers on a particular shift and/or division.

10.1.5 Ten Hour Workday.

Notwithstanding the paragraphs above, the Village agrees to maintain the current forty (40) hour work week based upon a four (4) day, ten (10) hour schedule for the duration of this contract. The four/ten (4/10) schedule will only be applicable to those divisions/units that operate on such a schedule on the date this agreement is executed by both parties. This language does not apply to any division which operates on a different work schedule. Officers assigned to replace manpower

shall work the zone assignment of the officer they are replacing, if such zone assignment is already designated on the schedule at the time the replacement is made.

Section 10.2. Overtime Pay.

Each Patrol Officer covered by this Agreement shall be paid one and one-half (1-1/2) times his regular straight time hourly rate of pay for all hours of work in excess of forty (40) in a regular 7-day work period. Hours of work include all time that a Patrol Officer is required to be on duty whether scheduled or unscheduled provided, however, that time worked as the result of "trading time" pursuant to the provisions of Section 10.6 below shall not be considered hours of work for the purpose of overtime pay. Paid absences from work, excluding, however, sick leave, shall be considered as "hours of work" for purposes of calculating overtime pay. Unpaid absences are not "hours of work" for purposes of overtime pay.

Overtime assignments for which there is more than one and one-half hours' notice shall be offered by seniority to covered officers. Any assignments not filled by a volunteer shall be assigned by reverse seniority. Nothing herein shall be construed to require the Village to fill any vacancy that may from time to time occur. The Village possesses the absolute right to assign overtime work and Patrol Officers must work overtime as assigned by the Village. The Village will not order a patrol officer to fill a vacancy created by the absence of a Sergeant. (These provisions are to implement the overtime assignment procedure in effect as of May 1, 1998).

Section 10.3. Compensatory Time.

A Patrol Officer may elect to have earned overtime credited to a compensatory time-off account rather than to be paid for such overtime. No Patrol Officer shall be allowed to accumulate over seventy-five (75) hours of compensatory time. Compensatory time shall be paid at the rate of one and one-half (1-1/2) hours for each overtime hour of work over 40 in any regular 7-day work period. Compensatory time off may be taken only with the approval of the Patrol Officer's supervisor based upon existing manpower needs. Requests for compensatory time must be made

at least 24 hours in advance unless the supervisor grants approval without such notice. Requests for use of compensatory time may not be made more than six (6) months in advance of the dates requested for use. Requests for use of compensatory time off shall not be unreasonably withheld. Compensatory hours may be carried over from year to year.

Section 10.4. Court Time.

Time spent in court (including travel to and from court) pursuant to job duties shall be compensated in the same manner as scheduled on-duty time. Covered officers shall be compensated for a minimum of two (2) hours for time spent at the Bridgeview or Markham Court Houses. Covered officers shall be compensated for a minimum of two and one-half (2-1/2) hours for time spent at the Will County Court House.

Normal travel time to court in Joliet is 1/2 hour each way. Normal travel time to court at the Daley Center or 26th and California is 1 hour each way.

When a Patrol Officer is subpoenaed for a civil case and when such subpoena arises directly from the performance of job duties as an officer in the Tinley Park Police Department, the Patrol Officer shall be paid at the regular rate for all court time spent in response to the subpoena. It is understood that any extraordinary expenses incurred by the Officer will be reimbursed by the Village upon proper submittal of receipts documenting such extraordinary expenses, i.e., transportation costs, parking fees, etc. It is understood that reimbursement of expenses will be viewed in a limited manner and will not be extended to such items as meals or any other expenses that would normally arise in an Officer's performance of his duties. Further, it is understood that Officers will submit all witness fees to the Village that result from their participation in court-related matters. If such fees are not timely submitted, no court-time payment will be made by the Village provided, however, if the subpoena fee exceeds the payment to be made by the Village, the Patrol Officer shall have the option to retain the subpoena fee in lieu of the payment provided for herein.

Section 10.5. Training Time.

Patrol Officers covered by this Agreement who are required to attend a training program shall be considered at work while engaged in such training and accordingly, they shall be compensated for such hours of training in the same manner as other hours of duty.

Section 10.6. Trading of Work Shifts.

Patrol Officers shall have the right to request trading of work shifts on a limited basis. A Patrol Officer may initiate unlimited trades, provided that the officer may not trade more than four (4) consecutive shifts with the same person. Responsibility for the trade is with the officer who is to work the shift. Once an officer agrees to work a trade shift, any failure to completely fulfill such an obligation will result in discipline of the officer who accepted the trade request. All such requests shall be made in writing and approved by both the Patrol Officer's Supervisors. The written request must normally be submitted no less than three (3) working days prior to the day upon which the first trade is to occur provided, however, that the Officer's Supervisors may, in extenuating circumstances, approve the trade without such notice. It is understood that these requests will be given due consideration by the Supervisors and denial must be based on legitimate departmental manpower needs. It is further understood that once a trade has been made, the party accepting the trade will be held totally responsible for covering the shift that he has agreed to cover. Trading of duty shifts under the provisions of this section is voluntary as between the Patrol Officers involved and is permitted for the benefit and convenience of the officers. The Village shall maintain a record of all such trades. Any shift traded hereunder may be paid back within twelve (12) months but in all cases, the day must be traded back no later than the last day of the calendar year in which the trade was initiated.

Section 10.7. No Pyramiding.

This Article is intended to define the normal hours of work, the regular work period and provide the basis for overtime calculation. It shall not be construed as a guarantee of hours of work

per day or per week or per regular work period. Compensation shall not be paid more than once for the same hours under any provision of this Article or Agreement.

Section 10.8. Call Back.

A call-back is defined as an official assignment of work which does not continuously precede or follow an officer's regularly scheduled work hours. Employees who are required to work a call-back assignment shall be compensated at the officer's applicable overtime or straight- time rate of pay for all hours worked, with a minimum of two (2) hours compensated.

Section 10.9 Daylight Savings Time

Employees that work on a Daylights Saving Time day in either the spring or fall each year shall be paid for actual hours worked. Employees that work in the spring may elect to use one (1) hour of compensatory time.

ARTICLE XI GENERAL

PROVISIONS

Section 11.1. Right to Join or Not to Join.

Employees included in the appropriate bargaining unit set forth in Article I of this Agreement shall have the right to join or refrain from joining the Association. The Village and the Chapter agree not to interfere with the rights of employees to become or not become members of the Chapter and, further, that there shall be no discrimination or coercion against any employee because of Chapter membership or non-membership. Nothing contained in this Agreement shall be construed to prohibit individual employees from presenting grievances to the Village; provided, however, that the settlement of any such grievance shall not be inconsistent with the terms of this Agreement.

Section 11.2. Personnel Files.

Upon appropriate request, an employee may inspect his personnel file subject to the following:

- A. Inspection shall occur at a time and in a manner mutually acceptable to the employee and the Village. Upon request, an employee who has a written grievance on file who is inspecting his personnel file with respect to said grievance may have an association official present during such inspection.
- B. Copies of materials in his personnel file shall be provided an employee upon request if such materials are to be used in the processing of a grievance at the third step. The employee shall bear the cost of duplication.
- C. An employee shall be provided a copy of the evaluation form used for the purpose of evaluating him at no cost to the employee.
- D. Pre-employment information, e.g., reference checks and responses, or information provided the Village with the specific request that it remain confidential shall not be subject to inspection or copying.

Written reprimands shall remain in an Officer's personnel file for the length of time commensurate with the offense as set forth in Appendix B. Written reprimands shall be removed based on the schedule attached hereto as Appendix B.

Section 11.3. Bulletin Board.

The Village shall provide, within the Patrol Officer's squad room, twenty-four inch by twenty-four inch space for a Chapter-provided bulletin board to be used exclusively for the posting of official notices. Such notices, which shall be non-political and non-inflammatory in nature, shall be delivered to the Chief for his approval prior to posting. The Chief shall not unreasonably withhold approval of notices which are in compliance with this Article.

Section 11.4. Probationary Period.

All new employees and those hired after loss of seniority shall be considered probationary until they have completed a probationary period of twelve (12) months of work, excluding time spent in school. Time absent from duty that is not credited for seniority purposes shall not apply toward satisfaction of the probationary period. During an employee's probationary period, the employee may be suspended, laid off or terminated in accordance with procedures established by the Civil Service Commission, without cause at the sole discretion of the Village. Such probationary employee shall have no recourse to the grievance procedure or to the Civil Service

Commission to contest such a suspension, layoff or termination. An employee is not required to comply with the Village residency policy until the employee has completed the probationary period.

Section 11.5. Light Duty.

Covered employees suffering from a duty or non-duty-related injury or illness may be assigned to light duty pursuant to the terms and conditions of the existing Village of Tinley Park Modified Duty Policy, as amended. The policy is subject to update at the discretion of the Police Chief.

Section 11.6. Residency.

All employees covered by this Agreement shall, as a condition of employment and continued employment, be required to reside within a 30-mile radius measured from any border or village limit of Tinley Park within 12 months of employment date. Employees who choose to reside within the Village limits will have the benefit of Project 75. Residency in Indiana is not permitted. Waivers to this requirement may be approved by the Village Board. If the Village waives the residency requirement for any other employee group after the effective date of this Agreement, it will waive it for the employees covered by this Agreement as well.

Section 11.7. Part Time Officers.

The Village agrees that all part time officers hired by the Village will be covered by the terms and conditions set forth in Appendix C, attached hereto and made a part hereof, for the duration of this Agreement.

Section 11.8. Community Service Officers

The parties agree that Community Service Officer (CSO) shall be permitted to perform administrative duties and shall not be permitted to perform criminal investigations, criminal reports or traffic crash reports.

ARTICLE XII

FAIR SHARE AND DUES DEDUCTION

Section 12.1. Dues Deduction.

Upon receipt of lawful written authorization from employees covered by this Agreement, the Village agrees to deduct from their salary the regular uniform Union membership dues during the term of this Agreement. A copy of the dues deduction authorization that is to be utilized is attached hereto as Appendix D. Signing of the dues deduction authorization is voluntary with the individual employee and any dues deduction authorization which is signed shall be revocable at any time by the employee. The dues shall be forwarded to the individual designated by the Union to receive such deductions. The regular uniform Union membership dues to be deducted will be certified in writing by the Union to the Village.

Section 12.2. Indemnity.

The Chapter agrees to indemnify and hold the Village harmless against any and all claims, suits, orders or judgments brought or issued against the Village as a result of any action taken or not taken by the Village under any of the provisions of this Article, except if the Village initiates or prosecutes such action.

ARTICLE XIII

WAGES

Section 13.1. Salary Schedule.

The minimum monthly salary effective from May 1, 2024 through April 30, 2028, is as follows:

	Base Rate 4/30/2024		5/1/2024 4.00%	5/1/2025 4.00%	5/1/2026 4.00%	5/1/2027 4.00%
Start	\$38.31		\$39.84	\$41.43	\$43.09	\$44.81
	\$79,684.80		\$82,867.20	\$86,174.40	\$89,627.20	\$93,204.80
End of 1st Year	\$40.83		\$42.46	\$44.16	\$45.93	\$47.77
	\$84,926.40		\$88,316.80	\$91,852.80	\$95,534.40	\$99,361.60
End of 2nd Year	\$43.55		\$45.29	\$47.10	\$48.98	\$50.94
	\$90,584.00		\$94,203.20	\$97,968.00	\$101,878.40	\$105,955.20
End of 3rd Year	\$46.41		\$48.27	\$50.20	\$52.21	\$54.30
	\$96,532.80		\$100,401.60	\$104,416.00	\$108,596.80	\$112,944.00
End of 4th Year	\$49.47		\$51.45	\$53.51	\$55.65	\$57.88
	\$102,897.60		\$107,016.00	\$111,300.80	\$115,752.00	\$120,390.40
End of 5th Year	\$52.71		\$54.82	\$57.01	\$59.29	\$61.66
	\$109,636.80		\$114,025.60	\$118,580.80	\$123,323.20	\$128,252.80

Section 13.2. Investigator Compensation.

In addition to the above, all Patrol Officers assigned to the Investigative Division shall receive an additional stipend of \$2,000.00 during each contract year of this Agreement. This additional remuneration will be paid on a bi-weekly basis and will be discontinued immediately upon the Patrol Officers no longer being assigned to the Investigative Division or when such Patrol Officer is on assignment to some other organization.

In the event the scheduled standby week is vacant without a normally scheduled Investigator, all Investigators who are assigned to the standby rotation list will take one day of the week by seniority until the week is filled. In the event that standby days are not filled, the Investigator assigned to the standby rotation list with the least seniority will be assigned the remainder of the unfilled days.

Section 13.3. Service Longevity.

For employees hired prior and subsequent to the effective date of this Agreement, salary and wage recognition will be accorded each such employee on the basis of service longevity independent of, but in addition to, that accorded as base pay or merit pay as follows:

Effective May 1, 2009 and thereafter:

<u>Period of Employment</u>	<u>Increment for Service Longevity</u>
5- 9 years of employment	\$80.00 per month
10 - 15 years of employment	\$140.00 per month
15 - 18 years of employment	\$200.00 per month
19+ years of employment	\$260.00 per month

Effective May 1, 2014 and thereafter:

<u>Period of Employment</u>	<u>Increment for Service Longevity</u>
5- 9 years of employment	\$85.00 per month
10 - 15 years of employment	\$145.00 per month
15 - 18 years of employment	\$205.00 per month
19+ years of employment	\$265.00 per month

Section 13.4. Educational Incentive Compensation.

Employees who presently hold, or who subsequently obtain, college course credits as described below in police-related subjects approved in advance by the Chief of Police shall receive annual educational incentive compensation, which shall not be cumulative, as follows:

Effective May 1, 2009 and thereafter:

<u>Completion of:</u>	<u>Compensation for Month</u>
BA/BS Degree	\$220.00
60 hours of college credit	\$160.00
45 hours of college credit	\$100.00
30 hours of college credit	\$80.00
15 hours of college credit	\$40.00

Section 13.5. Extra Compensation for Marksmanship Proficiency.

Patrol Officers covered by this Agreement shall receive, in addition to any other payments, marksmanship proficiency payments payable as a lump sum payment on or before April 15 of each year for obtaining a verified shooting score annually under Village supervision as follows:

<u>Score</u>	<u>Compensation Per Month</u>
Seventy percent (70%) on the applicable course of fire.	\$ 6.00
Eighty percent (80%) on the applicable course of fire.	\$ 8.00
Ninety percent (90%) on the applicable course of fire.	\$10.00

This applicable course of fire shall be the "Illinois State Training Standard Qualification."

Section 13.6. Officer in Charge.

When that employee is required to serve as an acting supervisor, the employee will receive additional pay equal to the existing low base pay for sergeants or 5 percent of the employee's base hourly rate, whichever is higher, provided, however, that when an employee is assigned to serve as an acting supervisor and does so serve for a period in excess of four consecutive weeks, the employee will receive additional pay equal to the existing low base pay for sergeants or 10 percent of the employee's base hourly rate for that period of time during which he is, without interruptions, so assigned to act as a supervisor, whichever is higher. Acting pay will be given only for hours worked as an "acting supervisor" and shall be calculated to the nearest full hour. Additional pay hereunder shall be accumulated and paid annually in the holiday payroll check as provided for in Section 7.1 of this Agreement. Officers in Charge shall be selected by the supervisor or designee reasonably taking into consideration the candidate's seniority, overall experience and competency.

Section 13.7. Field Training.

A field training officer shall receive additional pay of five (5) hours at 1.5 times his regular rate of pay for each eighty (80) hours of time spent in field training another officer. Affected officers who work less than eighty (80) hours shall be paid for all hours worked on a pro rata basis. This additional compensation shall be paid as part of the officer's regular payroll check. Field Training Officers who work 160 "FTO hours" shall be compensated with 10 hours of Administrative Time due. The Village shall be responsible for tracking "FTO hours" and send out monthly reports to all Field Training Officers.

Section 13.8. Canine Officer.

The Village, the Village's Police Department and the Union:

- have investigated the amount of time it takes an employee assigned to Canine or K-9 officer duties to provide daily canine care;
- have developed a reasonable estimate of the time reasonably required by a Canine or K-9 Officer to provide daily care for his or her assigned canine by analyzing

the actual amount of time per day it takes a Canine or K-9 Officer to feed, groom, exercise, walk, train and perform other canine care duties;

- and seek to memorialize the manner in which the Canine or K-9 Officer will be reasonable compensated for providing daily care for his or her assigned canine.

The Village and the Union agree and acknowledge that it takes one (1) hour per day for a Canine or K-9 Officer to care for his or her assigned canine. This care includes, but is not limited to, feeding, grooming, exercising, walking and training the assigned canine.

The Village and the Union further agree and understand that whenever practical, and subject to departmental needs, one (1) hour of each shift that the Canine Officer is on duty will be used for the care of the canine. This care includes, but is not limited to, feeding, grooming, exercising, walking and training the assigned canine, as well as maintenance of the vehicle and kennel assigned to the Canine or K-9 Officer. Emergencies and calls for service will always take precedence over this provision at the direction of the Canine or K-9 Officer's supervisors.

The foregoing provision will also be in effect when the Canine or K-9 Officer is on any paid leave, including, but not limited to, compensatory time, vacation time, personal leave time or sick time, unless the canine is being boarded.

The Village and the Union further agree that the Canine or K-9 Officer will be paid one (1) hour at the Canine Officer's current rate of pay for every non-duty day he is assigned as a Canine Officer. This payment is intended to compensate the Canine or K-9 Officer for one hour of dog care responsibilities during his or her non-duty day.

In addition to any normal recordkeeping requirements during on-duty time, the Canine or K-9 Officer will also keep a detailed log of all canine care activities and responsibilities that are carried out beyond his on-duty time, complete with dates and times the duties were performed. If the time required for such duties extends beyond the Officer's normal duty day, or exceeds the one (1) hour allotted for off-duty dog care, the Village shall compensate the Canine Officer for

such time at his current rate of pay, provided that the duties were necessary and within the scope of the Canine or K-9 Officer's assignment, and the Canine or K-9 Officer has tendered to the Village a detailed log outlining the additional canine care activities performed during that pay period. The aforementioned log will be submitted along with the Officer's corresponding time sheet for that pay period.

In addition to the foregoing reasonable compensation, the Village and the Union agree that the Canine or K-9 Officer will be further reasonably compensated by the Village for canine care as follows:

- a. provision of a specially equipped department K-9 motor vehicle which may be used to transport the canine to and from the Officer's home and the Tinley Park Police Department, as well as any other locations necessary for the care or training of the canine;
- b. provision of all gasoline, insurance, equipment and maintenance for the canine vehicle;
- c. payment for any expenses related to the care of the canine, including but not limited to, veterinary care, necessary boarding or kennel fees, food, toys, canine equipment and training supplies;
- d. payment for all expenses related to the necessary training and certification of the canine; and
- e. provision and installation of a kennel at the home of the Canine or K-9 Officer for the care and convenience of the canine. This kennel will remain Village property at all times, and can be recovered or replaced at the Village's discretion.

The Village and the Union finally agree and acknowledge that the assigned Canine or K-9 Officer will be required to enter into a separate written agreement with the Village acknowledging

and memorializing the foregoing Canine or K-9 Officer compensation package and the reasonableness thereof.

Section 13.09. Retroactivity.

Those employees employed by the Village on the date the Agreement is signed by both parties, and any employee who shall have retired from the Village of Tinley Park during the term of negotiations, shall receive the wage increases described in this Agreement on a retroactive basis to May 1, 2024. Retroactive wage increases will be paid to each eligible employee for all hours worked and compensated between May 1, 2024, and the date of the execution of this Agreement within forty-five (45) days of the signing of this Agreement.

For the purposes of this Agreement only (the 2024 through 2028 agreement), the Village agrees to pay each bargaining unit member, employed on the date of union ratification, a lump sum as a ratification bonus of \$1,000.00 payable no later than July 1, 2026. This ratification bonus payment will be a separate check.

ARTICLE XIV

EMPLOYEE DRUG AND ALCOHOL TESTING

Section 14.1. Statement of Policy.

It is the policy of the Village that the public has the absolute right to expect persons employed by the Village in its Police Department will be free from the effects of drugs and alcohol. The Village, as the employer, has the right to expect its employees to report for work fit and able for duty and to set a positive example for the community. The purpose of this policy shall be achieved in such manner as not to violate any established constitutional rights of the officers of the Police Department.

Section 14.2. Prohibitions.

Officers shall be prohibited from:

(a) Consuming or possessing alcohol at any time during or just prior to the beginning of the workday or anywhere on any Village premises or job sites, including Village buildings, properties, vehicles and the officer's personal vehicle while engaged in Village business, except as may be necessary in the performance of duty as authorized by the Chief or his designee.

(b) Possessing, using, selling, purchasing or delivering any illegal drug at any time and at any place except as may be necessary in the performance of duty as authorized by the Chief or his designee.

(c) Failing to report to the employee's supervisor any known adverse side effects of medication or prescription drugs which the employee may be taking.

Section 14.3. Drug and Alcohol Testing Permitted.

Where the Village has reasonable suspicion to believe that: (a) an officer is being affected by the use of alcohol; or (b) has abused prescribed drugs; or (c) has used illegal drugs, the Village shall have the right to require the officer to submit to alcohol or drug testing as set forth in this Agreement. The foregoing shall not limit the right of the Village to conduct any tests it may deem appropriate for persons seeking employment as police officers prior to their date of hire, or upon promotion or reassignment to another position within the Department.

Section 14.4. Order to Submit Testing.

Within twenty-four (24) hours of the time the officer is ordered to testing authorized by this Agreement, the Village shall provide the officer with a written notice setting forth the facts and interferences which form the basis of the order to test. Refusal to submit to such test may subject the employee to discipline, but the officer's taking of the test shall not be construed as a waiver of any objection or rights that he or she may possess.

Section 14.5. Test to be Conducted.

In conducting the testing authorized by this Agreement, the Village shall:

(a) Use only a clinical laboratory or hospital facility which is certified by the State of Illinois to perform drug and/or alcohol testing, or use a licensed breathalyzer operator who is not a member of the bargaining unit.

(b) Establish a chain of custody procedure for both the sample collection and testing that will ensure the integrity of the identity of each sample and test result.

(c) If a blood, urine, or hair test, collect a sufficient sample of the same bodily fluid or material from an officer to allow for initial screening, a confirmatory test, and a sufficient amount to be set aside reserved for later testing if requested by the officer.

(d) Collect samples in such a manner as to preserve the individual officer's right to privacy while insuring a high degree of security for the sample and its freedom from adulteration. Officers shall not be witnessed by anyone while submitting a sample except in circumstances where the laboratory or facility does not have a "clean room" for submitting samples or where there is reasonable suspicion that the officer may attempt to compromise the accuracy of the testing procedure.

(e) Confirm any blood, urine, or other sample that tests positive in initial screening for drugs by testing the second portion of the same sample by gas chromatography/mass spectrometry (GC/MS) or an equivalent or better scientifically accurate and accepted method that provides quantitative data about the detected drug or drug metabolites.

(f) Provide the officer tested with an opportunity to have the additional blood, urine, or other sample tested by a clinical laboratory or hospital facility to the officer's choosing, at the officer's own expense; provided the officer notified the Village within seventy-two (72) hours of receiving the results of the test.

(g) Require that the laboratory or hospital facility report to the Village that a blood, urine, or other sample is positive only if both the initial screening and confirmation test are positive. The parties agree that should any information concerning such testing or the results thereof be obtained by the Village inconsistent with the undertakings expressed herein (e.g., billings for testing that reveal the nature or number of tests administered), the Village will not use such information in any manner or form adverse to the officer's interests.

(h) Require that with regard to alcohol testing, for the purpose of determining whether the officer is under the influence of alcohol, test results showing an alcohol concentration of .020 or more based upon the grams of alcohol per 100 millimeters of blood be considered positive (NOTE: The foregoing standard shall not preclude the Village from attempting to show that test results between .000 and .019 demonstrate that the officer was under the influence, but the Village shall bear the burden of proof in such cases).

(i) Provide each officer tested with a copy of all information and reports received by the Village in connection with the testing and the results.

(j) Insure that no officer is the subject of any adverse employment action except emergency temporary reassignment or relief of duty during the pendency of any testing procedure.

Section 14.6. Right to Contest.

If disciplinary action is not taken against an employee based in whole or in part upon the results of a drug or alcohol test, the Chapter and/or the officer, with or without the Chapter, shall have the right to file a grievance concerning any testing permitted by this Agreement, contesting the basis for the order to submit to the test, the right to test, the administration of the tests, the significance and accuracy of the test, or any other alleged violation of this Agreement. Such grievances shall be commenced at Step 2 of the grievance procedure. Further, if disciplinary action is taken against an officer based in part upon the results of a test, then the Chapter and/or the officer, with or without the Chapter, shall have the right to file a grievance concerning any portion of the test if

the discipline is not so extreme as to invoke the jurisdiction of the Village of Tinley Park Board of Police Commissioners. If the discipline is sufficiently extreme as to invoke the jurisdiction of the Village's Board of Police Commissioners, then the Chapter and/or the officer, with or without Chapter, shall have the right to contest any testing permitted by this Agreement before the Board of Police Commissioners.

Section 14.7. Voluntary Request for Assistance.

The Village shall take no adverse employment action against any officer who voluntarily seeks treatment, counseling, or other support for an alcohol or drug related problem not involving or related to criminal activity because of the officer's voluntary actions, other than the Village may require reassignment of the officer with pay if he is unfit for duty in his current assignment. The foregoing is conditioned upon:

- (a) The officer was not under investigation for illegal drug use or abuse of alcohol, or in such a circumstance that such investigation was imminent.
- (b) The officer agreeing to appropriate treatment as determined by the physician(s) involved.
- (c) The officer discontinues his use of illegal drugs or abuse of alcohol.
- (d) The officer completes the course of treatment and aftercare prescribed by the attending medical authority(s), including an "after-care" group for a period of up to twelve (12) months.
- (e) The officer agrees to submit to suspicionless testing during hours of work during the prescribed period of treatment and aftercare discussed in (d) above.

Officers who do not agree to or act in accordance with the foregoing, or for whom there exists independent evidence of improper activity, shall be subject to discipline, up to and including discharge. This Article shall not be construed as an obligation on the part of the Village to retain an officer on active status throughout the period of rehabilitation if it is appropriately

determined by the attending medical authority(s) that the officer's current use of alcohol or drugs prevents such individual from performing the duties of a police officer or whose continuance on active status would constitute a direct threat to the property and safety of others. Such officer shall be afforded the opportunity, at his option, to use accumulated paid leave or take an unpaid leave of absence pending treatment.

ARTICLE XV

BILL OF RIGHTS

All members of the bargaining unit are entitled to the rights provided by the Uniform Peace Officers Disciplinary Act (commonly known as Peace Officers Bill of Rights), 50 ILCS 725/1 et seq. provided, however, that this clause shall have no effect if said Act is repealed or declared invalid. Any alleged violation of this article shall not be subject to the grievance procedure unless and until the grieving and an authorized representative of the Chapter each voluntarily executes a binding waiver of any right to sue the Village in any administrative forum or court of law alleging a violation of Chapter 85 Section 2551 et seq., arising from the events giving rise to the grievance. It is the express intent of the parties that any alleged violation of the Peace Officers Bill of Rights be subject to determination only by one forum. In addition, all employees covered by this Agreement are hereby informed that they have the right to Union representation in any interview or interrogation that they reasonably believe could result in disciplinary action against them, commonly known as Weingarten rights.

ARTICLE XVI

ENTIRE AGREEMENT

The parties acknowledge that during the negotiations which resulted in this Agreement, each had the unlimited right and opportunity to make demands and proposals with respect to any subject or matter not removed by law from the area of collective bargaining, and that the understandings and agreements arrived at by the parties after the exercise of that right and

opportunity are set forth in this Agreement. Therefore, the Village and the Chapter, for the duration of this Agreement, each voluntarily and unqualifiedly waives the right, and each agrees that the other shall not be obligated to bargain collectively with respect to any subject or matter referred to or covered in this Agreement, or with respect to any subject or matter not specifically referred to or covered in this Agreement, even though such subjects or matters may not have been within the knowledge or contemplation of either or both of the parties at the time they negotiated or signed this Agreement.

ARTICLE XVII

SAVINGS CLAUSE

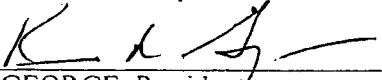
If any provision of this Agreement is subsequently declared by legislative or judicial authority to be unlawful, unenforceable or not in accordance with applicable statutes or orders, all other provisions of this Agreement shall remain in full force and effect for the duration of this Agreement.

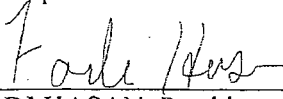
ARTICLE XVIII

TERM OF AGREEMENT

This Agreement shall become effective as of the first day after it is signed by both parties, and shall terminate at 11:59 p.m. on April 30, 2028. Either the Village or the Chapter may give written notice to the other party of its desire to modify or terminate this Agreement and to renegotiate an agreement for subsequent years. Said notice shall be given at least ninety (90) days prior to the termination of the agreement. In the event that this notice is not so given, this contract shall be deemed automatically renewed for an additional year and from year to year thereafter until such written notice is given. This Agreement shall remain in full force and effect after any expiration date while negotiations or resolution of impasse procedures are continuing for a new agreement, or part thereof, between the parties.

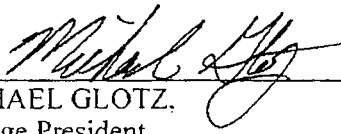
Metropolitan Alliance of Police,
Tinley Park Police Chapter #192

By: 
KEITH GEORGE, President
Metropolitan Alliance of Police

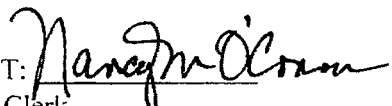

FADI HASAN, President
M.A.P. Tinley Park Chapter #192

DATED: 03/04/2024

Village of Tinley Park, Illinois

By: 
MICHAEL GLOTZ,
Village President

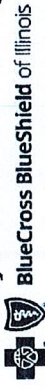
DATED: March 3, 2024

ATTEST: 
Village Clerk

APPENDIX A1
(SUMMARY PLAN BENEFIT SHEETS)

Summary of Benefits and Coverage: What this Plan Covers & What You Pay for Covered Services

Coverage Period: 01/01/2026 – 12/31/2026



A Division of Health Care Service Corporation, a Mutual Legal Reserve Company

Village of Tinley Park: BAHMO Plan

Coverage for: Individual / Family | Plan Type: HMO



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-800-892-2803 or at <https://policy-srv.box.com/s/6qwygqcx7w1s02y5jlykcg385i6joiw>.

For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary. You can view the Glossary at www.healthcare.gov/sbc-glossary/ or call 1-855-756-4448 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	\$0	See the Common Medical Events chart below for your costs for services this plan covers.
Are there services covered before you meet your deductible?	No.	You will have to meet the deductible before the plan pays for any services.
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	\$1,500 Individual / \$3,000 Family Prescription drug expense limit: \$1,000 Individual / \$2,000 Family	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit?	Premiums; balance-billing charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Will you pay less if you use a network provider?	Yes. See www.bcbsil.com or call 1-800-892-2803 for a list of network providers.	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	Yes.	This plan will pay some or all of the costs to see a specialist for covered services but only if you have a referral before you see the specialist.

 All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$20/visit	Not Covered	Services or supplies that are not ordered by your Primary Care Physician or individual Principal Health Care Provider, except emergency and routine vision exams, are not covered.
	Specialist visit	\$40/visit	Not Covered	Referral required.
	Preventive care/screening/immunization	No Charge	Not Covered	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
	Diagnostic test (x-ray, blood work)	No Charge	Not Covered	Referral required.
If you have a test	Imaging (CT/PET scans, MRIs)	No Charge	Not Covered	

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association (herein called BCBSIL)

SBC IL HMO LG – 2026

*For more information about limitations and exceptions, see the plan or policy document at <https://policy-srv.box.com/s/6qwygxcx7w1s02y5jlykcg385f6joiw>.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.bcbsil.com/rx-drugs/drug-lists/drug-lists	Generic drugs	\$10/prescription (retail) \$20/prescription (mail order)	Not Covered	30-day supply at Retail 90-day supply at Mail Order
	Preferred brand drugs	\$40/prescription (retail) \$80/prescription (mail order)	Not Covered	Rx Out-of-Pocket Expense Limit: \$1,000 Individual / \$2,000 Family
	Non-preferred brand drugs	\$60/prescription (retail) \$120/prescription (mail order)	Not Covered	Dispensing limit may apply to certain drugs.
				Certain individual <u>preventive services</u> will be covered with <u>no cost</u> to the member. For a full list of these prescriptions and/or services, please contact Customer Service. The amount you may pay per 30-day supply of a covered insulin drug, regardless of quantity or type, shall not exceed \$35, when obtained from a Participating Pharmacy.
If you have outpatient surgery	<u>Specialty drugs</u>	\$60/prescription	Not Covered	Prior authorization may be required. Specialty drugs are limited to a 30-day supply except for certain FDA-designated dosing regimens.
	Facility fee (e.g., ambulatory surgery center)	No Charge	Not Covered	<u>Referral</u> required.
If you need immediate medical attention	Physician/surgeon fees	No Charge	Not Covered	<u>Referral</u> required.
	<u>Emergency room care</u>	Facility Charges: \$150/visit ER Physician Charges: No Charge	Facility Charges: \$150/visit ER Physician Charges: No Charge	<u>Copayment</u> waived if admitted.
	<u>Emergency medical transportation</u>	No Charge	No Charge	Ground transportation only.
	<u>Urgent Care</u>	\$20/visit	Not Covered	Must be affiliated with member's chosen medical group or <u>referral</u> required.
If you have a hospital stay	Facility fee (e.g., hospital room)	No Charge	Not Covered	<u>Referral</u> required.
	Physician/surgeon fees	No Charge	Not Covered	<u>Referral</u> required.

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association (herein called BCBSIL)

SBC IL HMO LG – 2026

*For more information about limitations and exceptions, see the plan or policy document at <https://policy-srv.box.com/s/6qwygxcx7w1s02y5jlykcg385f6joiw>.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$20/visit	Not Covered	<u>Referral</u> not required for office visits.
	Inpatient services	No Charge	Not Covered	Unlimited days. <u>Referral</u> required.
	Office visits	\$20 PCP/\$40 SPC/visit	Not Covered	<u>Copayment</u> applies for the 1st prenatal visit only.
If you are pregnant	Childbirth/delivery professional services	No Charge	Not Covered	<u>Cost sharing</u> does not apply for <u>preventive services</u> . Depending on the type of services, a <u>copayment</u> may apply. <u>Maternity care</u> may include tests and service described elsewhere in the SBC (i.e. ultrasound).
	Childbirth/delivery facility services	No Charge	Not Covered	<u>Referral</u> required.
	Home health care	No Charge	Not Covered	<u>Referral</u> required.
If you need help recovering or have other special health needs	<u>Rehabilitation services</u>	No Charge	Not Covered	<u>Referral</u> required. <u>Preauthorization</u> may be required; see your benefit booklet* for details.
	<u>Habilitation services</u>	No Charge	Not Covered	Excludes custodial care. <u>Referral</u> required.
	<u>Skilled nursing care</u>	No Charge	Not Covered	<u>Referral</u> required.
	<u>Durable medical equipment</u>	No Charge	Not Covered	Benefits are limited to items used to serve a medical purpose. <u>Durable Medical Equipment</u> benefits are provided for both purchase and rental equipment (up to the purchase price).
	<u>Hospice services</u>	No Charge	Not Covered	<u>Referral</u> required.
If your child needs dental or eye care	Children's eye exam	No Charge	Not Covered	Limited to one exam every 12 months at participating providers.
	Children's glasses	Not Covered	Not Covered	None
	Children's dental check-up	Not Covered	Not Covered	None

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association (herein called BCBSIL)

SBC IL HMO LG – 2026

*For more information about limitations and exceptions, see the plan or policy document at <https://policy-srv.box.com/s/6qwygxcx7w1s02y5jlykcg385f6joiw>.

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other <u>excluded services</u> .)			
• Chiropractic care	• Dental care	• Non-emergency care when traveling outside the U.S.	
• Custodial care	• Long-term care	• Private-duty nursing	

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)	
• Acupuncture	• Hearing aids (1 per ear every 24 months)
• Bariatric surgery (only when <u>medically necessary</u>)	• Infertility treatment (4 invitro attempt maximum with special approval up to 6 per benefit period)
• Cosmetic surgery (only for correcting congenital deformities or conditions resulting from accidental injuries, scars, tumors, or diseases)	• Most coverage provided outside the United States. See www.bcbsil.com
	• Routine eye care
	• Routine foot care (only in connection with diabetes)
	• Weight loss programs (except when non-medically supervised)

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: For group health coverage contact the plan Blue Cross and Blue Shield of Illinois at 1-800-892-2803 or visit www.bcbsil.com. For group health coverage subject to ERISA contact the U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform. For non-federal governmental group health plans, contact Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.ccio.cms.gov. Church plans are not covered by the Federal COBRA continuation coverage rules. If the coverage is insured, individuals should contact their State insurance regulator regarding their possible rights to continuation coverage under State law. Other coverage options may be available to you too, including buying individual insurance coverage through the [Health Insurance Marketplace](http://www.healthcare.gov). For more information about the [Marketplace](http://www.healthcare.gov), visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact: For group health coverage subject to ERISA: Blue Cross and Blue Shield of Illinois at 1-800-892-2803 or visit www.bcbsil.com, or contact the U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or visit www.dol.gov/ebsa/healthreform. Additionally, a consumer assistance program can help you file your appeal. Contact the Illinois Department of Insurance at 1-877-527-9431 or visit <http://insurance.illinois.gov>.

Does this plan provide Minimum Essential Coverage? Yes.

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the [premium tax credit](#).

Does this plan meet the Minimum Value Standards? Yes.

If your plan doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a plan through the Marketplace.

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-892-2803.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-892-2803.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-800-892-2803.

Navajo (Dine): Dinekehgo shika at'ohwol ninisingo, kwijigo holne' 1-800-892-2803.

To see examples of how this plan might cover costs for a sample medical situation, see the next section.

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost-sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

■ The plan's overall deductible	\$0
■ Specialist copayment	\$40
■ Hospital (facility) copayment	\$0
■ Other	\$0

This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
Diagnostic tests (*ultrasounds and blood work*)
 Specialist visit (*anesthesia*)

Total Example Cost	\$12,700
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In this example, Peg would pay:

Cost sharing	
Deductibles	\$0
Copayments	\$30
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$60
The total Peg would pay is	\$90

Managing Joe's Type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

■ The plan's overall deductible	\$0
■ Specialist copayment	\$40
■ Hospital (facility) copayment	\$0
■ Other	\$0

This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)
Diagnostic tests (*blood work*)
Prescription drugs
Durable medical equipment (*glucose meter*)

Total Example Cost	\$5,600
---------------------------	----------------

In this example, Joe would pay:

Cost sharing	
Deductibles	\$0
Copayments	\$800
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$20
The total Joe would pay is	\$820

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

■ The plan's overall deductible	\$0
■ Specialist copayment	\$40
■ Hospital (facility) copayment	\$0
■ Other	\$0

This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)
Diagnostic test (*x-ray*)
Durable medical equipment (*crutches*)
Rehabilitation services (*physical therapy*)

Total Example Cost	\$2,800
---------------------------	----------------

In this example, Mia would pay:

Cost sharing	
Deductibles	\$0
Copayments	\$300
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$0
The total Mia would pay is	\$300

The plan would be responsible for the other costs of these EXAMPLE covered services.
 Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association (herein called BCBSIL)



BlueCross BlueShield of Illinois

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company

Non-Discrimination Notice

Health Care Coverage Is Important For Everyone

We do not discriminate on the basis of race, color, national origin (including limited English knowledge and first language), age, disability, or sex (as understood in the applicable regulation). We provide people with disabilities with reasonable modifications and free communication aids to allow for effective communication with us. We also provide free language assistance services to people whose first language is not English.

To receive reasonable modifications, communication aids or language assistance free of charge, please call us at 855-710-6984.

If you believe we have failed to provide a service, or think we have discriminated in another way, you can file a grievance with:

Office of Civil Rights Coordinator
Attn: Office of Civil Rights Coordinator
300 E. Randolph St., 35th Floor
Chicago, IL 60601

Phone: 855-664-7270 (voicemail)
TTY/TDD: 855-661-6965
Fax: 855-661-6960
Email: civilrightscoordinator@bcbsil.com

You can file a grievance by mail, fax or email. If you need help filing a grievance, please call the toll-free phone number listed on the back of your ID card (TTY: 711).

You may file a civil rights complaint with the US Department of Health and Human Services, Office for Civil Rights, at:

US Dept of Health & Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, DC 20201

Phone: 800-368-1019
TTY/TDD: 800-537-7697
Complaint Portal:
ocrportal.hhs.gov/ocr/smartscreen/main.jsf
Complaint Forms:
hhs.gov/civil-rights/filing-a-complaint/index.html

This notice is available on our website at bcbsil.com/legal-and-privacy/non-discrimination-notice

ATTENTION: If you speak another language, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 855-710-6984 (TTY: 711) or speak to your provider.

Español Spanish	ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 855-710-6984 (TTY: 711) o hable con su proveedor.
العربية Arabic	تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم (TTY: 711) 855-710-6984 أو تحدث إلى مقدم الخدمة.

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BlueCross BlueShield of Illinois

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company

中文 Chinese	注意：如果您说中文，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 855-710-6984（文本电话：711）或咨询您的服务提供商。
Français French	ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 855-710-6984 (TTY : 711) ou parlez à votre fournisseur.
Deutsch German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 855-710-6984 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.
ગુજરાતી Gujarati	ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઓફિસલરી સહાય અને એક્સેસિબલ ફોર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 855-710-6984 (TTY: 711) પર કોલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.
हिंदी Hindi	ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 855-710-6984 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।
Italiano Italian	ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l'855-710-6984 (tty: 711) o parla con il tuo fornitore.
한국어 Korean	주의: 한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 도구 및 서비스도 무료로 제공됩니다. 855-710-6984(TTY: 711)번으로 전화하거나 서비스 제공업체에 문의하십시오.
Diné Navajo	SHOOH: Diné bee yánilti'gogo, saad bee aná'awo' bee áka'anída'awo'ít'áá jiik'eh ná hóló. Bee ahil hane'go bee nida'anishí t'áá ákodaat'éhígíí dóó bee áka'anída'wo'í áko bee baa hane'í bee hadadilyaa bich'í' ahoot'í'ígíí éí t'áá jiik'eh hóló. Kohj'í 855-710-6984 (TTY: 711) hodíilnih doodago nika'análwo'í bich'í' hanidziilh.
فارسی Farsi	توجه: اگر فارسی صحبت می کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. همچنین کمک ها و خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب های قابل دسترس، به طور رایگان موجود می باشند. با شماره 855-710-6984 (تله تایپ: 711) تماس بگیرید یا با ارائه دهنده خود صحبت کنید.
Polski Polish	UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 855-710-6984 (TTY: 711) lub porozmawiaj ze swoim dostawcą.
РУССКИЙ Russian	ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 855-710-6984 (TTY: 711) или обратитесь к своему поставщику услуг.
Tagalog Tagalog	PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga librang serbisyonang tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 855-710-6984 (TTY: 711) o makipag-usap sa iyong provider.
اردو Urdu	توجه دیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے زبان کی مفت مدد کی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔ 855-710-6984 (TTY: 711) پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔
Việt Vietnamese	LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 855-710-6984 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

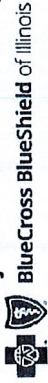
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Summary of Benefits and Coverage: What this Plan Covers & What You Pay for Covered Services

Coverage Period: 01/01/2026 – 12/31/2026



A Division of Health Care Service Corporation, a Mutual Legal Reserve Company

Village of Tinley Park: Blue Choice Options Plan

Coverage for: Individual/Family | Plan Type: PPO



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-800-458-6024 or at <https://policy-srv.box.com/s/MLztyn1f29uvtk5apkhj2i0knyp15n>.

For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary. You can view the Glossary at www.healthcare.gov/sbc-glossary/ or call 1-855-756-4448 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	Blue Choice Options: \$500 Individual / \$1,500 Family In-Network: \$1,000 Individual / \$3,000 Family Out-of-Network: \$2,000 Individual / \$6,000 Family	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.
Are there services covered before you meet your deductible?	Yes. Certain preventive care and services that charge a copayment prescription drugs, and emergency room services are covered before you meet your deductible.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible. See a list of covered preventive services at www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	Yes. \$300 deductible for Out-of-Network hospital admission. There are no other specific deductibles.	You must pay all of the costs for these services up to the specific deductible amount before this plan begins to pay for these services.
What is the out-of-pocket limit for this plan?	Blue Choice Options: \$1,000 Individual / \$3,000 Family In-Network: \$3,000 Individual / \$9,000 Family Out-of-Network: \$6,000 Individual / \$18,000 Family	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit?	Premiums, balance-billing charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Will you pay less if you use a network provider?	Yes. See www.bcbsil.com or call 1-800-458-6024 for a list of network providers.	You pay the least if you use a provider in Blue Choice Option. You pay more if you use a provider in-network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	No.	You can see the specialist you choose without a referral.

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 All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Blue Choice Options (You will pay the least)	In-Network Provider (You will pay more)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$25/visit; deductible does not apply	\$35/visit; deductible does not apply	50% coinsurance	Virtual visits: \$25/visit; deductible does not apply. See your benefit booklet* for details.
	Specialist visit	\$50/visit; deductible does not apply	\$60/visit; deductible does not apply	50% coinsurance	None
	Preventive care/screening/immunization	No Charge; deductible does not apply	No Charge; deductible does not apply	50% coinsurance	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	20% coinsurance	40% coinsurance	50% coinsurance	Preauthorization may be required; see your benefit booklet* for details.
	Imaging (CT/PET scans, MRIs)	20% coinsurance	40% coinsurance	50% coinsurance	

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*For more information about limitations and exceptions, see the plan or policy document at <https://policy-srv.box.com/s/vlztyn1f29uvtk5aphkiz2i0knyp15h>.

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Blue Choice Options (You will pay the least)	In-Network Provider (You will pay more)	Out-of-Network Provider (You will pay the most)	
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.bcbsil.com/rx-drugs/drug-lists/drug-lists	Preferred Generic drugs	No Charge; deductible does not apply	No Charge; deductible does not apply	No Charge (retail); deductible does not apply	30-day supply at Retail 90-day supply at Mail Order
	Non-preferred Generic drugs	\$10/prescription (retail) \$20/prescription (mail order); deductible does not apply	\$10/prescription (retail) \$20/prescription (mail order); deductible does not apply	\$10/prescription; deductible does not apply	Rx Out-of-Pocket Expense Limit: \$1,000 Individual / \$3,000 Family
	Preferred brand drugs	\$35/prescription (retail) \$70/prescription (mail order); deductible does not apply	\$35/prescription (retail) \$70/prescription (mail order); deductible does not apply	\$35/prescription (retail); deductible does not apply	Out-of-Network mail order is not covered.
	Non-preferred brand drugs	\$70/prescription (retail) \$140/prescription (mail order); deductible does not apply	\$70/prescription (retail) \$140/prescription (mail order); deductible does not apply	\$70/prescription (retail); deductible does not apply	Certain individual preventive services will be covered with no cost to the member. For a full list of these prescriptions and/or services, please contact Customer Service.
					The amount you may pay per 30-day supply of a covered insulin drug, regardless of quantity or type, shall not exceed \$35, when obtained from a Preferred Participating or Participating Pharmacy.
					Specialty drug coverage based on group policy. Prior authorization may be required.
	Preferred Specialty drugs	\$150/prescription; deductible does not apply	\$150/prescription; deductible does not apply	\$150/prescription; deductible does not apply	Specialty drugs are limited to a 30-day supply except for certain FDA-designated dosing regimens.
	Non-preferred Specialty drugs	\$300/prescription; deductible does not apply	\$300/prescription; deductible does not apply	\$300/prescription; deductible does not apply	

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Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Blue Choice Options (You will pay the least)	In-Network Provider (You will pay more)	Out-of-Network Provider (You will pay the most)	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% <u>coinsurance</u>	40% <u>coinsurance</u>	50% <u>coinsurance</u>	<u>Preauthorization</u> may be required.
	Physician/surgeon fees	20% <u>coinsurance</u>	40% <u>coinsurance</u>	50% <u>coinsurance</u>	None
If you need immediate medical attention	Emergency room care	Facility Charges: \$250/visit plus 20% <u>coinsurance</u> ; deductible does not apply ER Physician Charges: 20% <u>coinsurance</u>	ER Physician Charges: 20% <u>coinsurance</u>	Facility Charges: \$250/visit plus 20% <u>coinsurance</u> ; deductible does not apply ER Physician Charges: 20% <u>coinsurance</u>	<u>Copayment</u> waived if admitted.
	Emergency medical transportation	20% <u>coinsurance</u>	40% <u>coinsurance</u>	50% <u>coinsurance</u>	Ground and air transportation covered. <u>Preauthorization</u> may be required for non-emergency transportation; see your benefit booklet* for details.
If you have a hospital stay	Urgent Care	20% <u>coinsurance</u>	40% <u>coinsurance</u>	50% <u>coinsurance</u>	None
	Facility fee (e.g., hospital room)	20% <u>coinsurance</u>	40% <u>coinsurance</u>	50% <u>coinsurance</u>	<u>Preauthorization</u> may be required. \$300 deductible per admission Out-of-Network providers.
If you need mental health, behavioral health, or substance abuse services	Physician/surgeon fees	20% <u>coinsurance</u>	40% <u>coinsurance</u>	50% <u>coinsurance</u>	None
	Outpatient services	\$25/office visit; deductible does not apply and 20% <u>coinsurance</u> for other outpatient services	\$35/office visit; deductible does not apply and 40% <u>coinsurance</u> for other outpatient services	50% <u>coinsurance</u>	<u>Preauthorization</u> may be required; see your benefit booklet* for details. Virtual visits: \$25/visit; deductible does not apply. See your benefit booklet* for details.
	Inpatient services	20% <u>coinsurance</u>	40% <u>coinsurance</u>	50% <u>coinsurance</u>	<u>Preauthorization</u> may be required. \$300 deductible per admission Out-of-Network providers.

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Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Blue Choice Options (You will pay the least)	In-Network Provider (You will pay more)	Out-of-Network Provider (You will pay the most)	
If you are pregnant	Office visits	\$25 PCP/\$50 SPC/visit; deductible does not apply	\$35 PCP/\$60 SPC/visit; deductible does not apply	50% coinsurance	Copayment applies to the first prenatal visit (per pregnancy). Cost sharing does not apply for preventive services. Depending on the type of services, a <u>copayment</u> , <u>coinsurance</u> , or <u>deductible</u> may apply. Maternity care may include tests and service described elsewhere in the SBC (i.e. ultrasound).
	Childbirth/delivery professional services	20% coinsurance	40% coinsurance	50% coinsurance	
	Childbirth/delivery facility services	20% coinsurance	40% coinsurance	50% coinsurance	\$300 deductible per admission Out-of-Network providers.
	Home health care	No Charge	20% coinsurance	50% coinsurance	Preauthorization may be required; see your benefit booklet* for details.
	Rehabilitation services	20% coinsurance	40% coinsurance	50% coinsurance	Preauthorization may be required; see your benefit booklet* for details.
If you need help recovering or have other special health needs	Habilitation services	20% coinsurance	40% coinsurance	50% coinsurance	
	Skilled nursing care	20% coinsurance	40% coinsurance	50% coinsurance	Preauthorization may be required. \$300 deductible per admission Out-of-Network providers.
	Durable medical equipment	20% coinsurance	40% coinsurance	50% coinsurance	Benefits are limited to items used to serve a medical purpose. <u>Durable Medical Equipment</u> benefits are provided for both purchase and rental equipment (up to the purchase price). Preauthorization may be required; see your benefit booklet* for details.
	Hospice services	20% coinsurance	40% coinsurance	50% coinsurance	
					\$300 deductible per admission Out-of-Network providers. Preauthorization may be required; see your benefit booklet* for details.

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*For more information about limitations and exceptions, see the plan or policy document at <https://policy-srv.box.com/s/vltztn1f29uvtk5aphkiz2i0knyi5h>.

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Blue Choice Options (You will pay the least)	In-Network Provider (You will pay more)	Out-of-Network Provider (You will pay the most)	
If your child needs dental or eye care	Children's eye exam	Not Covered	Not Covered	Not Covered	None
	Children's glasses	Not Covered	Not Covered	Not Covered	None
	Children's dental check-up	Not Covered	Not Covered	Not Covered	None

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)	
- Acupuncture - Dental care	- Long-term care - Non-emergency care when traveling outside the U.S. - Routine eye care - Weight loss programs

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)	
- Bariatric surgery - Chiropractic care - Cosmetic surgery (only for correcting congenital deformities or conditions resulting from accidental injuries, scars, tumors, or diseases)	- Hearing aids (1 per ear every 24 months) - Infertility treatment (4 in vitro attempt maximum with special approval up to 6 per benefit period) - Most coverage provided outside the United States. See www.bcbsil.com - Private-duty nursing (unlimited visits per year) - Routine foot care (only in connection with diabetes)

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Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: For group health coverage contact the plan Blue Cross and Blue Shield of Illinois at 1-800-458-6024 or visit www.bcbsil.com. For group health coverage subject to ERISA contact the U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform. For non-federal governmental group health plans, contact Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.ccoio.cms.gov. Church plans are not covered by the Federal COBRA continuation coverage rules. If the coverage is insured, individuals should contact their State insurance regulator regarding their possible rights to continuation coverage under State law. Other coverage options may be available to you too, including buying individual insurance coverage through the [Health Insurance Marketplace](http://HealthInsuranceMarketplace). For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact: For group health coverage subject to ERISA: Blue Cross and Blue Shield of Illinois at 1-800-458-6024 or visit www.bcbsil.com, or contact the U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or visit www.dol.gov/ebsa/healthreform. Additionally, a consumer assistance program can help you file your appeal. Contact the Illinois Department of Insurance at 1-877-527-9431 or visit <http://insurance.illinois.gov>.

Does this plan provide Minimum Essential Coverage? Yes.

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the [premium tax credit](#).

Does this plan meet the Minimum Value Standards? Yes.

If your plan doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a plan through the [Marketplace](#).

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-458-6024.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-458-6024.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-800-458-6024.

Navajo (Dine): Dine'ehgo shika a'ohwol ninisingo, kwijigo holne' 1-800-458-6024.

To see examples of how this plan might cover costs for a sample medical situation, see the next section.

About these Coverage Examples:



This is not a **cost estimator**. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost-sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of Blue Choice Options pre-natal care and a hospital delivery)

- The plan's overall deductible \$500
- Specialist copayment \$50
- Hospital (facility) coinsurance 20%
- Other coinsurance 20%

This **EXAMPLE** event includes services like:

Specialist office visits (*prenatal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
 Diagnostic tests (*ultrasounds and blood work*)
 Specialist visit (*anesthesia*)

Total Example Cost	\$12,700
In this example, Peg would pay:	
Cost sharing	
Deductibles	\$500
Copayments	\$0
Coinsurance	\$500
What isn't covered	
Limits or exclusions	\$2,700
The total Peg would pay is	\$3,700

Managing Joe's Type 2 Diabetes

(a year of routine Blue Choice Options care of a well-controlled condition)

- The plan's overall deductible \$500
- Specialist copayment \$50
- Hospital (facility) coinsurance 20%
- Other coinsurance 20%

This **EXAMPLE** event includes services like:

Primary care physician office visits (*including disease education*)
 Diagnostic tests (*blood work*)
 Prescription drugs
 Durable medical equipment (*glucose meter*)

Total Example Cost	\$5,600
In this example, Joe would pay:	
Cost sharing	
Deductibles	\$500
Copayments	\$500
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$20
The total Joe would pay is	\$1,020

Mia's Simple Fracture

(Blue Choice Options emergency room visit and follow up care)

- The plan's overall deductible \$500
- Specialist copayment \$50
- Hospital (facility) coinsurance 20%
- Other coinsurance 20%

This **EXAMPLE** event includes services like:

Emergency room care (*including medical supplies*)
 Diagnostic test (*x-ray*)
 Durable medical equipment (*crutches*)
 Rehabilitation services (*physical therapy*)

Total Example Cost	\$2,800
In this example, Mia would pay:	
Cost sharing	
Deductibles	\$500
Copayments	\$300
Coinsurance	\$200
What isn't covered	
Limits or exclusions	\$0
The total Mia would pay is	\$1,000

The plan would be responsible for the other costs of these **EXAMPLE** covered services.

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BlueCross BlueShield of Illinois

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company

Non-Discrimination Notice

Health Care Coverage Is Important For Everyone

We do not discriminate on the basis of race, color, national origin (including limited English knowledge and first language), age, disability, or sex (as understood in the applicable regulation). We provide people with disabilities with reasonable modifications and free communication aids to allow for effective communication with us. We also provide free language assistance services to people whose first language is not English.

To receive reasonable modifications, communication aids or language assistance free of charge, please call us at 855-710-6984.

If you believe we have failed to provide a service, or think we have discriminated in another way, you can file a grievance with:

Office of Civil Rights Coordinator
Attn: Office of Civil Rights Coordinator
300 E. Randolph St., 35th Floor
Chicago, IL 60601

Phone: 855-664-7270 (voicemail)
TTY/TDD: 855-661-6965
Fax: 855-661-6960
Email: civilrightscoordinator@bcbsil.com

You can file a grievance by mail, fax or email. If you need help filing a grievance, please call the toll-free phone number listed on the back of your ID card (TTY: 711).

You may file a civil rights complaint with the US Department of Health and Human Services, Office for Civil Rights, at:

US Dept of Health & Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, DC 20201

Phone: 800-368-1019
TTY/TDD: 800-537-7697
Complaint Portal:
ocrportal.hhs.gov/ocr/smartscreen/main.jsf
Complaint Forms:
hhs.gov/civil-rights/filing-a-complaint/index.html

This notice is available on our website at bcbsil.com/legal-and-privacy/non-discrimination-notice

ATTENTION: If you speak another language, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 855-710-6984 (TTY: 711) or speak to your provider.

Español Spanish	ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 855-710-6984 (TTY: 711) o hable con su proveedor.
العربية Arabic	تنبيه: إذا كنت تتحدث اللغة العربية، فسنوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 855-710-6984 (TTY: 711) أو تحدث إلى مقدم الخدمة.

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BlueCross BlueShield of Illinois

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company

中文 Chinese	注意：如果您说中文，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 855-710-6984（文本电话：711）或咨询您的服务提供商。
Français French	ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 855-710-6984 (TTY : 711) ou parlez à votre fournisseur.
Deutsch German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 855-710-6984 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.
ગુજરાતી Gujarati	ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઓફિસરી સહાય અને એક્સેસિબલ ફોર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 855-710-6984 (TTY: 711) પર શેલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.
हिंदी Hindi	ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 855-710-6984 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।
Italiano Italian	ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama il 855-710-6984 (tty: 711) o parla con il tuo fornitore.
한국어 Korean	주의: 한국어 를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 855-710-6984(TTY: 711)번으로 전화하거나 서비스 제공업체에 문의하십시오.
Diné Navajo	SHOOH: Diné bee yánilt'i'gogo, saad bee aná'awo' bee áka'anída'awo'ít'áá jik'eh ná hólǫ. Bee ahil hane'go bee nida'anishí t'áá ákodaat'éhígíí dóó bee áka'anída'wo'í áko bee baa hane'í bee hadadilyaa bich'í' ahoot'í'ígíí éí t'áá jik'eh hólǫ. Kohjí' 855-710-6984 (TTY: 711) hodíilnih doodago nika'análwo'í bich'í' hanidziih.
فارسی Farsi	توجه: اگر فارسی صحبت می‌کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. همچنین کمک‌ها و خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب‌های قابل دسترس، به‌طور رایگان موجود می‌باشند. با شماره 855-710-6984 (تلفن‌تایپ: 711) تماس بگیرید یا با ارائه‌دهنده خود صحبت کنید.
Polski Polish	UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 855-710-6984 (TTY: 711) lub porozmawiaj ze swoim dostawcą.
РУССКИЙ Russian	ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 855-710-6984 (TTY: 711) или обратитесь к своему поставщику услуг.
Tagalog Tagalog	PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyonang tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 855-710-6984 (TTY: 711) o makipag-usap sa iyong provider.
اردو Urdu	توجه دیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے زبان کی مفت مدد کی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔ 855-710-6984 (TTY: 711) پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔
Việt Vietnamese	LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 855-710-6984 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

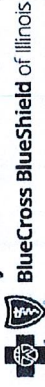
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Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

Summary of Benefits and Coverage: What this Plan Covers & What You Pay for Covered Services

Coverage Period: 01/01/2026 – 12/31/2026



A Division of Health Care Service Corporation, a Mutual Legal Reserve Company

Village of Tinley Park: BlueEdge HSA Plan

Coverage for: Individual/Family | Plan Type: HDHP



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-800-458-6024 or at <https://policy-srv.box.com/s/c49ryrqlfj3xuv2nnhbxvfrhx0gq3e>.

For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary. You can view the Glossary at www.healthcare.gov/sbc-glossary/ or call 1-855-756-4448 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	In-Network: \$3,400 Individual / \$6,800 Family Out-of-Network: \$6,400 Individual / \$12,800 Family	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.
Are there services covered before you meet your deductible?	Yes. Certain preventive care is covered before you meet your deductible.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible. See a list of covered preventive services at www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	In-Network: \$3,400 Individual / \$6,800 Family Out-of-Network: \$6,400 Individual / \$12,800 Family	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit?	Premiums, balance-billing charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Will you pay less if you use a network provider?	Yes. See www.bcbsil.com or call 1-800-458-6024 for a list of network providers.	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	No.	You can see the specialist you choose without a referral.

 All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	No Charge	No Charge	Virtual visits: No Charge; deductible applies. See your benefit booklet* for details.
	Specialist visit	No Charge	No Charge	None
	Preventive care/screening/immunization	No Charge; deductible does not apply	No Charge	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	No Charge	No Charge	Preauthorization may be required; see your benefit booklet* for details.
	Imaging (CT/PET scans, MRIs)	No Charge	No Charge	

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*For more information about limitations and exceptions, see the plan or policy document at <https://policy-srv.box.com/s/c46ryqleff3xuv2nnhbvxfrhx0gq3e>.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.bcbsil.com/rx-drugs/drug-lists/drug-lists	Generic drugs	No Charge	No Charge	30-day supply at Retail 90-day supply at Mail Order
	Preferred brand drugs	No Charge	No Charge	For Out-of-Network drug provider, you are responsible for 25% of the eligible amount after the <u>coinsurance</u> .
	Non-preferred brand drugs	No Charge	No Charge	Out-of-Network mail order is not covered. Certain individual <u>preventive services</u> will be covered with no cost to the member. For a full list of these prescriptions and/or services, please contact Customer Service.
				The amount you may pay per 30-day supply of a covered insulin drug, regardless of quantity or type, shall not exceed \$35, when obtained from a Preferred Participating or Participating Pharmacy.
If you have outpatient surgery	<u>Specialty drugs</u>	No Charge	No Charge	<u>Specialty drug</u> coverage based on group policy. Prior authorization may be required. <u>Specialty drugs</u> are limited to a 30-day supply except for certain FDA-designated dosing regimens.
	Facility fee (e.g., ambulatory surgery center)	No Charge	No Charge	<u>Preauthorization</u> may be required.
	Physician/surgeon fees	No Charge	No Charge	None

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*For more information about limitations and exceptions, see the plan or policy document at <https://policy-srv.box.com/s/c46yryqlfj3xuv2nnhbvxfrhx0gq3e>.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need immediate medical attention	<u>Emergency room care</u>	Facility Charges: No Charge ER Physician Charges: No Charge	Facility Charges: No Charge ER Physician Charges: No Charge	
	<u>Emergency medical transportation</u>	No Charge	No Charge	Ground and air transportation covered. <u>Preauthorization</u> may be required for non-emergency transportation; see your benefit booklet* for details.
	<u>Urgent Care</u>	No Charge	No Charge	None
If you have a hospital stay	<u>Facility fee (e.g., hospital room)</u>	No Charge	No Charge	<u>Preauthorization</u> may be required.
	<u>Physician/surgeon fees</u>	No Charge	No Charge	None
If you need mental health, behavioral health, or substance abuse services	<u>Outpatient services</u>	No Charge	No Charge	<u>Preauthorization</u> may be required; see your benefit booklet* for details. Virtual visits: No Charge; deductible applies. See your benefit booklet* for details.
	<u>Inpatient services</u>	No Charge	No Charge	<u>Preauthorization</u> may be required.
	<u>Office visits</u>	No Charge	No Charge	Cost sharing does not apply for preventive services. Depending on the type of services, a deductible may apply. Maternity care may include tests and service described elsewhere in the SBC (i.e. ultrasound).
If you are pregnant	<u>Childbirth/delivery professional services</u>	No Charge	No Charge	
	<u>Childbirth/delivery facility services</u>	No Charge	No Charge	None

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*For more information about limitations and exceptions, see the plan or policy document at <https://policy-srv.box.com/s/c46ryrqlffj3xuv2nnhbvxtrhx0gq3e>.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need help recovering or have other special health needs	<u>Home health care</u>	No Charge	No Charge	Preauthorization may be required; see your benefit booklet* for details.
	<u>Rehabilitation services</u>	No Charge	No Charge	Limited to 70 visits per for occupational therapy and 65 visits per for physical therapy.
	<u>Habilitation services</u>	No Charge	No Charge	Limited to 65 visits combined per for occupational therapy, speech therapy, and physical therapy. Preauthorization may be required; see your benefit booklet* for details.
	<u>Skilled nursing care</u>	No Charge	No Charge	Preauthorization may be required.
	<u>Durable medical equipment</u>	No Charge	No Charge	Benefits are limited to items used to serve a medical purpose. Durable Medical Equipment benefits are provided for both purchase and rental equipment (up to the purchase price). Preauthorization may be required; see your benefit booklet* for details.
	<u>Hospice services</u>	No Charge	No Charge	Preauthorization may be required; see your benefit booklet* for details.
If your child needs dental or eye care	Children's eye exam	Not Covered	Not Covered	None
	Children's glasses	Not Covered	Not Covered	None
	Children's dental check-up	Not Covered	Not Covered	None

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*For more information about limitations and exceptions, see the plan or policy document at <https://policy-srv.box.com/s/c46yryqlfj3xuv2nnhbvxfrhx0gq3e>.

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)			
• Acupuncture	• Long-term care	• Routine eye care	
• Dental care	• Non-emergency care when traveling outside the U.S.	• Weight loss programs	

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)			
• Bariatric surgery	• Hearing aids (1 per ear every 24 months)	• Private-duty nursing (unlimited visits per year)	
• Chiropractic care	• Infertility treatment (4 in vitro attempt maximum with special approval up to 6 per benefit period)	• Routine foot care (only in connection with diabetes)	
• Cosmetic surgery (only for correcting congenital deformities or conditions resulting from accidental injuries, scars, tumors, or diseases)	• Most coverage provided outside the United States. See www.bcbsil.com		

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: For group health coverage contact the [plan Blue Cross and Blue Shield of Illinois](#) at 1-800-458-6024 or visit [www.bcbsil.com](#). For group health coverage subject to ERISA contact the U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](#). For non-federal governmental group health plans, contact Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or [www.cciio.cms.gov](#). Church plans are not covered by the Federal COBRA continuation coverage rules. If the coverage is insured, individuals should contact their State insurance regulator regarding their possible rights to continuation coverage under State law. Other coverage options may be available to you too, including buying individual insurance coverage through the [Health Insurance Marketplace](#). For more information about the [Marketplace](#), visit [www.HealthCare.gov](#) or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact: For group health coverage subject to ERISA: Blue Cross and Blue Shield of Illinois at 1-800-458-6024 or visit [www.bcbsil.com](#), or contact the U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or visit [www.dol.gov/ebsa/healthreform](#). Additionally, a consumer assistance program can help you file your [appeal](#). Contact the Illinois Department of Insurance at 1-877-527-9431 or visit [http://insurance.illinois.gov](#).

Does this [plan](#) provide Minimum Essential Coverage? Yes.

Minimum Essential Coverage generally includes [plans](#), [health insurance](#) available through the Marketplace or other individual market policies, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the [premium tax credit](#).

Does this [plan](#) meet the Minimum Value Standards? Yes.

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-458-6024.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-458-6024.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-800-458-6024.

Navajo (Dine): Dinekehgo shika at'ohwol ninisingo, kwijigo holne' 1-800-458-6024.

To see examples of how this [plan](#) might cover costs for a sample medical situation, see the next section.

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost-sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

■ The plan's overall deductible	\$3,400
■ Specialist coinsurance	0%
■ Hospital (facility) coinsurance	0%
■ Other coinsurance	0%

This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
 Diagnostic tests (*ultrasounds and blood work*)
 Specialist visit (*anesthesia*)

Total Example Cost	\$12,700
---------------------------	-----------------

In this example, Peg would pay:

Cost sharing	
Deductibles	\$3,400
Copayments	\$0
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$60
The total Peg would pay is	\$3,460

Managing Joe's Type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

■ The plan's overall deductible	\$3,400
■ Specialist coinsurance	0%
■ Hospital (facility) coinsurance	0%
■ Other coinsurance	0%

This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)
 Diagnostic tests (*blood work*)
 Prescription drugs
 Durable medical equipment (*glucose meter*)

Total Example Cost	\$5,600
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In this example, Joe would pay:

Cost sharing	
Deductibles	\$3,400
Copayments	\$0
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$20
The total Joe would pay is	\$3,420

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

■ The plan's overall deductible	\$3,400
■ Specialist coinsurance	0%
■ Hospital (facility) coinsurance	0%
■ Other coinsurance	0%

This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)
 Diagnostic test (*x-ray*)
 Durable medical equipment (*crutches*)
 Rehabilitation services (*physical therapy*)

Total Example Cost	\$2,800
---------------------------	----------------

In this example, Mia would pay:

Cost sharing	
Deductibles	\$2,800
Copayments	\$0
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$0
The total Mia would pay is	\$2,800

The plan would be responsible for the other costs of these EXAMPLE covered services.
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BlueCross BlueShield of Illinois

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company

Non-Discrimination Notice

Health Care Coverage Is Important For Everyone

We do not discriminate on the basis of race, color, national origin (including limited English knowledge and first language), age, disability, or sex (as understood in the applicable regulation). We provide people with disabilities with reasonable modifications and free communication aids to allow for effective communication with us. We also provide free language assistance services to people whose first language is not English.

To receive reasonable modifications, communication aids or language assistance free of charge, please call us at 855-710-6984.

If you believe we have failed to provide a service, or think we have discriminated in another way, you can file a grievance with:

Office of Civil Rights Coordinator
Attn: Office of Civil Rights Coordinator
300 E. Randolph St., 35th Floor
Chicago, IL 60601

Phone: 855-664-7270 (voicemail)
TTY/TDD: 855-661-6965
Fax: 855-661-6960
Email: civilrightscoordinator@bcbsil.com

You can file a grievance by mail, fax or email. If you need help filing a grievance, please call the toll-free phone number listed on the back of your ID card (TTY: 711).

You may file a civil rights complaint with the US Department of Health and Human Services, Office for Civil Rights, at:

US Dept of Health & Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, DC 20201

Phone: 800-368-1019
TTY/TDD: 800-537-7697
Complaint Portal:
ocrportal.hhs.gov/ocr/smartscreen/main.jsf
Complaint Forms:
hhs.gov/civil-rights/filing-a-complaint/index.html

This notice is available on our website at bcbsil.com/legal-and-privacy/non-discrimination-notice

ATTENTION: If you speak another language, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 855-710-6984 (TTY: 711) or speak to your provider.

Español Spanish	ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 855-710-6984 (TTY: 711) o hable con su proveedor.
العربية Arabic	تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 855-710-6984 (TTY: 711) أو تحدث إلى مقدم الخدمة.

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BlueCross BlueShield of Illinois

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company

中文 Chinese	注意：如果您说中文，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 855-710-6984（文本电话：711）或咨询您的服务提供者。
Français French	ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 855-710-6984 (TTY : 711) ou parlez à votre fournisseur.
Deutsch German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 855-710-6984 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.
ગુજરાતી Gujarati	ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઓફિસિયલ સહાય અને એક્સિસિબલ ફોર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 855-710-6984 (TTY: 711) પર કોલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.
हिंदी Hindi	ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 855-710-6984 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।
Italiano Italian	ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l'855-710-6984 (tty: 711) o parla con il tuo fornitore.
한국어 Korean	주의: 한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 855-710-6984(TTY: 711)번으로 전화하거나 서비스 제공업체에 문의하십시오.
Diné Navajo	SHOOH: Diné bee yánilt'i'gogo, saad bee aná'awo' bee áka'anída'awo'ft'áá jiik'eh ná hólq. Bee ahil hane'go bee nida'anishí t'áá ákodaat'éhígíí dóó bee áka'anída'wo'í áko bee baa hane'í bee hadadilyaa bich'í' ahoot'í'ígíí éí t'áá jiik'eh hólq. Kohjí' 855-710-6984 (TTY: 711) hodíilnih doodago nika'análwo'í bich'í' hanidziih.
فارسی Farsi	توجه: اگر فارسی صحبت می کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. همچنین کمک ها و خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب های قابل دسترس، به طور رایگان موجود می باشند. با شماره 855-710-6984 (تله تایپ: 711) تماس بگیرید یا با ارائه دهنده خود صحبت کنید.
Polski Polish	UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 855-710-6984 (TTY: 711) lub porozmawiaj ze swoim dostawcą.
РУССКИЙ Russian	ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 855-710-6984 (TTY: 711) или обратитесь к своему поставщику услуг.
Tagalog Tagalog	PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyonang tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 855-710-6984 (TTY: 711) o makipag-usap sa iyong provider.
اردو Urdu	توجه دیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے زبان کی مفت مدد کی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔ 855-710-6984 (TTY: 711) پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔
Việt Vietnamese	LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 855-710-6984 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

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Summary of Benefits and Coverage: What this Plan Covers & What You Pay for Covered Services

Coverage Period: 01/01/2026 – 12/31/2026



BlueCross BlueShield of Illinois

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Village of Tinley Park: PPO Plan

Coverage for: Individual / Family | Plan Type: PPO



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-800-458-6024 or at <https://policy-srv.box.com/s/tqokx13tuzugsc4smdf49xexaswu92>.

For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary. You can view the Glossary at www.healthcare.gov/sbc-glossary/ or call 1-855-756-4448 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	In-Network: \$500 Individual / \$1,500 Family Out-of-Network: \$1,500 Individual / \$4,500 Family	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.
Are there services covered before you meet your deductible?	Yes. Certain preventive care, services that charge a copayment, prescription drugs and emergency room services are covered before you meet your deductible.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible. See a list of covered preventive services at www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	Yes. \$300 deductible for Out-of-Network hospital admission. There are no other specific deductibles.	You must pay all of the costs for these services up to the specific deductible amount before this plan begins to pay for these services.
What is the out-of-pocket limit for this plan?	In-Network: \$1,000 Individual / \$3,000 Family Out-of-Network: \$3,000 Individual / \$6,000 Family Prescription drug expense limit: \$1,000 Individual / \$3,000 Family	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit?	Premiums, balance-billing charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Will you pay less if you use a network provider?	Yes. See www.bcbsil.com or call 1-800-458-6024 for a list of network providers.	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	No.	You can see the specialist you choose without a referral.

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SBC IL Non-HMO LG – 2026

 All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$25/visit; deductible does not apply	40% coinsurance	Virtual visits: \$25/visit; deductible does not apply. See your benefit booklet* for details.
	Specialist visit	\$50/visit; deductible does not apply	40% coinsurance	None
	Preventive care/screening/immunization	No Charge; deductible does not apply	40% coinsurance	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	20% coinsurance	40% coinsurance	Preauthorization may be required; see your benefit booklet* for details.
	Imaging (CT/PET scans, MRIs)	20% coinsurance	40% coinsurance	

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*For more information about limitations and exceptions, see the plan or policy document at <https://policy-srv.box.com/s/tqpkx13tuzugsc4smdf49xexlaswu92>.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.bcbsil.com/rx-drugs/drug-lists/drug-lists	Generic drugs	\$15/prescription (retail) \$30/prescription (mail order); deductible does not apply	\$15/prescription (retail); deductible does not apply	30-day supply at Retail 90-day supply at Mail Order Rx Out-of-Pocket Expense Limit: \$1,000 Individual / \$3,000 Family
	Preferred brand drugs	\$40/prescription (retail) \$80/prescription (mail order); deductible does not apply	\$40/prescription (retail); deductible does not apply	For Out-of-Network drug <u>provider</u> , you are responsible for 25% of the eligible amount after the <u>copayment</u> .
	Non-preferred brand drugs	\$60/prescription (retail) \$120/prescription (mail order); deductible does not apply	\$60/prescription (retail); deductible does not apply	Out-of-Network mail order is not covered. Certain individual <u>preventive services</u> will be covered with no cost to the member. For a full list of these prescriptions and/or services, please contact Customer Service.
	Specialty drugs	\$60/prescription (retail); deductible does not apply	\$60/prescription (retail); deductible does not apply	The amount you may pay per 30-day supply of a covered insulin drug, regardless of quantity or type, shall not exceed \$35, when obtained from a Preferred Participating or Participating Pharmacy. <u>Specialty drug</u> coverage based on group policy. Prior authorization may be required. <u>Specialty drugs</u> are limited to a 30-day supply except for certain FDA-designated dosing regimens.
	Facility fee (e.g., ambulatory surgery center)	20% coinsurance	40% coinsurance	Preauthorization may be required.
If you have outpatient surgery	Physician/surgeon fees	20% coinsurance	40% coinsurance	None

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*For more information about limitations and exceptions, see the plan or policy document at <https://policy-srv.box.com/s/tqpkxl13tuzugsc4smdf49xexlaswu92>.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need immediate medical attention	<u>Emergency room care</u>	Facility Charges: \$250/visit deductible does not apply ER Physician Charges: No Charge	Facility Charges: \$250/visit deductible does not apply ER Physician Charges: No Charge	<u>Copayment</u> waived if admitted.
	<u>Emergency medical transportation</u>	20% <u>coinsurance</u>	20% <u>coinsurance</u>	Ground and air transportation covered. <u>Preauthorization</u> may be required for non-emergency transportation; see your benefit booklet* for details.
	<u>Urgent Care</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	None
If you have a hospital stay	Facility fee (e.g., hospital room)	20% <u>coinsurance</u>	40% <u>coinsurance</u>	<u>Preauthorization</u> may be required. \$300 deductible per admission Out-of-Network providers.
	Physician/surgeon fees	20% <u>coinsurance</u>	40% <u>coinsurance</u>	None
If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$25/office visit; <u>deductible</u> does not apply; 20% <u>coinsurance</u> for other outpatient services	40% <u>coinsurance</u>	<u>Preauthorization</u> may be required; see your benefit booklet* for details. Virtual visits: \$25/visit; <u>deductible</u> does not apply. See your benefit booklet* for details.
	Inpatient services	20% <u>coinsurance</u>	40% <u>coinsurance</u>	<u>Preauthorization</u> may be required. \$300 deductible per admission Out-of-Network providers.
	Office visits	\$25 PCP/\$50 SPC/visit; deductible does not apply	40% <u>coinsurance</u>	<u>Copayment</u> applies to the first prenatal visit (per pregnancy). <u>Cost sharing</u> does not apply for <u>preventive services</u> . Depending on the type of services, a <u>copayment</u> , <u>coinsurance</u> , or <u>deductible</u> may apply. Maternity care may include tests and service described elsewhere in the SBC (i.e. ultrasound).
If you are pregnant	Childbirth/delivery professional services	20% <u>coinsurance</u>	40% <u>coinsurance</u>	
	Childbirth/delivery facility services	20% <u>coinsurance</u>	40% <u>coinsurance</u>	\$300 deductible per admission Out-of-Network providers.

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*For more information about limitations and exceptions, see the plan or policy document at <https://policy-srv.box.com/s/tqkx13tuzugsc4smdf49xexlaswu92>.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need help recovering or have other special health needs	<u>Home health care</u>	<u>20% coinsurance</u>	<u>40% coinsurance</u>	<u>Preauthorization</u> may be required; see your benefit booklet* for details.
	<u>Rehabilitation services</u>	<u>20% coinsurance</u>	<u>40% coinsurance</u>	Limited to 70 visits per benefit period for occupational therapy, 45 visits per benefit period for speech therapy, and 65 visits per benefit period for physical therapy.
	<u>Habilitation services</u>	<u>20% coinsurance</u>	<u>40% coinsurance</u>	<u>Preauthorization</u> may be required; see your benefit booklet* for details.
	<u>Skilled nursing care</u>	<u>20% coinsurance</u>	<u>40% coinsurance</u>	<u>Preauthorization</u> may be required. \$300 deductible per admission Out-of-Network providers.
	<u>Durable medical equipment</u>	<u>20% coinsurance</u>	<u>40% coinsurance</u>	Benefits are limited to items used to serve a medical purpose. <u>Durable Medical Equipment</u> benefits are provided for both purchase and rental equipment (up to the purchase price). <u>Preauthorization</u> may be required; see your benefit booklet* for details.
If your child needs dental or eye care	<u>Hospice services</u>	<u>20% coinsurance</u>	<u>40% coinsurance</u>	\$300 deductible per admission Out-of-Network providers. <u>Preauthorization</u> may be required; see your benefit booklet* for details.
	Children's eye exam	Not Covered	Not Covered	None
	Children's glasses	Not Covered	Not Covered	None
	Children's dental check-up	Not Covered	Not Covered	None

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SBC IL Non-HMO LG – 2026

*For more information about limitations and exceptions, see the plan or policy document at <https://policy-srv.box.com/s/tqpkx13tuzugsc4smdf49xexlaswu92>.

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other <u>excluded services</u>.)			
• Acupuncture	• Long-term care	• Routine eye care	
• Dental care	• Non-emergency care when traveling outside the U.S.	• Weight loss programs	

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)			
• Bariatric surgery	• Hearing aids (1 per ear every 24 months)	• Private-duty nursing (unlimited visits per year)	
• Chiropractic care (Chiropractic and Osteopathic manipulation limited to 30 visits per calendar year)	• Infertility treatment (4 in vitro attempt maximum with special approval up to 6 per benefit period)	• Routine foot care (only in connection with diabetes)	
• Cosmetic surgery (only for correcting congenital deformities or conditions resulting from accidental injuries, scars, tumors, or diseases)	• Most coverage provided outside the United States. See www.bcbsil.com		

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: For group health coverage contact the plan Blue Cross and Blue Shield of Illinois at 1-800-458-6024 or visit www.bcbsil.com. For group health coverage subject to ERISA contact the U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform. For non-federal governmental group health plans, contact Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.ccio.cms.gov. Church plans are not covered by the Federal COBRA continuation coverage rules. If the coverage is insured, individuals should contact their State insurance regulator regarding their possible rights to continuation coverage under State law. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact: For group health coverage subject to ERISA: Blue Cross and Blue Shield of Illinois at 1-800-458-6024 or visit www.bcbsil.com, or contact the U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or visit www.dol.gov/ebsa/healthreform. Additionally, a consumer assistance program can help you file your appeal. Contact the Illinois Department of Insurance at 1-877-527-9431 or visit <http://insurance.illinois.gov>.

Does this plan provide Minimum Essential Coverage? Yes.

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

Does this plan meet the Minimum Value Standards? Yes.

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-458-6024.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-458-6024.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-800-458-6024.

Navajo (Dine): Dinekehgo shika at'ohwol ninisingo, kwijigo holne' 1-800-458-6024.

To see examples of how this plan might cover costs for a sample medical situation, see the next section.

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost-sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

- The plan's overall deductible \$500
- Specialist copayment \$50
- Hospital (facility) coinsurance 20%
- Other coinsurance 20%

This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
 Diagnostic tests (*ultrasounds and blood work*)
 Specialist visit (*anesthesia*)

Total Example Cost \$12,700

In this example, Peg would pay:

Cost sharing

Deductibles	\$500
Copayments	\$30
Coinsurance	\$500
<i>What isn't covered</i>	
Limits or exclusions	\$60
The total Peg would pay is	\$1,060

Managing Joe's Type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

- The plan's overall deductible \$500
- Specialist copayment \$50
- Hospital (facility) coinsurance 20%
- Other coinsurance 20%

This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)
 Diagnostic tests (*blood work*)
 Prescription drugs
 Durable medical equipment (*glucose meter*)

Total Example Cost \$5,600

In this example, Joe would pay:

Cost sharing

Deductibles	\$500
Copayments	\$500
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$20
The total Joe would pay is	\$1,020

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

- The plan's overall deductible \$500
- Specialist copayment \$50
- Hospital (facility) coinsurance 20%
- Other coinsurance 20%

This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)
 Diagnostic test (*x-ray*)
 Durable medical equipment (*crutches*)
 Rehabilitation services (*physical therapy*)

Total Example Cost \$2,800

In this example, Mia would pay:

Cost sharing

Deductibles	\$500
Copayments	\$400
Coinsurance	\$100
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$1,000

The plan would be responsible for the other costs of these EXAMPLE covered services.

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SBC IL Non-HMO LG – 2026



BlueCross BlueShield of Illinois

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company

Non-Discrimination Notice

Health Care Coverage Is Important For Everyone

We do not discriminate on the basis of race, color, national origin (including limited English knowledge and first language), age, disability, or sex (as understood in the applicable regulation). We provide people with disabilities with reasonable modifications and free communication aids to allow for effective communication with us. We also provide free language assistance services to people whose first language is not English.

To receive reasonable modifications, communication aids or language assistance free of charge, please call us at 855-710-6984.

If you believe we have failed to provide a service, or think we have discriminated in another way, you can file a grievance with:

Office of Civil Rights Coordinator
Attn: Office of Civil Rights Coordinator
300 E. Randolph St., 35th Floor
Chicago, IL 60601

Phone: 855-664-7270 (voicemail)
TTY/TDD: 855-661-6965
Fax: 855-661-6960
Email: civilrightscoordinator@bcbsil.com

You can file a grievance by mail, fax or email. If you need help filing a grievance, please call the toll-free phone number listed on the back of your ID card (TTY: 711).

You may file a civil rights complaint with the US Department of Health and Human Services, Office for Civil Rights, at:

US Dept of Health & Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, DC 20201

Phone: 800-368-1019
TTY/TDD: 800-537-7697
Complaint Portal:
ocrportal.hhs.gov/ocr/smartscreen/main.jsf
Complaint Forms:
hhs.gov/civil-rights/filing-a-complaint/index.html

This notice is available on our website at bcbsil.com/legal-and-privacy/non-discrimination-notice

ATTENTION: If you speak another language, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 855-710-6984 (TTY: 711) or speak to your provider.

Español Spanish	ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 855-710-6984 (TTY: 711) o hable con su proveedor.
العربية Arabic	تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم (TTY: 711) 855-710-6984 أو تحدث إلى مقدم الخدمة.

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BlueCross BlueShield of Illinois

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company

中文 Chinese	注意：如果您说中文，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 855-710-6984（文本电话：711）或咨询您的服务提供商。
Français French	ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 855-710-6984 (TTY : 711) ou parlez à votre fournisseur.
Deutsch German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzen zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 855-710-6984 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.
ગુજરાતી Gujarati	ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઓફિસિયલ સહાય અને એક્સેસિબલ ફોર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 855-710-6984 (TTY: 711) પર કોલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.
हिन्दी Hindi	ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 855-710-6984 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।
Italiano Italian	ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l'855-710-6984 (tty: 711) o parla con il tuo fornitore.
한국어 Korean	주의: 한국어 를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 855-710-6984(TTY: 711)번으로 전화하거나 서비스 제공 업체에 문의하십시오.
Diné Navajo	SHOOH: Diné bee yáníłt'igogo, saad bee aná'awo' bee áka'anída'awo'ít'áá jiik'eh ná hóló. Bee ahil hane'go bee nida'anishí t'áá ákodaat'éhígíí dóó bee áka'anída'wo'í áko bee baa hane'í bee hadadilyaa bich'í' ahoot'í'ígíí éí t'áá jiik'eh hóló. Kohjíl' 855-710-6984 (TTY: 711) hodíłłnih doodago nika'análwo'í bich'í' hanidzihi.
فارسی Farsi	توجه: اگر فارسی صحبت می کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. همچنین کمک ها و خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب های قابل دسترس، به طور رایگان موجود می باشند. با شماره 855-710-6984 (تلفن تایپ: 711) تماس بگیرید یا با ارائه دهنده خود صحبت کنید.
Polski Polish	UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowo pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 855-710-6984 (TTY: 711) lub porozmawiaj ze swoim dostawcą.
РУССКИЙ Russian	ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 855-710-6984 (TTY: 711) или обратитесь к своему поставщику услуг.
Tagalog Tagalog	PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyonang tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 855-710-6984 (TTY: 711) o makipag-usap sa iyong provider.
اردو Urdu	توجه دیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے زبان کی مفت مدد کی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔ 855-710-6984 (TTY: 711) پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔
Việt Vietnamese	LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 855-710-6984 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

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APPENDIX B
REMOVAL OF DISCIPLINE FOR SPECIFIC OFFENSES

1.5.2.1	Permanent
1.5.2.2	60 mos.
1.5.2.3	Permanent
1.5.2.4	Permanent
1.5.2.5	12 mos.
1.5.2.6	Permanent
1.5.2.7	12 months
1.5.2.8	36 months
1.5.2.9	Permanent
1.5.2.10	24 months
1.5.2.11	12 months
1.5.2.12	24 months
1.5.2.13	12 months
1.5.2.14	12 months
1.5.2.15	12 months
1.5.2.16	12 months
1.5.2.17	All removed after 12 except Item #17/8 which will be struck after 24 mos.
1.5.2.18	Permanent
1.5.2.19	12 months
1.5.2.20	12 months
1.5.2.21	24 months
1.5.2.22	12 months
1.5.2.23	Permanent
1.5.2.24	12 months
1.5.2.25	12 months
1.5.2.26	Permanent
1.5.2.27	Permanent
1.5.2.28	24 months
1.5.2.29	Permanent
1.5.2.30	12 mos. This clause will be reworted to reflect "cell phone or home phone line"
1.5.2.31	Permanent
1.5.2.32	24 months
1.5.2.33	24 months
1.5.2.34	36 mos.
1.5.2.35	60 mos.
1.5.2.36	24 months
1.5.2.37	Permanent
1.5.2.38	Permanent will reword..."complainant in a 'criminal case', suspect....."
1.5.2.39	Permanent
1.5.2.40	Permanent
1.5.2.41	12 months
1.5.2.42	24 months
1.5.2.43	12 months
1.5.2.44	Permanent
1.5.2.45	12 months
1.5.2.46	12 months

1.5.2.47	24 months
1.5.2.48	12 months
1.5.2.49	36 mos
1.5.2.50	12 months
1.5.2.51	12 months
1.5.2.52	36 mos
1.5.2.53	Permanent
1.5.2.54	Permanent
1.5.2.55	24 months
1.5.2.56	24 mos.
1.5.2.57	12 months
1.5.2.58	12 months
1.5.2.59	12 months
1.5.2.60	24 months
1.5.2.61	12 months
1.5.2.62	12 months
1.5.2.63	24 months
1.5.2.64	24 months
1.5.2.65	Permanent

APPENDIX C
PART- TIME
OFFICERS

- A. Minimum staffing requirements will only apply to Full-Time officers. Exceptions being if a Part-Time officer has signed up for unfilled posted street overtime in accordance with general order 3.1.3 (8)(b) as in effect on May 1, 2008. The Village agrees to make available first to Chapter members, the right to sign up for overtime postings of street patrol and special enforcement programs and details in which the Chapter members take the primary enforcement role. The Village also agrees to make available first to the Chapter members, details which are funded through governmental grant programs. Part-time officers will only be allowed to sign up for street overtime or full-time officers hireback slots after the posting has gone unfilled by full-time officers during the posting period (72 hours). Part-time officers shall be permitted to serve in a secondary role on the above details (i.e. traffic control, crowd control, or support function) in accordance with past practice.
- B. Chapter members will be designated as primary enforcement officers at the outdoor music theatre and supported by part-time officers, as necessary. "Enforcement officer" shall be defined as those officers designated as an arrest team, concourse team, crowd control, and in the venue security office assignment. However, part time officers will be assigned traffic control, and parking duties, in addition to assisting full-time officers, as necessary. In the event that any slots for full time officers go unfilled, part time officers will be permitted to sign up for that assignment.
- C. Pursuant to Police Department General Order 3.1.2-Allocation and Distribution of Personnel, the Village has established "Specialty Assignments" within the Department. The Village will not assign any part time officer to a "specialty assignment" except as provided in sub-paragraph D herein.
- D. The Village retains the right to train and assign part time officers to supplement the full time officer staffing in the specialty of Bicycle Officer. Part time officers will only be assigned to bicycle patrol details involving bar checks, parades, festivals and other details which have been the responsibility of part-time officers as per past practice. Regular patrol duties of bicycle officers shall be limited to full time bicycle officers only.
- E. Consistent with the Civil Services Rules of the Village of Tinley Park, part-time officers will not be eligible for attaining rank within the police department. Additionally, no full time officer shall be subordinate to any part time officer at any time, regardless of assignment or seniority.



Metropolitan Alliance of Police

235 Remington Boulevard, Suite B • Bolingbrook, IL 60440

Phone: 630/759-4925 • Fax: 630/759-1902

E-mail: mapoffice@mapunion.org • www.mapunion.org

CHECK OFF DUES AUTHORIZATION

PLEASE RETURN TO MAP

Keith R. George
President

John Holiday
Vice President

John P. Ward
Secretary

Richard Tracy
Treasurer

Raymond Violetto
Board Director

Mark Wolenberg
Board Director

Michael Martin
Board Director

Derek T. Hawkins
Board Director

Jessica Murillo
Board Director

CHIEF COUNSEL
Joseph Mazzone
Mark McQueary
*Director of Legal
Legislative Affairs*

STAFF COUNSEL
John Gaw
Raymond Garza

CO-COUNSEL
Richard Reimer
Steven Calcaterra

GENERAL COUNSEL
Ronald Cicinelli
Jerry Marzullo
Gary Deuschle
Michael Butler

ANALYST
Alfred Molinaro

CHAPLAIN
Tammy Roach

I, the undersigned member of the Metropolitan Alliance of Police (Map) Chapter #192, hereby authorize and direct my employer, the Village of Tinley Park, to deduct from my wages and to pay to the Metropolitan Alliance of Police or its authorized representative, the regular monthly dues of \$47, which may be owed to the Metropolitan Alliance of Police as a result of my membership therein.

This authorization shall continue to be in effect for successor contracts between the employer and the Metropolitan Alliance of Police, although the dues amount may change during the term of the contract.

Members name: _____
(Please print) (FIRST) (LAST)

DOH: _____ Rank: _____ DOB: _____

Address: _____ City: _____
(Home)

State: _____ Zip: _____ Phone: _____
(Cell)

E-mail: _____
(Personal)

Member's signature: _____ Date: _____

Terms and Conditions: By signing this membership application I understand and agree that: (a) my membership commences from the date I sign this form and it is received by the Metropolitan Alliance of Police; (b) incidents arising prior to this form being received by MAP shall be resolved under the Metropolitan Alliance of Police non-member policy; (c) membership renews automatically thereafter; and (d) I may revoke my membership by submitting the Membership Opt-Out form provided by the Metropolitan Alliance of Police upon request. However, in doing so, I will forfeit the rights, privileges, and benefits of membership, including the right to participate in union decisions and activities, all other rights and privileges guaranteed by the Unions By-Laws, and shall be subject to the Metropolitan Alliance of Police non-member policy.

Please return this form to:
mjahnke@mapunion.org or Fax: 630/759-1902

APPENDIX "E"
EQUIPMENT ISSUE CHECKLIST - FULL TIME OFFICER

Officer:	Issued by:	Received by:	Date
Uniforms Trousers		Handcuffs	
(2 pair) Long sleeve		Double Magazine Case	
shirt (2) Short sleeve		O.C. Spray currently issued by the Village	
shirt (2) Clip Tie (2)		O.C. holster	
Winter Jacket w/removable lining		ASP (21")	
Rain coat		ASP holster	
Trouser belt		Radio w/shoulder mic & belt holder	
Knit Hat		Traffic vest Traffic	
5-Star hat		flashlight Water	
Hat rain cover		throw bag Ticket	
Hat badge		book holder Slim-	
Uniform badge (2)		Jim	
Off-duty wallet badge		Gas mask	
Nametags (2)		Gas mask pouch	
Time in service pin (Serving since ####)		Riot helmet	
Soft body armor vest		Disaster tool	
WMT Polo shirt		Biohazard mess kit	
Duty		Disposable blankets	
Duty belt		antibacterial hand gel/lotion currently issued	
Belt keepers		by the Village	
Holster		Range ear protection	
Handcuff case		Range eye protection	
Dress Blouse		Shotgun (remains property of Village)	

APPENDIX F

POLICY 304 - OFFICER INVOLVED SHOOTING AND DEATHS

To committee

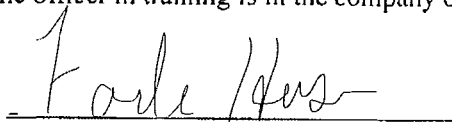
APPENDIX G

Global Positioning and Electronic Monitoring Software

The GPS system may ONLY be used to discipline an officer when a complaint or issue has been brought against an officer, or when an officer is involved in an accident.

NON-CONTRACT AGREEMENTS

- (1) A policy will be developed to establish departmental meetings for the purpose of reviewing new policies, programs, etc., to allow for Patrol Officers input. These meetings will be scheduled on training days and will occur no less than twice each year. The Police Chief and all Supervisory personnel and all employees covered by this Agreement will attend these meetings. They will be scheduled for a timeframe of approximately 1-1/2 to 2 hours. The Village Manager will attend these sessions on an as needed basis. Nothing herein shall prohibit additional departmental meetings.
- (2) A policy will be developed to provide for better Patrol Officer notification of job related training, seminars, schools, etc., and the policy will indicate that every effort will be made to free up time to attend these training sessions. Special attention will be given to paying for training sessions on off-duty time if the Patrol Officer is willing to go to school on his own time.
- (3) As of the date of execution of this Agreement, the Village has no present intention to abolish or change the Village Ordinance that provides certain health plan benefits to retirees. Covered retired individuals shall also be entitled to maintain dental coverage following retirement, with the Village contributing fifty percent (50%) of the premium for said coverage. In addition, until the retiree is eligible for AARP coverage, the Village shall contribute, in addition to 50% of the premium cost, and \$60 per month toward the retiree's cost for health insurance for those covered officers retiring with at least 20 years of service and 50 years of age. The Village agrees that it will not abolish or change the Ordinance as to bargaining unit members without prior notice to and discussion with the Chapter.
- (4) The Village has no present intention of changing the sick leave or disability leave benefits as they exist in policy as of May 1, 1998. The Village agrees that it will not change those policies as to bargaining unit members without prior notice to and discussion with the Chapter.
- (5) The Chapter agrees that upon request of either the Chapter Executive Board or Police Administration, information sharing meetings will be held on a regular basis. The purpose of the meetings will be to communicate and discuss miscellaneous, non-bargaining issues, which arise between department meetings.
- (6) The Department will require both full time and part time officers in field training to refrain from wearing his/her uniform in public unless on duty, in training or during an assignment by which the officer in training is in the company of another full time or part time officer as a partner.

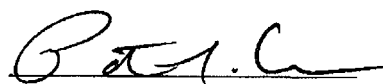


President - Tinley Park Chapter

Date: 3/4/26

Village Manager

Date: 4 March 2026



STATE OF ILLINOIS)
COUNTY OF COOK) SS
COUNTY OF WILL)

CERTIFICATE

I, NANCY M. O’CONNOR, Village Clerk of the Village of Tinley Park, Counties of Cook and Will and State of Illinois, DO HEREBY CERTIFY that the foregoing is a true and correct copy of Resolution No. 2026-R-013, “**A RESOLUTION APPROVING A COLLECTIVE BARGAINING AGREEMENT WITH METROPOLITAIN ALLIANCE OF POLICE, TINLEY PARK CHAPTER #192,**” which was adopted by the President and Board of Trustees of the Village of Tinley Park on March 3, 2026.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the corporate seal of the Village of Tinley Park this 3rd day of March, 2026.


VILLAGE CLERK