



# 2026 Summary of Employee Benefits

## Health Insurance

**Provider/Plan:** BCBS Blue Choice Select PPO 1275

**Eligibility:** All full-time and ¾ time employees

**Enrollment:** At time of hire; annually; qualifying event

**Plan Summary:**

Plan Year Deductible	Single: \$5,000; Family: \$12,000
Out of Pocket Maximum	Single: \$6,100*; Family \$12,200* (*see Health Reimbursement Arrangement)
Co-Payments	Preventative Services: \$0; Primary Care: \$45; Specialist: \$45; Emergency Room: \$200
Prescription Coverage	Tier 1: \$5; Tier 2: \$15; Tier 3: \$45; Tier 4: \$85; Tier 5: \$250; Tier 6: \$350

\*A detailed summary of benefits is available on request.

**Cost:**

Coverage Level	Total Monthly Premium	CCFPD Contribution (per month)	Employee Cost (per month)	Employee Cost (per paycheck)
Employee Only	\$571.83	\$554.68	\$17.15	\$8.57
Employee + Spouse	\$1,200.83	\$840.58	\$360.25	\$180.12
Employee + Children	\$1,263.45	\$1,010.76	\$252.69	\$126.34
Employee + Family	\$1,892.46	\$1,097.63	\$794.83	\$397.41

## Health Reimbursement Arrangement

**Provider/Plan:** PNC

**Eligibility:** Automatic enrollment in HRA when employee is enrolled in medical plan

**Plan Summary:** The Forest Preserves will reimburse the employee for up to \$4,600 of health care expenses once the first \$1,500 of the out of pocket maximum has been met under the health insurance plan. CCFPD will provide a similar arrangement the employee's family, paying up to \$4,600 once a family member pays \$1,500 of the out of pocket maximum.

**Cost:** CCFPD pays 100% of cost; No additional cost to employee

## Dental Insurance

**Provider/Plan:** MetLife PDP Plus

**Eligibility:** All full-time and ¾ time employees

**Enrollment:** At time of hire; annually; qualifying event

**Plan Summary:**

Plan Year Deductible	Individual: \$50; Family: \$150
Coverage	Preventive Services: 100%; Basic Services: 80%; Major Services: 50%
Orthodontia (Children)	\$1,500 lifetime maximum
Plan Year Maximum	\$1,500

\*A detailed summary of benefits is available on request.

**Cost:**

Coverage Level	Total Monthly Premium	CCFPD Contribution (per month)	Employee Cost (per month)	Employee Cost (per paycheck)
Employee Only	\$31.94	\$31.94	\$0.00	\$0.00
Employee + One	\$64.85	\$31.94	\$32.91	\$16.45
Employee + Family	\$116.71	\$31.94	\$84.77	\$42.38

## Vision Insurance

**Provider/Plan:** MetLife VSP Choice

**Eligibility:** All full-time and ¾ time employees

**Enrollment:** At time of hire; annually; qualifying event

**Plan Summary (in-network):**

Eye Exam	\$10 co-payment (every 12 months)
Eyewear/Materials	\$25 co-payment (every 12 months)
Lenses	MetLife covered after eyewear co-payment (every 12 months)
Frames	\$130 allowance after eyewear co-payment (every 24 months)
Contact Lenses	Coverage varies (every 12 months)

\*A detailed summary of benefits is available on request.

**Vision Cost:**

Coverage Level	Total Monthly Premium	CCFPD Contribution (per month)	Employee Cost (per month)	Employee Cost (per paycheck)
Employee Only	\$6.29	\$0.00	\$6.29	\$3.14
Employee + One	\$11.83	\$0.00	\$11.83	\$5.91
Employee + Family	\$16.84	\$0.00	\$16.84	\$8.42

## Life Insurance/Accidental Death & Dismemberment

**Provider/Plan:** MetLife (Additional coverage is also available through NCPERS)

**Eligibility:** All full-time and ¾ time employees

**Enrollment:** At time of hire; annually

**Details:** \$25,000

**Cost:** CCFPD pays 100% of cost for \$25,000 of basic life insurance for employee. Additional life/AD&D coverage may be purchased by employee (cost is based on age/salary). Coverage may also be purchased for spouse and/or dependents.

## Retirement/Pension

**Provider/Plan:** Illinois Municipal Retirement Fund

**Eligibility:** Employees working more than 1000 hours/year

**Enrollment:** At time of hire

**Details:** Includes pension; disability, and death benefits. Complete details can be found at [www.imrf.org](http://www.imrf.org).

**Cost:** CCFPD contributes 7.02% of employee's gross wages to pension; employee contributes 4.5% of gross wages to pension; employee vested at 8-10 years depending on tier. Additional retirement savings of up to 10% of IMRF reportable earnings may be made through the Voluntary Additional Contribution program.

**Provider/Plan:** AXA/Equitable 457(b) Retirement Savings Plan

**Eligibility:** All employees

**Enrollment:** Open

**Details:** Additional option for employees to invest for retirement

**Cost:** Employees may defer up to \$23,000/year in pre-tax earnings

## Short Term and Long Term Disability Insurance

**Provider/Plan:** MetLife

**Eligibility:** All full-time and ¾ time employees

**Enrollment:** At time of hire; annually

**Details:** Short term disability provides 60% of salary (up to \$750/week) for 26 weeks, begins 8 days after accident or illness. Long term disability provides 60% of salary (up to \$2,000/month) until SSI, begins after 180 day elimination period.

**Cost:** Employee may opt to purchase short term and/or long term disability insurance. Cost based on employee salary/age.

## Health Flexible Spending Account

**Provider/Plan:** PNC

**Eligibility:** All full-time and ¾ time employees

**Enrollment:** At time of hire; annually

**Details:** Voluntary election of pre-tax earnings into an account that can be used for eligible health care expenses.

**Cost:** Employee choice up to \$3,400/year.

## Dependent Care Flexible Spending Account

**Provider/Plan:** PNC

**Eligibility:** All full-time and ¾ time employees

**Enrollment:** At time of hire; annually

**Details:** Voluntary election of pre-tax earnings into an account that can be used for eligible dependent care expenses.

**Cost:** Employee choice up to \$7,500/year.

## Additional Benefits (full time employees only)

**Vacation & Sick Leave:** Vacation (12-21 days per year depending on years of service); Sick Leave (12 days per year); Holidays (12 per year), Bereavement (1-3 days)

**Paid Family Leave:** Employees with 12 months of service who have also worked 1,250 hours or more in the preceding year, are eligible for up to 6 weeks of Paid Family Leave for the birth, adoption, or placement of a child, or caring for a qualifying family member's serious illness or injury.

**Longevity Bonus:** \$125-\$875 per year based on 5 or more years of service

**Mobile Phone Allowance:** \$20/month for full-time & \$10/month for part-time employees who meet eligibility requirements

**Forest Preserve Perks:** Free admission to District events and programs; Free camping; Free pavilion rental (1 per year); Free/reduced greens fees for golf play\*; Memorial trees at cost; Uniform allowance\*; Merchandise discounts at Museum store and Golf Pro Shop\*

**Employee Assistance Program:** Provides confidential counseling for personal or work-related issues

## Part-time Benefits

**Paid Leave for All Workers Act (PLAWA) Leave:** All part-time and seasonal employees, are eligible to earn up to forty (40) hours of paid leave per year under the Paid Leave for All Workers Act (PLAWA). Eligible employees accrue one (1) hour of paid leave for every forty (40) hours worked.

**Bereavement Leave:** 1 workday of paid leave for loss of immediate family

**Sick Leave:** Part-time employees accrue 2 hours of sick leave in any pay period in which that employee is active and has a minimum of 20 hours worked during the pay period.

**Employee Assistance Program:** Provides confidential counseling for personal or work-related issues

**Retirement Plan:** Part-time employees working more than 1000 hours/year are eligible for Illinois Municipal Retirement Fund

**Details:** Includes pension; disability, and death benefits. Complete details can be found at [www.imrf.org](http://www.imrf.org).

**Cost:** CCFPD contributes 7.02% of employee's gross wages to pension; employee contributes 4.5% of gross wages to pension; employee vested at 8-10 years depending on tier. Additional retirement savings of up to 10% of IMRF reportable earnings may be made through the Voluntary Additional Contribution program.