



CITY OF CRYSTAL LAKE POLICE DEPARTMENT

City of Crystal Lake
An Equal Opportunity Employer
100 W. Woodstock Street
Crystal Lake, IL 60014
Phone: 815.459.2020
www.crystallake.org

LATERAL ENTRY POLICE OFFICER INFORMATION PACKET

The City of Crystal Lake Police Department is the largest municipal department in McHenry County covering 18 square miles and serving 40,743 residents. The Department is comprised of 67 sworn officers and 16 civilian employees who strive on a daily basis to provide professional, courteous and uncompromised service to the community. The Department receives outstanding support from the community, city council, and the McHenry County States Attorney's office. This support, coupled with a professional command staff, helps create a positive work environment that allows for a successful and rewarding career in Law Enforcement.

The Department is a CALEA (Commission on Accreditation for Law Enforcement Agencies, Inc.) accredited agency and is committed to providing the highest level of police services to the people who visit, live, and work in the City of Crystal Lake.

The following specialty positions are included within the Department. These assignments rotate after a set number of years to allow opportunities for others to be assigned:

- Detective
- McHenry County Major Investigative Assistance Team Detectives (MIAT)
- Community Relations Officer
- Targeted Response Unit Officers
- DEA Task Force Officer
- School Resource Officers
- NIPAS Swat Officers
- NIPAS Field Force Officer
- NIPAS Bike Response Officer
- ILEAS Field Force Officer
- K9 Officer

All required equipment and uniforms are provided to a new officer, including a department issued weapon and ballistic vest.

ANNUAL SALARY SCHEDULE

Effective May 1, 2022

| Step | Hourly | Annual |
|------|---------|--------------|
| 1 | \$33.78 | \$70,262.40 |
| 2 | \$35.74 | \$74,339.20 |
| 3 | \$37.74 | \$78,499.20 |
| 4 | \$39.70 | \$82,576.00 |
| 5 | \$41.65 | \$86,632.00 |
| 6 | \$43.63 | \$90,750.40 |
| 7 | \$52.05 | \$108,264.00 |

The Collective Bargaining Agreement allows for the City to determine the pay rate for newly hired Lateral Officers.

Benefits Summary – Sworn Police Personnel – MAP Bargaining Unit Members

This benefits summary is intended to provide general information regarding benefits and is not meant to be all-inclusive. This summary does not create expressed or implied benefits that a candidate for employment with the City of Crystal Lake would be entitled to if hired. Appointments are subject to a probationary period per the MAP collective bargaining agreement. The City has the right to change or modify any of the benefits contained in this summary as it deems appropriate. In the event of a conflict between what is contained in this summary and what benefits, including employee contributions, are currently offered, the current benefits and collective bargaining agreement shall control.

VACATION

| Service | Hours per Year Earned on a Monthly Basis |
|--|--|
| Hire date through 5 th year | 96 |
| After 5 th year | 136 |
| After 9 th year | 160 |
| After 12 th year | 184 |
| After 16 th year | 200 |
| After 20 th year | 224 |

COMPENSATORY TIME

The City allows Compensatory time to be earned at a (1 ½) rate. Officers may accumulate up to 80 hours of compensatory time during a calendar year. Each fiscal year an employee may pay out of up to forty (40) hours of his or her accrued compensatory time.

HOLIDAYS

| | |
|------------------|------------------------|
| New Year's Day | Veteran's Day |
| President's Day | Thanksgiving Day |
| Memorial Day | Day after Thanksgiving |
| Independence Day | Christmas Eve |
| Labor Day | Christmas Day |

SICK LEAVE

Sick leave accumulates at a rate of 8 hours per month to a maximum of 1,920 hours. Police Officers will be granted a sick leave accrual bank with 7 sick days (56 hours) on day one of employment.

DEFERRED COMPENSATION

Section 457 plans are available with MissionSquare (previously ICMA-RC) and VALIC. This is an IRS approved method of deferring federal and state income taxes until retirement. Taxes are paid at retirement or termination of employment when money is withdrawn. Participation is optional for the employee; the City does not match contributions.

SECTION 125 PRE-TAX FLEXIBLE COMPENSATION PLAN

Employee's medical and dental premium expenses are deducted from their paychecks on a pre-tax basis. This plan also allows for employees to set aside pre-tax dollars in health care and dependent care reimbursement accounts. This year's medical spending account maximum is \$2,550. The Dependent Care FSA reimburses you for qualified dependent care expenses, such as day care, up to \$5,000 annually (or \$2,500 if married and filing separately.)

LIFE INSURANCE – Provided by the City of Crystal Lake

| | |
|----------------------------------|--|
| Group Term Life Insurance | 1x annual base salary, rounded up to the nearest \$1,000 |
| Accidental Death & Dismemberment | 1x annual base salary, rounded up to the nearest \$1,000 |

HEALTH INSURANCE – Effective on the first day of employment

The City currently offers two PPO plans and one HMO plan, all with BlueCross BlueShield.

Bi-Weekly Rates (24 pay periods) effective July 1, 2021 – June 30, 2022

| Plan | Single | Single + 1 | Family |
|-------------------|---------|------------|----------|
| PPO Standard Plan | \$9.61 | \$36.99 | \$76.86 |
| PPO High Plan | \$28.77 | \$79.30 | \$140.26 |
| HMO Plan | \$22.38 | \$61.69 | \$109.11 |

HEALTH INSURANCE – Effective on the first day of employment

| BENEFIT | PPO HIGH PLAN | PPO STANDARD PLAN | Blue Advantage HMO Illinois |
|--|--|--|--|
| Coinsurance | | | |
| Network | 90% | 80% | 100% |
| Non-Network | 70% | 60% | N/A |
| Deductible | | | |
| Network | \$600 Single/\$900 Single+1/\$1,200 Family | \$1,200 Single/\$1,800 Single+1/\$2,400 Family | N/A |
| Non-Network | \$1,400 Single/\$2,800 Single + 1/\$4,200 Family | \$2,800 Single/\$5,600 Single + 1/\$8,400 Family | N/A |
| Out of Pocket (Includes Deductible) | | | |
| Network | \$1,850 Single/\$2,775 Single+1/\$3,700 Family | \$4,800 Single/\$7,200 Single+1/\$9,600 Family | \$1,500 individual / \$3,000 family |
| Non-Network | \$3,500 Single/\$7,000 Single+1/\$10,500 Family | \$9,600 Single/\$14,400 Single+1/\$19,200 Family | N/A |
| Office Visit Copay | N/A | N/A | \$20 |
| Prescription Drug | | | |
| Retail (34-day supply) | \$15 generic /\$30 brand name formulary / \$75 non-formulary / \$150 specialty | \$15 generic /\$30 brand name formulary / \$75 non-formulary / \$150 specialty | \$15 generic /\$30 brand name formulary / \$75 non-formulary / \$150 specialty |
| Mail Order (90-day supply) | \$30 generic / \$60 brand name formulary / \$150 non-formulary / \$300 specialty | \$30 generic / \$60 brand name formulary / \$150 non-formulary / \$300 specialty | \$30 generic / \$60 brand name formulary / \$150 non-formulary / \$300 specialty |

DENTAL INSURANCE – Effective on the first day of employment

Bi-Weekly Rates (24 pay periods) effective July 1, 2021 – June 30, 2022

| | Single | Single + 1 | Family |
|---------------------|--------|------------|--------|
| Delta Dental | \$1.66 | \$4.57 | \$8.09 |

| Benefits | In-Network | Out of Network |
|---|---------------------------------------|--|
| Deductible | | |
| Individual | \$50 | \$50 |
| Family | \$150 | \$150 |
| Waived for Type A | Yes | Yes |
| Annual Maximum | \$1,500 | \$1,500 |
| Type A | | |
| Preventive Services | Deductible waived, reimbursed at 100% | Deductible waived, reimbursed at 100% of usual and customary |
| Cleanings, fluoride treatment, exams, x-rays, sealants | | |
| Type B* | | |
| Diagnostic/Basic Services | Deductible applies, reimbursed at 80% | Deductible applies, reimbursed at 80% of usual and customary charges |
| Amalgam fillings, oral surgery, periodontics, endodontics | | |
| Type C* | | |
| Major Services | Deductible applies, reimbursed at 50% | Deductible applies, reimbursed at 50% of usual and customary charges |
| Cast restorations (inlays, inlays, crowns), partial/full dentures | | |
| repair of fixed partial dentures, bridgework, stainless steel crown | | |
| denture reline/repair, recementation of crowns, inlays, onlays, bridges | | |
| <i>*Ineligible for these services for the first 12 months of coverage</i> | | |