

WINNEBAGO COUNTY

## 2025 WINNEBAGO COUNTY BENEFITS Full Time Employees Only

	Creative Arrest	After elements the
VACATION ACCRUALS	6 months 1 week	After six months
	1 yr – 7 yrs 2 weeks	
	7 yrs – 15 yrs 3 weeks	
	15 yrs – 25 yrs 4 weeks	
	25 yrs and over 5 weeks	
SICK ACCRUALS	Earn one day per month for employees personal	After 90 Days
	illness . Upon retirement, may be converted to	
	pension credit.	
PERSONAL DAYS	January 1, One personal day granted if employed	After six months
I EROONAE DATO	full-time more than six months	
	Anniversary date, one day granted if accumulated	
	sick balance is 96 hours. Two days granted if	
	accumulated sick balance is 192 hours.	
	(Refer to your contract for information on conversion)	
	(Must be used within one year of accrual)	
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HOLIDAYS	New Year's Day	Immediate
	Martin Luther King's Birthday	
	President's Day	
	Memorial Day	
	Juneteenth Day	
	Independence Day	
	Labor Day	
	Columbus Day/Indegenous Peoples Day	
	Veteran's Day	
	Thanksgiving Day and the day after	
	Christmas Eve and Christmas Day	
	Chinstinas Eve and Chinstinas Day	
TUITION	\$350 per fiscal year	
REIMBURSEMENT	\$550 – Merited Deputies	After 90 Days
PARKING PASS	Courthouse, Adult/Juvenile Probation	Immediate
OR	and Administration Building	
PARKING REIMBURSEMENT		
IMRF – BENEFITS		1-800-ASK-IMRF
(Illinois Municipal Retirement Fund)		
PENSION	Mandatory Immediate Participation	
	4.5% pre-tax deduction from gross wages	
	Sheriff's Deputies - 7.5%	Immediate
	1-800-ASK-IMRF / 1-800-275-4673 www.imrf.org	
	1-000-A3K-IWKF / 1-000-275-4075 www.imin.org	
DISABILITY	After one year, 50% pay after 30 days disability	After one year
	After one year of service & prior to vesting, one year's	
	annual salary. After vesting, beneficiary may choose;	
DEATH BENEFIT	(1) death benefit and account refund or (2) a survivor's	After one year
	pension. IMRF will review options with the beneficiary.	
OPTIONAL LIFE INSURANCE	\$16.00 per month covers member, spouse and	May enroll immediately
	eligible dependents	up to 90 days, or
		at open enrollment

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GROUP HEALTH INSURANCE	Premiu		
(includes dental coverage)			
REGULAR PLAN:	Employee Only	\$70.11	
CO-PAY/POS	Employee + 1	\$142.49	
CO-PAY/POS	Family	\$176.74	1st of the month
	T cininy	ф110.14	following 30 days
BASIC PLAN:	Employee Only	\$32.80	tonowing be days
High Deductible PPO	Employee + 1	\$66.67	
High Deductible PPO	Family	\$96.46	
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REGULAR PLAN WITH DISCOUNT:	Employee Only	\$60.49	
CO-PAY/POS	Employee + 1	\$119.41	
CO-PAY/POS	Family	\$153.66	
FLEXIBLE SPENDING		pay for qualified medical	
	expenses and/or dependent care expenses. \$3,300 Healthcare Flex Account \$5,000 Dependent/Daycare Flex Account		
			1st of the month
			following 30 days
LIFE INSURANCE	\$20,000	1st of the month	
AD & D	(No Cost to Employee	following 30 days	
EMPLOYEE	Free and confidential		
ASSISTANCE	all employees and family members		
PROGRAM (EAP)	(Financial, family, lega		
	issues)		
VOLUNTARY LIFE INSURANCE	Option to purchase life insurance for employee,		1st of the month
	spouse and dependent children.		following 30 days
VOLUNTARY VISION	Single	\$4.36	1st of the month
	Family	\$12.03	following 30 days
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IDENTITY GUARD	Single	\$5.38	1st of the month
PROTECTION	Family	\$9.93	following 30 days
	Optional - Ability to defer wages on a pre-tax basis		1st of the month
DEFERRED COMP (457)	retirement savings		following 30 days
	3-		
	Supplemental insuran		
AFLAC		·	Immediate