SASED
TEACHING • LEADING • BELIEVING

SCHOOL ASSOCIATION FOR SPECIAL EDUCATION IN DUPAGE

Board of Directors Meeting
September 16, 2026
SASED Administrative Center
2900 Ogden
Lisle, IL 60532
2:00 PM
AGENDA

1. **Call to Order and Roll Call**
2. **Pledge of Allegiance**
3. **Public Comment**
4. **Consent Agenda**
   a. Approval of Open Session Minutes from the August 5, 2026 Board of Directors Meeting
   b. Personnel Recommendations
      1) Approve the Pay Rate for a Substitute Interpreter Position
      2) Approve the Job Description and Pay Rate for a Speech and Language Assistant
      3) Accept/Approve the Resignations, Retirements, Employment, and Change of Employment Status of Educational Support Staff, Licensed Staff, and Registered Staff as presented.
   c. Financials
      1) Financial Reports
      2) Payroll Reports for July and August 2026
      3) Bill List for September 2026
      4) Interim Checks and Voids for August 2026
   d. Governance
      1) First Reading of the Updated Policies Released with IASB PRESS Issue 122
5. **Discussion/Information**
   a. FOIA Requests
      1) FOIA Request and Response from AxleIQ on August 30, 2026
      2) FOIA Request and Response from Smartprocure on September 3, 2026
   b. Staffing Report
   c. Enrollment Report
   d. Committee Reports
   e. Executive Director Report
6. **Enter into Closed Session**
   To enter into closed session to discuss:
   Collective negotiating matters between the public body and its employees or their representatives, or deliberations concerning salary schedules for one or more classes of employees. 5 ILCS 120/2(c)(2)
7. **Reconvene into Open Session**
8. **Adjournment**

School Association for Special Education in DuPage
Teaching ♦ Leading ♦ Believing

Dr. Kim Dryier
Executive Director

ACTION ITEM

To: SASED Board of Directors
From: Kim Dryier, Executive Director
Date: September 16, 2026
Re: Approval of Board of Directors Open Session Meeting Minutes

---

Summary: Open Session meeting minutes from the August 5, 2026 Board of Directors Meeting.

Recommended Action: SASED Administration requests that the Board of Directors approve the open session meeting minutes from the August 5, 2026 Meeting.

SASED Board of Directors Meeting
August 5, 2026 - 2:00 PM
SASED Administrative Center
2900 Ogden Avenue, Lisle, IL 60532

OPEN SESSION MINUTES

Dr. Jean Barbanente, Chairperson, called the SASED Board of Directors meeting to order at 2:01 pm and welcomed those in attendance.

1. Roll call was taken with the following responding:

	District	Representative
Present:	Keeneyville School District 20	Dr. Omar Castillo
	Benjamin School District 25	Dr. Patrick McGill
	West Chicago Elementary School District 33	Dr. Kristina Davis
	Winfield School District 34	Dr. Matt Rich
	DuPage County School District 45	Dr. Brian Graber
	Salt Creek School District 48	Dr. Amy Zaher
	Downers Grove School District 58	Dr. Kevin Russell
	Woodridge School District 68	Dr. Patrick Broncato
	DuPage High School District 88	Dr. Jean Barbanente
	Community High School District 94	Dr. Kurt Johansen
	Community High School District 99	Dr. Hank Thiele
	Lisle Community Unit School District 202	Dr. Keith Filipiak
Absent:	Maercker School District 60	
	Cass School District 63	
	Center Cass School District 66	
	Community Consolidated School District 180	
	Westmont Community Unit School District 201	
	Elmhurst Community Unit School District 205	

Present: 12 Districts **Absent:** 6 Districts

Also in attendance:
Dr. Kim Dryier, Executive Director, SASED
Dr. Elizabeth Vander Woude, Asst Dir of Programs and Services, SASED
Dr. Jon Bartelt, Co-Interim Asst Dir of Business Services, SASED
Mr. John Langton, Co-Interim Asst Dir of Business Services, SASED
Mr. Matt Flynn, Asst Dir of Human Resources, SASED
Mr. Dan Lawler, Asst Dir of Operations, SASED
Ms. Senga Lowe, Board Recording Secretary, SASED

2. Pledge of Allegiance

3. Public Comment - None

4. Consent Agenda

Dr. Dryier provided a brief summary of the items on the consent agenda, highlighting the number of new direct hires, and the donations received from Delta Gamma and FHSR

a. Approved the Open and Closed Session Minutes from June 10, 2026 Board of Directors Meeting
b. Personnel Recommendations
    1. Accepted/Approved the Resignations, Retirements, Employment, and Change of Employment Status of Educational Support Staff, Licensed Staff, and Registered Staff as presented.
c. Financials
    1. Payroll Reports for June 2026 - Payroll summaries in the amount of $1,960,029.39 and liabilities in the amount of $923,244.85.
    2. Bill List for July and August 2026 in the amount of $2,667,295.68.
    3. Interim Checks for June and July 2026 in the amount of $131,844.01 and no voids.
d. Governance
    1. Accepted the Donation from Delta Gamma Foundation in the amount of $1,500 for the Vision Program.
    2. Accepted the Donation of equipment, valued at $7,200, from the Foundation for Hearing and Speech Resources.
    3. Accepted the Donation of Music Therapy Classes, valued at $42,463, from the Foundation for Hearing and Speech Resources.

A motion was made to approve the consent agenda items, as presented. This motion was made by Member Zaher and seconded by Member Johansen.
Upon Roll Call Vote:
Ayes: Castillo SD20, McGill SD25, Davis SD33, Rich SD34, Graber SD45, Zaher SD48, Russell SD58, Broncato SD68, Barbanente SD88, Johansen SD94, Thiele SD99, and Filipiak SD202.
Nays: None
Ayes: 12 Districts **Nays:** None **Absent:** 6 Districts
Upon roll call vote, motion passed.

5. Action Items

a. Approved Stifel as the Underwriter for SASED's Debt Certificates

A motion was made to approve Stifel as the underwriter for SASED's debt certificates, as presented. This motion was made by Member Rich and seconded by Member Davis.
Upon Roll Call Vote:
Ayes: Castillo SD20, McGill SD25, Davis SD33, Rich SD34, Graber SD45, Zaher SD48, Russell SD58, Broncato SD68, Barbanente SD88, Johansen SD94, Thiele SD99, and Filipiak SD202.
Nays: None
Ayes: 12 Districts **Nays:** None **Absent:** 6 Districts
Upon roll call vote, motion passed.

b. Approved the Non-Precedent Agreement between SASED and the SASED Education Association, IEA-NEA, and three identified staff members, as presented.

A motion was made to approve the non-precedent agreements between SASED, the SEA, and Shannon Bohnert, Jennifer Duncan, and Laura Zacharski, as presented.
This motion was made by Member Graber and seconded by Member Castillo.
Upon Roll Call Vote:
Ayes: Castillo SD20, McGill SD25, Davis SD33, Graber SD45, Zaher SD48, Russell SD58, Broncato SD68, Barbanente SD88, Johansen SD94, Thiele SD99, and Filipiak SD202.

Nays: Rich SD34
Ayes: 11 Districts **Nays:** 1 District **Absent:** 6 Districts
Upon roll call vote, motion passed.

c. Adopted the Resolution Appointing the Revision of the SY26-27 School Treasurer and Approved the Revised Surety Bond of Treasurer for SY26-27.

A motion was made to adopt the resolution appointing the revision of the SY26-27 School Treasurer and approved the revised Surety Bond of Treasurer for SY26-27.
This motion was made by Member Broncato and seconded by Member Thiele.
Upon Roll Call Vote:
Ayes: Castillo SD20, McGill SD25, Davis SD33, Rich SD34, Graber SD45, Zaher SD48, Russell SD58, Broncato SD68, Barbanente SD88, Johansen SD94, Thiele SD99, and Filipiak SD202.
Nays: None
Ayes: 12 Districts **Nays:** None **Absent:** 6 Districts
Upon roll call vote, motion passed.

6. Discussion/Information

a. ESY Update - Dr. VanderWoude provided an update and presentation to the Board of ESY 2026. The theme was "Out of This World" and the students, and staff alike, enjoyed the activities and theme this year. The days seemed to run smoothly and staff liked the full days for a 2 week period versus half days for a four week period. Student and staff attendance was higher than normal, with student enrollment at 192 students. Related services staff were able to dig in deeper with our students due to the longer days. Consolidation of sites really helped with administrative oversight and the overall program success. Staff had more time to help the students become more engaged in the lessons. ESY 2026 was only open to SASED students. We may be able to open up 2027 ESY to some of our member districts, depending on available ESY classroom spaces. SASED would recommend longer days for a shorter amount of time for ESY moving forward.

b. Executive Director Report -
Strategic Plan - looking to expand the strategic plan for 27-30. Dr. Dryier would like to work on improving some of the goals to be more in alignment with where SASED is heading. She would like to flush it out with the steering committee, staff, and potentially some parents, and bring a draft to the Board in October.
Facility Update - Our new facility cost came in at $39.44/per square foot, totaling just under $6M. Dr. Dryier and Mr. Langton have been working diligently to try and get a meeting with the Mayor of Oakbrook. This meeting is necessary to get approval for the rezoning of the building.
Opening Day 2026-27- Everyone is looking forward to this day and the theme is One Journey… Endless Possibilities. Dr. Dryier shared the new organization chart with the Board as well. Staffing is in good shape. We are still unable to hire directly for a lot of our teacher assistants due to the fact that our Support Staff Association contract is still not settled. We have been interviewing a lot of candidates and will continue to do so. Mr. Matt Flynn will provide an updated FTE staffing report at the September meeting. Our year end staffing report concluded at 385.5 staff. We are continuing to get a fluctuation of student enrollment as well and Dr. VanderWoude will provide a more accurate enrollment report to the Board in September.

c. Southeast School Appraisal - The appraisal came in at $2.5M. We are continuing to explore options for leasing out the building to an entity. Timing needs to be taken into consideration as far as leasing options. Will be discussed more with the Facilities and Finance Committees in the next few months.

7. Adjournment
A motion was made to adjourn at 2:19 pm. This motion was made by Member Rich and seconded by Member Thiele. Upon voice vote of all ayes from 12 districts present, motion passed.

Minutes Approved by:

_____ _____
Chairperson Date Secretary Date

School Association for Special Education in DuPage
Teaching ♦ Leading ♦ Believing

Dr. Kim Dryier
Executive Director

CONSENT AGENDA ITEM

To: SASED Board of Directors
Via: Dr. Kim Dryier
From: Matthew Flynn, Assistant Director of Human Resources
Date: September 16, 2026
Re: Approval for Sign Language Interpreter Substitute Rate

Action Item:
Approval of a $43.00/hour ($301.00/day) substitute rate for Sign Language Interpreters.

Rationale:
Approval of this rate allows SASED to secure highly qualified, direct sign language interpreter coverage while significantly decreasing reliance on external contracted agency services. Hiring experienced and retired interpreters as substitutes directly provides language and access to education at a reduction when compared to third-party agency costs.

Anticipated Impact on Student Learning and Growth:
Approval ensures continuous, uninterrupted access to language and specialized instruction and services, upholding IEP accommodations, and allowing access to general education programming.

Strategic Plan Alignment:
High Quality Staffing, Exemplary Programs, and Operations.

Financial Impact:
At $43.00 per hour ($301.00 per day), this rate provides substantial savings compared to current SLII agency rates of $81.00 per hour ($567.00 per day with a 2-hour minimum). Utilizing an internal substitute yields a net savings of $266.00 per full day, representing a 47% reduction in daily costs. Even on short-duration assignments, a 2-hour agency coverage costs $162.00 compared to $86.00 for a SASED substitute, guaranteeing a minimum savings of $76.00 per occurrence.

Recommended Action: SASED Administration requests that the Board of Directors approve the Sign Language Interpreter Substitute Rate of $43.00/hour.

School Association for Special Education in DuPage
Teaching ♦ Leading ♦ Believing

Dr. Kim Dryier
Executive Director

CONSENT AGENDA ITEM

To: SASED Board of Directors
Via: Dr. Kim Dryier
From: Matthew Flynn, Assistant Director of Human Resources
Date: September 16, 2026
Re: Approval for Speech Language Pathology Assistant Job Description and Position

---

Action Item:
Approval of Speech Language Pathology Assistant (SLP-A) Job Description and Position with a Salary Range of $45,000 - $50,000.

Rationale:
SASED historically experiences ongoing challenges in filling all Speech-Language Pathologist (SLP) vacancies due to widespread regional market shortages in related services. Approving an SLP-A position allows SASED to ensure students continue receiving IEP-related speech and language services without interruption. While an SLP-A must work under the supervision of a licensed Speech-Language Pathologist and cannot independently conduct initial evaluations or triennial re-evaluations, utilizing this role allows SASED to maximize coverage, support supervising SLPs, and remain fiscally responsible.
See attached for Job Description.

Anticipated Impact on Student Learning and Growth:
Approval ensures continuous, uninterrupted access to speech and language services, upholding IEP accommodations, and supporting student communication goals across special and general education settings.

Strategic Plan Alignment:
High Quality Staffing, Exemplary Programs, and Operations

Financial Impact:
At a salary range of $45,000 to $50,000, hiring an SLP-A yields a minimum cost savings of 20% to 28% compared to direct-hire Speech Language Pathologists (who enter on Step 1 of the Master's Lane at $62,614 in FY27). Operating as a non-bargaining unit position, an SLP-A allows SASED to fulfill required 1.0 FTE therapy capacity and support supervising SLPs while significantly reducing direct personnel costs.

Recommended Action: SASED Administration requests that the Board of Directors approve the Job Description and position of Speech Language Pathology Assistant with a salary range of $45,000 to $50,000.

JOB DESCRIPTION

Title: Speech Language Pathology Assistant

Reports To: Program Administrator

Job Goal: The Speech Language Pathology Assistant will provide Speech/Language services to students in a variety of programs at SASED with developmental and/or physical disabilities in classroom settings. The SLPA, as part of the educational team will help design communication systems for all students so they are able to communicate the needs, desires and thoughts to others, in the real world. The SLPA will work collaboratively with the classroom team to support the educational needs (IEP goals) of the student across the curriculum.

Qualifications:

- Associates Degree Pathway OR Bachelor's Degree Pathway through a Speech-Language Pathology/Communication Sciences and Disorders (or equivalent)
- License issued by IDFPR, or an equivalent certification for Speech Language Pathology Assistant Certification
- Completed 1,000 hours of clinical experience of supervised fieldwork
- A valid Illinois driver's license and access to a reliable, insured vehicle in order to drive between service provision locations
- Excellent interpersonal and communication skills
- A valid Illinois driver's license and access to a reliable, insured vehicle in order to drive between service provision locations
- Excellent interpersonal and communication skills

Exempt/Non-Union:

- Non-bargaining unit employee as Speech Language Pathology Assistants are not a recognized position in either of SASED's Collective Bargaining Agreements

Duties and Responsibilities: *Nothing in this job description restricts management's right to assign or reassign duties and responsibilities to this job at any time.

A. Planning and Preparation

1. Organizes a program that addresses local school speech-language goals.
2. Works cooperatively with school personnel to establish and accomplish the goals and objectives of the local education agency.
3. Coordinates speech-language services with student services provided by other school personnel.
4. Maintains records of the speech-language program and prepares periodic reports as required.
5. Maintains current files and data for program planning and decision making for students.
6. Completes procedural documentation appropriately.
7. Develops appropriate IEPs based on students' strengths and needs.
8. Selects and implements evidence-based practices which support the goals and objectives of the speech and language program.

B. Classroom Environment

1. Establishes and maintains orderly classroom behavior on an individual or group basis.
2. Arranges therapy environment to create optimum learning conditions.
3. Manages the facilities, materials and equipment, including assistive technology, necessary to the delivery of services.
4. Takes all necessary and reasonable precautions to protect students, equipment, materials, and facilities.

C. Instruction

1. Assesses students' communication skills for the purpose of identifying communication disorders, determining program eligibility, and developing recommendations for treatment.
2. Provides speech and language therapy to students for the purpose of minimizing adverse effects of speech and language disorders on student success.
3. Provides research based interventions as appropriate as a component of the MTSS process.
4. Implements the service delivery model most appropriate to the students' degree of severity.
5. Provides activities commensurate with students' interests and aptitudes.
6. Modifies therapeutic instructional approaches and other functions from data gathered during therapy.

D. Professional Responsibilities

1. Provides consultation to parents, teachers and other appropriate school personnel.
2. Seeks the assistance of teachers, parents and others to meet the communication needs of students.
3. Consults/communicates with non-school agencies to enhance services.
4. Manages time efficiently.
5. Meets accepted standards of professional behavior.
6. Engages in continuing education and professional growth activities related to speech-language-hearing and education (i.e. participates in professional meetings/conferences, reviews current speech, language, and hearing literature, and applies knowledge gained from continuing education, etc.)
7. The therapist exhibits professionalism and commitment through punctuality and attendance.
8. Performs other duties as assigned by the administration.
9. Demonstrate the ability to perform physical tasks associated with the job.

10. Demonstrate the ability to perform activities that utilize the necessary technology tools available including web-based data system

Terms of Employment: 184-day work year at compensation set by the SASED Board of Directors.

Physical Requirements:

The role requires the ability to:

- Move between classrooms, offices, and other school facilities to meet with students, staff, and families.
- Sit for extended periods during counseling sessions, meetings, and documentation tasks.
- Lift and carry up to 20 pounds, such as files, resources, or materials for programs and activities.
- Use fine motor skills for writing, typing, and managing office equipment.
- Have clear vision and hearing to assess student behavior, review documentation, and communicate effectively.
- Respond quickly to crises or emergencies, which may require physical presence and mobility.
- Adapt to a variety of environments, including classrooms, offices, homes, and community settings.

Reasonable accommodations may be provided to enable individuals with disabilities to perform essential functions.

Updated August 2026

School Association for Special Education in DuPage
Teaching ♦ Leading ♦ Believing

Dr. Kim Dryier
Executive Director

BOARD ACTION ITEM

To: SASED Board of Directors
Via: Dr. Kim Dryier
From: Matthew Flynn, Assistant Director of Human Resources
Date: September 16, 2026
Re: Personnel Recommendation

Action Item: (What)

This month's report outlines staffing changes including new hires, departures, and leaves for the board's review and approval. Please see the attached Personnel Report.

Rationale: (Why)

Maintaining full and qualified staffing across SASED is essential to SASED fulfilling it's functioning. To maintain required service and delivery of instruction to students while maintaining operations it is crucial to staff.

Anticipated Impact on Student Learning and Growth:

Promptly filling vacant positions minimizes instructional disruption and maintains consistent support services across all settings. Maintaining appropriate staffing ratios directly supports student achievement and aligns with SASED's commitment to "Maximize Student Outcomes" across both satellite programming and member school districts.

Strategic Plan Alignment:

High Quality Staffing, Operations, and Exemplary Programs

Financial Impact:

Personnel Recommendations have been accounted for in the FY27 Budget, approved by the Governing Board on August 26, 2026.

Recommended Action: SASED Administration requests that the Board of Directors approve the Personnel Recommendation for September 2026 as presented.

School Association for Special Education in DuPage

Teaching ◆ Leading ◆ Believing

PROPOSED PERSONNEL ACTION

1. Resignations/Retirements/Terminations – Educational Support Staff

Bouomri, Achraf	Teacher Assistant	Tuition	5/12/2025	5/22/2026	Personal reasons
Burke, Emily	Teacher Assistant	Tuition	11/20/2024	8/08/2026	Personal reasons
Ensign, Bridget	Teacher Assistant	Tuition	8/19/2008	5/28/2026	Personal reasons
Helf, Laura	Teacher Assistant	Tuition	9/09/2010	5/22/2026	Personal reasons
Ilyavi, Catherine	Teacher Assistant	Tuition	9/16/2014	5/28/2026	Personal reasons
Walther, Mya	Teacher Assistant	Tuition	10/07/2024	5/22/2026	Personal reasons

2. Appointments – Licensed Staff

Name	Position	Funding Source	Initial Employment Date	Hourly Rate	Salary
Smith, Jackie	Speech Language Pathologist Assistant	Tuition	9/04/2026		$47,000**

3. Appointments – Registered Staff

Nickels, Julie	Occupational Therapist	User Fee Member Dist	9/16/2026		$72,303**

4. Appointments – Educational Support Staff

Huston, Justin	Teacher Assistant	Tuition	8/12/2026	$19.45**	
Johnson, Pamela	Administrative Assistant to Business Services & HR	Local Funds	9/09/2026	$21.00**	
Rainville, Amy	Substitute Sign Language Interpreter / SAC	Tuition	9/09/2026	$43.00**	
Samples, Michelle	Teacher Assistant	Tuition	8/12/2026	$19.45**	
Wild, Aurora	Teacher Assistant	Tuition	8/25/2026	$19.45**	
Wolfe, Tina	Teacher Assistant	Tuition	8/25/2026	$17.96**	
Zak, Katherine	Teacher Assistant	Tuition	8/23/2026	$19.45**	

5. Appointments – Change of Position - Licensed Staff

Name	Position	Funding Source	Initial Employment Date	Hourly Rate	Salary
Nigro, Danielle	From: IEP Compliance Manager SASED Programs	Tuition	7/01/2025		$80,000
	To: LBSI Teacher / SLE Leman	Tuition	8/12/2026		$111,426*
Scholle Shearer, Margaret	From: Speech Language Pathologist 0.61 FTE	Tuition	8/20/2025		$60,958.19 Prorated from $99,701.00
	To: Speech Language Pathologist 0.55 FTE	Tuition	8/14/2026		$55,950.95 Prorated from $101,726.24*
Zendol Carr, Jennifer	From: Speech Language Pathologist 0.55 FTE	Tuition	8/10/2022		$53,085.93 Prorated from $96,437.46
	To: Speech Language Pathologist 0.60 FTE	Tuition	8/12/2026		$65,607.93 Prorated from $110,755.12*

6. Appointments – Change of Position - Educational Support Staff

O'Leary Keaton	From: Custodian 1.0 FTE	Local Funds	8/19/2024	$19.00
	To: Courier 0.50 FTE	Local Funds	8/24/2026	$20.60

*Based on the 2026/2027 Teacher and Social Worker Salary Schedule

**Conditional appointment based on background approvals. Start dates are estimated

NOTE: The Administration assures the Board that all of the above salaries are within Board approved ranges and/or schedules.

School Association for Special Education in DuPage

Teaching ◆ Leading ◆ Believing

LEAVE OF ABSENCES

1. Leave of Absence/FMLA Leave – Licensed Staff

Name	Position	Length of Leave
Dopka, Donald	Art Teacher SLE Program	10/26/2026 – 2/8/2027
Milos, Shawn	School Nurse Southeast	8/31/2026 - Intermittent

2. Leave of Absence/FMLA Leave – Registered Staff

Name	Position	Length of Leave
Weber, Anna	Occupational Therapist OT/PT Program	10/28/2026 – 2/9/2027

3. Leave of Absence/FMLA Leave – Educational Support Staff

Name	Position	Length of Leave
Galvan, Migdalia	Teacher Assistant/ Kingsley SLE Program	8/12/2026 – 10/2/2026
Messmer, Perri	Teacher Assistant/ Kingsley SLE Program	8/12/2026 – 11/11/2026

3. Leave of Absence/FMLA Leave – Administrative Support Staff

Name	Position	Length of Leave
Mesko, Andrea	Accounts Payable Specialist SASED Central Office	8/11/2026 – Intermittent

4. Leave of Absence/Unpaid Leave – Educational Support Staff

Name	Position	Length of Leave
Resendiz, Amanda	Teacher Assistant SLE Program	8/12/2026 – 12/31/2026 *Letter to Board included

09/16/2026

SASED
Teaching · Leading · Believing

Victoria Kimbler <vkimbler@sased.org>

Fwd:

MATTHEW FLYNN <mflynn@sased.org> Tue, Aug 11, 2026 at 1:26 PM
To: Human Resources <hr@sased.org>

HR - please process this resignation and put this letter in Docuware.

Matt

---------- Forwarded message ---------
From: **MATTHEW FLYNN** <mflynn@sased.org>
Date: Fri, Aug 7, 2026 at 12:50 PM
Subject: Re:
To: Amy Gebre <agebre@sased.org>
Cc: Achraf Bouomri <abouomri@sased.org>

Good afternoon Ach,

Thank you for letting us know. Please know that we will truly miss you! We are so grateful for your wonderful work and dedication to our vision students during your time with us.

Congratulations on your new position, and we wish you all the very best in this next chapter of your career. Please know that if down the road you ever wish to return to SASED, our doors will always be open.

Thank you again, and keep in touch!

Sincerely,

Matthew Flynn
Assistant Director of Human Resources
SASED
2900 Ogden Ave
Lisle, IL 60532

On Thu, Aug 6, 2026 at 11:30 AM Amy Gebre <agebre@sased.org> wrote:

> Ach, we will truly miss you! Sorry that things did not work out, wish you all the best going forward!
>
> On Thu, Aug 6, 2026 at 11:28 AM Achraf Bouomri <abouomri@sased.org> wrote:
>
> > Hi Amy and Matt
> >
> > I hope you're doing well, I wanted to let you know that I've decided to accept another job opportunity. I really appreciate the advice you gave me about waiting for the union negotiations, and I did reach out as you suggested many times , Unfortunately, I didn't receive any updates and couldn't keep waiting which is made me come to this decision .
> >
> > Thank you for your support and guidance. I truly appreciate it, and I've enjoyed working with you. Wishing you and the team all the best.
> >
> > Best, Ach!
>
> --
>
> Amy Gebre, MSW
> SASED Program Administrator

SASED
Teaching · Leading · Believing

Victoria Kimbler <vkimbler@sased.org>

Letter of Resignation

Emily Burke <eburke@sased.org> Sat, Aug 8, 2026 at 12:35 PM
To: Human Resources <hr@sased.org>

To Whom It May Concern,

Please accept this email as my formal resignation from my position with SASED.

This decision was not made lightly. I had hoped to continue my employment with SASED despite the elimination of my Permanent Substitute Teacher position. In an effort to remain with the organization, I communicated with my administrator throughout the summer regarding my placement for the upcoming school year.

I expressed that the proposed transition to a Teaching Assistant role, combined with the significant reduction in compensation, would make the assigned placement financially unsustainable due to the increased commuting distance and associated transportation costs. I also shared that I did not feel the placement was the right fit and asked whether another building closer to home was available so that I could continue my employment with SASED.

Despite my repeated follow-up and attempts to find a workable solution, no alternative placement or accommodation was provided. Ultimately, the elimination of my previous position, the proposed reduction in pay, the increased commuting requirements, and the lack of a feasible alternative have left me with no financially sustainable option other than to resign.

Thank you for the opportunities and experiences I have had during my time with SASED.

Sincerely,

Emily Burke

Substitute Teacher

SASED
Teaching-Leading-Believing

Victoria Kimbler <vkimbler@sased.org>

2027 school year

1 message

Bridgette Ensign <bensign@sased.org> Thu, Aug 13, 2026 at 2:43 PM
To: "hr@sased.org" <hr@sased.org>

know this is late notice and I'm sorry, I wanted to let you know that I will not be returning to SASED. It took a lot of thoughtful meditation and discussions with my family to land at this decision. Physically and mentally I don't have it in me anymore. I also have the ability for a lot of upward growth at my new job that I think needs my focus at this time.
Bridgette Ensign

Get Outlook for iOS

Dear Kim, Lizzy, Laura, Janette and Matt,

After much prayer and careful consideration, I am writing to formally submit my resignation from SASED, effective immediately.

This is not a decision I ever imagined making, nor is it how I envisioned concluding my years at Southeast School. My heart has always been with the students we serve and with the mission that first called me to this work. It has been one of the greatest privileges of my professional life to walk alongside these young people, helping them discover their strengths, develop confidence, and prepare for meaningful futures.

For that reason, I was deeply saddened when, just three days before the end of the last school year, I was informed that the Vocational Program I established sixteen years ago—and my role as Vocational Coach—were being eliminated. The news was delivered in a brief conversation without explanation. While I understand that organizations must sometimes make difficult decisions, the manner in which this was handled left me feeling that the years I devoted to building this program and serving our students were neither recognized nor valued.

Even with that disappointment, I choose to remember my time at Southeast with gratitude. I have had the privilege of working alongside some of the finest educators and professionals I have ever known. Together, we made a difference in the lives of students who often needed someone to believe in them before they could believe in themselves. They taught me as much as I ever taught them, and I will always carry those relationships with me.

Although this chapter is ending in a way I never expected, my commitment to advocating for students with unique needs remains unchanged. I sincerely hope the vocational opportunities that meant so much to our students will continue to be valued and strengthened for those who follow.

With a heavy heart, I respectfully ask that you accept my resignation. Thank you for the opportunities, the relationships, and the memories that have shaped both my career and my life.

With sincere gratitude,

Laura Helf

HR - please process this resignation and put this letter in Docuware.

Matt

---------- Forwarded message ---------
From: **Elizabeth Vander Woude** <evanderwoude@sased.org>
Date: Tue, Aug 11, 2026 at 8:11 AM
Subject: Re: Resignation
To: Catherine Ilyavi <cilyavi@sased.org>
Cc: MATTHEW FLYNN <mflynn@sased.org>

Hi Kate,

Thank you very much for emailing. You have provided an incredible amount of support, care, and learning to the students at SASED. You will be fondly missed.

While I am sad about your departure, I genuinely wish you well on your next adventure. Should you ever want to return to SASED, our door will always be open to you.

Lizzy

On Mon, Aug 10, 2026 at 5:15 PM Catherine Ilyavi <cilyavi@sased.org> wrote:

> Dear Lizzy,
>
> Please accept this letter as my formal resignation from SASED effective immediately. After 12 years with SASED, this was not an easy decision, as my time here has meant so much to me both personally and professionally.
>
> It has been a true pleasure working for SASED. Over the years, I have been given so many opportunities to learn, grow, and develop as an educator. I am incredibly grateful for the experiences, relationships, and support I have received throughout my time here.
>
> I especially want to thank Laurie Walton, who was my teacher when I began at SASED as a paraprofessional. Laurie taught me so much and was instrumental in helping me grow into the educator I am today. I will always be grateful for her guidance, encouragement, and belief in me.
>
> What I will miss the most are the kiddos. It has been such a privilege to work with them, watch them grow, celebrate their accomplishments, and be a part of their lives.Thanks again!
>
> Sincerely,
>
> Kate Ilyavi

--

Elizabeth Vander Woude, Ed.D.
Assistant Director of Programs and Services
School Association for Special Education (SASED)
Office: 630-955-8102

From: **Tara Corral** <tcorral@sased.org>
Date: Thu, Apr 16, 2026 at 3:14 PM
Subject: Re: Non-returning staff for next year
To: Mya Walther <mwalther@sased.org>

Hi Mya,
That email or form has not come out yet. You can send an email to HR@sased.org at any time though to give your resignation. Thank you!

Tara Corral (she/her)
SASED Program Coordinator
2900 Ogden Ave
Lisle IL 60532
office phone: 630-955-8074
cell phone: 224-580-7250
fax: 331-903-1548

Want to check in? Book a virtual call with Tara here.

To make a hearing or vision service request, click here.
To submit annual audiology minutes, click here.
To submit a sign language interpreter request, click here.

On Thu, Apr 16, 2026 at 2:36 PM Mya Walther <mwalther@sased.org> wrote:

> Good afternoon. I wanted to touch base with you. I had asked a few weeks ago, I think it was the last time we saw you at Kingsley, about what I needed to do since I won't be returning to SASED next year. You said there would be an email coming out about whether staff plan to return or not, but I haven't seen anything so far. Did it already get sent and I just missed it somehow, or has that email not been sent yet? I just want to make sure I do everything needed to inform people that I am not returning since we will be living full time in Springfield.
>
> Thank you for your time,
>
> Mya Walther

School Association for Special Education in DuPage
Teaching ♦ Leading ♦ Believing

Dr. Kim Dryier
Executive Director

BOARD ACTION ITEM

To: SASED Board of Directors

Via: Dr. Kim Dryier
From: Jon Bartelt, Interim Assistant Director of Business Services
John Langton, Interim Assistant Director of Business Services
Date: September 16, 2026
Re: Approval of Financial Reports

Summary: The Budget Progress reports and the Treasurer's reports for the periods ending June 30, 2026, July 31, 2026, and August 31, 2026 are attached for your review.

Financial Impact: In June, SASED received $2,781,949 in revenues from all sources (tuition, state, and medicaid flow thru) amounting to an unaudited year end of 96.9% from the FY26 Budget. Expenses were typical for the month, including ESY costs and totalled $7,933,406; amounting to an unaudited year end of 94.4% from the FY26 Budget.

Combining July and August, revenues have been primarily generated through state and medicaid flow thru monies totalling $533,916 which is 1.3% of anticipated funds against the FY27 Budget. Expenditures reflect the commitment to staff in salaries and benefits with supplies and medicaid flow thru expenses higher for the preparations for the current school year. The total expended is $1,626,714 which reflects 4% of the FY27 budgeted expenses.

The Treasurer's reports in each month show the impact of the lack of incoming revenue against typical expenses, drawing down existing cash balances from $8,267,720 at the start of FY27 to $3,990,709. End of year tuition bills reflected less revenue than in previous years and the pre-tuition bills were released later as a result of changing student database programs and SASED students who had not enrolled yet at their home member districts. In the $3,990,709 balance, $1,365,702 is assigned to the demand deposit account at Fifth Third Bank, with the remaining $2,625,007 held in investments with PTMA and Fifth Third Securities.

The current cash balance of $3,990,709 represents approximately a month of operating reserves or 10% of annual budgeted expenditures which is a low point for SASED in anticipation of the return of pre-tuition billing of member and non-member districts.

Recommended Action: SASED Administration requests that the Board of Directors approve the financial reports as presented.

School Association for Special Education in Dupage County
Budget Report (accrual basis)
For the month Ending August 2026

Revenues	Original Budget	Monthly Activity	FYTD Activity	Encumbered	Unexpended Balance	Percent of Budget	Percent of Budget- Previous Yr.
Tuition and Fees	33,699,712	19,831	24,896	-	33,674,816	0.1%	57.2%
State Revenue	3,028,387	254,510	254,510	-	2,773,877	8.4%	8.40%
Federal Revenue	2,869,477	101,226	489,136	-	2,380,341	17.0%	6.50%
Grant Revenue	121,386	0	0	-	121,386	-	3.30%
Total Revenues	**39,597,576**	**375,567**	**768,541**	**-**	**38,829,035**	**1.9%**	**48.10%**
Expenditures							
Payroll	22,536,436	298,739	556,774	-	21,979,662	2.47%	3.50%
Benefits	5,598,987	79,504	159,381	-	5,439,606	2.85%	2.60%
Purchased Services	7,866,130	314,887	563,186	186,005	7,302,944	7.16%	7.40%
Supplies	739,985	131,695	133,656	25,195	606,329	18.06%	19.50%
Capital Outlay	105,385	-	-	194	105,385	-	2.20%
Medicaid Flow Through	2,176,823	166,306	222,406	449,922	1,954,417	10.22%	-
Equipment	246,700	-	-	144,969	246,700	-	2.40%
Total Expenses	**39,270,446**	**991,131**	**1,635,403**	**806,284**	**37,635,043**	**4.16%**	**5%**

School Association for Special Education in DuPage County
Treasurer's Report
August 31,2026

	A EDUCATION FUND	B SELF FUNDED MEDICAL INSUR	C SELF FUNDED DENTAL INSUR	D FSA	A + B + C + D TOTAL EDUCATION FUND
CASH ACTIVITY REPORT					
Beginning Balance					
Investments	7,755,065.05	(983,940.86)	411,387.37	(15,917.98)	7,166,593.58
July activity					
Interest Earned	6,479.96				6,479.96
Gains/(Losses) on Sales of Securities					-
Record Health Fund Transfers	766,994.25	(726,142.75)	(36,449.85)	(4,401.65)	-
Cash Receipts	817,124.78	2,194.69	784.25	(5,627.23)	814,476.49
Cash Disbursements - General	(3,698,102.15)				(3,698,102.15)
- Payroll	(298,738.51)				(298,738.51)
Subtotal	(2,406,241.67)	(723,948.06)	(35,665.60)	(10,028.88)	(3,175,884.21)
Ending Balance	**5,348,823.38**	**(1,707,888.92)**	**375,721.77**	**(25,946.86)**	**3,990,709.37**
Investment - Demand Deposit - Fifth Third Bank	2,721,167.32	(1,710,083.61)	374,937.52	(20,319.63)	1,365,701.60
IL School District Liquid Asset Fund	24,445.82				24,445.82
Fifth Third Securities	2,600,561.95				2,600,561.95
	5,346,175.09	**(1,710,083.61)**	**374,937.52**	**(20,319.63)**	**3,990,709.37**

Jon Bartelt, Treasurer

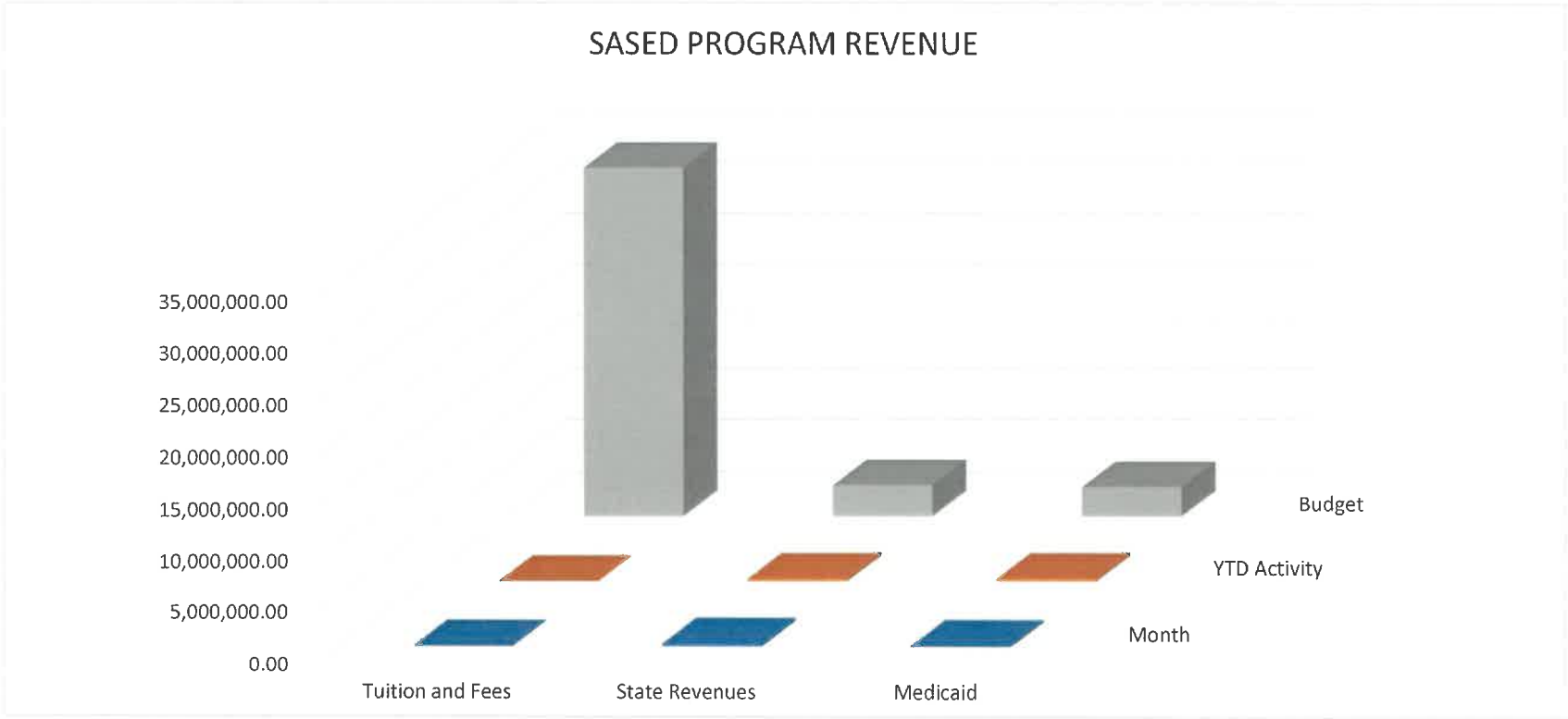
SCHOOL ASSOCIATION FOR SPECIAL EDUCATION IN DUPAGE COUNTY
SCHEDULE OF INVESTMENTS
August 31, 2026

	AMOUNT	INTEREST RATE	TERM	LOCATION	Security/Collateralization
EDUCATION FUND					
PMA IL School District Liquid Asset Fund					
Depository Accounts - Liquid	**24,445.82**	0.482%	Money Market	ISDLAF	Money Market Mutual Fund
Depository Accounts - Liquid - DuPage West Cook		0.482%	Money Market	ISDLAF	Money Market Mutual Fund
	24,445.82				
FIFTH THIRD BANK					
Depository and Demand Deposit Accounts	**2,721,167.32**	0.65%	N/A	Fifth Third Bank	Collateralized Deposit
Demand Deposit - Health Insurance Reserves	**(1,466,484.43)**	0.65%	N/A	Fifth Third Bank	Collateralized Deposit
Demand Deposit - Health Insurance Reserves	**111,018.71**	0.65%	N/A	Fifth Third Bank	Collateralized Deposit
	1,365,701.60				
FIFTH THIRD SECURITIES					
Cash & Cash Equivalents	**1,615,561.95**	Varies	Money Market	Fifth Third Securities, Custodian	Money Market Mutual Fund
Certificates of Deposit - short-term		Varies	Various, < 1 yr	Fifth Third Securities, Custodian	FDIC Insured
Certificates of Deposit - long-term	**735,000.00**	Varies	Various, > 1 yr	Fifth Third Securities, Custodian	FDIC Insured
U S Treasuries - short-term		Varies	Various	Fifth Third Securities, Custodian	US Gov't. Obligation
U S Treasuries - long term		Varies	Various	Fifth Third Securities, Custodian	US Gov't. Obligation
U S Agencies - Short term		Varies	Various	Fifth Third Securities, Custodian	"Full faith and credit of US..."
U S Agencies - long term	**250,000.00**	Varies	Various	Fifth Third Securities, Custodian	"Full faith and credit of US..."
Corporate Bonds	-				
Municipal Bonds	-				
Other assets, including prepaid interest	-				
	2,600,561.95				
	3,990,709.37	**TOTAL**			

SCHOOL ASSOCIATION FOR SPECIAL EDUCATION IN DUPAGE COUNTY
MONTHLY REVENUE REPORTING
31-Aug-26

SASED PROGRAMS

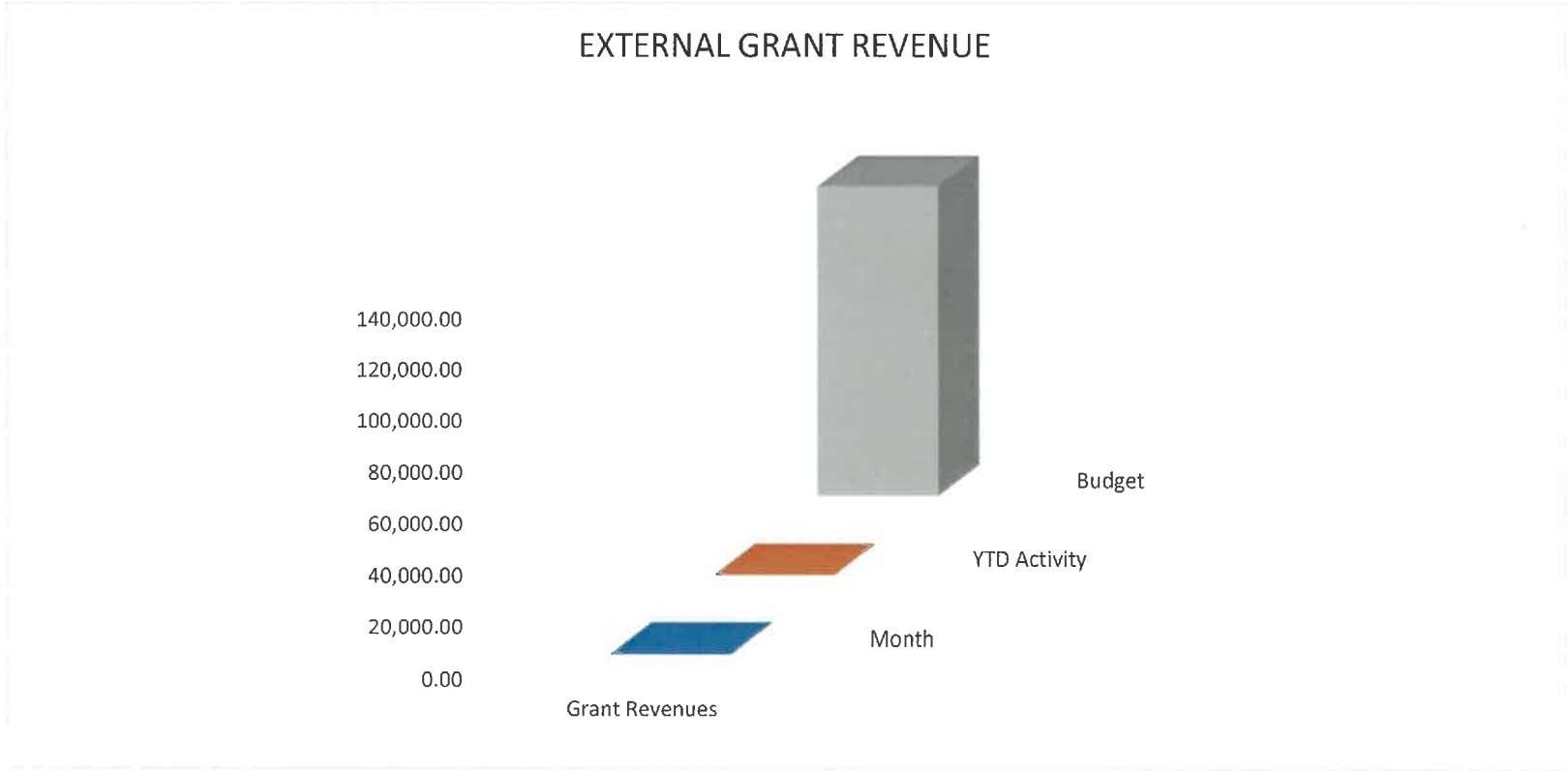
Program	Aug-26 Monthly Activity	2026-27 FYTD Activity	2026-27 Original Budget	% YTD
Tuition and Fees	19,831.13	24,895.56	33,699,711.94	0.1%
State Revenues	254,510.00	254,510.00	3,028,387.00	8.4%
Medicaid	101,226.08	254,510.00	2,869,477.00	8.9%
Total	375,567.21	533,915.56	39,597,575.94	1.3%



SCHOOL ASSOCIATION FOR SPECIAL EDUCATION IN DUPAGE COUNTY
MONTHLY REVENUE REPORTING
31-Aug-26

EXTERNAL GRANT PROGRAMS

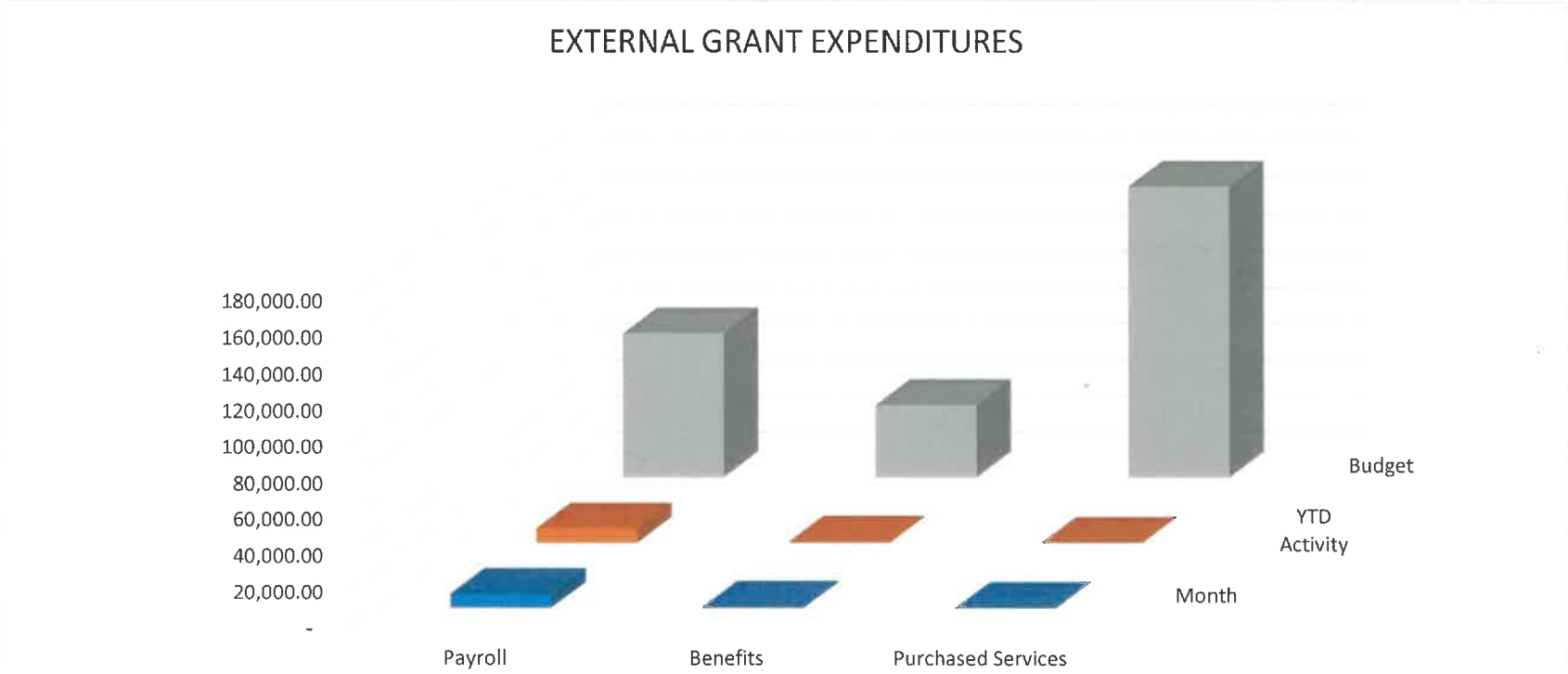
Program	Aug-26 Monthly Activity	2026-27 FYTD Activity	2026-27 Original Budget	% YTD
Grant Revenues	0.00	0.00	121,386.00	0.0%



SCHOOL ASSOCIATION FOR SPECIAL EDUCATION IN DUPAGE COUNTY
MONTHLY EXPENDITURE REPORTING
31-Aug-26

EXTERNAL GRANT PROGRAMS

Program	Aug-26 Monthly Activity	2026-27 FYTD Activity	2026-27 Original Budget	% YTD
Payroll	8,016.86	8,016.86	79,633.60	10.1%
Benefits	672.20	672.20	40,296.62	1.7%
Purchased Services	-	-	160,495.13	0.0%
Total	8,689.06	8,689.06	280,425.35	3.1%



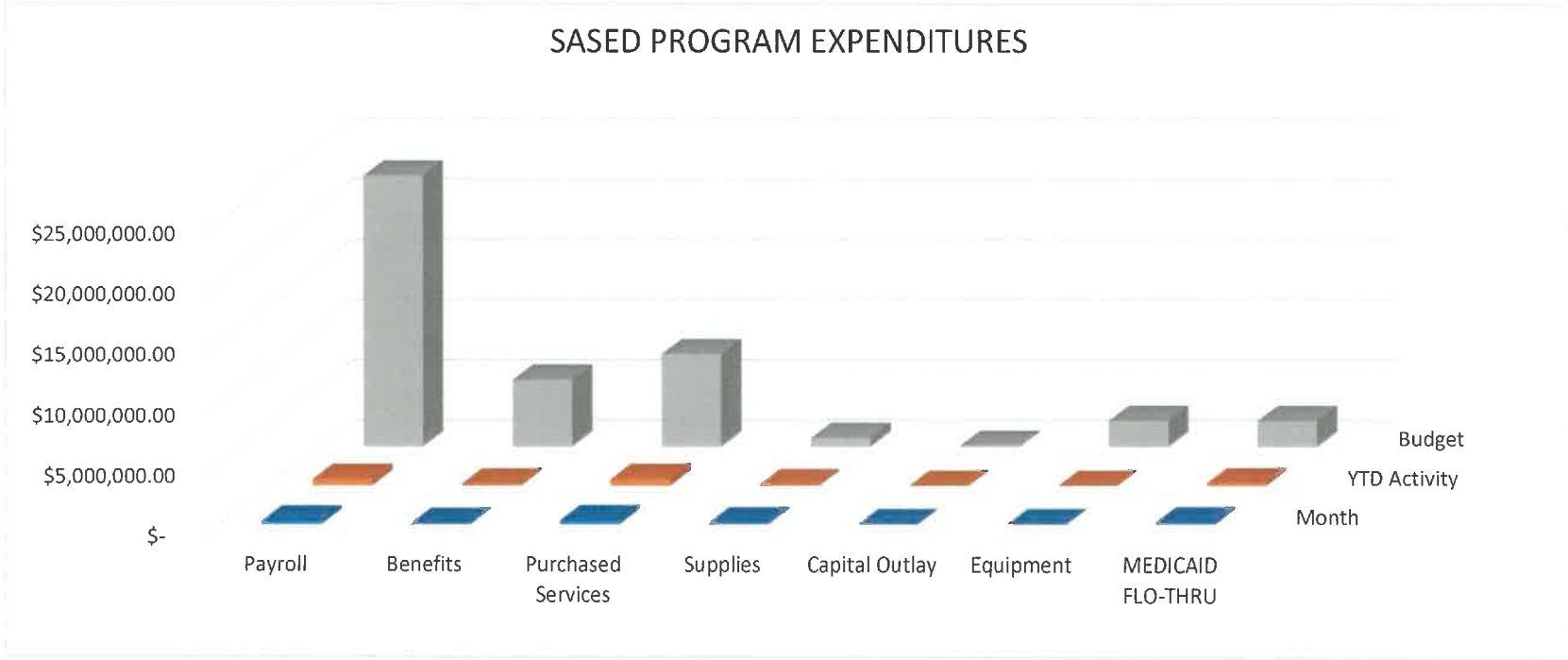
SCHOOL ASSOCIATION FOR SPECIAL EDUCATION IN DUPAGE COUNTY

MONTHLY EXPENDITURE REPORTING

31-Aug-26

SASED PROGRAMS

	Program	Aug-26 Monthly Activity	2026-27 FYTD Activity	2026-27 Original Budget	% YTD
(1)	Payroll	$ 290,721.65	$ 548,757.39	$ 22,456,802.45	2.4%
(2)	Benefits	$ 78,831.55	$ 158,708.35	$ 5,558,690.12	2.9%
(3)	Purchased Services	$ 314,887.40	$ 563,186.08	$ 7,705,635.23	7.3%
(4)	Supplies	$ 131,695.19	$ 133,655.68	$ 739,985.00	18.1%
(5)	Capital Outlay	$ -	$ -	$ 105,385.00	0.0%
(7)	Equipment	$ -	$ -	$ 2,176,823.00	0.0%
(6)	MEDICAID FLO-THRU	$ 166,306.14	$ 222,406.14	$ 2,176,823.00	10.2%
		$ 982,441.93	$ 1,626,713.64	$ 40,920,143.80	4.0%



School Association for Special Education in Dupage County
Budget Report (accrual basis)
For the month Ending July 2026

Revenues	Original Budget	Monthly Activity	FYTD Activity	Encumbered	Unexpended Balance	Percent of Budget	Percent of Budget- Previous Yr.
Tuition and Fees	33,699,712	5,064	5,064		33,694,648	0	0.2%
State Revenue	3,028,387	0	0		3,028,387	-	-
Federal Revenue	2,869,477	387,910	387,910		2,481,567	0	5.4%
Grant Revenue	121,386	0	0		-	-	
Total Revenues	**39,597,576**	**392,974**	**392,974**	**-**	**39,204,602**	**1.0%**	0.3%
Expenditures							
Payroll	22,536,436	258,036	258,036	-	22,278,400	1.1%	1.60%
Benefits	5,598,987	79,877	79,877	-	5,519,110	1.4%	1.20%
Purchased Services	7,866,130	248,299	248,299	191,646	7,617,832	3.2%	4.20%
Supplies	739,985	1,960	1,960	32,547	738,025	0.3%	11.20%
Capital Outlay	105,385	-	-	160	105,385	-	2.20%
Medicaid Flow Throug	2,176,823	56,100	56,100	449,922	2,120,723	2.6%	-
Equipment	246,700	-	-	144,969	101,731	-	2.40%
Total Expenses	**39,270,446**	**644,272**	**644,272**	**819,244**	**38,481,206**	**1.6%**	**2%**

School Association for Special Education in DuPage County
Treasurer's Report
July 31,2026

CASH ACTIVITY REPORT	A EDUCATION FUND	B SELF FUNDED MEDICAL INSUR	C SELF FUNDED DENTAL INSUR	D FSA	A + B + C + D TOTAL EDUCATION FUND
Beginning Balance					
Investments	8,903,190.09	(1,035,580.59)	407,778.17	(7,667.23)	8,267,720.44
July activity					
Interest Earned	7,459.22				7,459.22
Gains/(Losses) on Sales of Securities					-
Record Health Fund Transfers	(46,998.18)	51,639.73	3,609.20	(8,250.75)	-
Cash Receipts	388,077.30	912.85	728.89	(9,394.28)	380,324.76
Cash Disbursements - General	(1,229,138.34)				(1,229,138.34)
- Payroll	(259,772.50)				(259,772.50)
Subtotal	(1,140,372.50)	52,552.58	4,338.09	(17,645.03)	(1,101,126.86)
Ending Balance	**7,762,817.59**	**(983,028.01)**	**412,116.26**	**(25,312.26)**	**7,166,593.58**
Investment - Demand Deposit - Fifth Third Bank	5,135,023.70	(983,940.86)	411,387.37	(15,917.98)	4,546,552.23
IL School District Liquid Asset Fund	24,371.29				24,371.29
Fifth Third Securities	2,595,670.06				2,595,670.06
	7,755,065.05	**(983,940.86)**	**411,387.37**	**(15,917.98)**	**7,166,593.58**



Jon Bartelt, Treasurer

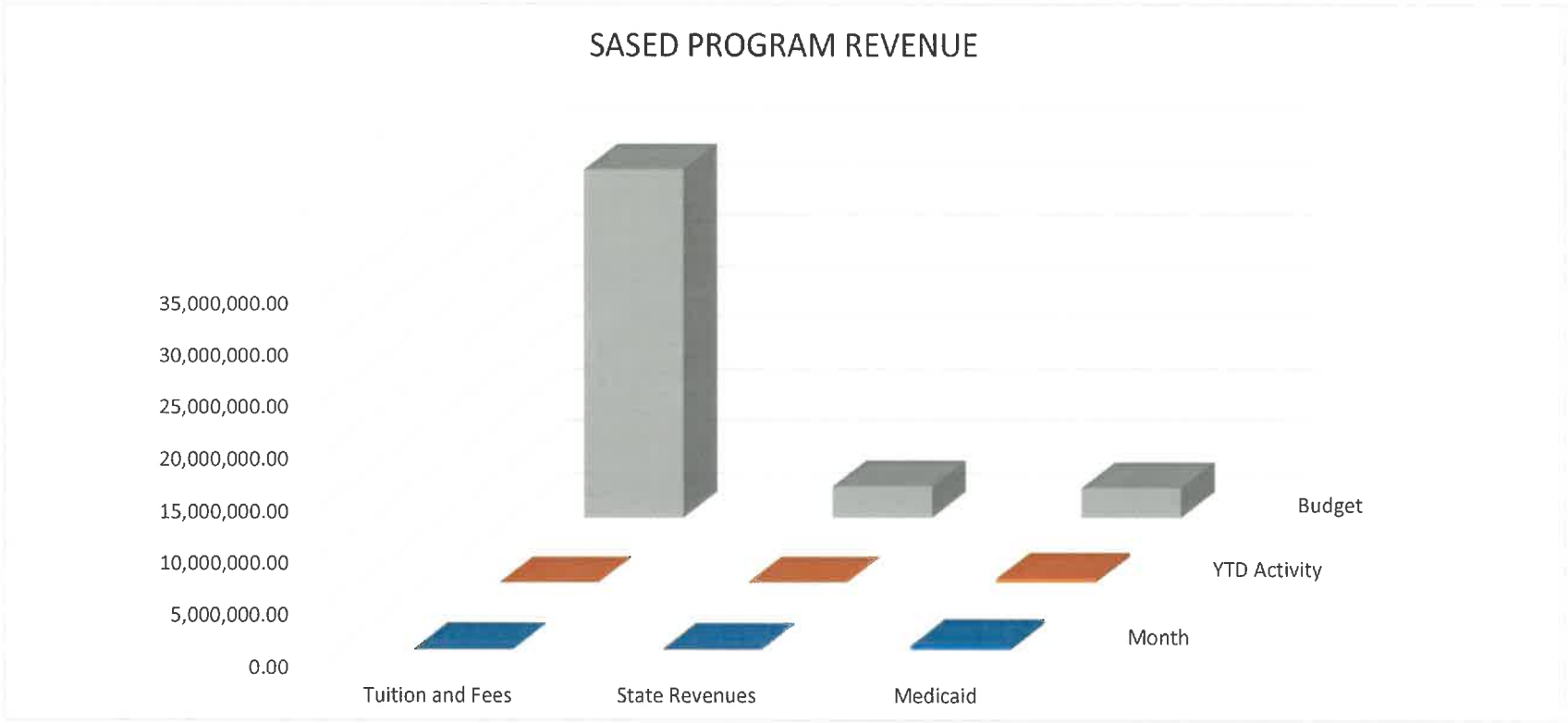
SCHOOL ASSOCIATION FOR SPECIAL EDUCATION IN DUPAGE COUNTY
SCHEDULE OF INVESTMENTS
July 31, 2026

	AMOUNT	INTEREST RATE	TERM	LOCATION	Security/Collateralization
EDUCATION FUND					
PMA IL School District Liquid Asset Fund					
Depository Accounts - Liquid	**24,371.29**	0.482%	Money Market	ISDLAF	Money Market Mutual Fund
Depository Accounts - Liquid - DuPage West Cook		0.482%	Money Market	ISDLAF	Money Market Mutual Fund
	24,371.29				
FIFTH THIRD BANK					
Depository and Demand Deposit Accounts	**5,135,023.70**	0.65%	N/A	Fifth Third Bank	Collateralized Deposit
Demand Deposit - Health Insurance Reserves	**(702,095.14)**	0.65%	N/A	Fifth Third Bank	Collateralized Deposit
Demand Deposit - Health Insurance Reserves	**113,623.67**	0.65%	N/A	Fifth Third Bank	Collateralized Deposit
	4,546,552.23				
FIFTH THIRD SECURITIES					
Cash & Cash Equivalents	**1,610,670.06**	Varies	Money Market	Fifth Third Securities, Custodian	Money Market Mutual Fund
Certificates of Deposit - short-term		Varies	Various, < 1 yr	Fifth Third Securities, Custodian	FDIC Insured
Certificates of Deposit - long-term	**735,000.00**	Varies	Various, > 1 yr	Fifth Third Securities, Custodian	FDIC Insured
U S Treasuries - short-term		Varies	Various	Fifth Third Securities, Custodian	US Gov't. Obligation
U S Treasuries - long term		Varies	Various	Fifth Third Securities, Custodian	US Gov't. Obligation
U S Agencies - Short term		Varies	Various	Fifth Third Securities, Custodian	"Full faith and credit of US..."
U S Agencies - long term	**250,000.00**	Varies	Various	Fifth Third Securities, Custodian	"Full faith and credit of US..."
Corporate Bonds	-				
Municipal Bonds	-				
Other assets, including prepaid interest	-				
	2,595,670.06				
	7,166,593.58	**TOTAL**			

SCHOOL ASSOCIATION FOR SPECIAL EDUCATION IN DUPAGE COUNTY
MONTHLY REVENUE REPORTING
31-Jul-26

SASED PROGRAMS

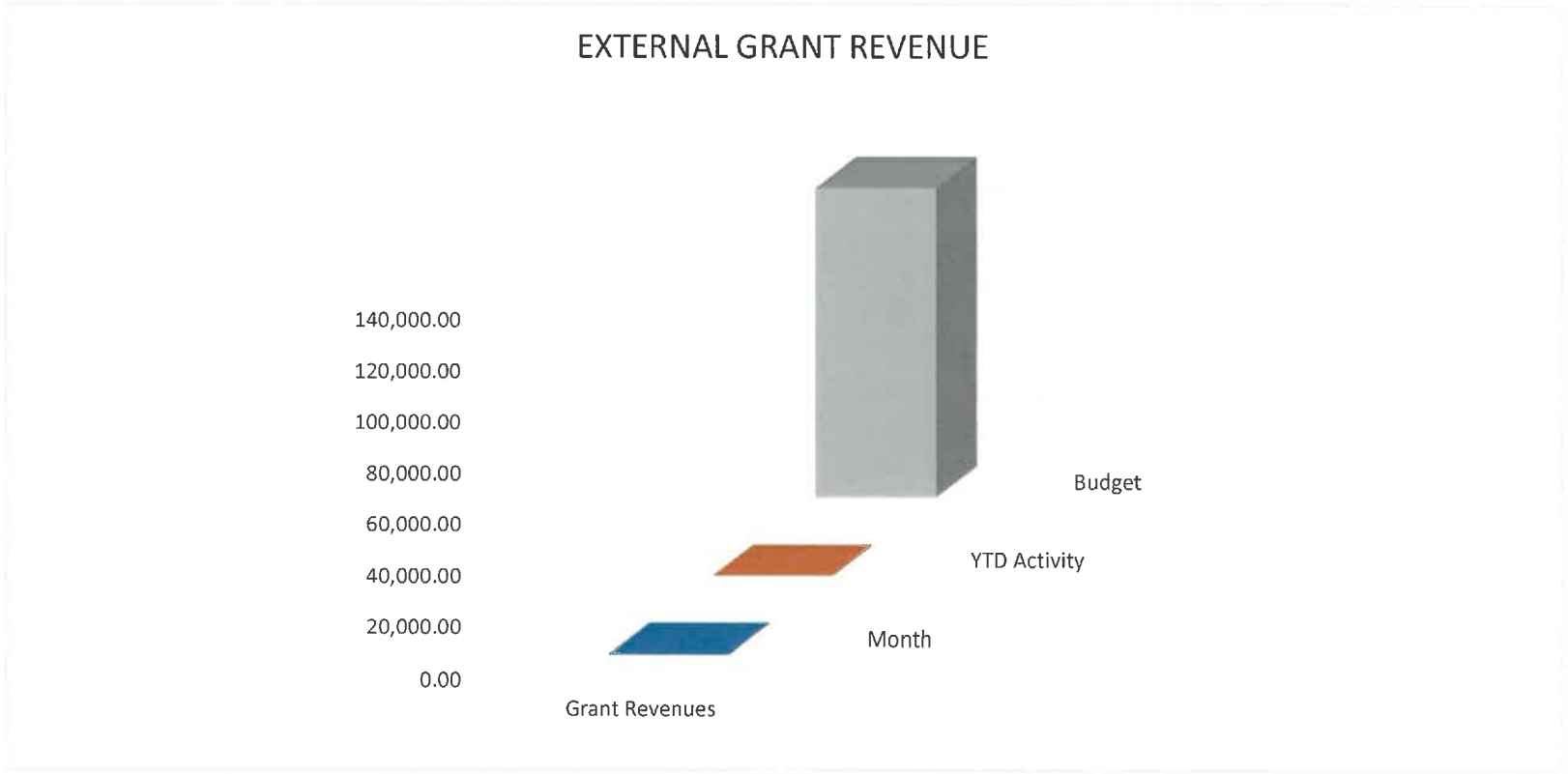
Program	Jul-26 Monthly Activity	2026-27 FYTD Activity	2026-27 Original Budget	% YTD
Tuition and Fees	5,064.43	5,064.43	33,699,711.94	0.0%
State Revenues	0.00	0.00	3,028,387.00	0.0%
Medicaid	387,909.66	387,909.66	2,869,477.00	13.5%
Total	392,974.09	392,974.09	39,597,575.94	1.0%



SCHOOL ASSOCIATION FOR SPECIAL EDUCATION IN DUPAGE COUNTY
MONTHLY REVENUE REPORTING
31-Jul-26

EXTERNAL GRANT PROGRAMS

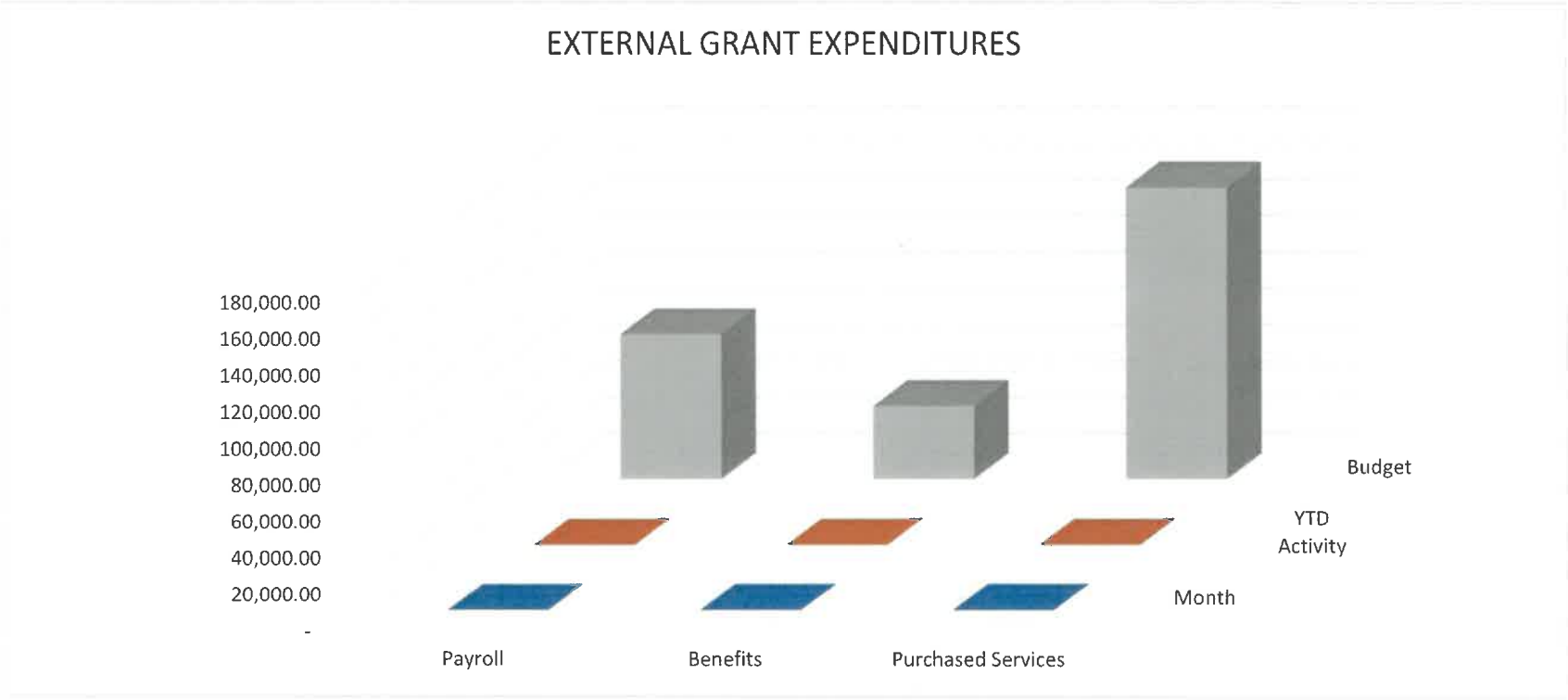
Program	Jul-26 Monthly Activity	2026-27 FYTD Activity	2026-27 Original Budget	% YTD
Grant Revenues	0.00	0.00	121,386.00	0.0%



SCHOOL ASSOCIATION FOR SPECIAL EDUCATION IN DUPAGE COUNTY
MONTHLY EXPENDITURE REPORTING
31-Jul-26

EXTERNAL GRANT PROGRAMS

Program	Jul-26 Monthly Activity	2026-27 FYTD Activity	2026-27 Original Budget	% YTD
Payroll	-	-	79,633.60	0.0%
Benefits	-	-	40,296.62	0.0%
Purchased Services	-	-	160,495.13	0.0%
Total	-	-	280,425.35	0.0%



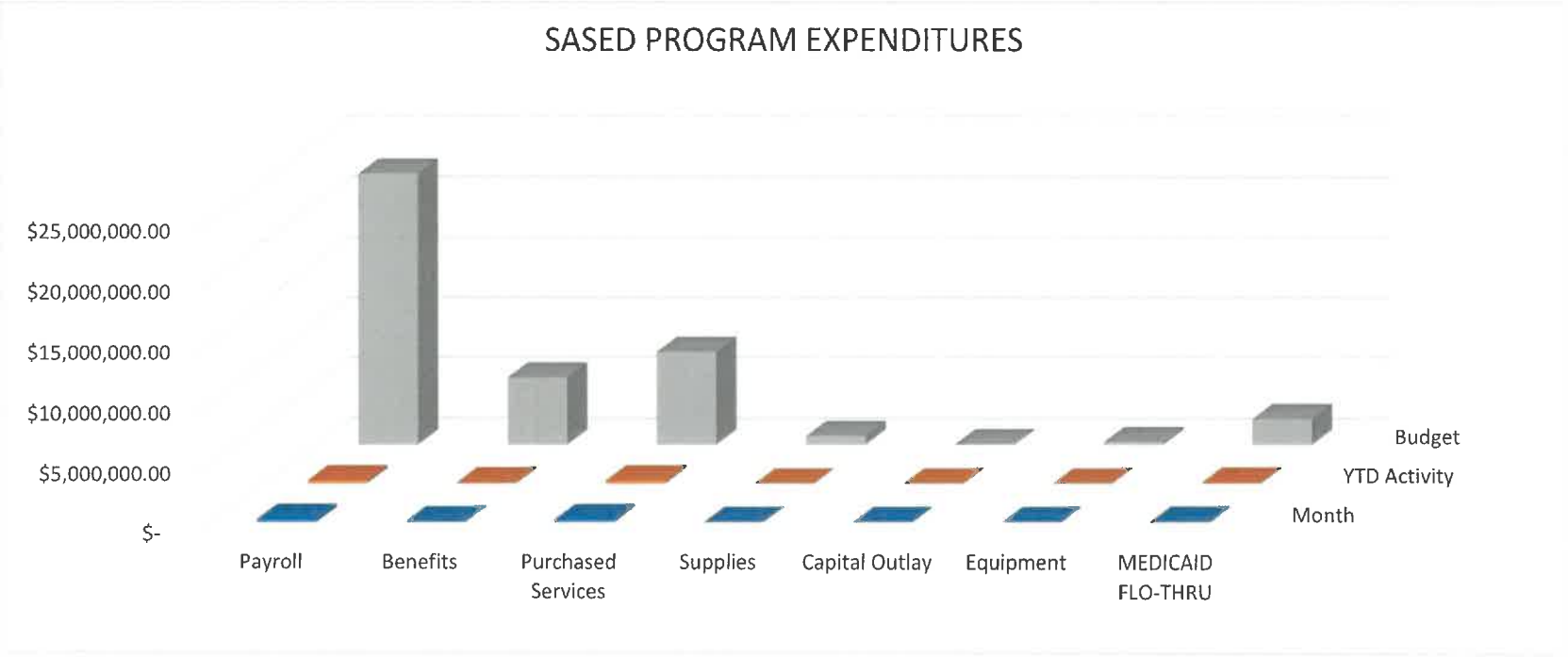
SCHOOL ASSOCIATION FOR SPECIAL EDUCATION IN DUPAGE COUNTY

MONTHLY EXPENDITURE REPORTING

30-Jun-26

SASED PROGRAMS

	Program	Jul-26 Monthly Activity	2026-27 FYTD Activity	2026-27 Original Budget	% YTD
(1)	Payroll	$ 258,035.74	$ 258,035.74	$ 22,456,802.45	1.1%
(2)	Benefits	$ 79,876.80	$ 79,876.80	$ 5,558,690.12	1.4%
(3)	Purchased Services	$ 248,298.68	$ 248,298.68	$ 7,705,635.23	3.2%
(4)	Supplies	$ 1,960.49	$ 1,960.49	$ 739,985.00	0.3%
(5)	Capital Outlay	$ -	$ -	$ 60,385.00	0.0%
(7)	Equipment	$ -	$ -	$ 246,700.00	0.0%
(6)	MEDICAID FLO-THRU	$ 56,100.00	$ 56,100.00	$ 2,176,823.00	2.6%
		$ 644,271.71	$ 644,271.71	$ 38,945,020.80	1.7%



School Association for Special Education in Dupage County
Budget Report (accrual basis)
For the month Ending June 2026

Revenues	Budget	Monthly Activity	FYTD Activity	Encumbered	Unexpended Balance	Percent of Budget	Percent of Budget- Previous Yr.
Tuition and Fees	34,666,229	1,400,789	33,551,908		1,114,321	97%	103.6%%
State Revenue	3,042,544	300,108	2,985,733		56,811	98%	95.3%%
Federal Revenue	2,869,500	1,081,052	3,853,412		(983,912)	134%	78.90%
Grant Revenue	417,000	26,025	296,136		120,864	71%	82.0%%
Total Revenues	**40,578,273**	**2,781,949**	**40,391,053**	**-**	**187,220**	**99.5%**	101.2%%
Expenditures							
Payroll	23,139,184	4,645,751	21,648,126	-	1,491,058	93.6%	98.3%%
Benefits	6,277,880	1,040,050	4,938,611	-	1,339,269	78.7%	82.3%%
Purchased Services	10,360,899	2,130,965	10,720,278	400,824	(359,379)	103.5%	112.8%%
Supplies	778,992	89,663	621,699	-	157,293	79.8%	70.90%
Capital Outlay	1,841,219	5,720	734,158	3,903	1,107,062	39.9%	19.8%%
Medicaid Flow Throug	2,181,910	66,576	2,809,741	627,830	(627,830)	128.8%	
Equipment	149,512	214	227,885	531	(78,373)	152.4%	97.5%%
Total Expenses	**44,729,596**	**7,978,939**	**41,700,498**	**1,033,088**	**3,029,098**	**93.2%**	**94.5%**

School Association for Special Education in DuPage County
Treasurer's Report
June 30,2026

CASH ACTIVITY REPORT	A EDUCATION FUND	B SELF FUNDED MEDICAL INSUR	C SELF FUNDED DENTAL INSUR	D FSA	A + B + C + D TOTAL EDUCATION FUND
Beginning Balance					
Investments	13,593,999.87	(1,617,795.50)	379,298.97	(24,554.80)	12,330,948.54
June activity					
Interest Earned	10,043.21				10,043.21
Gains/(Losses) on Sales of Securities					-
Record Health Fund Transfers	(627,581.68)	582,214.91	28,479.20	16,887.57	-
Cash Receipts	1,588,111.31	835.54	758.12	(9,784.88)	1,579,920.09
Cash Disbursements - General	(981,939.14)				(981,939.14)
- Payroll	(4,671,252.26)				(4,671,252.26)
Subtotal	(4,682,618.56)	583,050.45	29,237.32	7,102.69	(4,063,228.10)
Ending Balance	**8,911,381.31**	**(1,034,745.05)**	**408,536.29**	**(17,452.11)**	**8,267,720.44**
Investment - Demand Deposit - Fifth Third Bank	6,288,045.25	(1,035,580.59)	407,778.17	(7,667.23)	5,652,575.60
IL School District Liquid Asset Fund	24,297.45				24,297.45
Fifth Third Securities	2,590,847.39				2,590,847.39
	8,903,190.09	**(1,035,580.59)**	**407,778.17**	**(7,667.23)**	**8,267,720.44**

Jon Bartelt, Treasurer

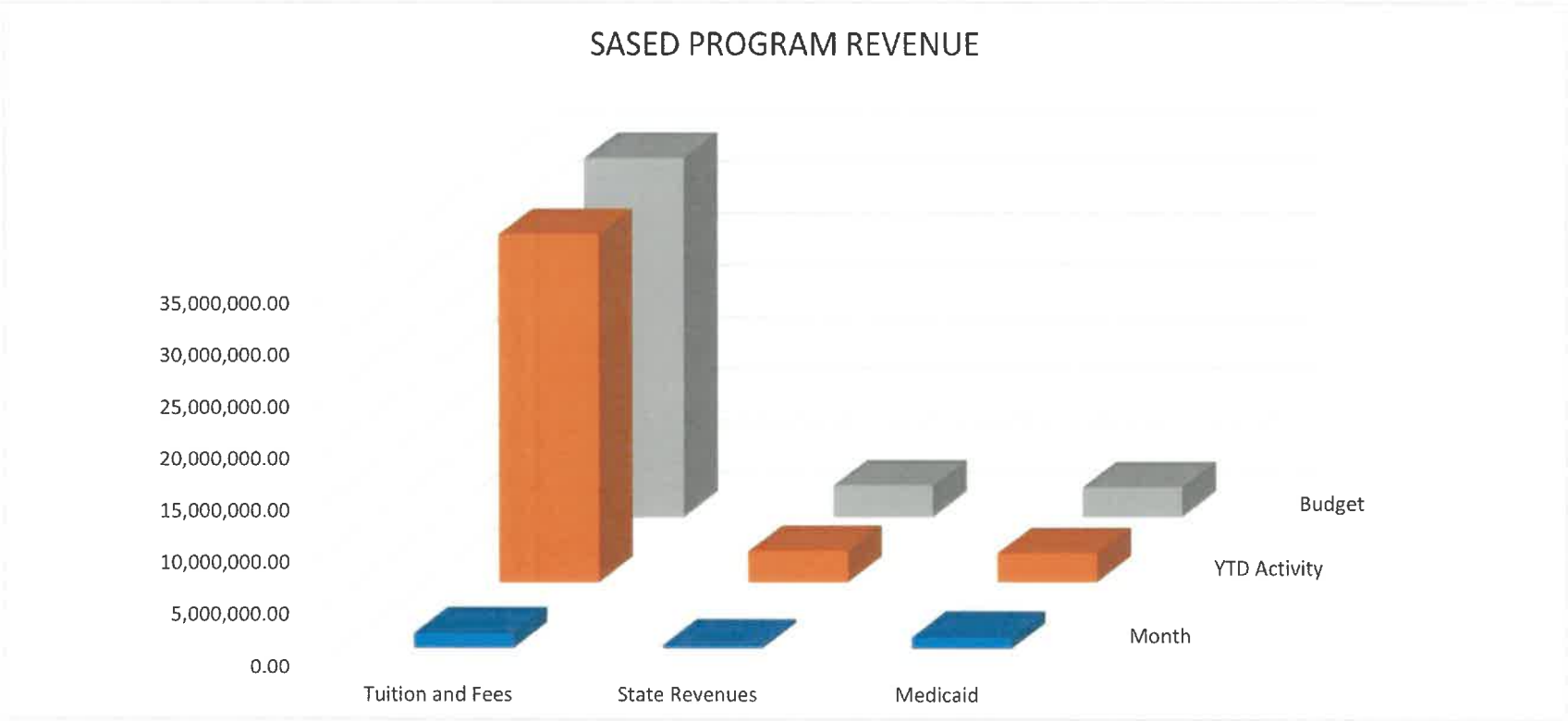
SCHOOL ASSOCIATION FOR SPECIAL EDUCATION IN DUPAGE COUNTY
SCHEDULE OF INVESTMENTS
6/30/2026

	AMOUNT	INTEREST RATE	TERM	LOCATION	Security/Collateralization
EDUCATION FUND					
PMA IL School District Liquid Asset Fund					
Depository Accounts - Liquid	**24,297.45**	0.482%	Money Market	ISDLAF	Money Market Mutual Fund
Depository Accounts - Liquid - DuPage West Cook		0.482%	Money Market	ISDLAF	Money Market Mutual Fund
	24,297.45				
FIFTH THIRD BANK					
Depository and Demand Deposit Accounts	**6,288,045.25**	0.65%	N/A	Fifth Third Bank	Collateralized Deposit
Demand Deposit - Health Insurance Reserves	**(656,815.79)**	0.65%	N/A	Fifth Third Bank	Collateralized Deposit
Demand Deposit - Health Insurance Reserves	**21,346.14**	0.65%	N/A	Fifth Third Bank	Collateralized Deposit
	5,652,575.60				
FIFTH THIRD SECURITIES					
Cash & Cash Equivalents	**1,605,847.39**	Varies	Money Market	Fifth Third Securities, Custodian	Money Market Mutual Fund
Certificates of Deposit - short-term		Varies	Various, < 1 yr	Fifth Third Securities, Custodian	FDIC Insured
Certificates of Deposit - long-term	**735,000.00**	Varies	Various, > 1 yr	Fifth Third Securities, Custodian	FDIC Insured
U S Treasuries - short-term		Varies	Various	Fifth Third Securities, Custodian	US Gov't. Obligation
U S Treasuries - long term		Varies	Various	Fifth Third Securities, Custodian	US Gov't. Obligation
U S Agencies - Short term		Varies	Various	Fifth Third Securities, Custodian	"Full faith and credit of US..."
U S Agencies - long term	**250,000.00**	Varies	Various	Fifth Third Securities, Custodian	"Full faith and credit of US..."
Corporate Bonds	-				
Municipal Bonds	-				
Other assets, including prepaid interest	-				
	2,590,847.39				
	8,267,720.44	**TOTAL**			

SCHOOL ASSOCIATION FOR SPECIAL EDUCATION IN DUPAGE COUNTY
MONTHLY REVENUE REPORTING
30-Jun-26

SASED PROGRAMS

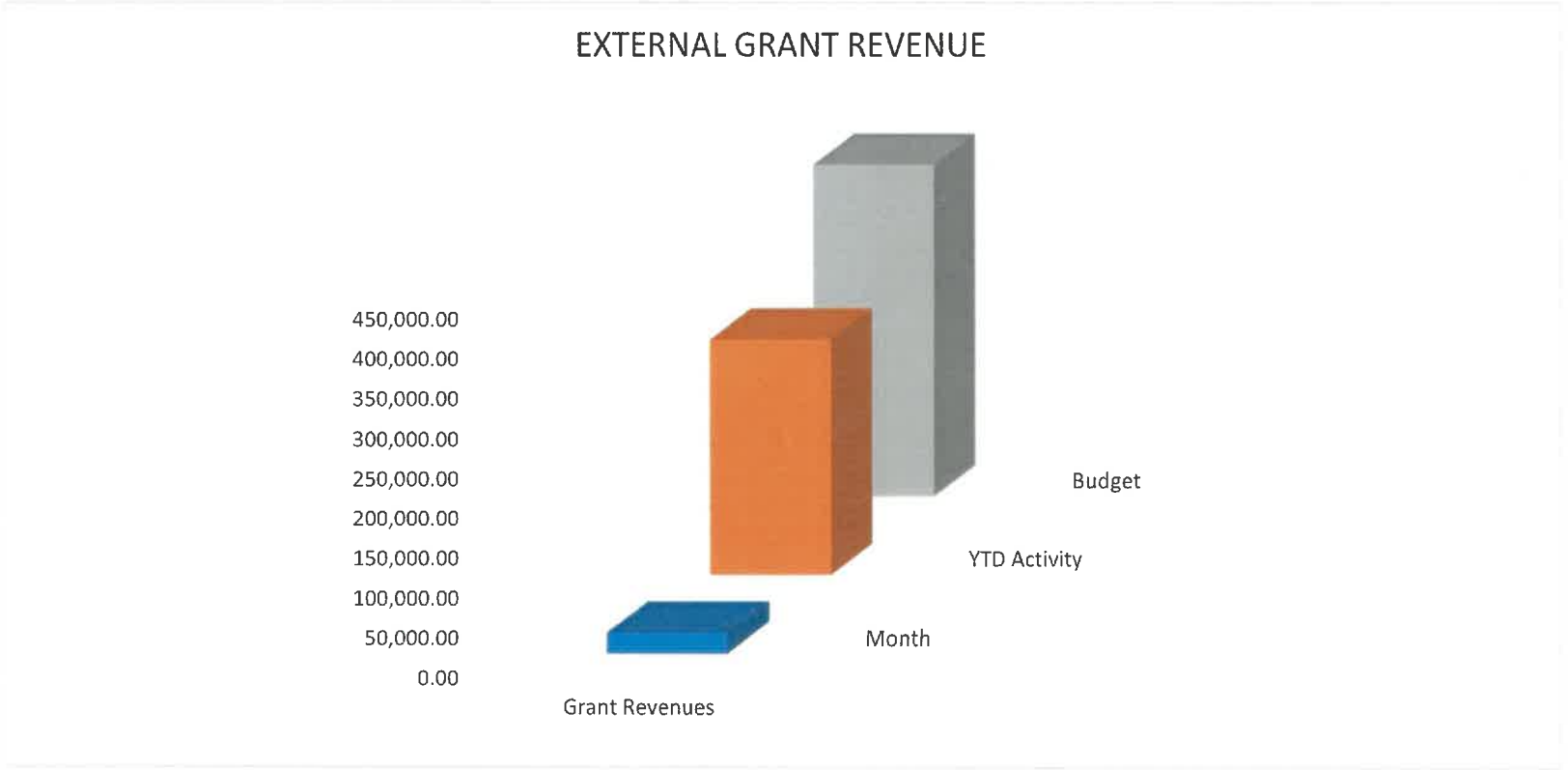
Program	Jun-26 Monthly Activity	2025-26 FYTD Activity	2025-26 Revised Budget	% YTD
Tuition and Fees	1,400,788.97	33,551,908.07	34,666,229.00	96.8%
State Revenues	300,108.31	2,985,733.48	3,042,544.00	98.1%
Medicaid	1,081,051.61	2,772,360.00	2,869,500.00	96.6%
Total	2,781,948.89	39,310,001.55	40,578,273.00	96.9%



SCHOOL ASSOCIATION FOR SPECIAL EDUCATION IN DUPAGE COUNTY
MONTHLY REVENUE REPORTING
30-Jun-26

EXTERNAL GRANT PROGRAMS

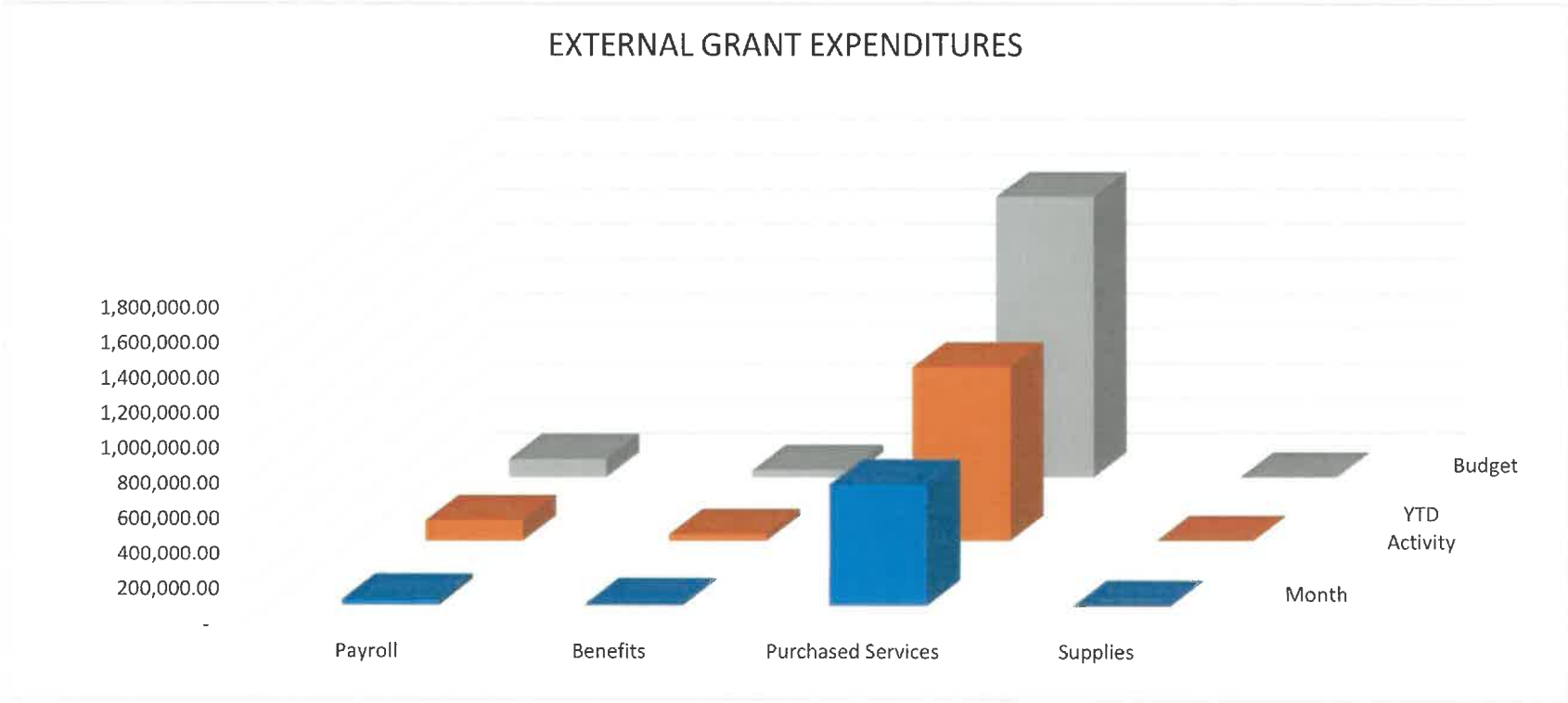
Program	Jun-26 Monthly Activity	2025-26 FYTD Activity	2025-26 Original Budget	% YTD
Grant Revenues	26,025.00	296,135.80	417,000.00	71.0%



SCHOOL ASSOCIATION FOR SPECIAL EDUCATION IN DUPAGE COUNTY
MONTHLY EXPENDITURE REPORTING
30-Jun-26

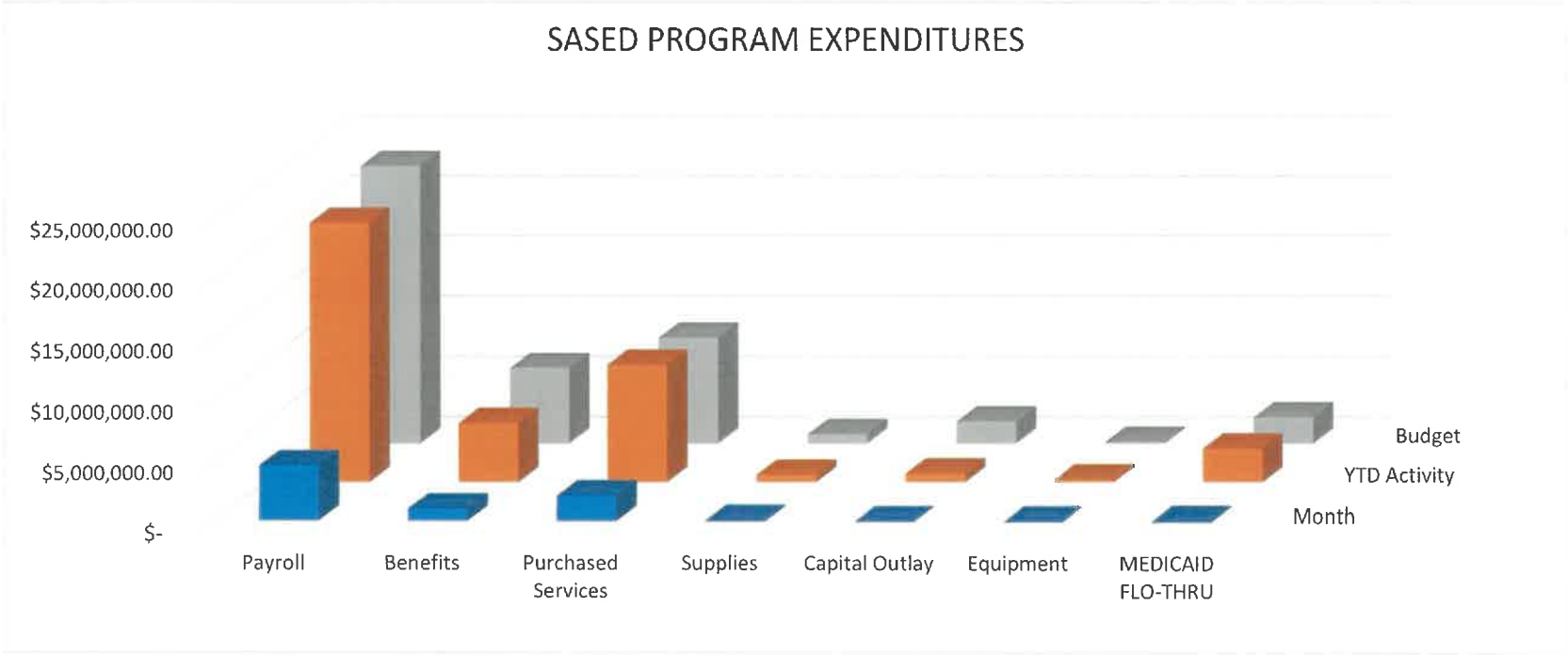
EXTERNAL GRANT PROGRAMS

Program	Jun-26 Monthly Activity	2025-26 FYTD Activity	2025-26 Revised Budget	% YTD
Payroll	29,983.56	116,713.65	105,521.00	110.6%
Benefits	7,774.72	37,733.34	42,136.00	89.6%
Purchased Services	681,989.79	991,813.48	1,605,847.59	61.8%
Supplies	-	-	-	-
Total	719,748.07	1,146,260.47	1,753,504.59	65.4%



SCHOOL ASSOCIATION FOR SPECIAL EDUCATION IN DUPAGE COUNTY
MONTHLY EXPENDITURE REPORTING
30-Jun-26
SASED PROGRAMS

	Program	Jun-26 Monthly Activity	2025-26 FYTD Activity	2025-26 Revised Budget	% YTD
(1)	Payroll	$ 4,615,767.68	$ 21,531,412.61	$ 23,033,663.00	93.5%
(2)	Benefits	$ 1,032,274.89	$ 4,900,877.43	$ 6,235,744.00	78.6%
(3)	Purchased Services	$ 2,123,190.52	$ 9,728,464.75	$ 8,755,051.63	111.1%
(4)	Supplies	$ 89,663.25	$ 621,699.01	$ 778,991.63	79.8%
(5)	Capital Outlay	$ 5,719.99	$ 734,157.59	$ 1,841,219.18	39.9%
(7)	Equipment	$ 214.19	$ 227,885.27	$ 149,511.98	152.4%
(6)	MEDICAID FLO-THRU	$ 66,575.95	$ 2,809,740.87	$ 2,181,910.47	128.8%
		$ 7,933,406.47	$ 40,554,237.53	$ 42,976,091.89	94.4%



GROSS PAYROLL

July 2026	**$**	**1,711,645.45**
August 2026	**$**	**1,531,776.81**

July, 2026 Monthly Totals

SASED, IL

Total Employees 293

Monthly Totals	Pay	Deduction	Benefit
January	0.00	0.00	0.00
February	0.00	0.00	0.00
March	0.00	0.00	0.00
April	0.00	0.00	0.00
May	0.00	0.00	0.00
June	0.00	0.00	0.00
July	1,711,645.45	563,446.05	378,816.20
August	0.00	0.00	0.00
September	0.00	0.00	0.00
October	0.00	0.00	0.00
November	0.00	0.00	0.00
December	0.00	0.00	0.00
Totals	1,711,645.45	563,446.05	378,816.20

SASED 2900 Odgen Ave. Lisle, IL 60532-1676

PAY INFORMATION	7/7/2026	
Pay Type	**Pay Gross**	**Net Pay**
ESYHC - ESY HRLY CERT	112,948.16	87,541.43
ESYHN - ESY HRLY NONCERT	47,930.52	38,330.11
ESYOT - ESY OT PT	20,756.40	15,702.65
STIMN - STIPEND-MENTOR	800.00	674.55
Pay Grand Total:	**182,435.08**	**142,248.74**

SASED 2900 Odgen Ave. Lisle, IL 60532-1676

PAY INFORMATION	7/15/2026	
Pay Type	**Pay Gross**	**Net Pay**
12JUL - 12 MON JULY BEG.	111,382.11	74,497.25
24AG2 - 24 PAYS AUG BEG 2ND CONTRACT-1	702.47	223.75
24AUG - 24 PAYS AUG BEGINNING DATE	15,999.31	11,622.78
24PAY - 24 PAY CONTRACT-1	610,040.44	396,593.08
24PY2 - 24 PAY 2ND CONTRACT	4,396.81	2,853.64
24PY3 - 24 PAY 3RD CONTRACT-1	2,092.99	1,590.88
DOCK NC - DOCKED PAY IMRF	-710.70	-545.82
DOCWC - DOCK WORKERS COMP IMRF	-378.45	-310.22
ESYHN - ESY HRLY NONCERT	1,567.12	1,312.41
ESYOT - ESY OT PT	4,648.33	3,406.39
HRLY2 - HOURLY CERTIFIED STAFF	2,788.08	2,341.96
HRLYCERT - CERTIFIED Hourly Rate	7,515.60	5,432.71
HRLYNONC - HOURLY1 NON CERTIFIED	230.84	181.93
HRLYTS - HOURLY TIMESHEET EMPLOYEE	3,573.36	2,965.13
HRNOCERT - Hourly NON CERT (IMRF)	1,941.66	1,530.69
STIPADMN - STIPEND FROM ADMINISTRATION	79.04	61.78
XHRSMN - HOURLY SUMMER NON CERT	611.83	481.40
Pay Grand Total:	**766,480.84**	**504,239.74**

SASED 2900 Odgen Ave. Lisle, IL 60532-1676

PAY INFORMATION **7/31/2026**

Pay Type	Pay Gross	Net Pay
12JUL - 12 MON JULY BEG.	115,639.38	77,057.24
24AG2 - 24 PAYS AUG BEG 2ND CONTRACT-1	702.29	223.60
24AUG - 24 PAYS AUG BEGINNING DATE	15,998.78	11,635.26
24PAY - 24 PAY CONTRACT-1	610,040.44	396,875.55
24PY2 - 24 PAY 2ND CONTRACT	4,396.81	2,853.64
24PY3 - 24 PAY 3RD CONTRACT-1	2,092.99	1,590.88
DOCK NC - DOCKED PAY IMRF	-710.70	-560.22
ESYHC - ESY HRLY CERT	601.56	489.54
ESYOT - ESY OT PT	1,830.84	1,467.04
HRLYCERT - CERTIFIED Hourly Rate	3,183.65	2,513.53
HRLYPD - HOURLY PD CERTIFIED	1,950.00	1,653.89
HRLYTS - HOURLY TIMESHEET EMPLOYEE	3,616.94	3,089.19
HRNOCERT - Hourly NON CERT (IMRF)	1,328.96	1,055.35
STIPADMN - STIPEND FROM ADMINISTRATION	79.04	61.78
STISP - STIPEND SPECIAL	1,089.19	1,019.48
XHRSMN - HOURLY SUMMER NON CERT	889.36	685.17
Pay Grand Total:	**762,729.53**	**501,710.92**

August, 2026 Monthly Totals

SASED, IL

Total Employees 257

Monthly Totals	Pay	Deduction	Benefit
January	0.00	0.00	0.00
February	0.00	0.00	0.00
March	0.00	0.00	0.00
April	0.00	0.00	0.00
May	0.00	0.00	0.00
June	0.00	0.00	0.00
July	0.00	0.00	0.00
August	1,531,776.81	527,959.14	365,367.40
September	0.00	0.00	0.00
October	0.00	0.00	0.00
November	0.00	0.00	0.00
December	0.00	0.00	0.00
Totals	1,531,776.81	527,959.14	365,367.40

SASED 2900 Odgen Ave. Lisle, IL 60532-1676

PAY INFORMATION	8/14/2026	
Pay Type	**Pay Gross**	**Net Pay**
12JUL - 12 MON JULY BEG.	115,090.80	76,897.26
24AUG - 24 PAYS START AUG	7,032.04	4,860.12
24PAY - 24 PAY CONTRACT-1	610,040.44	396,875.55
24PY2 - 24 PAY 2ND CONTRACT	4,396.81	2,853.64
24PY3 - 24 PAY 3RD CONTRACT-1	2,092.99	1,590.88
ESYOT - ESY OT PT	288.42	245.78
HRLYCERT - CERTIFIED Hourly Rate	6,562.24	4,632.55
HRLYPD - HOURLY PD CERTIFIED	3,120.00	2,490.12
HRLYTS - HOURLY TIMESHEET EMPLOYEE	4,616.64	3,840.25
HRNOCERT - Hourly NON CERT (IMRF)	640.08	501.00
QOT - QUALIFIED OVERTIME	760.20	561.40
STIRT - STIPEND-RETIREMENT	21,899.58	12,475.76
Pay Grand Total:	**776,540.24**	**507,824.31**

SASED 2900 Odgen Ave. Lisle, IL 60532-1676

PAY INFORMATION	8/31/2026	
Pay Type	**Pay Gross**	**Net Pay**
12JUL - 12 MON JULY BEG.	115,090.80	76,575.32
24AUG - 24 PAYS START AUG	7,032.04	4,842.40
24PAY - 24 PAY CONTRACT-1	610,018.45	396,860.61
24PY2 - 24 PAY 2ND CONTRACT	4,396.73	2,853.58
24PY3 - 24 PAY 3RD CONTRACT-1	2,092.88	1,590.80
ESYOT - ESY OT PT	367.67	316.39
HRLYCERT - CERTIFIED Hourly Rate	4,564.00	3,382.72
HRLYPD - HOURLY PD CERTIFIED	4,185.00	3,499.21
HRLYTS - HOURLY TIMESHEET EMPLOYEE	4,972.30	4,157.62
HRNOCERT - Hourly NON CERT (IMRF)	1,431.70	1,086.02
STIRS - STIPEND-ROOM SETUP	110.00	82.15
STISP - STIPEND SPECIAL	975.00	746.54
Pay Grand Total:	**755,236.57**	**495,993.36**

PAYROLL LIABILITIES

July 2026	**$**	**423,596.98**
August 2026	**$**	**374,495.29**

AP Check Register

AP Run: 07/07/2026 ESY PAYROLL AP FY26 — Post Date: 2026-06-30 — AP Run Type: R **SASED, IL**

Check Date	Check Number	Payment Type	Name	Check Amount
07/07/2026	202400596	Wire Transfer	ILLINOIS DEPT OF REVENUE	8,051.92
07/07/2026	202400597	Wire Transfer	MB FINANCIAL (FEDERAL)	9,760.94
07/07/2026	202400598	Wire Transfer	MB FINANCIAL BANK (FICA-E)	6,903.92
07/07/2026	202400599	Wire Transfer	MB FINANCIAL BANK (FICA-W)	6,903.92
07/07/2026	202400600	Wire Transfer	TEACHERS RETIREMENT (2.2%)	659.66
07/07/2026	202400601	Wire Transfer	TEACHERS RETIREMENT SYSTEM	10,237.30
07/07/2026	202400602	Wire Transfer	TEACHERS RETIREMENT SYSTEM SSP	202.35
07/07/2026	202400603	Wire Transfer	THIS (TRS HEALTH) FUND	1,785.92
07/07/2026	202400604	Wire Transfer	TRUSTAGE	1,632.37
			Total:	**46,138.30**

07/07/2026 ESY PAYROLL AP FY26

Type	Count	Amount
Regular Checks:	0	0.00
ACH Checks:	0	0.00
Wire Transfers:	9	46,138.30
Epayables:	0	0.00
Total:	**9**	**46,138.30**

AP Check Register

Fund	Total
10 - EDUCATION FUND	46,138.30
	46,138.30

AP Check Register

AP Run: 07/15/2026 SUPPLEMENTAL PAY AP — Post Date: 2026-06-24 — AP Run Type: SASED, IL

Check Date	Check Number	Payment Type	Name	Check Amount
07/15/2026	202400565	Wire Transfer	ILLINOIS DEPT OF REVENUE	25,746.51
07/15/2026	202400566	Wire Transfer	MB FINANCIAL (FEDERAL)	46,725.78
07/15/2026	202400567	Wire Transfer	MB FINANCIAL BANK (FICA-E)	22,503.92
07/15/2026	202400568	Wire Transfer	MB FINANCIAL BANK (FICA-W)	22,503.92
07/15/2026	202400569	Wire Transfer	TEACHERS RETIREMENT SYSTEM SSP	1,268.63
07/15/2026	202400570	Wire Transfer	THE OMNI GROUP	1,200.00
07/15/2026	202400571	Wire Transfer	TRUSTAGE	15,439.90
			Total:	**135,388.66**

07/15/2026 SUPPLEMENTAL PAY AP

Type	Count	Amount
Regular Checks:	0	0.00
ACH Checks:	0	0.00
Wire Transfers:	7	135,388.66
Epayables:	0	0.00
Total:	**7**	**135,388.66**

AP Check Register

AP Run: 07/15/2026 PAYROLL AP — Post Date: 2026-07-15 — AP Run Type: R — SASED, IL

Check Date	Check Number	Payment Type	Name	Check Amount
07/15/2026	106569	Check	STATE DISBURSEMENT UNIT	750.00
07/15/2026	202400607	Wire Transfer	ILLINOIS DEPT OF REVENUE	5,762.17
07/15/2026	202400608	Wire Transfer	MB FINANCIAL (FEDERAL)	12,877.81
07/15/2026	202400609	Wire Transfer	MB FINANCIAL BANK (FICA-E)	5,501.98
07/15/2026	202400610	Wire Transfer	MB FINANCIAL BANK (FICA-W)	5,501.98
07/15/2026	202400611	Wire Transfer	TEACHERS RETIREMENT (2.2%)	358.80
07/15/2026	202400612	Wire Transfer	TEACHERS RETIREMENT SYSTEM	5,568.28
07/15/2026	202400613	Wire Transfer	TEACHERS RETIREMENT SYSTEM SSP	3.31
07/15/2026	202400614	Wire Transfer	THE OMNI GROUP	65.00
07/15/2026	202400615	Wire Transfer	THIS (TRS HEALTH) FUND	971.36
07/15/2026	202400616	Wire Transfer	TRUSTAGE	4,808.76
			Total:	**42,169.45**

07/15/2026 PAYROLL AP Summary

Type	Count	Amount
Regular Checks:	1	750.00
ACH Checks:	0	0.00
Wire Transfers:	10	41,419.45
Epayables:	0	0.00
Total:	**11**	**42,169.45**

AP Check Register

AP Run: 07/16/2026 PAYROL AP spec pay — Post Date: 2026-07-16 — AP Run Type: R **SASED, IL**

Check Date	Check Number	Payment Type	Name	Check Amount
07/16/2026	202400617	Wire Transfer	ILLINOIS DEPT OF REVENUE	55.88
07/16/2026	202400618	Wire Transfer	MB FINANCIAL (FEDERAL)	45.81
07/16/2026	202400619	Wire Transfer	MB FINANCIAL BANK (FICA-E)	86.37
07/16/2026	202400620	Wire Transfer	MB FINANCIAL BANK (FICA-W)	86.37
			Total:	**274.43**

07/16/2026 PAYROL AP spec pay Summary

Type	Count	Amount
Regular Checks:	0	0.00
ACH Checks:	0	0.00
Wire Transfers:	4	274.43
Epayables:	0	0.00
Total:	**4**	**274.43**

Fund	Total
10 - EDUCATION FUND	177,832.54
	177,832.54

AP Check Register

AP Run: 07/31/2026 IMRF PAYROLL AP — Post Date: 2026-07-31 — AP Run Type: R **SASED, IL**

Check Date	Check Number	Payment Type	Name	Check Amount
07/31/2026	202400646	Wire Transfer	IMRF (EMPLOYEES CONT)	7,822.78
07/31/2026	202400647	Wire Transfer	IMRF (EMPLOYERS CONT)	6,915.86
			Total:	**14,738.64**

07/31/2026 IMRF PAYROLL AP Summary

Type	Count	Amount
Regular Checks:	0	0.00
ACH Checks:	0	0.00
Wire Transfers:	2	14,738.64
Epayables:	0	0.00
Total:	**2**	**14,738.64**

AP Check Register

Fund	Total
10 - EDUCATION FUND	14,738.64
	14,738.64

AP Check Register

AP Run: 07/31/2026 PAYROLL AP —- Post Date: 2026-07-31 — AP Run Type: R — SASED, IL

Check Date	Check Number	Payment Type	Name	Check Amount
07/31/2026	106643	Check	STATE DISBURSEMENT UNIT	750.00
07/31/2026	202400623	Wire Transfer	TEACHERS HEALTH INSURANCE SECURITY (THIS) FUND	400.00
07/31/2026	202400624	Wire Transfer	TEACHERS RETIREMENT SYSTEM	7,389.53
07/31/2026	202400622	Wire Transfer	ILLINOIS DEPT OF REVENUE	5,824.79
07/31/2026	202400625	Wire Transfer	MB FINANCIAL (FEDERAL)	12,444.57
07/31/2026	202400626	Wire Transfer	MB FINANCIAL BANK (FICA-E)	6,157.89
07/31/2026	202400627	Wire Transfer	MB FINANCIAL BANK (FICA-W)	6,157.89
07/31/2026	202400628	Wire Transfer	TEACHERS RETIREMENT (2.2%)	370.13
07/31/2026	202400629	Wire Transfer	TEACHERS RETIREMENT SYSTEM	5,744.04
07/31/2026	202400630	Wire Transfer	TEACHERS RETIREMENT SYSTEM SSP	16.91
07/31/2026	202400631	Wire Transfer	THE OMNI GROUP	65.00
07/31/2026	202400632	Wire Transfer	THIS (TRS HEALTH) FUND	1,002.00
07/31/2026	202400633	Wire Transfer	TRUSTAGE	4,810.89
			Total:	**51,133.64**

07/31/2026 PAYROLL AP Summary

Type	Count	Amount
Regular Checks	1	750.00
ACH Checks	0	0.00
Wire Transfers	14	50383.64
Epayables	0	0.00
Total:	**15**	**51133.64**

Fund	Total
10 - EDUCATION FUND	51,133.64
	51,133.64

AP Check Register

AP Run: 07/31/2026 SUPPLEMENTAL PAY AP — Post Date: 2026-06-25 — AP Run Type: SASED, IL

Check Date	Check Number	Payment Type	Name	Check Amount
07/31/2026	202400572	Wire Transfer	ILLINOIS DEPT OF REVENUE	25,534.04
07/31/2026	202400573	Wire Transfer	MB FINANCIAL (FEDERAL)	46,030.87
07/31/2026	202400574	Wire Transfer	MB FINANCIAL BANK (FICA-E)	22,158.83
07/31/2026	202400575	Wire Transfer	MB FINANCIAL BANK (FICA-W)	22,158.83
07/31/2026	202400576	Wire Transfer	TEACHERS RETIREMENT SYSTEM SSP	1,268.63
07/31/2026	202400577	Wire Transfer	THE OMNI GROUP	1,200.00
07/31/2026	202400578	Wire Transfer	TRUSTAGE	15,402.66
			Total:	**133,753.86**

07/31/2026 SUPPLEMENTAL PAY AP

Type	Count	Amount
Regular Checks:	0	0.00
ACH Checks:	0	0.00
Wire Transfers:	7	133,753.86
Epayables:	0	0.00
Total:	**7**	**133,753.86**

AP Check Register

AP Run: 08/14/2026 SUPPLEMENTAL PAY AP — Post Date: 2026-06-26 — AP Run Type: **SASED, IL**

Check Date	Check Number	Payment Type	Name	Check Amount
08/14/2026	202400579	Wire Transfer	ILLINOIS DEPT OF REVENUE	24,740.49
08/14/2026	202400580	Wire Transfer	MB FINANCIAL (FEDERAL)	44,912.66
08/14/2026	202400581	Wire Transfer	MB FINANCIAL BANK (FICA-E)	21,573.97
08/14/2026	202400582	Wire Transfer	MB FINANCIAL BANK (FICA-W)	21,573.97
08/14/2026	202400583	Wire Transfer	TEACHERS RETIREMENT SYSTEM SSP	1,268.63
08/14/2026	202400584	Wire Transfer	THE OMNI GROUP	1,200.00
08/14/2026	202400585	Wire Transfer	TRUSTAGE	15,402.66
			Total:	**130,672.38**

08/14/2026 SUPPLEMENTAL PAY AP

Type	Count	Amount
Regular Checks:	0	0.00
ACH Checks:	0	0.00
Wire Transfers:	7	130,672.38
Epayables:	0	0.00
Total:	**7**	**130,672.38**

Fund	Total
10 - EDUCATION FUND	130,666.01
	130,666.01

AP Check Register

AP Run: 08/14/2026 PAYROLL AP — Post Date: 2026-08-14 — AP Run Type: R — SASED, IL

Check Date	Check Number	Payment Type	Name	Check Amount
08/14/2026	106647	Check	STATE DISBURSEMENT UNIT	750.00
08/14/2026	202400636	Wire Transfer	ILLINOIS DEPT OF REVENUE	7,094.14
08/14/2026	202400637	Wire Transfer	MB FINANCIAL (FEDERAL)	16,924.15
08/14/2026	202400638	Wire Transfer	MB FINANCIAL BANK (FICA-E)	8,224.39
08/14/2026	202400639	Wire Transfer	MB FINANCIAL BANK (FICA-W)	8,224.39
08/14/2026	202400640	Wire Transfer	TEACHERS RETIREMENT (2.2%)	364.97
08/14/2026	202400641	Wire Transfer	TEACHERS RETIREMENT SYSTEM	5,664.18
08/14/2026	202400642	Wire Transfer	TEACHERS RETIREMENT SYSTEM SSP	5.27
08/14/2026	202400643	Wire Transfer	THE OMNI GROUP	65.00
08/14/2026	202400644	Wire Transfer	THIS (TRS HEALTH) FUND	988.21
08/14/2026	202400645	Wire Transfer	TRUSTAGE	7,685.59
			Total:	**55,990.29**

08/14/2026 PAYROLL AP Summary

Type	Count	Amount
Regular Checks:	1	750.00
ACH Checks:	0	0.00
Wire Transfers:	10	55,240.29
Epayables:	0	0.00
Total:	**11**	**55,990.29**

AP Check Register

Fund	Total
10 - EDUCATION FUND	186,662.67
	186,662.67

AP Check Register

AP Run: 08/31/2026 SUPPLEMENTAL PAY AP — Post Date: 2026-06-29 — AP Run Type: **SASED, IL**

Check Date	Check Number	Payment Type	Name	Check Amount
08/31/2026	202400586	Wire Transfer	ILLINOIS DEPT OF REVENUE	24,739.45
08/31/2026	202400587	Wire Transfer	MB FINANCIAL (FEDERAL)	44,909.80
08/31/2026	202400588	Wire Transfer	MB FINANCIAL BANK (FICA-E)	21,572.99
08/31/2026	202400589	Wire Transfer	MB FINANCIAL BANK (FICA-W)	21,572.99
08/31/2026	202400590	Wire Transfer	TEACHERS RETIREMENT SYSTEM SSP	1,268.58
08/31/2026	202400591	Wire Transfer	THE OMNI GROUP	1,200.00
08/31/2026	202400592	Wire Transfer	TRUSTAGE	15,402.20
			Total:	**130,666.01**

08/31/2026 SUPPLEMENTAL PAY AP

Type	Count	Amount
Regular Checks:	0	0.00
ACH Checks:	0	0.00
Wire Transfers:	7	130,666.01
Epayables:	0	0.00
Total:	**7**	**130,666.01**

AP Check Register

AP Run: 08/31/2026 PAROLL AP — Post Date: 2026-08-31 — AP Run Type: R — SASED, IL

Check Date	Check Number	Payment Type	Name	Check Amount
08/31/2026	106672	Check	STATE DISBURSEMENT UNIT	750.00
08/31/2026	202400648	Wire Transfer	ILLINOIS DEPT OF REVENUE	6,162.11
08/31/2026	202400649	Wire Transfer	MB FINANCIAL (FEDERAL)	13,090.18
08/31/2026	202400650	Wire Transfer	MB FINANCIAL BANK (FICA-E)	6,470.25
08/31/2026	202400651	Wire Transfer	MB FINANCIAL BANK (FICA-W)	6,470.25
08/31/2026	202400652	Wire Transfer	TEACHERS HEALTH INSURANCE SECURITY (THIS) FUND	400.00
08/31/2026	202400653	Wire Transfer	TEACHERS RETIREMENT (2.2%)	373.39
08/31/2026	202400654	Wire Transfer	TEACHERS RETIREMENT SYSTEM	5,794.50
08/31/2026	202400655	Wire Transfer	TEACHERS RETIREMENT SYSTEM SSP	5.68
08/31/2026	202400656	Wire Transfer	THE OMNI GROUP	65.00
08/31/2026	202400657	Wire Transfer	THIS (TRS HEALTH) FUND	1,010.83
08/31/2026	202400658	Wire Transfer	TRUSTAGE	4,893.26
			Total:	**45,485.45**

08/31/2026 PAROLL AP Summary

Type	Count	Amount
Regular Checks:	1	750.00
ACH Checks:	0	0.00
Wire Transfers:	11	44,735.45
Epayables:	0	0.00
Total:	**12**	**45,485.45**

Fund	Total
10 - EDUCATION FUND	176,151.46
	176,151.46

AP Check Register

AP Run: 08/31/2026 IMRF AP Payroll — Post Date: 2026-08-31 — AP Run Type: R **SASED, IL**

Check Date	Check Number	Payment Type	Name	Check Amount
08/31/2026	202400659	Wire Transfer	IMRF (EMPLOYEES CONT)	6,150.03
08/31/2026	202400660	Wire Transfer	IMRF (EMPLOYERS CONT)	5,531.13
			Total:	**11,681.16**

08/31/2026 IMRF AP Payroll Summary

Type	Count	Amount
Regular Checks:	0	0.00
ACH Checks:	0	0.00
Wire Transfers:	2	11,681.16
Epayables:	0	0.00
Total:	**2**	**11,681.16**

AP Check Register

Fund	Total
10 - EDUCATION FUND	11,681.16
	11,681.16

BILLS PAYABLE LIST – FLOW THROUGH

September 2026 $ 0

BILLS PAYABLE LIST – GRANTS

September 2026 $ 0

BILLS PAYABLE LIST – SASED PROGRAMS

September 2026 $ 78,727.34

Payables

SASED, IL

Check #	Name on Check	Description	Check Date	Amount
106724	BETH A BRADLEY	Mileage Reimbursement for Aug 2026	09/17/2026	69.16
106725	BUSINESSOLVER.COM, INC	Invoice for Businessolver August Service	09/17/2026	143.25
106726	MEETAL DAVE	Mileage Reimbursement for August 2026	09/17/2026	90.06
106727	DANIEL ENGLUND	ASL Interpreting Services-D Englund	09/17/2026	1,890.00
106728	HOME DEPOT CREDIT SERVICES	HOME DEPOT MONTHLY STATEMENT	09/17/2026	1,657.22
106729	IASA	PD LARRY MCCARTHY	09/17/2026	200.00
106730	ILLINOIS STATE POLICE	Fingerprinting July, 2026 (Invoice Number -	09/17/2026	324.00
106731	JASON JOBB	Mileage Reimbursement for August 2026	09/17/2026	138.62
106732	VEENA M JOSE	Reimburse HRCI Certification	09/17/2026	495.00
106733	KONICA MINOLTA BUSINESS SOLUTIONS USA INC.	MONTHLY INVOICE FOR MAINTENANCE	09/17/2026	1,602.96
106734	KONICA MINOLTA PREMIER FINANCE	Konica Contract 6/26/2026-7/25/2026 Cust.	09/17/2026	8,768.76
106735	LAURA KOSTOMIRIS	ASL Interpreting Services-L Kostomiris	09/17/2026	510.00
106736	KIARA MARSICO	Mileage Reimbursement For August 2026	09/17/2026	52.90
106737	SHERWIN WILLIAMS	PAINT FOR SE	09/17/2026	36.10
		Grand Totals: 14 Total Checks		**15,978.03**

Payables

SASED, IL

Check #	Name on Check	Description	Check Date	Amount
9252600934	2955, LLC	Monthly Lease Payment Ogden Avenue Oct	09/17/2026	56,100.00
9252600935	HOLLY S ABEL	Mileage Reimbursement For August 2026	09/17/2026	232.71
9252600936	DANA B ALDRICH	Mileage Reimbursement for August 2026	09/17/2026	29.64
9252600937	BETH T BERGFELD	Mileage Reimbursement for August 2026	09/17/2026	83.14
9252600938	SHANNON R BOHNERT	Mileage Reimbursement for August 2026	09/17/2026	44.41
9252600939	KRISTY L BOOTSMA	Mileage Reimbursement for August 2026	09/17/2026	34.50
9252600940	KRISTINE A CHAPLIN	Mileage Reimbursement for August 2026	09/17/2026	332.12
9252600941	TARA J CORRAL	Mileage reimbursement for July 2026	09/17/2026	22.34
9252600942	HELEN S CREAGAN	Mileage Reimbursement for August 2026	09/17/2026	55.63
9252600943	AMY A DEEGAN	Mileage Reimbursement for August 2026	09/17/2026	8.21
9252600944	MARIA A DORCHACK	Mileage Reimbursement for August 2026	09/17/2026	220.40
9252600945	MARK VINCENT DYREK	Contract Services Business Office M. Dyrek	09/17/2026	1,600.00
9252600946	MARK VINCENT DYREK	Contract Services Business Office M. Dyrek	09/17/2026	1,600.00
9252600947	JENNIFER M ELIAS	Mileage Reimbursement for August 2026	09/17/2026	44.84
9252600948	ELMHURST CUSD #205	Facilitated IEP Training L Zacharski 09/14-	09/17/2026	500.00
9252600949	MATTHEW FINN	Mileage Reimbursement For August 2026	09/17/2026	88.16
9252600950	DEBORAH L HANSMEYER	Mileage Reimbursement for August 2026	09/17/2026	15.20
9252600951	JULIA L HOMAN	Mileage Reimbursement for August 2026	09/17/2026	271.90
9252600952	KEENEYVILLE DISTRICT #20	Reimbursement for meals May 2026	09/17/2026	299.32
9252600953	PATRICIA A KELLY	Reimburse up to $250 2026 Back to School	09/17/2026	250.00
9252600954	DIANE M LAZZAR	Mileage Reimbursement for August 2026	09/17/2026	14.48
9252600955	BETHANY L. LITCHFIELD	Mileage Reimbursement for August 2026	09/17/2026	56.39
9252600956	ASHLEY N LOHRENZ	Mileage Reimbursement for August 2026	09/17/2026	338.58
9252600957	KRISTYN B MOROZ	Mileage Reimbursement for August 2026	09/17/2026	120.54
9252600958	COLLEEN N PETERSON	Mileage Reimbursement for August 2026	09/17/2026	103.97
9252600959	DANIELLE N POPIWCHAK	Mileage Reimbursement for August 2026	09/17/2026	154.92
9252600960	KERRY M SHANAHAN	Mileage Reimbursement for August 2026	09/17/2026	127.91
			Grand Totals: 27 Total Checks	**62,749.31**

INTERIM CHECKS

August 2026 $ 1,429,203.43

Payables

SASED, IL

Check #	Name on Check	Description	Check Date	Amount
106646	BMO		08/11/2026	19,466.85
		Grand Totals: 1 Total Checks		**19,466.85**

DETAIL ATTACHED

Bmo
CHECK # 106646 DETAIL

Invoice Listing

SASED, IL

Vendor	PO Number	Invoice Number	Batch	Description	Invoice Date	Check Number	Net Amount
BMO		amaz06.25	bmo	supplies	07/23/2026	106646	31.03
	Account	*Account Description*		*Total Per Account*			
	10 E 004 2642 4100 01 264200	*SUPPLIES*		*31.03*			
BMO		amaz3062600053-2	bmo	supplies	07/23/2026	106646	73.56
	Account	*Account Description*		*Total Per Account*			
	10 E 010 2210 3100 01 194012	*IST CONSULTANTS*		*73.56*			
BMO		AMAZSEALT	bmo	Southeast Alt - furniture	07/23/2026	106646	991.41
	Account	*Account Description*		*Total Per Account*			
	10 E 004 1212 4100 01 134204	*REGULAR SUPPLIES*		*991.41*			
BMO		cmiller pcard 07.20.26	bmo	cmiller pcard 07.20.26	08/06/2026	106646	195.87
	Account	*Account Description*		*Total Per Account*			
	10 E 000 1200 4100 01 134208	*CURRICULUM SUPPLIES*		*71.64*			
	10 E 001 2210 3120 01 134208	*Mtg and Reg - Curriculum*		*69.02*			
	10 E 003 1600 4100 01 132201	*SUMMER SCHOOL SUPPLIES*		*55.21*			
BMO		enterpr07.2026	bmo	Enterprise Truck rental-summer moves	07/23/2026	106646	1,116.20
	Account	*Account Description*		*Total Per Account*			
	10 E 001 2210 3100 01 134208	*CURRICULUM BUDGET - PURCH SVCS*		*1,116.20*			
BMO		eraterepay07.2026	bmo	erate repay	07/23/2026	106646	2,533.70
	Account	*Account Description*		*Total Per Account*			
	10 R 000 4090 0000 01 266000	*E-RATE REVENUE*		*2,533.70*			
BMO		fedex07.2026	bmo	fed ex s lowe	07/23/2026	106646	59.59
	Account	*Account Description*		*Total Per Account*			
	10 E 000 2320 3420 01 232000	*POSTAGE LOCAL*		*59.59*			
BMO		imagprint07.2026	bmo	opening day shirts	07/23/2026	106646	5,591.00
	Account	*Account Description*		*Total Per Account*			
	10 E 004 2320 4100 01 232000	*REGULAR SUPPLIES - LOCAL*		*5,591.00*			
BMO		offmax07.2026	bmo	office max-supplies s lowe	07/23/2026	106646	212.49
	Account	*Account Description*		*Total Per Account*			
	10 E 000 2320 3120 01 232000	*MEETINGS & REGISTRATIONS*		*212.49*			
BMO		paypal07.2026	bmo	paypal-microbusiness July 2026	07/23/2026	106646	30.00
	Account	*Account Description*		*Total Per Account*			
	10 E 000 1216 3120 01 134205	*MED MN PGM MTG & REG*		*30.00*			
BMO		secst07.2026	bmo	secretary of state lic fee bus	07/23/2026	106646	5.00
	Account	*Account Description*		*Total Per Account*			
	10 E 013 2550 3310 01 134207	*TRANSITION PGM STUDENT TRANS*		*5.00*			

Invoice Listing

SASED, IL

Vendor	PO Number	Invoice Number	Batch	Description	Invoice Date	Check Number	Net Amount
BMO		slowepcard07.20.26-23	bmo	meeting training supplies	08/06/2026	106646	247.58
Account		*Account Description*			*Total Per Account*		
10 E 001 2210 3120 01 134208		*Mtg and Reg - Curriculum*			*247.58*		
BMO		Util07.2026	bmo	Storage Units/Groot Bill	07/23/2026	106646	3,031.16
Account		*Account Description*			*Total Per Account*		
10 E 001 1212 3200 01 134204		*BLDG MAINTENANCE*			*3,031.16*		
BMO	2032700001	amaz2032700001	bmo	ADL supplies (04142026 10:58:59) E Ariano	07/23/2026	106646	15.44
Account		*Account Description*			*Total Per Account*		
10 E 003 1206 4100 01 134202		*INSTRUCTIONAL MATERIALS*			*15.44*		
BMO	2032700009	agebre pcard 07.20.26	bmo	P-Card Statement 07/20/2026 A Gebre	07/27/2026	106646	66.07
Account		*Account Description*			*Total Per Account*		
10 E 000 1206 3140 01 134202		*COMMUNITY ACCESS*			*66.07*		
BMO	2082700001	mbaker prcard 07.20.26	bmo	P CARD STATEMENT 7/20/2026 M BAKER	07/27/2026	106646	4.24
Account		*Account Description*			*Total Per Account*		
10 E 014 1221 4100 01 134207		*INSTRUCTIONAL MATERIALS*			*4.24*		
BMO	2082700002	jdunc pcard 07.2026	bmo	P-CARD STATEMENT 7/20/2026 J DUNCAN	07/27/2026	106646	38.36
Account		*Account Description*			*Total Per Account*		
10 E 014 1221 4100 01 134207		*INSTRUCTIONAL MATERIALS*			*38.36*		
BMO	3032700002	amaz3032700002	bmo	Staff books 26-27	07/23/2026	106646	2,340.73
Account		*Account Description*			*Total Per Account*		
10 E 000 1200 4100 01 134208		*CURRICULUM SUPPLIES*			*2,340.73*		
BMO	3032700010	evanderpcard 07.20.26	bmo	Dr. Elizabeth Vander Woude 7/20/26 Statement	08/06/2026	106646	324.44
Account		*Account Description*			*Total Per Account*		
10 E 001 2210 3120 01 134208		*Mtg and Reg - Curriculum*			*324.44*		
BMO	3122700002	amaz3122700002	bmo	Office supplies for central office and opening day	07/23/2026	106646	391.46
Account		*Account Description*			*Total Per Account*		
10 E 004 2320 4100 01 232000		*REGULAR SUPPLIES - LOCAL*			*391.46*		
BMO	3122700003	amaz33122700003	bmo	Office supplies for Victoria Kimbler and for breakroom	07/23/2026	106646	196.57
Account		*Account Description*			*Total Per Account*		
10 E 004 2320 4100 01 232000		*REGULAR SUPPLIES - LOCAL*			*196.57*		

Invoice Listing

SASED, IL

Vendor	PO Number	Invoice Number	Batch	Description	Invoice Date	Check Number	Net Amount
BMO	3122700007	amaz31227000078	bmo	Binding machine plus accessories for main office	07/23/2026	106646	278.34

Account	Account Description	Total Per Account
10 E 004 2320 4100 01 232000	REGULAR SUPPLIES - LOCAL	278.34

Vendor	PO Number	Invoice Number	Batch	Description	Invoice Date	Check Number	Net Amount
BMO	3122700021	slowpcard 07.20.26	bmo	P-Card Reconciliation for Senga Lowe - July 2026	08/06/2026	106646	398.32

Account	Account Description	Total Per Account
10 E 000 2320 3120 01 232000	MEETINGS & REGISTRATIONS	398.32

Vendor	PO Number	Invoice Number	Batch	Description	Invoice Date	Check Number	Net Amount
BMO	3182700002	lmccarthypcard 07.20.26	bmo	Facility BMO P-Card 7-20-26 Statement	08/06/2026	106646	1,294.29

Account	Account Description	Total Per Account
10 E 000 2540 4100 01 254000	BUILDING SUPPLIES	33.56
10 E 001 2540 3200 01 134204	PURCH SERV BLDG MAINT	1,260.73

Total for BMO: ***19,466.85***

Payables

SASED, IL

Check #	Name on Check	Description	Check Date	Amount
106648	AMERICAN HERITAGE LIFE INSURANCE CO	Allstate Critical Illness and Accident Coverage	08/24/2026	2,427.82
106649	AT & T MOBILITY	Mobile Hotspots July 2026	08/24/2026	180.00
106650	BUSINESSOLVER.COM, INC	Invoice for Businessolver July Service Fees -	08/24/2026	157.50
106651	CDW GOVERNMENT	Students IPAD CASES	08/24/2026	11,600.00
106652	CLASSIC LANDSCAPE, LTD.	SE Monthly Landscape Invoice - August	08/24/2026	1,244.25
106653	COAL CREEK SOFTWARE INC DBA VERIFENT	Verifent (Invoice Number- S-202664) PSLF	08/24/2026	620.40
106654	CORPAY MASTERCARD	Gas Cards/services 08/01-08/15/2026	08/24/2026	819.62
106655	DUPAGE LAUNDRY SERVICE	OTPT equipment: laundry 118 lbs @ 1.29 per	08/24/2026	152.22
106656	EDUCATIONAL BENEFIT COOPERATIVE	August 2026 Final Invoice for EBC - Medical	08/24/2026	421,468.84
106657	ENGIE RESOURCES LLC	SE ALT energy services 06/29-07/29/2026	08/24/2026	4,592.65
106658	ENTERPRISE TRUCK RENTAL- EAN SERVICES LLC	SUMMER MOVES TRUCK RENTAL	08/24/2026	9,550.00
106659	HUMAN KINETICS	Teacher Edition Book (Health Class) J	08/24/2026	120.44
106660	INFINITEC	Invoice 57714 dated 7.17.26 - Rental	08/24/2026	1,091.00
106661	ISDLAF - SCHOOL EMPLOYEES LOSS FUND	FY27 multiple coverages	08/24/2026	193,214.00
106662	METLIFE	September Metlife Vision Invoice for 9/1/26-	08/24/2026	1,713.88
106663	NET56	NET56 Managed Services August 2026 Inv.	08/24/2026	29,996.27
106664	NEXTERA ENERGY SERVICES MIDWEST, LLC	Energy Services SE ALT 07/01-07/31/2026	08/24/2026	39.81
106665	NICOR GAS	Energy Services SE ALT 07/01-07/31/2026	08/24/2026	301.81
106666	ORKIN EXTERMINATING CO INC	Pest services August 2026	08/24/2026	126.22
106667	PADDOCK PUBLICATIONS, INC.	Daily Herald - Public Notices	08/24/2026	98.90
106668	PHILLIP'S FLOWERS	Flowers to staff for bereavement	08/24/2026	196.98
106669	SCHOOLSTATUS LLC	SchoolStatus Website Annual Renewal	08/24/2026	2,921.08
106670	SHERWIN WILLIAMS	SHERWIN WILLIAMS PAINT FOR SE	08/24/2026	172.10
106671	SONITROL CHICAGOLAND WEST	SE ALT Security Services 09/01-11/30/2026	08/24/2026	697.89
			Grand Totals: 24 Total Checks	**683,503.68**

Payables

SASED, IL

Check #	Name on Check	Description	Check Date	Amount
9252600924	MARK VINCENT DYREK	Contract Business Office 06/27-07/27/2026	08/24/2026	1,200.00
9252600925	MARK VINCENT DYREK	Business Office Contract Services M. Dyrek	08/24/2026	1,600.00
9252600926	MARK VINCENT DYREK	Business Office Contract Services M. Dyrek	08/24/2026	1,600.00
9252600927	RELIANCE STANDARD LIFE INSURANCE COMPANY	Reliance August 2026 Invoice	08/24/2026	3,697.45
			Grand Totals: 4 Total Checks	**8,097.45**

Payables

SASED, IL

Check #	Name on Check	Description	Check Date	Amount
106673	ADDISON SCHOOL DISTRICT #4	FY26 Final Billing	08/31/2026	4,740.37
106674	AURORA EAST DISTRICT #131	FY26 Final Billing	08/31/2026	3,526.53
106675	BELLWOOD SCHOOL DIST #88	FY26 Final Billing	08/31/2026	2,056.06
106676	BENSENVILLE SCHOOL DIST. #2	FY26 Final Billing	08/31/2026	2,362.07
106677	BERKELEY SCHOOL DIST #87	FY26 Final Billing	08/31/2026	645.85
106678	BERWYN SCHOOL DIST #98	FY26 Final Billing	08/31/2026	9,800.25
106679	BLAZERWORKS, LLC	contract services week ending 06/21/2026	08/31/2026	61,641.02
106680	CARLSON GLASS AND MIRROR INC	door repairs SE ALT	08/31/2026	158.00
106681	CICERO SCHOOL DIST #99	FY26 Final Billing	08/31/2026	44,179.23
106682	COMMUNITY CONSLTD SD #89	FY26 Final Billing	08/31/2026	13,958.60
106683	COMMUNITY H.S. DISTRICT #218	FY26 Final Billing	08/31/2026	4,506.00
106684	COMMUNITY SCHOOL DIST. #93	FY26 Final Billing	08/31/2026	1,218.51
106685	CONSOLIDATED HSD #230	FY26 Final Billing	08/31/2026	9,894.00
106686	DARIEN SCHOOL DIST #61	FY26 Final Billing	08/31/2026	987.15
106687	ELMWOOD PARK SCHOOL DIST #401	FY26 Final Billing	08/31/2026	30,904.10
106688	EMBRACE EDUCATION	voucher 6051E253	08/31/2026	10,316.11
106689	FAIRMONT SCHOOL DISTRICT #89	FY26 Final Billing	08/31/2026	7,125.74
106690	FOREST PARK DISTRICT #91	FY26 Final Billing	08/31/2026	2,649.97
106691	FOREST RIDGE DISTRICT 142	FY26 Final Billing	08/31/2026	2,475.60
106692	FRANKLIN PARK SCH DIST #84	FY26 Final Billing	08/31/2026	5,981.45
106693	GLEN ELLYN SCHOOL DIST #41	FY26 Final Billing	08/31/2026	10,921.47
106694	HILLSIDE SCHOOL DISTRICT #93	FY26 Final Billing	08/31/2026	18,808.23
106695	HINSDALE TWP. H.S. DIST. #86	FY26 Final Billing	08/31/2026	29,441.20
106696	INDIAN SPRINGS DIST #109	FY26 Final Billing	08/31/2026	3,841.02
106697	J STERLING MORTON HIGH SCHOOL DIST #201	FY26 Final Billing	08/31/2026	13,103.12
106698	MARQUARDT SCHOOL DIST #15	FY26 Final Billing	08/31/2026	3,436.06
106699	MAXIM HEALTHCARE SERVICES	contract services week ending 06/25/2026	08/31/2026	13,426.14
106700	MAYWOOD-MELROSE PARK SD#89	FY26 Final Billing	08/31/2026	24,487.18
106701	NET56	Jamf Pro ios May 2026	08/31/2026	444.72

Payables

SASED, IL

Check #	Name on Check	Description	Check Date	Amount
106702	NIU FOUNDATION	Early Choices Payout-funds are unrestricted	08/31/2026	42,819.24
106703	NORTH PALOS SCHOOL DIST. #117	FY26 Final Billing	08/31/2026	2,349.60
106704	OAK PARK DIST #200	FY26 Final Billing	08/31/2026	1,861.00
106705	OAK PARK SCHOOL DIST #97	FY26 Final Billing	08/31/2026	1,773.00
106706	OTICON INC	Hooks	08/31/2026	111.03
106707	PADDOCK PUBLICATIONS, INC.	Bid notice 08/15/2025	08/31/2026	50.60
106708	PLAINFIELD CC DIST #202	FY26 Final Tuition Refund	08/31/2026	13,108.70
106709	QUEEN BEE SCHOOL DIST #16	FY26 Final Billing	08/31/2026	18,039.49
106710	RHODES SCHOOL DISTRICT #84.5	FY26 Final Billing	08/31/2026	2,087.00
106711	RIVER GROVE DISTRICT #85.5	FY26 Final Billing	08/31/2026	2,195.00
106712	RIVERSIDE PUBLIC SCHOOL #96	FY26 Final Billing	08/31/2026	17,544.00
106713	SUMMIT SCHOOL DIST #104, ATTN: A/P	FY26 Final Billing	08/31/2026	31,581.44
106714	VALLEY VIEW DIST #365U	FY26 Final Billing	08/31/2026	24,997.67
106715	WEST CHICAGO SCHOOL DIST. #33	FY26 Final Tuition	08/31/2026	15,544.64
106716	WESTCHESTER SCHOOL DIST #92.5	FY26 Final Billing	08/31/2026	18,867.31
106717	WESTONE	G Chatham	08/31/2026	164.15
106718	WINFIELD SCHOOL DISTRICT #34	FY26 Final Tuition	08/31/2026	12,717.08
106719	WOOD DALE SCHOOL DIST #7	FY26 Final Billing	08/31/2026	2,087.00
106720	YORKVILLE CUSD #115	FY26 Final Billing	08/31/2026	4,005.42
			Grand Totals: 48 Total Checks	**548,939.12**

Payables

SASED, IL

Check #	Name on Check	Description	Check Date	Amount
9252600927	RELIANCE STANDARD LIFE INSURANCE COMPANY	Reliance August 2026 Invoice	08/24/2026	3,697.45
9252600928	CASS SCHOOL DISTRICT #63	FY26 Final Billing	08/31/2026	17,332.26
9252600929	TARA J CORRAL	Mileage reimbursement for May and June	08/31/2026	113.97
9252600930	DOWNERS GROVE DISTRICT #58	FY26 Final Billing	08/31/2026	104,836.41
9252600931	MAERCKER DISTRICT #60	FY26 Final Billing	08/31/2026	25,508.27
9252600932	NICOLE L NUNZIATO	Mileage Reimbursement for May-June 2026	08/31/2026	325.45
9252600933	SALT CREEK SCHOOL DIST. #48	Administrative Outreach Jan-March 2026	08/31/2026	17,382.52
			Grand Totals: 7 Total Checks	**169,196.33**

VOIDED CHECKS

August 2026	**$ 0**

School Association for Special Education in DuPage
Teaching ♦ Leading ♦ Believing

Dr. Kim Dryier
Executive Director

ACTION ITEM

To: SASED Board of Directors
From: Kim Dryier, Executive Director
Date: September 16, 2026
Re: First Reading of Policies included in the IASB PRESS Issue 122 Update, Released June 2026

Summary: IASB PRESS Release 122 was released in June 2026 and Board review and adoption is required. These updates have been reviewed by the SASED Policy Committee with suggested changes as presented.

Draft Update

2:230 - Public Participation at Board Meetings and Petitions to the Board- Updated in response to a five-year review and for continuous improvement
5:40 - Communicable and Chronic Infectious Disease - Updated in response to a five-year review and for continuous improvement
5:70 - Religious Holidays - Updated in response to a five-year review and for continuous improvement
5:240 - Suspension - Updated in response to a five-year review and for continuous improvement
6:70 - Teaching About Religions - Updated in response to a legal reference
6:80 - Teaching About Controversial Issues - Updated in response to a legal reference
6:190 - Extracurricular and Co-Curricular Activities - Updated to align with changes made to policy 7:330
7:130 - Student Rights and Responsibilities - Updated in response to legal references
8:70 - Accommodating Individuals with Disabilities - Updated in response to a five-year review and for continuous improvement

Draft Update - Rewritten

7:330 - Student Use of Buildings - Equal Access - Rewritten based on feedback from the IL Council of School Attorneys and recent law updates. Should be consistent with language in Policy 8:25

Review and Monitor

3:40 - Executive Director - Suggested to be reviewed by the Board every five years and readopt with new date
3:50 - Administrative Personnel Other Than the Executive Director - Suggested to be reviewed by the Board every five years and readopt with new date
3:60 - Administrative Responsibility of Program Administrators and Coordinators - Suggested to be reviewed by the Board every five years and readopt with new date
3:70 - Succession of Authority - Suggested to be reviewed by the Board every five years and readopt with new date
4:120 - Food Services - Suggested to be reviewed by the Board every five years and readopt with new date
4:175 - Convicted Child Sex Offener; Screening; Notifications - Suggested to be reviewed by the Board every five years and readopt with new date
5:140 - Solicitations By or From Staff - Suggested to be reviewed by the Board every five years and readopt with new date
7:30 - Student Assignment - Suggested to be reviewed by the Board every five years and readopt with new date

7:80 - Release Time for Religious Instruction/Observance - Suggested to be reviewed by the Board every five years and readopt with new date
7:345 - Use of Educational Technologies; Student Data Privacy and Security - Suggested to be reviewed by the Board every five years and readopt with new date
8:100 - Relations with Other Organizations and Agencies - Suggested to be reviewed by the Board every five years and readopt with new date

Recommended Action: SASED Administration requests that the Board of Directors review these policies as a first reading.

POLICY MANUAL REVISIONS
June 2026 PRESS Update 122
1st Reading by Board - September 16, 2026
Board Policies

Draft Update

2:230 - Public Participation at Board Meetings and Petitions to the Board- Updated in response to a five-year review and for continuous improvement

5:40 - Communicable and Chronic Infectious Disease - Updated in response to a five-year review and for continuous improvement

5:70 - Religious Holidays - Updated in response to a five-year review and for continuous improvement

5:240 - Suspension - Updated in response to a five-year review and for continuous improvement

6:70 - Teaching About Religions - Updated in response to a legal reference

6:80 - Teaching About Controversial Issues - Updated in response to a legal reference

6:190 - Extracurricular and Co-Curricular Activities - Updated to align with changes made to policy 7:330

7:130 - Student Rights and Responsibilities - Updated in response to legal references

8:70 - Accommodating Individuals with Disabilities - Updated in response to a five-year review and for continuous improvement

Draft Update - Rewritten

7:330 - Student Use of Buildings - Equal Access - Rewritten based on feedback from the IL Council of School Attorneys and recent law updates. Should be consistent with language in Policy 8:25

Review and Monitor

3:40 - Executive Director - Suggested to be reviewed by the Board every five years and readopt with new date

3:50 - Administrative Personnel Other Than the Executive Director - Suggested to be reviewed by the Board every five years and readopt with new date

3:60 - Administrative Responsibility of Program Administrators and Coordinators - Suggested to be reviewed by the Board every five years and readopt with new date

3:70 - Succession of Authority - Suggested to be reviewed by the Board every five years and readopt with new date

4:120 - Food Services - Suggested to be reviewed by the Board every five years and readopt with new date

4:175 - Convicted Child Sex Offener; Screening; Notifications - Suggested to be reviewed by the Board every five years and readopt with new date

5:140 - Solicitations By or From Staff - Suggested to be reviewed by the Board every five years and readopt with new date

7:30 - Student Assignment - Suggested to be reviewed by the Board every five years and readopt with new date

7:80 - Release Time for Religious Instruction/Observance - Suggested to be reviewed by the Board every five years and readopt with new date

7:345 - Use of Educational Technologies; Student Data Privacy and Security - Suggested to be reviewed by the Board every five years and readopt with new date

8:100 - Relations with Other Organizations and Agencies - Suggested to be reviewed by the Board every five years and readopt with new date

Document Status: Draft Update

SECTION 2 - GOVERNANCE

2:230 Public Participation at Board Meetings and Petitions to the Board

At each regular and special open meeting of the Board or Board Committee, members of the public and SASED employees may comment to or ask questions of the Board (*public participation*), subject to the reasonable constraints established and recorded in this policy.[C1] The Board listens to comments or questions during public participation; responses to comments to or questions of the Board are most often managed through policy 3:30, *Chain of Command*.[C2]

The individuals appearing before the Board are expected to follow these guidelines:

1. Complete the Request For Public Participation form 2:230-E and submit it to the Recording Secretary.
2. Address the Board only at the appropriate time as indicated on the agenda and when recognized by the Board Chairperson. This includes following the directives of the Board Chairperson to maintain order and decorum for all.
3. Use a sign-in sheet, if requested.
4. Identify oneself and be brief. Ordinarily, the time for any one person to address the Board during public participation shall be limited to three minutes. In ~~unusual~~ extenuating circumstances, e.g., to accommodate a person's disability or language interpreter, and when an individual has made a request to speak for a longer period of time, the Board Chairperson may allow a person to speak for more than three minutes. If multiple individuals wish to address the Board on the same subject, the group is encouraged to appoint a spokesperson.
5. Observe, when necessary and appropriate, the Board Chairperson's authority to:

    a. Shorten the time for each person to address the Board during public participation to conserve time and give the maximum number of people an opportunity to speak; and/or
    b. Determine procedural matters regarding public participation not otherwise

covered in Board policy.

6. Conduct oneself with respect and civility toward others and otherwise abide by Board policy 8:30, *Visitors to and Conduct on School Property*.

Petitions or written correspondence to the Board shall be presented to the Board in the next regular Board packet.

The Board generally will not act on a proposal, suggestion, or request when first presented by a member of the public during a Board meeting. A response will be made to the member of the public after a proper evaluation of a proposal, suggestion, or request has been completed.

Personal charges or complaints against individual employees of SASED will not be accepted at a public meeting of either SASED Board. Such charges or complaints shall be presented to the Executive Director, preferably in writing. All such charges or complaints will be investigated by the Executive Director and as appropriate reported to the Board of Directors.

LEGAL REF.:

105 ILCS 5/10-6 and 5/10-16.

5 ILCS 120/2.06, Open Meetings Act.

I.A. Rana Enterprises, Inc. v. City of Aurora, 630 F.Supp.2d 912 (N.D.Ill. 2009).

CROSS REF.: 2:220 (Board Meeting Procedure), 8:10 (Connection with the Community), 8:30 (Visitors to and Conduct on School Property)

~~ADOPTED: August 16, 2023~~

School Association for Special Education in DuPage County (SASED)

PRESSPlus Comments

C1. Updated in response to a five-year review. **Issue 122, June 2026**

C2. The law does not require board members to respond during public participation, and best practices for meetings instruct board members to refrain from engaging in commentary with members of the public during public participation. **Issue 122, June 2026**

Document Status: Draft Update

General Personnel

5:40 Communicable and Chronic Infectious Disease

The Executive Director or designee shall develop and implement procedures for managing known or suspected cases of a communicable and chronic infectious disease involving SASED employees that are consistent with State and federal law, Illinois Department of Public Health rules, and SASED policies.

An employee with a communicable or chronic infectious disease is encouraged to self-report ~~toinform~~ the Executive Director or designee immediately and grant consent to being monitored by SASED's Communicvable and Chronic Infectious Disease Review Team. The review team, if used, provides information and recommendations to the Executive Director or designee, concerning the employee's conditions of employment and necessary accommodations. The review team shall hold the employee's medical condition and records at strictest confidence, except to the extent allowed to be disclosed by law.

An employee with a communicable or chronic infectious disease will be permitted to retain his or her position whenever, after reasonable accommodations and without undue hardship, there is no substantial risk of transmission of the disease to others, provided an employee is able to continue to perform the position's essential functions. An employee with a communicable and chronic infectious disease remains subject to SASED's employment policies including sick and/or other leave, physical examinations, temporary and permanent disability, and termination.

LEGAL REF.:

42 U.S.C. §12101 *et seq.*, Americans With Disabilities Act, amended by the Americans with Disabilities Act Amendments Act (ADAAA), Pub. L. 110-325; 29 C.F.R. §1630.1 *et seq.*

29 U.S.C. §791, Rehabilitation Act of 1973; 34 C.F.R. §104.1 *et seq.*

105 ILCS 5/24-5.

20 ILCS 2305/6, Department of Public Health Act.

820 ILCS 40/, Personnel Record Review Act.

77 Ill.Admin.Code Part 690, Control of Communicable Diseases.

CROSS REF.: 2:150 (Committees), 4:180 (Pandemic Preparedness; Management; and Recovery), 5:30 (Hiring Process and Criteria), 5:180 (Temporary Illness or Temporary Incapacity)

ADOPTED: May 20, 2026

School Association for Special Education in DuPage County (SASED)

PRESSPlus Comments

C1. Updated in response to a five-year review. **Issue 122, June 2026**

Document Status: Draft Update

General Personnel

5:70 Religious Holidays

The Executive Director shall grant an employee's request for time off to observe a religious holiday if the employee gives at least five days' prior notice and the absence does not cause an undue hardship.

Employees may use earned vacation time or personal leave to make up the absence, provided such time is consistent with SASED's operational needs. A per diem deduction may also be requested by the employee.

LEGAL REF.:

775 ILCS 5/2-101 and 5/2-102, Ill. Human Rights Act.

775 ILCS 35/~~155~~, [C1] Religious Freedom Restoration Act.

~~ADOPTED: August 16, 2023~~

School Association for Special Education in DuPage County (SASED)

PRESSPlus Comments

C1. Updated in response to a five-year review. School employers may require employees to provide notice of their intention to be absent, but may not require more than five days' notice before being absent for a religious holiday. 775 ILCS 5/2-102(E). A board that wishes to require fewer days' notice may modify the number of days. **Issue 122, June 2026**

Document Status: Draft Update

Professional Personnel

5:240 Suspension

Suspension Without Pay

The Board of Directors may suspend a professional employee[C1] without pay: (1) ~~a professional employee~~ pending a dismissal hearing, or (2) ~~a professional employee~~ as a disciplinary measure for misconduct that is detrimental to SASED. A *professional employee* means a non-administrator employee who holds a professional educator license. Administrative staff members may not be suspended without pay as a disciplinary measure.

Misconduct that is detrimental to the SASED includes:

- Insubordination, including any failure to follow an oral or written directive from a supervisor;
- Violation of Board policy or Administrative Procedure;
- Conduct that disrupts or may disrupt the educational program or process;
- Conduct that violates any State or federal law that relates to the employee's duties; and
- Other sufficient causes.

The Executive Director or designee is authorized to issue a pre-suspension notification to a professional employee. This notification shall include the length and reason for the suspension as well as the deadline for the employee to exercise his or her right to appeal the suspension to the Board or Board-appointed hearing examiner before it is imposed. At the request of the professional employee made within five calendar days of receipt of a pre-suspension notification, the Board or Board-appointed hearing examiner will conduct a pre-suspension hearing. The Board or its designee shall notify the professional employee of the alleged charges and the date and time of the hearing. At the pre-suspension hearing, the professional employee or his/her representative may present evidence. If the employee does not appeal the pre-suspension notification, the Executive Director or designee shall report the action to the Board at its next regularly scheduled meeting.

Suspension With Pay

The Board or Executive Director or designee may suspend a professional employee with pay: (1) during an investigation into allegations of disobedience or misconduct whenever the employee's continued presence in his or her position would not be in SASED's best interests, (2) as a disciplinary measure for misconduct that is detrimental to SASED as defined above, or (3) pending a Board hearing to suspend a professional employee ~~teacher~~ without pay.

The Executive Director or designee shall meet with the professional employee to present the allegations and give the professional employee an opportunity to refute the charges. The professional employee will be told the dates and times the suspension will begin and end.

Employees Under Investigation by Illinois Dept. of Children and Family Services (DCFS)

Upon receipt of a DCFS recommendation that SASED remove an employee from his or her position when he or she is the subject of a pending DCFS investigation ~~that relates to his or her employment with SASED~~,[C2] the Board or Executive Director or designee, in consultation with the Board attorney, will determine whether to:

1. Let the employee remain in his or her position pending the outcome of the investigation; or
2. Remove the employee as recommended by DCFS, proceeding with:
    a. A suspension with pay; or
    b. A suspension without pay.

Repayment of Compensation and Benefits

If a professional employee is suspended with pay, either voluntarily or involuntarily, pending the outcome of a criminal investigation or prosecution, and the employee is later dismissed as a result of his or her criminal conviction, then the employee must repay to SASED all compensation and the value of all benefits received by him or her during the suspension. The Executive Director will notify the employee of this requirement when the employee is suspended.

LEGAL REF.:

105 ILCS 5/24-12.

5 ILCS 430/5-60(b), State Officials and Employee Ethics Act.

325 ILCS 5/7.4(c-10), Abused and Neglected Child Reporting Act.

Cleveland Bd. of Educ. v. Loudermill, 470 U.S. 532 (1985).

Barszcz v. Cmty College Dist. No. 504, 400 F.Supp. 675 (N.D. Ill. 1975).

Massie v. East St. Louis Sch. Dist. No.189, 203 Ill.App.3d 965 (5th Dist. 1990).

CROSS REF.: 5:290 (Employment Termination and Suspensions)

ADOPTED: May 20, 2026

School Association for Special Education in DuPage County (SASED)

PRESSPlus Comments

C1. Updated in response to a five-year review. **Issue 122, June 2026**

C2. Updated in response to a five-year review. **Issue 122, June 2026**

Document Status: Draft Update

SECTION 6 - INSTRUCTION

6:70 Teaching About Religions

SASED's curriculum may include the study of religions as they relate to geography, history, culture, and the development of various ethnic groups. The study of religions shall give neither preferential nor derogatory treatment to any single religion, religious belief, or to religion in general. The study of religions shall be treated as an academic subject with no emphasis on the advancement or practice of religion.

LEGAL REF.:

Mahmoud v. Taylor, 606 U.S. 522 (2025). C1

Allegheny County v. ACLU Pittsburgh Chapter, 492 U.S. 573 (1989).

School Dist. of Abington Twp v. Schempp, 374 U.S. 203 (1963).

~~Allegheny County v. ACLU Pittsburgh Chapter, 492 U.S. 573 (1989).~~

CROSS REF.: 6:20 (School Year Calendar and Day), 6:40 (Curriculum Development), 6:60 (Curriculum Content), 6:255 (Assemblies and Ceremonies)

~~ADOPTED: August 16, 2023~~

School Association for Special Education in DuPage County (SASED)

PRESSPlus Comments

C1. In Mahmoud v. Taylor, 606 U.S. 522 (2025), the U.S. Supreme Court held that a public school "burdens the religious exercise of parents when it requires them to submit their children to instruction that poses 'a very real threat of undermining' the religious beliefs and practices that the parents wish to instill." Consult the board attorney on questions related to religious opt-outs from curriculum, and see policy 6:260, *Complaints About Curriculum, Instructional Materials, and Programs.* **Issue 122, June 2026**

Document Status: Draft Update

SECTION 6 - INSTRUCTION

6:80 Teaching About Controversial Issues

The Executive Director shall ensure that all SASED-sponsored presentations and discussions of controversial or sensitive topics in the instructional program, including those made by guest speakers, are:

- Age-appropriate. Proper decorum, considering the students' ages, should be followed.
- Consistent with the curriculum and serve an educational purpose.
- Informative and present a balanced view.
- Respectful of the rights and opinions of everyone. Emotional criticisms and hurtful sarcasm should be avoided.
- Not tolerant of profanity or slander.

SASED specifically reserves its right to stop any Program or service-sponsored activity that it determines violates this policy, is harmful to SASED or the students, or violates State or federal law.

LEGAL REF.:

Mahmoud v. Taylor, 606 U.S. 522 (2025).[C1]

Garcetti v. Ceballos, 547 U.S. 410 (2006).

Mayer v. Monroe Cnty. Cmty. Sch. Corp., 474 F.3d 477 (7th Cir. 2007).

CROSS REF.: 6:40 (Curriculum Development), 6:255 (Assemblies and Ceremonies), 6:260 (Complaints About Curriculum, Instructional Materials, and Programs)

~~ADOPTED: August 16, 2023~~

PRESSPlus Comments

C1. In Mahmoud v. Taylor, 606 U.S. 522 (2025), the U.S. Supreme Court ruled that a district likely violated parents' free exercise rights when it refused to give notice and allow them to opt their elementary-age children out of literacy instruction that involved the use of LGBTQ+-inclusive storybooks. See sample policy 6:260, *Complaints About Curriculum, Instructional Materials, and Programs* at footnote 3, available at PRESS Online by logging in at www.iasb.com. Consult the board attorney regarding curriculum objections. **Issue 122, June 2026**

Document Status: Draft Update

SECTION 6 - INSTRUCTION

6:190 Extracurricular and Co-Curricular Activities

Extracurricular or co-curricular activities are school-sponsored programs for which some or all of the activities are outside the instructional day. They do not include field trips, homework, or occasional work required outside the school day for a scheduled class. *Co-curricular activity* refers to an activity associated with the curriculum in a regular classroom and is generally required for class credit. *Extracurricular activity* refers to an activity that is not part of the curriculum, is not graded, does not offer credit, and does not take place during classroom time; it includes competitive interscholastic activities and clubs.

The Executive Director must approve an activity in order for it to be considered a SASED-sponsored extracurricular or co-curricular activity, using the following criteria:

1. The activity will contribute to the leadership abilities, social well-being, self-realization, good citizenship, or general growth of student-participants.
2. Fees assessed for students are reasonable and do not exceed the actual cost of operation.
3. SASED has sufficient financial resources for the activity.
4. Student body desires are considered.
5. The activity will be supervised by a SASED-approved sponsor.

Non-school sponsoredcurriculum related[C1] student groups or clubs that are not school sponsored are governed by Board policy 7:330, *Student Use of Buildings - Equal Access*.

LEGAL REF.:

105 ILCS 5/10-20.30 and 5/24-24.

CROSS REF.: 4:170 (Safety), 7:240 (Conduct Code for Participants in Extracurricular Activities), 7:330 (Student Use of Buildings - Equal Access), 8:20 (Community Use of SASED Facilities)

ADOPTED: August 16, 2023

PRESSPlus Comments

C1. Updated to align with the changes made to policy 7:330, *Student Use of Buildings - Equal Access.* **Issue 122, June 2026**

Document Status: Draft Update

SECTION 7 - STUDENTS

7:130 Student Rights and Responsibilities

All students are entitled to enjoy the rights protected by the U.S. and Illinois Constitutions and laws for persons of their age and maturity in a school setting. Students should exercise these rights reasonably and avoid violating the rights of others. Students who violate the rights of others or violate SASED policies or rules will be subject to disciplinary measures.

Students may, during the school day, during noninstructional time, voluntarily engage in individually or collectively initiated, non-disruptive prayer or religious-based meetings that, consistent with the Free Exercise and Establishment Clauses of the U.S. and Illinois Constitutions, are not sponsored, promoted, or endorsed in any manner by the school or any school employee. *Noninstructional time* means time set aside by a school before actual classroom instruction begins or after actual classroom instruction ends.

LEGAL REF.:

20 U.S.C. §4071 et seq., Equal Access Act.[C1]

20 U.S.C. §7904, Every Student Succeeds Act.

Kennedy v. Bremerton Sch. Dist., 597 U.S. 507 (2022).[C2]

Tinker v. Des Moines Indep. Cmty. Sch. Dist., 393 U.S. 503 (1969).

105 ILCS 20/5, Silent Reflection and Student Prayer Act.

CROSS REF.: 7:140 (Search and Seizure), 7:150 (Agency and Law Enforcement Requests), 7:160 (Student Appearance), 7:190 (Student Behavior), 7:330 (Student Use of Buildings - Equal Access)

ADOPTED: October 15, 2025

PRESSPlus Comments

C1. The Equal Access Act (EAA) requires a secondary school that receives federal funding and allows a *limited open forum* to grant fair opportunity or equal access to students who wish to conduct a meeting within that limited open forum without regard to the religious, political, philosophical, or other content of the speech at such a meeting. A secondary school has a *limited open forum* whenever it "grants an offering to or opportunity for one or more noncurriculum-related student groups to meet on school premises during noninstructional time." 20 U.S.C. §4071(a). **Issue 122, June 2026**

C2. Kennedy v. Bremerton Sch. Dist., 597 U.S. 507, 527 (2022) (quoting Tinker at 506, "the First Amendment's protections extend to both 'teachers and students,'" found that students were not restricted from voluntarily joining in prayer with a high school football coach on the field after a game). **Issue 122, June 2026**

Document Status: Draft Update

SECTION 8 - COMMUNITY RELATIONS

8:70 Accommodating Individuals with Disabilities

Individuals with disabilities shall be provided an opportunity to participate in all school-sponsored services, programs, or activities and will not be subject to illegal discrimination. When appropriate, SASED may provide to persons with disabilities aids, benefits, or services that are separate or different from, but as effective as, those provided to others.

SASED will provide auxiliary aids and services when necessary to afford individuals with disabilities equal opportunity to participate in or enjoy the benefits of a service, program, or activity.

Each service, program, website, or activity operated in existing facilities shall be readily accessible to, and useable by, individuals with disabilities. New construction and alterations to facilities existing before January 26, 1992, will be accessible when viewed in their entirety.

The Executive Director or designee is designated the Title II Coordinator and shall:

1. Oversee SASED's compliance efforts and, recommend necessary modifications to the Board, and maintain SASED's final Title II self-evaluation document, update it to the extent necessary, and keep it available for public inspection for at least three years after its completion date. C1
2. Institute plans to make information regarding Title II's protection available to any interested party.

Individuals with disabilities should notify the Executive Director or Program Administrator/ Coordinator if they have a disability that will require special assistance or services and, if so, what services are required. This notification should occur as far in advance as possible of the school-sponsored function, program, or meeting.

Individuals with disabilities may allege a violation of this policy or federal law by reporting it to the Executive Director or designated Title II Coordinator, or by filing a grievance under Board policy 2:260, the *Uniform Grievance Procedure*.

LEGAL REF.:

~~Americans with Disabilities Act,~~ 42 U.S.C. §§12101 et seq. and 12131 et seq., Americans with Disabilities Act; 28 C.F.R. Part 35.

~~Rehabilitation Act of 1973 §104,~~ 29 U.S.C. §794, Rehabilitation Act of 1973 ~~(2006)~~.

105 ILCS 5/10-20.51.

410 ILCS 25/, Environmental Barriers Act.

71 Ill.Admin.Code Part 400, Illinois Accessibility Code.

CROSS REF.: 2:260 (Uniform Grievance Procedure), 4:150 (Facility Management and Building Programs)

~~ADOPTED: August 16, 2023~~

School Association for Special Education in DuPage County (SASED)

PRESSPlus Comments

C1. Updated in response to a five-year review. **Issue 122, June 2026**

Document Status: Draft Update - Rewritten

SECTION 7 - STUDENTS

7:330 Student Use of Buildings - Equal Access

For purposes of this Board policy, the District has established a *limited open forum* for high school students enrolled in the District.[C1] Each District high school shall offer an opportunity for student-led *noncurriculum related student groups* to meet on school premises during *noninstructional time*. Noncurriculum related student groups are those student groups, clubs, or organizations that do not directly relate to the curriculum. For purposes of this Board policy, a *non-school sponsored* noncurriculum related student group is a noncurriculum related student group that is student led.

A student group or club is *school sponsored* if the District approves the student group or club to have a paid adult sponsor to promote, participate, and/or lead its activities. However, assigning a teacher, administrator, or other school employee to supervise a meeting for custodial purposes, allowing groups to promote meetings, and providing access to resources as determined by the District do not constitute sponsorship of the student group or club, nor does it constitute the District's endorsement or agreement with the activity or the speech of the students who participate in the activity.

Extracurricular and co-curricular student groups or clubs that are school sponsored are governed by Board policy 6:190, *Extracurricular and Co-Curricular Activities*.

Student groups or clubs directed and controlled by non-school persons are governed by Board policy 8:20, *Community Use of School Facilities*.

Student-led noncurriculum related student groups or clubs that are not school sponsored are granted free use of school premises and/or access to school resources for a meeting or series of meetings under the following conditions:

1. The meeting is held during those noninstructional times identified by the Superintendent or designee for noncurriculum related student groups, clubs, or organizations to meet. *Noninstructional time* means time set aside by the school before actual classroom instruction begins or after actual classroom instruction ends.
2. All noncurriculum related student groups that are not school sponsored receive

substantially the same treatment.[C2]

3. The student group or club and the meeting are student-initiated, meaning that the request is made by a student, and the group or club is led by a student.[C3]
4. Student attendance at the meeting is voluntary.
5. The school and school employees will not promote, lead, participate in, or otherwise sponsor the meeting.
6. School employees are present at religious meetings only in a nonparticipatory capacity.
7. The meeting and/or any activities engaged in by the student group or club do not materially or substantially interfere with the orderly conduct of educational activities.
8. Non-school persons do not direct, conduct, control, or regularly attend the meetings.[C4]
9. The school retains its authority to maintain order and discipline.
10. A school staff member is present in a supervisory capacity.
11. The Superintendent or designee approves the use of school premises and/or access to school resources for a meeting or series of meetings.
12. The school requires neutral content generally limited to club/group name, meeting time(s), and location(s) as well as the approval of the Building Principal or designee for all advertisements, wall postings, or flyers.[C5]

The Superintendent or designee shall develop administrative procedures to implement this policy.

LEGAL REF.:

20 U.S.C. §4071 et seq., Equal Access Act.

Bd. of Ed. of Westside Community Sch. Dist. v. Mergens, 496 U.S. 226 (1990).

E.D. by Duell v. Noblesville Sch. Dist., 151 F.4th 907 (7th Cir. 2025).

Gernetzke v. Kenosha Unified Sch. Dist. No. 1, 274 F.3d 464 (7th Cir. 2001), *cert. denied*, 535 U.S. 1017.

CROSS REF.: 6:190 (Extracurricular and Co-Curricular Activities), 7:10 (Equal Educational Opportunities), 8:20 (Community Use of School Facilities), 8:25 (Advertising and Distributing Materials in Schools Provided by Non-School Related Entities)

PRESSPlus Comments

C1. This policy is rewritten based on feedback from the Ill. Council of School Attorneys to address the need for more guidance regarding what types of student-led groups are permitted free use of school premises under the Equal Access Act. Under the EAA, if a district with secondary school(s) has established a limited open forum, it is unlawful to deny equal access or a fair opportunity to, or discriminate against, any students who wish to conduct a *meeting* within that limited open forum on the basis of the religious, political, philosophical, or other content of the speech at such meetings. The term *meeting* under the EAA includes those activities of student groups which are permitted under a school's limited open forum and are not directly related to the school curriculum. This prohibition and definition under the EAA are the basis for the term of art *noncurriculum related student group*. See 20 U.S.C. §§4071(a) and 4072(3).

The policy is also updated due to recent case law updates, including E.D. by Duell v. Noblesville Sch. Dist., 151 F.4th 907 (7th Cir. 2025).

For more information, see the PRESS sample policy's footnotes, available at PRESS Online by logging in at www.iasb.com **Issue 122, June 2026**

C2. See also U.S. Dept. of Education *Guidance on Constitutionally Protected Prayer and Religious Expression in Public Elementary and Secondary Schools* (2026), available at: www.ed.gov/media/document/2026-guidance-constitutionally-protected-prayer-and-religious-expression-public-elementary-and-secondary-schools-113182.pdf. **Issue 122, June 2026**

C3. In E.D., the Court found no violation of the EAA where a school official decided to suspend a student anti-abortion club based on evidence that the club was partially run by the student's parent, and the student failed to follow the school's content-neutral flyer rules by including political messages. **Issue 122, June 2026**

C4. Bd. of Ed. of Westside Community Sch. Dist. v. Mergens, 496 U.S. 226, 236 (1990). **Issue 122, June 2026**

C5. The content-neutral restrictions contained in this item were upheld in E.D. The Court found, "[t]he District could reasonably conclude that covering its walls with warring political messages would undermine that order and divert attention from the business of learning."

This condition's application should be consistent with a board's adopted language in policy 8:25, *Advertising and Distributing Materials in Schools Provided by Non-School Related Entities.* **Issue 122, June 2026**

Document Status: Review and Monitoring

SECTION 3 - GENERAL ADMINISTRATION

3:40 Executive Director

Duties and Authority[C1]

The Executive Director is SASED's executive officer and is responsible for the administration and management of the Cooperative schools in accordance with Board policies and directives, and State and federal law. SASED management duties include, without limitation, preparing, submitting, publishing, and posting reports and notifications as required by State and federal law, including the special reporting responsibilities in policy 5:90, *Abused and Neglected Child Reporting*. The Executive Director is authorized to develop administrative procedures and take other action as needed to implement Board policy and otherwise fulfill his or her responsibilities. The Executive Director may delegate to other SASED staff members the exercise of any powers and the discharge of any duties imposed upon the Executive Director by Board policies or by Board vote. The delegation of power or duty, however, shall not relieve the Executive Director of responsibility for the action that was delegated.

Qualifications

The Executive Director must be of good character and of unquestionable morals and integrity. The Executive Director shall have the experience and the skills necessary to work effectively with the Board, SASED employees, students, and the community. The Executive Director must have and maintain a Professional Educator License with an Executive Director endorsement issued by the Illinois State Educator Preparation and Licensure Board.

Evaluation

The Board will evaluate, at least annually, the Executive Director's performance and effectiveness, using standards and objectives developed by the Executive Director and Board that are consistent with State law, the Board's policies and the Executive Director's contract. A specific time should be designated for a formal evaluation session with all Board members present. The evaluation should include a discussion of professional strengths as well as performance areas needing improvement.

The Executive Director shall annually present evidence of professional growth through attendance at educational conferences, in-service training, or similar continuing education pursuits.

Compensation and Benefits

The Board and the Executive Director shall enter into an employment agreement that conforms to Board policy and State law. This contract shall govern the employment relationship between the Board and the Executive Director. The terms of the Executive Director's employment agreement, when in conflict with this policy, will control.

LEGAL REF.:

105 ILCS 5/10-16.7, 5/10-20.47, 5/10-21.4, 5/10-21.9, 5/10-23.8, 5/21B-20, 5/21B-25, 5/24-11, and 5/24A-3.

5 ILCS 120/7.3, Open Meetings Act.

23 Ill.Admin.Code §§1.310, 1.705, and 25.355.

CROSS REF: 2:20 (Powers and Duties of the Boards; Indemnification), 2:130 (Board-Executive Director Relationship), 2:240 (Board Policy Development), 3:10 (Goals and Objectives), 4:165 (Awareness and Prevention of Child Sexual Abuse and Grooming Behaviors), 4:175 (Convicted Child Sex Offender; Screening; Notifications), 5:30 (Hiring Process and Criteria), 5:90 (Abused and Neglected Child Reporting), 5:120 (Employee Ethics; Code of Professional Conduct; and Conflict of Interest), 5:150 (Personnel Records), 5:210 (Resignations), 5:290 (Employment Termination and Suspensions)

~~ADOPTED: August 16, 2023~~

School Association for Special Education in DuPage County (SASED)

PRESSPlus Comments

C1. This policy is suggested to be reviewed by the Board. According to policy 2:240, *Board Policy Development*, "[t]he Board will periodically review its policies for relevancy, monitor its policies for effectiveness, and consider whether any modifications are required." IASB suggests that each policy in the Board's policy manual be reviewed at a minimum of every five years. As part of the review, the Board may choose to:

- Compare the adopted version to the current PRESS sample (available at PRESS Online by logging in at www.iasb.com), discussing any differences and/or options noted in the footnotes to determine whether local changes are necessary
- Update the policy language due to changes in local conditions
- Make no changes, but update the adoption date to reflect that the policy has been reviewed and re-adopted

Issue 122, June 2026

Document Status: Review and Monitoring

SECTION 3 - GENERAL ADMINISTRATION

3:50 Administrative Personnel Other Than the Executive Director

Duties and Authority[C1]

The Board establishes SASED administrative and supervisory positions in accordance with SASED's needs and State law. This policy applies to all administrators other than the Executive Director. The general duties and authority of each administrative or supervisory position are approved by the Board, upon the Executive Director's recommendation, and contained in the respective position's job description. In the event of a conflict, State law and/or the administrator's employment agreement shall control.

Qualifications

All administrative personnel shall be appropriately licensed and shall meet all applicable requirements contained in State law and Illinois State Board of Education rules.

Evaluation

The Executive Director or designee shall evaluate all administrative personnel and make employment and salary recommendations to the Board.

Administrators shall annually present evidence to the Executive Director of professional growth through attendance at educational conferences, additional schooling, in-service training, and Illinois Administrators' Academy courses, or through other means as approved by the Executive Director.

Administrative Work Year

The work year for administrators shall be the same as SASED's fiscal year, July 1 through June 30, unless otherwise stated in the employment agreement. In addition to legal holidays, administrators shall have vacation periods as approved by the Executive Director. All administrators shall be available for work when their services are necessary.

Compensation and Benefits

The Board and each administrator shall enter into an employment agreement that complies with Board policy and State law. The terms of an individual employment contract, when in conflict with this policy, will control.

The Board will consider the Executive Director's recommendations when setting compensation for individual administrators. These recommendations should be presented to the Board no later than the March Board meeting or at such earlier time that will allow the Board to consider contract renewal and nonrenewal issues.

Unless stated otherwise in individual employment contracts, all benefits and leaves of absence available to teaching personnel are available to administrative personnel.

LEGAL REF:

105 ILCS 5/10-21.4a, 5/10-23.8a, 5/10-23.8b, 5/21B, and 5/24A.

23 Ill.Admin.Code §§1.310, 1.705, and 50.300; and Parts 25 and 29.

CROSS REF: 3:60 (Administrative Responsibility of the Program Administrators and Coordinators), 4:165 (Awareness and Prevention of Child Sexual Abuse and Grooming Behaviors), 4:175 (Convicted Child Sex Offender; Screening; Notifications), 5:30 (Hiring Process and Criteria), 5:90 (Abused and Neglected Child Reporting), 5:120 (Employee Ethics; Code of Professional Conduct; and Conflict of Interest), 5:150 (Personnel Records), 5:210 (Resignations), 5:250 (Leaves of Absence), 5:290 (Employment Termination and Suspensions)

~~ADOPTED: August 16, 2023~~

School Association for Special Education in DuPage County (SASED)

PRESSPlus Comments

C1. This policy is suggested to be reviewed by the Board. According to policy 2:240, *Board Policy Development*, "[t]he Board will periodically review its policies for relevancy, monitor its policies for effectiveness, and consider whether any modifications are required." IASB suggests that each policy in the Board's policy manual be reviewed at a minimum of every five years. As part of the review, the Board may choose to:

- Compare the adopted version to the current PRESS sample (available at PRESS Online by logging in at www.iasb.com), discussing any differences and/or options noted in the footnotes to determine whether local changes are necessary
- Update the policy language due to changes in local conditions
- Make no changes, but update the adoption date to reflect that the policy has been reviewed and re-adopted

Issue 122, June 2026

Document Status: Review and Monitoring

SECTION 3 - GENERAL ADMINISTRATION

3:60 Administrative Responsibility of Program Administrators and Coordinators

Duties and Authority[C1]

The Board, upon the recommendation of the Executive Director, employs Program Administrators and Coordinators as the chief administrators and instructional leaders of their assigned schools, Programs, and services, and may employ Assistant Program Administrators. The primary responsibility of a Program Administrator or Coordinator is the improvement of instruction. Each Program Administrator or Coordinator shall perform all duties as described in State law as well as such other duties as specified in his or her employment agreement or as the Executive Director may assign, that are consistent with the Program Administrator or Coordinator's education and training. Each Program Administrator or Coordinator, and Assistant Program Administrator shall complete State law requirements to be a prequalified evaluator before conducting an evaluation of a teacher or assistant coordinator.

Evaluation Plan

The Executive Director or designee shall implement an evaluation plan for Program Administrator, Coordinator, and Assistant Program Administrator that complies with Section 24A-15 of the School Code and relevant Illinois State Board of Education rules. Using that plan, the Executive Director or designee shall evaluate each Program Administrator or Coordinator, and Assistant Program Administrator or Coordinator. The Executive Director or designee may conduct additional evaluations.

Qualifications and Other Terms and Conditions of Employment

Qualifications and other terms and conditions of employment are found in Board policy 3:50, *Administrative Personnel Other Than the Executive Director*.

LEGAL REF.:

105 ILCS 5/2-3.53a, 5/10-20.14, 5/10-21.4a, 5/10-23.8a, 5/10-23.8b, and 5/24A-15.

10 ILCS 5/4-6.2, Election Code.

105 ILCS 127/, School Reporting of Drug Violations Act.

23 Ill.Admin.Code Parts 35 and 50, Subpart D.

CROSS REF.: 3:50 (Administrative Personnel Other Than the Executive Director), 4:165 (Awareness and Prevention of Child Sexual Abuse and Grooming Behaviors), 4:175 (Convicted Child Sex Offender; Screening; Notifications), 5:90 (Abused and Neglected Child Reporting), 5:120 (Employee Ethics; Code of Professional Conduct; and Conflict of Interest), 5:150 (Personnel Records), 5:210 (Resignations), 5:250 (Leaves of Absence), 5:290 (Employment Termination and Suspensions)

ADOPTED: August 16, 2023

School Association for Special Education in DuPage County (SASED)

PRESSPlus Comments

C1. This policy is suggested to be reviewed by the Board. According to policy 2:240, *Board Policy Development*, "[t]he Board will periodically review its policies for relevancy, monitor its policies for effectiveness, and consider whether any modifications are required." IASB suggests that each policy in the Board's policy manual be reviewed at a minimum of every five years. As part of the review, the Board may choose to:

- Compare the adopted version to the current PRESS sample (available at PRESS Online by logging in at www.iasb.com), discussing any differences and/or options noted in the footnotes to determine whether local changes are necessary
- Update the policy language due to changes in local conditions
- Make no changes, but update the adoption date to reflect that the policy has been reviewed and re-adopted

Issue 122, June 2026

Document Status: Review and Monitoring

SECTION 3 - GENERAL ADMINISTRATION

3:70 Succession of Authority

If the Executive Director or other administrator is temporarily unavailable, the succession of authority and responsibility of the respective office shall follow a succession plan, developed by the Executive Director and approved by the Board.[C1]

CROSS REF.: 1:20 (SASED Organization, Operations, and Cooperative Agreements), 3:30 (Chain of Command)

ADOPTED: August 16, 2023

School Association for Special Education in DuPage County (SASED)

PRESSPlus Comments

C1. This policy is suggested to be reviewed by the Board. According to policy 2:240, *Board Policy Development*, "[t]he Board will periodically review its policies for relevancy, monitor its policies for effectiveness, and consider whether any modifications are required." IASB suggests that each policy in the Board's policy manual be reviewed at a minimum of every five years. As part of the review, the Board may choose to:

- Compare the adopted version to the current PRESS sample (available at PRESS Online by logging in at www.iasb.com), discussing any differences and/or options noted in the footnotes to determine whether local changes are necessary
- Update the policy language due to changes in local conditions
- Make no changes, but update the adoption date to reflect that the policy has been reviewed and re-adopted

Issue 122, June 2026

Document Status: Review and Monitoring

SECTION 4 - OPERATIONAL SERVICES

4:120 Food Services

Good nutrition shall be promoted in SASED's meal programs and in other food and beverages that are sold to students during the school day. The Executive Director shall manage a food service program that complies with this policy and is in alignment with Board policy 6:50, *School Wellness*.[C1]

Food or beverage items sold to students as part of a reimbursable meal under federal law must follow the nutrition standards specified in the U.S. Dept. of Agriculture rules that implement the National School Lunch and Child Nutrition Acts. Schools being reimbursed for meals under these laws are *participating schools*.

The food service program in participating SASED schools shall comply with the nutrition standards specified in the U.S. Dept. of Agriculture's *Smart Snacks rules* when it offers competitive foods to students on the school campus during the school day. *Competitive foods* are all food and beverages that are offered by any person, organization or entity for sale to students on the school campus during the school day that are not reimbursed under programs authorized by federal law. The food service programs in participating schools shall also comply with any applicable mandates in the Illinois State Board of Education's School Food Service rules implementing these federal laws and the Ill. School Breakfast and Lunch Program Act.

All revenue from the sale of any food or beverages sold in competition with the School Breakfast Program or National School Lunch Program to students in food service areas during the meal period shall accrue to the nonprofit school lunch program account.

LEGAL REF.:

Russell B. National School Lunch Act, 42 U.S.C. §1751 *et seq*.

Child Nutrition Act of 1966, 42 U.S.C. §1771 *et seq*.

7 C.F.R. Parts 210 (National School Lunch Program) and 220 (School Breakfast Program).

105 ILCS 125/, School Breakfast and Lunch Program Act.

23 Ill.Admin.Code Part 305, School Food Service.

CROSS REF.: 4:130 (Free and Reduced-Price Food Services), 6:50 (School Wellness)

~~ADOPTED: August 16, 2023~~

School Association for Special Education in DuPage County (SASED)

PRESSPlus Comments

C1. This policy is suggested to be reviewed by the Board. According to policy 2:240, *Board Policy Development*, "[t]he Board will periodically review its policies for relevancy, monitor its policies for effectiveness, and consider whether any modifications are required." IASB suggests that each policy in the Board's policy manual be reviewed at a minimum of every five years. As part of the review, the Board may choose to:

- Compare the adopted version to the current PRESS sample (available at PRESS Online by logging in at www.iasb.com), discussing any differences and/or options noted in the footnotes to determine whether local changes are necessary
- Update the policy language due to changes in local conditions
- Make no changes, but update the adoption date to reflect that the policy has been reviewed and re-adopted

Issue 122, June 2026

Document Status: Review and Monitoring

SECTION 4 - OPERATIONAL SERVICES

4:175 Convicted Child Sex Offender; Screening; Notifications

Persons Prohibited on School Property without Prior Permission[C1]

State law prohibits a child sex offender from being present on school property or loitering within 500 feet of school property when persons under the age of 18 are present, unless the offender meets either of the following two exceptions:

1. The offender is a parent/guardian of a student attending the school and has notified the Program Administrator of his or her presence at the school for the purpose of: (i) attending a conference with school personnel to discuss the progress of his or her child academically or socially, (ii) participating in child review conferences in which evaluation and placement decisions may be made with respect to his or her child regarding special education services, or (iii) attending conferences to discuss other student issues concerning his or her child such as retention and promotion; or
2. The offender received permission to be present from the Board of Directors, Executive Director, or Executive Director's designee. If permission is granted, the Executive Director or Board of Directors Chairperson shall provide the details of the offender's upcoming visit to the Program Administrator.

In all cases, the Executive Director or designee shall supervise a child sex offender whenever the offender is in a child's vicinity. If a student is a sex offender, the Executive Director or designee shall develop guidelines for managing his or her presence in school.

Screening

The Executive Director or designee shall perform fingerprint-based criminal history records information checks and/or screenings required by State law or Board policy for employees; student teachers; students doing field or clinical experience other than student teaching; contractors' employees who have direct, daily contact with one or more children; and resource persons and volunteers. The Board of Directors Chairperson shall ensure that these checks are completed for the Executive Director. He or she shall take appropriate action based on the result of any criminal background check and/or screen.

Notification to Parents/Guardians

The Executive Director shall develop procedures for the distribution and use of information from law enforcement officials under the Sex Offender Community Notification Law and the Murderer and Violent Offender Against Youth Community Notification Law. The Executive Director or designee shall serve as SASED contact person for purposes of these laws. The Executive Director and Program Administrator shall manage a process for schools to notify the parents/guardians during school registration that information about sex offenders is available to the public as provided in the Sex Offender Community Notification Law. This notification must occur during school registration and at other times as the Executive Director or Program Administrator determines advisable.

LEGAL REF.:

20 U.S.C. §7926, Elementary and Secondary Education Act.

20 ILCS 2635/, Uniform Conviction Information Act.

720 ILCS 5/11-9.3, Criminal Code of 2012.

730 ILCS 152/, Sex Offender Community Notification Law.

730 ILCS 154/75-105, Murderer and Violent Offender Against Youth Community Notification Law.

CROSS REF.: 2:110 (Qualifications, Term, and Duties of Board of Directors Officers), 3:40 (Executive Director), 3:50 (Administrative Personnel Other Than the Executive Director), 3:60 (Administrative Responsibility of the Building Program Administrator), 4:165 (Awareness and Prevention of Child Sexual Abuse and Grooming Behaviors), 5:30 (Hiring Process and Criteria), 5:260 (Interns and Practicum Students), 6:250 (Community Resource Persons and Volunteers), 8:30 (Visitors to and Conduct on School Property), 8:100 (Relations with Other Organizations and Agencies)

~~ADOPTED: August 16, 2023~~

School Association for Special Education in DuPage County (SASED)

PRESSPlus Comments

C1. This policy is suggested to be reviewed by the Board. According to policy 2:240, *Board Policy Development*, "[t]he Board will periodically review its policies for relevancy, monitor its policies for effectiveness, and consider whether any modifications are required." IASB suggests that each policy in the Board's policy manual be reviewed at a minimum of every five years. As part of the review, the Board may choose to:

- Compare the adopted version to the current PRESS sample (available at PRESS Online by logging in at www.iasb.com), discussing any differences and/or options noted in the footnotes to determine whether local changes are necessary
- Update the policy language due to changes in local conditions
- Make no changes, but update the adoption date to reflect that the policy has been reviewed and re-adopted

Issue 122, June 2026

Document Status: Review and Monitoring

General Personnel

5:140 Solicitations By or From Staff

SASED employees shall not solicit donations or sales, nor shall they be solicited for donations or sales, in workplaces without prior approval from the Executive Director.[C1]

CROSS REF.: 8:90 (Parent Organizations and Booster Clubs)

~~ADOPTED: August 16, 2023~~

School Association for Special Education in DuPage County (SASED)

PRESSPlus Comments

C1. This policy is suggested to be reviewed by the Board. According to policy 2:240, *Board Policy Development*, "[t]he Board will periodically review its policies for relevancy, monitor its policies for effectiveness, and consider whether any modifications are required." IASB suggests that each policy in the Board's policy manual be reviewed at a minimum of every five years. As part of the review, the Board may choose to:

- Compare the adopted version to the current PRESS sample (available at PRESS Online by logging in at www.iasb.com), discussing any differences and/or options noted in the footnotes to determine whether local changes are necessary
- Update the policy language due to changes in local conditions
- Make no changes, but update the adoption date to reflect that the policy has been reviewed and re-adopted

Issue 122, June 2026

Document Status: Review and Monitoring

SECTION 7 - STUDENTS

7:30 Student Assignment

Students shall be assigned in accordance with their Individual Educational Plans and SASED Procedures.[C1]

LEGAL REF.:

105 ILCS 5/10-21.3, 5/10-21.3a, and 5/10-22.5.

CROSS REF.: 4:170 (Safety), 6:30 (Organization of Instruction), 6:140 (Education of Homeless Children)

~~ADOPTED: August 16, 2023~~

School Association for Special Education in DuPage County (SASED)

PRESSPlus Comments

C1. This policy is suggested to be reviewed by the Board. According to policy 2:240, *Board Policy Development*, "[t]he Board will periodically review its policies for relevancy, monitor its policies for effectiveness, and consider whether any modifications are required." IASB suggests that each policy in the Board's policy manual be reviewed at a minimum of every five years. As part of the review, the Board may choose to:

- Compare the adopted version to the current PRESS sample (available at PRESS Online by logging in at www.iasb.com), discussing any differences and/or options noted in the footnotes to determine whether local changes are necessary
- Update the policy language due to changes in local conditions
- Make no changes, but update the adoption date to reflect that the policy has been reviewed and re-adopted

Issue 122, June 2026

Document Status: Review and Monitoring

SECTION 7 - STUDENTS

7:80 Release Time for Religious Instruction/Observance

A student shall be released from school, as an excused absence, to because of religious reasons, including to observe a religious holiday, for religious instruction, or because the student's religion forbids secular activity on a particular day(s) or time of day. The student's parent/guardian must give written notice to the Program Administrator/Coordinator, at least five calendar days before the student's anticipated absence(s).[C1]

The Executive Director or designee shall develop and distribute to teachers appropriate procedures regarding student absences for religious reasons, including how teachers are notified of a student's impending absence, and the State law requirement that teachers provide the student with an equivalent opportunity to make up any examination, study, or work requirement.

LEGAL REF.:

105 ILCS 5/26-1 and 5/26-2b.

775 ILCS 35/, Religious Freedom Restoration Act.

CROSS REF.: 7:70 (Attendance and Truancy)

ADOPTED: August 16, 2023

School Association for Special Education in DuPage County (SASED)

PRESSPlus Comments

C1. This policy is suggested to be reviewed by the Board. According to policy 2:240, *Board Policy Development*, "[t]he Board will periodically review its policies for relevancy, monitor its policies for effectiveness, and consider whether any modifications are required." IASB suggests that each policy in the Board's policy manual be reviewed at a minimum of every five years. As part of the review, the Board may choose to:

- Compare the adopted version to the current PRESS sample (available at PRESS Online by logging in at www.iasb.com), discussing any differences and/or options noted in the footnotes to determine whether local changes are necessary
- Update the policy language due to changes in local conditions
- Make no changes, but update the adoption date to reflect that the policy has been reviewed and re-adopted

Issue 122, June 2026

Document Status: Review and Monitoring

SECTION 7 - STUDENTS

7:345 Use of Educational Technologies; Student Data Privacy and Security

Educational technologies used in SASED shall further the objectives of SASED's educational program, as set forth in Board policy 6:10, *Educational Philosophy and Objectives*, align with the curriculum criteria in policy 6:40, *Curriculum Development*, and/or support efficient SASED operations. The Executive Director shall ensure that the use of educational technologies in SASED meets the above criteria.[C1]

SASED and/or vendors under its control may need to collect and maintain data that personally identifies students in order to use certain educational technologies for the benefit of student learning or SASED operations.

Federal and State law govern the protection of student data, including school student records and/or *covered information*. The sale, rental, lease, or trading of any school student records or covered information by SASED is prohibited. Protecting such information is important for legal compliance, SASED operations, and maintaining the trust of SASED stakeholders, including parents, students and staff. The Board designates the Executive Director to serve as Privacy Officer, who shall ensure SASED complies with the duties and responsibilities required of it under the Student Online Personal Protection Act, 105 ILCS 85/, amended by P.A. 101-516

Definitions

Covered information means personally identifiable information (PII) or information linked to PII in any media or format that is not publicly available and is any of the following: (1) created by or provided to an operator by a student or the student's parent/guardian in the course of the student's or parent/guardian's use of the operator's site, service or application; (2) created by or provided to an operator by an employee or agent of SASED; or (3) gathered by an operator through the operation of its site, service, or application.

Operators are entities (such as educational technology vendors) that operate Internet websites, online services, online applications, or mobile applications that are designed,

marketed, and primarily used for K-12 school purposes.

Breach means the unauthorized acquisition of computerized data that compromises the security, confidentiality or integrity of covered information maintained by an operator or SASED.

Operator Contracts

The Executive Director or designee designates which SASED employees are authorized to enter into written agreements with operators for those contracts that do not require separate Board approval. Contracts between the Board and operators shall be entered into in accordance with State law and Board policy 4:60, *Purchases and Contracts,* and shall include any specific provisions required by State law.

Security Standards

The Executive Director or designee shall ensure SASED implements and maintains reasonable security procedures and practices that otherwise meet or exceed industry standards designed to protect covered information from unauthorized access, destruction, use, modification, or disclosure. In the event SASED receives notice from an operator of a breach or has determined a breach has occurred, the Executive Director or designee shall also ensure that SASED provides any breach notifications required by State law.

LEGAL REF.:

20 U.S.C. §1232g, Family and Educational Rights and Privacy Act; 34 C.F.R. Part 99.

105 ILCS 10/, Ill. School Student Records Act.

105 ILCS 85/, Student Online Personal Protection Act.

23 Ill. Admin. Code Part 380.

CROSS REF.: 4:15 (Identity Protection), 4:60 (Purchases and Contracts), 6:235 (Access to Electronic Networks), 7:340 (Student Records)

~~ADOPTED: August 16, 2023~~

School Association for Special Education in DuPage County (SASED)

PRESSPlus Comments

C1. This policy is suggested to be reviewed by the Board. According to policy 2:240, *Board Policy Development*, "[t]he Board will periodically review its policies for relevancy, monitor its policies for effectiveness, and consider whether any modifications are required." IASB suggests that each policy in the Board's policy manual be reviewed at a minimum of every five years. As part of the review, the Board may choose to:

- Compare the adopted version to the current PRESS sample (available at PRESS Online by logging in at www.iasb.com), discussing any differences and/or options noted in the footnotes to determine whether local changes are necessary
- Update the policy language due to changes in local conditions
- Make no changes, but update the adoption date to reflect that the policy has been reviewed and re-adopted

Issue 122, June 2026

Document Status: Review and Monitoring

SECTION 8 - COMMUNITY RELATIONS

8:100 Relations with Other Organizations and Agencies

SASED shall cooperate with other organizations and agencies, including but not limited to:[C1]

- County Health Department
- Law enforcement agencies
- Fire authorities
- Planning authorities
- Zoning authorities
- Illinois Emergency Management Agency (IEMA), local organizations for civil defense, and other appropriate disaster relief organizations concerned with civil defense
- Other school districts and other special education cooperatives.

CROSS REF.: 1:20 (District Organization, Operations, and Cooperative Agreements), 4:170 (Safety), 4:180 (Pandemic Preparedness; Management; and Recovery), 5:90 (Abused and Neglected Child Reporting), 7:150 (Agency and Law Enforcement Requests)

~~ADOPTED: August 16, 2023~~

School Association for Special Education in DuPage County (SASED)

PRESSPlus Comments

C1. This policy is suggested to be reviewed by the Board. According to policy 2:240, *Board Policy Development*, "[t]he Board will periodically review its policies for relevancy, monitor its policies for effectiveness, and consider whether any modifications are required." IASB suggests that each policy in the Board's policy manual be reviewed at a minimum of every five years. As part of the review, the Board may choose to:

- Compare the adopted version to the current PRESS sample (available at PRESS Online by logging in at www.iasb.com), discussing any differences and/or options noted in the footnotes to determine whether local changes are necessary
- Update the policy language due to changes in local conditions
- Make no changes, but update the adoption date to reflect that the policy has been reviewed and re-adopted

Issue 122, June 2026

SASED
Teaching · Leading · Believing

School Association for Special Education in DuPage
John Langton
Interim Assistant Director of Business

September 3, 2026

SENT BY EMAIL TO
jeff@getaxleiq.com

Dear Requestor,
On August 30, 2026, the School Association for Special Education in DuPage County (SASED) received your request, as follows:

I am requesting the following existing public records under the Illinois Freedom of Information Act. This request is being made for a commercial purpose.

For the SASED Education Association (SEA) bargaining unit and the current 2026–27 benefit/plan year, please provide electronic copies of:

1. The current employee benefits summary, benefits guide, enrollment guide, or equivalent document applicable to SEA employees.
2. Current medical-plan rate sheets or contribution schedules showing gross premiums and employee/employer contributions or payroll deductions by coverage tier (employee only, employee + spouse, employee + child(ren), family, or the tiers SASED uses).
3. Current Summary of Benefits and Coverage (SBC), plan summary, or equivalent documents showing deductibles, out-of-pocket maximums, copays/coinsurance, prescription-drug terms, and network/plan design for each medical option available to SEA employees.
4. Records showing any SASED-funded HSA, HRA, FSA, VEBA, RHS, or similar account contribution, and any opt-out/waiver payment or credit.
5. Current dental, vision, and employer-paid life/AD&D benefit summaries and contribution/rate information applicable to SEA employees.
6. Any current retiree-health, post-employment medical, or related benefit provision applicable to SEA employees.
7. The executed 2026–2029 collective bargaining agreement with the SASED Education Association, plus any MOU, side letter, amendment, or correction currently in effect that changes insurance/benefit terms.

The attached seven documents provide the requested information for the SASED Education Association (SEA) bargaining unit and the current 2026–27 benefit/plan year.

I believe that this response complies with your request and is in accordance with the Illinois Freedom of Information Act, 5 ILCS 140/1, et seq. (FOIA).

Thank you,
John Langton
Interim Assistant Director of Business
Freedom of Information Act Officer

SASED
Teaching Leading Believing

John Langton <jlangton@sased.org>

Commercial FOIA Request – SASED Education Association 2026–27 Benefits Records

1 message

Jeffrey Moos <jeff@getaxleiq.com> Sun, Aug 30, 2026 at 4:28 AM
To: foiaofficer@sased.org

Hello,

I am requesting the following existing public records under the Illinois Freedom of Information Act. This request is being made for a commercial purpose.

For the SASED Education Association (SEA) bargaining unit and the current 2026–27 benefit/plan year, please provide electronic copies of:

1. The current employee benefits summary, benefits guide, enrollment guide, or equivalent document applicable to SEA employees.
2. Current medical-plan rate sheets or contribution schedules showing gross premiums and employee/employer contributions or payroll deductions by coverage tier (employee only, employee + spouse, employee + child(ren), family, or the tiers SASED uses).
3. Current Summary of Benefits and Coverage (SBC), plan summary, or equivalent documents showing deductibles, out-of-pocket maximums, copays/coinsurance, prescription-drug terms, and network/plan design for each medical option available to SEA employees.
4. Records showing any SASED-funded HSA, HRA, FSA, VEBA, RHS, or similar account contribution, and any opt-out/waiver payment or credit.
5. Current dental, vision, and employer-paid life/AD&D benefit summaries and contribution/rate information applicable to SEA employees.
6. Any current retiree-health, post-employment medical, or related benefit provision applicable to SEA employees.
7. The executed 2026–2029 collective bargaining agreement with the SASED Education Association, plus any MOU, side letter, amendment, or correction currently in effect that changes insurance/benefit terms.

If any of these records are already publicly available online, direct links to the exact current files are perfectly fine and appreciated. Electronic records are preferred; there is no need to create a new record or compile information that does not already exist.

Thank you very much for your time and assistance.

Jeffrey Moos
AxleIQ LLC
jeff@getaxleiq.com



AGREEMENT

SCHOOL ASSOCIATION FOR SPECIAL EDUCATION DUPAGE EDUCATION ASSOCIATION, IEA-NEA

AND

SCHOOL ASSOCIATION FOR SPECIAL EDUCATION DUPAGE BOARD OF DIRECTORS

2026-2029

Table of Contents

ARTICLE I--RECOGNITION, DEFINITIONS AND PROCEDURES 1
1.1 Recognition 1
1.2 Definitions 1
1.3 Negotiation Procedures 1
ARTICLE II--ASSOCIATION RIGHTS, FAIR SHARE, MANAGEMENT RIGHTS & NO STRIKE 2
2.1 Association Rights 2
2.2 Management Rights 4
2.3 No Strike 4
ARTICLE III--LEAVES 4
3.1 Type of Leaves 4
A. Sick Leave 4
B. Personal Business Leave 5
C. Bereavement Leave 6
D. FMLA Leave 6
E. Extended Leave of Absence 7
3.2 Conditions of Leaves 8
A. Salary Schedule Advancement 8
B. Waiver of Unemployment Compensation 8
C. Insurance Coverage 8
D. Return From All Leaves of Absence 8
3.3 Professional Leaves and Conferences 8
3.4 Workers' Compensation 8

ARTICLE IV--GRIEVANCE PROCEDURE 9
4.1 Definitions 9
4.2 Procedure 9
4.3 Initiating Grievance at Step B 11
4.4 No Reprisals Clause 11
4.5 Release Time 11
4.6 Filing of Materials 11
4.7 Grievance Withdrawal 11
ARTICLE V--COMPENSATION 12
5.1 Compensation 12
A. Compensation Schedules for Teachers, Speech Language Pathologists, Certified School Counselors and Orientation and Mobility Specialists 12
B. Compensation Schedules for Certificated Behavior Management Specialists, Certified School Nurses, Certificated Psychologists and Certificated Social Workers 12
C. Increases to Base Compensation 13
D. Lane Changes as a Result of Additional Education 13
E. Prior Service Credit 14
5.2 Advanced Training 14
5.3 Withholding Vertical Advancement 14

5.4 Student Teaching....14
5.5 Reimbursement for Use of Personal Vehicle....14
5.5.1. Standard Mileage Reimbursement....14
5.5.2. Additional Reimbursement for Extraordinary Use of Personal Vehicle....15
5.5.3. Driving Stipend....15
5.5.4. Reimbursement of Deductible....15
5.6 Salary Balance....15
5.7 Insurance....15
5.7.1 Life Insurance....15
5.7.2 Medical Insurance....15
5.7.3 Group Disability Insurance....16
5.7.4 Dental Insurance....16
5.7.5 Medical Reimbursement Account....17
5.7.6 Dependent Care Reimbursement Account....17
5.8 Payments Remitted to the Illinois Teacher Retirement System....18
5.9 Supplemental Jobs....18
5.10 Retirement Enhancement Program....19
5.11 Compensation for Voluntary Extra Duties....22
5.12 Longevity....22
5.13 Tuition Reimbursement....23
5.14 Insurance Committee....24
5.15 Bus Duty....24
5.16 Set Up Days....25
ARTICLE VI--PROFESSIONAL RELATIONS 25
6.1 Evaluation....25
6.2 Association-Director Meetings....26
6.3 Personnel Files....27
6.4 Professional Conduct....27
6.5 New Employee Orientation and Mentoring Program....27
6.6 Program Feedback Process....28
ARTICLE VII--EMPLOYMENT CONDITIONS 28
7.1 Definition of Responsibilities and Rights....28
7.2 Physical Facilities....28
7.3 Required Meetings....28
7.4 Class Size....29
7.5 School Term....29
7.6 Plan Time....30
7.7 Internal Substitution....30
7.8 Vacancies and Notices....31
7.9 Employee Day....32
7.10 Discipline....33
7.11 Health and Safety....33
7.12 Parent-Teacher Conferences....34
7.13 Procedures for Reduction in Certificated Employees with a PEL....35
7.14 Job Sharing....35
7.15 Pay Periods....36

7.16 Supplies/Budgets 36
A. Classroom Supplies 36
B. Reimbursement for Supplies 37
ARTICLE VIII–TERMINATION OF AGREEMENT **37**
8.1 Savings Clause 37
8.2 Effective Date and Duration 37
APPENDIX A—Hourly Rates **39**
APPENDIX B—Activity Stipends **40**

ARTICLE I--RECOGNITION, DEFINITIONS AND PROCEDURES

1.1 Recognition

The S.A.S.E.D. (School Association for Special Education DuPage) Board of Directors, hereinafter referred to as the "Board," hereby recognizes the School Association for Special Education DuPage Education Association, IEA-NEA, hereinafter referred to as the "Association" as the exclusive and sole negotiation representative of:

Included: full-time and part-time licensed (certificated) employees employed by S.A.S.E.D. to include: teachers, certified school nurses, speech language pathologists, school counselors, school psychologists, school social workers, behavior management specialists and orientation and mobility specialists.

Excluded: All persons employed by S.A.S.E.D. in the following positions/job titles: all physical therapists, occupational therapists, supervisory, managerial, confidential or short-term employees as defined in Section 2 of the Illinois Educational Labor Relations Act, 115 ILCS 5/1, et seq.

1.2 Definitions

The term "Employee" when used hereinafter in this Agreement, shall refer to all those represented by the Association in the negotiating unit as determined above.

Unless otherwise noted, the term "Teacher" when used hereinafter in this Agreement, shall refer specifically to the certificated teachers, school nurses, speech language pathologists, orientation and mobility specialists and school counselors represented by the Association in the negotiating unit.

1.3 Negotiation Procedures

A. The Board agrees to participate in good faith negotiations with the duly designated representatives of the Association and further agrees that it will not negotiate with any other employees' organization or any employee individually on matters covered by this Agreement.

The Board and Association agree that they will confer upon their respective representatives the necessary power and authority to make proposals, counterproposals, and tentative agreements. When tentative agreement is reached on all matters of negotiations, the items will be reduced to writing and submitted to the Association for ratification and to the Board for official approval.

B. Within thirty (30) days of ratification of this Agreement, sufficient copies of this Agreement shall be prepared for distribution by the Association to each employee,

plus twenty-five (25) copies for the Board. The cost of reproduction shall be shared equally by the Association and Board.

C. Negotiations shall begin no later than March 1, unless both parties agree to an alternate date. Meetings will be held as necessary at times and places agreed to by both parties. If agreement is not reached by July 1st of the forthcoming school year, the parties shall jointly request a mediator from the Federal Mediation and Conciliation Service (FMCS), unless the parties jointly agree not to do so. Either party can invoke mediation within fifteen (15) days of the start of the school year.

D. If by mutual agreement negotiations are conducted during regular work hours, released time shall be provided for the Association's negotiating committee members. This released time is not to be deducted from the Association leave time.

ARTICLE II--ASSOCIATION RIGHTS, FAIR SHARE, MANAGEMENT RIGHTS & NO STRIKE

2.1 Association Rights

A. The Board shall make available on the SASED website a current copy of the Board's policies and procedures. The Board shall make every effort to maintain a current copy of the Board's policies and procedures in the SASED Central Office and on the SASED Website. The Board shall also provide the Association President with a copy of such policy.

B. A copy of the agenda of the regular meetings and a summary of such meetings of the Board shall be posted on the website. The Association President shall also receive a copy of each agenda.

C. The Association shall have the right to:

1. Use school buildings under Board control for Association meetings, provided the Association shall reimburse the Board for any special custodial charges incurred and any damages occasioned by such use. Request for the use of such building shall be submitted to the principal at least two (2) days in advance.

   Use shall not interfere with any previously scheduled use of the facility. This subsection shall not be applicable unless at least ninety percent (90%) of those in attendance (if such attendance is fifteen (15) or more persons) are employees of the Board or family members of such employees.

2. Use employee mailboxes and school bulletin boards for the purpose of Association communication. All such communications shall contain no material which attacks the character of any Board member or employee.

3. Use Board computer and/or copier machines outside of the employee workday or, with express knowledge of Administration, and when such are not required for Board purposes, provided the Association shall promptly reimburse the Board for all consumable materials used, machine charges, and damage occasioned by such use.

D. The Board shall provide the President of the Association with a complete listing of names, addresses, phone numbers, schools, and program classifications of all employees promptly, but not to exceed forty-five (45) calendar days after the beginning of the school term. Names, addresses and phone numbers of newly hired employees shall be provided to the Association within fourteen (14) calendar days of hire.

E. The Association shall be permitted, with the approval of the Director, to utilize up to six (6) days per school year for Association activities. The Association will also be allowed to request two (2) additional days per year for Association activities. All costs associated with the utilization of those additional days (i.e. substitutes) will be the sole responsibility of the Association. Notice of intention to utilize such days, including the identities of the employee (s) involved, shall be given to the Director or designee no later than 10:00 a.m. on the third working day prior to the day to be used for Association business. By mutual agreement of the Association President and the Director or designee, less notice may be granted provided there is no negative impact on the Association member's assignment. No more than three (3) employees from a given program may participate in Association activities on any given day.

F. For the purposes of subsection E., a program is defined as the Southeast Alternative School, Supportive Learning Environment, Deaf and Hard of Hearing Program, Visually Impaired Program, Itinerant Program, Transition Program, Supportive Medical Needs Program, and the School Improvement Instructional Support Program (including Assistive Technology).

G. Attendance at Board Meetings: For any Board meetings occurring during school hours, up to two (2) Association members from two (2) separate classrooms shall receive release time to travel to and attend the meeting upon providing one (1) week's prior notice of such intent to attend via e-mail to the Executive Director.

2.2 Management Rights

The Board of Directors retains and reserves the ultimate responsibility for proper management of SASED conferred upon and vested in it by the statutes and Constitutions of the State of Illinois and the United States, including, but not limited, to the responsibility for the right:

A. To maintain executive management and administrative control of SASED and its properties and facilities and the professional activities of its employees as related to the conduct of school affairs.

B. To hire all employees and, subject to the provisions of the law, to determine their qualifications, and the conditions of their continued employment, and their dismissal or demotion, their assignment, and to promote and transfer all such employees.

C. To establish programs and courses of instruction for all students.

D. To delegate authority through recognized administrative channels for the development and organizations of the means and methods of instruction according to current written Board Policy or as the same may from time to time be amended, the selection of textbooks and other teaching materials, and the utilization of teaching aids of all kinds.

E. To determine class schedules, the hours of instruction, and the duties, responsibilities and assignments of teachers and other employees with respect thereto, and non-classroom assignments.

The exercise of the foregoing powers, rights, authorities, duties, and responsibilities by the Board shall be limited by the specific and express terms of this Agreement.

2.3 No Strike

The Association shall not engage in nor encourage the participation of any employee in a strike against SASED during the term of this agreement.

ARTICLE III--LEAVES

3.1 Type of Leaves

A. Sick Leave

Each employee shall be entitled to fourteen (14) sick leave days per school term without loss of pay. Sick leave may be taken in hourly, half-day or full-day increments. Sick leave shall accumulate to a maximum of (340) days, or as

otherwise provided by law, or the number of days accumulated by the employee on the effective date of this Agreement, whichever shall be the greater. Sick leave shall be interpreted to mean personal illness, quarantine at home, serious illness or death in the immediate family or household, or birth, adoption, or placement for adoption. Immediate family shall be defined as parents, spouse, brothers, sisters, children, grandparents, grandchildren, parents-in-law, brothers-in-law, sisters-in-law, legal guardian, or an individual residing in the household. The Executive Director may require a certificate from a physician licensed in Illinois to practice medicine and surgery in all its branches, an advanced practice nurse who has a written collaborative agreement with a collaborating physician that authorizes the advance practice nurse to perform health examinations, or a physician's assistant who has been delegated the authority to perform health examinations by his/her supervising physician, or if the treatment is by prayer or spiritual means, that of a spiritual advisor or practitioner of the employee's faith, as a basis for pay during leave after an absence of three (3) days for personal illness, or as the Executive Director may deem necessary in other cases. If the Executive Director requires a certificate for pay during leave of less than three (3) days, the Board shall pay the expenses incurred by the employee in obtaining the certificate.

B. Personal Business Leave

Each employee shall be entitled to four (4) half days of personal business leave per school term without loss of pay. Unused leave shall be added to accumulated sick leave at the end of the day on the last day of school.

Written notification for such leave shall be made to the Director or designee, at least two days prior to the desired onset of such leave, providing that in an emergency, such notice shall be given as soon as feasible. Such leave shall not be utilized during the first five (5) or the last five (5) employment days of the school term or on the day preceding or following a school holiday or recess period, provided the foregoing may be waived by the Director in his/her sole discretion for good cause shown and such waiver shall be non-precedential. Personal business leave may be utilized for illness, and it also shall be applicable for observance of a religious holiday of the employee's faith and/or bereavement of other than a family member. Such leave shall not be granted for purposes of recreation, accompanying another on a trip, a job interview, any activity likely to produce income (taxable as ordinary income), or to participate in any form of work stoppage or protest.

If the employee certifies to the Director or designee that two (2) days of personal leave have been used for taking part in religious services observances or recognized religious holidays of his/her faith not otherwise scheduled as school holidays, a third day can be granted.

In addition, the Director or designee shall grant to each employee up to one (1) day of paid leave for emergencies to be approved as soon as possible. Emergency leave may be utilized for illness. Unused emergency leave during the school year shall accumulate as sick leave and will be added to accumulated sick leave at the end of the day on the last day of school.

The Director or designee shall approve all personal business leave. No more than three (3) employees from a program can be approved on any given day for personal business leave.

C. Bereavement Leave

Employees shall be granted up to three (3) days of paid bereavement leave for the death of an immediate family member. The immediate family shall be defined as in 3.1 A. In case of death in the employee's immediate family, an employee may request and the Director may grant more time, if needed, and such time shall be deducted from the employee's accumulated sick leave. Bereavement leave shall not accumulate in any form.

D. FMLA Leave

All eligible employees may take a FMLA leave for:

a. The birth and first-year care of a son or daughter;

b. The adoption or foster placement of a child;

c. The serious health condition of an employee's spouse, parent, or child;

d. The employee's own serious health condition; and

e. Because of any qualifying exigency (as the Secretary of Labor shall, by regulation, determine) arising out of the fact that the spouse, or a son, daughter or parent of the employee is on active duty (or has been notified of an impending call or order to active duty) in the Armed Forces in support of a contingency operation.

1. To be eligible for family and medical leave, an employee must be employed by SASED for at least twelve (12) months (the 12 months need not be consecutive) and have actively worked for at least 1000 hours during the twelve (12) month period immediately before the beginning of the leave.

2. Eligible employees may use family and medical leave, guaranteed by the Federal Family and Medical Leave Act, for up to a combined total of twelve (12) weeks each rolling year. The twelve (12) month period during which the twelve (12) weeks of leave entitlement occurs shall be calculated based upon a

rolling twelve (12) month period looking backward to the employee's use of leave over the immediately preceding 12 months.

It is understood that weeks when school is not in session do not count as FMLA weeks.

3. Notice Requirements: The employee is required to notify the Director or designee not less than thirty (30) days before the date the leave is to begin. However, in the event that thirty (30) days' notice is not possible, the employee must give the Director or designee as much notice as is practicable. ("As soon as practicable" generally means at least verbal notice to the Director or designee within one (1) or two (2) business days of learning of the need to take FMLA leave.)

4. During a family and medical leave, employees are entitled to continuation of health benefits that would have been provided if they were working. If the employee fails to return to work after the employee's FMLA leave has been exhausted or expires, SASED may recover its share of health plan premiums during the period of FMLA unless the reason the employee does not return is due to:

    a. The continuation, recurrence or onset of a serious health condition of the employee or employee's family member which would otherwise entitle the employee to leave under FMLA; or

    b. Other circumstances beyond the employee's control as stated in the FMLA of 1993.

5. An employee returning from a FMLA leave shall be returned to the position the employee would have held if the leave had not been taken.

6. A non-tenured employee who qualifies and is granted an FMLA leave and who returns within the twelve (12) weeks allowed, shall not suffer a loss of tenure status.

E. Extended Leave of Absence

The Board may grant an employee a leave of absence for a period not to exceed one (1) year for any purpose consistent with the objectives of the Cooperative. Such leaves shall be in the sole discretion of the Board and non-precedential with respect to any other leave of absence sought and/or granted to such employee and/or any other employee.

3.2 Conditions of Leaves

A. Salary Schedule Advancement

Any employee who has worked one hundred (l00) or more school days in a school term shall be entitled to advancement on the salary schedule.

B. Waiver of Unemployment Compensation

A condition of any unpaid leave of absence shall be the waiver by the employee of any claim to unemployment compensation during the term of such leave or any recess or vacation period adjacent thereto.

C. Insurance Coverage

An employee on unpaid leave of absence may continue all Board-paid insurance in effect, with the consent of the carrier, by paying all premiums therefore in a timely manner to the SASED Business Office or designee.

D. Return From All Leaves of Absence

In all instances where an employee is granted an unpaid leave of absence prior to March 1 for the remainder of the school term or for a full school term, as a condition thereof, the employee shall advise the Director or designee in writing by March 1 prior to the termination of such leave that he/she intends to return to employment. Failure to timely advise the Director or designee of intent to return as required by the preceding sentence shall be treated as an election not to return to employment and as a resignation from the Cooperative.

3.3 Professional Leaves and Conferences

The Director may grant a leave of absence with or without pay to employees to attend professional conferences and/or training sessions. The Director may also provide for the reimbursement of expenses incurred while attending such conferences or sessions. The granting or withholding of such leave of absence shall be within the sole discretion of the Director and shall be non-precedential with respect to any other request for such leave by such employee or by any other employee. The Administration shall make available to employees information concerning professional conferences that the Administration deems appropriate and information on SASED workshops on the SASED website.

3.4 Workers' Compensation

Any employee who suffers a job-related illness or injury that results in temporary total disability under applicable Workers' Compensation statutes, may use accumulated sick leave days during the period he/she is absent from work, according to the following provisions.

1. For each day the employee is unable to work, but receives no temporary total disability compensation, he/she may use a full sick leave day;

2. For each day the employee is unable to work, and receives temporary total disability compensation, he/she may use one-third (1/3) of a sick leave day, providing that such fractional sick leave days must be taken in groups of three (3) so that the amount of sick leave available to employees is always calculable in full-day increments;

3. An employee may not use a full sick leave day if temporary total disability is paid, because no more than 100% of regular compensation will be paid.

ARTICLE IV--GRIEVANCE PROCEDURE

4.1 Definitions

A. A grievance is any claim by the Association or employee(s) that there has been violation, misinterpretation, or misapplication of the terms of this Agreement.

B. All time limits shall be employee employment days (i.e. work days) except during the summer recess when days shall mean those when the business office shall be operating.

C. One (1) Association representative shall have the right to be present and to represent the Association at any meeting, hearing, appeal, or other proceedings relating to a grievance which has been formally presented. Nothing contained herein shall be construed as limiting the right of any employee having a grievance to discuss the matter informally with his/her supervisor and having the grievance adjusted without the intervention of the Association, provided the adjustment is not inconsistent with the terms of this Agreement.

4.2 Procedure

The parties hereto acknowledge that it is usually most desirable for the employee and his/her immediately involved supervisor to resolve problems through free and informal communications. When requested by the employee, an Association representative may accompany the employee to assist in the informal resolution of the grievance. If, however, such informal processes fail to satisfy the employee or the Association, a grievance may be processed as follows:

STEP A. The filing of the grievance at this step shall be no later than twenty (20) work days following the occurrence complained of as the basis for the grievance or within twenty (20) work days of when the occurrence may reasonably be ascertained. The employee or the Association may present the grievance in writing to the supervisor immediately involved who will arrange for a meeting to take place within ten (10) work days after receipt of the grievance. Not to exceed

two (2) representatives of the Association, the aggrieved employee (if any), and the immediately involved supervisor and his/her invitees shall be present for the meeting. The employee shall receive a written response to the grievance within ten (10) work days of the STEP A meeting date.

STEP B. If the grievance is not resolved at Step A, then the Association and/or the employee may refer the grievance to the Director or designee in writing within ten (10) work days after receipt of the Step A answer the Director or designee shall arrange for a meeting to take place within ten (10) work days of his/her receipt of the appeal. Each party shall have the right to include in its representation at the meeting such witnesses and representatives, not to exceed two (2) representatives of the Association, as it deems necessary to develop facts pertinent to the grievance. Upon conclusion of the meeting, the Director or designee shall have ten (10) work days in which to provide his/her written decision with reasons to the grievant, with a copy to the Association.

STEP C. Within ten (10) work days after receiving the Step B decision of the Executive Director, the Association may request a Grievance Mediation session through the Federal Mediation and Conciliation Services (FMCS). Upon receipt of written notification of intent, the Executive Director or his designees shall submit the request to FMCS.

Grievance mediation is a voluntary, informal and confidential process. It is understood by both parties that the mediator has no authority to compel the resolution of the grievance. Procedures to be utilized during the mediation process are within the domain of the FMCS mediator and cannot be mandated by either party.

All statements by the parties, participants or the mediator shall not be used for any purpose whatsoever in any pending or subsequent proceedings on the matter. If the grievance is not resolved at Step C the Association may proceed to Step D. At least one meeting with the mediator must occur before proceeding to Step D.

STEP D. If the Association is not satisfied with the disposition of the grievance at Step C the Association may submit the grievance to binding arbitration. The American Arbitration Association shall act as the Administrator of the proceedings. If a demand for arbitration is not filed within thirty (30) calendar days of the date of the Step C conclusion, the grievance shall be deemed withdrawn.

1. Neither the Board nor the Association shall be permitted to assert any grounds or evidence before the arbitrator which were not previously disclosed to the other party.

2. The arbitrator shall have no power to alter the terms of this Agreement.

3. The arbitrator is empowered to include in any award such financial reimbursements or other remedies as he judges to be proper.

4. Each party shall bear the full costs for its representation in the arbitration. The costs of the arbitration and of the AAA shall be divided equally between the Board and the Association.

5. If either party requests a transcript of the proceeding, the party shall bear the full costs for the transcript. If both parties order a transcript, the cost of the transcripts shall be divided equally between the Board and the Association as well as the cost of the transcript to be furnished the arbitrator.

4.3 Initiating Grievance at Step B

Grievances involving more than one program or multiple programs or locations and grievances involving an administrator above the program level may be initially filed by the Association at Step B.

4.4 No Reprisals Clause

No reprisals of any kind shall be taken by the Board or the administration against any employee because of his/her participation in this grievance process.

4.5 Release Time

Should the processing of any grievance require that an employee(s) or an Association representative(s) be released from his/her their regular assignment(s), he/she shall be released without loss of pay or benefits.

4.6 Filing of Materials

All records dealing with the processing of a grievance shall be filed separately from the personnel files of the participants.

4.7 Grievance Withdrawal

A grievance may be withdrawn at any level without establishing precedent.

ARTICLE V--COMPENSATION

5.1 Compensation

In no event will an employee's total annual year to year creditable earnings increase exceed six percent (6%), except that this limit shall not apply as follows:

1. The above limit will not apply with respect to payments made in accordance with approved timesheets for the following:

    a. Voluntary extra duties pursuant to Section 5.11 of the CBA;
    b. Bus duty pursuant to Section 5.15 of the CBA;
    c. Set up days pursuant to Section 5.16 of the CBA;
    d. Missed plan time pursuant to Section 7.6 of the CBA;
    e. Internal substitution pursuant to Section 7.7 of the CBA;
    f. Stipend work identified in Appendix A of the CBA;
    g. Stipend work identified in Appendix B of the CBA; and
    h. Work in an extended school year (ESY) position.

2. Lane changes that exceed 6% will be implemented as follows: When an employee's lane change would result in a salary increase in excess of 6%, the employee's salary will be increased by 6% in the first year of the lane change and up to 6% each year thereafter until the employee is receiving the applicable salary.

A. Compensation Schedules for Teachers, Speech Language Pathologists, and Orientation and Mobility Specialists

The Compensation Schedules for the 2026-2027, 2027-2028, and 2028-2029 school years of this Agreement for teachers, speech language pathologists, and orientation and mobility specialists are set forth in Appendix C attached to and incorporated into this Agreement.

B. Compensation Schedules for Certificated Behavior Management Specialists, Certified School Nurses, Certificated Psychologists, Certificated Social Workers, and Certified School Counselors

The Compensation Schedules for certificated behavior management specialists, and the Compensation Schedules for psychologists, social workers, and certified school counselors for the 2026-2027, 2027-2028, and 2028-2029 school years are set forth in Appendix C attached to and incorporated into this Agreement.

C1. Increases to Base Compensation

Base compensation increases (i.e., increases at BS1 on the indexed salary schedules) during the term of this Agreement, as reflected in the salary schedules in Appendix C, will be as follows:

Effective at start of the 2026-2027 school year, base compensation will increase by 1.5% over the 2025-2026 base compensation rates;

Effective at start of the 2027-2028 school year, base compensation will increase by 1.5% over the 2026-2027 base compensation rates;

Effective at start of the 2028-2029 school year, base compensation will increase by 1.5% over the 2027-2028 base compensation rates;

C2. For employees who are not on the salary schedule during the 2025-2026 school year due to the limit on 6% increases, said employees will be placed back on the salary schedule at the appropriate step and lane, as follows:

a. The following employees will be placed back on the salary schedule for the 2026-2027 school year: Any employee whose return to the salary schedule will result in an increase in creditable earnings of six percent (6%) or less.

b. For any employee who is not returned to the salary schedule for the 2026-2027 school year in accordance with subsection a, above: The employee will receive a salary increase of six percent (6%) for the 2026-2027 school year, then salary increases of up to six percent (6%) each school year thereafter until the employee can be returned to the appropriate step and lane of the salary schedule.

C3. Each employee who begins employment with SASED during the 2026-2027, 2027-2028, or 2028-2029 school term will receive a one-time, non-compounding signing bonus of $1,500. The bonus will be paid after the employee completes one full school term, paid upon the employee's return in the following school term. The bonus will not become part of the employee's base salary and will not otherwise be included in base salary for purposes of future salary increases or any other purpose.

D. Lane Changes as a Result of Additional Education

Lane changes become effective upon receipt by the Director or designee of official transcripts evidencing that a lane change is appropriate and must be submitted no later than September 1 in order for the lane change to be effective for the current school year. Lane changes will not be made retroactively. Employees are limited to one lane change (with movement of not more than one lane) per fiscal year.

E. Prior Service Credit

To determine placement on the Compensation Schedules, for employees hired with prior teaching experience, SASED may determine the appropriate number of years of experience for which to credit such employees.

5.2 Advanced Training

Graduate courses satisfactorily completed at fully accredited, CAEP approved institutions of higher learning pre-approved by the Director or designee shall qualify an employee for advancement on the salary schedule. The Director or designee shall not arbitrarily decline to approve any graduate course related to the employee's current assignment or to other aspects of special education.

The Director or designee may also identify courses specially prepared by or for SASED as qualifying for advancement on the salary schedule. Horizontal advancement on the salary schedule shall be effective at the onset of the school semester next following the completion of the courses described above, provided implementation of any salary adjustment shall not be required prior to a reasonable time following receipt of an official transcript.

5.3 Withholding Vertical Advancement

Nothing herein shall affect the right of the Board to withhold vertical advancements on the salary schedule for just cause.

5.4 Student Teaching

A. Teachers and other employees are encouraged but shall not be compelled to accept a student teacher or practicum student.

B. Monies made available to SASED by the placing university shall be paid to the supervising employee.

C. Unused student teacher waivers/credit hours shall be entered into a pool to be used on a first-come, first-serve basis by employees. Employees shall be notified of the availability of the pool balance on a quarterly basis on the website.

5.5 Reimbursement for Use of Personal Vehicle

5.5.1. Standard Mileage Reimbursement

Employees who are required to travel in the course of their assigned duties (e.g., IEP meetings, consultations, classroom observations, home visits, etc.) shall be reimbursed at the rate per mile authorized by the Internal Revenue Service (for deductions without documentary evidence) for all approved mileage to perform their assigned duties. Reimbursement claims shall be filed pursuant to procedures established by the Director.

5.5.2. Additional Reimbursement for Extraordinary Use of Personal Vehicle

In addition, an employee who travels more than 5,000 miles during a school term will be eligible for additional reimbursement of $.25 per mile for mileage in excess of 5,000 miles. An employee who wishes to submit a request for such reimbursement shall maintain copies of his/her reimbursement claims for the school term and, if qualified for additional reimbursement, submit his/her request with copies of the claims to the business office no earlier than the end of the school term and no later than September 1st of the next school term. Reimbursement shall be paid to the employee as soon as practicable after receipt and review of the request for reimbursement. Such reimbursement will be taxable to employees and will be paid through normal payroll.

5.5.3. Driving Stipend

An annual $1,500 driving stipend will be paid to an employee who obtains and maintains licensure to operate a vehicle for the purpose of transporting students, provided that the following conditions are met:

- The employee obtains prior written approval from the Executive Director or designee; and
- The employee actually drives.

The stipend will be paid in one lump sum at the end of the school term, and will be prorated for any employee who obtains the licensure mid-year.

5.5.4. Reimbursement of Deductible

Subject to Board approval, SASED may reimburse an employee up to $500 for the employee's payment of his/her vehicle insurance deductible as a result of the employee's vehicle accident occurring during SASED-required travel. The Board will not reimburse the employee if the Board determines that the employee's willful or wanton conduct contributed to the accident.

5.6 Salary Balance

Any balance of an employee's contractual salary due an employee who has resigned, retired, and/or non-reemployed from SASED, effective the forthcoming school term, shall be paid at his/her option within three (3) days of the last day of service to the Board, provided the employee has exercised such option in writing to the Business Office at least fifteen (15) calendar days prior to the end of the school term.

5.7 Insurance

5.7.1 Life Insurance

The Board shall provide group life insurance for all employees in the amount of $50,000 subject to all conditions as may be required by the insurance carrier.

5.7.2 Medical Insurance

Single Health Insurance Coverage

The Board will make health insurance available to employees as indicated in the medical plan document. The Board will pay 80% of the cost of the individual medical insurance premium for full time employees enrolled in SASED's medical insurance plan. For each annual open enrollment of this Agreement, the prior year's actual cost of insurance will be allowed to increase up to a maximum of 10% without changing the 20% contribution level required for full time employees. However, once the cost of insurance increases by more than 10% for a fiscal year the additional cost in excess of 10% for that year will be allocated 50% to employees and 50% to the Board.

Part time employees who work twenty (20) hours or more may enroll in the health insurance program with the percentage of the premium paid by the Board, based upon the percentage of the employee's employment. The employee is responsible for payment of the remainder of the premium.

Dependent Health Insurance Coverage

Dependent health insurance coverage is available to employees as indicated in the medical plan document. The Board will pay 60% of the cost of dependent coverage for full time employees enrolled in SASED's medical insurance plan. For each annual open enrollment of this Agreement, the prior year's actual cost of insurance will be allowed to increase up to a maximum of 10% without changing the 40% employee contribution level required for full time employees. However, once the Board contribution increases by more than 10% for a fiscal year the additional cost in excess of 10% for that year will be allocated 50% to employees and 50% to the Board.

Part time employees who work twenty (20) hours or more may participate in the dependent health insurance coverage with the percentage of the premium paid by the Board, based upon the percentage of the employee's employment. The employee is responsible for payment of the remainder of the premium.

5.7.3 Group Disability Insurance

The Board shall also provide a group term disability policy for employees pursuant to specifications prescribed by the Board.

5.7.4 Dental Insurance

Single Dental Insurance Coverage

The Board will make dental insurance available to employees as indicated in the dental plan document. The Board will pay 80% of the cost of the individual dental insurance premium for full time employees, enrolled in SASED's dental insurance plan. Each annual open enrollment of this Agreement thereafter, the prior year's actual cost of insurance will be allowed to increase up to a maximum of 10% without changing the 20% contribution level required for full time employees. However, once the cost of insurance increases by

more than 10% for a fiscal year the additional cost in excess of 10% for that year will be allocated 50% to employees and 50% to the Board.

Part time employees who work twenty (20) hours or more may enroll in the dental insurance program with the percentage of the premium paid by the Board, based upon the percentage of the employee's employment. The employee is responsible for payment of the remainder of the premium.

Dependent Dental Insurance Coverage

Dependent dental insurance coverage is available to employees as indicated in the dental plan document. The Board will pay 60% of the cost of dependent coverage for full time employees. Each annual open enrollment of this Agreement thereafter, the prior year's actual cost of insurance will be allowed to increase up to a maximum of 10% without changing the 40% employee contribution level required for full time employees. However, once the Board contribution increases by more than 10% for a fiscal year, the additional cost in excess of 10% for that year will be allocated 50% to employees and 50% to the Board.

Part time employees who work twenty (20) hours or more may participate in the dependent dental insurance coverage with the percentage of the premium paid by the Board, based upon the percentage of the employee's employment. The employee is responsible for payment of the remainder of the premium.

5.7.5 Medical Reimbursement Account

Employees may annually elect to have specific amounts automatically deducted from their (pre-tax) paychecks to pay for non-reimbursed eligible medical expenses for themselves and dependents as permitted by law. Amounts to be withheld shall be determined during the annual open enrollment period. To receive reimbursement for eligible expenses, employees must follow procedures developed by the Plan Administrator.

Employees participating in this program whose family/marital status changes during the plan year may amend the amounts to be withheld not less than thirty (30) days prior to the change taking effect. Requests for reimbursement must be submitted prior to March 31st of the following year. Any amounts remaining in an employee's account after the filing period will be forfeited.

5.7.6 Dependent Care Reimbursement Account

Employees may annually elect to have specific amounts (as specified by law) automatically deducted from their (pre-tax) paychecks to pay for Dependent Care expenses as permitted by law. Amounts to be withheld shall be determined during the annual open enrollment period. To receive reimbursement for certified Dependent Care expenses, employees must follow procedures developed by the Plan Administrator. Employees participating in this program whose family/marital status changes during the plan year may amend the amount

to be withheld not less than thirty (30) days prior to the change taking effect. Requests for reimbursement must be submitted prior to March 31st of the following year. Any amount remaining in an employee's account after the filing period will be forfeited.

5.8 Payments Remitted to the Illinois Teacher Retirement System

From the Compensation Schedule, the Board shall deduct for each employee a sum equal to the required contributions to the State of Illinois Teachers' Retirement System and the Teachers' Health Insurance Security Fund on behalf of the employee. It is the intent of the parties by this Agreement to qualify these payments as "picked-up" contributions within the meaning of Section 414(h)(2) of the Internal Revenue Code so as to be excludable from the gross income of all employees. The employees shall have no right or claim to the funds so remitted except as they may subsequently become available from the State of Illinois Teachers' Retirement System.

No employee shall have the option of choosing to receive the amounts contributed by the Board directly and the assumption and payment of the employees' required contribution to the Illinois Teachers' Retirement System is a condition of employment made in order to secure the employees' future services, knowledge, and experience.

The balance of the amount due each employee pursuant to such Compensation Schedule shall be payable to the employee as salary installments as otherwise provided herein, provided the Board shall deduct there from all monies as required by law or as authorized by the employee pursuant to this Agreement, or as otherwise authorized by the Board. Such withholding shall include any and all additional amounts required to be paid to the State of Illinois Teachers' Retirement System for the account of such employee.

Internal Revenue Service Rulings indicate such amounts paid to the State of Illinois Teachers' Retirement System are properly excludable from the gross income of the employee for income taxation purposes, and the Cooperative will not withhold Federal and State income taxes on funds remitted to the State of Illinois Teachers' Retirement System on behalf of employees.

5.9 Supplemental Jobs

If, during the school term the Board shall create any additional supplemental jobs, the Board shall so advise the Association President or designee. Such advice shall include the proposed compensation for such supplemental job. At the request of the Association President or designee, the Director or designee shall enter into discussions with respect to such compensation. If an agreement thereon shall not be reached, the amount agreed upon as compensation for such supplemental job in the course of the next negotiations of this Agreement shall be paid retroactively to the person appointed to such supplemental job.

5.10 Retirement Enhancement Program

A. Eligibility

A SASED retirement enhancement program shall be available for an employee with a retirement date no later than June 30, 2033 who meets all of the following eligibility criteria:

1. On the date of retirement must be eligible and have applied to retire under Illinois Teachers' Retirement System ("TRS") requirements;

2. On the date of retirement must have been employed:

   a. full-time in the Cooperative for fifteen (15) years preceding his/her retirement;

   b. part-time in the Cooperative for thirty (30) years preceding his/her retirement; or

   c. at least twelve (12) years full-time plus such additional part-time employment that totals fifteen (15) years full-time equivalency.

   For the above purposes, an absence from work due to the following circumstances will be considered employment (full-time or part-time, based on the employee's then-current status): FMLA leave; work-related injury; or unpaid leave during a school year where the employee works at least one hundred (100) days;

3. On the date of retirement be at least fifty-five (55) years of age or attain fifty-five (55) years of age within six (6) months thereafter as required by TRS for retirement eligibility.

4. Submits a service credit report obtained from TRS. The report must indicate the employee's total years of service as of the retirement date and projected creditable earnings for the highest four years of creditable earnings over the past ten years of service.

5. Submits a Letter of Intent to Retire as required below by April 1 prior to the school year that SASED retirement enhancement program benefits begin; and

6. Must not have received an increase in creditable earnings exceeding 6% during any school year that TRS will use to calculate the employee's pension. However, the portion of an increase exceeding 6% that is not subject to an additional employer contribution to TRS shall not render the employee ineligible.

B. Eligibility Exception

The SASED retirement enhancement program shall not be available to any employee whose retirement requires SASED to make an additional employer/Board contribution or payment of any kind to TRS due to the employee's retirement. For example, an employee may participate in the TRS Modified Early Retirement Option or this SASED retirement enhancement program, but not both.

C. Letter of Intent to Retire

In order to be eligible to participate in the SASED retirement enhancement program, an employee must submit an irrevocable letter of intent to retire to the Executive Director setting forth a retirement date at the end of a school year not later than June 30, 2033. The letter of intent to retire must be received by the Executive Director by April 1 of any year of this Agreement for retirement enhancement program salary increases to begin the following school term. An employee who submits a letter of intent to retire by April 1, 2029 will receive the benefits provided under this Agreement and shall not be entitled to receive any benefits under any retirement program negotiated in a successor bargaining agreement.

If the Board of Directors determines that the employee is not eligible to participate in the SASED retirement enhancement program, the Board shall so notify the employee by June 1 of the school year that the employee submits his/her letter of intent.

D. Irrevocability

1. An employee's letter of intent to retire may only be rescinded by the employee for the following reasons:

   a. Death in the retiree's immediate family; or

   b. Other reasons of compelling emergency as determined solely by the Board. The Board's decision is not reviewable and said reasons shall be non- precedential with respect to granting or denying requested changes in retirement election.

2. If the retirement is rescinded, the employee will repay the retirement enhancement through a reduction of his/her pay over the next school year or sooner. The reduction in pay shall be the difference between the amount paid to the employee as retirement enhancements and the amount the employee would have received without the retirement enhancements.

E. Acceleration of Retirement Date

An employee may accelerate the retirement date stated in his/her letter of intent to retire without affecting his/her participation in the SASED retirement enhancement program so long as the change in the retirement date does not require SASED to make an additional employer/Board contribution or payment of any kind to TRS as a result of the change.

In the event that an employee accelerates the retirement date stated in his/her letter of intent to retire and the change will require the Board to make an additional employer/Board contribution or payment of any kind to TRS as a result of the change, the employee forfeits his/her participation in the SASED retirement enhancement program. In addition, the Board shall reduce such employee's pay for the remainder of his/her employment by the amount necessary to recover retirement enhancements paid to the employee. The reduction in pay shall be difference between the amount paid to the employee as retirement enhancements and the amount the employee would have received without the retirement enhancements. If the employee retires before the Board recovers the retirement enhancements, such former employee shall repay any retirement enhancements to the Board within thirty (30) days of his/her retirement. In the event that the former employee fails to repay the Board within such time, the Board retains all rights and remedies against the former employee to recover the unpaid amount.

F. Retirement Enhancement Program Salary Increase(s)

An employee who is eligible and elects to participate in the SASED retirement enhancement program is eligible to receive an increase of five percent (5%) over the employee's prior year's reported TRS creditable earnings for each of up to four (4) remaining years of the employee's employment in SASED. The increase(s) shall be in lieu of any other raise, step, or other creditable earnings increase to which the employee may otherwise have been entitled under this Agreement.

A retiring employee may receive no more than four (4) years of 5% creditable earnings increases under this retirement enhancement program. It is the intent of the parties that the 5% increases will be paid in the employee's final years of employment. An employee for whom an extra-duty stipend was part of the employee's creditable earnings in the school year in which notice is given and who elects not to perform such duty in any year prior to retirement will have the stipend for that duty subtracted from the creditable earnings increases provided under this program for each remaining year. Under no circumstances may an employee participating in this program receive a creditable earnings increase for more than 6% over the employee's prior year's creditable earnings unless the increase in excess of 6% is not subject to an additional employer contribution to TRS.

G. Retirement Enhancement Program Health Insurance Benefit

An employee who submits a Letter of Intent to Retire and is eligible to participate in the SASED retirement enhancement program as provided above shall be reimbursed by the Board up to $2,400 per year, as set forth below, for the cost of the employee's post-retirement health insurance policy premium. This benefit shall cease upon the death of the retiree, at the end of a time period applicable to the employee set forth below, or when the employee reaches age sixty-five (65) years of age or otherwise is eligible for Medicare, whichever occurs first.

The conditions of this benefit are as follows:

4 Years Notice - Up to five (5) years premiums paid at an amount not to exceed a total Board contribution of $12,000.

3 Years Notice –Up to three (3) years premiums paid at an amount not to exceed a total Board contribution of $7,200.

2 Years Notice – Up to two (2) years premiums paid at an amount not to exceed a total Board contribution of $4,800.

1 Year Notice – Up to one (1) year's premium paid at an amount not to exceed a total Board contribution of $2,400.

The Board shall reimburse the retiree for the premium for the individual coverage upon proof of payment of the premium and within the time-line provided in the *Illinois Local Government Prompt Payment Act*, 50 ILCS 505/1 *et seq*.

The reimbursement provided above shall be paid to employees who retire under the terms of this Agreement and shall survive this Agreement. The reimbursement of employees who retire under this Agreement shall not be affected by a subsequent collective bargaining agreement.

5.11 Compensation for Voluntary Extra Duties

If an IEP requires a student to be enrolled in an extra-curricular activity and if it is determined by his/her MDC/IEP team that a teacher or other employee needs to be involved to assist this student's participation, the employee shall be compensated per Appendix A. Prior to the start of the employee's involvement in the student activity, the program administrator will determine the number of hours approved for compensation.

5.12 Longevity

Any employee who is frozen on the last step of a column on the salary schedule shall receive the stipulated salary on the last step plus the longevity amount multiplied by the number of years the employee is frozen on the last step and not able to move a step.

5.13 Tuition Reimbursement

1. Tuition reimbursement shall be available to all eligible employees for semester hours of coursework credit earned from a CAEP-accredited institution. Subject to the criteria in paragraph 2 below, the tuition reimbursement shall be paid for coursework which maintains or improves job-related skills. The tuition pool for each year of this Agreement shall be in the amount of $20,000.00

2. Criteria

   a. Only employees who have completed two (2) years of service in SASED will be eligible.

   b. A part time employee must work .5 FTE to be eligible for reimbursement, and reimbursement will be prorated based on the employee's FTE.

   c. Course work must be approved in writing by the Director or designee prior to the start of the course. Generally, coursework for employees must be at a post-graduate level to receive approval.

   d. Tuition reimbursement shall not be paid for graduate course work needed to obtain initial certification, licensure or registration necessary to meet minimum requirements of the job assignment presently held by the employee, administrative certification, or to qualify an employee for a new trade or business.

   e. The Director or his/her designee must provide written notification of approval or denial of a qualified course within five (5) working days of receipt of request. If the request is denied, the Director or designee must provide a specific written reason for denial, also within five (5) working days.

   f. Reimbursement for tuition shall be divided as described below among all eligible employees based on the total number of semester hours submitted and completed from the previous fiscal year, July 1 through June 30. The $20,000 pool will be divided by the total number of semester hours submitted in order to reach a per semester hour dollar amount calculation. The amount of reimbursement paid to employees from the pool for approved semester hours will be determined by a reimbursement differential applied to semester hours based on the following:

      (1) Course for credit (1 x differential); and

      (2) Course or programming for certification to add to license (2 x differential.)

Each employee will receive their semester hour share for each semester hour submitted and approved according to the criteria listed and above weighting. However, an employee's reimbursement shall not exceed the actual semester hour cost of the course.

g. The costs being submitted for reimbursement shall not already have been paid to, or on behalf of, the employee by another source.

h. A course grade of A or B is necessary for reimbursement to be provided.

i. Course work should not interfere with the professional responsibilities and obligations that all staff have to students.

3. Tuition reimbursement shall be available and paid to those eligible employees who return to employment with the Board for the school year following the successful completion of the coursework. In order to receive reimbursement for coursework completed during a school year, an eligible employee shall submit his/her official transcript and evidence of tuition payment to the Director or designee by September 1st of the following school year. The Director or designee will confirm receipt of transcripts with the employee. Reimbursement shall be paid after the October Board of Directors meeting.

5.14 Insurance Committee

The Board and the Association recognize that the nature and extent of health care insurance coverage in the current insurance environment, and the corresponding cost for the same, is a matter requiring careful monitoring.

A committee referred to as the "Insurance Committee" will have members representing the Administration, other significant employee groups within SASED and the Association. The Committee will consist of no more than eight (8) members including no more than two (2) members from the Association and no more than two (2) members from the Administration.

The Committee shall be advisory. The Committee will study and may recommend changes in insurance coverage during the term of the Agreement. The Committee shall meet as needed. At a minimum, the Committee shall meet in March to review claims activity and provide general updates; in September to review preliminary rate projections for the next year and to consider recommendations for changes in the insurance program; and again before October 15 to review rates for the next year and to finalize its recommendations (if any) to the Board and Association.

5.15 Bus Duty

SASED employees who supervise bus duty or drive students on SASED buses either before or after their regular workday, shall be compensated at the approved stipend rate in

Appendix A. The time shall be counted in fifteen (15) minute increments for the time before or after their regular workday.

5.16 Set Up Days

Teachers will receive one-half (½) day, prior to the first student attendance day and as part of the start of the year teacher attendance days, to set up their classrooms. The time will be designated by SASED.

Teachers who have been reassigned to a new classroom or building or who have had their classroom moved to a different site that requires additional set up time beyond that provided by the program shall, with the approval of the program administrator, mutually agree on a day prior to the start of school to set up the classroom. The teacher shall be paid one hundred ten dollars ($110.00) after submitting a timesheet.

ARTICLE VI--PROFESSIONAL RELATIONS

6.1 Evaluation

Employees shall be formally evaluated according to The School Code.

Tenured employees shall be formally evaluated at least once in the course of every three school years. Non-tenured employees shall be formally evaluated annually. The evaluator shall possess credentials as required by law. Such evaluation shall include a formal observation of at least thirty (30) minutes. Notice of such observation shall be made to the employee five (5) employment days in advance. Other observations may be made from time to time by the immediate supervisor and the observations may be used as a part of the formal evaluation. No later than ten (10) employment days following the formal observation, the supervisor shall hold a conference with the employee to discuss such observation.

If required by law, a joint committee appointed respectively by the Association President and Director or designee, not to exceed three (3) persons appointed by each, shall recommend an evaluation plan.

A. Orientation: Before any evaluation is conducted each employee shall be provided a copy of the evaluation instrument and the process will be explained.

B. Observations: All monitoring or observation of the work of each employee shall be conducted in person. Each evaluation shall include at least two (2) formal observations by the evaluator for non-tenured employees and at least one (1) formal observation by the evaluator for tenured employees. Other observations may be made from time to time and these observations may be used as part of the formal evaluation.

C. Employee Evaluations: The supervisor shall make recommendations to the Director or his/her designee regarding the continued employment of probationary employees.

D. Pre Observation Conferences: A Pre Observation Conference between the evaluator and the employee shall be held to review the evaluation timelines, the instrument, and the expectations of both parties.

E. Post Observation Conference: A written evaluation shall be given to the employee within ten (10) work days after the formal observation. The parties shall meet to discuss the evaluation within ten (10) work days after the formal observation unless another time is mutually agreed upon by the evaluator and employee. The employee shall sign the evaluation and be given a copy by the evaluator.

F. Right to Respond: An employee may submit a written response to his/her evaluation and have that response attached to the file copy of the evaluation. All written evaluations and the attached employee's comments are to be placed in the employee's personnel file.

G. Right to Representation: In the event an employee receives an overall rating of unsatisfactory in his/her evaluation, and either the employee or the administration requests a second post evaluation conference, the employee shall have the right to have an Association representative present at the second post evaluation conference.

H. If a tenured employee does not receive a summative evaluation in any year in which such an evaluation is required, for that year: If the employee received an "Excellent" rating on the employee's most recent summative evaluation with SASED, the employee's rating shall be deemed "Excellent" for purposes of the sequence of honorable dismissal (SOHD) list. Otherwise, the employee's rating shall be deemed "Proficient" for purposes of the SOHD list.

6.2 Association-Director Meetings

The Association President and the Director or designee shall meet at least once every other calendar month throughout the school term unless it is mutually agreed to cancel. Each party may include additional persons after informing the other person of such intention. The purpose of such meetings shall be to discuss areas of concern to the parties.

All meetings shall be held outside of the normal employee workday except as shall otherwise be mutually agreed. Minutes will be distributed by the Association to the administration within a reasonable time after the meetings.

6.3 Personnel Files

A. There shall be only one (1) official personnel file for each employee. The employee shall have an opportunity to respond to any material placed in his/her file, provided such is submitted within twenty-five (25) employment days of the date a copy of such materials is furnished to the employee. No evaluative material shall be placed in such file until the employee has seen it. Any material which may be used to form the basis of disciplinary action against an employee shall be placed in the employee 's personnel file no later than the end of the school term during which such comments were generated.

B. All employees shall have the right to review their own personnel file and may be accompanied at such review by a representative, provided such review shall occur during normal business hours and shall not in any manner inconvenience the operation of the Board. A representative of the Board may be present at the time of such review. Nothing shall be permanently or temporarily removed from such personnel file without the consent of the Board and the employee.

6.4 Professional Conduct

Employees shall report incidents of inappropriate conduct by any employee to their immediate supervisor. If the allegation of inappropriate conduct involves the employee's immediate supervisor, the incident shall be reported to the immediate supervisor's supervisor.

6.5 New Employee Orientation and Mentoring Program

Employees new to SASED will be required to attend two days of New Employee Orientation. The two days will provide orientation to processes, policies and procedures of SASED and the member districts. During this induction process, employees will participate in a variety of learning activities to familiarize them with SASED programs and services, as well as their particular assignment within the organization. The activities of these days will also include orientation to the Mentoring Program, if appropriate.

Each new, first year employee covered by this agreement shall be provided a mentor. The mentoring program shall be a formal arrangement for the first two years of employment in SASED. The Administration will identify participants and shall be responsible for all aspects of the pairing and training of the new employees and mentors. All tenured employees shall be eligible to apply to be a mentor and becoming a mentor is voluntary. Continuing SASED employees changing their program/service will be offered the opportunity to participate as a mentee for the first year of the change. To the degree possible, the mentor/mentee pairing will be closely aligned to the same assignment and/or program.

Mentors will be required to make a commitment of two school years to the program and will be required to follow the ISBE approved Mentoring Plan. Activities will include but

not be limited to attendance at one day's equivalent (i.e. 8 hours) of training and induction sessions prior to the beginning of the school year. The mentors will meet a minimum of four (4) times per quarter with their mentee. The mentors and mentees will also meet an additional four (4) times per school year as a group to process concerns, strategies and other considerations with the new employees. Mentors and new employees will be given ongoing opportunities for feedback but will be required to complete a survey instrument prior to the end of the school term to evaluate the effectiveness of the mentoring program.

Tenured employees who are chosen to serve as mentors for an entire school term shall be paid a stipend at the rate of $800.00 per year prorated per length of service. This amount shall be payable on the last paycheck of the school term.

A committee will be formed for the Mentoring Program made up of equal parts of both members of the Association and Administration. The committee will meet, a minimum of two times per year, to discuss additional needs and review the Program as a whole

6.6 Program Feedback Process

A program feedback (survey) instrument, as developed jointly by the Association and the Director or his designee shall be distributed by April 1st of each school term. This anonymous survey will be returned directly to SASED Central Office. The information will be collated and distributed to the appropriate program or service administrator.

ARTICLE VII--EMPLOYMENT CONDITIONS

7.1 Definition of Responsibilities and Rights

The Board agrees that employees shall have the right to organize, join, and assist the Association, to participate in professional negotiations with the Board through representatives of their own choosing, and to engage in other lawful activities, individually or in concert, for the purpose of establishing, maintaining, protecting, or improving conditions of professional service and the educational program.

7.2 Physical Facilities

The Board shall seek to provide each employee with an appropriate desk, chair and file facility consistent with the availability of supplies. If feasible, all or part of the file facility shall be equipped with a lock.

7.3 Required Meetings

Employees are not required to attend more than ten (10) meetings that extend beyond the normal school day per school year without compensation therefor. Employees will be provided with five (5) calendar days' advance notice of such a meeting, unless in the case of an emergency. The meetings shall not exceed one (1) hour after the normal workday;

however, up to three (3) meetings may be up to two (2) hours in duration, after the normal workday provided that the total meeting hours without compensation does not exceed ten (10) hours during a school year. The ten (10) meeting restriction applies to meetings called by SASED and/or District Administrators. If an employee is required to attend more than ten (10) meetings a school year, he/she shall be compensated at the stipend rate in Appendix A for all hours spent beyond ten (10) hours.

7.4 Class Size

23 Illinois Administrative Code 226, Subtitle A, Subchapter f, Section 226.730 Class Size for 2009-10 and Beyond, as issued by the Illinois State Board of Education (ISBE) shall be enforced by the Board as it pertains to class sizes.

In the event that the above rule is rescinded or modified by ISBE, the Association may request to re-open negotiations regarding class size, and negotiations thereon shall begin within thirty (30) days of such request.

7.5 School Term

A. Teachers and Orientation and Mobility Specialists

The school term shall be adjusted so that the actual number of teacher and orientation and mobility specialists work days shall consist of no more than 184 days including teacher institutes. Teachers/orientation and mobility specialists working in districts with less contract workdays than SASED shall be assigned by their Program Administrator extra days at the beginning or the end of the school term. No teacher/orientation and mobility specialist shall be required to work any longer than the 184 day school term.

Teachers covered by this agreement and employed for a position that requires working beyond the 184 days shall be compensated at their per diem rate of pay for each day worked. The teacher and their immediate supervisor will mutually agree in writing to the number of additional workdays required to prepare for and/or complete their job for the given school term. Notice and approval of this written agreement between the teacher and their immediate supervisor will be given to the Director as well as the President of the Association prior to the start of the teacher's additional workdays.

The orientation and mobility specialists' calendar will be adjusted at the beginning of the school year to meet the 184-day school term in order to meet the requirements of the position. To the extent that an orientation and mobility specialist's work activities may extend outside the regular school day:

1. Before providing services to students outside of the regular school day, the orientation and mobility specialist must obtain prior written approval from their Program Administrator; and

2. Exchange time must be taken within thirty (30) school days and with the prior written approval of the Program Administrator.

B. Social Workers, Psychologists, Certified School Nurses and Behavior Management Specialists

The school term shall be adjusted so that the actual number of workdays shall consist of no more than 189 days including institutes for social workers, certified school nurses and psychologists; and no more than 195 days for behavior management specialists. Employees covered by this Agreement and employed for a position that requires working beyond their identified number of workdays shall be compensated at their per diem rate of pay for each day worked. The employee and their immediate supervisor will mutually agree in writing to the number of additional workdays required to prepare for and/or complete their job for the given school term. Notice and approval of this written agreement between the employee and their immediate supervisor will be given to the Director as well as the President of the Association prior to the start of the employee's additional workdays.

7.6 Plan Time

Each teacher shall have a minimum of 150 minutes per week of plan time. Plan time shall be defined as time when teachers do not have the responsibility for supervising students. The goal of the Administration will be to provide plan time in thirty (30) minute increments during the student day. The teacher workday shall not be extended as a result of the teacher's plan time. Teachers shall not be responsible for planning alternative activities for their students for the time the teachers are in plan time. Teachers shall have access to material resources outside the presence of students during plan time.

It is the intent of the parties that IEP meetings not occur during a teacher's plan time. In the event an IEP meeting is scheduled during a teacher's plan time, the teacher will try to make up the missed plan time during the remainder of the work week. If the teacher is unable to do so, the teacher may be compensated for the portion of the missed plan time due to the IEP meeting at the extra duty hourly rate.

The Administration acknowledges the need of the remaining employee groups to plan for lessons and activities within their distinct responsibilities. These employees are encouraged to discuss with their immediate supervisor the use of flexible scheduling to accommodate their planning needs.

7.7 Internal Substitution

Every effort shall be made to find qualified substitute teachers. In the event a teacher internally substitutes, the Board shall compensate the teacher at $39.00 for the 2026-2027, 2027-2028, and 2028-2029 school years per clock hour in addition to the teacher's regular

contracted rate for time engaged in internal substitution. Internal substitution is defined as:

a. when there are two classes, each of which has a separate teacher, one of the teachers is absent, both classes are combined, and one teacher is responsible for both classes; or

b. when a teacher teaches a class during the teacher's regularly scheduled preparation time.

The maximum amount of internal substitution per day is six (6) hours for a full day's internal substitution. No teacher shall be required to internally substitute teach. Re-assigned bargaining unit members other than a classroom teacher will not receive extra compensation for internal substitution, with the exception of a teacher's plan period.

7.8 Vacancies and Notices

A. Posting of Vacancies

If the Board determines that a vacancy exists in a teaching or promotional position, the Board shall post a vacancy notice for the position on the SASED website.

B. Voluntary Transfers

Any employee presently on tenure or eligible for continuing contractual status in SASED may request a transfer to another program location and/or program where a vacancy exists. Such application shall be in writing to the Program Administrator and the Director. The qualifications, certifications, interests and aspirations of the individual employee shall be considered in all transfers, however, the Director reserves the right to approve or disapprove all requests.

C. Notification of Assignment

The Administration reserves the right to determine assignments or change assignments for employees. An assignment will be defined as the employee's duties and responsibilities within a Program or Service but shall not include the location(s) to which the employee is assigned. By the end of May each Administrator will be required to review any possible changes in assignments for the coming school year with staff. If change becomes necessary the employee affected, and the Association shall be notified as soon as practicable following a decision to change the employee's assignment. No assignment shall be changed arbitrarily.

The Association and the Administration recognize the value of conferring regarding the change. If an employee's assignment changes, SASED will provide the employee with the work calendar, the reason for the change, an opportunity to express his/her concerns regarding the change, and assistance to prepare for the

change in assignment. The goal of the Administration will be to give employees notice of a change in assignment at least thirty (30) calendar days prior to the start of the new school year.

D. Involuntary Transfers

Employees involuntarily transferred prior to the first day of pupil attendance, shall have the right to resign, provided they submit a letter of resignation to the Director no later than ten (10) business days after written notice of transfer has been mailed by registered mail. Employees involuntarily transferred at any other time during the school term may submit, without prejudice, a request to the Director that every opportunity be made to find a suitable replacement for the employee and if such replacement is secured, that employee be allowed to resign. A transfer will be defined as a change in assignment.

In any instance when it becomes necessary to involuntarily transfer an employee, and more than one employee is equally qualified, the least senior employee shall be involuntarily transferred.

For purposes of this section, an "involuntary transfer" is a change in program or position. A change in the location(s) to which an employee is assigned is not an involuntary transfer, unless the employee's position or program also is being changed.

7.9 Employee Day

A. All employees shall be provided a duty-free uninterrupted lunch period equal to the regular local school lunch period but not less than thirty (30) minutes in each school day. Such lunch period shall occur during the time of the student lunch periods. Any deviation to this schedule shall be made by mutual agreement between the employee(s) and the immediate supervisor. Notice of such deviations must be given to the Director and Association President, by the immediate supervisor, within five (5) workdays of the decision.

B. The teacher's normal workday shall not be more than 7 ½ hours per day inclusive of a duty-free lunch period.

Psychologists, Social Workers, Certified School Nurses and Behavior Management Specialists normal workday shall not be more than 8 hours per day inclusive of a duty-free lunch period.

C. Through mutual agreement between the employee and his/her immediate supervisor, the employee may work through the duty-free lunch period and leave the workplace an equal time earlier.

7.10 Discipline

A. No employee shall be disciplined except for just cause. As used herein, discipline shall not include reduction-in-force, dismissal or termination, the issuance of a notice of remedial warning, or any recommendations for improvements of performance or alteration of personal conduct contained in an evaluation document or conference.

B. Whenever a conference between an employee and a supervisor and/or administrator is held in which there is a discussion of termination of the employee, suspension of the employee with or without pay, or a written reprimand of the employee, at the request of the employee, the employee shall have the right to have an Association representative present. The employee shall be granted not more than one (1) day to obtain an Association representative, however, such time may be less in the event of an emergency. If an appropriate request for representation is made and a representative is not available within the one (1) day time limit, the employee may be questioned without a representative being present.

7.11 Health and Safety

A. Work Environment

An employee shall not be required to work under unsafe or hazardous conditions, provided at all times the employee's responsibility shall be the protection of students and their continued safety and well being. SASED shall provide maintenance services to ensure that every employee and student are provided a clean and sanitary work/school environment. No employee shall be required to provide any cleaning services other than in an emergency situation when the safety and health of a student is in jeopardy.

B. Immunization/Communicable Diseases/Student Health Plans

At least once during the term of this Agreement, the Board shall offer employees immunization against tetanus and hepatitis B, provided this section shall be inoperative if appropriate health officials recommend that either or both of such immunizations be discontinued or deferred.

If a student has a known or suspected communicable disease, notification to staff and others will be made to the extent necessary, and within the current ISBE guidelines, to minimize the health risk to staff and others.

Employees shall be provided information with regards to the specific health impairment and/or specialized medical procedures of their students. Students with serious medical conditions will have a health plan developed by a registered or certified school nurse within 20 school days of the student's first day of school.

Returning SASED students will have their health plan developed by a registered or certified school nurse in place within 30 school days of the start of the school year.

C. Injury to Employees

Injuries to employees by students shall continue to be regarded by the Board as a matter of grave concern. The Board recognizes the lawful right of an employee to protect him/herself in a case of an unavoidable injury.

Any case of injury to an employee shall be promptly reported to the Administration. The SASED Director shall provide reasonable assistance to advise the employee generally of his/her rights and obligations with respect to such injuries and shall render reasonable assistance to the employee in handling the incident by law enforcement authorities, provided the employee shall have acted within the scope of his/her employment and pursuant to Board policy.

In accordance with the applicable provisions of The School Code, the Board shall provide indemnification and protection for claims and suits against an employee.

Work time lost by the employee because of an injury caused by a student which occurs within the scope of employment and within Board policy shall be handled in accordance with Section 3.4, Workers' Compensation.

D. Medications

Employees, except registered or certified school nurses, shall not be required to administer medication to students as provided in The School Code.

7.12 Parent-Teacher Conferences

The following principles shall pertain to Parent-Teacher Conferences:

A. Such conferences shall be scheduled according to the housing District's schedule, and employees shall follow the same conference schedule as the District's teachers.

B. Employees shall be compensated for the conference time in compensatory time for all Parent-Teacher conferences outside the employee's regular workday.

   a. Any deviations in the conference days or times shall be worked out between the employee and the immediate supervisor with notification of the agreement given to the SASED Director and the Association President.

7.13 Procedures for Reduction in Certificated Employees with a PEL

The Director shall give the Association President or designee an opportunity to discuss proposed reductions in force prior to the Board of Directors taking action.

A. If the Board of Directors of SASED determines, because of economic necessity, to decrease the number of employees with a PEL or to discontinue some particular type of service, among such employees qualified to hold a position, employees shall be honorably dismissed in the order of their Groupings, with such employees in Grouping 1 dismissed first and certified employees in Grouping 4 dismissed last. Notice of honorable dismissal shall be provided as required by Section 5/24-12 of the School Code. In the event of a recall of employees with a PEL, the employees recalled and the order of recall shall be in accordance with Section 5/24-12 of the School Code.

Seniority shall be based upon the total number of years of continuous service as an employee in the Cooperative. Continuous service shall not be deemed interrupted by approved leaves of absence or honorable dismissal periods prior to recall. The official school year seniority list will be posted on the SASED website by February 1 each school year. Employees shall be listed by their first date of work in SASED or its successor organizations. Formally transferred employees will have their first date of employment recognized as it was posted in the district from which they were transferred. All employee certifications and provisional approvals will be posted on the seniority list. If employees share the same seniority date and a decision is needed as to which employee has more seniority, the basis of the decision will be first, the date formally employed by the Board; and second, a coin toss. The Association will designate a representative to observe the coin toss.

B. Part-time employees who have achieved tenure will accrue seniority prorated according to their accumulated continuous FTE. An employee who has acquired tenure and who voluntarily moves to a part-time position at his/her request will not be required to resign in return for his/her assignment to the part-time position. Such employee will retain his/her tenure but will have no right to return to a full-time position unless there is a new or vacant position for which s/he is qualified.

C. Periods of authorized leaves of absence and periods during which the employee is on recess shall not interrupt continuous service, but all such periods of leave other than for sick leave, FMLA, or other approved leaves less than sixty (60) school days shall not be counted in determining length of service.

7.14 Job Sharing

Job sharing shall be defined as an employment arrangement proposed by two employees (each, a "partner") or suggested by supervisors in which the partners share one position. One (1) position is defined as a full day assignment on a daily basis for one school year. A written proposal for job sharing will be considered under the following conditions:

A. The written proposal for job sharing must be submitted for consideration to the Program Administrator and Director no later than March 1 of the year prior to the year for which the job sharing is proposed.

B. The proposed job sharing will be in the best overall interest of the student(s), the program and member districts.

C. The proposed job sharing is for a single entire school year. There will be no guarantee of job sharing or of employment in the same position with respect to the following school year.

Each of the partners is responsible for one half (1/2) of each regular school day (morning or afternoon) or the entire regular school day(s) each week mutually agreed upon with the Administration. Each of the partners will share responsibility for all other duties relating to the position, provided that both will attend all applicable building, district, and/or SASED program meetings, student IEP/MDC meetings, parent teacher conferences, staff trainings, program planning meetings and any other responsibilities specific to the position being shared.

D. The salary of each partner will be prorated based upon the time worked by such partner during the job sharing. Benefits available to employees, including medical and other insurance, sick leave and other benefits and compensation, as well as accumulation of time for purposes of rights to move a step on the salary schedule and to add a year of seniority, will be prorated on the same basis between the partners.

E. If one partner is unable to complete the job share, the other partner will be responsible for the position.

F. Neither the job sharing proposal nor approval or disapproval of it is subject to the grievance procedure set forth in Article IV of this Agreement.

7.15 Pay Periods

The maximum number of pay periods for employees shall be twenty-four (24). Pay periods shall be on the 15th and last day of the month.

7.16 Supplies/Budgets

A. Classroom Supplies

Classroom supplies are defined as the consumable instructional materials used in the classroom to enhance the education of students. Classroom supplies exclude furniture, technology equipment, other equipment, textbooks, software, etc.

A formal system of communicating employee supply requests will be developed to ensure that employees have the opportunity to communicate their supply needs to their program

administrators. By March 1, program administrators will notify employees of the opportunity to submit a written request that specifies their supply needs for the next school term. In order for an employee's request to be considered, an employee is required to respond to this notice by March 31st. Program administrators will then consider the employees' requests and based upon the appropriateness of a request, program priorities and the availability of funds, the program administrators may grant approval for an employee's request. Employees will be notified of their Administrator's decision by June 30th.

For employees that are being transferred to a new or existing classroom, consideration will be made by the program administrator of the additional needs that might be associated with a change of grade level, program and/or locations.

B. Reimbursement for Supplies

If an employee receives approval to purchase supplies with the use of personal funds, then he/she can request an expedited reimbursement after the purchase has been completed.

Reimbursement can be expedited for employees when purchases accumulate to $50.00 or less. If the reimbursement request is under $50.00 and the employee requests an early reimbursement, it will be issued from the convenience account maintained by the program administrator. Otherwise, reimbursement will occur after the next scheduled board meeting. All purchases require the prior approval from the program administrator before the date of purchase. Failure to obtain prior approval may result in the denial of reimbursement of any purchase. Employees with cash advances will follow the alternate procedures associated with cash advances.

ARTICLE VIII--TERMINATION OF AGREEMENT

8.1 Savings Clause

Should any article, section, or clause of this Agreement be declared illegal by a court of competent jurisdiction, or overturned by a newly adopted law, said article, section, or clause, as the case may be, shall be automatically deleted from this Agreement to the extent that it violated the law. The remaining articles, sections, and clauses shall remain full force effect for the duration of the Agreement if not affected by the deleted article, section or clause.

8.2 Effective Date and Duration

This Agreement shall be effective, to the extent feasible on the first teacher employment day of the 2026-2027 school term. This Agreement shall expire at 11:59 p.m. on the day prior to the commencement of the 2029-2030 school term based on the SASED school calendar.

IN WITNESS WHEREOF

Chairperson
Board of Directors, School Association for Special Education in DuPage

President
School Association for Special Education DuPage Education Association, IEA-NEA

6/10/26

Date

6/1/26

Date

APPENDIX A—HOURLY RATES

The Board will pay an employee for the following work outside the regular workday when directed and pre-approved by the Executive Director (or designee):

Health and Safety Committee Work	$39
Emergency Planning	$39
Curriculum	$39
Consulting Teacher	$39
Chaperone per IEP	$39
Bus Duty	$39
Attendance at SASED-provided Professional Development (Outside of Work Day)* * *Not applicable to meetings held pursuant to Article VII, Section 7.3 (Required Meetings)*	$30

The amounts paid under this Appendix A shall be prorated by the quarter hour.

APPENDIX B — ACTIVITY STIPENDS

The Board will pay an employee for the following work outside the regular workday when directed and pre-approved by the Executive Director (or designee):

Rich Laren Day Coordinator	$400
Teacher Leader	$1200
Parent Liaison	$600
Back-to-School Night	$50
Evening Parent Events	$200
DHH – SLI Inclusion Teacher	$6000
Mentor (in accordance with Section 6.5)	$800
Mentor Coordinator	$800
Student Teacher Mentor	$400

The above amounts shall be prorated if the employee does not complete the assigned activity for any reason.

This Appendix B shall be in effect for the 2026-2027 school year only, unless extended by agreement of the joint committee. The committee shall be comprised of equal members of the Administration and Association, shall complete a review of the activity expectations and stipend amounts by April 30, 2027, and shall decide whether/how to extend the stipends for future years. If there is no agreement of the joint committee by May 21, 2027, the stipends shall cease. Any agreed-upon changes shall be memorialized via a Memorandum of Understanding.

FY27 BMS - 195 WORK DAYS

Step	MS	MS+15	MS+30	MS+45	DR
1	67,915	68,516	69,718	70,921	72,123
2	70,319	70,921	72,724	73,926	75,128
3	72,724	73,325	75,729	76,931	78,133
4	75,128	75,729	78,734	79,936	81,138
5	77,532	78,734	81,739	82,941	84,744
6	79,936	81,138	84,744	85,946	88,350
7	82,340	84,143	87,749	88,951	91,956
8	84,744	86,547	90,754	91,956	95,562
9	87,148	89,552	93,759	94,961	99,169
10	89,552	91,956	97,365	98,567	102,775
11	91,956	94,961	100,371	102,174	106,381
12	94,360	97,365	103,977	105,780	109,987
13	96,764	100,371	106,982	109,386	113,593
14	99,169	102,775	110,588	112,992	117,199
15	101,573	105,780	113,593	116,598	120,805
16	103,977	108,785	117,199	120,204	125,012
17	105,179	109,987	117,874	120,929	125,762
18	105,774	111,189	118,549	121,654	126,512
19	106,369	111,784	119,224	122,379	127,262
20	106,964	112,379	119,899	123,104	128,012
21	107,559	112,974	120,574	123,829	128,762
22	108,154	113,569	121,249	124,554	129,512
23	108,749	114,164	121,924	125,279	130,262
24	109,344	114,759	122,599	126,004	131,012
25	109,939	115,354	123,274	126,729	131,762
26	110,534	115,949	123,949	127,454	132,512
27	111,129	116,544	124,624	128,179	133,262
28	111,724	117,139	125,299	128,904	134,012
29	112,319	117,734	125,974	129,629	134,762
30	112,914	118,329	126,649	130,354	135,512
31	113,509	118,924	127,324	131,079	136,262
32	114,104	119,519	127,999	131,804	137,012
33	114,699	120,114	128,674	132,529	137,762
34	115,294	120,709	129,349	133,254	138,512
35	115,889	121,304	130,024	133,979	139,262
36	116,484	121,899	130,699	134,704	140,012
37	117,079	122,494	131,374	135,429	140,762
38	117,674	123,089	132,049	136,154	141,512
39	118,269	123,684	132,724	136,879	142,262
Longevity	**595**	**595**	**675**	**725**	**750**

FY28 BMS - 195 WORK DAYS

Step	MS	MS+15	MS+30	MS+45	DR
1	68,934	69,544	70,764	71,984	73,204
2	71,374	71,984	73,814	75,034	76,255
3	73,814	74,424	76,865	78,085	79,305
4	76,255	76,865	79,915	81,135	82,355
5	78,695	79,915	82,965	84,185	86,015
6	81,135	82,355	86,015	87,235	89,675
7	83,575	85,405	89,065	90,285	93,336
8	86,015	87,845	92,116	93,336	96,996
9	88,455	90,895	95,166	96,386	100,656
10	90,895	93,336	98,826	100,046	104,316
11	93,336	96,386	101,876	103,706	107,976
12	95,776	98,826	105,536	107,366	111,637
13	98,216	101,876	108,587	111,027	115,297
14	100,656	104,316	112,247	114,687	118,957
15	103,096	107,366	115,297	118,347	122,617
16	105,536	110,417	118,957	122,007	126,888
17	106,756	111,637	119,632	122,732	127,638
18	107,351	112,857	120,307	123,457	128,388
19	107,946	113,452	120,982	124,182	129,138
20	108,541	114,047	121,657	124,907	129,888
21	109,136	114,642	122,332	125,632	130,638
22	109,731	115,237	123,007	126,357	131,388
23	110,326	115,832	123,682	127,082	132,138
24	110,921	116,427	124,357	127,807	132,888
25	111,516	117,022	125,032	128,532	133,638
26	112,111	117,617	125,707	129,257	134,388
27	112,706	118,212	126,382	129,982	135,138
28	113,301	118,807	127,057	130,707	135,888
29	113,896	119,402	127,732	131,432	136,638
30	114,491	119,997	128,407	132,157	137,388
31	115,086	120,592	129,082	132,882	138,138
32	115,681	121,187	129,757	133,607	138,888
33	116,276	121,782	130,432	134,332	139,638
34	116,871	122,377	131,107	135,057	140,388
35	117,466	122,972	131,782	135,782	141,138
36	118,061	123,567	132,457	136,507	141,888
37	118,656	124,162	133,132	137,232	142,638
38	119,251	124,757	133,807	137,957	143,388
39	119,846	125,352	134,482	138,682	144,138

Longevity	595	595	675	725	750

FY29 BMS - 195 WORK DAYS

Step	MS	MS+15	MS+30	MS+45	DR
1	69,968	70,587	71,826	73,064	74,302
2	72,445	73,064	74,922	76,160	77,398
3	74,922	75,541	78,018	79,256	80,494
4	77,398	78,018	81,114	82,352	83,590
5	79,875	81,114	84,209	85,448	87,305
6	82,352	83,590	87,305	88,544	91,021
7	84,829	86,686	90,401	91,640	94,736
8	87,305	89,163	93,497	94,736	98,451
9	89,782	92,259	96,593	97,832	102,166
10	92,259	94,736	100,308	101,547	105,881
11	94,736	97,832	103,404	105,262	109,596
12	97,212	100,308	107,119	108,977	113,311
13	99,689	103,404	110,215	112,692	117,026
14	102,166	105,881	113,930	116,407	120,741
15	104,643	108,977	117,026	120,122	124,457
16	107,119	112,073	120,741	123,837	128,791
17	108,358	113,311	121,416	124,562	129,541
18	108,953	114,550	122,091	125,287	130,291
19	109,548	115,145	122,766	126,012	131,041
20	110,143	115,740	123,441	126,737	131,791
21	110,738	116,335	124,116	127,462	132,541
22	111,333	116,930	124,791	128,187	133,291
23	111,928	117,525	125,466	128,912	134,041
24	112,523	118,120	126,141	129,637	134,791
25	113,118	118,715	126,816	130,362	135,541
26	113,713	119,310	127,491	131,087	136,291
27	114,308	119,905	128,166	131,812	137,041
28	114,903	120,500	128,841	132,537	137,791
29	115,498	121,095	129,516	133,262	138,541
30	116,093	121,690	130,191	133,987	139,291
31	116,688	122,285	130,866	134,712	140,041
32	117,283	122,880	131,541	135,437	140,791
33	117,878	123,475	132,216	136,162	141,541
34	118,473	124,070	132,891	136,887	142,291
35	119,068	124,665	133,566	137,612	143,041
36	119,663	125,260	134,241	138,337	143,791
37	120,258	125,855	134,916	139,062	144,541
38	120,853	126,450	135,591	139,787	145,291
39	121,448	127,045	136,266	140,512	146,041
Longevity	**595**	**595**	**675**	**725**	**750**

FY27 TEACHER/O&M - 184 WORK DAYS

Step	BS	BS+12	BS+18	BS+24	MS	MS+9	MS+15	MS+30	MS+45
1	55,411	57,627	58,736	60,398	62,614	63,168	64,277	65,385	66,493
2	57,073	59,290	60,398	62,060	64,831	65,385	67,047	68,155	69,264
3	58,736	60,952	62,060	63,723	67,047	67,601	69,818	70,926	72,034
4	60,398	62,614	63,723	65,385	69,264	69,818	72,588	73,696	74,805
5	62,060	64,277	65,385	67,047	71,480	72,588	75,359	76,467	78,129
6	63,723	65,939	67,047	69,264	73,696	74,805	78,129	79,238	81,454
7	65,385	67,601	68,709	70,926	75,913	77,575	80,900	82,008	84,779
8	67,047	69,264	70,372	73,142	78,129	79,792	83,670	84,779	88,103
9	68,709	70,926	72,034	74,805	80,346	82,562	86,441	87,549	91,428
10	70,372	72,588	73,696	77,021	82,562	84,779	89,766	90,874	94,753
11	70,372	74,251	75,359	78,683	84,779	87,549	92,536	94,198	98,077
12	70,372	75,913	77,021	80,900	86,995	89,766	95,861	97,523	101,402
13	70,372	75,913	78,683	82,562	89,212	92,536	98,631	100,848	104,727
14	70,372	75,913	80,346	84,779	91,428	94,753	101,956	104,172	108,051
15	70,372	75,913	82,008	86,995	93,644	97,523	104,727	107,497	111,376
16	70,372	75,913	82,508	89,212	95,861	100,294	108,051	110,822	115,255
17	70,372	75,913	83,008	91,982	96,969	101,402	108,726	111,547	116,005
18	70,372	75,913	83,508	92,482	97,564	102,510	109,401	112,272	116,755
19	70,372	75,913	84,008	92,982	98,159	103,105	110,076	112,997	117,505
20	70,372	75,913	84,508	93,482	98,754	103,700	110,751	113,722	118,255
21	70,372	75,913	85,008	93,982	99,349	104,295	111,426	114,447	119,005
22	70,372	75,913	85,508	94,482	99,944	104,890	112,101	115,172	119,755
23	70,372	75,913	86,008	94,982	100,539	105,485	112,776	115,897	120,505
24	70,372	75,913	86,508	95,482	101,134	106,080	113,451	116,622	121,255
25	70,372	75,913	87,008	95,982	101,729	106,675	114,126	117,347	122,005
26	70,372	75,913	87,508	96,482	102,324	107,270	114,801	118,072	122,755
27	70,372	75,913	88,008	96,982	102,919	107,865	115,476	118,797	123,505
28	70,372	75,913	88,508	97,482	103,514	108,460	116,151	119,522	124,255
29	70,372	75,913	89,008	97,982	104,109	109,055	116,826	120,247	125,005
30	70,372	75,913	89,508	98,482	104,704	109,650	117,501	120,972	125,755
31	70,372	75,913	90,008	98,982	105,299	110,245	118,176	121,697	126,505
32	70,372	75,913	90,508	99,482	105,894	110,840	118,851	122,422	127,255
33	70,372	75,913	91,008	99,982	106,489	111,435	119,526	123,147	128,005
34	70,372	75,913	91,508	100,482	107,084	112,030	120,201	123,872	128,755
35	70,372	75,913	92,008	100,982	107,679	112,625	120,876	124,597	129,505
36	70,372	75,913	92,508	101,482	108,274	113,220	121,551	125,322	130,255
37	70,372	75,913	93,008	101,982	108,869	113,815	122,226	126,047	131,005
38	70,372	75,913	93,508	102,482	109,464	114,410	122,901	126,772	131,755
39	70,372	75,913	94,008	102,982	110,059	115,005	123,576	127,497	132,505

Longevity	0	0	500	500	595	595	675	725	750

FY28 TEACHER/O&M - 184 WORK DAYS

Step	BS	BS+12	BS+18	BS+24	MS	MS+9	MS+15	MS+30	MS+45
1	56,242	58,492	59,617	61,304	63,554	64,116	65,241	66,366	67,490
2	57,929	60,179	61,304	62,991	65,803	66,366	68,053	69,178	70,303
3	59,617	61,866	62,991	64,678	68,053	68,615	70,865	71,990	73,115
4	61,304	63,554	64,678	66,366	70,303	70,865	73,677	74,802	75,927
5	62,991	65,241	66,366	68,053	72,552	73,677	76,489	77,614	79,301
6	64,678	66,928	68,053	70,303	74,802	75,927	79,301	80,426	82,676
7	66,366	68,615	69,740	71,990	77,052	78,739	82,113	83,238	86,050
8	68,053	70,303	71,427	74,239	79,301	80,989	84,925	86,050	89,425
9	69,740	71,990	73,115	75,927	81,551	83,801	87,738	88,862	92,799
10	71,427	73,677	74,802	78,176	83,801	86,050	91,112	92,237	96,174
11	71,427	75,364	76,489	79,864	86,050	88,862	93,924	95,611	99,548
12	71,427	77,052	78,176	82,113	88,300	91,112	97,299	98,986	102,923
13	71,427	77,052	79,864	83,801	90,550	93,924	100,111	102,361	106,297
14	71,427	77,052	81,551	86,050	92,799	96,174	103,485	105,735	109,672
15	71,427	77,052	83,238	88,300	95,049	98,986	106,297	109,110	113,047
16	71,427	77,052	83,738	90,550	97,299	101,798	109,672	112,484	116,983
17	71,427	77,052	84,238	93,362	98,424	102,923	110,347	113,209	117,733
18	71,427	77,052	84,738	93,862	99,019	104,048	111,022	113,934	118,483
19	71,427	77,052	85,238	94,362	99,614	104,643	111,697	114,659	119,233
20	71,427	77,052	85,738	94,862	100,209	105,238	112,372	115,384	119,983
21	71,427	77,052	86,238	95,362	100,804	105,833	113,047	116,109	120,733
22	71,427	77,052	86,738	95,862	101,399	106,428	113,722	116,834	121,483
23	71,427	77,052	87,238	96,362	101,994	107,023	114,397	117,559	122,233
24	71,427	77,052	87,738	96,862	102,589	107,618	115,072	118,284	122,983
25	71,427	77,052	88,238	97,362	103,184	108,213	115,747	119,009	123,733
26	71,427	77,052	88,738	97,862	103,779	108,808	116,422	119,734	124,483
27	71,427	77,052	89,238	98,362	104,374	109,403	117,097	120,459	125,233
28	71,427	77,052	89,738	98,862	104,969	109,998	117,772	121,184	125,983
29	71,427	77,052	90,238	99,362	105,564	110,593	118,447	121,909	126,733
30	71,427	77,052	90,738	99,862	106,159	111,188	119,122	122,634	127,483
31	71,427	77,052	91,238	100,362	106,754	111,783	119,797	123,359	128,233
32	71,427	77,052	91,738	100,862	107,349	112,378	120,472	124,084	128,983
33	71,427	77,052	92,238	101,362	107,944	112,973	121,147	124,809	129,733
34	71,427	77,052	92,738	101,862	108,539	113,568	121,822	125,534	130,483
35	71,427	77,052	93,238	102,362	109,134	114,163	122,497	126,259	131,233
36	71,427	77,052	93,738	102,862	109,729	114,758	123,172	126,984	131,983
37	71,427	77,052	94,238	103,362	110,324	115,353	123,847	127,709	132,733
38	71,427	77,052	94,738	103,862	110,919	115,948	124,522	128,434	133,483
39	71,427	77,052	95,238	104,362	111,514	116,543	125,197	129,159	134,233
Longevity	**0**	**0**	**500**	**500**	**595**	**595**	**675**	**725**	**750**

FY29 TEACHER/O&M - 184 WORK DAYS

Step	BS	BS+12	BS+18	BS+24	MS	MS+9	MS+15	MS+30	MS+45
1	57,086	59,369	60,511	62,223	64,507	65,078	66,219	67,361	68,503
2	58,798	61,082	62,223	63,936	66,790	67,361	69,074	70,215	71,357
3	60,511	62,794	63,936	65,649	69,074	69,645	71,928	73,070	74,211
4	62,223	64,507	65,649	67,361	71,357	71,928	74,782	75,924	77,066
5	63,936	66,219	67,361	69,074	73,641	74,782	77,637	78,778	80,491
6	65,649	67,932	69,074	71,357	75,924	77,066	80,491	81,633	83,916
7	67,361	69,645	70,786	73,070	78,207	79,920	83,345	84,487	87,341
8	69,074	71,357	72,499	75,353	80,491	82,203	86,199	87,341	90,766
9	70,786	73,070	74,211	77,066	82,774	85,058	89,054	90,195	94,191
10	72,499	74,782	75,924	79,349	85,058	87,341	92,479	93,621	97,617
11	72,499	76,495	77,637	81,062	87,341	90,195	95,333	97,046	101,042
12	72,499	78,207	79,349	83,345	89,625	92,479	98,758	100,471	104,467
13	72,499	78,207	81,062	85,058	91,908	95,333	101,612	103,896	107,892
14	72,499	78,207	82,774	87,341	94,191	97,617	105,038	107,321	111,317
15	72,499	78,207	84,487	89,625	96,475	100,471	107,892	110,746	114,742
16	72,499	78,207	84,987	91,908	98,758	103,325	111,317	114,171	118,738
17	72,499	78,207	85,487	94,762	99,900	104,467	111,992	114,896	119,488
18	72,499	78,207	85,987	95,262	100,495	105,608	112,667	115,621	120,238
19	72,499	78,207	86,487	95,762	101,090	106,203	113,342	116,346	120,988
20	72,499	78,207	86,987	96,262	101,685	106,798	114,017	117,071	121,738
21	72,499	78,207	87,487	96,762	102,280	107,393	114,692	117,796	122,488
22	72,499	78,207	87,987	97,262	102,875	107,988	115,367	118,521	123,238
23	72,499	78,207	88,487	97,762	103,470	108,583	116,042	119,246	123,988
24	72,499	78,207	88,987	98,262	104,065	109,178	116,717	119,971	124,738
25	72,499	78,207	89,487	98,762	104,660	109,773	117,392	120,696	125,488
26	72,499	78,207	89,987	99,262	105,255	110,368	118,067	121,421	126,238
27	72,499	78,207	90,487	99,762	105,850	110,963	118,742	122,146	126,988
28	72,499	78,207	90,987	100,262	106,445	111,558	119,417	122,871	127,738
29	72,499	78,207	91,487	100,762	107,040	112,153	120,092	123,596	128,488
30	72,499	78,207	91,987	101,262	107,635	112,748	120,767	124,321	129,238
31	72,499	78,207	92,487	101,762	108,230	113,343	121,442	125,046	129,988
32	72,499	78,207	92,987	102,262	108,825	113,938	122,117	125,771	130,738
33	72,499	78,207	93,487	102,762	109,420	114,533	122,792	126,496	131,488
34	72,499	78,207	93,987	103,262	110,015	115,128	123,467	127,221	132,238
35	72,499	78,207	94,487	103,762	110,610	115,723	124,142	127,946	132,988
36	72,499	78,207	94,987	104,262	111,205	116,318	124,817	128,671	133,738
37	72,499	78,207	95,487	104,762	111,800	116,913	125,492	129,396	134,488
38	72,499	78,207	95,987	105,262	112,395	117,508	126,167	130,121	135,238
39	72,499	78,207	96,487	105,762	112,990	118,103	126,842	130,846	135,988
Longevity	**0**	**0**	**500**	**500**	**595**	**595**	**675**	**725**	**750**

FY27 SW-PSYCH-NURSES - 189 WORK DAYS

Step	BS	BS+24	MS	MS+15	MS+30	MS+45
1	58,246	63,488	65,818	66,400	67,565	68,730
2	59,993	65,235	68,148	68,730	70,477	71,642
3	61,741	66,983	70,477	71,060	73,390	74,555
4	63,488	68,730	72,807	73,390	76,302	77,467
5	65,235	70,477	75,137	76,302	79,214	80,379
6	66,983	72,807	77,467	78,632	82,127	83,291
7	68,730	74,555	79,797	81,544	85,039	86,204
8	70,477	76,884	82,127	83,874	87,951	89,116
9	72,225	78,632	84,456	86,786	90,863	92,028
10	73,972	80,962	86,786	89,116	94,358	95,523
11	73,972	82,709	89,116	92,028	97,270	99,018
12	73,972	85,039	91,446	94,358	100,765	102,513
13	73,972	86,786	93,776	97,270	103,677	106,007
14	73,972	89,116	96,106	99,600	107,172	109,502
15	73,972	91,446	98,435	102,513	110,085	112,997
16	73,972	93,776	100,765	105,425	113,579	116,492
17	73,972	96,688	101,930	106,590	114,254	117,217
18	73,972	97,188	102,525	107,755	114,929	117,942
19	73,972	97,688	103,120	108,350	115,604	118,667
20	73,972	98,188	103,715	108,945	116,279	119,392
21	73,972	98,688	104,310	109,540	116,954	120,117
22	73,972	99,188	104,905	110,135	117,629	120,842
23	73,972	99,688	105,500	110,730	118,304	121,567
24	73,972	100,188	106,095	111,325	118,979	122,292
25	73,972	100,688	106,690	111,920	119,654	123,017
26	73,972	101,188	107,285	112,515	120,329	123,742
27	73,972	101,688	107,880	113,110	121,004	124,467
28	73,972	102,188	108,475	113,705	121,679	125,192
29	73,972	102,688	109,070	114,300	122,354	125,917
30	73,972	103,188	109,665	114,895	123,029	126,642
31	73,972	103,688	110,260	115,490	123,704	127,367
32	73,972	104,188	110,855	116,085	124,379	128,092
33	73,972	104,688	111,450	116,680	125,054	128,817
34	73,972	105,188	112,045	117,275	125,729	129,542
35	73,972	105,688	112,640	117,870	126,404	130,267
36	73,972	106,188	113,235	118,465	127,079	130,992
37	73,972	106,688	113,830	119,060	127,754	131,717
38	73,972	107,188	114,425	119,655	128,429	132,442
39	73,972	107,688	115,020	120,250	129,104	133,167
Longevity	**0**	**500**	**595**	**595**	**675**	**725**

FY28 SW-PSYCH-NURSES - 189 WORK DAYS

Step	BS	BS+24	MS	MS+15	MS+30	MS+45
1	59,119	64,440	66,805	67,396	68,579	69,761
2	60,893	66,214	69,170	69,761	71,535	72,717
3	62,667	67,987	71,535	72,126	74,491	75,673
4	64,440	69,761	73,899	74,491	77,446	78,629
5	66,214	71,535	76,264	77,446	80,402	81,585
6	67,987	73,899	78,629	79,811	83,358	84,541
7	69,761	75,673	80,994	82,767	86,314	87,497
8	71,535	78,038	83,358	85,132	89,270	90,453
9	73,308	79,811	85,723	88,088	92,226	93,409
10	75,082	82,176	88,088	90,453	95,774	96,956
11	75,082	83,950	90,453	93,409	98,730	100,503
12	75,082	86,314	92,818	95,774	102,277	104,050
13	75,082	88,088	95,182	98,730	105,233	107,597
14	75,082	90,453	97,547	101,094	108,780	111,145
15	75,082	92,818	99,912	104,050	111,736	114,692
16	75,082	95,182	102,277	107,006	115,283	118,239
17	75,082	98,138	103,459	108,189	115,958	118,964
18	75,082	98,638	104,054	109,371	116,633	119,689
19	75,082	99,138	104,649	109,966	117,308	120,414
20	75,082	99,638	105,244	110,561	117,983	121,139
21	75,082	100,138	105,839	111,156	118,658	121,864
22	75,082	100,638	106,434	111,751	119,333	122,589
23	75,082	101,138	107,029	112,346	120,008	123,314
24	75,082	101,638	107,624	112,941	120,683	124,039
25	75,082	102,138	108,219	113,536	121,358	124,764
26	75,082	102,638	108,814	114,131	122,033	125,489
27	75,082	103,138	109,409	114,726	122,708	126,214
28	75,082	103,638	110,004	115,321	123,383	126,939
29	75,082	104,138	110,599	115,916	124,058	127,664
30	75,082	104,638	111,194	116,511	124,733	128,389
31	75,082	105,138	111,789	117,106	125,408	129,114
32	75,082	105,638	112,384	117,701	126,083	129,839
33	75,082	106,138	112,979	118,296	126,758	130,564
34	75,082	106,638	113,574	118,891	127,433	131,289
35	75,082	107,138	114,169	119,486	128,108	132,014
36	75,082	107,638	114,764	120,081	128,783	132,739
37	75,082	108,138	115,359	120,676	129,458	133,464
38	75,082	108,638	115,954	121,271	130,133	134,189
39	75,082	109,138	116,549	121,866	130,808	134,914

Longevity	0	500	595	595	675	725

FY29 SW-PSYCH-NURSES - 189 WORK DAYS

Step	BS	BS+24	MS	MS+15	MS+30	MS+45
1	60,006	65,407	67,807	68,407	69,607	70,807
2	61,806	67,207	70,207	70,807	72,608	73,808
3	63,607	69,007	72,608	73,208	75,608	76,808
4	65,407	70,807	75,008	75,608	78,608	79,808
5	67,207	72,608	77,408	78,608	81,609	82,809
6	69,007	75,008	79,808	81,008	84,609	85,809
7	70,807	76,808	82,209	84,009	87,609	88,809
8	72,608	79,208	84,609	86,409	90,609	91,810
9	74,408	81,008	87,009	89,409	93,610	94,810
10	76,208	83,409	89,409	91,810	97,210	98,410
11	76,208	85,209	91,810	94,810	100,210	102,011
12	76,208	87,609	94,210	97,210	103,811	105,611
13	76,208	89,409	96,610	100,210	106,811	109,211
14	76,208	91,810	99,010	102,611	110,412	112,812
15	76,208	94,210	101,411	105,611	113,412	116,412
16	76,208	96,610	103,811	108,611	117,012	120,013
17	76,208	99,610	105,011	109,811	117,687	120,738
18	76,208	100,110	105,606	111,012	118,362	121,463
19	76,208	100,610	106,201	111,607	119,037	122,188
20	76,208	101,110	106,796	112,202	119,712	122,913
21	76,208	101,610	107,391	112,797	120,387	123,638
22	76,208	102,110	107,986	113,392	121,062	124,363
23	76,208	102,610	108,581	113,987	121,737	125,088
24	76,208	103,110	109,176	114,582	122,412	125,813
25	76,208	103,610	109,771	115,177	123,087	126,538
26	76,208	104,110	110,366	115,772	123,762	127,263
27	76,208	104,610	110,961	116,367	124,437	127,988
28	76,208	105,110	111,556	116,962	125,112	128,713
29	76,208	105,610	112,151	117,557	125,787	129,438
30	76,208	106,110	112,746	118,152	126,462	130,163
31	76,208	106,610	113,341	118,747	127,137	130,888
32	76,208	107,110	113,936	119,342	127,812	131,613
33	76,208	107,610	114,531	119,937	128,487	132,338
34	76,208	108,110	115,126	120,532	129,162	133,063
35	76,208	108,610	115,721	121,127	129,837	133,788
36	76,208	109,110	116,316	121,722	130,512	134,513
37	76,208	109,610	116,911	122,317	131,187	135,238
38	76,208	110,110	117,506	122,912	131,862	135,963
39	76,208	110,610	118,101	123,507	132,537	136,688
Longevity	**0**	**500**	**595**	**595**	**675**	**725**

PPO BCO - Blue Cross/Blue Shield Effective 7/1/26 - 6/30/27

Certified Union 324543 | DU

		Single		Dependent Only			
		24 Pay	20 Pay	24 Pay	20 Pay	24 Pay	20 Pay
Total Cost							
2026	**9.7% INCREASE**	**$15,382.08**	**$15,382.08**	**$24,622.44**	**$24,622.44**	**$40,004.52**	**$40,004.52**
2026	Annually	$15,382.08	$15,382.08	$24,622.44	$24,622.44	$40,004.52	$40,004.52
2026	Monthly	$1,281.84	$1,538.21	$2,051.87	$2,462.24	$3,333.71	$4,000.45
	Per pay check	$640.92	$769.10	$1,025.94	$1,231.12	$1,666.86	$2,000.23
Board Paid (Full time employee)		80%	80%	60%	60%		
2026	Annually	$12,305.66	$12,305.66	$14,773.46	$14,773.46	$27,079.13	$27,079.13
2026	Monthly	$1,025.47	$1,230.57	$1,231.12	$1,477.35	$2,256.59	$2,707.91
2026	Per pay check	$512.74	$615.28	$615.56	$738.67	$1,128.30	$1,353.96
Cost to Employee							
Full Time							
	Annually	$3,076.42	$3,076.42	$9,848.98	$9,848.98	$12,925.39	$12,925.39
	Monthly	$256.37	$307.64	$820.75	$984.90	$1,077.12	$1,292.54
	Per pay check	**$128.18**	**$153.82**	**$410.37**	**$492.45**	**$538.56**	**$646.27**
90% employee							
	Annually	$4,306.98	$4,306.98	$11,326.32	$11,326.32	$15,633.30	$15,633.30
	Monthly	$358.92	$430.70	$943.86	$1,132.63	$1,302.78	$1,563.33
	Per pay check	$179.46	$215.35	$471.93	$566.32	$651.39	$781.67
80% employee							
	Annually	$5,537.55	$5,537.55	$12,803.67	$12,803.67	$18,341.22	$18,341.22
	Monthly	$461.46	$553.75	$1,066.97	$1,280.37	$1,528.43	$1,834.12
	Per pay check	$230.73	$276.88	$533.49	$640.18	$764.22	$917.06
70% employee							
	Annually	$6,768.12	$6,768.12	$14,281.02	$14,281.02	$21,049.13	$21,049.13
	Monthly	$564.01	$676.81	$1,190.08	$1,428.10	$1,754.09	$2,104.91
	Per pay check	$282.00	$338.41	$595.04	$714.05	$877.05	$1,052.46
60% employee							
	Annually	$7,998.68	$7,998.68	$15,758.36	$15,758.36	$23,757.04	$23,757.04
	Monthly	$666.56	$799.87	$1,313.20	$1,575.84	$1,979.75	$2,375.70
	Per pay check	$333.28	$399.93	$656.60	$787.92	$989.88	$1,187.85
50% employee (assumes a minimum of 20 hours per week)							
	Annually	$9,229.25	$9,229.25	$17,235.71	$17,235.71	$26,464.96	$26,464.96
	Monthly	$769.10	$922.92	$1,436.31	$1,723.57	$2,205.41	$2,646.50
	Per pay check	$384.55	$461.46	$718.15	$861.79	$1,102.71	$1,323.25

Deduction Code	IS	Single
	IN	Family

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, visit www.bcbsil.com or by calling 1-800-458-6024. 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 https://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?	For In-Network: $3,400 Individual/$6,800 Family For Out-of-Network: $5,000 Individual/$10,000 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 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?	For In-Network: $6,800 Individual/$13,600 Family For Out-of-Network: $10,000 Individual/$20,000 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.

⚠ 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 Providers (You will pay the least)	Out-of-Network Providers (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	10% coinsurance	30% coinsurance	None
	Specialist visit	10% coinsurance	30% coinsurance	
	Preventive care/screening/ immunization	No Charge; deductible does not apply	30% coinsurance	Certain individual preventive services will be covered with no cost to the member. For a full list of these services, please contact BCBS Customer Service. 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)	10% coinsurance	30% coinsurance	Preauthorization may be required; see your benefit booklet* for details.
	Imaging (CT/PET scans, MRIs)	10% coinsurance	30% coinsurance	
If you need drugs to treat your illness or condition More information about **prescription drug coverage** is available at www.bcbsil.com	Generic drugs	10% coinsurance	10% coinsurance	Covers up to a 34-day supply for retail prescriptions or up to a 90-day supply for mail order prescriptions. 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.
	Preferred brand drugs	10% coinsurance	10% coinsurance	
	Non-preferred brand drugs	10% coinsurance	10% coinsurance	
	Specialty drugs	10% coinsurance	Not Covered	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	10% coinsurance	30% coinsurance	Preauthorization may be required.
	Physician/surgeon fees	10% coinsurance	30% coinsurance	None

*For more information about limitations and exceptions, see the plan or policy document at www.bcbsil.com.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Providers (You will pay the least)	Out-of-Network Providers (You will pay the most)	
If you need immediate medical attention	Emergency room care	10% coinsurance	10% coinsurance	None
	Emergency medical transportation	10% coinsurance	10% coinsurance	Preauthorization may be required for non-emergency transportation; see your benefit booklet* for details.
	Urgent care	10% coinsurance	30% coinsurance	None
If you have a hospital stay	Facility fee (e.g., hospital room)	10% coinsurance	30% coinsurance	Preauthorization required; see your benefit booklet* for details.
	Physician/surgeon fees	10% coinsurance	30% coinsurance	None
If you need mental health, behavioral health, or substance abuse services	Outpatient services	10% coinsurance	30% coinsurance	Preauthorization may be required; see your benefit booklet* for details.
	Inpatient services	10% coinsurance	30% coinsurance	Preauthorization required; see your benefit booklet* for details.
If you are pregnant	Office visits	10% coinsurance	30% coinsurance	Cost sharing does not apply for preventive services. Depending on the type of services, deductible may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound.)
	Childbirth/delivery professional services	10% coinsurance	30% coinsurance	
	Childbirth/delivery facility services	10% coinsurance	30% coinsurance	Preauthorization required.
If you need help recovering or have other special health needs	Home health care	10% coinsurance	30% coinsurance	Preauthorization required.
	Rehabilitation services	10% coinsurance	30% coinsurance	
	Habilitation services	10% coinsurance	30% coinsurance	
	Skilled nursing care	10% coinsurance	30% coinsurance	
	Durable medical equipment	10% coinsurance	30% coinsurance	Preauthorization required. 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).
	Hospice services	10% coinsurance	30% coinsurance	Preauthorization required.

*For more information about limitations and exceptions, see the plan or policy document at www.bcbsil.com.

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

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
- Cosmetic surgery
- Dental care (Adult and Children)
- Long-term care
- Routine eye care (Adult and Children)
- Routine foot care (with the exception of person with diagnosis of diabetes)
- 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
- Hearing aids
- Infertility treatment
- Most coverage provided outside the United States. See www.bcbsil.com
- Non-emergency care when traveling outside the U.S.
- Private-duty nursing (with the exception of inpatient private duty nursing)

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: the plan at 1-800-458-6024, U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform, or Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.cciio.cms.gov. 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 on how 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: 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 (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, Medicare, 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): Dinek'ehgo shika at'ohwol ninisingo, kwiijigo 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	10%
Hospital (facility) coinsurance	10%
Other coinsurance	10%

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	$900
What isn't covered	
Limits or exclusions	$60
The total Peg would pay is	**$4,360**

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	10%
Hospital (facility) coinsurance	10%
Other coinsurance	10%

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	$2,300
Copayments	$500
Coinsurance	$0
What isn't covered	
Limits or exclusions	$20
The total Joe would pay is	**$2,820**

Mia's Simple Fracture
(in-network emergency room visit and follow up care)

The plan's overall deductible	$3,400
Specialist coinsurance	10%
Hospital (facility) coinsurance	10%
Other coinsurance	10%

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.

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	Phone:	855-664-7270 (voicemail)
Attn: Office of Civil Rights Coordinator	TTY/TDD:	855-661-6965
300 E. Randolph St., 35th Floor	Fax:	855-661-6960
Chicago, IL 60601	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	Phone:	800-368-1019
200 Independence Avenue SW	TTY/TDD:	800-537-7697
Room 509F, HHH Building	Complaint Portal:	
Washington, DC 20201	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.

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

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 Sprachassistenzdienste 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 ઑક્ઝિલરી સહાય અને ઍક્સેસિબલ ફૉર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 855-710-6984 (TTY: 711) પર કૉલ 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: 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 yáníłti'gogo, saad bee aná'awo' bee áka'anída'awo'ít'áá jiik'eh ná hóló. Bee ahił hane'go bee nida'anishí t'áá ákodaat'éhígíí dóó bee áka'anída'wo'í áko bee baa hane'í bee hadadilyaa bich'į' ahoot'i'ígíí éí t'áá jiik'eh hóló. Kohjį' 855-710-6984 (TTY: 711) hodíilnih doodago nika'análwo'í bich'į' 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 (تله‌تایپ: 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 serbisyong 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	توجہ 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 (711:TTY) 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.

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

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, visit www.bcbsil.com or by calling 1-800-892-2803. 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 https://www.health care.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?	$3,000Individual / $6,000 Family Prescription drug expense limit: $2,000 Individual / $4,000 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.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Providers (You will pay the least)	Out-of-Network Providers (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	$30 copay/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	$60 copay/visit	Not Covered	Referral required.
	Preventive care/screening/ immunization	No Charge	Not Covered	Certain individual preventive services will be covered with no cost to the member. For a full list of these services, please contact BCBS Customer Service. 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	Not Covered	Referral required.
	Imaging (CT/PET scans, MRIs)	No Charge	Not Covered	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Providers (You will pay the least)	Out-of-Network Providers (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 copay/prescription (retail) $20 copay/prescription (mail order)	Not Covered	RX Out-of-Pocket Expense Limit: $2,000 Individual/$4,000 Family 34 day retail/90 day mail. Dispensing limit may apply to certain drugs. 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.
	Preferred brand drugs	$40 copay/prescription (retail) $80 copay/prescription (mail order)	Not Covered	
	Non-preferred brand drugs	$60 copay/prescription (retail) $120 copay/prescription (mail order)	Not Covered	
	Specialty drugs	$100 copay/prescription (retail)	Not Covered	Coverage based on group policy. Prior authorization may be required. Specialty drugs are limited to a 30-day supply except for certain FDA-designated dosing regimens.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	$100 copay/visit	Not Covered	Referral required.
	Physician/surgeon fees	No Charge	Not Covered	
If you need immediate medical attention	Emergency room care	$200 copay/visit	$200 copay/visit	Copay waived if admitted.
	Emergency medical transportation	No Charge	No Charge	Ground transportation only.
	Urgent care	$30 copay/visit	Not Covered	Must be affiliated with member's chosen medical group or referral required.
If you have a hospital stay	Facility fee (e.g., hospital room)	$250 copay/day	Not Covered	$250 copayment for the 1st 2 days per calendar year. Referral required.
	Physician/surgeon fees	No Charge	Not Covered	Referral required.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Providers (You will pay the least)	Out-of-Network Providers (You will pay the most)	
If you need mental health, behavioral health, or substance abuse services	Outpatient services	$30 copay/visit	Not Covered	Unlimited visits. Referral not required for office visits.
	Inpatient services	$250 copay/visit	Not Covered	$250 copayment for the 1st 2 days per calendar year. Referral required.
If you are pregnant	Office visits	$30 copay/visit	Not Covered	Copay applies for the 1st prenatal visit only. Cost sharing does not apply for preventive services. Depending on the type of services, a copayment may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound.)
	Childbirth/delivery professional services	No Charge	Not Covered	
	Childbirth/delivery facility services	$250 copay/visit	Not Covered	$250 copayment for the 1st 2 days per calendar year. Referral required.
If you need help recovering or have other special health needs	Home health care	No Charge	Not Covered	Referral required.
	Rehabilitation services	No Charge	Not Covered	
	Habilitation services	No Charge	Not Covered	
	Skilled nursing care	$250 copay/visit	Not Covered	Excludes custodial care. $250 copayment for the 1st 2 days per calendar year. Referral required.
	Durable medical equipment	No Charge	Not Covered	Referral required. 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).
	Hospice services	No Charge	Not Covered	Inpatient copay may apply. Referral 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	

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.)

- Custodial care services
- Dental care (Adult and children)
- Long-term care
- Non-emergency care when traveling outside the U.S.
- Private-duty nursing

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- Acupuncture
- Bariatric surgery (only when medically necessary)
- 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 invitro attempt maximum with special approval up to 6 per benefit period)
- Most coverage provided outside the United States. See www.bcbsil.com
- Routine eye care (Adult and children)
- 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.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 1-800-892-2803 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 (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, Medicare, 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): Dinek'ehgo shika at'ohwol ninisingo, kwiijigo 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	$60
Hospital (facility) copayment	$250
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**

In this example, Peg would pay:

Cost Sharing	
Deductibles	$0
Copayments	$300
Coinsurance	$0
What isn't covered	
Limits or exclusions	$60
The total Peg would pay is	**$360**

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	$60
Hospital (facility) copayment	$250
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	$900
Coinsurance	$0
What isn't covered	
Limits or exclusions	$20
The total Joe would pay is	**$920**

Mia's Simple Fracture
(in-network emergency room visit and follow up care)

The plan's overall deductible	$0
Specialist copayment	$60
Hospital (facility) copayment	$250
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	$400
Coinsurance	$0
What isn't covered	
Limits or exclusions	$0
The total Mia would pay is	**$400**

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

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	Phone:	855-664-7270 (voicemail)
Attn: Office of Civil Rights Coordinator	TTY/TDD:	855-661-6965
300 E. Randolph St., 35th Floor	Fax:	855-661-6960
Chicago, IL 60601	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	Phone:	800-368-1019
200 Independence Avenue SW	TTY/TDD:	800-537-7697
Room 509F, HHH Building	Complaint Portal:	
Washington, DC 20201	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.

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

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 Sprachassistenzdienste 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 ઑક્ઝિલરી સહાય અને ઍક્સેસિબલ ફૉર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 855-710-6984 (TTY: 711) પર કૉલ 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: 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 yáníłti'gogo, saad bee aná'awo' bee áka'anída'awo'ít'áá jiik'eh ná hóló. Bee ahił hane'go bee nida'anishí t'áá ákodaat'éhígíí dóó bee áka'anída'wo'í áko bee baa hane'í bee hadadilyaa bich'į' ahoot'i'ígíí éí t'áá jiik'eh hóló. Kohjį' 855-710-6984 (TTY: 711) hodíilnih doodago nika'análwo'í bich'į' 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 (تله‌تایپ: 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 serbisyong 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	توجہ 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 (711:TTY) 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.

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

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, visit www.bcbsil.com or by calling 1-800-458-6024. 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 https://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 Option: $750 Individual/$2,250 Family In-Network: $1,500 Individual/$4,500 Family Out-of-Network: $3,000 Individual/$9,000 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 prescription drugs 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?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	Blue Choice Option: $1,500 Individual/$4,500 Family In-Network: $3,000 Individual/$9,000 Family Out-of-Network: $6,000 Individual/$18,000 Family Prescription drug limit: $6,100 Individual / $7,700 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 Options. 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

Important Questions	Answers	Why This Matters:
		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
		Blue Choice Option (You will pay the least)	In-Network Providers (You will pay more)	Out-of-Network Providers (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	10% coinsurance	30% coinsurance	50% coinsurance	None
	Specialist visit	10% coinsurance	30% coinsurance	50% coinsurance	
	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)	10% coinsurance	30% coinsurance	50% coinsurance	Preauthorization may be required; see your benefit booklet* for details.
	Imaging (CT/PET scans, MRIs)	10% coinsurance	30% coinsurance	50% coinsurance	

*For more information about limitations and exceptions, see the plan or policy document at www.bcbsil.com.

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Blue Choice Option (You will pay the least)	In-Network Providers (You will pay more)	Out-of-Network Providers (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	Generic drugs	Retail: $20 copay Mail Order: $40 copay; deductible does not apply	Retail: $20 copay Mail Order: $40 copay; deductible does not apply	Retail: $20 copay; deductible does not apply	Rx Out-of-Pocket Expense Limit: $6,100 Individual / $7,700 Family Covers up to a 34-day supply for retail prescriptions or up to a 90 day supply for mail order prescription. Certain individual preventive services will be covered with no cost to the member.
	Preferred brand drugs	Retail: $50 copay Mail Order: $100 copay; deductible does not apply	Retail: $50 copay Mail Order: $100 copay; deductible does not apply	Retail: $50 copay; deductible does not apply	
	Non-preferred brand drugs	Retail: $70 copay Mail Order: $140 copay; deductible does not apply	Retail: $70 copay Mail Order: $140 copay; deductible does not apply	Retail: $70 copay; deductible does not apply	
	Specialty drugs	Various copays may apply	Various copays may apply	Not Covered	Covered at the applicable copay indicated above, according to drug status.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	10% coinsurance	30% coinsurance	50% coinsurance	Preauthorization may be required.
	Physician/surgeon fees	10% coinsurance	30% coinsurance	50% coinsurance	None

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Blue Choice Option (You will pay the least)	In-Network Providers (You will pay more)	Out-of-Network Providers (You will pay the most)	
If you need immediate medical attention	Emergency room care	$100 copay/visit plus 10% coinsurance	$100 copay/visit plus 10% coinsurance	$100 copay/visit plus 10% coinsurance	Copay waived if admitted.
	Emergency medical transportation	10% coinsurance	10% coinsurance	10% coinsurance	Preauthorization may be required for non-emergency transportation; see your benefit booklet* for details.
	Urgent care	10% coinsurance	30% coinsurance	50% coinsurance	None
If you have a hospital stay	Facility fee (e.g., hospital room)	10% coinsurance	30% coinsurance	50% coinsurance	Preauthorization required; see your benefit booklet* for details.
	Physician/surgeon fees	10% coinsurance	30% coinsurance	50% coinsurance	None
If you need mental health, behavioral health, or substance abuse services	Outpatient services	10% coinsurance	30% coinsurance	50% coinsurance	Preauthorization may be required; see your benefit booklet* for details.
	Inpatient services	10% coinsurance	30% coinsurance	50% coinsurance	Preauthorization required; see your benefit booklet* for details.
If you are pregnant	Office visits	10% coinsurance	30% coinsurance	50% coinsurance	Copay applies to first prenatal visit (per pregnancy). Cost sharing does not apply for preventive services. Depending on the type of services, a copayment, coinsurance, or deductible may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound.)
	Childbirth/delivery professional services	10% coinsurance	30% coinsurance	50% coinsurance	
	Childbirth/delivery facility services	10% coinsurance	30% coinsurance	50% coinsurance	Preauthorization required; see your benefit booklet* for details.

*For more information about limitations and exceptions, see the plan or policy document at www.bcbsil.com.

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Blue Choice Option (You will pay the least)	In-Network Providers (You will pay more)	Out-of-Network Providers (You will pay the most)	
If you need help recovering or have other special health needs	Home health care	10% coinsurance	30% coinsurance	50% coinsurance	Preauthorization required.
	Rehabilitation services	10% coinsurance	30% coinsurance	50% coinsurance	
	Habilitation services	10% coinsurance	30% coinsurance	50% coinsurance	
	Skilled nursing care	10% coinsurance	30% coinsurance	50% coinsurance	Preauthorization required; see your benefit booklet* for details.
	Durable medical equipment	10% coinsurance	30% coinsurance	50% coinsurance	Preauthorization required. 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).
	Hospice services	10% coinsurance	30% coinsurance	50% coinsurance	Preauthorization required; see your benefit booklet* for details.
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	
	Children's dental check-up	Not Covered	Not Covered	Not Covered	

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
- Cosmetic surgery
- Dental care (Adult and Children)
- Long-term care
- Routine eye care (Adult and Children)
- Routine foot care (with the exception of person with diagnosis of diabetes)
- 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
- Hearing aids
- Infertility treatment
- Most coverage provided outside the United States. See www.bcbsil.com
- Non-emergency care when traveling outside the U.S.
- Private-duty nursing

*For more information about limitations and exceptions, see the plan or policy document at 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: the plan at 1-800-458-6024, U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform, or Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.cciio.cms.gov. 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 on how 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: 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 (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, Medicare, 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): Dinek'ehgo shika at'ohwol ninisingo, kwiijigo 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	$750
Specialist coinsurance	10%
Hospital (facility) coinsurance	10%
Other coinsurance	10%

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	$750
Copayments	$0
Coinsurance	$800
What isn't covered	
Limits or exclusions	$60
The total Peg would pay is	**$1,560**

Managing Joe's Type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)

The plan's overall deductible	$750
Specialist coinsurance	10%
Hospital (facility) coinsurance	10%
Other coinsurance	10%

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	$750
Copayments	$600
Coinsurance	$100
What isn't covered	
Limits or exclusions	$20
The total Joe would pay is	**$1,470**

Mia's Simple Fracture
(in-network emergency room visit and follow up care)

The plan's overall deductible	$750
Specialist coinsurance	10%
Hospital (facility) coinsurance	10%
Other coinsurance	10%

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	$750
Copayments	$100
Coinsurance	$200
What isn't covered	
Limits or exclusions	$0
The total Mia would pay is	**$1,050**

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

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	Phone:	855-664-7270 (voicemail)
Attn: Office of Civil Rights Coordinator	TTY/TDD:	855-661-6965
300 E. Randolph St., 35th Floor	Fax:	855-661-6960
Chicago, IL 60601	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	Phone:	800-368-1019
200 Independence Avenue SW	TTY/TDD:	800-537-7697
Room 509F, HHH Building	Complaint Portal:	
Washington, DC 20201	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.

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

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 Sprachassistenzdienste 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 ઑક્ઝિલરી સહાય અને ઍક્સેસિબલ ફૉર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 855-710-6984 (TTY: 711) પર કૉલ 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: 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 yáníłti'gogo, saad bee aná'awo' bee áka'anída'awo'ít'áá jiik'eh ná hóló. Bee ahił hane'go bee nida'anishí t'áá ákodaat'éhígíí dóó bee áka'anída'wo'í áko bee baa hane'í bee hadadilyaa bich'į' ahoot'i'ígíí éí t'áá jiik'eh hóló. Kohjį' 855-710-6984 (TTY: 711) hodíilnih doodago nika'análwo'í bich'į' 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 (تله‌تایپ: 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 serbisyong 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	توجہ 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 (711:TTY) 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.

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

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, visit www.bcbsil.com or by calling 1-800-892-2803. 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 https://www.health care.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?	$3,000Individual / $6,000 Family Prescription drug expense limit: $2,000 Individual / $4,000 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.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Providers (You will pay the least)	Out-of-Network Providers (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	$30 copay/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	$60 copay/visit	Not Covered	Referral required.
	Preventive care/screening/ immunization	No Charge	Not Covered	Certain individual preventive services will be covered with no cost to the member. For a full list of these services, please contact BCBS Customer Service. 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	Not Covered	Referral required.
	Imaging (CT/PET scans, MRIs)	No Charge	Not Covered	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Providers (You will pay the least)	Out-of-Network Providers (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 copay/prescription (retail) $20 copay/prescription (mail order)	Not Covered	RX Out-of-Pocket Expense Limit: $2,000 Individual/$4,000 Family 34 day retail/90 day mail. Dispensing limit may apply to certain drugs. 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.
	Preferred brand drugs	$40 copay/prescription (retail) $80 copay/prescription (mail order)	Not Covered	
	Non-preferred brand drugs	$60 copay/prescription (retail) $120 copay/prescription (mail order)	Not Covered	
	Specialty drugs	$100 copay/prescription (retail)	Not Covered	Coverage based on group policy. Prior authorization may be required. Specialty drugs are limited to a 30-day supply except for certain FDA-designated dosing regimens.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	$100 copay/visit	Not Covered	Referral required.
	Physician/surgeon fees	No Charge	Not Covered	
If you need immediate medical attention	Emergency room care	$200 copay/visit	$200 copay/visit	Copay waived if admitted.
	Emergency medical transportation	No Charge	No Charge	Ground transportation only.
	Urgent care	$30 copay/visit	Not Covered	Must be affiliated with member's chosen medical group or referral required.
If you have a hospital stay	Facility fee (e.g., hospital room)	$250 copay/day	Not Covered	$250 copayment for the 1st 2 days per calendar year. Referral required.
	Physician/surgeon fees	No Charge	Not Covered	Referral required.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Providers (You will pay the least)	Out-of-Network Providers (You will pay the most)	
If you need mental health, behavioral health, or substance abuse services	Outpatient services	$30 copay/visit	Not Covered	Unlimited visits. Referral not required for office visits.
	Inpatient services	$250 copay/visit	Not Covered	$250 copayment for the 1st 2 days per calendar year. Referral required.
If you are pregnant	Office visits	$30 copay/visit	Not Covered	Copay applies for the 1st prenatal visit only. Cost sharing does not apply for preventive services. Depending on the type of services, a copayment may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound.)
	Childbirth/delivery professional services	No Charge	Not Covered	
	Childbirth/delivery facility services	$250 copay/visit	Not Covered	$250 copayment for the 1st 2 days per calendar year. Referral required.
If you need help recovering or have other special health needs	Home health care	No Charge	Not Covered	Referral required.
	Rehabilitation services	No Charge	Not Covered	
	Habilitation services	No Charge	Not Covered	
	Skilled nursing care	$250 copay/visit	Not Covered	Excludes custodial care. $250 copayment for the 1st 2 days per calendar year. Referral required.
	Durable medical equipment	No Charge	Not Covered	Referral required. 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).
	Hospice services	No Charge	Not Covered	Inpatient copay may apply. Referral 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	

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.)

- Custodial care services
- Dental care (Adult and children)
- Long-term care
- Non-emergency care when traveling outside the U.S.
- Private-duty nursing

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- Acupuncture
- Bariatric surgery (only when medically necessary)
- 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 invitro attempt maximum with special approval up to 6 per benefit period)
- Most coverage provided outside the United States. See www.bcbsil.com
- Routine eye care (Adult and children)
- 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.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 1-800-892-2803 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 (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, Medicare, 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): Dinek'ehgo shika at'ohwol ninisingo, kwiijigo 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	$60
Hospital (facility) copayment	$250
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**

In this example, Peg would pay:

Cost Sharing	
Deductibles	$0
Copayments	$300
Coinsurance	$0
What isn't covered	
Limits or exclusions	$60
The total Peg would pay is	**$360**

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	$60
Hospital (facility) copayment	$250
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	$900
Coinsurance	$0
What isn't covered	
Limits or exclusions	$20
The total Joe would pay is	**$920**

Mia's Simple Fracture
(in-network emergency room visit and follow up care)

The plan's overall deductible	$0
Specialist copayment	$60
Hospital (facility) copayment	$250
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	$400
Coinsurance	$0
What isn't covered	
Limits or exclusions	$0
The total Mia would pay is	**$400**

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

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	Phone:	855-664-7270 (voicemail)
Attn: Office of Civil Rights Coordinator	TTY/TDD:	855-661-6965
300 E. Randolph St., 35th Floor	Fax:	855-661-6960
Chicago, IL 60601	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	Phone:	800-368-1019
200 Independence Avenue SW	TTY/TDD:	800-537-7697
Room 509F, HHH Building	Complaint Portal:	ocrportal.hhs.gov/ocr/smartscreen/main.jsf
Washington, DC 20201	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.

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

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 Sprachassistenzdienste 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 ઑક્ઝિલરી સહાય અને ઍક્સેસિબલ ફૉર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 855-710-6984 (TTY: 711) પર કૉલ 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: 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 yánilti'gogo, saad bee aná'awo' bee áka'anída'awo'ít'áá jiik'eh ná hóló. Bee ahił hane'go bee nida'anishí t'áá ákodaat'éhígíí dóó bee áka'anída'wo'í áko bee baa hane'í bee hadadilyaa bich'į' ahoot'i'ígíí éí t'áá jiik'eh hóló. Kohjį' 855-710-6984 (TTY: 711) hodíilnih doodago nika'análwo'í bich'į' hanidziih.
فارسي Farsi	توجه: اگر فارسي 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 (تله‌تایپ: 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 serbisyong 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	توجہ 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 (711:TTY) 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.

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

2026

EDUCATIONAL EBC

SASED

This summary is designed to give you an outline of the health benefit programs offered through SASED. Contained in the summary are tips for you on using the plans.

Your 2026 Benefit Summary provides information on your district's benefit plans, including:

- BCBS Member Resources
- Medical Options—BCO/PPO, HDHP, and HMO
- Dental
- Medical Plans Comparison
- Health Savings Account (HSA)
- Flexible Spending Accounts (FSA)
- Accident & Critical Illness
- Dependent Eligibility Audit

BCBS Member Resources

Blue Access for Members

To access the many resources available to Blue Cross and Blue Shield members, register to participate in Blue Access for Members at bcbsil.com. To register, click on "Log In" tab located on the right side of the homepage and click on "Register Now" for new users. Be sure to have your BCBS ID card handy.

Blue Access is available 24 hours a day, 7 days a week, 365 days a year.

Blue Access Features

- Cost Estimator
- Claim status
- View your personal information
- Locate a provider
- Access to health and wellness information
- Compare hospitals and physicians
- Receive email alerts
- Print a temporary ID card or order a replacement card
- View and print Explanation of Benefits (EOB)

Teladoc Diabetes and Hypertension Management (PPO/BCO and HDHP plans only)

The Teladoc for Diabetes and Hypertension management programs provide 24/7 personalized coaching, connected blood glucose meter, connected blood pressure monitor and app to help manage chronic conditions. Services are covered as preventative care with no out-of-pocket cost to members. The program is provided to all HDHP members as well as covered family members with diabetes or hypertension. Join today at teladochealth.com/smile/ebc or call (800) 835.2362. Use registration code: **EBC**

Benefits Value Advisor (PPO/BCO and HDHP plans only)

Call a Benefits Value Advisor to help you compare costs for your next procedure!

The BVA is a personal concierge service that will help you choose doctors, providers, and facilities while helping you to maximize your benefits.

A Benefits Value Advisor can:

- Help you compare costs at different providers near you
- Help you schedule appointments
- Share online educational tools

Call 800.458.6024 before your next procedure!

BCBS Member Rewards (PPO/BCO and HDHP plans only)

Earn **CASH REWARDS** when you choose a high-caliber, low-cost provider for certain services and procedures. The program uses Provider Finder® —a database of independently contracted providers, which can help members:

- Compare costs and quality providers for numerous procedures
- Estimate out-of-pocket costs
- Assist in making treatment decisions with their doctors

Using this resource to shop for services based on price and location, as well as quality metrics, allows you to earn cash for selecting lower-cost care. The result puts extra cash in your pocket. **Please note, all rewards are taxable to the member.**

Hinge Health (PPO/BCO and HDHP plans only)

Hinge Health's Virtual Physical Therapy Program

Hinge Health offers a comprehensive Digital MSK Clinic with dedicated programs across the MSK continuum of care. If you suffer from back, knee, neck, shoulder, or hip pain, Hinge Health may be able to help. You'll complete an online screening questionnaire to determine which program best fits your needs, whether preventive, acute, chronic or post-surgery. Through education, exercise therapy, and digital coaching, you can discover health alternatives to help manage your pain. You can participate in Hinge Health at no cost. It includes:

- Physical therapy through digital delivery with motion sensors, online education, and cognitive behavioral therapy to address the causes of chronic pain over time.
- 12-week, coach-led, digital platform for chronic back and knee pain.
- Exercise therapy—Wearable sensors and tablet for real-time movement feedback.

Sign up by visiting hinge.health/ebc.

Wondr

Digital Weight Loss Program

If you are enrolled in one of the district's medical plans, you and your covered dependents over the age of 18 will have access to Wondr, an online behavioral weight loss program (no dieting) to promote long-term weight loss with no out-of-pocket cost to you as services are covered as preventive. You can earn points along your wellness journey to be redeemed for items in the Wondr Store. Sign up by visiting wondrhealth.com/EBC.

Teladoc

Your district offers virtual care, through Teladoc, to you and your dependents enrolled in medical coverage through the district. With Teladoc, members can connect with a doctor in minutes. Plus, you can get care from anywhere in the US: at home, the office, or on the road!

Teladoc does not replace your primary care physician. It is a convenient and affordable option for quality care:

- If you're considering the ER or urgent care center for a non-emergency issue
- On a vacation, a business trip, or away from home
- For short-term prescription refills when medically necessary

Set up your account by going to teladoc.com, calling 1.800.TELADOC or downloading the Teladoc mobile app. Once you register and complete a medical history questionnaire, you will be granted access to speak with a doctor by phone or video on your mobile device, or computer.

Copay for PPO/BCO/HMO is $0
Copay for HDHP members is $55

2026

EDUCATIONAL EBC

SASED

Your Medical Options

Blue Cross and Blue Shield of Illinois

Blue Cross and Blue Shield of Illinois (BCBSIL) is the claims administrator for your district's medical plan(s).

Contact Blue Cross for questions regarding:

- Eligibility
- Plan benefits
- Status of claim payments

Please remember to present your insurance ID card to your healthcare provider at your appointment. This informs providers where they need to send your claims and identifies you as a BCBS member.

PPO/BCO Medical Plan

To find a contracting doctor or hospital, just go to **bcbsil.com** and use Provider Finder.

PPO Customer Service: **800.458.6024**
(8:00 a.m. to 6:00 p.m., Monday through Friday).

IL Network Provider Search: **800.458.6024** (8:00 a.m. to 6:00 p.m., Monday through Friday) or **bcbsil.com**.

PPO/BCO RX Information

Prime Therapeutics is the administrator of the PPO prescription drug program. They oversee retail and mail order prescriptions under this plan. Your medical ID card also serves as your prescription ID card. PPO members utilize the Balanced Drug List. To find a participating retail pharmacy or for more information on the Balanced Drug List, log into Blue Access for Members and click on the Prescription Drug link or visit **myprime.com**.

Prescription Drug Inquiry Unit

Phone: **800.423.1973** (Available 24 Hours Per Day, 7 Days Per Week)| Website: **myprime.com**

Home Delivery Customer Service

through Express Scripts
Phone: **833.715.0942** | Website: **express-scripts.com/rx**

Specialty Customer Service

through Accredo Pharmacy
Phone: **833.721.1619** | Website: **accredo.com**

HMO Medical Plan

When you join a BCBS HMO plan, you choose a contracting medical group within your network and then a family practitioner, internist or pediatrician from your chosen medical group to serve as your primary care physician (PCP).

To find a medical group and PCP in either network, go to **bcbsil.com** and use Provider Finder.

HMO Customer Service: **800.892.2803**
(8:00 a.m. to 6:00 p.m., Monday through Friday).

Your HMO ID number is located on your ID Card
(Blue Cross and Blue Shield of IL).

HMO RX Information

Prime Therapeutics is the administrator for the HMO prescription drug program. Your HMO medical card serves as your prescription ID card. HMO members utilize the Performance Drug List. To find a participating retail or mail-order pharmacy and for more information visit **myprime.com**. Or, log into BlueAccess for Members and click on the Prescription Drugs link.

Prescription Drug Inquiry Unit

Phone: **800.423.1973** (Available 24 Hours Per Day, 7 Days Per Week) | Website: **myprime.com**

Hearing Aid Benefit Coverage

Benefits will be provided for Hearing Aids for covered persons when a Hearing Care Professional prescribes a Hearing Aid to augment communications. Some related services are included, such as audiological examinations and selection, fitting and adjustment of ear molds to maintain optimal fit when Medically Necessary; Hearing Aid repairs will be covered when deemed Medically Necessary.

BCBS Global Core

BCBS Global Core provides members with access to doctors and hospitals in nearly 200 countries and territories around the world. Members can also search for providers, file a claim, translate medical terms, and much more.

To take advantage of the BCBS Global Core program, visit **bcbsglobalcore.com** or download the BCBS Global Core mobile app. The BCBS Global Core Service Center is available **24 hours a day, 7 days a week,** toll-free at **800.810.BLUE (2583)** or by calling collect at **804.673.1177**.

24/7 Nurseline — Around-the-Clock, Toll-Free Support (PPO/BCO and HDHP plans only)

The 24/7 Nurseline can help you figure out if you should call your doctor, go to the ER or treat the problem yourself.

Health concerns don't always follow a 9-to-5 schedule. Fortunately, registered nurses are on call at **800.299.0274** to answer your health questions, wherever you may be, 24 hours a day, 7 days a week.

What's Changing 7/1/2026

Open Enrollment:

- Annual Enrollment will now be held in the spring for election changes effective July 1st.
- Deductibles will continue to reset every January 1st.
  - » Members will receive credit towards the deductible and out-of-pocket amounts met through 6/30/2026 on the new plans. Note, only the amount the member paid will carry over. For example, if you were enrolled in family coverage then changed to employee only during open enrollment, you will only receive credit for the amount you paid. You will not receive credit if switching from PPO to HMO or vice versa.
- FSA Enrollment will continue to be held in the fall for election changes effective January 1st.
- If you enrolled in an FSA as of January 1, but are considering enrolling in the HDHP, which makes you eligible for an HSA, keep in mind that you cannot contribute to the HSA per the IRS guidelines. In order to contribute to an HSA, you will need to enroll in a limited purpose FSA January 1, 2027, which can be utilized for dental and vision expenses only. **Note:** You can use your FSA on eligible expenses while enrolled in the HDHP.

Benefit Plan Updates:

Blue Choice Options

- Terminating **Blue Choice Options (BCO) "Certified Union" Plan 324547**
- **Blue Choice Options (BCO) - 324543:** District will only have one BCO now.
  - » Increasing both deductible and out-of-pocket (see below)

	BCO	PPO	Out-of-Network
Deductible			
Individual	$750	$1,500	$3,000
Family	$2,250	$4,500	$9,000
Out-of-Pocket			
Individual	$1,500	$3,000	$6,000
Family	$4,500	$9,000	$18,000

- Coinsurance for PPO tier will change from 80% after deductible to 70% after deductible
- Coinsurance for out-of-network tier will change from 70% after deductible to 50% after deductible
- **Prescription Copays**
  - » No change to generic copay
  - » Increase prescription out-of-pocket limit to $6,100 individual to $7,700 family
  - » Increase preferred brand copay from $30 to $50 (2x mail-order)
  - » Increase non-preferred brand copay from $40 to $70 (2x mail-order)

HDHP (High Deductible Health Plan) – PM1960

- » Increasing in-network deductible and out-of-pocket limits (see below). No change to out-of-network deductible or out-of-pocket.
- » Coinsurance for PPO will change from 100% after deductible to 90% after deductible, out-of-network will change from 80% after deductible to 70% after deductible

	HDHP	Out-of-Network
Deductible		
Individual	$3,400	$5,000
Family	$6,800	$10,000
Out-of-Pocket		
Individual	$6,800	$10,000
Family	$13,600	$20,000

HMO Illinois: H00363 and Blue Advantage HMO: B04435

*Both plans will share the same benefit design, but will continue to differ in network and premium.

- Increasing out-of-pocket for individual from $1,500 to $3,000 and family from $3,000 to $6,000
- Hospital inpatient copay will go from 100% after $250 copay to 100% after $250 copay per day up to 2 days (copay will apply to inpatient mental health/substance use)
- Adding an outpatient surgery copay of $100
- Increase emergency room copay from $50 HMO IL/$150 BA HMO to $200 (waived if admitted)
- **Office Visit Copays:**
  - » Increasing primary care (PCP) copay from $20 to $30 ($30 copay will apply to mental health/substance use outpatient visits)
  - » Adding specialty office visit copay of $60 for HMO IL (for BA HMO this is an increase from $40 to $60)
- **Prescription Copays**
  - » No change to generic copay
  - » Increase prescription out of pocket limit to $2,000 individual to $4,000 family
  - » Increase preferred brand copay from $20 to $40 (2x mail-order)
  - » Increase non-preferred brand copay from $40 to $60 (2x mail-order)
  - » Add specialty copay of $100

MetLife Dental

Dental coverage will remain with MetLife, but members will be under a new group number. If you have a dental visit on or after July 1, your provider will need to reverify your benefits. As part of EBC, the cost of dental coverage has decreased under the new group number.



SASED Medical Plans Comparison

	Blue Choice Options (BCO) - 324543		
	Tier 1: Blue Choice Options (BCO)	Tier 2: PPO	Out-of-Network
Annual Deductible*			
Individual	$750	$1,500	$3,000
Family	$2,250	$4,500	$9,000
Out-of-Pocket Max*			
Individual	$1,500	$3,000	$6,000
Family	$4,500	$9,000	$18,000
Hospital Services			
Inpatient**	90%	70%	50%
Outpatient***	90%	70%	50%
Emergency Room	90% after $100 copay (waive if admitted)		
Physician & Services			
Inpatient Services	90%	70%	50%
Outpatient Surgery	90%	70%	50%
Office Visits	90%	70%	50%
Specialist Office Visit	90%	70%	50%
Other			
X-ray and Lab Therapy-Speech, occupational or physical therapy	90%	70%	50%
Mental/Nervous-Inpatient	90%	70%	50%
Mental/Nervous-Outpatient	90%	70%	50%
Substance Abuse-Inpatient	90%	70%	50%
Substance Abuse-Outpatient	90%	70%	50%
Wellcare	100%	100%	50%
Prescription Drugs	Prime Therapeutics		
Prescription Out-of-Pocket Limit*	Individual: $6,100 Family: $7,700		
Retail Pharmacy 34-day supply	Generic: $20 Preferred Brand: $50 Non-Preferred Brand: $70		
Mail Order 90-day supply	Generic: $40 Preferred Brand: $100 Non-Preferred Brand: $140		

*Deductible and Out-of-Pocket amounts accumulate based on the benefit period of Jan 1 to Dec 31.

**Preauthorization Required

***Preauthorization May Be Required

Dependent Age: to 26 for all married or unmarried dependents and to age 30 for all unmarried military dependents who are Illinois residents.

Note: This is an outline of the benefit schedules. This exhibit in no way replaces the plan document of coverage, which outlines all the plan provisions and legally governs the operation of the plans.

See Certificate of Coverage for full policy details including limits and exclusions. To identify an in-network provider go to **www.bcbsil.com**.

Most services done outside of IL would be reimbursed at the Tier 2 level because they are not BCO territories

SASED complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN (Spanish): si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 708.867.5822.

UWAGA (Polish): Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 708.867.5822.

SASED Medical Plans Comparison

	BlueEdge HSA (HDHP) - PM1960		HMO Illinois - H00363		Blue Advantage HMO - B04435	
	BlueEdge HSA	Out-of-Network	HMO IL	Out-of-Network	BA HMO	Out-of-Network
Annual Deductible*						
Individual	$3,400	$5,000	N/A	N/A	N/A	N/A
Family	$6,800	$10,000	N/A	N/A	N/A	N/A
Out-of-Pocket Max*						
Individual	$6,800	$10,000	$3,000	N/A	$3,000	N/A
Family	$13,600	$20,000	$6,000	N/A	$6,000	N/A
Hospital Services						
Inpatient**	90%	70%	100% after $250 copay per day up to 2 days	No coverage	100% after $250 copay per day up to 2 days	No coverage
Outpatient***	90%	70%	100% after $100 copay	No coverage	100% after $100 copay	No coverage
Emergency Room	90%		100% after $200 copay		100% after $200 copay	
Physician & Services						
Inpatient Services	90%	70%	100%	No coverage	100%	No coverage
Outpatient Surgery	90%	70%	100% after $100 copay	No coverage	100% after $100 copay	No coverage
Office Visits	90%	70%	100% after $30 copay	No coverage	100% after $30 copay	No coverage
Specialist Office Visit	90%	70%	100% after $60 copay	No coverage	100% after $60 copay	No coverage
Other						
X-ray and Lab Therapy-Speech, occupational or physical therapy	90%	70%	100%	No coverage	100%	No coverage
Mental/Nervous-Inpatient	90%	70%	100% after $250 copay per day up to 2 days	No coverage	100% after $250 copay per day up to 2 days	No coverage
Mental/Nervous-Outpatient	90%	70%	100% after $30 copay	No coverage	100% after $30 copay	No coverage
Substance Abuse-Inpatient	90%	70%	100% after $250 copay per day up to 2 days	No coverage	100% after $250 copay per day up to 2 days	No coverage
Substance Abuse-Outpatient	90%	70%	100% after $30 copay	No coverage	100% after $30 copay	No coverage
Wellcare	100%	70%	100%	No coverage	100%	No coverage
Prescription Drugs	Prime Therapeutics		Prime Therapeutics		Prime Therapeutics	
Prescription Out-of-Pocket Limit*	Integrated w/ Medical		Individual: $2,000 Family: $4,000		Individual: $2,000 Family: $4,000	
Retail Pharmacy 34-day supply	90%		Generic: $10 Preferred Brand: $40 Non-Preferred Brand: $60 Specialty: $100		Generic: $10 Preferred Brand: $40 Non-Preferred Brand: $60 Specialty: $100	
Mail Order 90-day supply	90%		Generic: $20 Preferred Brand: $80 Non-Preferred Brand: $120 Specialty: N/A		Generic: $20 Preferred Brand: $80 Non-Preferred Brand: $120 Specialty: N/A	

*Deductible and Out-of-Pocket amounts accumulate based on the benefit period of Jan 1 to Dec 31.

**Preauthorization Required

***Preauthorization May Be Required

Dependent Age: to 26 for all married or unmarried dependents and to age 30 for all unmarried military dependents who are Illinois residents.

Note: This is an outline of the benefit schedules. This exhibit in no way replaces the plan document of coverage, which outlines all the plan provisions and legally governs the operation of the plans.

See Certificate of Coverage for full policy details including limits and exclusions. To identify an in-network provider go to www.bcbsil.com.

Additional BCBS Resources

Seasons of Life

Seasons of Life is an outreach program that provides personalized claims resolution assistance to members and their families who are dealing with the death of a loved one. Seasons of Life ensures that members and their families receive compassionate help when they need it.

Fitness Program

The Fitness Program is an eight-tier membership program that gives you unlimited access to a nationwide network of fitness centers. With more than 13,000 participating gyms, you can work out at any location of your choosing at any time. To search for a gym, log in to Blue Access for Members or call **888.762.2583**.

Other program perks:

- No long-term contract required. Membership is month to month.
- Enroll in a tier that fits your budget and preferences with a one time **$19 enrollment fee**.
  (No enrollment fee for Digital Only option.)

Digital Only: $10/month	**Core:** $29/month	**Elite:** $129/month	**Signature:** $199/month
Base: $19/month	**Power:** $39/month	**Pro:** $159/month	**Premier:** $239/month

- Automatic withdrawal of monthly fee.
- Online tools for locating gyms and tracking visits.
- Earn bonus Blue Points for joining the Fitness Program. Rack up more points with weekly visits.

Vision Discount Program

PPO and HMO members can receive **discounts** on glasses, contact lenses, laser vision correction services, examinations and accessories through EyeMed providers. For a list of providers near you, go to **eyemed.com**, click ***Find an eye doctor,*** then choose the "Select Network" for HMO members and "Advantage Network" for PPO Members. At time of service, provide the following discount code 3008997 (Blue365). **Please note:** This discount cannot be combined with other offers or insurance benefits. Please exhaust all covered insurance benefits first.

PPO EyeMed (Advantage Network): **866.273.0813** | HMO EyeMed (Select Network): **866.273.0813**

For more discount programs, sign up on the Blue365 website at **blue365deals.com/BCBSIL**

Well onTarget®

A Dynamic Wellness Program

Wellness is more than diet and fitness. It involves making healthy choices that enrich your mind, body and spirit. Well onTarget is designed to give you the tools and support you need to make these choices, while rewarding you for your hard work.

Well onTarget features:

Well onTarget Member Wellness Portal
The heart of Well onTarget is the member portal. It uses the latest technology to offer you an enhanced online experience. This engaging portal links to a suite of innovative programs and tools including self-directed courses, health and wellness content, tools and trackers, and the Blue Points program.

Blue Points
With the Blue Points program, you will be able to earn points by regularly participating in a range of healthy activities. You can then redeem your points for various gift cards to your favorite retailers or restaurants.

Wellbeing Solutions

Navigate

Your physical, financial, and emotional wellbeing are extremely important. In order to support, and offer you resources all in one place, the EBC has partnered with Navigate Wellbeing Solutions to provide a unified wellbeing engagement platform. Through the secure site, you will have access to group challenges, e-learning opportunities, health resources including workout videos and healthy recipes, and information on free programs the district provides, even if you are not enrolled in benefits.
Visit **ebcwellbeing.com** to use these comprehensive online resources and step toward your healthiest, happiest self.

Financial Wellness

Your Money Line

Your Money Line offers comprehensive financial assistance to help you take control of your finances. Whether you're managing credit card debt, medical expenses, student loans, or working towards establishing an emergency fund, planning a large purchase, focusing on retirement, or navigating Public Service Loan Forgiveness, Your Money Line is here to support you.

This valuable resource is available to all benefits-eligible employees—even if you waive coverage. Take the first step toward elevating your financial wellness by visiting **yourmoneyline.com/start** and using employer code: **ebc**.

Dental Plan

Effective 7/1/2026,
New Group Number:
0303341-0086

MetLife Dental Coverage

MetLife is the administrator of the dental benefits for you and your family. As a member of this plan, you are free to use any dentist; however, additional discounts will be realized if you use one that participates in the MetLife PDP Plus Network.

Contact MetLife at **800.942.0854** for questions regarding:

- Network providers
- Eligibility status
- Plan benefits
- Claim status and claim forms

Additionally, you can access MyBenefits at **www.metlife.com/mybenefits**. This website offers you the ability to manage your personal information on your own personalized homepage, where you can view claims status and eligibility information, as well as view a summary of your dental benefits.

Coverage	MetLife PDP Plus Network	
	In-Network	Out-of-Network
Annual Deductible - Does Not Apply to Preventive Services		
Individual	$50	$50
Family	$150	$150
Calendar Year Maximum	$1,500 Per Person	
Preventive Care Services		
Oral Exams	No Charge	No Charge
Cleanings	No Charge	No Charge
Fluoride Treatments (to age 19)	No Charge	No Charge
X-Rays	No Charge	No Charge
Basic Services		
Fillings	80%	80%
Periodontics	80%	80%
Endodontics	80%	80%
Oral Surgery	80%	80%
Major Services		
Inlays, Onlays, and Crowns	50%	50%
Implant Services	50%	50%
Bridges and Dentures	50%	50%

Dependent Age: to 26 for all unmarried or married dependents and to age 30 for all unmarried military dependents who are Illinois residents.

MetLife offers a vision discount program through Vision Service Plan (VSP). For more information or to find a participating provider visit **www.metlife.com/mybenefits**.

See Certificate of Coverage for full policy details including limits and exclusions – for a copy see Human Resources. To identify an in- network provider go to **www.metlife.com**.

Personal Finance App

Download MetLife's free Personal Finance App to manage your finances to get the most out of your money. MetLife's Personal Finance App focuses on developing good money habits and is designed to celebrate small wins one step at a time. Available on the App Store and Google Play.



Vision Plan

Vision care plans provide coverage for the non-surgical improvement of eyesight, including coverage for eyeglasses and contact lenses. Coverage typically is limited and is subject to applicable copayments or scheduled cash allowances.

Coverage	Superior Vision Network	
	Frequency	In-Network
Examination	12 Mos	No Charge after $10 Exam Copay
Standard Lenses		
Single Vision Bifocal Trifocal Lenticular	12 Mos	No Charge after $25 Materials Copay
Frames	24 Mos	$25 Materials Copay $150 Frame Allowance for a Wide Selection of Frames, plus 20% Savings on Account over Allowance
Contact Lenses - In lieu of eyeglasses		
Elective Medically Necessary	12 Mos	$150 Allowance for Contacts 100% after Applicable Copay

See Certificate of Coverage for full policy details including limits and exclusions – for a copy see Human Resources. To identify an in-network provider go to **www.metlife.com/vision**.

Extra Savings (In-Network Only)

- **Additional savings on glasses and sunglasses**: Members may receive 50% off of additional complete pairs of eyeglasses and sunglasses at Visionworks or 30% off at other participating providers on the same transaction. Otherwise, a 20% discount off the provider's usual and customary rate may be available.
- **Additional savings on frames:** 20% off any amount over your frames allowance.
- **Additional savings on contacts:** 15% off any amount over your contact lens allowance. 15% discount on additional contacts beyond your covered amount.
- **Laser vision correction:** Savings of 40%- 50% off the national average price of traditional LASIK are available at over 1,000 locations across our nationwide network of laser vision correction providers.
- **Hearing discounts:** A National Hearing Network of hearing care professionals, featuring Your Hearing Network, offers Superior Vision members discounts on services, hearing aids and accessories. These discounts should be verified prior to service.

Health Savings Account

UMB Healthcare Services (a division of UMB Bank)

A Health Savings Account (HSA) is a type of tax-free savings account that lets you save for current and future qualified medical expenses while reducing your pre-tax dollars. Using an HSA to pay for deductibles, copayments, coinsurance and other qualified medical expenses is another way to lower your overall health care costs. Specific requirements must be met to have an HSA. Any unused funds at the end of the calendar year will be rolled into the next calendar year.

Some details to keep in mind:

- In order to establish an HSA, you have to be covered by a High Deductible Health Plan. These types of plans have no copays.
- The IRS sets an annual maximum amount that can be deposited into the account. Any unused funds will earn interest and roll over from year to year. These funds belong to you — if you leave your job, you take the money in the account with you.
- As long as funds are withdrawn for qualified medical expenses, they will be tax-free. If funds are taken for other expenses, you will pay income tax and a 20% penalty on the withdrawal.
- The owner of the HSA account is responsible to keep records on all withdrawals. Keep all receipts for medical expenses paid for with HSA money in case you are audited.

Who is eligible for an HSA?

- Must be enrolled in a high-deductible health insurance plan (HDHP).
- Do not have another first-dollar medical coverage, or enrolled in Medicare, or Tricare.
- Is not covered by another health plan that is not a HDHP.
- Cannot be claimed as a dependent on someone else's tax return.

Contribution Limits for Health Savings Accounts	
Plan Tier	**2026 H.S.A. Limits**
HSA Contribution Limit	Self-only: $4,400 Family: $8,750
HSA Catch-up Contributions (Age 55 or older)	$1,000

Plan Features	Annual Amount Deposited
HSA Employer Contribution to the Account – Employee Only	$1,000
HSA Employer Contribution to the Account – Employee & Spouse	$2,000
HSA Employer Contribution to the Account – Employee & Child(ren)	$2,000
HSA Employer Contribution to the Account – Family	$2,000



Flexible Spending Account (FSA)

NueSynergy

A Flexible Spending Account (FSA) allows you to pay for qualified Health Care and Dependent Care expenses using tax-free dollars. The amount you elect is deducted from your paycheck pre-tax. This means you don't pay Federal Income Tax or Social Security Taxes on that portion of your paycheck. The money that is deducted is then used to reimburse your eligible qualified expenses.

Health Care FSA

A Health Care FSA allows you to pay for unreimbursed health care expenses for you, your spouse and dependent children. You do not need to be on your employer sponsored health plan to sign up for a FSA.

One of the biggest advantages of the Health Care FSA is that you can access your entire elected amount on the first day of the plan year. So, there's no need to wait until funds have been payroll deducted to use your FSA.

As you plan your FSA expenses for the year, it is important that you make accurate and conservative estimates.

Annual maximum you may contribute is $3,400 per-calendar year.

Elections can only be changed during open enrollment or a qualified event.

How you can use a Health Care FSA:

- Medical Plan Deductibles
- Co-Pays
- Dental Expenses (Including Orthodontics)
- Eye Exams, Glasses and Contacts
- Vision expenses
- Prescription drug expenses
- Over-the-counter supplies like band aids and vitamins

For a complete list, please visit irs.gov/publications/p502.

Dependent Care FSA

Dependent Care FSA allows you to pay for child or elder care expenses using tax-free dollars. These expenses must be incurred while you are employed and must be for the care of a qualified dependent.

Unlike the Health Care FSA, Dependent Care FSA funds are not available to you on day one. These funds must accumulate before you can reimburse yourself, and you can only be reimbursed up to the amount you have in the account at any given time.

Annual maximum you may contribute is $7,500 (or $3,750 if married or filing separately) per-calendar year.

Dependent Care election amounts can be changed during the year as cost changes.

How you can use a Dependent Care FSA:

- Pre-School Charges
- Before-and After-School Care
- Day Care Centers
- Summer Day Camps
- And More

For a complete list, please visit irs.gov/publications/p502.



Voluntary Coverages

SASED offers additional voluntary coverage through Allstate. Eligible employees and dependents are able to elect additional coverage for: accident and critical illness. All of these benefits supplement your health plan and provide you and your family with additional financial protection you may need.

To learn more about these benefits, visit **allstatebenefits.com/mybenefits** or call Allstate's Employee Benefits Customer Service at **877.225.5077**.

Accident Coverage

Accidents can happen in an instant. Our accident insurance pays you a tax-free benefit after a coverage accident so you can focus on what's truly important-getting better. More than 150 events resulting from non-work related injuries or accidents are covered by this plan.

Sample of Payment Amounts

Accident-related treatment	Basic	Enhanced
Emergency Room Treatment	$200	$300
X-ray	$200	$300
Dislocation/Fracture (Principal Amount)	$4,000	$6,000
Intensive Care (Daily Benefit)	$400	$600
Ambulance Services		
a) Ground Ambulance	$200	$300
b) Air Ambulance	$600	$900

Critical Illness

There are more than just medical bills to pay after a heart attack, stroke or other unexpected covered medical condition. Critical Illness Insurance provides a benefit payment that can help. This critical illness policy offers a wellness benefit of $100 per year per covered person.

How much coverage is available?

You have the option to enroll in coverage in the amount(s) below

	Basic	Enhanced
You	$10,000	$20,000
Your Spouse	$5,000	$10,000
Your Children**	$5,000	$10,000

**Child(ren) up to age 26

Sample of Benefit Amount

Covered Condition	% of Benefit
Heart Attack*	100%
Stroke	100%
Major Organ Transplant**	100%
Coronary Artery Bypass	25%

*A sudden cardiac arrest is not in itself considered a heart attack.
**Listed in the certificate of coverage as "major organ transplant," which means the irreversible failure of your heart, lung, pancreas, entire kidney or liver, or any combination thereof, determined by a physician specialized in care of the involved organ.



Dependent Eligibility Audit

The EBC Board of Directors approved conducting an ongoing Dependent Eligibility Audit for all employees who newly cover dependents on their medical plans. The audit is mandatory for all EBC districts.

This audit will capture any new hires or employees experiencing a qualifying life event that add dependents. These employees will be required to upload documents that show proof of dependent eligibility status into a secure online portal managed by Impact Interactive.

Dependents will be dropped from the plan if a dependent is determined to be ineligible during the audit or, if an employee fails to submit documents for the dependent before the deadline. The date the dependent will be dropped is listed in the audit communication sent to individual employees via mailed and district email.

Dropped dependents are NOT eligible for COBRA.

Who are eligible dependents?

- Spouse
- Civil Union
- Domestic Partner
- Biological, adopted, step child
- Child under legal guardianship, foster child

What are examples of documents that will be required?

- The most recent tax return showing married filing jointly/separately
- Birth certificate
- Court documents that show legal guardianship
- Marriage certificate AND two financial statements, such as bank statements, insurance bills, rental/mortgage contracts

Making Changes to Your Benefits

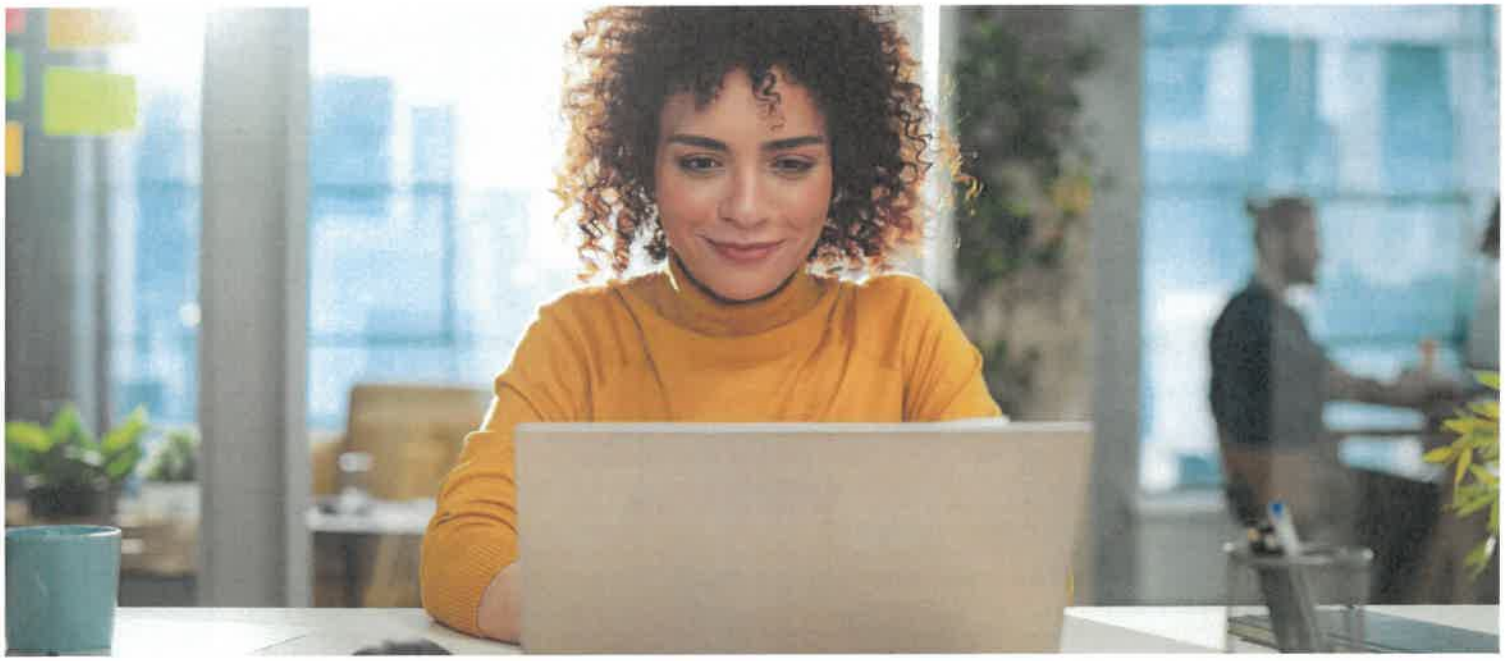
Each year, you have the opportunity to make changes to your benefits during open enrollment. Any pre-tax benefit elections made during open enrollment must remain in effect until the following open enrollment period, unless you experience a qualifying life event (QLE) that may allow for an election change. Allowed election changes will depend on the QLE that is experienced.

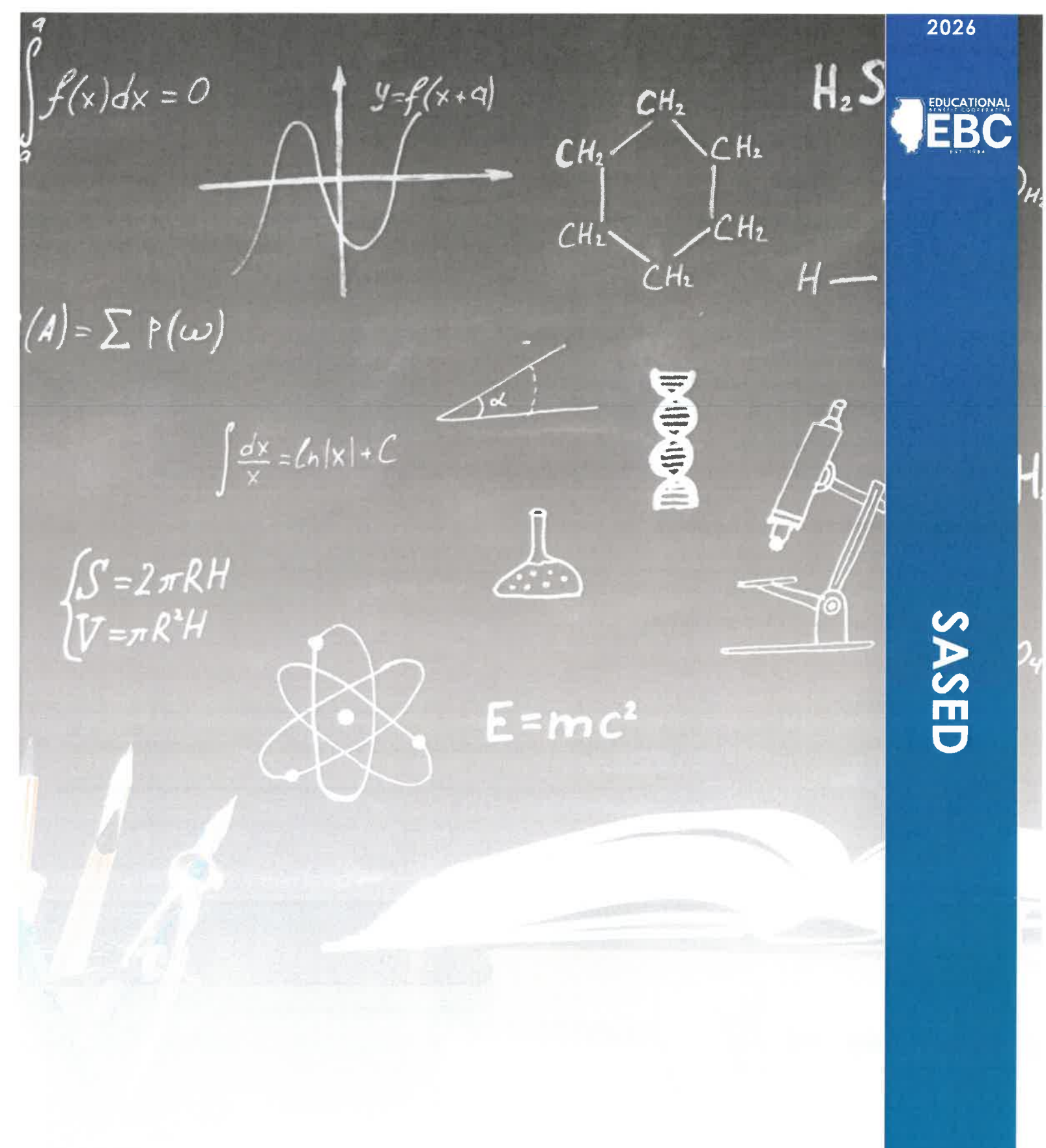
Some examples of qualifying life events include:

- Marriage
- Change in dependent's eligibility or employment status
- Birth or adoption
- Divorce or legal separation

Please note, these are only a few examples. If you believe you experienced a qualifying event, please notify human resources immediately. You have 30 days* from the date of the qualifying event to make applicable changes. Keep in mind, the changes you make must be directly related to the event and you may be required to provide documentation.

*If you lose eligibility for Medicaid/CHIP or become eligible for a state premium assistance subsidy, you have 60 days from that qualified change in status to make changes.





This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.

School Association for Special Education in DuPage
John Langton
Interim Assistant Director of Business

September 4, 2026

SENT BY EMAIL TO
Jomer Genite
FOIA-jgenite@smartprocure.com

Dear Jomer Genite,
On September 3, 2026, the School Association for Special Education in DuPage County (SASED) received your request, as follows:

SmartProcure is submitting a public records request to the School Association for Special Education for all current employee/staff contact information. The request is limited to readily available records without physically copying, scanning, or printing paper documents. Any editable electronic document is acceptable.

The specific information requested from your record-keeping system is:

1. First Name
2. Last Name
3. Position Title
4. Department
5. Direct Phone Number (if does not exist, list main phone number with extension)
6. Business Cell Phone (if provided by School Association for Special Education)
7. Email Address
8. Office Address (Address, City, State, Zip)

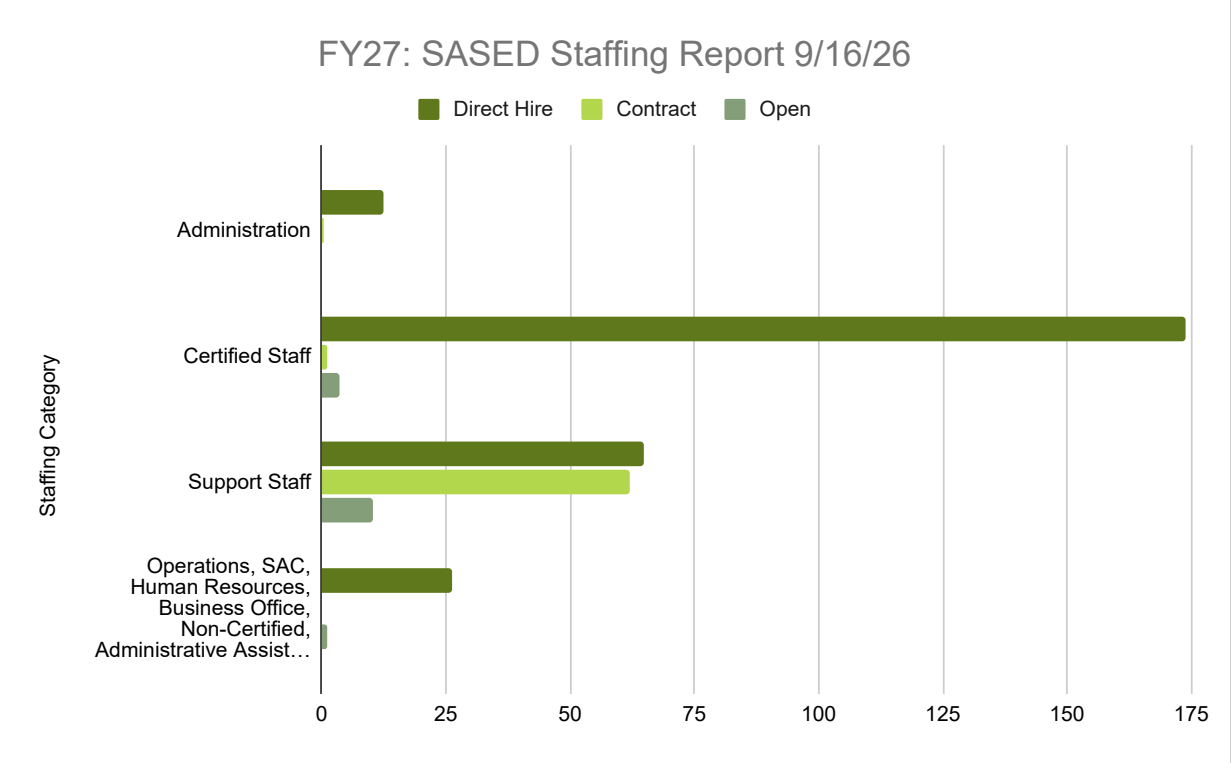
The information that you request is readily available on the organization's website at *www.sased.org* under "About Us" - "Staff Directory."

I believe that this response complies with your request and is in accordance with the Illinois Freedom of Information Act, 5 ILCS 140/1, et seq. (FOIA).

Thank you,
John Langton
Interim Assistant Director of Business
Freedom of Information Act Officer

FY27: SASED Staffing Report 9/16/26					
Staffing Category	Skyward Position Code	Direct Hire	Contract	Open	Alloted
Administration	ADM, Admin.-1, Admini-1, Admini-2, Asst. Pr, AstD Ops, EXECUT-1, Executiv, Interim CSBO	12.5	0.5	0	13
Certified Staff	ARTTEACH, Audiolog, BMS SE, BMS SIIS, BMS/BCBA, BMSTSIIS, LBSI Teacher, O & M Sp, Occupa-1, Occupati, Physical, Psycholo, School N, SocialW, Speech/L, Teacher, Teacher-	173.66	1	3.6	178.26
Support Staff	Assist T, ASSIST T, ASST, BUS DRIV, Custodia, Interpre, LEAD INT, MaintWk, Medical, Signing, Signin-1, Signin-2, Teache-3, Teache-4, TEACHE-6	65	62	10.4	137.4
Operations, SAC, Human Resources, Business Office, Non-Certified, Administrative Assistants	ACCTMG, Admin. A, AttCoord, BENMGR, Business, Coordi-3, Courier, DATA ANA, EIS MGR, FacOpsMg, Liaison Community, Program, Progra-3, PYMGR, Receptio, Techno-3	26.14	0	1	27.14
		277.3	63.5	15	355.8

FTE Total as of 9/16/26:	338.16
FTE Alloted for FY27:	355.8
SASED is 95% staffed as of 9/16/26.	



School Association for Special Education in DuPage
Teaching ♦ Leading ♦ Believing

Dr. Kim Dryier
Executive Director

BOARD INFORMATIONAL ITEM

To: SASED Board of Directors
From: Kim Dryier, Executive Director
Date: September 16th, 2026
Re: September Enrollment Report

Summary: Below is a summary of the SASED programs' current enrollment by program and member district.

Strategic Plan Alignment: The strategic indicator related to enrollment is to increase the capacity to provide additional district students with access to SASED programs, specifically monitoring the percentage of district referrals resulting in placement into SASED programs. Since August 3rd, we have had 34 referrals from SASED/DWC member districts. Twenty six of the thirty four students have been placed in our SASED programs, which is a 76.5% placement rate. We have had two referrals from non-SASED/DWC member districts, and one of the referrals was accepted and placed in a SASED program.

	DHH	Southeast	SLE	SMNP	Project SEARCH	Transition	Vision	Total:
Enrolled	63	53	119	14	12	23	31	**315**

Month, Year	Enrollment	Referrals	Placed Referrals
September 2026	315	34	76.5% (26)

District Name	DHH	SE	SLE	SMNP	TRAN	VI	PS	Total	Change (As of 05/01/26)
Keeneyville SD 20	3		6					9	-4
Benjamin SD 25	1							1	-2
West Chicago ESD 33	2	3	3	1		1		10	1
Winfield SD 34								0	0
SD 45 DuPage County	2	3	5	2		1		13	-3
Salt Creek SD 48			12					12	4
Downers Grove ESD 58	2	4	8	4				18	-10
Maercker SD 60		5	10	1				16	-8
Cass SD 63			9					9	2
Center Cass SD 66			2					2	-2
Woodridge SD 68	1	9	18	3		3		34	-2
DuPage HSD 88			2		5	1		8	-7
CHSD 94		7	2	1	1	1	5	17	1
CHSD 99		10	5		1			16	-1
CCSD 180	1	6	8			1		16	-5
Westmont CUSD 201		2	9		3	1		15	5
Lisle CUSD 202		3	16	1	3	1		24	-3
Elmhurst CUSD 205	4		3				1	8	0
								228	**Percent**
SASED	16	52	118	13	13	10	6	228	73%
D/WC	42	0	0	0	4	13	0	59	19%
Non D/WC or SASED	5	1	1	1	6	8	6	28	8%

2900 Ogden Ave. Lisle, IL 60532
Telephone: (630) 778-4500 Fax: (630) 778-0196
www.sased.org

School Association for Special Education in DuPage
Teaching ♦ Leading ♦ Believing

Dr. Kim Dryier
Executive Director

INFORMATIONAL

To: SASED Board of Directors
From: Dr. Kim Dryier
Date: September 16, 2026
Re: Committee Updates

Summary: Below are updates for the SASED Board committees:

Facilities Planning Committee- Cancelled.

Next Meeting: September 23, 2026

Finance Committee- September 2, 2026

The Finance Committee agreed that one of their main goals this year will be to review and support funding for a new facility. Dr. Dryier noted she and her team continue to work on potential staffing needs at a consolidated facility. More information will be provided to the committee in October. Dr. Dryier is also working with Mrs. Schmallo to ensure accuracy with offset figures.

The Finance Committee reviewed SASED's investment portfolio and discussed options to strengthen it. Recommendations will be brought back to the Finance Committee in the next few months for consideration.

Lastly, the Finance Committee will be considering improved financial reporting suggestions for future use for the Board of Directors.

Policy Committee- Cancelled.

Next Meeting: November 11, 2026

School Association for Special Education in DuPage
Teaching ♦ Leading ♦ Believing

Dr. Kim Dryier
Executive Director

INFORMATIONAL

To: SASED Board of Directors
From: Dr. Kim Dryier
Date: September 16, 2026
Re: Executive Director Report

High Quality Staffing

- We have had a great start to the school year. Our staffing has not increased since last year and most positions are filled. Most certified teaching staff positions are direct hires. Our new contract with Sunburst has proven beneficial as our contractual staff have been attending better and billing has been streamlined.

Exemplary Programs

- The beginning of the school year has gotten off to a great start. A few transportation glitches were evident, but have been addressed.

Communication

- We have developed a new template to assist with communication. It includes the Purpose, Alignment to Strategic Plan, and Financial Impact.
- The SASED Steering Committee met for the first time on September 10th. There are 33 members on the committee. There was an open invite and some staff were asked to join. The main goals of the committee are communication, providing input for the extension of the strategic plan, reviewing RTO's, and providing input and ideas to all areas of the Strategic Plan.

Operations

- The property in Oakbrook continued to be explored. Dr. VanderWoude and Dr. Dryier met with the Oakbrook Park District and Gateway Special Education Recreation at the suggestion of Oakbrook Village Mayor and Manager. A meeting will be scheduled soon with Oakbrook Village to discuss the timeline and application submittal process.