CITY OF CRYSTAL LAKE POLICE DEPARTMENT

City of Crystal Lake
An Equal Opportunity Employer
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Crystal Lake, IL 60014
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www.crystallake.org

LATERAL ENTRY POLICE OFFICER
INFORMATION PACKET

The City of Crystal Lake Police Department is the largest municipal department in McHenry County covering 18 square miles and serving 40,743 residents. The Department is comprised of 74 sworn officers and 16 civilian employees who strive on a daily basis to provide professional, courteous and uncompromised service to the community. The Department receives outstanding support from the community, city council, and the McHenry County States Attorney's office. This support, coupled with a professional command staff, helps create a positive work environment that allows for a successful and rewarding career in Law Enforcement.

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

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

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

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

ANNUAL SALARY SCHEDULE

Effective May 1, 2025-April 30, 2026

Step	Hourly	Annual
1	$37.54	$78,091.52
2	$39.72	$82,612.61
3	$41.94	$87,241.86
4	$44.12	$91,762.94
5	$46.29	$96,284.03
6	$48.50	$100,870.02
7	$57.84	$120,317.18

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

Benefits Summary – Sworn Police Personnel – MAP Bargaining Unit Members

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

VACATION

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

*Lateral officers will receive 40 vacation hours to their vacation bank upon hire.

COMPENSATORY TIME

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

HOLIDAYS

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

SICK LEAVE

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

DEFERRED COMPENSATION

A Section 457 plan is available with Empower. This is an IRS approved method of deferring federal and state income taxes until retirement. Taxes are paid at retirement or termination of employment when money is withdrawn. Participation is optional for the employee; the City does not match contributions.

SECTION 125 PRE-TAX FLEXIBLE COMPENSATION PLAN

Employee's medical and dental premium expenses are deducted from their paychecks on a pre-tax basis. This plan also allows for employees to set aside pre-tax dollars in health care and dependent care reimbursement accounts. This year's medical spending account maximum is $3,200. The Dependent Care FSA reimburses you for qualified dependent care expenses, such as day care, up to $5,000 annually (or $2,500 if married and filing separately.)

LIFE INSURANCE – Provided by the City of Crystal Lake

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

HEALTH INSURANCE – Effective on the first day of employment

The City currently offers a PPO plan and a HMO plan, all with BlueCross BlueShield.

Bi-Weekly Rates (24 pay periods) effective July 1, 2025 – June 30, 2026

Plan	Single	Single + 1	Family
PPO Plan	$35.25	$97.14	$171.81
HMO Plan	$15.60	$49.14	$93.60

Benefits	Blue Cross Blue Shield Medical PPO High Plan P15926	Blue Cross Blue Shield Medical BAHMO B03340
Coinsurance		
Network	90%	100%
Non-Network	70%	N/A
Deductible		
Network	$600 Single / $900 Single +1/ $1,200 Family	N/A
Non-Network	$1,400 Single / $2,800 Single +1/ $4,200 Family	
Out-of-Pocket (includes deductible)		
Network	$1,850 Single / $2,775 Single +1/ $3,700 Family	$1,500 individual / $3,000 family
Non-Network	$3,500 Single / $7,000 Single + 1/ $10,500 Family	N/A
Physician Services	Deductible applies, 90%	$20 copay
Hospital Emergency Care		
Network	Deductible applies, 90%	$75 (waived if admitted)
Non-Network	Deductible applies, 90%	
Wellness		
Network	Deductible waived, 100%	100%
Non-Network	Deductible applies, 70%	N/A
Prescription Drug (Administered by Express Scripts) If you take maintenance medications (long-term medications), be sure to obtain a 90-day/3-month supply from Walgreens, CVS, or through Express Scripts home delivery to avoid paying the full cost of the prescription		
Retail (34-day supply)	$15 generic / $30 brand name formulary / $75 non-formulary / $150 specialty	$15 generic / $30 brand name formulary / $75 non-formulary / $150 speciality
Mail Order (90-day supply)	$30 generic / $60 brand name formulary / $150 non-formulary / $300 specialty Injectable medications available through mail order only	$30 generic / $60 brand name formulary / $150 non-formulary / $300 specialty Injectable medications available through mail order only.

DENTAL INSURANCE – Effective on the first day of employment

Bi-Weekly Rates (24 pay periods) effective July 1, 2025 – June 30, 2026

	Single	Single + 1	Family
Delta Dental	$1.52	$4.19	$7.41

Benefits	Delta Dental PPO Option Delta Dental of Illinois	
	Delta PPO and Premier Network	Out-of-Network*
Deductible		
Individual	$50	$50
Family	$150	$150
Waived for Type A	Yes	Yes
Annual Maximum	$1,500	$1,500
Type A - Preventive Services Cleanings, fluoride treatment, exams, x-rays, sealants	Deductible waived, reimbursed at 100%	Deductible waived, 100%
Type B - Diagnostic/Basic Services Amalgam fillings, oral surgery, periodontics, endodontics	Deductible applies, 80%	Deductible applies, 80%
Type C - Major Services Cast restorations (inlays, onlays, crowns) partial/full dentures, repair of fixed partial dentures, bridgework, stainless steel crowns, denture reline/repair, recementation of crowns, inlays, onlays, bridges	Deductible applies, 50%	Deductible applies, 50%

VISION INSURANCE – Effective on the first day of employment

Bi-Weekly Rates (24 pay periods) effective July 1, 2025 – June 30, 2026

	Single	Single + 1	Family
VSP Vision	$4.00	$8.00	$12.89

Benefits	Provider Network: VSP Choice		
	Description	Copay	Frequency
WellVision Exam	Focuses on your eyes and overall wellness	$10	Every 12 months
Prescription Glasses		$10	See frames and lenses
Frames	• $160 allowance for a wide selection of frames • $210 allowance for featured frame brands • $210 Visionworks frame allowance on any frame • $160 Walmart/Sam's Club frame allowance • 20% savings on the amount over your allowance • $90 Costco frame allowance	Included in Prescription Glasses	Every 12 months
Lenses	• Single vision, lined bifocal, and lined trifocal lenses • Impact-resistant lenses for dependent children	Included in Prescription Glasses	Every 12 months
Lens Enhancements	• Standard progressive lenses • Premium progressive lenses • Custom progressive lenses	$0 $95-$105 $150-$175	Every 12 months
	• Average savings of 30% on other lens enhancements		
Contacts (instead of glasses)	• Contact lens exam (fitting and evaluation) • $160 allowance for contacts; copay does not apply	Up to $60	Every 12 months