

BLUE CROSS BLUE SHIELD HEALTH BENEFIT OPTIONS				MetLife DENTAL	
In-Network Benefits	Premium - P62095	Standard - P40309	HSA - P40236	In Network Benefits	Dental
Individual Deductible	\$1,000	\$1,500	\$2,800 *RVC Contributes \$1400	Individual Deductible	\$75 per calendar year
Family Deductible	\$2,000	\$3,000	\$5,600*** *RVC Contributes \$2800	Family Deductible	\$150 per calendar year
Individual OPX Limit (incl ded, co-pays & RX co-pays)	\$2,000	\$3,000	\$5,100	Maximum Benefit per person	\$1,250 per calendar year
Family OPX Limit (incl ded, co-pays & RX co-pays)	\$4,000	\$6,000	\$10,200	Diagnostic & Preventive Care	100% of Max Allowance
Coinsurance	80% in network 70% out of network	80% in network 70% out of network	**80% in network 70% out of network	Restorative Services	80% of Max Allowance after deductible
Office Visits-PCP	Deductible & Coinsurance	\$20 co-pay then 100%	Deductible & Coinsurance	General Services	80% of Max Allowance after deductible
Office Visits-Specialist	Deductible & Coinsurance	\$40 co-pay then 100%	Deductible & Coinsurance	Endodontic Services	80% of Max Allowance after deductible
Preventative Care	100%	100%	100%	Periodontic Services	80% of Max Allowance after deductible
Emergency Room	\$200 Co-Pay then 80% after deductible	\$200 Co-Pay then 80% after deductible	**\$200 Co-Pay then 80% after deductible	Oral Surgery Services	80% of Max Allowance after deductible
Prescriptions - Retail	\$25/\$50/\$75/\$150 up to 30 days	\$25/\$50/\$75/\$150 up to 30 days	**\$25/\$50/\$75/\$150 up to 30 days (after deductible)	Crowns, Inlays/Onlays	50% of Max Allowance after deductible
Prescriptions - Mail Order	\$20/\$30/\$50/\$100 up to 90 days	\$20/\$30/\$50/\$100 up to 90 days	**\$25/\$50/\$75/\$150 up to 90 days (after deductible)	Prosthetic, Implants	50% of Max Allowance after deductible
Vision	\$300 Cal Year Benefit & BCBS Discounts	\$300 Cal Year Benefit & BCBS Discounts	**\$300 Cal Year Benefit & BCBS Discounts (per federal guidelines)	Orthodontics	50% of Max Allowance after deductible

HSA Plan- As subject to Federal Rules

* Rock Valley College contributes 50% of employee deductible

**All parameters apply after deductible has been met

***If a member and his/her dependents have family coverage, each calendar year they must satisfy the family coverage deductible before receiving benefits under this policy.

Employee Monthly Contribution – 17.5%

	Premium – P62095	Standard – P40309	HSA – P40236	MetLife Dental	
Employee Only	\$152.46	\$149.41	\$128.06	Employee Only	\$7.79
Employee + Spouse	\$332.59	\$327.12	\$285.55	Employee + Spouse	\$15.05
Employee + Child(ren)	\$319.17	\$313.92	\$274.02	Employee + Child(ren)	\$14.44
Family	\$493.82	\$485.69	\$423.96	Family	\$22.35