

Medical and Dental Plan Options

Blue Cross/Blue Shield Medical Plan

HMO IL & Blue Advantage (BA)

PPO Wellness In-Network

Annual Deductible		
Individual	None	\$500
Family		\$1500
Office Visit Co-Pay		
Physicians/Specialists	\$15/\$25	\$15/\$20
Out-of-Pocket Max		
Individual	N/A	\$1500
Family		\$5000
Inpatient Hospital	\$250 co-pay per admission	80% coverage after deductible
Emergency Room	\$100 co-pay	\$150 co-pay
Ambulance	No cost	80% coverage
Well Child Care	\$15 co-pay	\$15 co-pay
Adult Wellness Care	\$15 co-pay	\$15 co-pay
OB/GYN Exams	\$15 co-pay	\$15 co-pay
Vision Care	\$15 co-pay \$75 allowance for Glasses/contacts every 2 years	Routine eye exams not covered Network discounts
Prescription Drugs		
Generic	\$15	\$15
Brand Name Formulary	\$30	\$30
Brand Name Non-Formulary	\$60	\$60

**Forms can be found on the Open Enrollment page of HIP, Harper Internet Portal.

Delta Dental Plan

Benefits & Services	Basic Plan
Annual Deductible	\$30 per person
Preventive Services - Oral Examination, X-Rays, Fluoride Treatments, Prophylaxes	100% of UAC*
Basic Services - Fillings, Oral Surgery, Inlays, Crowns	80% - 100% of UAC*
Major Services - Dentures, Fixed Bridgework, Periodontics, Implants	50% of UAC*
Plan Maximums	
Dental	\$1,200 per person per year
Orthodontia (children only)	\$1,000 Lifetime

*MAC - Usual & Customary as defined by the Plan.

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