



Please find enclosed information for the Blue Cross Blue Shield of Illinois PPO Medical, Blue Edge PPO, Blue Advantage HMO, Delta Dental and VSP Vision plans. Your enrollment or waiver of the benefits must be completed online. Please contact the Benefits Coordinator with any questions at (630) 636-3680.

OEA part-time teachers who work from 50% to 60% can elect medical, dental, and vision coverage; and those that elect to do so are responsible for 50% of their total monthly premium. Part-time teachers who work from 61% to 75% can elect medical, dental, and vision coverage; and those that elect to do so are responsible for 30% of their total monthly premium.

*NOTE: (Bus Drivers, Bus Monitors and Teacher Assistants are paid 19 pay periods.)*

## Effective 1/1/2022

Due to their size, provider directories will not be distributed on an individual basis. To verify if your provider is in the medical, dental and/or vision network, please use the contacts listed below:

Blue Cross Blue Shield  
[www.bcbsil.com](http://www.bcbsil.com)  
 1-800-526-6593

Delta Dental  
[www.deltadental.com](http://www.deltadental.com)  
 1-800-323-1743

VSP Vision  
[www.vsp.com](http://www.vsp.com)  
 1-800-877-7195

	<u>24 Pay Periods</u> <u>Employee (24)</u> Cost per Pay Period	<u>19 Pay Periods</u> <u>Employee (19)</u> Cost per Pay Period	<u>Employer</u> Cost per Pay Period	<u>Total</u> Monthly Premium
<b>BCBS PPO</b>				
Individual (OEA)	\$66.35		\$530.76	\$663.45
Individual (OESPA/OTA/OCMA)	\$82.93	\$104.76	\$497.59	\$663.45
Employee + Children	\$157.65	\$199.13	\$945.87	\$1,264.16
Employee +Spouse	\$164.25	\$207.47	\$985.49	\$1,313.99
Family	\$243.80	\$307.95	\$1,462.79	\$1,950.38

	Cost per Pay Period	Cost per Pay Period	Cost per Pay Period	Monthly Premium
<b>BLUE EDGE HCA</b>				
Individual (OEA)	\$55.85		\$446.78	\$558.47
Individual (OESPA/OTA/OCMA)	\$69.81	\$88.18	\$418.85	\$558.47
Employee + Children	\$133.19	\$168.24	\$799.13	\$1,065.50
Employee +Spouse	\$138.35	\$174.76	\$830.10	\$1,106.80
Family	\$200.59	\$253.38	\$1,203.54	\$1,604.72

	Cost per Pay Period	Cost per Pay Period	Cost per Pay Period	Monthly Premium
<b>BLUE ADVANTAGE HMO</b>				
Individual (OEA)	\$54.07		\$432.53	\$540.66
Individual (OESPA/OTA/OCMA)	\$67.58	\$85.37	\$405.50	\$540.66
Employee + Children	\$128.47	\$162.28	\$770.81	\$1027.75
Employee +Spouse	\$133.85	\$169.07	\$803.10	\$1070.80
Family	\$198.68	\$250.96	\$1,192.06	\$1589.41

	Cost per Pay Period	Cost per Pay Period	Cost per Pay Period	Monthly Premium
<b>DELTA DENTAL (All Unions)</b>				
Individual	\$4.85	\$6.13	\$14.55/\$18.38	\$38.81
Employee + Children	\$12.18	\$15.38	\$36.54/\$46.15	\$97.43
Employee +Spouse	\$9.68	\$12.26	\$29.11/\$36.77	\$77.63
Family	\$15.52	\$19.60	\$46.55/\$58.80	\$124.13

	19 or 24 (excluding OTA) Cost per Pay Period	OTA (only) Cost per Pay Period	Cost per Pay Period	Monthly Premium
<b>VSP VISION (All Unions)</b>				
Individual	\$0.00	\$0.69	\$2.08	\$4.40
Employee + Children	\$0.00	\$1.33	\$3.98	\$8.40
Employee + Spouse	\$0.00	\$1.26	\$3.79	\$8.00
Family	\$0.00	\$2.05	\$6.16	\$13.00