



2025

Health care plan comparison guide



INDIVIDUALS and FAMILIES

The Blue Cross difference

There should be more to your health care coverage than deductibles, copayments and other out-of-pocket costs. The experience, reputation and resources behind that coverage should make you feel confident every time you use your plan's ID card.

As the largest and one of the most reputable and reliable health care companies in Michigan, Blue Cross Blue Shield of Michigan and our HMO partner, Blue Care Network, are confident that we can help you get the most from your health care plan. For more than 80 years, we've worked to maintain this promise by building a hard-earned reputation, in-depth experience and quality selection of health care plans. That's why we're the right choice for your health plan needs.

What other health care company in Michigan can give you first-class coverage that's universally recognized around the country? **Only Blue Cross.** This reputation is one of the many reasons people in this state choose us more than any other health care company.

The numbers add up:

- Blue Cross is Michigan's largest health care company, serving **millions of people** here. We have the **largest network of doctors and hospitals in Michigan** with 134 hospitals and more than 37,000 doctors.
- BCN is the largest HMO in Michigan with more than **832,000 members**, and a provider network that includes more than **6,000 primary care providers**, more than **29,000 specialists** and most of the state's leading hospitals.
- Blue DentalSM members have access to **thousands of dentists** around the country, including 3,600 in Michigan.

We're here to help

When you have questions about your plan, we want to answer them as quickly and simply as possible. We offer a variety of resources you can use to get answers, find information and talk to experts.

These resources include:

- Our comprehensive website, **bcbsm.com**
- Blue Cross experts who can help you narrow your plan choices and help determine if you're eligible for a subsidy on the Marketplace. We're here to help. Just call **1-877-4MY-BLUE** (469-2583)
- More than **3,000 agents** throughout Michigan who are trained and certified to help you choose and enroll in a health care plan
- Your Blue Cross or BCN member ID card, where you can find our toll-free **Customer Service** number on the back



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Highlights for 2025

Services and savings

- Postnatal visits are treated the same as preventative prenatal visits
- Mental health program
- Local HMO network in Southeast Michigan
- HMO plans have Blue Cross personalized medicine
- Maven maternity and menopause programs
- Behavioral health assistance from Quartet
- Oncology care navigation program
- Virtual Primary Care benefit for all PPO plans

BCBSM mobile app

Your health information is secure when you use our mobile app. **Protecting your information is our top priority.** You can be sure that using the mobile app is a safe and secure way to access information about your health plan.

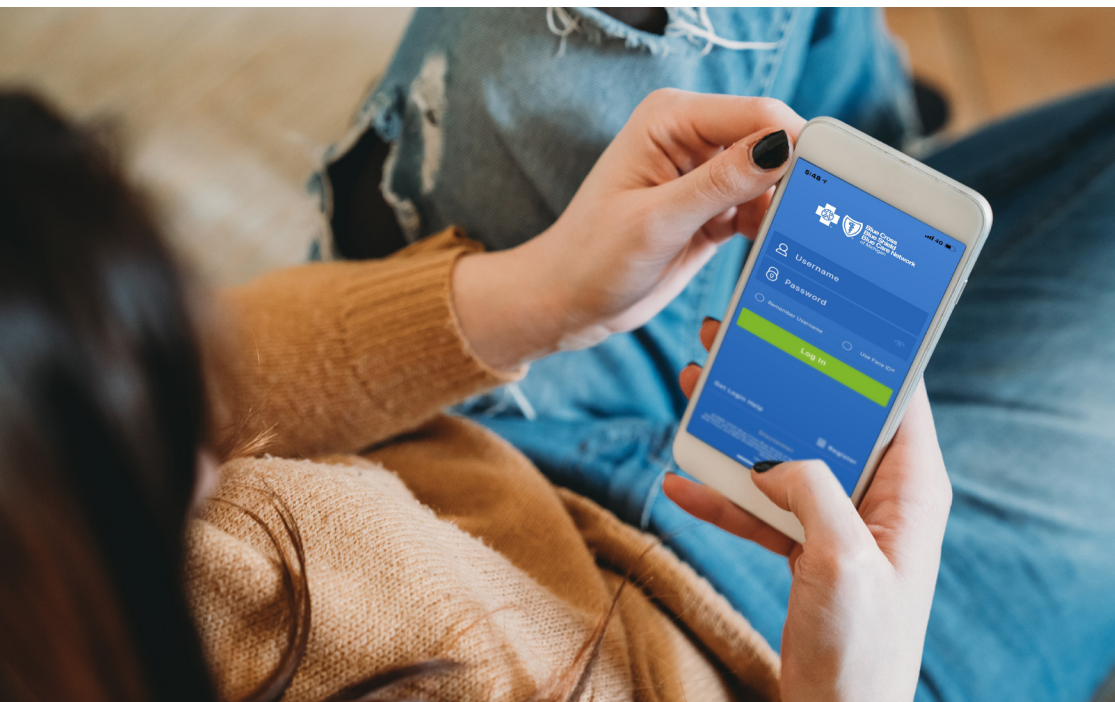
We protect all information through secured connections, and regularly update our information systems to stay current and ensure the security of your data.

What you can do with the app:

- View deductible and other plan balances.
- Check claims and explanation of benefits statements.
- See medical, dental and vision coverage.
- Research drug prices.
- Access HealthEquity® spending account balances.
- View your member ID card.
- Find doctors and hospitals and compare costs for services.
- Access to Blue365® member discounts.

As part of your plan, you can:

- Call our 24-Hour Nurse Line and speak to a registered nurse.
- View our weekly Virtual Well-BeingSM webinars. Topics include mindfulness, finance and emotional health.
- Use our online well-being tools and resources through Blue Cross Well-BeingSM.
- Take part in our Tobacco Coaching program.
- Sign up for paperless billing and explanation of benefits statements in your member account.



Download the app now

Get our mobile app wherever you normally download apps for your device. For more information, visit bcbsm.com/app.

HealthEquity is an independent company that contracts with Blue Cross Blue Shield of Michigan to provide spending account services.

Blue Cross Coordinated CareSM – care that's centered around you

What is it?

This program identifies members with complex or chronic conditions that could benefit from care management support and connects them to care.

How does it work?

A registered nurse leads a Blue Cross care team that works with members to help them develop a plan to better manage their conditions.

Doctors, dietitians and social workers are among the specialists that make up the Blue Cross care team. Together, they help members:

- Identify health risks
- Better understand treatment options
- Connect with support in local communities
- Find behavioral health services and other care

Members can conveniently stay connected to their care plans through the BCBSM Coordinated Care app, powered by Wellframe¹.

Where do I start?

Members identified for the program will receive a call from a Blue Cross registered nurse to get started.

¹Wellframe is an independent company supporting Blue Cross Blue Shield of Michigan by providing the BCBSM Coordinated Care mobile app.

Key plan benefits for 2025

	HSA-plans	PPO non-HSA plans	HMO non-HSA plans
Free annual visit	X	X	X
Free wellness visits for kids	X	X	X
Free vaccinations	X	X	X
Free health savings accounts (HSAs)	X		
Free diabetes test strips, lancets and connected devices with diabetes, pre-diabetes and hypertension management programs	X	X	X
Free app for Teladoc Health's mental health program	X	X	X
Free online visits	X (after deductible)	X	X
Free app — access to cost and transparency tools	X	X	X
Discounts at gyms	X	X	X
Blue365 discounts on vitamins, food, retailers, etc.	X	X	X
Access to virtual visits and retail health clinics	X	X	X
Free Health Equity HSA bank	X		
Urgent care with a copay before deductible		X	X
Free laboratory and pathology tests			X*
Primary and behavioral health office visits including virtual with a copay before deductible		X**	X
Retail health visit with a copay before deductible (same as primary office visit copay)		X**	X
Free Blue Cross Personalized Medicine SM program	X***		X
Free maternity foundation program	X	X	X

*HMO Extra plans apply deductible and coinsurance. HMO Secure plans apply deductible

**PPO Extra plans only

***Only for HMO plans, not PPO

Additional health benefits and support programs available at no cost to you

Maternity and menopause programs

Working together with **Maven**, members now have access to maternity and menopause support programs. Both programs include:

A care advocate	Personalized resources	24/7 on-demand video appointments*
<p>You'll be matched to a care advocate based on personal preferences who can:</p> <ul style="list-style-type: none">• Provide personalized, one-on-one support to answer questions• Recommend the right types of virtual coaches for specific needs• Help find high-quality, in-network providers	<p>Access a library of content personalized to your specific journey:</p> <ul style="list-style-type: none">• Articles are trustworthy and clinically approved• Community forums are available to engage with members on similar journeys	<p>Schedule video appointments with top-rated virtual coaches:</p> <ul style="list-style-type: none">• Speak with coaches from more than 30 specialties• Coaches are available to speak with in more than 35 languages

*Maven virtual coaches don't replace in-person care or relationships with your established care teams and providers. They're additional resources for you to schedule appointments when your providers aren't available.

The **maternity program** provides support for prenatal and postpartum time periods, a high-risk pregnancy, returning to work and more. Visit bcbsm.com/mavenfamily.

The **menopause program** provides support for early identification of menopausal symptoms and treatment guidance. Visit bcbsm.com/mavenmenopause to learn more.

To register for these programs, download the **Maven app** from your device's app store.

Maven is an independent company supporting Blue Cross Blue Shield of Michigan and Blue Care Network by providing family building and women's health support services.

Teladoc Health Condition Management

This program combines advanced technology, coaching and support for mental health and chronic medical conditions to help people live happier, healthier lives.

Available personalized plans:

- Diabetes
- Hypertension
- Diabetes prevention

By participating, you and covered family members get access to:

- **Connected devices:** Depending on your health goals, you could receive a free blood glucose meter, blood pressure monitor and smart scale; each sends readings to your private account on an easy-to-use app.
- **Coaching anytime and anywhere:** Ask expert coaches your questions on nutrition, medications or anything else related to your health. Together, you'll create a custom plan to meet your needs and focus on health areas that are important to you.
- **Digital behavioral health support:** Get 24/7 access to practical tips and techniques that help you better manage stress, sleep, anxiety, depression, weight and more.

Learn more and join today at teladochealth.com/BCBSMI.

Oncology Care Navigation Program

OncoHealth provides members identified as cancer patients with advocacy, support, and guidance.

- 24/7/365 on-demand oncology nurse and mental health visits for members.
- Mentors, community forums, disease management, financial resource support, advanced care planning, etc.
- Multichannel secured communication options.
- Address SDoH by navigating members to community and financial support.

Applicable members will be contacted.

Personalized Medicine

Genetic testing to ID genetic-based health issues & recommend solutions for HMO plans only.

- OneOme uses RightMed for testing
- The RightMed Test is a genetic test that analyzes genes that may affect how your body responds to certain medications, i.e., cardiovascular disease, psychiatric conditions, pain, oncology support, etc.
- Benefits: Saves time & money by reducing medication trials; decrease risk of side effects, etc.

Testimonial:

"I had a great experience. One prescription wasn't working for me and it showed up on the test. My physician made changes based on the report recommendation and I'm not longer experiencing any adverse drug reactions. I feel more confident about medication and care." - **A.K.**

Contact:

- myrightmed.com/bcbsm/

We have provider networks to fit your needs

Network types

PPO

A PPO, or preferred provider organization, has a broad network of doctors and hospitals. You can choose any doctor you want, both in and out of network, and don't need referrals from a primary care provider to see a specialist. With a PPO, you'll pay less out of pocket when you use an in-network provider.

Below you will find your choice of network options. Within the chart, look at how each of the plans might fit into your health care journey.

Network name	Blue Cross® Premier PPO	Blue Cross® Preferred HMO
Network description	You'll have a broad choice of doctors and hospitals within Blue Cross' statewide PPO network, including nationwide coverage for medical emergency, accidental injury or urgent care. You may receive services from hospitals or doctors outside the network within Michigan, but you'll pay less if you use providers within the network.	This plan offers a broad choice of doctors and hospitals from BCN's entire network, the largest HMO network in Michigan. Your primary care provider will coordinate care and refer you to specialists when necessary. Other than emergency services and accidental injuries, care outside the network isn't covered.
Plan offered by	Blue Cross Blue Shield of Michigan	Blue Care Network
Out-of-network coverage Care you receive from an out-of-network hospital or doctor while traveling within Michigan	Yes	Emergencies and accidental injuries only
Coverage outside of Michigan Includes traveling abroad	Emergencies and accidental injuries have in-network cost sharing. Scheduled services from a participating provider will apply out-of-network cost sharing (2x in-network cost sharing).	Emergencies and accidental injuries only
Participating primary care providers Numbers are estimates and subject to change	6,463	6,544
Participating hospitals and systems Numbers are subject to change	134 Michigan hospitals	134 participating hospitals

HMO

With an HMO, or health maintenance organization, you choose a primary care provider who coordinates your care and provides referrals to specialists. You'll need to pick a BCN primary care provider in the HMO network and only use hospitals that participate in your plan's network. Other than emergency services and accidental injuries, health care services provided outside the network aren't covered.

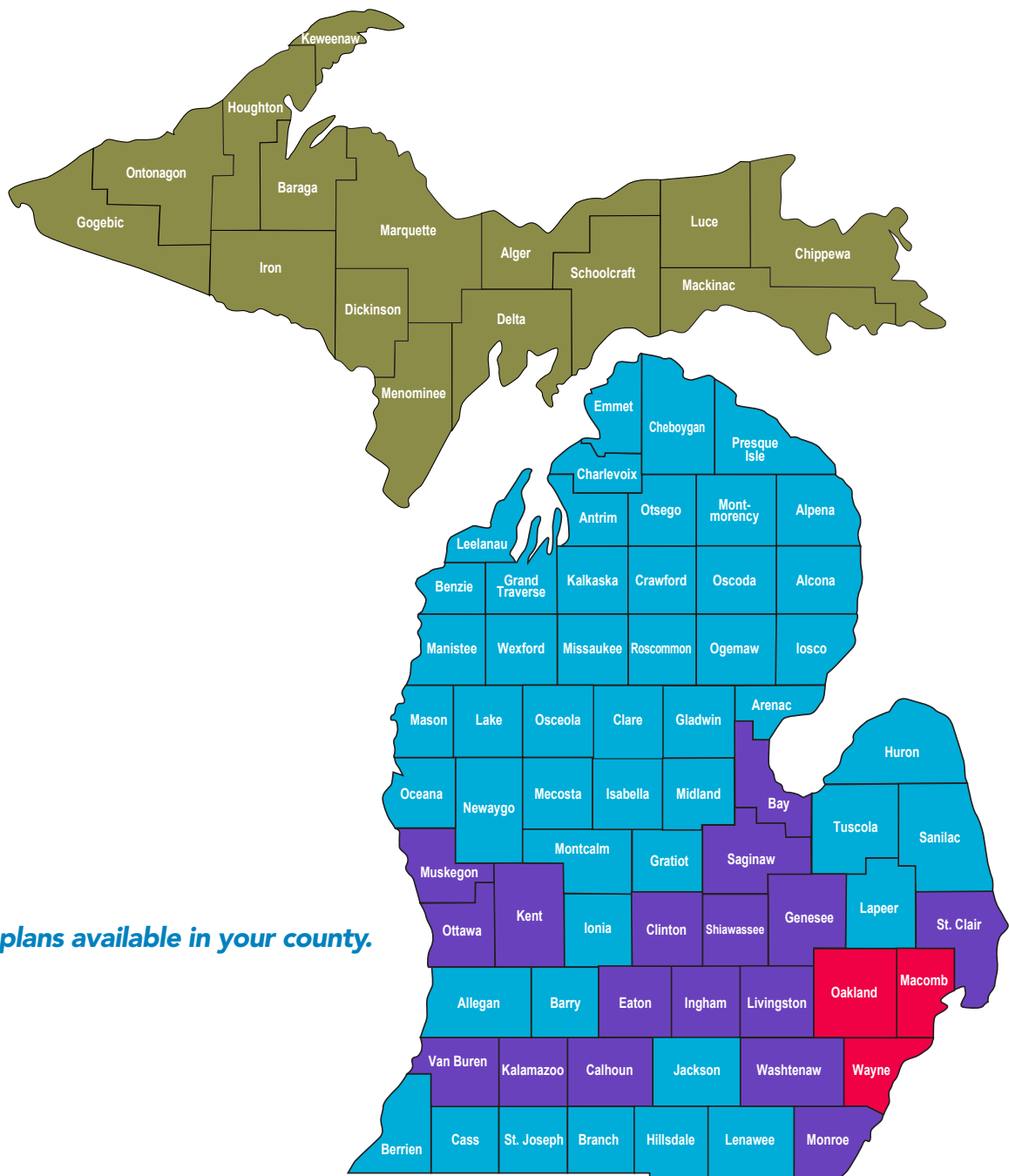
Blue Cross® Select HMO	Blue Cross® Metro Detroit HMO	Blue Cross® Local HMO
You may choose from a select network of quality, primary care providers and have complete access to specialists and hospitals within BCN's network, the largest HMO network in Michigan. Your primary care provider will coordinate care and refer you to specialists when necessary. Other than emergency services and accidental injuries, care outside the network isn't covered.	This plan offers care within a network of quality doctors and hospitals in Wayne, Oakland and Macomb counties. A primary care provider will coordinate your care. Care within BCN's entire HMO network, but outside the Metro Detroit HMO network, will require primary care provider and plan authorization. Other than emergency services and accidental injuries, care outside the network isn't covered.	This plan offers care within a network of quality doctors and hospitals in Wayne, Oakland and Macomb counties. A primary care provider will coordinate your care. Care with BCN's entire HMO network, but outside the Local HMO network, will require primary care provider and plan authorization. Other than emergency services and accidental injuries, care outside the network isn't covered.
Blue Care Network	Blue Care Network	Blue Care Network
Emergencies and accidental injuries only	Emergencies and accidental injuries only	Emergencies and accidental injuries only
Emergencies and accidental injuries only	Emergencies and accidental injuries only	Emergencies and accidental injuries only
4,909	1,002	1,027
134 participating hospitals	20 participating hospitals, including: <ul style="list-style-type: none"> • Corewell Health (Beaumont - Botsford) • Corewell Health (Beaumont - Oakwood) • Children's Hospital of Michigan • DMC • Providence Hospital • St. Joseph Mercy Hospital • St. Mary Mercy Hospital • St. John Hospital 	15 participating hospitals with Ascension and Trinity Health systems

- Location was limited to MI and each NPI number was counted only once
- Data was limited to primary and specialty only

2025 health plans available in Michigan by county

In 2025, Blue Cross offers plan choices that meet Affordable Care Act standards in all 83 Michigan counties. Use this map to see which plans are available in your area.

PPO options	PPO options	PPO options	PPO options
Blue Cross® Premier Gold Gold Extra Silver Saver/Silver Extra/Silver Off Marketplace Bronze/Bronze Extra/Bronze Secure Value	Blue Cross® Premier Gold Gold Extra Silver/Silver Extra/Silver Saver/Silver Off Marketplace Bronze/Bronze Extra/Bronze Secure Value	Blue Cross® Premier Gold Gold Extra Silver/Silver Extra/Silver Saver/Silver Off Marketplace Bronze/Bronze Extra/Bronze Secure Value	Blue Cross® Premier Gold Gold Extra Silver/Silver Extra/Silver Saver/Silver Off Marketplace Bronze/Bronze Extra/Bronze Secure Value
HMO options	HMO options	HMO options	HMO options
Blue Cross® Preferred Gold Gold Extra Silver Saver/Silver Extra/Silver Off Marketplace Bronze Saver/Bronze Extra/Bronze Secure Value	Blue Cross® Preferred Gold Gold Extra Silver/Silver Extra/Silver Saver/Silver Off Marketplace/Bronze Saver/ Bronze Extra/Bronze Secure Value	Blue Cross® Preferred Gold Gold Extra Silver/Silver Extra/Silver Saver/Silver Off Marketplace/ Bronze Saver Bronze Extra/Bronze Secure Blue Cross® Select Silver/Silver Extra/Silver Saver/Silver Off Marketplace Bronze Saver/ Bronze Extra/Bronze Secure Value	Blue Cross® Preferred Gold Gold Extra Silver Extra/Silver/Silver Off Marketplace/ Bronze Extra/ Bronze Saver Blue Cross® Select Silver/Silver Extra/Silver Saver/Silver Off Marketplace Bronze Extra/ Bronze Saver/ Bronze Secure Value Blue Cross® Metro Detroit HMO Silver Extra Silver Off Marketplace Bronze Saver/Bronze Extra Blue Cross® Local HMO Silver Extra/Silver Saver/Silver Off Marketplace Bronze Secure/Bronze Extra/ Bronze Saver



Map of health plans available in your county.

Gold health plan comparison

PPO

	Blue Cross® Premier PPO Gold	Blue Cross® Premier PPO Gold Extra
Annual deductible Medical and drug expenses are combined to meet the integrated deductible.	\$1,250 per individual plan \$2,500 per family plan	\$1,500 per individual plan \$3,000 per family plan
Coinsurance	20% after deductible for most services	25% after deductible for most services
Out-of-pocket maximum The integrated deductible, coinsurance and copays for all medical and drug expenses accumulate to the out-of-pocket maximum.	\$8,500 per individual plan \$17,000 per family plan	\$7,800 per individual plan \$15,600 per family plan
HSA qualified	No	No
Preventive medical, prescription drugs and immunizations	Covered 100% with no deductible	Covered 100% with no deductible
Physician office visits	\$30 copay per in-person primary care office visit or Virtual Primary Care by Teladoc Health visit after deductible; \$50 copay per specialist visit after deductible Diagnostic and laboratory services are subject to deductible and coinsurance	\$30 copay per in-person primary care office visit or Virtual Primary Care by Teladoc Health visit with no deductible \$60 copay per specialist office visit with no deductible. Diagnostic and laboratory services are subject to deductible and coinsurance
Retail health clinic visit and a medical evaluation at an affiliated immunization pharmacy	\$30 copay after deductible Diagnostic and laboratory services are subject to deductible and coinsurance	\$30 copay with no deductible Diagnostic and laboratory services are subject to deductible and coinsurance
Virtual Care by Teladoc Health You have access to virtual urgent care visits 24/7 and virtual mental health care visits by appointment that include evening and weekend availability.	\$0 copay with no deductible for medical online visits, \$30 copay after deductible for behavioral health online visits	\$0 copay with no deductible for medical online visits, \$30 copay with no deductible for behavioral health online visits
Laboratory tests and pathology	Covered 80% after deductible	Covered 75% after deductible
Diagnostic tests, X-rays, imaging services, CT scans, MRIs Approval required for certain services.	Covered 80% after deductible	Covered 75% after deductible
Inpatient hospital care – semi-private room	Covered 80% after deductible	Covered 75% after deductible
Surgical care	Covered 80% after deductible	Covered 75% after deductible
Emergency room	\$250 copay after deductible, then covered 80% Copay waived if admitted	Covered 75% after deductible
Transportation by ambulance	Covered 80% after deductible	Covered 75% after deductible
Urgent care visits at urgent care centers or outpatient locations	\$75 copay with no deductible Diagnostic and laboratory services are subject to deductible and coinsurance	\$45 copay with no deductible Diagnostic and laboratory services are subject to deductible and coinsurance
Outpatient Behavioral Health	\$30 copay per visit after deductible	\$30 copay per visit with no deductible
Prescription drugs 1 to 30 days Includes retail network pharmacies and mail-order providers. <i>Any coupon, rebate or other credits received directly or indirectly from an assistance program or the drug manufacturer may not be applied to deductibles, cost-sharing or out-of-pocket maximums.</i>	Generic: \$15 copay after integrated deductible Preferred brand: \$100 copay after integrated deductible Nonpreferred brand: \$150 copay after integrated deductible Preferred specialty: 40% coinsurance after integrated deductible Nonpreferred specialty: 45% coinsurance after integrated deductible	Generic: \$15 copay with no deductible Preferred brand: \$30 copay with no deductible Nonpreferred brand: \$60 copay with no deductible Specialty: \$250 copay with no deductible

Pediatric vision covered 100%: One vision exam per pediatric member per year. Covered 100%: Standard lenses and frames or contact lenses. Frequency limits apply.

HMO

Blue Cross® Preferred HMO Gold	Blue Cross® Preferred HMO Gold Extra
\$1,700 per individual plan \$3,400 per family plan	\$1,500 per individual plan \$3,000 per family plan
20% after deductible for most services	25% after deductible for most services
\$8,600 per individual plan \$17,200 per family plan	\$7,800 per individual plan \$15,600 per family plan
No	No
Covered 100% with no deductible	Covered 100% with no deductible
\$30 copay per primary care office visit with no deductible \$50 copay per specialist office visit after deductible Radiology and diagnostic services are subject to deductible and coinsurance	\$30 copay per primary care office visit with no deductible \$60 copay per specialist office visit with no deductible. Diagnostic and laboratory services subject to deductible and coinsurance
\$30 copay with no deductible Radiology and diagnostic services are subject to deductible and coinsurance	\$30 copay with no deductible Diagnostic and laboratory services subject to deductible and coinsurance
\$0 copay with no deductible for medical online visits, \$30 copay with no deductible for behavioral health online visits	\$0 copay with no deductible for medical online visits, \$30 copay with no deductible for behavioral health online visits
Covered 100% with no deductible	Covered 75% after deductible
Covered 80% after deductible	Covered 75% after deductible
Covered 80% after deductible	Covered 75% after deductible
Covered 80% after deductible	Covered 75% after deductible
\$250 copay after deductible, then covered 80% Copay waived if admitted	Covered 75% after deductible
Covered 80% after deductible	Covered 75% after deductible
\$40 copay with no deductible Radiology services are subject to deductible and coinsurance	\$45 copay with no deductible Diagnostic and laboratory services are subject to deductible and coinsurance
\$30 copay per visit with no deductible	\$30 copay per visit with no deductible
Preferred generic: \$4 copay after integrated deductible Generic: \$20 copay after integrated deductible Preferred brand: \$100 copay after integrated deductible Nonpreferred brand: \$150 copay after integrated deductible Preferred specialty: 40% coinsurance after integrated deductible Nonpreferred specialty: 45% coinsurance after integrated deductible	Generic: \$15 copay with no deductible Preferred brand: \$30 copay with no deductible Nonpreferred brand: \$60 copay with no deductible Specialty: \$250 copay with no deductible

The plan information shown is for in-network benefits. Please visit bcbsm.com/sbc or log in to your account at bcbsm.com to view additional plan details and documentation.

Silver health plan comparison

PPO

	Blue Cross® Premier PPO Silver Extra	Blue Cross® Premier PPO Silver
Annual deductible Medical and drug expenses are combined to meet the integrated deductible.	\$5,000 per individual plan \$10,000 per family plan	\$3,000 per individual plan \$6,000 per family plan
Coinsurance	40% after deductible for most services	20% after deductible for most services
Out-of-pocket maximum The integrated deductible, coinsurance and copays for all medical and drug expenses accumulate to the out-of-pocket maximum.	\$8,000 per individual plan \$16,000 per family plan	\$9,000 per individual plan \$18,000 per family plan
HSA qualified	No	No
Preventive medical, prescription drugs and immunizations	Covered 100% with no deductible	Covered 100% with no deductible
Physician office visits	\$40 copay per in-person primary care office visit or Virtual Primary Care by Teladoc Health visit with no deductible \$80 copay per specialist office visit with no deductible Diagnostic and laboratory services subject to deductible and coinsurance	\$30 copay per in-person primary care office visit or Virtual Primary Care by Teladoc Health visit after deductible \$50 copay per specialist office visit after deductible Diagnostic and laboratory services subject to deductible and coinsurance
Retail health clinic visit and a medical evaluation at an affiliated immunization pharmacy	\$40 copay with no deductible Diagnostic and laboratory services subject to deductible and coinsurance	\$30 copay after deductible Diagnostic and laboratory services subject to deductible and coinsurance
Virtual Care by Teladoc Health You have access to virtual urgent care visits 24/7 and virtual mental health care visits by appointment that include evening and weekend availability.	\$0 copay with no deductible for medical online visits, \$40 copay with no deductible for behavioral health online visits	\$0 copay with no deductible for medical online visits, \$30 copay after deductible for behavioral health online visits
Laboratory tests and pathology	Covered 60% after deductible	Covered 80% after deductible
Diagnostic tests, X-rays, imaging services, CT scans, MRIs Approval required for certain services.	Covered 60% after deductible	Covered 80% after deductible
Inpatient hospital care – semi-private room	Covered 60% after deductible	Covered 80% after deductible
Surgical care	Covered 60% after deductible	Covered 80% after deductible
Emergency room	Covered 60% after deductible	\$250 copay after deductible, then covered 80% Copay waived if admitted
Transportation by ambulance	Covered 60% after deductible	Covered 80% after deductible
Urgent care visits at urgent care centers or outpatient locations	\$60 copay with no deductible Diagnostic and laboratory services subject to deductible and coinsurance	\$75 copay with no deductible Diagnostic and laboratory services subject to deductible and coinsurance
Maternity benefit	Covered 60% after deductible	Covered 80% after deductible
Outpatient Behavioral Health	\$40 copay per visit with no deductible	\$30 copay per visit after deductible
Prescription drugs 1–30 days Includes retail network pharmacies and mail-order providers. <i>Any coupon, rebate or other credits received directly or indirectly from the drug manufacturer may not be applied to deductibles, cost-sharing or out-of-pocket maximums.</i>	Generic: \$20 copay with no deductible Preferred brand: \$40 copay with no deductible Nonpreferred brand: \$80 copay after integrated deductible Specialty: \$350 copay after integrated deductible	Generic: \$15 copay after deductible Preferred brand: \$100 copay after deductible Nonpreferred brand: \$150 copay after deductible Preferred specialty: 40% coinsurance after integrated deductible Nonpreferred specialty: 45% coinsurance after integrated deductible

Pediatric vision covered 100%: One vision exam per pediatric member per year. Covered 100%: Standard lenses and frames or contact lenses. Frequency limits apply.

Blue Cross® Premier PPO Silver Off Marketplace	Blue Cross® Premier PPO Silver Saver HSA
\$3,800 per individual plan \$7,600 per family plan	\$3,400 per individual plan \$6,800 per family plan
20% after deductible for most services	20% after deductible for most services
\$9,000 per individual plan \$18,000 per family plan	\$7,500 per individual plan \$15,000 per family plan
No	Yes
Covered 100% with no deductible	Covered 100% with no deductible
\$30 copay per in-person primary care office visit or Virtual Primary Care by Teladoc Health visit after deductible \$50 copay per specialist office visit after deductible Diagnostic and laboratory services subject to deductible and coinsurance	\$30 copay per in-person primary care office visit or Virtual Primary Care by Teladoc Health visit after deductible \$50 copay per specialist office visit after deductible Diagnostic and laboratory services subject to deductible and coinsurance
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\$0 copay with no deductible for medical online visits, \$30 copay after deductible for behavioral health online visits	\$0 copay after deductible for medical online visits, \$30 copay after deductible for behavioral health online visits
Covered 80% after deductible	Covered 80% after deductible
Covered 80% after deductible	Covered 80% after deductible
Covered 80% after deductible	Covered 80% after deductible
Covered 80% after deductible	Covered 80% after deductible
\$250 copay after deductible, then covered 80% Copay waived if admitted	\$250 copay after deductible, then covered 80% Copay waived if admitted
Covered 80% after deductible	Covered 80% after deductible
\$75 copay with no deductible Diagnostic and laboratory services subject to deductible and coinsurance	\$75 copay after deductible Diagnostic and laboratory services subject to deductible and coinsurance
Covered 80% after deductible	Covered 80% after deductible
\$30 copay per visit after deductible	\$30 copay per visit after deductible
Generic: \$15 copay after integrated deductible Preferred brand: \$100 copay after integrated deductible Nonpreferred brand: \$150 copay after integrated deductible Preferred specialty: 40% coinsurance after integrated deductible Nonpreferred specialty: 45% coinsurance after integrated deductible	Generic: \$15 copay after integrated deductible Preferred brand: \$100 copay after integrated deductible Nonpreferred brand: \$150 copay after integrated deductible Preferred specialty: 40% coinsurance after integrated deductible Nonpreferred specialty: 45% coinsurance after integrated deductible

	Blue Cross® Preferred HMO Silver Extra Blue Cross® Select HMO Silver Extra Blue Cross® Metro Detroit HMO Silver Extra Blue Cross® Local HMO Silver Extra	Blue Cross® Preferred HMO Silver Blue Cross® Select HMO Silver
Annual deductible Medical and drug expenses are combined to meet the integrated deductible.	\$5,000 per individual plan \$10,000 per family plan	\$4,400 per individual plan \$8,800 per family plan
Coinsurance	40% after deductible for most services	20% after deductible for most services
Out-of-pocket maximum The integrated deductible, coinsurance and copays for all medical and drug expenses accumulate to the out-of-pocket maximum.	\$8,000 per individual plan \$16,000 per family plan	\$9,000 per individual plan \$18,000 per family plan
HSA qualified	No	No
Preventive medical, prescription drugs and immunizations	Covered 100% with no deductible	Covered 100% with no deductible
Physician office visits	\$40 copay per primary care office visit with no deductible \$80 copay per specialist office visit with no deductible Radiology and diagnostic services subject to deductible and coinsurance	\$30 copay per primary care office visit with no deductible \$50 copay per specialist office visit after deductible Radiology and diagnostic services subject to deductible and coinsurance
Retail health clinic visit and a medical evaluation at an affiliated immunization pharmacy	\$40 copay with no deductible Radiology and diagnostic services subject to deductible and coinsurance	\$30 copay with no deductible Radiology and diagnostic services subject to deductible and coinsurance
Virtual Care by Teladoc Health You have access to virtual urgent care visits 24/7 and virtual mental health care visits by appointment that include evening and weekend availability.	\$0 copay with no deductible for medical online visits, \$40 copay with no deductible for behavioral health online visits	\$0 copay with no deductible for medical online visits, \$30 copay with no deductible for behavioral health online visits
Laboratory tests and pathology	Covered 60% after deductible	Covered 100% with no deductible
Diagnostic tests, X-rays, imaging services, CT scans, MRIs Approval required for certain services.	Covered 60% after deductible	Covered 80% after deductible
Inpatient hospital care – semi-private room	Covered 60% after deductible	Covered 80% after deductible
Surgical care	Covered 60% after deductible	Covered 80% after deductible
Emergency room	Covered 60% after deductible	\$250 copay after deductible, then covered 80% Copay waived if admitted
Transportation by ambulance	Covered 60% after deductible	Covered 80% after deductible
Urgent care visits at urgent care centers or outpatient locations	\$60 copay with no deductible Diagnostic and laboratory services subject to deductible and coinsurance	\$40 copay with no deductible Radiology and diagnostic services subject to deductible and coinsurance
Maternity benefit	Covered 60% after deductible	Covered 80% after deductible
Outpatient Behavioral Health	\$40 copay per visit with no deductible	\$30 copay per visit with no deductible
Prescription drugs 1 to 30 days Includes retail network pharmacies and mail-order providers. <i>Any coupon, rebate or other credits received directly or indirectly from the drug manufacturer may not be applied to deductibles, cost-sharing or out-of-pocket maximums.</i>	Generic \$20 copay with no deductible Preferred brand: \$40 copay with no deductible Nonpreferred brand: \$80 after integrated deductible Specialty: \$350 copay after integrated deductible	Preferred generic: \$4 copay after integrated deductible Generic: \$20 copay after integrated deductible Preferred brand: \$100 copay after integrated deductible Nonpreferred brand: \$150 copay after integrated deductible Preferred specialty: 40% coinsurance after integrated deductible Nonpreferred specialty: 45% coinsurance after integrated deductible

Pediatric vision covered 100%: One vision exam per pediatric member per year. Covered 100%: Standard lenses and frames or contact lenses. Frequency limits apply.

Blue Cross® Preferred HMO Silver Off Marketplace Blue Cross® Select HMO Silver Off Marketplace Blue Cross® Metro Detroit HMO Silver Off Marketplace Blue Cross® Local HMO Silver Off Marketplace	Blue Cross® Preferred HMO Silver Saver Blue Cross® Select HMO Silver Saver Blue Cross® Local HMO Silver Saver
\$5,700 per individual plan \$11,400 per family plan	\$4,800 per individual plan \$9,600 per family plan
20% after deductible for most services	20% after deductible for most services
\$9,200 per individual plan \$18,400 per family plan	\$7,800 per individual plan \$15,600 per family plan
No	No
Covered 100% with no deductible	Covered 100% with no deductible
\$30 copay per primary care office visit with no deductible \$50 copay per specialist office visit after deductible Radiology and diagnostic services subject to deductible and coinsurance	\$45 copay per primary care office visit with no deductible \$90 copay per specialist office visit with no deductible Radiology and diagnostic services subject to deductible and coinsurance
\$30 copay with no deductible Radiology and diagnostic services subject to deductible and coinsurance	\$45 copay with no deductible Radiology and diagnostic services subject to deductible and coinsurance
\$0 copay with no deductible for medical online visits, \$30 copay with no deductible for behavioral health online visits	\$0 copay with no deductible for medical online visits, \$45 copay with no deductible for behavioral health online visits
Covered 100% with no deductible	Covered 100% with no deductible
Covered 80% after deductible	Covered 80% after deductible
Covered 80% after deductible	Covered 80% after deductible
Covered 80% after deductible	Covered 80% after deductible
\$250 copay after deductible, then covered 80% Copay waived if admitted	\$250 copay after deductible, then covered 80% Copay waived if admitted
Covered 80% after deductible	Covered 80% after deductible
\$40 copay with no deductible Radiology and diagnostic services subject to deductible and coinsurance	\$45 copay with no deductible Radiology and diagnostic services subject to deductible and coinsurance
Covered 80% after deductible	Covered 80% after deductible
\$30 copay per visit with no deductible	\$45 copay per visit with no deductible
Preferred generic: \$4 copay after integrated deductible Generic: \$20 copay after integrated deductible Preferred brand: \$100 copay after integrated deductible Nonpreferred brand: \$150 copay after integrated deductible Preferred specialty: 40% coinsurance after integrated deductible Nonpreferred specialty: 45% coinsurance after integrated deductible	Preferred generic: \$4 copay after integrated deductible Generic: \$20 copay after integrated deductible Preferred brand: \$100 copay after integrated deductible Nonpreferred brand: \$150 copay after integrated deductible Preferred specialty: 40% coinsurance after integrated deductible Nonpreferred specialty: 45% coinsurance after integrated deductible

Bronze health plan comparison

PPO

	Blue Cross® Premier PPO Bronze Extra
Annual deductible Medical and drug expenses are combined to meet the integrated deductible.	\$7,500 per individual plan \$15,000 per family plan
Coinsurance	50% after deductible for most services
Out-of-pocket maximum The integrated deductible, coinsurance and copays for all medical and drug expenses accumulate to the out-of-pocket maximum.	\$9,200 per individual plan \$18,400 per family plan
HSA qualified	No
Preventive medical, prescription drugs and immunizations	Covered 100% with no deductible
Physician office visits	\$50 copay per in-person primary care office visit or Virtual Primary Care through Teladoc Health visit with no deductible \$100 copay per specialty visit with no deductible Diagnostic and laboratory services subject to deductible
Retail health clinic visit and a medical evaluation at an affiliated immunization pharmacy	\$50 copay with no deductible Diagnostic and laboratory services subject to deductible and coinsurance
Virtual Care by Teladoc Health You have access to virtual urgent care visits 24/7 and virtual mental health care visits by appointment that include evening and weekend availability.	\$0 copay with no deductible for medical online visits, \$50 copay with no deductible for behavioral health online visits
Laboratory tests and pathology	Covered 50% after deductible
Diagnostic tests, X-rays, imaging services, CT scans, MRIs Approval required for certain services.	Covered 50% after deductible
Inpatient hospital care – semi-private room	Covered 50% after deductible
Surgical care	Covered 50% after deductible
Emergency room	Covered 50% after deductible
Transportation by ambulance	Covered 50% after deductible
Urgent care visits at urgent care centers or outpatient locations	Covered \$75 copay with no deductible Diagnostic and laboratory services subject to deductible and coinsurance
Maternity benefit	Covered 50% after deductible
Outpatient Behavioral Health	\$50 copay per visit with no deductible
Prescription drugs 1 to 30 days Includes retail network pharmacies and mail-order providers. <i>Any coupon, rebate or other credits received directly or indirectly from the drug manufacturer may not be applied to deductibles, cost-sharing or out-of-pocket maximums.</i>	Generic: \$25 copay with no deductible Preferred brand: \$50 copay after integrated deductible Nonpreferred brand: \$100 copay after integrated deductible Specialty: \$500 copay after integrated deductible

Pediatric vision covered 100%: One vision exam per pediatric member per year. Covered 100%: Standard lenses and frames or contact lenses. Frequency limits apply.

Blue Cross® Premier PPO Bronze HSA	Blue Cross® Premier PPO Bronze Secure
\$8,000 per individual plan \$16,000 per family plan	\$9,200 per individual plan \$18,400 per family plan
None	None
\$8,000 per individual plan \$16,000 per family plan	\$9,200 per individual plan \$18,400 per family plan
Yes	No
Covered 100% with no deductible	Covered 100% with no deductible
Primary care and specialist office visits are covered 100% after deductible, including visits through Virtual Primary Care by Teladoc Health Diagnostic and laboratory services subject to deductible	Primary care and specialist office visits are covered 100% after deductible, including Virtual Primary Care by Teladoc Health Diagnostic and laboratory services subject to deductible
Covered 100% after deductible Diagnostic and laboratory services subject to deductible	Covered 100% after deductible Diagnostic and laboratory services subject to deductible
Covered 100% after deductible	\$0 copay with no deductible for medical online visits, \$0 copay after deductible for behavioral health online visits
Covered 100% after deductible	Covered 100% after deductible
Covered 100% after deductible	Covered 100% after deductible
Covered 100% after deductible	Covered 100% after deductible
Covered 100% after deductible	Covered 100% after deductible
Covered 100% after deductible	Covered 100% after deductible
Covered 100% after deductible	Covered 100% after deductible
Covered 100% after deductible	Covered 100% after deductible
Covered 100% after deductible	Covered 100% after deductible Diagnostic and laboratory services subject to deductible and coinsurance
Covered 100% after deductible	Covered 100% after deductible
Covered 100% after deductible	Covered 100% after deductible
Generic: Covered 100% after integrated deductible Preferred brand: Covered 100% after integrated deductible Nonpreferred brand: Covered 100% after integrated deductible Preferred specialty: Covered 100% after integrated deductible Nonpreferred specialty: Covered 100% after integrated deductible	Generic: Covered 100% after integrated deductible Preferred brand: Covered 100% after integrated deductible Nonpreferred brand: Covered 100% after integrated deductible Preferred specialty: Covered 100% after integrated deductible Nonpreferred specialty: Covered 100% after integrated deductible

The plan information shown is for in-network benefits. Please visit bcbsm.com/sbc or log in to your account at bcbsm.com to view additional plan details and documentation.

	Blue Cross® Preferred HMO Bronze Saver HSA* Blue Cross® Metro Detroit HMO Bronze Saver HSA* Blue Cross® Local HMO Bronze Saver HSA* Blue Cross® Select HMO Bronze Saver HSA*
Annual deductible Medical and drug expenses are combined to meet the integrated deductible.	\$8,000 per individual plan \$16,000 per family plan
Coinsurance	0%
Out-of-pocket maximum The integrated deductible, coinsurance and copays for all medical and drug expenses accumulate to the out-of-pocket maximum.	\$8,000 per individual plan \$16,000 per family plan
HSA qualified	Yes
Preventive medical, prescription drugs and immunizations	Covered 100% with no deductible
Physician office visits	Primary care and specialist office visits covered 100% after deductible Diagnostic and radiology services subject to deductible
Retail health clinic visit and a medical evaluation at an affiliated immunization pharmacy	Covered 100% after deductible Diagnostic services subject to deductible and coinsurance
Virtual Care by Teladoc Health You have access to virtual urgent care visits 24/7 and virtual mental health care visits by appointment that include evening and weekend availability.	Covered 100% after deductible
Laboratory tests and pathology	Covered 100% after deductible
Diagnostic tests, X-rays, imaging services, CT scans, MRIs Approval required for certain services.	Covered 100% after deductible
Inpatient hospital care – semi-private room	Covered 100% after deductible
Surgical care	Covered 100% after deductible
Emergency room	Covered 100% after deductible
Transportation by ambulance	Covered 100% after deductible
Urgent care visits at urgent care centers or outpatient locations	Covered 100% after deductible
Maternity benefit	Covered 100% after deductible
Outpatient Behavioral Health	Covered 100% after deductible
Prescription drugs 1 to 30 days Includes retail network pharmacies and mail-order providers. <i>Any coupon, rebate or other credits received directly or indirectly from the drug manufacturer may not be applied to deductibles, cost-sharing or out-of-pocket maximums.</i>	Preferred generic: Covered 100% after integrated deductible Generic: Covered 100% after integrated deductible Preferred brand: Covered 100% after integrated deductible Nonpreferred brand: Covered 100% after integrated deductible Preferred specialty: Covered 100% after integrated deductible Nonpreferred specialty: Covered 100% after integrated deductible

Pediatric vision covered 100%: One vision exam per pediatric member per year. Covered 100%: Standard lenses and frames or contact lenses. Frequency limits apply.

Blue Cross® Preferred HMO Bronze Secure Blue Cross® Select HMO Bronze Secure Blue Cross® Local HMO Bronze Secure	Blue Cross® Preferred HMO Bronze Extra Blue Cross® Select HMO Bronze Extra Blue Cross® Metro Detroit HMO Bronze Extra Blue Cross® Local HMO Bronze Extra
\$9,200 per individual plan \$18,400 per family plan	\$7,500 per individual plan \$15,000 per family plan
0%	50%
\$9,200 per individual plan \$18,400 per family plan	\$9,200 per individual plan \$18,400 per family plan
No	No
Covered 100% with no deductible	Covered 100% with no deductible
Primary care and specialist office visits covered 100% after deductible Diagnostic and radiology services subject to deductible	\$50 copay per primary care office visit with no deductible \$100 copay per specialist office visit with no deductible. Diagnostic and laboratory services subject to deductible and coinsurance
Covered 100% after deductible Diagnostic and laboratory services subject to deductible and coinsurance	\$50 copay with no deductible Diagnostic and laboratory services subject to deductible and coinsurance
\$0 copay with no deductible for medical online visits, \$0 copay after deductible for behavioral health online visits	\$0 copay with no deductible for medical online visits, \$50 copay with no deductible for behavioral health online visits
Covered 100% after deductible	Covered 50% after deductible
Covered 100% after deductible	Covered 50% after deductible
Covered 100% after deductible	Covered 50% after deductible
Covered 100% after deductible	Covered 50% after deductible
Covered 100% after deductible	Covered 50% after deductible
Covered 100% after deductible	Covered 50% after deductible
Covered 100% after deductible	\$75 copay with no deductible Diagnostic and laboratory services subject to deductible and coinsurance
Covered 100% after deductible	Covered 50% after deductible
Covered 100% after deductible	\$50 copay per visit with no deductible
Preferred generic: Covered 100% after integrated deductible Generic: Covered 100% after integrated deductible Preferred brand: Covered 100% after integrated deductible Nonpreferred brand: Covered 100% after integrated deductible Preferred specialty: Covered 100% after integrated deductible Nonpreferred specialty: Covered 100% after integrated deductible	Generic: \$25 copay with no deductible Preferred brand: \$50 after integrated deductible Nonpreferred brand: \$100 after integrated deductible Specialty: \$500 after integrated deductible

The plan information shown is for in-network benefits. Please visit bcbsm.com/sbc or log in to your account at bcbsm.com to view additional plan details and documentation.

Value health plan comparison

	PPO
	Blue Cross® Premier PPO Value
Annual deductible Medical and drug expenses are combined to meet the integrated deductible.	\$9,200 per individual plan \$18,400 per family plan
Coinsurance	None
Out-of-pocket maximum The integrated deductible, coinsurance and copays for all medical and drug expenses accumulate to the out-of-pocket maximum.	\$9,200 per individual plan \$18,400 per family plan
HSA qualified	No
Preventive medical, prescription drugs and immunizations	Covered 100% with no deductible
Physician office visits	\$30 copay per in-person primary care office visit or Virtual Primary Care by Teladoc Health visit (applies to the first three primary care visits per member per calendar year) Additional primary care visits subject to the deductible Specialist office visits subject to the deductible Diagnostic and laboratory services subject to deductible After deductible is met, office visits covered at 100%
Retail health clinic visit and a medical evaluation at an affiliated immunization pharmacy	\$30 copay with no deductible for the first three visits, including primary care and retail health clinic visits, per member per calendar year Additional visits and diagnostic and laboratory services subject to deductible
Virtual Care by Teladoc Health You have access to virtual urgent care visits 24/7 and virtual mental health care visits by appointment that include evening and weekend availability.	\$0 copay with no deductible for online medical visits. \$30 copay for behavioral health online visits with no deductible for the first three visits, including primary care and retail health clinic visits, per member per calendar year Additional visits and diagnostic and laboratory services subject to deductible
Laboratory tests and pathology	Covered 100% after deductible
Diagnostic tests, X-rays, imaging services, CT scans, MRIs Approval required for certain services.	Covered 100% after deductible
Urgent care visits at urgent care centers or outpatient locations	Covered 100% after deductible
Inpatient and surgical care	Covered 100% after deductible
Transportation by ambulance and emergency room visit	Covered 100% after deductible
Maternity benefit	Covered 100% after deductible
Outpatient Behavioral Health	\$30 copay per visit (applies to the first three visits combined with primary care visits per member per calendar year) Additional visits subject to the deductible
Prescription drugs 1–30 days Includes retail network pharmacies and mail-order providers. <i>Any coupon, rebate or other credits received directly or indirectly from the drug manufacturer may not be applied to deductibles, cost-sharing or out-of-pocket maximums.</i>	Generic: Covered 100% after integrated deductible Preferred brand: Covered 100% after integrated deductible Nonpreferred brand: Covered 100% after integrated deductible Preferred specialty: Covered 100% after integrated deductible Nonpreferred specialty: Covered 100% after integrated deductible

Pediatric vision covered 100%: One vision exam per pediatric member per year. Covered 100%: Standard lenses and frames or contact lenses. Frequency limits apply.

HMO

Blue Cross® Select HMO Value Blue Cross® Preferred HMO Value

\$9,200 per individual plan
\$18,400 per family plan

None

\$9,200 per individual plan
\$18,400 per family plan

No

Covered 100% with no deductible

\$30 copay per primary care visit with no deductible
Specialist office visits covered 100% after deductible
Diagnostic and radiology services subject to deductible

\$30 copay with no deductible
Diagnostic services subject to deductible

\$0 copay with no deductible for online medical visits,
\$30 copay with no deductible for behavioral health online visits

Covered 100% with no deductible

Covered 100% after deductible

\$40 copay with no deductible

Covered 100% after deductible

Covered 100% after deductible

Covered 100% after deductible

\$30 copay per visit with no deductible

Preferred generic: Covered 100% after integrated deductible

Generic: Covered 100% after integrated deductible

Preferred brand: Covered 100% after integrated deductible

Nonpreferred brand: Covered 100% after integrated deductible

Preferred specialty: Covered 100% after integrated deductible

Nonpreferred specialty: Covered 100% after integrated deductible

The plan information shown is for in-network benefits. Please visit bcbsm.com/sbc or log in to your account at bcbsm.com to view additional plan details and documentation.

Choosing your dentist

Blue DentalSM offers the broadest access to participating dentists for savings and choice with our two-tiered approach. Tier 1, our contracted Blue Dental PPO network, includes thousands of dentists nationwide and 3,600 in Michigan. You get great care and cost savings, with discounts of up to 40% on covered services when you see Tier 1 PPO dentists. (Members in our EPO plans must choose PPO dentists.)

Non-PPO dentists can participate through our Tier 2 per-claim participation arrangement, with discounts on services ranging 15 to 18%. Dentists who participate in Tier 2 offer an easy experience for you and don't bill for any difference between our approved amounts and their normal charges for covered services.

This two-tiered access allows you to choose the dental care that's right for you and still save money.

Looking for a dentist in your area? Log into your member account at bcbsm.com. Once logged in, click *My Coverage* and then *Dental*. Or call **1-888-826-8152**.



Individual dental plan options

All of our Blue Dental plans offer the same quality benefits, but with different premiums and cost-sharing amounts, allowing you to choose the plan that best fits your needs and budget.

Plan name	Blue Dental SM EPO 80/50/50 (0/0/0)		Blue Dental SM PPO 80/50/50 (50/50/50)		Blue Dental SM PPO 100/50/50 (50/50/50)	
	In network	Out of network	In network	Out of network	In network	Out of network
Deductible (1 person/ 2 person/3 person) Applies to Class II & Class III services only	\$25/\$50/\$75	Not covered	\$25/\$50/\$75	\$50/\$100/\$150	\$25/\$50/\$75	\$50/\$100/\$150

Class I diagnostic and preventive services

Coinsurance	20%	Not covered	20%	50%	0%	50%
Dental checkup – Child	Cleaning – 3x per calendar year; Exams – 2x per calendar year Bitewing X-rays – one set (up to four) per calendar year; Fluoride – 2x per calendar year Pediatric members 18 or younger when coverage begins					
Routine dental – Adult	Cleaning – 2x per calendar year; Exams – 2x per calendar year; Bitewing X-rays – one set (up to four) per calendar year; Fluoride – not covered Members 19 or older when coverage begins are considered nonpediatric.					

Class II basic services*

Coinsurance	50%	Not covered	50%	50%	50%	50%
Basic dental care – Child	Sealants – 1x per permanent molars, every three years Fillings – 1x per 24 months for primary teeth, 1x per 48 months for permanent teeth Periodontal maintenance – 3x per calendar year in combination with routine cleaning Simple extractions – 1x per lifetime per tooth; Root canals – 1x per lifetime per tooth Pediatric members 18 or younger when coverage begins.					
Basic dental care – Adult	Periodontal maintenance – 2x per calendar year in combination with routine cleaning; Sealants – not covered; Fillings – 1x per 24 months for primary teeth, 1x per 48 months for permanent teeth Simple extractions – 1x per lifetime per tooth; Root canals – 1x per lifetime per tooth Members 19 or older when coverage begins are considered nonpediatric. Six-month waiting period on Class II services for nonpediatric members except for emergency palliative treatments.					

Class III major services*

Coinsurance	50%	Not covered	50%	50%	50%	50%
Major dental care – Child	Scaling and root planing – 1x per quadrant, per 24 months; Onlays, crowns, veneers – 1x every 60 months; Bridges and dentures – 1x every 84 months; Implants – not covered Pediatric members 18 or younger when coverage begins					
Major dental care – Adult	Scaling and root planing – 1x per quadrant, per 36 months; Onlays, crowns, veneers – 1x every 60 months; Bridges and dentures – 1x every 84 months; Implants – not covered Members 19 or older when coverage begins are considered nonpediatric. Twelve-month waiting period on Class III services for nonpediatric members					
Annual maximum** –Adult	\$1,200	N/A	\$1,200	\$800	\$1,200	\$800

Class IV orthodontic services

Orthodontic services	Not covered					
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Note: Pediatric out-of-pocket maximum for all dental plans is \$425 for one pediatric member and \$850 for two or more pediatric members. Out-of-pocket maximum applies only to essential health benefits provided by PPO (in-network) dentists for pediatric members.

*Services are subject to waiting periods as follows; Class II services = six-month waiting period for nonpediatric members.
Class III services = Twelve-month waiting period for nonpediatric members.

**The amount listed under “In network” is the total annual maximum available to members. The amount listed under “Out of network” is the portion of the total that can be used for services provided by non-PPO (out-of-network) dentists.

Blue Dental SM PPO 100/70/50 (80/60/50)		Blue Dental SM PPO Plus 80/60/50		Blue Dental SM PPO Pediatric 80/50/50 (50/50/50)	
In network	Out of network	In network	Out of network	In network	Out of network
\$0/\$0/\$0	\$50/\$100/\$150	\$75/\$150/\$225	\$75/\$150/\$225	\$25/\$50/\$75	\$50/\$100/\$150
0%	20%	20%	20%	20%	50%
Cleaning – 3x per calendar year; Exams – 2x per calendar year Bitewing X-rays – one set (up to four) per calendar year; Fluoride – 2x per calendar year Pediatric members 18 or younger when coverage begins					
Cleaning – 2x per calendar year; Exams – 2x per calendar year; Bitewing X-rays – one set (up to four) per calendar year; Fluoride – not covered Members 19 or older when coverage begins are considered nonpediatric.				Not covered	
30%	40%	40%	40%	50%	50%
Sealants – 1x per permanent molars, every three years Fillings – 1x per 24 months for primary teeth, 1x per 48 months for permanent teeth Periodontal maintenance – 3x per calendar year in combination with routine cleaning Simple extractions – 1x per lifetime per tooth; Root canals – 1x per lifetime per tooth Pediatric members 18 or younger when coverage begins.					
Periodontal maintenance – 2x per calendar year in combination with routine cleaning; Sealants – not covered; Fillings – 1x per 24 months for primary teeth, 1x per 48 months for permanent teeth; Simple extractions – 1x per lifetime per tooth; Root canals – 1x per lifetime per tooth Members 19 or older when coverage begins are considered nonpediatric. Six-month waiting period on Class II services for nonpediatric members except for emergency palliative treatments				Not covered	
50%	50%	50%	50%	50%	50%
Scaling and root planing – 1x per quadrant, per 24 months; Onlays, crowns, veneers – 1x every 60 months; Bridges and dentures – 1x every 84 months; Implants – not covered Pediatric members 18 or younger when coverage begins					
Scaling and root planing – 1x per quadrant, per 36 months; Onlays, crowns, veneers – 1x every 60 months; Bridges and dentures – 1x every 84 months; Implants – not covered Members 19 or older when coverage begins are considered nonpediatric. Twelve-month waiting period on Class III services for nonpediatric members				Not covered	
\$1,200	\$1,000	\$1,000	\$1,000	N/A	N/A
Not covered					

Blue Dental members can choose from 3,600 dentists throughout Michigan.

Individual vision plan options

Choosing your eye doctor

Blue Cross members can purchase a packaged dental with adult vision plan, or a stand-alone adult vision plan by itself. (Kids 18 and younger get pediatric vision coverage with their Blue medical coverage.)

And, if you see a VSP Choice in-network eye doctor, you can save big on vision care. If you choose a provider who doesn't participate with VSP, you're responsible for additional charges. This may include the difference between our approved amount and the doctor's charge and copayments required by your plan.

Choosing a doctor who participates in the VSP Choice network is easy. Visit bcbsm.com, then click *Find a Doctor*. You can also call VSP member services at **1-800-877-7195**. For Blue Cross® Vision Glasses and Contacts for Adults in the Heritage network, visit heritagevisionplans.com to find a provider.

Packaged individual dental and vision plans

	Packaged adult vision benefits Benefits you receive if you purchase the following plans: Blue Dental ^{ISM} PPO 80/50/50 (50/50/50) with Vision Blue Dental ^{ISM} PPO Plus 80/60/50 with Vision Blue Dental ^{ISM} PPO 100/50/50 (50/50/50) with Vision Blue Dental ^{ISM} PPO 100/70/50 (80/60/50) with Vision Blue Dental ^{ISM} EPO 80/50/50 (0/0/0) with Vision	Stand-alone adult vision benefits Benefits you receive if you purchase the following plan: Blue Vision for Adults	
Network	VSP Choice	VSP Choice	Heritage Vision Plans
Eligibility	Nonpediatric members 19 or older have coverage on the start date of the plan		
Benefits	Exams every 12 months		
	Lenses every 12 months		
	Frames every 24 months	Frames every 12 months	
Allowance	\$130 allowance for frames or elective contact lenses	\$150 allowance for frames or elective contact lenses	\$150 allowance for frames and \$150 allowance for elective contact lenses
Copayments	\$10 exam, \$25 materials	\$15 exam, \$25 materials	\$5 exam, \$10 materials
Notes	When purchasing a package, canceling dental will also cancel adult vision coverage and vice versa	Two premium payment options - monthly & annually.	

Take advantage of savings with Blue365[®]

You can score big savings on a variety of health products and services with our member discount program, Blue365[®]. Get exclusive discounts on items, such as:

- **Fitness and wellness:** Health magazines, fitness gear and gym memberships
- **Healthy eating:** Meal delivery kits and weight-loss programs
- **Lifestyle:** Travel and recreation
- **Personal care:** LASIK and eye care services, dental care and hearing aids

Log in to your member account or visit bcbsm.com/discounts to learn more.

Blue365[®] is brought to you by the Blue Cross and Blue Shield Association, an association of independent, locally operated Blue Cross and Blue Shield plans. Value-added items and services are not a part of your insurance benefits and are not covered under contracts with Medicare or any other applicable federal health care program.

For complete terms and conditions see blue365deals.com/terms-use.



Helpful links

Enroll in a Blue Cross or BCN plan

bcbsm.com/myblue • 1-877-4MY-BLUE (469-2583)

Eligible for savings?

bcbsm.com/subsidy

Find a doctor or hospital:

bcbsm.com/findcare

Find a dentist:

mibluedentist.com

Summary of benefits and coverage:

bcbsm.com/sbc

Billing, claims and benefits:

Look for the Customer Service number on the back of your member ID card

Pay my bill:

bcbsm.com/paybill

bcbsm.com/payments

Search or select a primary care provider:

bcbsm.com/find-a-doctor

Virtual Care by Teladoc Health®:

<http://www.teladochealth.com/BCBSMI>

Download our Blue Cross mobile app at bcbsm.com/app.

Use it to select your primary care provider and many more useful features.



If you, or someone you're helping, needs assistance, you have the right to get help and information in your language at no cost. To talk to an interpreter, call the Customer Service number on the back of your card, or 877-469-2583, TTY: 711 if you are not already a member.

إذا كنت أنت أو شخص آخر تساعد بحاجة لمساعدة، فلدبك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك دون أية تكلفة. للتحدث إلى مترجم اتصل برقم خدمة العملاء الموجود على ظهر بطاقتك، أو برقم 711 TTY: 2583-469-877، إذا لم تكن مشتركاً بالفعل.

پڻ ٻيو فني هڪ ڊيٽابيس ۾، هليڪر ۾ ڏيکاريل،
 ڪم ڪندڙن جي فهرست ۾ شامل ٿيڻ ۽ ڪم ڪندڙن جي فهرست ۾ شامل ٿيڻ
 لاءِ ڏيکاريل. ان ڏيکاريل خبر ٻيو ڏيکاريل، مان ڏيکاريل، جيڪو
 ڪم ڪندڙن جي فهرست ۾ 877-469-2583 TTY:711 پڻ ڏيکاريل.
 لاءِ ڏيکاريل.

Falls Sie oder jemand, dem Sie helfen, Unterstützung benötigt, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer des Kundendienstes auf der Rückseite Ihrer Karte an oder 877-469-2583, TTY: 711, wenn Sie noch kein Mitglied sind.

You can also file a civil rights complaint with the U.S. Department of Health & Human Services Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail, phone, or email at: U.S. Department of Health & Human Services, 200 Independence Ave, S.W., Washington, D.C. 20201, phone: 800-368-1019, TTD: 800-537-7697, email: OCRComplaint@hhs.gov. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

YOU MADE THE RIGHT CHOICE

**READY
TO HELP**



Confidence comes with every card.®

For cost information and to purchase your plans for 2025, go to bcbsm.com/myblue.

Call us at **1-877-4MY-BLUE (469-2583)**, or contact your Blue Cross or BCN agent.



**Blue Cross
Blue Shield
Blue Care Network**
of Michigan

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