

2025



Blue Cross
Blue Shield
Blue Care Network
of Michigan

Confidence comes with every card.®

**Blue DentalSM and Blue VisionSM
plan comparison guide**

INDIVIDUALS and FAMILIES

WE'RE PROUD
to serve you.

New enrollment is available
year-round for off-
Marketplace dental, vision
and dental with vision plans.



BLUE DENTALSM AND BLUE VISIONSM PLAN COMPARISON GUIDE

The Blue Cross difference

Blue Cross Blue Shield of Michigan works diligently to provide a quality selection of health care plans that appeal to the needs of our diverse population.

Homegrown in Michigan, we truly care about our residents and communities. That's why we've created a variety of plans that give you confidence every time you use your member ID card.

As the largest health care company in the state, Blue Cross and our HMO partner, Blue Care Network, can help you get the most from your health coverage. In addition to our great medical plans, we offer Blue Dental and Blue Vision plans, year-round.

No other health care company in Michigan can give you first-class coverage that's universally recognized around the country. Our reputation is among the many reasons people in Michigan choose Blue Cross more than any other health care company.

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Blue Dental and Blue Vision plans

Quality dental and vision care from Blue Cross

Blue Cross has dental coverage for your whole family, as well as dental with adult vision plans and stand-alone adult vision plans you can buy directly from us. These plans include everything from routine cleanings and oral exams to fillings and crowns for dental, and eye exams and glasses for vision. Best of all, they're backed by the value, experience and confidence you can rely on from Blue Cross.

*Blue Cross medical coverage includes vision coverage for children up to age 19.



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

Choosing your dentist

Our dental plans give you a variety of options that make finding the right dentist easy.

Blue Dental 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 included 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.

To find a participating dentist, log in to your member account at bcbsm.com. Once logged in, click My Coverage and then *Dental*. You can also call **1-888-826-8152** or visit mibluedentist.com.

BLUE DENTALSM AND BLUE VISIONSM PLAN COMPARISON GUIDE



Our vision plans offer the nation's largest network of independent eye doctors, with 35,000 unique providers nationwide and 1,300 in Michigan.

Individuals and families

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)	
Deductible (1 person/ 2 person/3 person) Applies to Class II & Class III services only	In network: \$25/\$50/\$75	Out of network: Not covered	In network: \$25/\$50/\$75	Out of network: \$50/\$100/\$150	In network: \$25/\$50/\$75	Out of network: \$50/\$100/\$150
Class I diagnostic and preventive services						
Coinsurance	In network: 20%	Out of network: Not covered	In network: 20%	Out of network: 50%	In network: 0%	Out of network: 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	In network: 50%	Out of network: Not covered	In network: 50%	Out of network: 50%	In network: 50%	Out of network: 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 treatment.					
Class III major services*						
Coinsurance	In network: 50%	Out of network: Not covered	In network: 50%	Out of network: 50%	In network: 50%	Out of network: 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					

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.

Blue DentalSM PPO 100/70/50 (80/60/50)		Blue DentalSM PPO Plus 80/60/50		Blue DentalSM PPO Pediatric 80/50/50 (50/50/50)	
In network: \$0/\$0/\$0	Out of network: \$50/\$100/\$150	In network: \$75/\$150/\$225	Out of network: \$75/\$150/\$225	In network: \$25/\$50/\$75	Out of network: \$50/\$100/\$150
In network: 0%	Out of network: 20%	In network: 20%	Out of network: 20%	In network: 20%	Out of network: 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	
In network: 30%	Out of network: 40%	In network: 40%	Out of network: 40%	In network: 50%	Out of network: 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 treatment				Not covered	
In network: 50%	Out of network: 50%	In network: 50%	Out of network: 50%	In network: 50%	Out of network: 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					

**In network — The total — annual maximum available to members.

Out of network - The portion of the total annual maximum that can be used for services provided by non-PPO (out-of-network) dentists.

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.

Save big on vision care by staying in network. If you choose a provider who doesn't participate in either the VSP or Heritage Vision networks, your out-of-pocket cost will be higher.

Choosing a doctor who participates in the VSP Choice or Heritage Vision networks is easy. Log in to your member account at bcbsm.com and use *Find a Doctor*. You can also call VSP member services at 1-800-877-7195. Connect with Heritage Vision at 1-800-252-2053.

Packaged individual dental and vision plans

Packaged adult vision benefits Benefits you receive if you purchase the following plans:		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		

VSP and Heritage Vision are independent companies that provide vision benefit services for Blue Cross Blue Shield of Michigan and Blue Care Network customers. VSP is a registered trademark of Vision Service Plan.

BLUE DENTALSM AND BLUE VISIONSM PLAN COMPARISON GUIDE

Helpful links

Enroll in a Blue Cross plan

bcbsm.com/myblue

1-877-4MY-BLUE (469-2583)

Find a dental or vision provider:

bcbsm.com/findcare

Find a dentist:

mbluedentist.com

Find a vision provider:

vsp.com

heritagevisionplans.com

Billing, claims and benefits:

Call the Customer Service number on the back of your member ID card

Pay my bill:

bcbsm.com/paybill

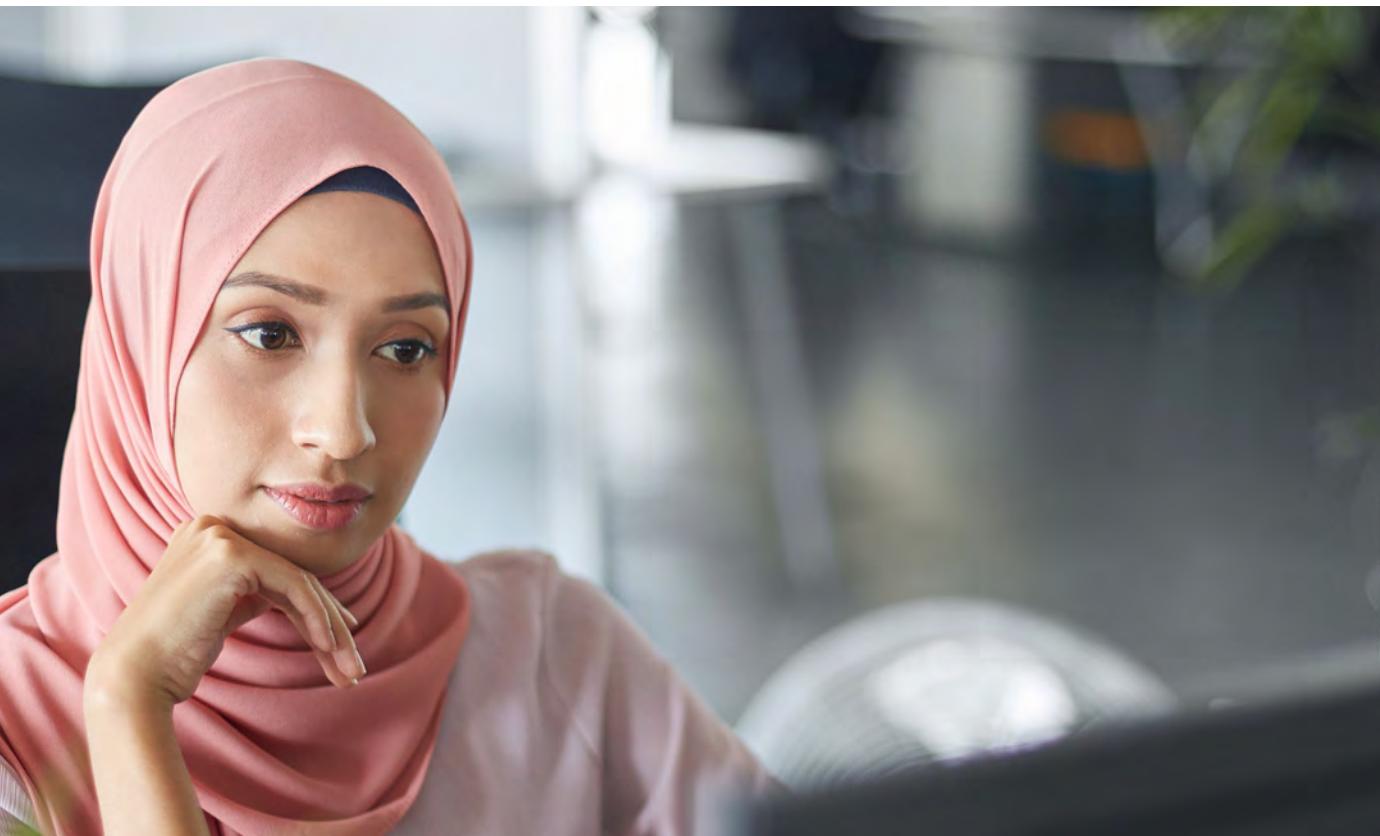
bcbsm.com/payments

Download our mobile app at bcbsm.com/app. Use it to select your primary care provider and many more useful features.



Individuals and families

Notes:



BLUE DENTALSM AND BLUE VISIONSM PLAN COMPARISON GUIDE

We speak your language

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.

Si usted, o alguien a quien usted está ayudando, necesita asistencia, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al número telefónico de Servicio al cliente, que aparece en la parte trasera de su tarjeta, o 877-469-2583, TTY: 711 si usted todavía no es un miembro.

إذا كنت أنت أو شخص آخر تتساءل بحاجة لمساعدة، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك دون أي تكالفة. للتحدث إلى مترجم اتصل برقم خدمة العملاء الموجود على ظهر بطاقةك، أو برقم 711-2583-469-877، إذا لم تكن مثبتت كاً بالفعل.

如果您，或是您正在協助的對象，需要協助，您有權利免費以您的母語得到幫助和訊息。要洽詢一位翻譯員，請撥在您的卡背面的客戶服務電話；如果您還不是會員，請撥電話 877-469-2583, TTY: 711。

Nếu quý vị, hay người mà quý vị đang giúp đỡ, cần trợ giúp, quý vị
sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của
mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi số
Dịch vụ Khách hàng ở mặt sau thẻ của quý vị, hoặc 877-469-2583,
TTY: 711 nếu quý vị chưa phải là một thành viên.

Nëse ju, ose dikush që po ndihmoni, ka nevojë për asistencë, keni të drejtë të merrni ndihmë dhe informacion falas në gjuhën tuaj. Për të folur me një përkthyes, telefononi numrin e Shërbimit të Klientit në anën e pasme të kartës tuaj, ose 877-469-2583, TTY: 711 nëse nuk ijeni ende një anëtar.

만약 귀하 또는 귀하가 돋고 있는 사람이 지원이 필요하다면, 귀하는 도움과 정보를 귀하의 언어로 비용 부담 없이 얻을 수 있는 권리가 있습니다. 통역사와 대화하려면 귀하의 카드 뒷면에 있는 고객 서비스 번호로 전화하거나, 이미 회원이 아니 경우 877.469.2583 TTY: 711로 전화하시시오.

যদি আপনার, বা আপনি সাহায্য করছেন এমন কারো, সাহায্য প্রয়োজন হয়, তাহলে আপনার ভাষ্য বিনামূলে সাহায্য ও তথ্য পাওয়ার অধিকার আপনার রয়েছে। কোনো একজন দোভাসীর সাথে কথা বলতে, আপনার কার্ডের পেছনে দেওয়া গ্রাহক সহায়তা নম্বরে কল করুন বা 877-469-2583, TTY: 711 যদি ইতেমোধ্যে আপনি মদসে ন্যৌ হয়ে থাকেন।

Jeśli Ty lub osoba, której pomagasz, potrzebujecie pomocy, masz prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer działu obsługi klienta, wskazanym na odwrocie Twojej karty lub pod numer 877-469-2583, TTY: 711, jeżeli jeszcze nie masz członkostwa.

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.

Se tu o qualcuno che stai aiutando avete bisogno di assistenza, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, rivolgiti al Servizio Assistenza al numero indicato sul retro della tua scheda o chiama il 877-469-2583, TTY: 711 se non sei ancora membro.

ご本人様、またはお客様の身の回りの方で支援を必要とされる方でご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合はお持ちのカードの裏面に記載されたカスタマーサービスの電話番号(メンバーでない方は877-469-2583, TTY: 711)までお電話ください。

Если вам или лицу, которому вы помогаете, нужна помощь, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по номеру телефона отдела обслуживания клиентов, указанному на обратной стороне вашей карты, или по номеру 877-469-2583. ТTY: 711, если у вас нет членства.

Ukoliko Vama ili nekome kome Vi pomažete treba pomoći, imate pravo da besplatno dobijete pomoći i informacije na svom jeziku. Da biste razgovarali sa prevodiocem, pozovite broj korisničke službe sa zadnje strane kartice ili 877-469-2583, TTY: 711 ako već niste član.

Kung ikaw, o ang iyong tinutulungan, ay nangangailangan ng tulong, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa numero ng Customer Service sa likod ng iyong tarheta, o 877-469-2583, TTY: 711 kung ikaw ay hindi pa isang miyembro.

Important disclosure

Blue Cross Blue Shield of Michigan and Blue Care Network comply with Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. Blue Cross Blue Shield of Michigan and Blue Care Network provide free auxiliary aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and information in other formats. If you need these services, call the Customer Service number on the back of your card, or 877-469-2583, TTY: 711 if you are not already a member. If you believe that Blue Cross Blue Shield of Michigan or Blue Care Network has failed to provide services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance in person, by mail, fax, or email with: Office of Civil Rights Coordinator, 600 E. Lafayette Blvd., MC 1302, Detroit, MI 48226, phone: 888-605-6461, TTY: 711, fax: 866-559-0578, email: CivilRights@bcbsm.com. If you need help filing a grievance, the Office of Civil Rights Coordinator is available to help you.

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>.

READY TO HELP

You made the right choice.



Confidence comes with every card.®

For cost information and to purchase your MyBlue dental and vision 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

Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association