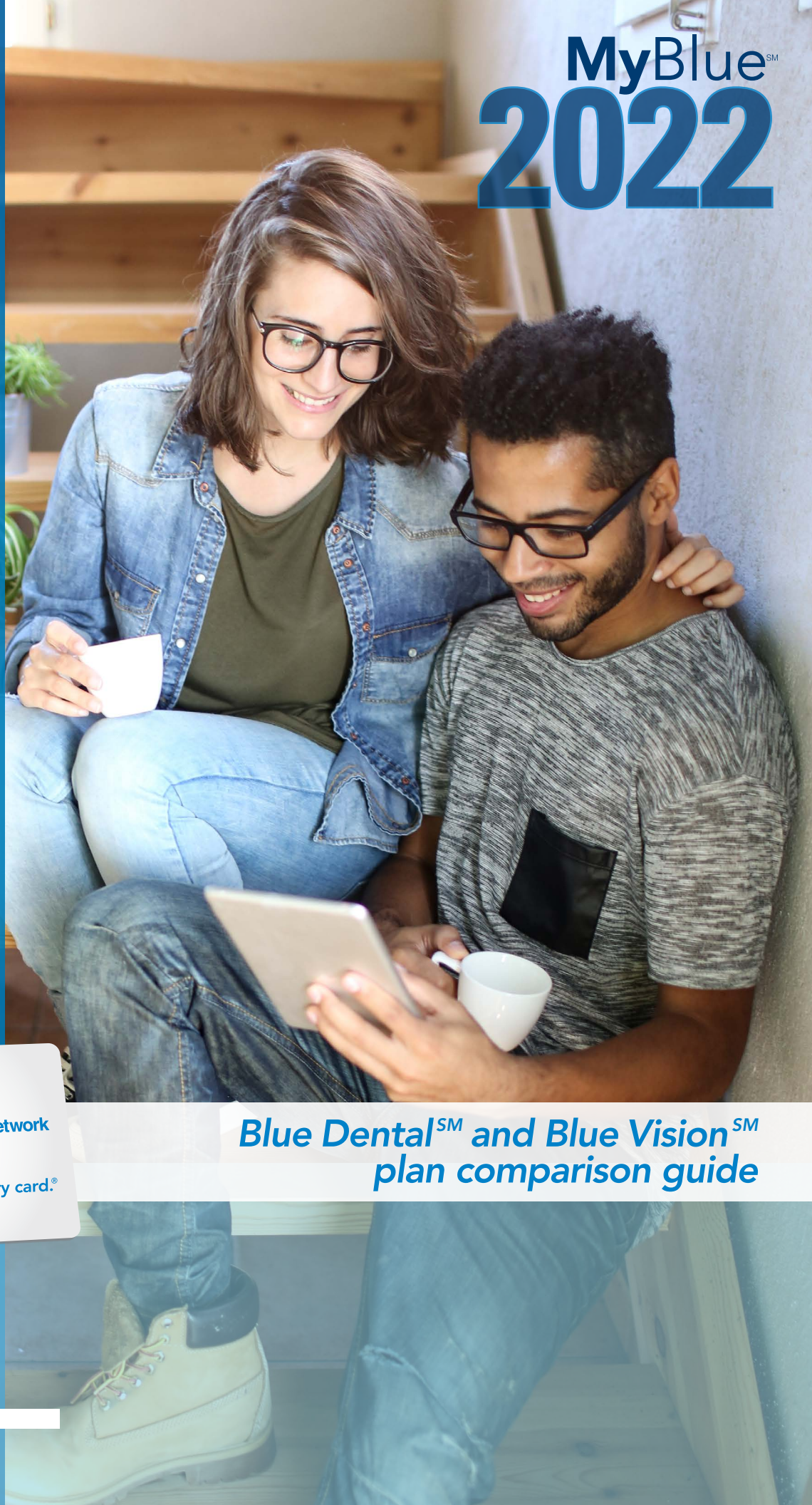


MyBlueSM 2022



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.

The Blue Cross difference

For 80 years, Blue Cross Blue Shield of Michigan has worked 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.

Inside ...

The Blue Cross difference	1
Blue Dental and Blue Vision plans	2
Choosing your dentist	2
Individual dental plan options	4
Individual vision plan options	6
Helpful links.....	7

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 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 130,000 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 15-18%. 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 dentist in your area, go to mibluedentist.com, or call us at **1-888-826-8152**.

A woman with long dark hair and glasses, wearing a green button-down shirt and blue jeans, is smiling and looking at her smartphone. She is standing in a modern office environment with a white desk, a potted plant, and a window in the background. The text is overlaid in a white box in the upper right corner.

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 EPO 80/50/50 (0/0/0)		Blue Dental PPO 80/50/50 (50/50/50)		Blue Dental 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 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 4) 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 4) per calendar year; Fluoride – Not covered Members 19 or older when coverage begins are considered nonpediatric.					
Class II Minor restorative 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 restorative 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 \$375 for one pediatric member and \$750 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 Dental PPO Extra 100/70/50 (80/60/50)		Blue Dental PPO Plus 80/60/50		Blue Dental 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 4) 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 4) 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					
\$1,200	\$1,000	\$1,000	\$1,000	N/A	N/A
Not covered					

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

OON: 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.

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**.

Packaged individual dental and vision plans

	Packaged adult vision benefits Benefits you receive if you purchase the following plans: Blue Dental SM PPO 80/50/50 (50/50/50) with Vision Blue Dental SM PPO Plus 80/60/50 with Vision Blue Dental SM PPO 100/50/50 (50/50/50) with Vision Blue Dental SM PPO 100/70/50 (80/60/50) with Vision Blue Dental SM EPO 80/50/50 (0/0/0) with Vision	Stand-alone adult vision benefits Benefits you receive if you purchase the following plan: Blue Cross [®] Vision for Adults
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
Copayments	\$10 exam, \$25 materials	\$15 exam, \$25 materials
Network	VSP Choice	
Notes	When purchasing a package, canceling dental will also cancel adult vision coverage and vice versa	Stand-alone adult vision offers two premium payment options, monthly and annually

IMPORTANT NOTE: DentaQuest is an independent company that provides dental claims processing/payment and customer service for Blue Cross Blue Shield of Michigan and Blue Care Network.

VSP is an independent company that provides vision benefit services for Blue Cross Blue Shield of Michigan and Blue Care Network customers. VSP is a registered trademark of Vision Service Plan.

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:

mibluedentist.com

Find a vision provider:

vsp.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 Blue Cross mobile app at bcbsm.com/app. Use it to select your primary care physician and many more useful features.



Individuals and families

Notes:



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.

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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.



For cost information and to purchase your MyBlue dental and vision plans for 2022, go to bcbsm.com/myblue.

Call a health plan advisor at **1-877-4MY-BLUE (469-2583)**, or contact your Blue Cross or Blue Care Network agent.



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

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