

BCBS Dental Plans

Network access information

With Blue Dental PPO Plus, members can choose any licensed dentist anywhere . However, they'll save the most money when they choose a dentist who is a member of the Blue Dental PPO network.

Blue Dental PPO network- Blue Dental members have unmatched access to PPO dentists through the Blue Dental PPO network, which offers more than 260,000 dentist locations nationwide. PPO dentists agree to accept our approved amount as full payment for covered services - members pay only their applicable coinsurance and deductible amounts. Members also receive discounts on noncovered services when they use PPO dentists (in states where permitted by law). To find a PPO dentist near you, please visit mibluedentist.com or call 1-888-826-8152.

1Blue Dental uses the Dental Network of America (DNOA) Preferred Network for its dental plans.

2A dentist location is any place a member can see a dentist to receive high-quality dental care. For example, one dentist practicing in two offices would be two dentist locations.

Blue Par SelectSM arrangement- Most non-PPO dentists accept our Blue Par Select arrangement, which means they participate with the Blues on a "per claim" basis. Members should ask their dentists if they participate with BCBSM before every treatment. Blue Par Select dentists accept our approved amount as full payment for covered services - members pay only applicable coinsurance and deductibles . To find a dentist who may participate with BCBSM, please visit mibluedentist.com.

Note: Members who go to nonparticipating dentists are responsible for any difference between our approved amount and the dentist's charge.



Benefits	Coverage
Deductible (Applies to Class 2 and Class 3 services only)	\$50 per member limited to a maximum of \$150 per family per calendar year
Class 1 services	100%
Class 2 services	80%
Class 3 services	50%
Class 4 services	Not covered
Annual maximum for Class 1, 2 and 3 services	\$3,000 per member
Lifetime maximum for Class 4	N/A
Class 3: Major Restorative	35%
Class 4: Orthodontia	N/A



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Blue Vision (VSP) Vision Plan

Insurance offered through VSP

Blue Vision insurance can be elected with any of the medical or prescription drug options, but if elected without a medical plan, you must purchase dental and vision together.

To enroll in a vision plan, please complete, sign and date the enrollment form and return it to Benistar at the address on the form. Please send your enrollment form, a copy of your 1099R form, or one of your PBGC checks, or another form of proof that shows you are a retiree from one of the eligible auto companies.

You'll Like What you See with the VSP Vision Plan!

Value and Savings: You'll get great benefits on your exam and eyewear at an affordable price.
Personalized Care: You'll get quality care that focuses on your eyes and overall wellness with a Well Vision Exam from a VSP doctor. They'll look for vision problems and signs of other health conditions. When you see a VSP doctor, you'll get the most out of your benefits and have lower out-of-pocket costs. Plus, you'll be 100% happy with your eye care and eyewear from a VSP doctor or we'll make it right.

Eyewear: Choose the eyewear that's right for you and your budget. From classic styles to the latest designer fashions, you'll find hundreds of options for you or your family.
Choice of Providers: With open access to see any provider, you can see the one who's right for you.

Enroll today! You'll be glad you did!

CALL

1-800-236-4782



Blue Vision benefits are provided by Vision Service Plan (VSP), the largest provider of vision care in the nation. VSP is an independent company providing vision benefit services for Blues members. To find a VSP doctor, call 1-800-877-7195 or log on to the VSP Web site at vsp.com.

Note: Members may choose between prescription glasses (lenses and frame) or contact lenses, but not both.

Member’s responsibility (copays)

Benefits	VSP network doctor	Non-VSP provider
Eye exam	\$10 copay	\$10 copay applies to charge
Prescription glasses (lenses and/or frames)	Combined \$15 copay	Member responsible for difference between approved amount and provider’s charge, after \$15 copay
Medically necessary contact lenses	\$15 copay	Member responsible for difference between approved amount and provider’s charge, after \$15 copay

Note: No copay is required for prescribed contact lenses that are not medically necessary.

Eye exam

Benefits	VSP network doctor	Non-VSP provider
Complete eye exam by an ophthalmologist or optometrist. The exam includes refraction, glaucoma testing and other tests necessary to determine the overall visual health of the patient.	\$10 copay	Reimbursement up to \$45 less \$10 copay (member responsible for any difference)

One eye exam in any period of 12 consecutive months

Lenses and frames

Benefits	VSP network doctor	Non-VSP provider
Standard lenses (must not exceed 60 mm in diameter) prescribed and dispensed by an ophthalmologist or optometrist. Lenses may be molded or grounded, glass or plastic. Also covers prism, slab-off prism and special base curve lenses when medically necessary.	\$15 copay (one copay applies to both lenses and frames)	Reimbursement up to approved amount based on lens type less \$15 copay (member responsible for any difference)

Note: Discounts on additional prescription glasses and savings on lens extras when obtained from a VSP doctor

- Progressive Lenses – Covered when rendered by a VSP network doctor

One pair of lenses, with or without frames in any period of 12 consecutive months

Standard frames	\$130 allowance that is applied toward frames (member responsible for any cost exceeding the allowance)	Reimbursement up to \$70 less %15 copay (member responsible for any difference)
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One frame in any period of 24 consecutive months

Note: All VSP network doctor locations are required to stock at least 100 different frames within the frame allowance.

Contact Lenses

Benefits	VSP network doctor	Non-VSP provider
Medically necessary contact lenses (requires prior authorization approval from VSP and must meet criteria of medically necessary)	\$15 copay	Reimbursement up to \$210 less \$15 copay (member responsible for any difference)

One pair of contact lenses in any period of 12 consecutive months

Elective contact lenses that improve vision (prescribed, but not meet criteria of medically necessary)	\$130 allowance that is applied toward contact lens exam (fitting and materials) and the contact lenses (member responsible for any cost exceeding the allowance)	\$105 allowance that is applied toward contact lens exam (fitting and materials) and the contact lenses (member responsible for any cost exceeding the allowance)
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