

## 2020 BCBS Dental Dental/Vision Plan Summary

- \* If your dentist participates in the EPO network, you may select this lower priced in-network-only plan option.
- \* If your dentist participates in the PPO network, benefits will be paid at the "in-network" level on PPO plans.
- \* If your dentist is "non-par" with BCBS networks, the PPO plan pays you "out-of-network" benefits.
- \* Confirm with your dentist if he/she participates in EPO, PPO or is a non-par dentist.

<b>Monthly Premium</b>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
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<b>In-Network Benefits</b>	EPO 80/50/50	PPO 80/50/50	PPO 100/50/50	PPO Plus 80/60/50	PPO Extra 100/70/50
Deductible: Class II, III only	\$25/\$50/\$75	\$25/\$50/\$75	\$25/\$50/\$75	\$75/\$150/\$225	No Ded.
Class I	80%	80%	100%	80%	100%
Class II	50%	50%	50%	60%	70%
Class III	50%	50%	50%	50%	50%
Annual Benefit Maximum	\$1,200	\$1,200	\$1,200	\$1,000	\$1,200

<b>Out-of-Network Benefits</b>	EPO 80/50/50	PPO 80/50/50	PPO 100/50/50	PPO Plus 80/60/50	PPO Extra 100/70/50
Deductible: Class II, III only	N/A	\$50/\$100/\$150	\$50/\$100/\$150	\$75/\$150/\$225	\$50/\$100/\$150
Class I	N/A	50%	50%	80%	80%
Class II	N/A	50%	50%	60%	60%
Class III	N/A	50%	50%	50%	50%
Annual Benefit Maximum	N/A	\$800	\$800	\$1,000	\$1,000

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This chart illustrates benefits paid by BCBSM except, insured is responsible for Deductible.

### **Adult Vision Care (if added to dental contract) Following shows "in-network" benefits.**

One eye exam each calendar year, you pay \$15.

One pair of standard lenses covered each calendar year, you pay \$25.

Standard frames are covered once each calendar year, you pay \$25 plus costs over \$150.

A single copay applies to both lenses and frames.

Each year, this plan shares the costs for eyeglasses or contact lenses, not both.

Elective contact lenses are covered once each calendar year, you pay any costs over \$150.

Medically necessary contact lenses are covered once each calendar year, you pay \$25.

"In-Network" benefits through the VSP Network: [www.vsp.com](http://www.vsp.com)

Go to any eye doctor and this plan will share the cost, but you'll pay less if you see a VSP eye doctor.

\* This document is intended to be an easy to read summary. It is not a contract of insurance.

\* For more details, see Certificate of Coverage (PDF) from Blue Cross Blue Shield.