

## 2021 BCBS Dental/Vision Plan Summary

Client: \_\_\_\_\_

- \* If your dentist participates in the **Dentaquest Network**, benefits will be paid at the "in-network" level on both EPO & PPO plans.
- \* Note that the EPO plan does not pay "out-of-network" benefits.
- \* On PPO plans, benefits will be paid at the "out-of-network" level if your dentist does not participate in the **Dentaquest Network**
- \* Confirm with your dentist if he/she participates in the **Dentaquest Network** or access:  
www:dentaquest.com/find-a-dentist/bcbsm/

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

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

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

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<b>Benefits</b>	Exams every 12 mos. Lenses every 12 mos. Frames every 24 mos. Contact lenses every 12 mos.
	This plan shares the costs for eyeglasses or contact lenses, not both.
<b>Allowance</b>	\$130 for frames every 24 mos. \$130 for contact lenses every 12 mos.
<b>Copays</b>	\$10 exam, \$25 materials
<b>Network</b>	VSP Choice
<b>Notes</b>	When purchasing a dental/vision package, cancelling dental will also cancel vision coverage and vice versa

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

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