

# 2025 Blue Dental<sup>SM</sup> and Blue Vision<sup>SM</sup> plans overview

To find a network dentist or eye doctor, log in to your member account at [bcbsm.com](https://bcbsm.com). Once logged in, click My Coverage and then *Dental* or *Vision*.

## Blue Dental

Plan name	Deductibles (1p/2p/3p+) applies to Class II and III services only		Pediatric OOP max (1p/2p+)		Coinsurance (Class I/II/III)		Annual maximum*		Waiting period per Class I/II/III (months)
	IN	OON	IN	OON	IN	OON	IN	OON	
Blue Dental <sup>SM</sup> PPO Plus 80/60/50	\$75, \$150, \$225	\$75, \$150, \$225	\$425, \$850	N/A	20%, 40%, 50%	20%, 40%, 50%	\$1,000	\$1,000	0, 6, 12
Blue Dental <sup>SM</sup> PPO 80/50/50 (50/50/50)	\$25, \$50, \$75	\$50, \$100, \$150	\$425, \$850	N/A	20%, 50%, 50%	50%, 50%, 50%	\$1,200	\$800	0, 6, 12
Blue Dental <sup>SM</sup> PPO 100/50/50 (50/50/50)	\$25, \$50, \$75	\$50, \$100, \$150	\$425, \$850	N/A	0%, 50%, 50%	50%, 50%, 50%	\$1,200	\$800	0, 6, 12
Blue Dental <sup>SM</sup> PPO Pediatric 80/50/50 (50/50/50)	\$25, \$50, \$75	\$50, \$100, \$150	\$425, \$850	N/A	20%, 50%, 50%	50%, 50%, 50%	N/A	N/A	N/A
Blue Dental <sup>SM</sup> PPO 100/70/50 (80/60/50)	\$0, \$0, \$0	\$50, \$100, \$150	\$425, \$850	N/A	0%, 30%, 50%	20%, 40%, 50%	\$1,200	\$1,000	0, 6, 12
Blue Dental <sup>SM</sup> EPO 80/50/50 (0/0/0)	\$25, \$50, \$75	Not covered	\$425, \$850	N/A	20%, 50%, 50%	100%, 100%, 100%	\$1,200	Not covered	0, 6, 12

## Blue Vision

	<b>Packaged adult vision benefits</b> <i>Benefits you receive if you purchase vision coverage as a package with dental plans</i>	<b>Stand-alone adult vision benefits</b> <i>Benefits you receive if you purchase the Blue Vision for adults stand-alone plan</i>	
Network	VSP Choice	VSP Choice	Heritage Vision Plans
Eligibility	Nonpediatric members 19 and older		
Benefits	Exams every 12 months		
	Lenses every 12 months		
	Frames every 24 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
Copays	\$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.	Plan offers two premium payment options – monthly & annually	

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.

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