Blue Cross Blue Shield Blue Care Network of Michigan

2018 plans | See 2017 plans

Blue Dental EPO Standard With Vision

2018 plan year

Overview

About this plan

This plan is a great value if you want dental coverage for everyone in your family plus vision for adults. It only covers dental care you get from dentists in our nationwide preferred network. For vision care, you can see any VSP eye doctor.

Availability

You can buy this plan if you live in any Michigan county except Keweenaw.

Unlike most other Blue Cross plans, Blue Dental EPO Standard with Vision isn't available on healthcare.gov.

Plan type

EPO. Your dental care is only covered if you see an in-network dentist. There's no out-of-network coverage.

VSP. For vision care, you can go to any eye doctor and this plan will share the cost. But you'll pay less if you see a VSP eye doctor.

Who's covered

This plan covers dental care for all ages.

Vision coverage is for adults age 19 and older as of plan effective date. Why doesn't this plan cover children? Because of health care reform, all medical plans you purchase yourself must include pediatric vision care.

Monthly premiums

To give you an accurate price, we'll need some information. Find a plan to get a quote.

Deductible for dental care

Class I services have no deductible. There is a deductible for Class II and III services only. Class IV is not covered.

In network	Out of network
One member: You pay $25. Two members: You pay $50. Three members: You pay $75.	Not covered

Coinsurance for dental care

In network	Out of network
Class I: You pay 20%. **Class II**: You pay 50% after deductible. **Class III**: You pay 50% after deductible. **Class IV**: You pay 100%.	Not covered

Annual benefit maximum for adult dental care

In network	Out of network
$1,200 for each adult	Not applicable

Annual out-of-pocket max for pediatric dental care

In network	Out of network
One member: You pay no more than $350. Two or more members: You pay no more than $700.	Not applicable

Adult vision care

Coverage includes:

- One eye exam each calendar year
- One pair of standard frames every other calendar year

You choose between coverage for prescription glasses (lenses and frame) or contact lenses, but not both:

- Contacts covered once each calendar year, or
- One pair of standard lenses covered once each calendar year

Costs include:

- Copay starts at $10 for an eye exam by an in-network provider.
- If you go to an in-network provider you pay the difference for frames or contacts that cost more than $130.

See vision tab for details.

Related documents

For even more details about this plan, see:

- All-Ages Dental Certificate of Coverage (PDF)
- Pediatric Dental Certificate of Coverage (PDF)
- Adult Vision Certificate of Coverage (PDF)

Certificates are legal documents that describe the benefits of a health insurance plan. Your plan might have different benefits and limitations than those listed in this document.

Adult Dental

Adult members are age 19 or older at the start of the coverage year.

Plan benefits

When you go to a dentist who accepts this plan, that's called getting your care in network. Find a dentist.
Because this is an EPO plan, it only covers in-network dental care. You'll pay all costs if you go to a dentist who doesn't take this plan. That's called getting your care out of network.

Class I

Preventive care like exams and cleanings
There is no waiting period for Class 1 services.

Dental exams

Visits are covered twice a year.

In network	Out of network
You pay 20%.	Not covered

Teeth cleaning (prophylaxis)

Visits are covered twice a year. A third visit is covered for members with specific medical conditions.

In network	Out of network
You pay 20%.	Not covered

Bitewing X-rays

A set of four films is covered once a year.

In network	Out of network
You pay 20%.	Not covered

Fluoride treatments

Not covered

Class II

Basic restorative work like fillings and root canals
These services are covered six months after you first join a Blue Dental plan.

Periodontal maintenance

Limited to twice a year in combination with routine cleaning. A third visit is covered for members with adverse medical conditions.

In network	Out of network
You pay 50% after deductible.	Not covered

Fillings

Limited to once every 24 months for primary teeth, and once every 48 months for permanent teeth.

In network	Out of network
You pay 50% after deductible.	Not covered

Simple extraction

In network	Out of network
You pay 50% after deductible.	Not covered

Root canals

Coverage is once a lifetime per tooth.

In network	Out of network
You pay 50% after deductible.	Not covered

Class III

Major restorative work like dentures and bridges
These services are covered 12 months after you first join a Blue Dental plan.

Oral surgery

This includes all oral surgery except simple extractions, which are covered in Class II.

In network	Out of network
You pay 50% after deductible.	Not covered

Crowns, onlays, veneer fillings

Coverage is once every 84 months for members age 12 and older.

In network	Out of network
You pay 50% after deductible.	Not covered

Bridges and dentures

Coverage is once every 84 months.

In network	Out of network
You pay 50% after deductible.	Not covered

Implants

Not covered

Class IV

Orthodontic services
Not covered

Pediatric Dental

Children can get pediatric benefits until the end of the calendar year in which they turn 19.

There is no waiting period for pediatric dental.

Plan benefits

When you go to a dentist who accepts this plan, that's called getting your care in network. Find a dentist.
Because this is an EPO plan, it only covers in-network dental care. You'll pay all costs if you go to a dentist who doesn't take this plan. That's called getting your care out of network.

Class I

Preventive care like exams and cleanings

Dental exams

Exams are covered twice a year.

In network	Out of network
You pay 20% before meeting your out-of-pocket max. You pay $0 after meeting your out-of-pocket max.	Not covered

Teeth cleaning (prophylaxis)

Cleanings are covered three times a year.

In network	Out of network
You pay 20% before meeting your out-of-pocket max. You pay $0 after meeting your out-of-pocket max.	Not covered

Bitewing X-rays

A set of four films is covered once a year.

In network	Out of network
You pay 20% before meeting your out-of-pocket max. You pay $0 after meeting your out-of-pocket max.	Not covered

Fluoride treatments

Fluoride treatments are covered twice a year.

In network	Out of network
You pay 20% before meeting your out-of-pocket max. You pay $0 after meeting your out-of-pocket max.	Not covered

Class II

Basic restorative work like fillings and root canals

Periodontal maintenance

Limited to twice a year in combination with routine cleaning. A third visit is covered for members with adverse medical conditions.

In network	Out of network
You pay 50% after deductible before meeting your out-of-pocket max. You pay $0 after meeting your out-of-pocket max.	Not covered

Fillings

Limited to once every 24 months for primary teeth, and once every 48 months for permanent teeth.

In network	Out of network
You pay 50% after deductible before meeting your out-of-pocket max. You pay $0 after meeting your out-of-pocket max.	Not covered

Simple extraction

In network	Out of network
You pay 50% after deductible before meeting your out-of-pocket max. You pay $0 after meeting your out-of-pocket max.	Not covered

Root canals

Coverage is once a lifetime per tooth.

In network	Out of network
You pay 50% after deductible before meeting your out-of-pocket max. You pay $0 after meeting your out-of-pocket max.	Not covered

Pit and fissure sealants

Coverage is once per tooth every three years when applied to the first and second permanent molars.

In network	Out of network
You pay 50% after deductible before meeting your out-of-pocket max. You pay $0 after meeting your out-of-pocket max.	Not covered

Class III

Major restorative work like dentures and bridges

Oral surgery

This includes all oral surgery except simple extractions, which are covered in Class II.

In network	Out of network
You pay 50% after deductible before meeting your out-of-pocket max. You pay $0 after meeting your out-of-pocket max.	Not covered

Crowns, onlays, veneer fillings

Coverage is once every 84 months per tooth.

In network	Out of network
You pay 50% after deductible before meeting your out-of-pocket max. You pay $0 after meeting your out-of-pocket max.	Not covered

Bridges and dentures

Coverage is once every 84 months.

In network	Out of network
You pay 50% after deductible before meeting your out-of-pocket max. You pay $0 after meeting your out-of-pocket max.	Not covered

Implants

Not covered

Class IV

Orthodontic services
Not covered

Adult Vision

This plan covers vision care for adults only. Why doesn't it cover children?
Because of health care reform, all medical plans you purchase yourself must include pediatric vision care.

In-network benefits

When you go to an eye doctor who accepts this plan, that's called getting your care in network. Find a VSP eye doctor.
This plan shares the cost if you go to an eye doctor who doesn't take this plan. That's called getting your care out of network.

Eye exam

Coverage is one exam a year.

In network	Out-of-Network
You pay $10.	You pay $10 plus any costs over $34.

Lenses and frames

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

Standard lenses

Standard lenses prescribed by an eye doctor, optometrist or optician are covered once a year.

In network
You pay $25. A single copay applies to both lenses and frames.

Out of network

You pay $25, plus the costs listed below.

A single copay applies to both lenses and frames.

Single vision lenses: You pay costs over $17.

Bifocal lenses: You pay costs over $30.

Trifocal lenses: You pay costs over $43.

Standard frames

Standard frames are covered once every 24 months.

In network	Out-of-Network
You pay $25 plus costs over $130. A single copay applies to both lenses and frames.	You pay $25 plus costs over $38.25. A single copay applies to both lenses and frames.

Contact lenses

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

Elective contact lenses

Elective contact lenses are covered once a year.

In network	Out-of-Network
You pay any costs over $130.	You pay any costs over $100.

Medically necessary contact lenses

Medically necessary contact lenses are covered once a year.

In network	Out-of-Network
You pay $25.	You pay $25 plus costs over $210.