



Blue Cross® Blue Shield® of Michigan 2017 Individual Menu

Note: All 2017 BCBSM Individual Plans have an embedded deductible and an embedded out-of-pocket maximum.

Gold								
Plan	Ded. Single/ Family	Coins.	OOPM Single/ Family	Office Visits	Specialist Visits	Urgent Care Visits (at a facility)	Emergency Room Visits	Rx Tiers 1/2/3/4/5
Blue Cross® Premier PPO Gold	\$250/\$500	20%	\$5,100/\$10,200	\$30 AD	\$50 AD	\$75 AD then covered 80%	\$250 AD then covered 80%	AD \$15/25% \$40 min- \$100 max)/50% \$80 min- \$100 max)/20%/25%
Blue Cross® PPO Gold Extra with Dental & Vision, a Multi-State Plan	\$1,250/\$2,500	20%	\$4,750/\$9,500	\$20 BD	\$50 BD	\$65 BD	\$250 AD	BD \$10/\$30/\$75/30%

Silver								
Plan	Ded. Single/ Family	Coins.	OOPM Single/ Family	Office Visits	Specialist Visits	Urgent Care Visits (at a facility)	Emergency Room Visits	Rx Tiers 1/2/3/4/5
Blue Cross® Premier PPO Silver	\$1,800/\$3,600	20%	\$7,150/\$14,300	\$30 AD	\$50 AD	\$75 AD then covered 80%	\$250 AD then covered 80%	AD \$15/25% \$40 min- \$100 max)/50% \$80 min- \$100 max)/20%/25%
Blue Cross® Premier PPO Silver Extra	\$3,500/\$7,000	20%	\$7,150/\$14,300	\$30 BD	\$65 BD	\$75 BD	\$400 AD	BD \$15/\$50/\$100/40%
Blue Cross® Premier PPO Silver Saver HSA*	\$4,000/\$8,000	20%	\$4,500/\$9,000	\$30 AD	\$50 AD	\$75 AD then covered 80%	\$250 AD then covered 80%	AD \$15/25% \$40 min- \$100 max)/50% (\$80 min- \$100 max)/20%/25%
Blue Cross® PPO Silver Extra with Dental & Vision, A Multi-State Plan	\$3,500/\$7,000	20%	\$7,150/\$14,300	\$30 BD	\$65 BD	\$75 BD	\$400 AD	BD \$15/\$50/\$100/40%
Blue Cross® Metro Detroit EPO Silver Well-Being	\$3,500/\$7,000	20%	\$6,000/\$12,000	\$20 BD	\$20 BD	\$20 BD	\$250 AD then covered 80%	\$15BD/25%AD \$40 min- \$100 max)/50%AD \$80 min- \$100 max)/20%AD/25%AD

*HSA Compatible

Bronze								
Plan	Ded. Single/ Family	Coins.	OOPM Single/ Family	Office Visits	Specialist Visits	Urgent Care Visits	Emergency Room Visits	Rx Tiers 1/2/3/4/5
Blue Cross® Premier PPO Bronze HSA*	\$6,550/\$13,100	None	\$6,550/\$13,100	Covered 100% AD	Covered 100% AD	Covered 100% AD	Covered 100% AD	Covered 100% AD
Blue Cross® Premier PPO Bronze Extra	\$6,650/\$13,300	50%	\$7,150/\$14,300	\$45 BD first 3 visits)	Covered 50% AD	Covered 50% AD	Covered 50% AD	\$35 BD/35% AD/40% AD/ 45% AD
Blue Cross® Premier PPO Bronze Saver	\$7,150/\$14,300	None	\$7,150/\$14,300	Covered 100% AD	Covered 100% AD	Covered 100% AD	Covered 100% AD	Covered 100% AD
Blue Cross® Metro Detroit EPO Bronze HSA*	\$6,550/\$13,100	None	\$6,550/\$13,100	Covered 100% AD	Covered 100% AD	Covered 100% AD	Covered 100% AD	Covered 100% AD

*HSA Compatible

Catastrophic								
Plan	Ded. Single/ Family	Coins.	OOPM Single/ Family	Office Visits	Specialist Visits	Urgent Care Visits	Emergency Room Visits	Rx Tiers 1/2/3/4/5
Blue Cross® Premier PPO Value	\$7,150/\$14,300	None	\$7,150/\$14,300	\$30 BD first 3 visits)	Covered 100% AD	Covered 100% AD	Covered 100% AD	Covered 100% AD

AD: After Deductible BD: Before Deductible



Blue Care Network 2017 Individual Menu

Note: All 2017 BCN Individual Plans have an embedded deductible and an embedded out-of-pocket maximum.

Gold								
Plan	Ded. Single/ Family	Coins.	OOPM Single/ Family	Office Visits	Specialist Visits	Urgent Care Visits	Emergency Room Visits	Rx Tiers 1a/1b/2/3/4/5
Blue Cross® Preferred HMO Gold	\$250/\$500	20%	\$5,100/\$10,200	\$30 BD	\$50 AD	\$40 BD	\$250 AD then covered 80%	AD \$4/\$20/25% (\$40 min- \$100 max)/50% (\$80 min- \$100 max)/20%/25%
Blue Cross® Select HMO Gold	\$250/\$500	20%	\$5,100/\$10,200	\$30 BD	\$50 AD	\$40 BD	\$250 AD then covered 80%	AD \$4/\$20/25% (\$40 min- \$100 max)/50% (\$80 min- \$100 max)/20%/25%
Blue Cross® Partnered HMO Gold	\$250/\$500	20%	\$5,100/\$10,200	\$30 BD	\$50 AD	\$40 BD	\$250 AD then covered 80%	AD \$4/\$20/25% (\$40 min- \$100 max)/50% (\$80 min- \$100 max)/20%/25%

Silver								
Plan	Ded. Single/ Family	Coins.	OOPM Single/ Family	Office Visits	Specialist Visits	Urgent Care Visits	Emergency Room Visits	Rx Tiers 1a/1b/2/3/4/5
Blue Cross® Preferred HMO Silver	\$1,650/\$3,300	30%	\$6,350/\$12,700	\$30 BD	\$50 AD	\$40 BD	\$250 AD then covered 70%	AD \$4/\$20/25% (\$40 min- \$100 max)/50% (\$80 min- \$100 max)/20%/25%
Blue Cross® Select HMO Silver								
Blue Cross® Metro Detroit HMO Silver								
Blue Cross® Partnered HMO Silver								
Blue Cross® Preferred HMO Silver Extra	\$3,500/\$7,000	20%	\$7,150/\$14,300	\$30 BD	\$65 BD	\$75 BD	\$400 AD	BD \$15/\$50/\$100/40%
Blue Cross® Select HMO Silver Extra								
Blue Cross® Metro Detroit HMO Silver Extra								
Blue Cross® Partnered HMO Silver Extra								
Blue Cross® Preferred HMO Silver Saver	\$4,500/\$9,000	30%	\$5,500/\$11,000	\$30 BD	\$50 AD	\$40 BD	\$250 AD then covered 70%	AD \$4/\$20/25% (\$40 min- \$100 max)/50% (\$80 min- \$100 max)/20%/25%
Blue Cross® Select HMO Silver Saver								
Blue Cross® Metro Detroit HMO Silver Saver								
Blue Cross® Partnered HMO Silver Saver								



Bronze								
Plan	Ded. Single/ Family	Coins.	OOPM Single/ Family	Office Visits	Specialist Visits	Urgent Care Visits	Emergency Room Visits	Rx Tiers 1a/1b/2/3/4/5
Blue Cross® Preferred HMO Bronze HSA*	\$5,950/\$11,900	40%	\$6,350/\$12,700	\$30 AD	\$50 AD	\$40 AD	\$250 AD then covered 60%	AD \$4/\$20/25% (\$40 min- \$100 max)/50% (\$80 min- \$100 max)/20%/25%
Blue Cross® Select HMO Bronze HSA*								
Blue Cross® Metro Detroit HMO Bronze HSA*								
Blue Cross® Partnered HMO Bronze HSA*								
Blue Cross® Select HMO Bronze Saver HSA*	\$6,550/\$13,100	None	\$6,550/\$13,100	Covered 100% AD	Covered 100% AD	Covered 100% AD	Covered 100% AD	Covered 100% AD
Blue Cross® Metro Detroit HMO Bronze Saver HSA*								
Blue Cross® Partnered HMO Bronze Saver HSA*								
Blue Cross® Select HMO Bronze Extra	\$6,650/\$13,300	50%	\$7,150/\$14,300	\$45 BD first 3 visits)	Covered 50% AD	Covered 50% AD	Covered 50% AD	\$35 BD/35% AD/40% AD/ 45% AD
Blue Cross® Metro Detroit HMO Bronze Extra								
Blue Cross® Partnered HMO Bronze Extra								

*HSA Compatible

Catastrophic								
Plan	Ded. Single/ Family	Coins.	OOPM Single/ Family	Office Visits	Specialist Visits	Urgent Care Visits	Emergency Room Visits	Rx Tiers 1a/1b/2/3/4/5
Blue Cross® Select HMO Value	\$7,150/\$14,300	None	\$7,150/\$14,300	\$30 BD	Covered 100% AD	\$40 BD	Covered 100% AD	Covered 100% AD

AD: After Deductible BD: Before Deductible



2017 Individual Stand-Alone Blue DentalSM and Dental + Vision

Plan Name		Deductible (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 SM PPO Plus	Standard	\$75/\$150/\$225	\$75/\$150/\$225	\$350/\$700	N/A	20%/40%/50%	20%/40%/50%	\$1,000	\$1,000	0/6/12
Blue Dental SM PPO	Standard	\$25/\$50/\$75	\$50/\$100/\$150	\$350/\$700	N/A	20%/50%/50%	50%/50%/50%	\$1,200	\$800	0/6/12
	Pediatric	\$25/\$50/\$75	\$50/\$100/\$150	\$350/\$700	N/A	20%/50%/50%	50%/50%/50%	N/A	N/A	N/A
	Extra	\$0/\$0/\$0	\$50/\$100/\$150	\$350/\$700	N/A	0%/30%/50%	20%/40%/50%	\$1,200	\$1,000	0/6/12
Blue Dental SM EPO	Standard	\$25/\$50/\$75	Not covered	\$350/\$700	N/A	20%/50%/50%	100%/100%/100%	\$1,200	Not covered	0/6/12
VSP [®] Choice Vision	Adult vision, through VSP Choice, can be added to any dental plan except Blue Dental PPO Pediatric. Members must be 19 years or older as of plan effective date to be eligible for adult vision coverage. Benefits are: Exam and lenses every 12 months (\$10 copay for exams/\$25 copay for materials), frames every 24 months (\$25 copay) with a \$130 allowance.									

Blue Dental PPO Plus: Members can choose any licensed dentist, but will save money when they choose a dentist who is a member of the Dental Network of America[®] DNoA Preferred Network of PPO dentists.

Blue Dental EPO: Members must choose a dentist who is a member of the Dental Network of America Preferred Network of PPO dentists.

To find a Dental Network of America preferred network dentist near you, please visit mibluedentist.com, dnoa.com, or call 1.888.826.8152. To find a provider in the VSP provider network go to vsp.com and select Choice from the Doctor Network drop-down.