



2025

**READY  
TO HELP**



## See clearly and smile

### Medicare Plus Blue<sup>SM</sup> PPO dental and vision optional supplemental benefits

If you'd like even more dental and vision benefits than your base Medicare Plus Blue PPO plan offers, consider adding an optional supplemental plan to your coverage. An optional supplemental plan provides richer dental and vision benefits to help reduce your out-of-pocket costs for dental work, glasses or contacts.

Check the information below to see if this **optional supplemental plan** is right for you.

Medicare Plus Blue PPO Vitality, Signature, Assure, Essential, Part B Credit, and + Meijer	
Monthly premium in addition to your Medicare Advantage plan and Medicare Part B monthly premiums	
\$21.80 for all plans	
Dental*	Vision**
<ul style="list-style-type: none"> <li>\$0 deductible</li> <li>No waiting period</li> <li>\$1,500 annual maximum (in addition to the enhanced dental benefit's annual maximum) for combined in-network and out-of-network dental services per calendar year</li> </ul> <p><b>In network</b></p> <ul style="list-style-type: none"> <li>25% in network for onlays, periodontics, dentures, denture adjustments, denture repairs, denture relines, denture rebase, implants, implant maintenance and repairs, anesthesia and consultation exams</li> </ul> <p><b>Out of network</b></p> <ul style="list-style-type: none"> <li>50% out of network for onlays, periodontics, dentures, denture adjustments, denture repairs, denture relines, denture rebase, implants, implant maintenance and repairs, anesthesia and consultation exams</li> </ul>	<ul style="list-style-type: none"> <li>\$0 deductible</li> <li>No waiting period in and out of network</li> <li>\$250 (in addition to the base vision benefit) benefit maximum for combined in-network and out-of-network vision services every calendar year, and may be used for either elective contact lenses or one frame</li> </ul> <p><b>In network</b></p> <ul style="list-style-type: none"> <li>Enhanced plan covers standard eyeglass lenses in full every calendar year</li> </ul> <p><b>Out of network</b></p> <ul style="list-style-type: none"> <li>50% coinsurance every calendar year, and may be used for either elective contact lenses or one frame</li> <li>Lenses are reimbursed at 50% coinsurance up to allowed amounts</li> <li>Exams reimbursed at 50% coinsurance up to allowed amounts, and routine eye exams limited to one every calendar year</li> </ul>

**Note: Hearing coverage, including routine hearing exam, hearing aid allowance and hearing aid fitting/evaluation, is included in all Medicare Plus Blue PPO base plans.**

*\*Routine dental exams, cleanings, X-ray, fluoride treatments, brush biopsies, fillings, simple extractions, root canals, crowns and crown repairs are covered by your base Medicare Plus Blue PPO plan. Full-mouth X-ray covered on some plans.*

*\*\*Routine eye exams are included in your base Medicare Plus Blue PPO plan.*

*Frequency limits apply.*

## Ways to enroll

Add more benefits to your Medicare Advantage plan by completing the enclosed, short enrollment form. Check the box for optional benefits and return the application in the envelope included.

**New and current members** can add optional supplemental benefits during Medicare's Annual Enrollment Period, Oct. 15 through Dec. 7. You can also enroll at any time through Jan. 31, 2025.

**Important:** Your enrollment form for optional supplemental benefits must be received by Jan. 31, 2025. For forms received by Dec. 31, coverage will start Jan. 1, 2025. For forms received by Jan. 31, 2025, coverage will start Feb. 1.

**If you're new to Medicare,** you can enroll during your initial enrollment period or within the first 30 days following your enrollment effective date.

**Important:** For forms received within the first 30 days of your coverage effective date, coverage will start the first of the month following receipt.

The cost for optional supplemental dental and vision will be added to your monthly Medicare Plus Blue PPO plan premium.

If you have questions or need help with the form, call Customer Service at **1-877-241-2583** Monday through Friday from 8 a.m. to 8 p.m. Eastern time with weekend hours Oct. 1 through March 31. TTY users, call **711**. Or contact your independent, licensed agent.



### You may save money by using an in-network provider for your dental and vision care

- Search for an in-network dentist at [mibluedentist.com](http://mibluedentist.com). Your network name is *Medicare Advantage (Individual BCBSM and BCN Advantage)*.
- Search for a VSP provider. Visit [vsp.com](http://vsp.com) to find a VSP network eye doctor or to see if your eye doctor participates. Supplemental vision benefit frequency limits are coordinated with your base plan vision benefit.

*Blue Cross does not control the third-party websites referred to in this publication and is not responsible for their content.*

*Blue Cross Blue Shield of Michigan is a PPO plan with a Medicare contract. Enrollment in Blue Cross Blue Shield of Michigan depends on contract renewal.*

*Out-of-network/non-contracted providers are under no obligation to treat plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the out-of-pocket cost that applies to out-of-network services.*

*VSP is an independent company that provides vision services to Blue Cross Blue Shield of Michigan members.*

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.

**Medicare PLUS Blue<sup>SM</sup> PPO**

