



# Blue Cross® Blue Shield® of Michigan Community Blue vs Simply Blue

| Community Blue                                                                                                                | Small Group                                              | Simply Blue                                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| Copay applies to services included in the office visit charge, such as office surgery, diagnostic, and therapeutic services   | Office services                                          | Deductible and coinsurance apply to services outside of the office visit charge, such as office surgery, diagnostic, and therapeutic services |
| Copay waived for accidental injury                                                                                            | Emergency room copay                                     | Copay not waived for accidental injury                                                                                                        |
| 30 total visits per calendar year for habilitative services and 30 total visits per calendar year for rehabilitative services | Physical, chiropractic, occupational, and speech therapy | 30 total visits per calendar year for habilitative services and 30 total visits per calendar year for rehabilitative services                 |
| All out-of-network provider services are applicable to out-of-network cost sharing                                            | Referrals                                                | All out-of-network provider services are applicable to out-of-network cost sharing                                                            |

| Community Blue                                                                                                             | Large Group                                              | Simply Blue                                                                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| Copay applies to services included in the office visit charge, such as office surgery, diagnostic and therapeutic services | Office services                                          | Deductible and coinsurance apply to services outside of the office visit charge, such as office surgery, diagnostic, and therapeutic services |
| Copay waived for accidental injury                                                                                         | Emergency room copay                                     | Copay not waived for accidental injury                                                                                                        |
| 60 visits per calendar year, 24 visits maximum on chiropractic                                                             | Physical, chiropractic, occupational, and speech therapy | 30 total visits per calendar year; 12 visits maximum on chiropractic                                                                          |
| With a referral, out-of-network services are applicable to in-network cost sharing                                         | Referrals                                                | All out-of-network provider services are applicable to out-of-network cost sharing                                                            |

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