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# 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 servces and 30 total visits per calendar year for rehabilitative services | Physical, chiropractic, occupational, and speech therapy | 30 total visits per calendar year for habilitative serces 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 |