



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