2027 DENTAL AND VISION GUIDE

Medicare Eligible Members

DENTAL AND VISION BENEFITS

DSRA-BT offers dental and vision coverage through Blue Cross Blue Shield of Michigan (BCBSM). If you would like to enroll in dental and vision coverage or change your current elections please contact the Benistar Retiree Call Center at (888)588-6682 or access the DSRA-BT enrollment form on the DSRA-BT website and complete a new enrollment form. www.dsrabenefittrust.net.

Understanding the TWO BCBSM Dental Plans

The dental plan provides a wide variety of covered services – either covered in full or partially by the plan. Members will continue to have the choice to enroll in dental and/or vision which requires an application to be completed. Considering the relatively small cost difference between the High and Low Pans, members may want to consider the High plan which includes substantially more coverage - 80% vs 50%, for Onlays, Crowns, Veneers, Inlays-permanent teeth, even though the need for them may not be anticipated at this time.
The table below provides an overview of the dental plan benefit. For specific details about the plan, please refer to the Benefits-at-a-Glance summary of benefits on the website at www.dsrabenefittrust.net.

$0 Deductible for Class 1 Services
$50 Deductible for Class 2 and 3 Services

Benefits	Low Plan Coverage	High Plan Coverage
Deductible **Class 1** Class 2 and Class 3	**$ 0** $50 per member limited to a maximum of $150 per family per calendar year	**$0** $50 per member limited to a maximum of $150 per family per calendar year
Class 1 services	100% Covered	100% Covered
Class 2 services	80%	80%
Class 3 services	50%	50%
Class 4 services	Not covered	Not covered
Annual maximum for Class 1, 2 and 3 services	$3,000 per member	$3,000 per member
Lifetime maximum for Class 4	N/A	N/A
Class 3: Major Restorative	35%	35%
Class 4: Orthodontia	N/A	50%

See enrollment form for all plan rates.

DENTAL PLAN – HIGH PLAN VS LOW PLAN

The Trust offers dental coverage through Blue Cross Blue Shield of Michigan (BCBSM). Members will continue to have the choice to enroll in High or Low dental and/or vision which requires an application to be completed.

The table below provides an overview of the dental plans benefits. For specific details about the plans, please refer to the Benefits-at-a-Glance summary of benefits on the website at www.DSRABenefitTrust.net

Low Plan

Annual Dental Maximum per person	$3,000
Class 1 services	
Includes but not limited to: Oral Exams Bitewing X-rays Full Mouth X-Rays Dental prophylaxis (Teeth Cleaning) Fluoride Treatment - Under 19y/o	$0 = Your Deductible 0% = Your Coinsurance * 100% coverage for reasonable & customary charges. In no event will the covered charge be greater than the percentile of the prevailing fee data for a particular service in a geographic area.
Class 2 services	
Includes but not limited to: Fillings (for permanent & primary teeth) Root Canal Oral Surgery General anesthesia or IV sedation	$50 = Your Deductible per member to a maximum of $150 per family per calendar year 20% = Your Coinsurance * 80% Coverage is for reasonable & customary charges. In no event will the covered charge be greater than the percentile of the prevailing fee data for a particular service in a geographic area.
Class 3 services	
Includes but not limited to: Dentures (complete & partial) Occlusal biteguards Endosteal Implants Onlays, crowns and veneer fillings- permanent teeth age 12 and older Bridge Installations	$50 = Your Deductible 50% = Your Coinsurance * 50% Coverage is for reasonable & customary charges. In no event will the covered charge be greater than the percentile of the prevailing fee data for a particular service in a geographic area.
Class 4 services	
Orthodontic services for dependents under age 19	Not Covered

See enrollment form for all plan rates.

All rates for plans are listed on the Enrollment Form available at the back of the brochure.

DENTAL PLAN – HIGH PLAN VS LOW PLAN

(Continued)

High Plan

Annual Dental Maximum per person	$3,000
Class 1 services	
Includes but not limited to: Oral Exams Bitewing X-rays Full Mouth X-Rays Dental prophylaxis (Teeth Cleaning) Fluoride Treatment – ANY AGE**	$0 = Your Deductible 0% = Your Coinsurance * 100% coverage for reasonable & customary charges. In no event will the covered charge be greater than the percentile of the prevailing fee data for a particular service in a geographic area.
Class 2 services	
Includes but not limited to: Onlays, Crowns,Veneers, Inlays - permanent teeth** Occlusal biteguards** Oral Surgery General anesthesia or IV sedation	$50 = Your Deductible per member to a maximum of $150 per family per calendar year 20% = Your Coinsurance * 80% Coverage is for reasonable & customary charges. In no event will the covered charge be greater than the percentile of the prevailing fee data for a particular service in a geographic area.
Class 3 services	
Includes but not limited to: Dentures (complete & partial) Endosteal Implants Bridge Installations	$50 = Your Deductible 50% = Your Coinsurance * 50% Coverage is for reasonable & customary charges. In no event will the covered charge be greater than the percentile of the prevailing fee data for a particular service in a geographic area.
Class 4 services	
Orthodontic services for dependents under age 19** Class IV Lifetime Maximum per Individual	50% = Your Coinsurance $2,500

See enrollment form for all plan rates.

*Before getting any major procedure, make sure to check with your provider for complete rates and coverage information.

**Consider these upgraded benefits when selecting the High Plan vs. Low Plan. Notice the relatively small cost difference between the High and Low Pans, Members may want to consider the High plan which includes substantially more services, even though the need for them may not be anticipated at this time.

VISION PLAN BENEFITS

Your eyes are your windows to wellness. Routine eye exams each year allow your eye doctor to detect symptoms of serious eye disease – such as cataracts, glaucoma, and macular degeneration – and health conditions – such as diabetes, cardiovascular disease, and high blood pressure. Caught early, many of these diseases are treatable. However, left undetected and untreated, these conditions can result in vision loss, a lower quality of life, and higher overall health care costs.

DSRA-BT offers vision benefits through Blue Cross Blue Shield of Michigan (BCBSM) Blue Vision. The vision plan offers you comprehensive coverage – including eye exams and materials – through VSP, the nation's largest vision care network, with 27,000 doctors and 41,000 locations.

Members will continue to have the choice to enroll in vision and/or dental which requires an application to be completed.

The table below provides an overview of the vision plan benefit. For specific details about the plan, please refer to the Benefits-at-a-Glance summary of benefits on the website at www.dsrabenefittrust.net. To find a VSP doctor, call 1(800)877-7195 or log on to the VSP website at www.vsp.com.

Member's responsibility (copays)		
Benefits	VSP network doctor	Non-VSP provider
Eye exam	$10 copay	$10 copay applies to charge
Prescription glasses (lenses and/or frames)	Combined $15 copay	Member responsible for difference between approved amount and provider's charge, after $15 copay
Medically necessary contact lenses	$15 copay	Member responsible for difference between approved amount and provider's charge, after $15 copay
Note: No copay is required for prescribed contact lenses that are not medically necessary.		
Eye exam		
Benefits	VSP network doctor	Non-VSP provider
Complete eye exam by an ophthalmologist or optometrist. The exam includes refraction, glaucoma testing and other tests necessary to determine the overall visual health of the patient.	$10 copay	Reimbursement up to $45 less $10 copay (member responsible for any difference)
One eye exam in any period of 12 consecutive months		
Lenses and frames		
Benefits	VSP network doctor	Non-VSP provider
Standard lenses (must not exceed 60 mm in diameter) prescribed and dispensed by an ophthalmologist or optometrist. Lenses may be molded or grounded, glass or plastic. Also covers prism, slab-off prism and special base curve lenses when medically necessary.	$15 copay (one copay applies to both lenses and frames)	Reimbursement up to approved amount based on lens type less $15 copay (member responsible for any difference)
Note: Discounts on additional prescription glasses and savings on lens extras when obtained from a VSP doctor •Progressive Lenses – Covered when rendered by a VSP network doctor	One pair of lenses, with or without frames in any period of 12 consecutive months	
Standard frames	$130 allowance that is applied toward frames (member responsible for any cost exceeding the allowance)	Reimbursement up to $70 less %15 copay (member responsible for any difference)
One frame in any period of 24 consecutive months Note: All VSP network doctor locations are required to stock at least 100 different frames within the frame allowance.		
Contact Lenses		
Benefits	VSP network doctor	Non-VSP provider
Medically necessary contact lenses (requires prior authorization approval from VSP and must meet criteria of medically necessary)	$15 copay	Reimbursement up to $210 less $15 copay (member responsible for any difference)
One pair of contact lenses in any period of 12 consecutive months		
Elective contact lenses that improve vision (prescribed, but not meet criteria of medically necessary)	$130 allowance that is applied toward contact lens exam (fitting and materials) and the contact lenses (member responsible for any cost exceeding the allowance)	$105 allowance that is applied toward contact lens exam (fitting and materials) and the contact lenses (member responsible for any cost exceeding the allowance)

Medicare Dental and Vision Rates

BCBSM Standalone Dental Plans
MEDICARE Eligible Plans / 2027 Rates

Plan	Coverage	Rate
High Dental Only	One person	**$ 78.23**
	Two person	**$ 152.21**
	Family	**$ 226.19**
Low Dental Only	One person	**$ 73.56**
	Two person	**$ 142.87**
	Family	**$ 212.18**

Plan	Coverage	Rate
High Dental + Vision	One person	**$ 85.54**
	Two person	**$ 166.83**
	Family	**$ 248.12**
Low Dental + Vision	One person	**$ 80.87**
	Two person	**$ 157.49**
	Family	**$ 234.11**

BCBSM Dental Plan Rates + Medical
MEDICARE Eligible Plans / 2027 Rates

LOW PLAN		
	Dental + Vision	Dental Only
Single	$ 76.62	$ 69.31
Two Person	$ 153.24	$ 138.62
Family	$ 229.86	$ 207.93

HIGH PLAN		
	Dental + Vision	Dental Only
Single	$ 81.29	$ 73.98
Two Person	$ 162.58	$ 147.96
Family	$ 243.87	$ 221.94

Have Questions or need Assistance,
Please call your Call Center!
Benistar - they are there to help with personalized service!

Call TODAY! 1-888-588-6682