

Ford Motor Company Active Salaried Employees HSA Plan PPO | HSA Plus Plan PPO 2026 Benefits-at-a-Glance



	HSA Plan PPO		HSA Plus Plan PPO	
	In-network	Out-of-network ¹	In-network	Out-of-network ¹
Member's Responsibility (deductibles, coinsurance, and dollar maximums)				
Benefits				
Deductible In- and out-of-network deductible is combined. Prescription Drug expenses through OptumRx and Fertility treatments through Progyny count toward combined deductible. The full family deductible must be met under a family contract before benefits are paid for any person on the contract.	Individual (self-only coverage): \$3,500 Family (2+ person coverage): \$7,000		Individual (self-only coverage): \$1,700 Family (2+ person coverage): \$3,400	
Coinsurance Member pays coinsurance amount until the in-network out-of-pocket maximum is reached. For out-of-network services: there is no out-of-pocket maximum. You continue to pay the applicable coinsurance until the plan year ends. Your financial responsibility resets annually.	0%	60%	20%	40%
Out-of-pocket maximum Plan pays 100% after the in-network out-of-pocket maximum expense is reached. For out-of-network services: there is no out-of-pocket maximum. The full family out-of-pocket maximum must be met under a family contract before it is considered satisfied.	Individual: \$3,500 Family: \$7,000	Not applicable (Unlimited)	Individual: \$3,000 Family: \$6,000	Not applicable (Unlimited)

Preventive Care Services (age, frequency and other restrictions may apply)				
Benefits				
Health maintenance exam	100% Covered	40% Covered after deductible	100% Covered	60% Covered after deductible
Gynecological exam	100% Covered	40% Covered after deductible	100% Covered	60% Covered after deductible
Pap smear screening	100% Covered	40% Covered after deductible	100% Covered	60% Covered after deductible
Well-baby and childcare exams	100% Covered	40% Covered after deductible	100% Covered	60% Covered after deductible
Child and adult immunizations	100% Covered	40% Covered after deductible	100% Covered	60% Covered after deductible
Routine screening colonoscopy	100% Covered	40% Covered after deductible	100% Covered	60% Covered after deductible
Prostate specific antigen (PSA) screening	100% Covered	40% Covered after deductible	100% Covered	60% Covered after deductible
Mammography screening (includes 3D)	100% Covered	40% Covered after deductible	100% Covered	60% Covered after deductible
Voluntary female sterilization	100% Covered	40% Covered after deductible	100% Covered	60% Covered after deductible
PrEP for HIV Prevention	100% Covered	40% Covered after deductible	100% Covered	60% Covered after deductible

¹ Covered services rendered by non-participating providers are subject to the out-of-network cost share. However, members may also be responsible for the balance of the bill.

	HSA Plan PPO		HSA Plus Plan PPO	
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Physician Office Services				
Benefits				
Office visit (includes telehealth visits)	100% Covered after deductible	40% Covered after deductible	80% Covered after deductible	60% Covered after deductible
Urgent care visit	100% Covered after deductible	40% Covered after deductible	80% Covered after deductible	60% Covered after deductible
Retail health visit	100% Covered after deductible	40% Covered after deductible	80% Covered after deductible	60% Covered after deductible
Virtual Care (formerly Blue Cross Online Visits) – download the app at bcbm.com/virtualcare	100% Covered after deductible	40% Covered after deductible	80% Covered after deductible	60% Covered after deductible

Emergency Medical Care				
Benefits				
Emergency room	100% Covered after deductible	100% Covered after deductible	80% Covered after deductible	80% Covered after deductible
Ambulance services	100% Covered after deductible	40% Covered after deductible	80% Covered after deductible	60% Covered after deductible

Diagnostic Services				
Benefits				
Laboratory and pathology services	100% Covered after deductible	40% Covered after deductible	80% Covered after deductible	60% Covered after deductible
Diagnostic tests and x-rays	100% Covered after deductible	40% Covered after deductible	80% Covered after deductible	60% Covered after deductible
Therapeutic radiology	100% Covered after deductible	40% Covered after deductible	80% Covered after deductible	60% Covered after deductible

Maternity Services				
Benefits				
Delivery and admission	100% Covered after deductible	40% Covered after deductible	80% Covered after deductible	60% Covered after deductible
Prenatal care visits – as per PPACA, other services such as ultrasounds and labs may be subject to cost share	100% Covered	40% Covered after deductible	100% Covered	60% Covered after deductible
Postnatal care	100% Covered	40% Covered after deductible	100% Covered	60% Covered after deductible

Hospital Care				
Benefits				
Room and board, hospital services and supplies, general nursing care	100% Covered after deductible	40% Covered after deductible	80% Covered after deductible	60% Covered after deductible
Inpatient physician services	100% Covered after deductible	40% Covered after deductible	80% Covered after deductible	60% Covered after deductible
Chemotherapy	100% Covered after deductible	40% Covered after deductible	80% Covered after deductible	60% Covered after deductible

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Alternatives to Hospital Care				
Benefits				
Skilled nursing facility – must be provided through a participating facility	100% Covered after deductible	100% Covered after deductible	80% Covered after deductible	80% Covered after deductible
Hospice care – must be provided through a participating facility	100% Covered after deductible	100% Covered after deductible	80% Covered after deductible	80% Covered after deductible
Home health care – must be provided through a participating facility	100% Covered after deductible	100% Covered after deductible	80% Covered after deductible	80% Covered after deductible
IV infusion therapy – locations include home, office, and ambulatory infusion center	100% Covered after deductible	40% Covered after deductible	80% Covered after deductible	60% Covered after deductible
Surgical Services				
Benefits				
Surgery	100% Covered after deductible	40% Covered after deductible	80% Covered after deductible	60% Covered after deductible
Human organ transplant – <i>contact human organ transplant program at (800) 242-3504</i>	100% Covered after deductible	40% Covered after deductible	80% Covered after deductible	60% Covered after deductible
Vasectomy	100% Covered after deductible	40% Covered after deductible	80% Covered after deductible	60% Covered after deductible
Behavioral Health Services				
Benefits				
Inpatient mental health and substance use disorder treatment	100% Covered after deductible	40% Covered after deductible	80% Covered after deductible	60% Covered after deductible
Outpatient mental health and substance use disorder treatment (includes telehealth visit)	100% Covered after deductible	40% Covered after deductible	80% Covered after deductible	60% Covered after deductible
Autism Spectrum Disorders (ASD)				
Benefits				
Applied behavioral analysis (ABA) treatment – subject to preauthorization	100% Covered after deductible	40% Covered after deductible	80% Covered after deductible	60% Covered after deductible
Outpatient physical therapy, speech therapy and occupational therapy for ASD – unlimited visits with autism diagnosis	100% Covered after deductible	40% Covered after deductible	80% Covered after deductible	60% Covered after deductible
Physical, Speech, and Occupational Therapy Services				
Benefits				
Inpatient services	100% Covered after deductible	40% Covered after deductible	80% Covered after deductible	60% Covered after deductible
Outpatient services – <i>limited to 60 combined visits per condition, per calendar year, per member. Additional visits available when medically necessary and authorized.</i>	100% Covered after deductible	40% Covered after deductible	80% Covered after deductible	60% Covered after deductible

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Other Services				
Benefits				
Acupuncture – <i>limited to 24 visits per calendar year</i>	100% Covered after deductible	40% Covered after deductible	80% Covered after deductible	60% Covered after deductible
Allergy testing, therapy, and serum	100% Covered after deductible	40% Covered after deductible	80% Covered after deductible	60% Covered after deductible
Chiropractic services – <i>limited to 24 manipulations per calendar year, per member</i>	100% Covered after deductible	40% Covered after deductible	80% Covered after deductible	60% Covered after deductible
Diabetes education	100% Covered after deductible	40% Covered after deductible	80% Covered after deductible	60% Covered after deductible
Diabetes supplies/devices (glucometer, diabetic test strips, lancets, etc.)	100% Covered	40% Covered after deductible	100% Covered	60% Covered after deductible
Durable medical equipment (DME)	100% Covered after deductible	40% Covered after deductible	80% Covered after deductible	60% Covered after deductible
Fertility treatments – <i>contact Progyny at (844) 535-0720 for details</i>	Services through Progyny 100% covered after deductible	Not covered	Services through Progyny 80% covered after deductible	Not covered
Gender affirming services	100% Covered after deductible	40% Covered after deductible	80% Covered after deductible	60% Covered after deductible
Private duty nursing care – must be provided by a participating provider	100% Covered after deductible	100% Covered after deductible	80% Covered after deductible	80% Covered after deductible
Prosthetic and orthotic appliances (P&O)	100% Covered after deductible	40% Covered after deductible	80% Covered after deductible	60% Covered after deductible
Hearing care benefits – <i>hearing aids limited to \$2,200 dollar maximum*, every 36 months</i>	100% Covered after deductible	40% Covered after deductible	80% Covered after deductible	60% Covered after deductible
<i>*Dollar max does not apply to children up to age 18</i>				

	HSA Plan PPO		HSA Plus Plan PPO	
	In-network	Out-of-network	In-network	Out-of-network
Prescription Drugs				
Administered by OptumRx²: call 1-866-868-0139 for details or visit www.welcome.optumrx.com/ford				
Benefits				
30-day supply	100% Covered after deductible	Not covered	80% Covered after deductible	Not covered
90-day supply	100% Covered after deductible	Not covered	80% Covered after deductible	Not covered
Specialty: 30-day supply Contact Optum Special² at 1-844-515-0251	100% Covered after deductible	Not covered	80% Covered after deductible	Not covered
Preventive drugs and immunizations as found on Value Rx list ³	100% Covered	Not covered	100% Covered	Not covered
Diabetes supplies as found on Value Rx list ³ (test strips, lancets, glucometers)	100% Covered	Not covered	100% Covered	Not covered

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² OptumRx and Optum Specialty Pharmacy contract directly with Ford Motor Company and there is no affiliation to Blue Cross Blue Shield of Michigan

³ For the latest version of the Value Rx list, visit www.fordbenefitsguide.com.

This is intended as an easy-to-read summary and provides only a general overview of your benefits. It is not a contract. Additional limitations and exclusions may apply. Payment amounts are based on BCBSM's approved amount, less any applicable cost sharing. For a complete description of benefits, please reference your group Summary Plan Description, Summary of Benefit Coverage, or reference myfordbenefits.com. If there is a discrepancy between this Benefits-at-a-Glance and any applicable plan document, the plan document will prevail.