

# Ford Motor Company Active Salaried Employees HSA Plan PPO | HSA Plus Plan PPO 2024 Benefits-at-a-Glance



	HSA Plan PPO		HSA Plus Plan PPO	
	In-network	Out-of-network <sup>1</sup>	In-network	Out-of-network <sup>1</sup>
<b>Member's Responsibility (deductibles, coinsurance, and dollar maximums)</b>				
<b>Benefits</b>				
<b>Deductible*</b> Individual deductible for self-only coverage; family deductible may be met by one or more family members  Note: Copays do not accumulate toward deductible Includes Prescription Drug expenses through OptumRx and Fertility treatments through Progyny.  <i>*In and out-of-network deductible is combined</i>	Individual (self-only coverage): \$3,500 Family (2+ person coverage): \$7,000		Individual (self-only coverage): \$1,600 Family (2+ person coverage): \$3,200	
<b>Coinsurance</b> Member pays coinsurance amount until out-of-pocket maximum is reached	0%	60%	20%	40%
<b>Out-of-pocket maximum</b> Plan pays 100% after the out-of-pocket maximum expense is reached  <i>Individual (self-only coverage)            Family (2+ person coverage)</i>	Individual: \$3,500 Family: \$7,000	Unlimited	Individual: \$3,000 Family: \$6,000	Unlimited

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

<sup>1</sup> 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	
	In-network	Out-of-network <sup>1</sup>	In-network	Out-of-network <sup>1</sup>
<b>Physician Office Services</b>				
<b>Benefits</b>				
Office visit (includes telehealth visits)	Covered 100% after deductible	Covered at 40% after deductible	Covered 80% after deductible	Covered at 60% after deductible
Urgent care visit	Covered 100% after deductible	Covered at 40% after deductible	Covered 80% after deductible	Covered at 60% after deductible
Retail health visit	Covered 100% after deductible	Covered at 40% after deductible	Covered 80% after deductible	Covered at 60% after deductible
Virtual Care (formerly Blue Cross Online Visits) – download the app at <a href="http://bcbsm.com/virtualcare">bcbsm.com/virtualcare</a>	Covered 100% after deductible	Covered at 40% after deductible	Covered 80% after deductible	Covered at 60% after deductible

<b>Emergency Medical Care</b>				
<b>Benefits</b>				
Emergency room	Covered 100% after deductible	Covered 100% after deductible	Covered 80% after deductible	Covered at 80% after deductible
Ambulance services	Covered 100% after deductible	Covered at 40% after deductible	Covered 80% after deductible	Covered at 60% after deductible

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

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

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

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	HSA Plan PPO		HSA Plus Plan PPO	
	In-network	Out-of-network <sup>1</sup>	In-network	Out-of-network <sup>1</sup>
<b>Alternatives to Hospital Care</b>				
<b>Benefits</b>				
Skilled nursing facility – must be provided through a participating facility	Covered 100% after deductible	Covered 100% after deductible	Covered 80% after deductible	Covered 80% after deductible
Hospice care – must be provided through a participating facility	Covered 100% after deductible	Covered 100% after deductible	Covered 80% after deductible	Covered 80% after deductible
Home health care – must be provided through a participating facility	Covered 100% after deductible	Covered 100% after deductible	Covered 80% after deductible	Covered 80% after deductible
IV infusion therapy – locations include home, office, and ambulatory infusion center	Covered 100% after deductible	Covered at 40% after deductible	Covered 80% after deductible	Covered at 60% after deductible

<b>Surgical Services</b>				
<b>Benefits</b>				
Surgery	Covered 100% after deductible	Covered at 40% after deductible	Covered 80% after deductible	Covered at 60% after deductible
Human organ transplant – <i>contact human organ transplant program at (800) 242-3504</i>	Covered 100% after deductible	Covered at 40% after deductible	Covered 80% after deductible	Covered at 60% after deductible
Voluntary male sterilization	Covered 100% after deductible	Covered at 40% after deductible	Covered 80% after deductible	Covered at 60% after deductible

<b>Behavioral Health Services</b>				
<b>Benefits</b>				
Inpatient mental health and substance use disorder treatment	Covered 100% after deductible	Covered at 40% after deductible	Covered 80% after deductible	Covered at 60% after deductible
Outpatient mental health and substance use disorder treatment (includes telehealth visit)	Covered 100% after deductible	Covered at 40% after deductible	Covered 80% after deductible	Covered at 60% after deductible

<b>Autism Spectrum Disorders (ASD)</b>				
<b>Benefits</b>				
Applied behavioral analysis (ABA) treatment – subject to preauthorization	Covered 100% after deductible	Covered at 40% after deductible	Covered 80% after deductible	Covered at 60% after deductible
Outpatient physical therapy, speech therapy and occupational therapy for ASD – unlimited visits with autism diagnosis	Covered 100% after deductible	Covered at 40% after deductible	Covered 80% after deductible	Covered at 60% after deductible

<b>Physical, Speech, and Occupational Therapy Services</b>				
<b>Benefits</b>				
Inpatient services	Covered 100% after deductible	Covered at 40% after deductible	Covered 80% after deductible	Covered at 60% after deductible
Outpatient services – limited to 60 combined visits per condition, per calendar year, per member	Covered 100% after deductible	Covered at 40% after deductible	Covered 80% after deductible	Covered at 60% after deductible

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	HSA Plan PPO		HSA Plus Plan PPO	
	In-network	Out-of-network <sup>1</sup>	In-network	Out-of-network <sup>1</sup>
<b>Other Services</b>				
<b>Benefits</b>				
Acupuncture – <i>limited to 24 visits per calendar year</i>	Covered 100% after deductible	Covered at 40% after deductible	Covered 80% after deductible	Covered at 60% after deductible
Allergy testing, therapy, and serum	Covered 100% after deductible	Covered at 40% after deductible	Covered 80% after deductible	Covered at 60% after deductible
Chiropractic services – <i>limited to 24 manipulations per calendar year, per member</i>	Covered 100% after deductible	Covered at 40% after deductible	Covered 80% after deductible	Covered at 60% after deductible
Diabetes education	Covered 100% after deductible	Covered at 40% after deductible	Covered 80% after deductible	Covered at 60% after deductible
Diabetes supplies/devices (glucometer, diabetic test strips, lancets, etc.)	Covered 100%	Covered at 40% after deductible	Covered 100%	Covered at 60% after deductible
Durable medical equipment (DME)	Covered 100% after deductible	Covered at 40% after deductible	Covered 80% after deductible	Covered at 60% after deductible
Fertility treatments – <i>in vitro fertilization (IVF), intrauterine insemination (IUI), etc. – lifetime maximum applies contact Progyny for details</i>	Services through Progyny covered 100% after deductible  Contact Progyny at (844) 535-0720 for details	Not covered	Services through Progyny covered 80% after deductible  Contact Progyny at (844) 535-0720 for details	Not covered
Gender affirming services	Covered 100% after deductible	Covered at 40% after deductible	Covered 80% after deductible	Covered at 60% after deductible
Private duty nursing care	Not covered	Not covered	Not covered	Not covered
Prosthetic and orthotic appliances (P&O)	Covered 100% after deductible	Covered at 40% after deductible	Covered 80% after deductible	Covered at 60% after deductible
Hearing care benefits – <i>for children up to age 18, limited to every 36 months</i>	Covered 100% after deductible	Covered at 40% after deductible	Covered 80% after deductible	Covered at 60% after deductible

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	HSA Plan PPO		HSA Plus Plan PPO	
	In-network	Out-of-network	In-network	Out-of-network
Prescription Drugs	<b>Administered by OptumRx<sup>1</sup>: call 1-866-868-0139 for details or visit <a href="http://www.welcome.optumrx.com/ford">www.welcome.optumrx.com/ford</a></b>			
<b>Benefits</b>				
30-day supply	Covered 100% after deductible	Not covered	Covered 80% after deductible	Not covered
90-day supply	Covered 100% after deductible	Not covered	Covered 80% after deductible	Not covered
Specialty: 30-day supply Contact Optum Specialty <sup>1</sup> at 1-844-515-0251	Covered 100% after deductible	Not covered	Covered 80% after deductible	Not covered
Preventive drugs: 30-day or 90-day supply as found on Value Rx list <sup>2</sup>	Covered 100%	Not covered	Covered 100%	Not covered
Diabetes supplies as found on Value Rx list <sup>2</sup> (test strips, lancets, glucometers)	Covered 100%	Not covered	Covered 100%	Not covered
Preventive immunizations as found on Value Rx list <sup>2</sup>	Covered 100%	Not covered	Covered 100%	Not covered

<sup>1</sup> OptumRx and Optum Specialty Pharmacy contract directly with Ford Motor Company and there is no affiliation to Blue Cross Blue Shield of Michigan.

<sup>2</sup> For the latest version of the Value Rx list, visit [www.myfordbenefits.com](http://www.myfordbenefits.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](http://myfordbenefits.com). If there is a discrepancy between this *Benefits-at-a-Glance* and any applicable plan document, the plan document will prevail.