

Ford Hourly National PPO (NPPO) Plans

*This is intended as an easy-to-read summary and provides an overview of your **in-network** preventive benefits. This is not an all-inclusive list and is subject to change. This list is updated and posted on an annual basis only. Additional restrictions, including diagnosis, location, age limitations and provider type may apply to all listed services. **For a complete description of current benefits, please contact the customer service number on the back of your ID card.** Providers should contact their local plan to discuss billable procedure codes in accordance with their plan's guidelines.*

Preventive Service	Frequency/Limitations
Physical Examinations	
Well adult –health maintenance exam (HME) (routine physical)	- 1 per calendar year ages 18 and older
Well baby/child exam	- 8 visits for children from birth to 12 months - 6 visits for children from 13 months – 23 months - 6 visits for children from 24 months – 35 months - 2 visits for children from 36 months – 47 months - 1 visit per calendar year age 4 years through 17 years
Laboratory Screening Services	
Lipid disorder screenings	- 1 per calendar year - Males and females any age
Type II Diabetes Mellitus screening	- 2 per calendar year - Males and females any age
Tuberculin test	- 1 per calendar year - Males and females if at risk; children 1 month - 21 years
Panels: <ul style="list-style-type: none"> • Basic metabolic panel • General health panel • Comprehensive metabolic panel 	- 1 per calendar year in conjunction with physical exam - Males and females any age
Complete blood count (CBC)	- 1 per calendar year in conjunction with physical exam - Males and females any age
Hypothyroid screening (Includes TSH)	- 1 per calendar year - Males and females any age
Other Screenings	
High blood pressure screening	- 1 per calendar year with diagnosis restrictions - Males and females 18 and older
High blood pressure monitor (Purchase or rental)	- 1 per year/once every 5 years with diagnosis restrictions - Males and females 18 and older
Lung cancer, low dose lung tomography scan	- 1 per calendar year - Males and females any age
Immunizations*	
Cholera vaccine Coronavirus vaccine Dengue vaccine Ebola vaccine Hepatitis A vaccine Hepatitis B vaccine HPV Influenza (Flu)	-Follow CDC/Advisory Committee on Immunization Practices (ACIP) guidelines for age and frequency limitations: www.cdc.gov/vaccines/schedules/ *Listed immunizations are covered at a doctor's office and retail clinics; immunizations may also be covered through the pharmacy benefit

Preventive Service	Frequency/Limitations
Immunizations* (continued)	
Influenza type B (HIB) Japanese encephalitis virus vaccine Meningococcal vaccine MMR/ MMRV Pneumococcal vaccine Poliovirus vaccine Rabies vaccine Rotavirus vaccine Shingles (Shingrix) Tetanus, diphtheria, pertussis vaccine Typhoid vaccine Varicella virus vaccine (chicken pox) Yellow fever vaccine Respiratory syncytial virus (RSV) vaccine	-Follow CDC/Advisory Committee on Immunization Practices (ACIP) guidelines for age and frequency limitations: www.cdc.gov/vaccines/schedules/ *Listed immunizations are covered at a doctor’s office and retail clinics; immunizations may also be covered through the pharmacy benefit
Counseling Services	
Alcohol misuse screening and behavioral counseling interventions	- Diagnosis restrictions - Males and females age 18 and older
Alcohol and drug use assessment	- 1 per calendar year - Children 11 to 21 years
BRCA genetic counseling	- 8 times per day equivalent to 2 hours per day - 2 times per calendar year - Females any age with personal or family history
Breastfeeding counseling/support	- 1 to 2 times per calendar year - Females any age
Diet behavioral counseling	- 6 per calendar year with diagnosis restrictions - Males, females and children any age
Obesity screening and counseling	- Intensive behavioral counseling; 26 per calendar year - Males, females and children; diagnosis restrictions
	- Face to face counseling- group; 12 per calendar year - Males, females and children; diagnosis restrictions
Tobacco use and tobacco-caused disease counseling	- Unlimited with diagnosis restrictions - Males, females and children any age
Depression screening	-1 per calendar year -Males, females and children any age
Depression – Major Depressive Disorders in Adolescents, Screening for Suicide Risk	-2 per calendar year -Children ages 12-18 years
Anxiety in Children and Adolescents screening	-2 per calendar year -Children ages 8-18 years
Sexually transmitted infection counseling	-2 per calendar year - Males, females and children any age
Blood glucose – abnormal blood glucose in adults who are overweight or obese	- Intensive behavioral counseling; 26 per calendar year - Males and females age 40 – 70 years; diagnosis restrictions
	- Face to face counseling- group; 12 per calendar year - Males and females age 40 – 70 years; diagnosis restrictions
	- 2 glucose procedures per calendar year - Males and females age 40 – 70 years

Preventive Service	Frequency/Limitations
Counseling Services (continued)	
Intimate partner violence screening	- Once per calendar year - Females of childbearing age
Counseling for contraceptive use	-2 per calendar year; diagnosis restrictions -Females at any age
Infectious Disease Screening	
Chlamydia screening	-1 per calendar year - Females any age; children age 11 – 21 years
HIV screening	-1 per calendar year - Males and females any age; children age 11 – 21 years
Syphilis screening	-1 per calendar year - Males and females any age; children age 11 – 21 years
Gonorrhea screening	-1 per calendar year - Males and females any age; children age 11 – 21 years
Hepatitis B screening	-1 per calendar year - Males and females any age; children any age
Hepatitis C screening	-1 per calendar year - Males and females any age; children age 11 – 21 years
Herpes simplex virus (HSV) screening	-1 per calendar year - Males and females any age; children age 11 – 21 years
Human papillomavirus (HPV) screening	-1 per calendar year - Males and females and children any age
Pre-Exposure Prophylaxis (PrEP) for HIV Prevention	
HIV screening	-4 per calendar year -Males and females any age
Creatinine (blood test)	-4 per calendar year with diagnosis restrictions -Males and females any age
Pregnancy test	-4 per calendar year with diagnosis restrictions - Females any age
HIV PrEP office visits	-4 per calendar year with diagnosis restrictions -Males and females any age
Colorectal Cancer Screening	
Colonoscopy	-1 per calendar year - Males and females age 45 -75 or younger if high risk
Barium enema	-1 every 5 calendar years - Males and females age 50 and over
Sigmoidoscopy	-1 per calendar year - Males and females age 45 -75 or younger if high risk
Pathology microscopic exam (Biopsy associated w/colonoscopy)	-1 per calendar year - Males and females age 45 - 75 or younger if high risk
Fecal occult blood test	-1 per calendar year; males and females age 45 and over (or at any age if risk factors present)
Cologuard	-1 every 36 months - Males and females age 45 and over
Colonoscopy consult	-1 per calendar year - Males and females age 45 -75 or younger if high risk

Preventive Service	Frequency/Limitations
Men's Health	
Prostate specific antigen (PSA)	-1 per calendar year - Males age 40 and over
Digital rectal exam	-1 per calendar year - Males age 40 and over
Abdominal aortic aneurysm (AAA) ultrasound screening	-1 per lifetime - Males age 65-75 years
Women's Health	
OB/GYN exam	-2 per calendar year -Females at any age
Cervical cancer and dysplasia screening Papanicolaou (PAP) smear	-1 per calendar year -Females at any age
Procurement of PAP smear	-1 per calendar year -Females at any age
Mammogram/breast cancer screening (includes 3D)	-1 per calendar year -Females age 40 and over or at any age if at risk
BRCA (breast cancer) mutation testing	-Once per lifetime with diagnosis restrictions -Females any age; if family history
Osteoporosis screening for postmenopausal females	-1 per calendar year -Females age 65 and over or any age if at risk
Women's Health - Contraceptive Methods	
Non-biodegradable drug delivery implant, insertion and removal	- Unlimited with diagnosis restrictions - Females any age
Removal, implantable contraceptive capsules	- Unlimited - Females any age
Diaphragm or cervical cap fitting with instruction	- Unlimited - Females any age
Cervical cap for contraceptive use	- Unlimited - Females any age
Diaphragm for contraceptive use	- Unlimited - Females any age
Insertion of IUD	- Unlimited - Females any age
Removal of IUD	- Unlimited - Females any age
Hysteroscopy/ ligation or transection/ laparoscopy	- 1 per calendar year - Females any age
Hysterosalpingography (HSG) – no anesthesia	- Payable one time when billed within 366 days of Hysteroscopy - Females any age
Transvaginal ultrasound	- 2 per calendar year with diagnosis restrictions - Females any age
IUD Copper implant	- Unlimited - Females any age
Anesthesia for contraceptive surgeries	- 1 per calendar year- billed w/ applicable surgical codes - Females any age
Permanent implantable contraceptive intratubal occlusion devices and delivery system	- 1 per calendar year - Females any age

Preventive Service	Frequency/Limitations
Women's Health - Contraceptive Methods (continued)	
Injection Medroxyprogesterone Acetate for contraceptive use (Depo Provera)	- Unlimited with diagnosis restrictions - Females any age
Levonorgestrel-releasing intrauterine contraceptive	- 1 per calendar year - Females any age
Insertion of levonorgestrel-releasing intrauterine contraceptive	- 1 per calendar year - Females any age
Segesterone acetate and ethinyl estradiol vaginal ring	- 1 per calendar year - Females any age
Ethinyl estradiol and etonogestrel vaginal ring	- 12 per calendar year - Females any age
Etonogestrel implant system	- 1 per calendar year - Females any age
Contraceptive intrauterine device including implants and supplies	- 1 per calendar year - Females any age
Contraceptive supply – hormone with patch	- 3 per month/36 per year - Females any age
Contraceptive supply- hormone with vaginal ring	- 1 every 20 days - Females any age
Prenatal Services	
Prenatal (antepartum) visits	-3 visits or less with maternity diagnosis - Pregnant females any age
	-Unlimited visits with maternity diagnosis - Pregnant females any age
Postnatal (postpartum) visits	-Unlimited visits with maternity diagnosis - Pregnant females any age
Prenatal pediatrician visit	- 2 per day/1 per calendar year; diagnosis restrictions -Pregnant females any age
Hepatitis B screening	-3 per calendar year with maternity diagnosis - Pregnant females any age
Asymptomatic bacteriuria (AB) screening	-2 per calendar year with maternity diagnosis - Pregnant females any age
Rh (d) incompatibility screening	-2 per calendar year with maternity diagnosis - Pregnant females any age
Screening for gestational diabetes	-2 per calendar year with maternity diagnosis - Pregnant females any age
Women's Health - Breastfeeding	
Breast pump (electric or battery powered non-hospital grade pump from approved DME provider)	- Once per pregnancy - Unlimited rental or purchase - Females any age
Supplies: Tubing, adapter, breast shield and splash protector, lock ring	- 1 per calendar year - Females any age
Supplies: Cap for breast pump bottle, polycarbonate bottle	- 2 per calendar year - Females any age

Preventive Service	Frequency/Limitations
Newborn and Children's Health	
Adrenoleukodystrophy	- 1 per calendar year; birth to 60 days
Congenital hypothyroidism	- 1 per calendar year; birth to 30 days
Phenylketonuria (PKU) screening	- 1 per calendar year; birth to 30 days
Sickle cell disease screening	- 1 per calendar year; birth to 30 days
Hematocrit/ hemoglobin	- 2 per calendar year; 4 months to 21 years old
Metabolic/hemoglobin screening	- 1 per calendar year; birth to 60 days
Lead screening	- 1 per calendar year; 6 months to 6 years old
Heritable disorders in newborns	- 1 per calendar year; birth to 60 days
Glycogen storage disease type II (POMPE) - GSDII	- 1 per calendar year; birth to 60 days
Tuberculin test	- 1 per calendar year; age 1 month to 21 years
Dyslipidemia	- 1 per calendar year; age 24 months to 21 years - 2 per calendar year; age 9 – 11 years
Critical congenital heart disease screening	- 1 per calendar year; birth to 30 days
Hearing loss screening	- 1 per calendar year; birth to 21 years
Visual impairment screening	- 1 per calendar year; Children birth up to age 5
Visual acuity screening	- 1 per calendar year; birth to 21 years
Developmental screening	- 2 per calendar year - Children at 9, 18 and 30 months
Dental varnish	- 2 per calendar year - Children birth through 5 years
Topical gonorrhea prophylactic medication	- 1 per calendar year; birth to 30 days
Spinal muscular atrophy screening	- 1 per calendar year; birth to 60 days