Ford Motor Company Active Salaried Employees
HSA Plan PPO | HSA Plus Plan PPO
2021 Benefits-at-a-Glance

Blue Cross Blue Shield of Michigan

	HSA Plan PPO		HSA Plus Plan PPO	
	In-network	Out-of-network	In-network	Out-of-network
Member's responsibility (deductibles, coinsurance and dollar maximums)				
Step 1 – Deductible* Individual deductible for self-only coverage; family deductible may be met by one or more family members **In and out-of-network deductible is combined*	Individual (self-only coverage): $3,500 Family (2+ person coverage): $7,000		Individual (self-only coverage): $1,500 Family (2+ person coverage): $3,000	
Step 2 – Coinsurance Member pays coinsurance amount until out-of- pocket maximum is	0%	60%	20%	40%
Step 3 – Out-of-pocket maximum Plan pays 100% after the out-of-pocket maximum expense is reached *Individual (self-only coverage)* *Family (2+ person coverage)*	Individual: $3,500 Family: $7,000	Unlimited	Individual: $3,000 Family: $6,000	Unlimited
Benefit descriptions				
Preventive care services - age and frequency restrictions may apply				
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 child care exams	Covered at 100%	Covered at 40% after deductible	Covered at 100%	Covered at 60% after deductible
Child and adult immunizations - as recommended by the Advisory Committee on Immunizations Practices	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	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
Physician office services				
Office visit	Covered at 100% after deductible	Covered at 40% after deductible	Covered at 80% after deductible	Covered at 60% after deductible
Urgent care visit	Covered at 100% after deductible	Covered at 40% after deductible	Covered at 80% after deductible	Covered at 60% after deductible
Retail health visit	Covered at 100% after deductible	Covered at 40% after deductible	Covered at 80% after deductible	Covered at 60% after deductible
Online health visit – download the app at bcbsmonlinevisits.com	Covered at 100% after deductible	Covered at 40% after deductible	Covered at 80% after deductible	Covered at 60% after deductible

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Emergency medical care				
Emergency room	$200 copay after deductible	$200 copay after deductible	Covered at 80% after deductible	Covered at 80% after deductible
Ambulance services	Covered at 100% after deductible	Covered at 40% after deductible	Covered at 80% after deductible	Covered at 60% after deductible
Diagnostic services				
Laboratory and pathology services	Covered at 100% after deductible	Covered at 40% after deductible	Covered at 80% after deductible	Covered at 60% after deductible
Diagnostic tests and x-rays	Covered at 100% after deductible	Covered at 40% after deductible	Covered at 80% after deductible	Covered at 60% after deductible
Therapeutic radiology	Covered at 100% after deductible	Covered at 40% after deductible	Covered at 80% after deductible	Covered at 60% after deductible
Maternity services				
Delivery and admission	Covered at 100% after deductible	Covered at 40% after deductible	Covered at 80% after deductible	Covered at 60% after deductible
Prenatal care visits – as per PPACA guidelines; other services, such as ultrasounds and labs may be subject to cost share	Covered at 100%	Covered at 40% after deductible	Covered at 100%	Covered at 60% after deductible
Postnatal care	Covered at 100% after deductible	Covered at 40% after deductible	Covered at 80% after deductible	Covered at 60% after deductible
Hospital care				
Room and board, hospital services and supplies, general nursing care	Covered at 100% after deductible	Covered at 40% after deductible	Covered at 80% after deductible	Covered at 60% after deductible
Inpatient physician services	Covered at 100% after deductible	Covered at 40% after deductible	Covered at 80% after deductible	Covered at 60% after deductible
Chemotherapy	Covered at 100% after deductible	Covered at 40% after deductible	Covered at 80% after deductible	Covered at 60% after deductible
Alternatives to hospital care				
Skilled nursing facility – must be provided through a participating facility	Covered at 100% after deductible	Covered at 100% after deductible	Covered at 80% after deductible	Covered at 80% after deductible
Hospice care – must be provided through a participating program	Covered at 100% after deductible	Covered at 100% after deductible	Covered at 80% after deductible	Covered at 80% after deductible
Home health care – must be provided by a participating home health care agency	Covered at 100% after deductible	Covered at 100% after deductible	Covered at 80% after deductible	Covered at 80% after deductible
IV infusion therapy - locations include home, office and ambulatory infusion center	Covered at 100% after deductible	Covered at 40% after deductible	Covered at 80% after deductible	Covered at 60% after deductible
Surgical services				
Surgery	Covered at 100% after deductible	Covered at 40% after deductible	Covered at 80% after deductible	Covered at 60% after deductible
Human organ transplant - contact human organ transplant program at (800) 242-3504	Covered at 100% after deductible	Covered at 40% after deductible	Covered at 80% after deductible	Covered at 60% after deductible
Voluntary male sterilization	Covered at 100% after deductible	Covered at 40% after deductible	Covered at 80% after deductible	Covered at 60% after deductible

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Mental health care and substance use disorder treatment				
Inpatient mental health and substance use disorder treatment	Covered at 100% after deductible	Covered at 40% after deductible	Covered at 80% after deductible	Covered at 60% after deductible
Outpatient mental health and substance use disorder treatment	Covered at 100% after deductible	Covered at 40% after deductible	Covered at 80% after deductible	Covered at 60% after deductible
Autism spectrum disorders (ASD)				
Applied behavioral analysis (ABA) treatment – covered through age 18, subject to preauthorization	Covered at 100% after deductible	Covered at 40% after deductible	Covered at 80% after deductible	Covered at 60% after deductible
Outpatient physical therapy, speech therapy and occupational therapy for ASD – unlimited visits with autism diagnosis	Covered at 100% after deductible	Covered at 40% after deductible	Covered at 80% after deductible	Covered at 60% after deductible
Physical, speech and occupational therapy services				
Inpatient services	Covered at 100% after deductible	Covered at 40% after deductible	Covered at 80% after deductible	Covered at 60% after deductible
Outpatient services – limited to 60 combined visits per condition, per calendar year, per member	Covered at 100% after deductible	Covered at 40% after deductible	Covered at 80% after deductible	Covered at 60% after deductible
Other services				
Allergy testing, therapy and serum	Covered at 100% after deductible	Covered at 40% after deductible	Covered at 80% after deductible	Covered at 60% after deductible
Chiropractic services – limited to 24 manipulations per calendar year, per member	Covered at 100% after deductible	Covered at 40% after deductible	Covered at 80% after deductible	Covered at 60% after deductible
Diabetes education	Covered at 100% after deductible	Covered at 40% after deductible	Covered at 80% after deductible	Covered at 60% after deductible
Diabetes supplies/devices (glucose meter, diabetic test strips, lancets, etc.)	Covered at 100%	Covered at 40% after deductible	Covered at 100%	Covered at 60% after deductible
Durable medical equipment (DME)	Covered at 100% after deductible	Covered at 40% after deductible	Covered at 80% after deductible	Covered at 60% after deductible
Infertility treatments – in vitro fertilization (IVF), intrauterine insemination (IUI)	Not covered	Not covered	Not covered	Not covered
Prosthetic and orthotic appliances (P&O)	Covered at 100% after deductible	Covered at 40% after deductible	Covered at 80% after deductible	Covered at 60% after deductible
Private duty nursing care	Not covered	Not covered	Not covered	Not covered

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HSA Plan PPO Prescription drugs Co-administered by BCBSM and Express Scripts, Inc.*		
	In-network	**Out-of-network**
Retail 30-day supply	Preventive drugs – Covered 100% Generic drugs – Deductible Brand preferred – Deductible Brand non-preferred – Deductible Specialty/Biotech***- Deductible	Subject to 25% penalty + out-of-network cost share
Home delivery 90-day supply WalgreensSmart90™** 90-day supply	Preventive drugs – Covered 100% Generic drugs – Deductible Brand preferred – Deductible Brand non-preferred – Deductible Specialty/Biotech***- Deductible	Not Covered
Diabetes supplies (test strips, lancets, glucometers)	Covered 100%	Subject to 25% penalty + out-of-network cost share
Preventive immunizations	Covered 100%	Subject to 25% penalty + out-of-network cost share

HSA Plus Plan PPO Prescription drugs Co-administered by BCBSM and Express Scripts, Inc.*		
	In-network	**Out-of-network**
Retail 30-day supply	Preventive drugs – Covered 100% Generic drugs – Deductible Brand preferred – Deductible Brand non-preferred – Deductible Specialty/Biotech***- Deductible	Subject to 25% penalty + out-of-network cost share
Home delivery** 90-day supply Walgreens Smart90™** 90-day supply	Preventive drugs – Covered 100% Generic drugs – Deductible Brand preferred – Deductible Brand non-preferred – Deductible Specialty/Biotech***- Deductible	Not Covered
Diabetes supplies (test strips, lancets, glucometers)	Covered 100%	Subject to 25% penalty + out-of-network cost share
Preventive immunizations	Covered 100%	Subject to 25% penalty + out-of-network cost share

**Contact Express Scripts, Inc. at 800-778-0735 for assistance with home delivery. Contact BCBSM for assistance with retail/Smart90 at 800-336-7794.*

***Certain maintenance prescriptions must be obtained through the home delivery or Smart90 program after the third fill at a retail pharmacy. 100% penalty for failure to use home delivery/Smart90, penalty amount is not applicable towards deductible and coinsurance.*

****Certain specialty drugs must be purchased through Accredo, Express Scripts' Specialty Pharmacy. For specialty drug questions, please call Accredo at 1-844-470-1532.*

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.