Ford Motor Company Salaried Retiree
PPO 3600 + HSA | PPO 4000
2021 Benefits-at-a-Glance

Blue Cross Blue Shield of Michigan

	PPO 3600 + HSA		PPO 4000	
	In-network	Out-of-network	In-network	Out-of-network
Member's responsibility (deductibles, coinsurance and dollar maximums)				
Step 1 – Deductible Note: Copays do not accumulate towards deductible or out-of-pocket maximum	Individual: $3,600 Family: $7,200	Individual: $7,200 Family: $14,400	Individual: $4,000 Family: $8,000	Individual: $8,000 Family: $16,000
Step 2 – Coinsurance Member pays coinsurance amount until out-of- pocket maximum is reached	20%	40%	20%	40%
Step 3 – Out-of-pocket maximum Plan pays 100% after the out-of-pocket maximum expense is reached	Individual: $6,900 Family: $13,800	Individual:$13,800 Family: $27,600	Individual: $6,900 Family: $13,800	Individual:$13,800 Family: $27,600
Benefit descriptions				
Preventive care services - age and frequency restrictions may apply				
Health maintenance exam	Covered at 100%	Covered at 60% after deductible	Covered at 100%	Covered at 60% after deductible
Gynecological exam	Covered at 100%	Covered at 60% after deductible	Covered at 100%	Covered at 60% after deductible
Pap smear screening	Covered at 100%	Covered at 60% after deductible	Covered at 100%	Covered at 60% after deductible
Well-baby and child care exams	Covered at 100%	Covered at 60% 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 60% after deductible	Covered at 100%	Covered at 60% after deductible
Routine screening colonoscopy	Covered at 100%	Covered at 60% after deductible	Covered at 100%	Covered at 60% after deductible
Prostate specific antigen (PSA) screening	Covered at 100%	Covered at 60% after deductible	Covered at 100%	Covered at 60% after deductible
Mammography screening	Covered at 100%	Covered at 60% after deductible	Covered at 100%	Covered at 60% after deductible
Voluntary female sterilization	Covered at 100%	Covered at 60% after deductible	Covered at 100%	Covered at 60% after deductible
Physician office services				
Office visit	Covered at 80% after deductible	Covered at 60% after deductible	PCP/Specialist $30/$50 copay	Covered at 60% after deductible
Urgent care visit	Covered at 80% after deductible	Covered at 60% after deductible	$40 copay	Covered at 60% after deductible
Retail health visit	Covered at 80% after deductible	Covered at 60% after deductible	$20 copay	Covered at 60% after deductible
Online health visit – download the app at bcbsmonlinevisits.com	Covered at 80% after deductible	Covered at 60% after deductible	$10 copay	Covered at 60% after deductible

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Emergency medical care				
Emergency room	Covered 80% after deductible	Covered at 60% after deductible	$150 copay	Covered at 60% after deductible
Ambulance services	Covered at 80% after deductible	Covered at 60% after deductible	Covered at 80% after deductible	Covered at 60% after deductible
Diagnostic services				
Laboratory and pathology services	Covered at 80% after deductible	Covered at 60% after deductible	Covered at 80% after deductible	Covered at 60% after deductible
Diagnostic tests and x-rays	Covered at 80% after deductible	Covered at 60% after deductible	Covered at 80% after deductible	Covered at 60% after deductible
Therapeutic radiology	Covered at 80% after deductible	Covered at 60% after deductible	Covered at 80% after deductible	Covered at 60% after deductible
Maternity services				
Delivery and admission	Covered at 80% after deductible	Covered at 60% 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 60% after deductible	Covered at 100%	Covered at 60% after deductible
Postnatal care	Covered at 80% after deductible	Covered at 60% 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 80% after deductible	Covered at 60% after deductible	Covered at 80% after deductible	Covered at 60% after deductible
Inpatient physician services	Covered at 80% after deductible	Covered at 60% after deductible	Covered at 80% after deductible	Covered at 60% after deductible
Chemotherapy	Covered at 80% after deductible	Covered at 60% 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 80% after deductible	Covered at 80% after deductible	Covered at 80% after deductible	Covered at 80% after deductible
Hospice care – must be provided through a participating program	Covered at 80% after deductible	Covered at 80% 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 80% after deductible	Covered at 80% 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 80% after deductible	Covered at 60% after deductible	Covered at 80% after deductible	Covered at 60% after deductible
Surgical services				
Surgery	Covered at 80% after deductible	Covered at 60% 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 80% after deductible	Covered at 60% after deductible	Covered at 80% after deductible	Covered at 60% after deductible
Voluntary male sterilization	Covered at 80% after deductible	Covered at 60% 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 80% after deductible	Covered at 60% after deductible	Covered at 80% after deductible	Covered at 60% after deductible
Outpatient mental health and substance use disorder treatment	Covered at 80% after deductible	Covered at 60% 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 80% after deductible	Covered at 60% 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 80% after deductible	Covered at 60% after deductible	Covered at 80% after deductible	Covered at 60% after deductible
Physical, speech and occupational therapy services				
Inpatient services	Covered at 80% after deductible	Covered at 60% 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 80% after deductible	Covered at 60% after deductible	Covered at 80% after deductible	Covered at 60% after deductible
Other services				
Allergy testing, therapy and serum	Covered at 80% after deductible	Covered at 60% 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 80% after deductible	Covered at 60% after deductible	Covered at 80% after deductible	Covered at 60% after deductible
Diabetes education	Covered at 80% after deductible	Covered at 60% after deductible	Covered at 80% after deductible	Covered at 60% after deductible
Private duty nursing care	Not covered	Not covered	Not covered	Not covered
Durable medical equipment (DME)	Covered at 80% after deductible	Covered at 60% after deductible	Covered at 80% after deductible	Covered at 60% after deductible
Prosthetic and orthotic appliances (P&O)	Covered at 80% after deductible	Covered at 60% 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

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PPO 3600 + HSA
Prescription drugs
Co-administered by BCBSM and Express Scripts, Inc.*

	In-network		Out-of-network	
	Retail (30-day supply)	**Home Delivery/ Smart90**** (90-day supply)	**Retail** (30-day supply)	**Home Delivery/ Smart90**** (90-day supply)
Preventive drugs/ immunizations	$0 Copay	$0 Copay	Deductible plus 25% penalty	Not covered
Generic	$10 copay after deductible	$25 copay after deductible	After deductible, $10 copay plus 25% penalty	Not covered
Brand preferred	$40 copay after deductible	$100 copay after deductible	After deductible, $40 copay plus 25% penalty	Not covered
Brand non-preferred	$80 copay after deductible	$200 copay after deductible	After deductible, $80 copay plus 25% penalty	Not covered
Specialty/Biotech***	$160 copay after deductible	$400 copay after deductible	After deductible, $160 copay plus 25% penalty	Not covered

PPO 4000
Prescription drugs
Co-administered by BCBSM and Express Scripts, Inc.*

	In-network		Out-of-network	
	Retail (30-day supply)	**Home Delivery/ Smart90**** (90-day supply)	**Retail** (30-day supply)	**Home Delivery/ Smart90**** (90-day supply)
Preventive drugs/ immunizations	$0 Copay	$0 Copay	25% out-of-network penalty	Not covered
Generic	$10 copay	$25 copay	Subject to 25% out-of-network penalty in addition to $10 copay	Not covered
Brand preferred	$40 copay	$100 copay	Subject to 25% out-of-network penalty in addition to $40 copay	Not covered
Brand non- preferred	$80 copay	$200 copay	Subject to 25% out-of-network penalty in addition to $80 copay	Not covered
Specialty/ Biotech***	$160 copay	$400 copay	Subject to 25% out-of-network penalty in addition to $160 copay	Not covered

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