

**Ford Motor Company
TEVC Hourly Employees
Low Deductible PPO | Low Contribution PPO
2024 Benefits-at-a-Glance**



		Low Deductible PPO		Low Contribution PPO	
		In-network	Out-of-network ¹	In-network	Out-of-network ¹
Member's Responsibility (deductibles, coinsurance, and dollar maximums)					
Benefits					
Weekly Payroll Contribution		Employee: \$20 Employee + Spouse: \$50 Employee + Children: \$40 Employee + Family: \$70		Employee: \$5 Employee + Spouse: \$15 Employee + Children: \$10 Employee + Family: \$20	
Deductibles <i>Note: In and out-of-network deductible is combined</i>		\$200 individual \$400 family		\$1,000 individual \$2,000 family	
Coinsurance Member pays coinsurance amount until out-of-pocket maximum is reached.		20%	40%	25%	50%
Out-of-pocket maximums Plan pays 100% after the out-of-pocket maximum expense is reached.		Individual: \$1,000 Family: \$2,000	Unlimited	Individual: \$2,000 Family: \$4,000	Unlimited
Copays <i>Note: Copays do not accumulate toward plan deductibles or out-of-pocket maximums.</i>	Primary Care Office Visits	\$25 copay	Covered 60% after deductible	\$45 copay	Covered 50% after deductible
	Specialist Office Visits	\$35 copay	Covered 60% after deductible	\$55 copay	Covered 50% after deductible
	Urgent Care	\$50 copay	Covered 60% after deductible	\$75 copay	Covered 50% after deductible
	Emergency Room	\$100 copay	Covered 60% after deductible	\$150 copay	Covered 50% after deductible
	Prescription Drugs	Copays outlined below	Not covered	Copays outlined below	Not covered

Preventive Care Services (age, frequency and other restrictions may apply)					
Benefits					
Health maintenance exam	Covered 100%	Covered 60% after deductible	Covered 100%	Covered 50% after deductible	
Annual gynecological exam – <i>in addition to health maintenance exam</i>	Covered 100%	Covered 60% after deductible	Covered 100%	Covered 50% after deductible	
Pap smear screening	Covered 100%	Covered 60% after deductible	Covered 100%	Covered 50% after deductible	
Mammography screening – <i>includes 3D mammography</i>	Covered 100%	Covered 60% after deductible	Covered 100%	Covered 50% after deductible	
Contraceptive methods and counseling	Covered 100%	Covered 60% after deductible	Covered 100%	Covered 50% after deductible	
Prostate specific antigen (PSA) screening	Covered 100%	Covered 60% after deductible	Covered 100%	Covered 50% after deductible	
Endoscopic exams	Covered 100%	Covered 60% after deductible	Covered 100%	Covered 50% after deductible	
Well child care	Covered 100%	Covered 60% after deductible	Covered 100%	Covered 50% after deductible	
Immunizations – pediatric and adult	Covered 100%	Covered 60% after deductible	Covered 100%	Covered 50% 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.

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Physician Office Services				
Benefits				
Primary care office visits <i>Includes online visits</i>	\$25 copay	Covered 60% after deductible	\$45 Copay	Covered 50% after deductible
Specialist office visits <i>Includes online visits</i>	\$35 copay	Covered 60% after deductible	\$55 copay	Covered 50% after deductible
Retail health visit	\$25 copay	Covered 60% after deductible	\$45 copay	Covered 50% after deductible
Virtual Care (formerly Blue Cross Online Visits) – download the app at bcbsm.com/virtualcare	\$25 copay	Covered 60% after deductible	\$45 Copay	Covered 50% after deductible

Emergency Medical Care				
Benefits				
Hospital emergency room <i>(Not covered if not a qualified medical emergency)</i>	\$100 copay	\$100 copay	\$150 copay	\$150 copay
Urgent care visits	\$50 copay	Covered 60% after deductible	\$75 copay	Covered 50% after deductible
Ambulance services	Covered 80% after deductible	Covered 80% after deductible	Covered 75% after deductible	Covered 75% after deductible

Diagnostic Services				
Benefits				
MRI, MRA, PET and CAT scans and nuclear medicine	Covered 80% after deductible	Covered 60% after deductible	Covered 75% after deductible	Covered 50% after deductible
Diagnostic tests, x-rays, laboratory & pathology	Covered 80% after deductible	Covered 60% after deductible	Covered 75% after deductible	Covered 50% after deductible
Radiation therapy	Covered 80% after deductible	Covered 60% after deductible	Covered 75% after deductible	Covered 50% after deductible
Chemotherapy	Covered 80% after deductible	Covered 60% after deductible	Covered 75% after deductible	Covered 50% after deductible

Maternity Services				
Benefits				
Prenatal care visits	Covered 100%	Covered 60% after deductible	Covered 100%	Covered 50% after deductible
Postnatal care visits	Covered 100%	Covered 60% after deductible	Covered 100%	Covered 50% after deductible
Delivery and nursery care	Covered 80% after deductible	Covered 60% after deductible	Covered 75% after deductible	Covered 50% after deductible
Infertility treatment	Not covered	Not covered	Not covered	Not covered

Hospital Care				
Benefits				
Room and board, inpatient physician care, hospital services and supplies, general nursing care	Covered 80% after deductible	Covered 60% after deductible	Covered 75% after deductible	Covered 50% after deductible
Inpatient medical care	Covered 80% after deductible	Covered 60% after deductible	Covered 75% after deductible	Covered 50% after deductible

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Alternatives to Hospital Care				
Benefits				
Hospice care	Covered 80% after deductible	Covered 80% after deductible	Covered 75% after deductible	Covered 75% after deductible
Home health care	Covered 80% after deductible	Covered 80% after deductible	Covered 75% after deductible	Covered 75% after deductible
Skilled nursing	Covered 80% after deductible	Covered 80% after deductible	Covered 75% after deductible	Covered 75% after deductible

Surgical Services				
Benefits				
Surgery	Covered 80% after deductible	Covered 60% after deductible	Covered 75% after deductible	Covered 50% after deductible
Bariatric surgery	Covered 80% after deductible	Covered 60% after deductible	Covered 75% after deductible	Covered 50% after deductible
Sterilization – males <i>excludes reversal sterilization</i>	Covered 80% after deductible	Covered 60% after deductible	Covered 75% after deductible	Covered 50% after deductible
Sterilization – females <i>excludes reversal sterilization</i>	Covered 100%	Covered 60% after deductible	Covered 100%	Covered 50% after deductible

Human Organ Transplants				
Benefits				
Specified organ transplants – <i>contact the BCBSM Human Organ Transplant Program (800-242-3504)</i>	Covered 80% after deductible	Covered 60% after deductible	Covered 75% after deductible	Covered 50% after deductible
Kidney, cornea, bone marrow, and skin	Covered 80% after deductible	Covered 60% after deductible	Covered 75% after deductible	Covered 50% after deductible

Behavioral Health Services (Mental Health and Substance Use Disorder)				
Benefits				
Inpatient mental health and substance use disorder treatment	Covered 80% after deductible	Covered 60% after deductible	Covered 75% after deductible	Covered 50% after deductible
Outpatient mental health and substance use disorder treatment <i>Includes online visits</i>	\$25 copay	Covered 60% after deductible	\$45 copay	Covered 50% after deductible

Autism Spectrum Disorders (ASD)				
Benefits				
Applied behavior analysis (ABA) treatment – <i>Preauthorization required</i>	Covered 80% after deductible	Covered 60% after deductible	Covered 75% after deductible	Covered 50% after deductible
Outpatient physical therapy, speech therapy and occupational therapy for ASD – <i>unlimited visits with autism diagnosis</i>	Covered 80% after deductible	Covered 60% after deductible	Covered 75% after deductible	Covered 50% after deductible

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Other Services				
Benefits				
Allergy testing, therapy, and serum	Covered 80% after deductible	Covered 60% after deductible	Covered 75% after deductible	Covered 50% after deductible
Cardiac rehabilitation	Covered 80% after deductible	Covered 60% after deductible	Covered 75% after deductible	Covered 50% after deductible
Chiropractic services – <i>limited to 24 manipulations per calendar year, per member</i>	Covered 80% after deductible	Covered 60% after deductible	Covered 75% after deductible	Covered 50% after deductible
Durable medical equipment (DME)	Covered 80% after deductible	Covered 60% after deductible	Covered 75% after deductible	Covered 50% after deductible
Prosthetic and orthotic devices	Covered 80% after deductible	Covered 60% after deductible	Covered 75% after deductible	Covered 50% after deductible
Private duty nursing care	Not covered	Not covered	Not covered	Not covered
Facility clinic visits	Covered 80% after deductible	Covered 60% after deductible	Covered 75% after deductible	Covered 50% after deductible
Hearing care benefits – <i>for children up to age 18, limited to every 36 months</i>	Covered 80% after deductible	Covered 60% after deductible	Covered 75% after deductible	Covered 50% after deductible

Physical, Speech, and Occupational Therapy Services				
Benefits				
Inpatient services	Covered 80% after deductible	Covered 60% after deductible	Covered 75% after deductible	Covered 50% after deductible
Outpatient services – <i>limited to a combined 60 visits per condition, per calendar year, per member</i>	Covered 80% after deductible	Covered 60% after deductible	Covered 75% after deductible	Covered 50% after deductible

	Low Deductible PPO	Low Contribution PPO
	Prescription Drugs	Administered by OptumRx²: call 1-800-765-7429 for details.
Benefits		
30-day supply	Generic: \$10 copay Preferred brand: \$30 copay Non-preferred brand: \$60 copay	Generic: \$20 copay Preferred brand: \$40 copay Non-preferred brand: \$70 copay
90-day supply	Generic: \$20 copay Preferred brand: \$60 copay Non-preferred brand: \$120 copay	Generic: \$50 copay Preferred brand: \$100 copay Non-preferred brand: \$175 copay
Specialty <i>Contact Optum Specialty at 1-844-265-1750</i>	\$150 copay Must be obtained through Optum Specialty	\$200 copay Must be obtained through Optum Specialty
Certain preventive drugs <i>Check optumrx.com for \$0 cost share medications & products</i>	Covered 100%	Covered 100%

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