

Humana
UAW Retirees Medical Benefits Trust - FORD GENERAL AND PROTECTED
HMO Chicago, IL

Group # Q8490

FORD RETIREES

	Ford 2009 Pre-65 Subscriber	UAW 2010 Pre-65 Members	Ford 2009 Post-65 Members	UAW 2010 Post-65 Members
Deductible				Par
Single	\$0	\$0	\$0	\$0
Family	\$0	\$0	\$0	N/A
Maximum Out of Pocket				
Single	\$3,000	\$3,000	\$3,000	None
Family	\$6,000	\$6,000	\$6,000	N/A
Copay				
Primary Care	\$10	\$10	\$10	\$0
Specialist	\$10	\$10	\$10	\$0
Preventive Care				
Routine Immunization	\$10 Copay, then 100%	\$10 Copay, then 100%	\$10 Copay, then 100%	100%
Routine Child Exams (birth to age 2)	\$10 Copay, then 100%	\$10 Copay, then 100%	\$10 Copay, then 100%	N/A
Routine Child Exams (2 to 18 years)	\$10 Copay, then 100%	\$10 Copay, then 100%	\$10 Copay, then 100%	N/A
Routine Adult Exams	\$10 Copay, then 100%	\$10 Copay, then 100%	\$10 Copay, then 100%	100%
Routine Colonoscopy	(limit of 1 per year)	(limit of 1 per year)	(limit of 1 per year)	100%
Routine Mammogram	100%	100%	100%	100%
Routine Pap Smear	100%	100%	100%	100%
Well-woman Exam	(limit of 1 per year)	(limit of 1 per year)	(limit of 1 per year)	100%
	\$10 Copay, then 100%	\$10 Copay, then 100%	\$10 Copay, then 100%	100%
	(limit of 1 per year)	(limit of 1 per year)	(limit of 1 per year)	100%
Physician Services				
Maternity Labor and Delivery	100%	100%	100%	100%
Physician office visits	\$10 Copay, then 100%	\$10 Copay, then 100%	\$10 Copay, then 100%	100%
Diagnostic labs and xrays	100%	100%	100%	100%
Allergy test/serum/injections	100%	100%	100%	100%
Emergency room visits	100%	100%	100%	100%
Urgent care visit	100%	100%	100%	100%
Hospital Services				
Inpatient care (semiprivate room)	100%	100%	100%	100%
Inpatient Ancillary Services	100%	100%	100%	100%
Inpatient Physician Visits	100%	100%	100%	100%
Outpatient Surgical Care	100%	100%	100%	100%
Ambulatory Surgical Center	100%	100%	100%	100%
Emergency care (emergency room, emergency services)	General: \$53 Copay, then 100% (waived if admitted)/Protected \$0	General: \$100 Copay, then 100% (copay waived if admitted)/Protected \$0	General: \$53 Copay, then 100% (waived if admitted)/Protected \$0	\$50 Copay, then 100% (copay waived if admitted)
Urgent care visit	\$10 Copay, then 100%	\$10 Copay, then 100%	\$10 Copay, then 100%	100%
Prescription Drugs				
Vendor:	Humana	Humana	Humana	Medco
Other Medical Services				
Skilled Nursing Facility	100%	100%	100%	100%
Home Health Care	(limit of 730 days per year)	(limit of 730 days per year)	(limit of 730 days per year)	100%
Durable Medical Equipment	100%	100%	100%	100%
- Jobst Stockings	100%	100%	100%	100%
Physical, speech, hearing, and occupational	(limit of 6 pairs per year)	(limit of 6 pairs per year)	(limit of 6 pairs per year)	(per medical necessity)
Ambulance	100%	100%	100%	100%
Chiropractic Care	(limit of 60 combined visits per year)	(limit of 60 combined visits per year)	(limit of 60 combined visits per year)	100%
Temporomandibular disorders	100%	100%	100%	100%
Hospice Services	\$10 Copay, then 100%	\$10 Copay, then 100%	\$10 Copay, then 100%	\$10 Copay, then 100%
Diabetes Services	(limit of 20 visits per year)	(limit of 20 visits per year)	(limit of 20 visits per year)	100%
- Diabetes Education	100%	100%	100%	100%
- Diabetes Equipment	100%	100%	100%	100%
- Diabetes Supplies	100%	100%	100%	100%
Hospice Services	(Outpatient limit of \$2000 per year)	(Outpatient limit of \$2000 per year)	(Outpatient limit of \$2000 per year)	Paid by Original Medicare
Diabetes Services	(Inpatient limit of \$3000 per year)	(Inpatient limit of \$3000 per year)	(Inpatient limit of \$3000 per year)	Paid by Original Medicare
- Diabetes Education	100%	100%	100%	100%
- Diabetes Equipment	100%	100%	100%	100%
- Diabetes Supplies	100%	100%	100%	100%
Mental Health and Substance Abuse				
Mental Inpatient Services	100%	100%	100%	100%
Mental Outpatient Services	100%	100%	100%	100%
Substance Abuse/Behavioral Health				
Inpatient Services	100%	100%	100%	100%
Substance Abuse/Behavioral Health				
Outpatient Services	100%	100%	100%	100%