



2022 Guide to Enrolling
in the Health Insurance
Marketplace

Your guide to funding and
health plan options



FORD BENEFITS



We're Here to Assist You

Ford Motor Company has partnered with Via Benefits Insurance Services (Via Benefits) to serve as your health insurance marketplace advisor. We're looking forward to supporting you now and in the future through the services we provide.

- We'll help you find and enroll in a new individual or family health plan.
- We offer support and guidance throughout the year.

Via Benefits makes it easy to use our services. You can use our website, speak to a licensed benefit advisor over the phone, or do a little of both. You decide what works best for you.

Here's how to contact us:



Visit: marketplace.viabenefits.com/ford



Call: 1-833-363-3673 | (TTY: 711)

Monday through Friday

8:00 a.m. to 9:00 p.m. Eastern Time

You can access our privacy policy at marketplace.viabenefits.com/privacy. If you have questions or concerns about our privacy policy, please contact us.

We work for you and your family

Navigating insurance options is our specialty. Via Benefits helps you find a health plan that meets your specific needs, covers your prescription drugs, and works within your budget. Our decision-support tools, personalized customer support, and quality plan options help you build your benefits package.

Whether you choose to purchase coverage through the public marketplace or directly from a private insurer, Via Benefits can guide you through the process, help you find a health plan, and answer your questions.

Knowledgeable benefit advisors

Our benefit advisors are health insurance specialists. Our licensed benefit advisors will guide you through your options.

Quality plan options

We operate a health insurance marketplace that offers a wide range of medical plans from the nation's leading health insurance carriers. The marketplace includes plans that are on [healthcare.gov](https://www.healthcare.gov), as well as many other stand-alone plans, and plans that are offered through state-based exchanges.

We look forward to helping you.





Your Funding Options

You may have to decide between accepting a company-provided funding arrangement and receiving tax credits offered by a federal subsidy. This choice won't apply to everyone, but there are some critical considerations if it does apply to you.

A funding arrangement is an account you can use to request reimbursement for any eligible post-tax expenses you and your eligible dependents incur. Your former employer or benefits provider will set up the funding arrangement and determine what rules govern it.

Deciding between a funding arrangement and a federal subsidy

Depending on your income level, you may be able to lower your monthly costs if you qualify for a federal subsidy in the form of a Premium Tax Credit (PTC) or Cost Sharing Reduction (CSR). If you are eligible, you will need to decide whether it is more advantageous to accept your funding from Ford Motor Company by opting in to the funding arrangement or to take a federal subsidy.

By law, you are not allowed to have both a funding arrangement and a federal

Via Benefits can help you understand your funding options and help you make your selection. **If a funding arrangement is available to you and you choose it over a federal subsidy, you'll need to accept the funding arrangement on our website or by speaking with a licensed benefit advisor.**

Funding types



Premium Tax Credit (PTC)

This tax credit lowers your monthly premium. It is based on both household income and family size, and is paid by the government directly to the health insurance carrier.



Cost Sharing Reduction (CSR)

Specific plans include this feature, and it lowers what you pay in out-of-pocket costs such as deductibles, copays, and coinsurance. These extra savings are available only if you enroll in a plan from the Silver category if you qualify.



A Funding Arrangement (when offered)

This is a tax-free account you can use to request reimbursement for any qualified post-tax expenses incurred. Your former employer or benefits provider creates the funding arrangement and decides what expenses, including premiums, qualify for reimbursement.



Qualifying for a federal subsidy

The following table outlines the annual household income levels required to qualify for a PTC or CSR in 2022. Qualifying income levels are different for Alaska and Hawaii:

- Between \$17,774 - \$51,520 for individuals
- Between \$24,039 - \$69,680 for a family of two
- Between \$36,570 - \$106,000 for a family of four

If your income is:	Then:
Higher than these amounts...	You will probably not qualify for a PTC or CSR*.
Within these amounts...	You may qualify for a PTC or CSR.
Lower than these amounts...	You or your children may be eligible for other government programs, such as Medicaid or the Children's Health Insurance Program (CHIP). Call Via Benefits to discuss your options.

*The American Rescue Plan Act has temporarily expanded eligibility for PTCs in 2022, so if your income is above the ranges shown above, Via Benefits can help you determine if you qualify.



Prepare, Review, and Enroll

Now that you've learned a little more about how Via Benefits can help you, you're ready to move to the next step.

Via Benefits uses the three-step approach of **Prepare, Review, and Enroll** to help you find a health plan based on your needs. Let's start with the basics.

1

 **PREPARE**

Gather your information and think about your needs

2

 **REVIEW**

Compare different plan types

3

 **ENROLL**

Enroll in your new plan





Take time to consider:



Your medical needs – Do you or does someone in your family have a chronic condition, such as asthma, diabetes, or heart disease? Understanding what services and care you might need for the coming year will help you decide which plan type is right for you. It's important to know you won't be denied coverage based on any preexisting condition due to the Affordable Care Act.



Your doctors – Do you or your family have a primary care physician or specialist that you'd like to continue seeing? Do you have any upcoming treatments or surgeries planned? If you have specific providers or facilities, you'll want to check if they're in the network of the plan you select.



Your prescription drugs – Are there prescription drugs you take regularly? Do you take any specialty drugs? If you do, you'll want to check if the plan's preferred drug list includes your drugs. Finding plans with no or a low prescription drug deductible may be necessary. Via Benefits can help you factor these considerations into your new plan selection.

Gather your information

After you consider your needs, gather the following information to have on hand for the next two steps, your pre-enrollment assessment and creating your profile on the Via Benefits website. These items will help to narrow your options as you learn more about the health insurance marketplace:

- Social Security numbers (or immigration document numbers) for all family members
- A list of prescription drugs, including dosage and frequency
- Names of doctors and facilities you wish to continue using
- Estimate of your annual household income



Conduct a pre-enrollment assessment

We recommend contacting Via Benefits before Open Enrollment to start evaluating your options so you can make a confident decision. Call before Open Enrollment starts to review:

- Different health plan types and networks
- How plans share costs, e.g., deductibles, copays, coinsurance
- If you qualify for funding options to lower your costs
- Supplemental plans to protect you from unexpected costs

Call 1-833-363-3673 to speak with a licensed benefit advisor who will review your options and answer your questions.

You may receive a call from us to conduct your pre-enrollment assessment, but you don't have to wait. Call us when you are ready.

Create your Via Benefits profile

Creating a profile on our website helps you review plans and build your benefit package. To set up your profile, go to the Via Benefits website (marketplace.viabenefits.com/ford) and follow the instructions on the screen.

Via Benefits uses a security process that requires two or more credentials to authenticate your identity. When you first look at your profile, you may see that some information is pre-populated. Your former employer or benefits provider shared this information with us.

Insurance carriers update plans and pricing annually in November. You won't be able to view new plans or enroll in new coverage until after insurance carriers make their updates.



Getting to know the characteristics of each plan type will help you narrow your choices.

Reviewing Individual and Family Plan Options

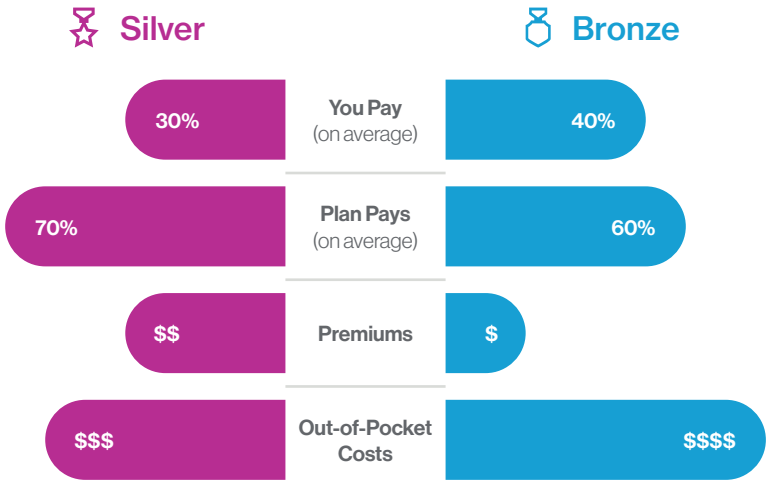
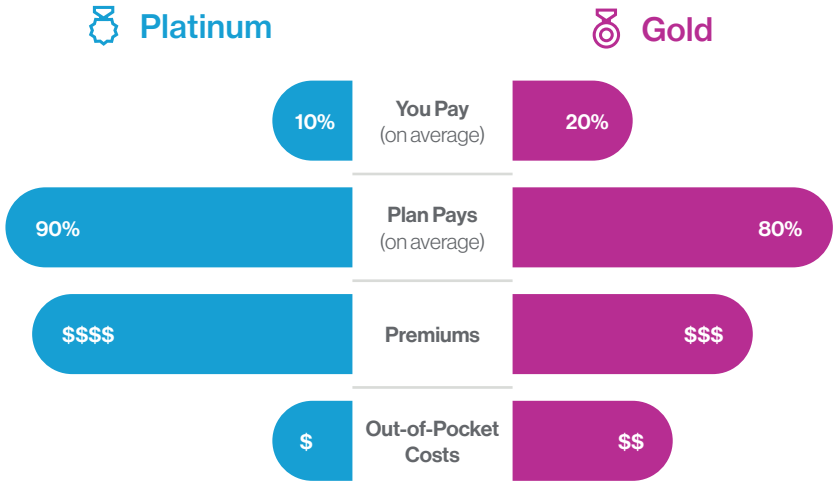
It's good to know the basics of medical plan design.

Health plans will:

- **Cover essential health benefits required by law.** These include preventive care, emergency care, outpatient care, hospitalization, mental health care, and prescription drugs.
- **Have a provider network that includes doctors and other health care providers.** These doctors and providers have agreed to see members under specific rules, including billing at lower rates. Almost all available plans will require you use in-network providers for the service to be covered (most available plans won't cover out-of-network services, except in emergencies).
- **Pay different amounts of your medical expenses.** A plan that pays a smaller percentage of your costs will have a lower monthly premium, while a plan that pays more of your expenses will have a higher monthly premium.
- **Require a deductible.** Like your car insurance, most plans require you to pay a set dollar amount before the plan makes payments.
- **Require cost sharing.** Once you've met your deductible, you'll likely be required to pay a portion of the cost of services through coinsurance or copay.

Plan categories

There are four categories of Individual and Family Plans: Platinum, Gold, Silver, and Bronze. These plans differ based on how you and the plan share the costs of your care but not on the amount or quality of care you receive. Not all plan levels are available in every area. Via Benefits will help you discover what plans are available in your location.



\$\$\$\$ = higher costs \$ = lower costs

Types of health plan networks



Health Maintenance Organizations (HMOs)

This type of plan usually only pays for care that you receive within its network of doctors and hospitals. HMOs require a primary care physician (PCP) for treatment, coordination of care, and specialist referrals.



Exclusive Provider Organizations (EPOs)

This type of managed care plan requires the use of in-network services only, except for emergency care. You don't need a PCP or a referral from a PCP as long as you use in-network services.



Point of Service (POS)

This type of plan allows you to get care inside and outside of the network. You pay less if you use in-network doctors, hospitals, and other health care professionals. POS plans also require a referral from your PCP to see a specialist.



Preferred Provider Organizations (PPOs)

PPOs allow you to get care both inside and outside your network. But when you use out-of-network health care professionals or facilities, you pay more than when you stay in network. You don't need to get a referral from your PCP.

Deductible Types

If you elect a family plan, there are two ways the deductible could be calculated:

- **Embedded approach:** Each member of your family has an individual deductible to meet. If any one of you meets the individual deductible, the plan starts paying coinsurance for that person. If expenses for two or more of you reach the family deductible, all are considered to have met the limit and then the plan will begin paying its share of eligible expenses for the whole family for the rest of the year.
- **Aggregate approach:** As a family, there is one family deductible that applies to all of you. When one, or a combination, of you has expenses that meet the family deductible, it is considered to be met for all of you. Then, the plan will begin paying coinsurance for the whole family for the rest of the year.

Pro Tip

You may want to look for a plan with a specific deductible type based on your particular situation and needs. Contact Via Benefits to help you understand which approach may be best for you.



Snowbirds take note

If you live in more than one state during the year, you'll want to keep the following in mind:

- If available, a PPO might be your best option since you can see out-of-network providers.
- Your plan will cover care at in-network rates for true emergencies regardless of where you are.
- You are unlikely to find individual plans with national plan networks (but you may find a plan that contains a national pharmacy network).
- Look for a plan in the region where your primary providers are located.
- You may be able to use your regular provider's telehealth options when traveling.
- If you prefer to have access to in-network providers near both residences, you have these options:
 - You may switch plans when you arrive at your secondary residence and will qualify for the Permanent Move Special Enrollment Period. (Downside: Out-of-pocket costs toward your deductible and out-of-pocket maximum do not transfer between plans.)
 - You may enroll in two plans at once just not two marketplace plans at once: you must choose at least one off-marketplace plan. (Downside: You'll have to pay two premiums, and your out-of-pocket costs will not transfer between plans.)





Prescription drug information

All available individual and family plans will provide prescription drug coverage, but there are a few things to understand before choosing your plan.

Some plans will have one combined plan deductible for medical and prescription drugs. In these plans, you must meet your full medical deductible before coverage for prescription drugs begins. Other plans will have separate medical and prescription drug deductibles. This is an important consideration for those with higher prescription drug needs.

Once you meet the deductible, the amount you pay in coinsurance or copays generally depends on if the drug is classified as a generic, preferred brand drug, or non-preferred brand drug.

Most plans will only allow you to use their in-network retail pharmacies and will have a home delivery program for mail order. Make sure you pick a plan that includes pharmacies that are convenient for you.

Additional Benefits to Consider

In addition to traditional medical plans available through Via Benefits, we also offer other types of plans that might be right for you. These include short-term medical plans and supplemental health plans.

Short-term medical plans

Short-term medical plans can be a good fit for some retirees between age 62 and 65 looking for lower-cost coverage. Short-term medical plans bridge the gap in health care coverage during a period of transition, including the time between retirement and Medicare eligibility for early retirees.

How it works

Short-term medical plans are customizable, allowing you to select different levels of benefits to align coverage with a variety of needs and budgets. Just like traditional medical plans, they have coinsurance and a deductible and they may have benefit limits. In addition to being less expensive, short-term medical plans don't have provider restrictions, so you can use any doctor and hospital.

While these plans don't meet the minimum essential benefits of the Affordable Care Act (e.g., no preventive care coverage, no unlimited lifetime maximum), short-term medical plans are considered creditable coverage under the law. In addition, these plans aren't eligible for PTCs or CSRs.

You can only enroll in short-term medical insurance and supplemental health plans by speaking with one of our licensed benefit advisors. You can't elect these plans on our website. If you are interested in exploring additional benefits, be sure to mention them during your pre-enrollment call.



Supplemental health plans

Supplemental health plans are a great way to get added protection and peace of mind. Hospital stays, accidents, and unforeseen illnesses are all things we'd rather not think about — but life happens. It's wise to think ahead, and that's where supplemental health insurance can help.

Supplemental health insurance helps you save money. All medical plans have deductibles — some as high as several thousand dollars — along with copays and coinsurance that can be burdensome. Plus, there can be hidden expenses with a significant medical event, such as home care services and durable medical equipment. Supplemental health insurance is a cost-effective way for you to manage these often unexpected out-of-pocket costs.

How it works

Supplemental health insurance policies pay you a cash benefit for covered accidents or illnesses or if you need hospital care. They work independently of a health plan and are paid directly to you, allowing you to choose how to spend the money. This insurance can ease the financial burden of medical care and will enable you to focus on your recovery.

There are different types of supplemental health plans, including those that specifically provide coverage for certain accidents, critical illnesses, and hospitalizations. Some examples of what's typically covered by these plans are burns, fractures, dislocations, heart attacks, strokes, cancers, and hip or knee replacement surgeries.

Pro Tip

High deductible health plans can be a great way to save money on premiums, especially if your expected health care needs are low. Supplemental health plans provide protection from large out-of-pocket costs and can help make enrolling in a plan with a higher deductible (and lower premiums!) an easier choice.



Once Open Enrollment starts, you can enroll. Enroll online to save time. You also have the option to enroll by phone with the help of a licensed benefit advisor. If you choose to enroll by phone, please schedule an appointment on our website or by giving us a call.

Here for You After Enrollment

Via Benefits is your year-round advocate. Our team is available to support you with all types of issues and questions. We're here to assist you!



As a reminder, here are the steps to take to get ready for enrollment.

1



Gather your information

2



Conduct a pre-enrollment assessment
(if you don't call us, we may call you)

3



Complete your online profile

We look forward to assisting you!



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