# Balls Food Stores

## 2026 Medical & Rx Plan Designs

| | Blue Select Plus PPO | Preferred Care Blue PPO | Blue Select Plus HDHP (No Spira) |
|---|---|---|---|
| **Benefit Provisions** | **In-Network** | **In-Network** | **In-Network** |
| | | | |
| **Calendar Year Deductible** | | | |
| Individual | $1,250 | $1,500 | $6,500 |
| Family | $3,125 | $3,750 | $13,000 |
| **Calendar Year Out-of-Pocket Maximum** | | | |
| Individual | $3,500 | $4,000 | $6,500 |
| Family | $7,000 | $8,000 | $13,000 |
| **Coinsurance** | 20% | 20% | 100% |
| **Lifetime Benefit Maximum** | Unlimited | Unlimited | Unlimited |
| | | | |
| **Office Visits** | | | |
| Primary Care Physician | $25 copay | $25 copay | Deductilbe |
| Specialist | $50 copay | $50 copay | Deductilbe |
| Annual Physical Exam | Covered at 100% | Covered at 100% | Deductilbe |
| Teladoc | Covered at 100% | Covered at 100% | Deductilbe |
| **Emergency Medical Care** | | | |
| Emergency Room | 20% after deductible | 20% after deductible | 20% after deductible |
| Urgent Care | $50 copay | $50 copay | $50 copay |
| Ambulance | 20% after deductible | 20% after deductible | 20% after deductible |
| **Hospital Services** | | | |
| Inpatient Services | $100 copay per admission then 20% after deductible | $100 copay per admission then 20% after deductible | $100 copay per admission then 20% after deductible |
| Outpatient Services | 20% after deductible | 20% after deductible | 20% after deductible |
| | | | |
| **Pharmacy Benefits (MedOne)**<br>*Must be purchased at a BFS Pharmacy* | Generic:$10 copay<br>Brand: lesser of $60 or 50%<br>Specialty: lesser of $250 or 20% | Generic:$10 copay<br>Brand: lesser of $60 or 50%<br>Specialty: lesser of $250 or 20% | Generic: $10 copay<br>Brand: lesser of $60 or 50%<br>Specialty: lesser of $250 or 20% |
| **Pharmacy Calendar Year Out-of-Pocket Maximum** | | | |
| Individual | $2,500 | $2,500 | $2,500 |
| Family | $5,000 | $5,000 | $5,000 |
| | | | |
| **Total Potential Out-of-Pocket: (Individual)** | **$6,000** | **$6,500** | **$9,000** |
| **Total Potential Out-of-Pocket: (Family)** | **$12,000** | **$13,000** | **$18,000** |