

Medical Plan Highlights

The chart below reflects the amount you pay for covered services, unless otherwise stated.

	Signature Plan		Choice + HSA Plan		Value + HSA Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Ingram Annual HSA Contribution						
Individual	Not eligible		\$500		\$0	
Family	Not eligible		\$1,000		\$0	
Annual Deductible*						
Individual	\$500	\$700	\$1,650	\$2,600	\$3,300	\$6,000
Family	\$1,000	\$1,400	\$3,300	\$5,200	\$6,600	\$12,000
Out-of-Pocket Maximum**						
Individual	\$2,100	\$4,150	\$3,500	\$7,000	\$5,000	\$10,000
Family	\$4,200	\$8,300	\$7,000	\$14,000	\$10,000	\$20,000
Coinsurance						
	10%***	35%	10%***	40%	10%***	40%
	20%		20%		20%	
Preventive Care						
	\$0	35% after deductible	\$0	40% after deductible	\$0	40% after deductible
Well Baby/Childcare (includes immunizations and injections)						
	\$0	35% after deductible	\$0	40% after deductible	\$0	40% after deductible
Office Visit						
Physician	\$15 copay***	35% after deductible	10% after deductible***	40% after deductible	10% after deductible***	40% after deductible
	\$25 copay		20% after deductible		20% after deductible	
Specialist	\$30 copay***	35% after deductible	10% after deductible***	40% after deductible	10% after deductible***	40% after deductible
	\$40 copay		20% after deductible		20% after deductible	
Virtual Visits (online doctor)						
	\$0	N/A	\$0 after deductible	N/A	\$0 after deductible	N/A
Urgent Care						
	\$75 copay	35% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Emergency Room						
	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible
Inpatient Hospital (includes mental health and substance abuse)						
	20% after deductible	35% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Mental Health Visit (outpatient)						
	\$25 copay	35% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Outpatient Surgery						
	\$250 copay	35% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Physical Therapy (limit 30 visits per year)						
	\$15 copay	35% after deductible	\$15 copay after deductible	40% after deductible	\$15 copay after deductible	40% after deductible

* The Choice + HSA Plan includes a non-embedded deductible. This means that if you are covering any dependents, the family deductible will apply to everyone. All family members' expenses will be combined to meet the family deductible before the plan begins contributing to your family's healthcare expenses. However, if you have Associate Only coverage, only the individual deductible will apply.

** In all three plans, the individual out-of-pocket (OOP) maximum is embedded in the family out-of-pocket (OOP) maximum. This means that if one family member meets the OOP max, that individual doesn't have to wait for the entire family OOP max to be satisfied before the plan pays 100% of his/her covered services.

*** Tier 1 Providers