



# Ingram Industries Inc.

Policy Number: 924851

Network: Choice Plus - Select Plus (CA)

Effective Date: 01/01/2026

## Medical plan coverage details

	Choice + HSA Plan			Value + HSA Plan			Signature Plan		
Annual medical deductibles and out-of-pocket limits	Tier 1/ designated network	Network	Out-of network	Tier 1/ designated network	Network	Out-of network	Tier 1/ designated network	Network	Out-of network
<b>Deductible amounts</b>									
Individual	\$1,700	\$1,700	\$2,600	\$3,400	\$3,400	\$6,000	\$500	\$500	\$700
Family	\$3,400	\$3,400	\$5,200	\$6,800	\$6,800	\$12,000	\$1,000	\$1,000	\$1,400
<b>Out-of-pocket limits</b>									
Individual	\$3,500	\$3,500	\$7,000	\$5,000	\$5,000	\$10,000	\$2,100	\$2,100	\$4,150
Family	\$7,000	\$7,000	\$14,000	\$10,000	\$10,000	\$20,000	\$4,200	\$4,200	\$8,300
Medical copays (\$) and coinsurance (%)	Tier 1/ designated network	Network	Out-of network	Tier 1/ designated network	Network	Out-of network	Tier 1/ designated network	Network	Out-of network
<b>Doctors and other professionals</b>									
Primary care visit (illness or injury)	10% after deductible	20% after deductible	40% after deductible	10% after deductible	20% after deductible	40% after deductible	\$15 Copay	\$25 Copay	35% after deductible
Specialist	10% after deductible	20% after deductible	40% after deductible	10% after deductible	20% after deductible	40% after deductible	\$30 Copay	\$40 Copay	35% after deductible
Mental health visit (outpatient)	10% after deductible	20% after deductible	40% after deductible	10% after deductible	20% after deductible	40% after deductible	\$15 Copay	\$25 Copay	35% after deductible
Preventive care visit	\$0	\$0	40% after deductible	\$0	\$0	40% after deductible	\$0	\$0	35% after deductible
<b>Virtual, urgent and emergency care</b>									
24/7 Virtual Visit (online doctor)	10% after deductible	20% after deductible	Not Covered	10% after deductible	20% after deductible	Not Covered	\$0	\$0	Not Covered
Urgent care visit	20% after deductible	20% after deductible	40% after deductible	20% after deductible	20% after deductible	40% after deductible	\$75 Copay	\$75 Copay	35% after deductible
Emergency room	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible

The above is only a summary. It is not intended to be a complete listing of all plan details.

	Choice + HSA Plan		Value + HSA Plan		Signature Plan	
Physical Therapy (30 visit limit per year)	\$15 Copay	35% after deductible	\$15 Copay	35% after deductible	\$15 Copay	35% after deductible
Speech Therapy (30 visit limit per year)	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	35% after deductible
Chiropractic (30 visit limit per year)	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	35% after deductible



# Common health care terms — good info to know

## Coinsurance

The percentage of costs you pay for a covered health care service after your deductible is reached.

## Copayment

Also called a copay, this is a fixed amount of money you may pay for certain covered health services, like a doctor's appointment.

## Deductible

The amount you pay before your plan starts sharing costs for covered services.

## Out-of-pocket limit

The most you could pay for covered services in a plan year.

## Premium

A routine payment that's typically taken out of your paycheck and helps keep your plan active, so you can stay covered.



## Tier 1/designated network

Includes doctors, specialists and facilities who may offer you the greatest value for your health care benefits. You may pay less when you see Tier 1/designated network doctors and specialists. Look for the blue Tier 1 symbol when searching the network.\*

\*Tier 1 providers may be subject to change, visit [myuhc.com](http://myuhc.com) for the most current information or call the number on your health plan ID card.

[justplainclear.com](http://justplainclear.com)

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These plans have exclusions, limitations and reduction of benefits. For costs and complete details contact your employer.

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