



2026 BENEFITS GUIDE



BENEFITING YOU
— at every stage —



Ingram provides a variety of benefits plans and programs to help you protect and care for yourself and your family. Use this guide as a resource to better understand the benefits you receive as an Ingram associate and what actions you need to take. To thrive, we must be well in our approach to physical health, be prepared for our financial future, and be balanced in the demands that work and life often bring. These core qualities are the fabric of Ingram's total well-being offering.

WELCOME TO YOUR INGRAM BENEFITS!

Eligibility

Associates

You are eligible for Ingram Benefits if you are:

- A regular, full-time associate
- An auxiliary, part-time associate (20 hours per week or 100 days per year)

Dependents

- Lawful spouse (unless you are legally separated) or domestic partner
- Children under age 26 and those of your spouse or domestic partner, including stepchildren or adopted children for whom the final court order has been secured, or who have been placed in your home for adoption purposes
 - Note: Your child(ren)'s coverage will end at the end of the month in which he/she turns 26
- Your disabled child incapable of self-support due to a mental or physical disability that occurred before age 26
- Children for whom the court has granted you **full, legal custody** or guardianship
 - Note: Partial guardianship is not considered full, legal custody and does not qualify the child for coverage.
- Any child for whom you have a legal obligation to provide health insurance coverage under a divorce decree or court order

Verify Dependent Eligibility

Before you can enroll your dependents, you will need to provide documentation verifying their eligibility. Acceptable documentation includes marriage license, tax return, Ingram's Domestic Partner Certification Form, proof of state or municipal domestic partner registry, birth certificate, adoption orders, etc.

- If you do not provide the required documentation, your dependent will not be added.
- If it is determined that an enrolled dependent does not meet the eligibility requirement, that person will be dropped from coverage immediately, and the premiums paid will not be refunded.



For a full list of acceptable documentation or for more information on eligibility requirements for you and your dependents, visit [IngramBenefits.com](https://www.ingrambenefits.com) > **Health** > **Eligibility**.

Mid-Year Changes

Once enrolled, you will not be able to make changes until the next Open Enrollment, unless you experience a Qualifying Change in Status Event. You will have **30 days** from the event to submit your change at [MylIngramBenefits.com](https://www.MylIngramBenefits.com).

Qualifying Change in Status Events

- Change in legal marital status, including:
 - Marriage
 - Death of spouse
 - Divorce
 - Legal separation
 - Annulment
- Change in domestic partnership status, including:
 - Partnership registration
 - Fulfilling requirements of Ingram's Domestic Partner Certification Form
 - Death of domestic partner
 - Termination of domestic partnership
- Change in number of dependents, including birth, adoption, placement for adoption, and death of dependent
- Termination or commencement of employment of any dependent(s)
- A change in hours worked by you or any dependent(s), including a switch between part-time and full-time, or return from an unpaid leave of absence
- Your dependent's plan year differs from Ingram's
- A dependent exceeds age limitations
- You or any dependent(s) become entitled to Medicare or Medicaid
- The plan receives a court order or qualified medical child support order pertaining to health insurance coverage for your dependent



To review a copy of your HIPAA Special Enrollment Rights, visit [IngramBenefits.com](https://www.ingrambenefits.com) > **Resources** > **Documents**.

How to Enroll

Benefitsolver is the enrollment platform available year-round to view your benefits elections or make changes. You also have access to helpful information about your benefits in the Reference Center.

1. Go to **MyIngramBenefits.com**.
2. For first-time users, click the **Register** button on the landing page and complete the required fields to get started. The case-sensitive company key is **Ingram**.
 - Enter your user name and password to log in.
3. Click **Start Here** to explore your options and enroll.
4. Once you've made all your elections, click **I Agree**.

When Coverage Begins

As a new associate, you must enroll in benefits within **30 days of your date of hire or you will not have coverage** for yourself or your eligible dependents.

If you do not enroll, you will only have the following company-paid benefits:

Basic Life and AD&D, Employee Assistance Program (EAP), and Short-Term and Long-Term Disability, if eligible.

| | Marine Group | | | |
|--|--------------|-----------|--------------|-----------|
| | Full-Time | Part-Time | Full-Time | Part-Time |
| Medical/Prescription Drug | Date of hire | | 2 months | |
| Healthcare Flexible Spending Account (FSA) | Date of hire | | 2 months | |
| Health Savings Account (HSA) | Date of hire | | 2 months | |
| Dependent Care FSA | Date of hire | | Date of hire | |
| Commuter | Date of hire | | N/A | |
| Dental | Date of hire | | 2 months | |
| Vision | Date of hire | | 2 months | |
| Life/AD&D | 1 month | | 1 month | |
| Short-Term Disability (STD)* | 6 months | N/A | 6 months | N/A |
| Long-Term Disability (LTD)* | 6 months | N/A | 6 months | N/A |
| Emotional Wellbeing Solutions (EWS)—EAP | Date of hire | | Date of hire | |
| Critical Illness/Accident | 1 month | | 1 month | |
| Group Legal | 1 month | | 1 month | |

* Deckhands and Leadmen are not eligible for STD/LTD.



Health and Welfare Rates

Medical

| | Surest Plan | | | Signature Plan | | |
|-----------------------------------|------------------|------------------|------------------|------------------|------------------|------------------|
| | Base Status Rate | Core Status Rate | Plus Status Rate | Base Status Rate | Core Status Rate | Plus Status Rate |
| Monthly Payroll Premiums | | | | | | |
| Employee Only | \$308.42 | \$188.42 | \$138.42 | \$339.98 | \$219.98 | \$169.98 |
| Employee Plus Spouse | \$496.46 | \$376.46 | \$326.46 | \$565.86 | \$445.86 | \$395.86 |
| Employee Plus Child(ren) | \$434.21 | \$314.21 | \$264.21 | \$493.57 | \$373.57 | \$323.57 |
| Family | \$619.84 | \$499.84 | \$449.84 | \$719.47 | \$599.47 | \$549.47 |
| Bi-Weekly Payroll Premiums | | | | | | |
| Employee Only | \$142.35 | \$86.96 | \$63.89 | \$156.91 | \$101.53 | \$78.45 |
| Employee Plus Spouse | \$229.14 | \$173.75 | \$150.67 | \$261.17 | \$205.78 | \$182.70 |
| Employee Plus Child(ren) | \$200.40 | \$145.02 | \$121.94 | \$227.80 | \$172.42 | \$149.34 |
| Family | \$286.08 | \$230.70 | \$207.62 | \$332.06 | \$276.68 | \$253.60 |

| | Choice + HSA Plan | | | Value + HSA Plan | | |
|-----------------------------------|-------------------|------------------|------------------|------------------|------------------|------------------|
| | Base Status Rate | Core Status Rate | Plus Status Rate | Base Status Rate | Core Status Rate | Plus Status Rate |
| Monthly Payroll Premiums | | | | | | |
| Employee Only | \$279.80 | \$159.80 | \$109.80 | \$212.48 | \$92.48 | \$42.48 |
| Employee Plus Spouse | \$426.84 | \$306.84 | \$256.84 | \$279.00 | \$159.00 | \$109.00 |
| Employee Plus Child(ren) | \$384.47 | \$264.47 | \$214.47 | \$257.71 | \$137.71 | \$87.71 |
| Family | \$516.86 | \$396.86 | \$346.86 | \$324.23 | \$204.73 | \$154.23 |
| Bi-Weekly Payroll Premiums | | | | | | |
| Employee Only | \$129.14 | \$73.75 | \$50.68 | \$98.07 | \$42.68 | \$19.61 |
| Employee Plus Spouse | \$197.00 | \$141.62 | \$118.54 | \$128.77 | \$73.38 | \$50.31 |
| Employee Plus Child(ren) | \$177.45 | \$122.06 | \$98.99 | \$118.94 | \$63.56 | \$40.48 |
| Family | \$238.55 | \$183.17 | \$160.09 | \$149.64 | \$94.26 | \$71.18 |

Dental

| | Delta Dental | | Cigna Dental | |
|--------------------------|--------------|-----------|--------------|-----------|
| | Monthly | Bi-Weekly | Monthly | Bi-Weekly |
| Employee Only | \$13.52 | \$6.24 | \$12.46 | \$5.75 |
| Employee Plus Spouse | \$36.06 | \$16.64 | \$29.11 | \$13.44 |
| Employee Plus Child(ren) | \$38.30 | \$17.68 | \$30.15 | \$13.92 |
| Family | \$51.82 | \$23.92 | \$53.49 | \$24.69 |

Vision

| | VSP | |
|--------------------------|---------|-----------|
| | Monthly | Bi-Weekly |
| Employee Only | \$7.17 | \$3.31 |
| Employee Plus Spouse | \$14.35 | \$6.62 |
| Employee Plus Child(ren) | \$15.35 | \$7.08 |
| Family | \$24.54 | \$11.33 |



BE HEALTHY

MEDICAL PLANS

You have access to four Medical Plans, administered by **UnitedHealthcare (UHC)**. You can use any doctor, but in-network providers offer the highest level of benefits (Choice Plus or Select Plus for California).

- **Surest Plan:** This plan gives you more control of cost and coverage with no deductible and no coinsurance—only copays. When you receive care, you pay a set copay amount and can see that price before making an appointment. Copays also cover services delivered during a visit/admission, meaning you won't experience surprise bills. The Surest Plan includes access to the broad, national UHC network. Surest assigns lower prices for higher-value service options using a "Care Rating," which evaluates doctors based on quality, efficiency, and overall effectiveness of care.

Important: Check costs and compare options in the Surest app prior to making an appointment.

Surest

Policy Number: 78800893
866.683.6440
benefits.surest.com

surest.



- **Signature Plan:** This plan provides you with a high level of benefits. You will pay the most out of your paycheck for this plan; however, office visits only require a copay. For most other services, you will pay a lower deductible (compared to the Choice and Value Plans) plus coinsurance.
- **Choice + HSA Plan:** For this High Deductible Health Plan, you will pay the cost of services, including prescriptions, until you meet the deductible. You can contribute to a tax-advantaged Health Savings Account (HSA) that can be used to pay out-of-pocket healthcare expenses or save for future expenses. Ingram contributes a set amount to your HSA annually.
- **Value + HSA Plan:** This is another High Deductible Health Plan, where you will pay the cost of services, including prescriptions, until you meet your deductible. This plan has the highest deductible and out-of-pocket maximum, but significantly lower premiums. With this plan, Ingram does not contribute to your HSA.

Tier 1 Providers (Signature, Choice + HSA, and Value + HSA Plans): The UnitedHealth Premium® program evaluates physicians using evidence-based medicine and national measures to help you locate high-quality and cost-efficient providers. When you visit a Tier 1 Provider, you pay lower copays (Signature Plan only) and lower coinsurance, which means you share in the savings.

To find a UnitedHealth Tier 1 Provider, go to myuhc.com > **Find Care & Costs** > **Primary Care Providers or Medical Specialists**. Then, look for providers marked with a "Tier 1 Provider" tab.

UnitedHealthcare

Policy Number: 924851
866.204.3120
myuhc.com

 **United
Healthcare**



Medical Plan Highlights

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

| | Surest Plan | | Signature Plan | | Choice + HSA Plan | | Value + HSA Plan | |
|---|------------------|----------------|----------------------|----------------------|-----------------------------|----------------------|-----------------------------|----------------------|
| | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Ingram Annual HSA Contribution | | | | | | | | |
| Individual | Not eligible | | Not eligible | | \$500 | | \$0 | |
| Family | Not eligible | | Not eligible | | \$1,000 | | \$0 | |
| Annual Deductible* | | | | | | | | |
| Individual | \$0 | \$0 | \$500 | \$700 | \$1,700 | \$2,600 | \$3,400 | \$6,000 |
| Family | \$0 | \$0 | \$1,000 | \$1,400 | \$3,400 | \$5,200 | \$6,800 | \$12,000 |
| Out-of-Pocket Maximum** | | | | | | | | |
| Individual | \$4,000 | \$8,000 | \$2,100 | \$4,150 | \$3,500 | \$7,000 | \$5,000 | \$10,000 |
| Family | \$8,000 | \$16,000 | \$4,200 | \$8,300 | \$7,000 | \$14,000 | \$10,000 | \$20,000 |
| Coinsurance | | | | | | | | |
| | 0% | 0% | 10%*** | 35% | 10%*** | 40% | 10%*** | 40% |
| | 0% | 0% | 20% | | 20% | | 20% | |
| Preventive Care | | | | | | | | |
| | 0% | \$100 | \$0 | 35% after deductible | \$0 | 40% after deductible | \$0 | 40% after deductible |
| Well Baby/Childcare (includes immunizations and injections) | | | | | | | | |
| | \$0 | \$100 | \$0 | 35% after deductible | \$0 | 40% after deductible | \$0 | 40% after deductible |
| Office Visit | | | | | | | | |
| Physician | \$10 to \$65 | \$195 | \$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 | \$10 to \$65 | \$195 | \$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 | Not covered | \$0 | N/A | \$0 after deductible | N/A | \$0 after deductible | N/A |
| Urgent Care | | | | | | | | |
| | \$35 | \$105 | \$75 copay | 35% after deductible | 20% after deductible | 40% after deductible | 20% after deductible | 40% after deductible |
| Emergency Room | | | | | | | | |
| | \$450 | \$450 | 20% after deductible | 20% after deductible | 20% after deductible | 20% after deductible | 20% after deductible | 20% after deductible |
| Inpatient Hospital (per admission; includes mental health and substance abuse) | | | | | | | | |
| | \$200 to \$2,500 | Up to \$7,000 | 20% after deductible | 35% after deductible | 20% after deductible | 40% after deductible | 20% after deductible | 40% after deductible |
| Mental Health Visit (outpatient) | | | | | | | | |
| | \$10 | \$100 | \$25 copay | 35% after deductible | 20% after deductible | 40% after deductible | 20% after deductible | 40% after deductible |
| Outpatient Surgery | | | | | | | | |
| | \$75 to \$2,500 | Up to \$7,000 | \$250 copay | 35% after deductible | 20% after deductible | 40% after deductible | 20% after deductible | 40% after deductible |
| Physical Therapy (limit 30 visits per year) | | | | | | | | |
| | \$5 to \$45 | \$135 | \$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 four 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

PRESCRIPTION DRUG PLAN

All four Medical Plan options include prescription drug coverage through **CVS/Caremark**. Your prescription costs will depend on your Medical Plan selection. For a more complete look at your plan features, visit IngramBenefits.com > Health > Prescription Drug.

| | Surest Plan | | Signature Plan | | Choice + HSA Plan | Value + HSA Plan |
|-------------------------------------|--|---------------|--|---------------|---|---|
| | 30-Day Supply | 90-Day Supply | 30-Day Supply | 90-Day Supply | | |
| Annual Deductible | \$0 | \$0 | \$0 | \$0 | Medical deductible applies In-network: \$1,700 for individual coverage and \$3,400 for family coverage** | Medical deductible applies In-network: \$3,400 for individual coverage and \$6,800 for family coverage |
| | | | | | | Some preventive medications are not subject to the deductible—a list of these medications is available at IngramBenefits.com/prescription-drug . |
| Generics | \$8 | \$20 | \$8 | \$20 | Pay the full cost of the medicine up to the deductible, then 20% of cost | |
| Formulary Brand | | | 30% of cost | 30% of cost | | |
| Minimum | \$25 | \$62.50 | \$25 | \$62.50 | | |
| Maximum | \$100 | \$250 | \$100 | \$250 | | |
| Non-Formulary Brand | | | 40% of cost | 40% of cost | | |
| Minimum | \$60 | \$150 | \$60 | \$150 | | |
| Maximum | \$150 | \$375 | \$150 | \$375 | | |
| Specialty | \$25 to \$100 | N/A | 30% of cost | N/A | | |
| | \$0 out-of-pocket if participating in the PrudentRx program* | | \$0 out-of-pocket if participating in the PrudentRx program* | | | |
| Annual Out-of-Pocket Maximum | Medical out-of-pocket maximum applies: In-Network: \$4,000 for individual coverage and \$8,000 for family coverage | | \$2,500 | | Medical out-of-pocket maximum applies: In-Network: \$3,500 for individual coverage and \$7,000 for family coverage—(\$3,500 per individual) | Medical out-of-pocket maximum applies: In-Network: \$5,000 for individual coverage and \$10,000 for family coverage—(\$5,000 per individual) |

Caremark Maintenance Choice®

Maintenance medications (chronic, long-term conditions, such as high blood pressure, high cholesterol, diabetes, etc.) must be filled as a 90-day supply. You may get a 90-day supply at any CVS, Target, Kroger, Costco pharmacy, or through mail order. CVS/Caremark will notify you if your medications are included in this program. It's easy to switch your prescriptions to Maintenance Choice. Just log in to your account at caremark.com or call **800.503.3241**.

Prescription Delivery

If you live within 50 miles of a CVS pharmacy, CVS will ship a 90-day supply of maintenance medications, short-term antibiotics, and medical supplies directly to your home within 1-2 days. If you live within 10 miles of a CVS pharmacy, your order can be delivered within four hours. Contact your local pharmacy for details.

| 1-2 Day Delivery | 4-Hour Delivery |
|---|---|
| ● Live within 50 miles of a CVS pharmacy*** | ● Live within 10 miles of a CVS pharmacy*** |
| Shipping cost may vary | |
| Check with your local pharmacy for delivery details | |

* PrudentRx is a program only available through the Signature Plan to help make specialty drugs more affordable. If a medication you take is eligible, PrudentRx will reach out to you directly to enroll. Enrolled members pay \$0 out-of-pocket for most CVS/Caremark specialty medications.

** 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.

*** Not currently available in Manhattan, New York, and Puerto Rico stores, as well as Navarro pharmacies in South Florida.

For more information on the Prescription Drug plan, including Specialty Medications, Generics, Step Therapy, CVS/Caremark Maintenance Choice®, CVS Tobacco Cessation, CVS Prescription Delivery, and more, visit IngramBenefits.com/prescription-drug.



HEALTH SAVINGS ACCOUNT (HSA)

If you enroll in the Choice + HSA Plan or the Value + HSA Plan, you can take advantage of a Health Savings Account (HSA) administered by **MyChoice**. The HSA can help you save on taxes, pay for out-of-pocket medical, prescription, dental, or vision costs throughout the year, or you can choose to save for future healthcare expenses.

Learn more about the advantages of contributing to an HSA at [IngramBenefits.com](https://www.IngramBenefits.com) > **Benefit Extras** > HSA.

Ingram’s HSA Contribution (Choice + HSA Plan Only)

At the beginning of the year, Ingram contributes to your HSA to help pay for out-of-pocket medical expenses before your deductible is met:

- \$500 for individual coverage
- \$1,000 for family coverage

If you enroll in the HSA during the year, you will receive a prorated amount. You can also add your own money to your account. Both contributions, Ingram’s and yours, belong to you. Keep in mind, Ingram’s contribution applies toward the IRS limits.

2026 IRS Limits

| | Maximum HSA Contribution |
|-----------------|--------------------------|
| Single Coverage | \$4,400 |
| Family Coverage | \$8,750 |
| Age 55 or Older | +\$1,000 catch-up |

Download the MyChoice App



For questions about MyChoice accounts, call **855.883.8541**.

Commuter Benefits

Do you use public transportation as part of your daily commute or pay for parking while at work? If so, you are eligible for this pre-tax benefit administered by **MyChoice** at [MyIngramBenefits.com](https://www.MyIngramBenefits.com). Learn how it works at [IngramBenefits.com](https://www.IngramBenefits.com) > **Benefit Extras** > **Commuter Benefits**.

FLEXIBLE SPENDING ACCOUNTS (FSAs)

There are two types of FSAs—the Healthcare FSA and the Dependent Care FSA. Each account allows you to pay for eligible out-of-pocket expenses incurred during a calendar year using tax-free dollars. It’s important to note that these accounts are separate, and money cannot be moved between them. Learn more about FSAs at [IngramBenefits.com](https://www.IngramBenefits.com) > **Benefit Extras** > **FSAs**.

| | Healthcare FSA | Dependent Care FSA* |
|--|--|---|
| Purpose | Pay for expenses that are not covered by your health insurance. | Pay for daycare for your eligible dependents so you and your spouse can work or actively look for work. |
| Eligibility | <ul style="list-style-type: none"> ● You ● Your spouse and qualifying child(ren) even if they are not covered by Ingram’s health plan ● Your qualifying relative; special IRS rules may allow a family member to be eligible for this plan even if he or she does not qualify as a dependent on your tax return ● Domestic partners may not be eligible dependents | Generally, <ul style="list-style-type: none"> ● Your child(ren) under the age of 13 ● Your disabled spouse ● Any disabled dependent of any age who lives with you at least 8 hours a day |
| Estimate Your Expenses For the Calendar Year | <ul style="list-style-type: none"> ● Deductibles and copays ● Eyeglasses ● Braces | <ul style="list-style-type: none"> ● Hearing aids ● Over-the-counter medications and health items such as bandages |
| Contribution Limits | Visit IRS.gov to view the most recently updated amounts for the plan year. | <ul style="list-style-type: none"> ● Licensed nursery school ● Weekly childcare ● Preschool ● After-school programs ● Eldercare ● Day camp |

* Your Dependent Care FSA election may be reduced as a result of nondiscrimination rules under Internal Revenue Code Section 125. You will be notified if this occurs.

DENTAL PLANS

Ingram offers robust dental plans through **Delta Dental and Cigna Dental**. To get the most from your coverage, check to make sure your provider participates in the network before you enroll.

| Delta Dental Plan | Cigna Dental Plan |
|--|--|
| <ul style="list-style-type: none"> ● The annual deductible applies for all services except diagnostic and preventive services. ● After you meet the deductible, the plan pays a percentage for each eligible service—you pay the remainder. ● See the provider of your choice. However, you will lower your out-of-pocket costs if you use a dentist who is a member of one of the plan's two networks, Delta Dental Premier or Delta Dental PPO. ● To find an in-network dentist, visit deltadentaltn.com or call 800.223.3104. | <ul style="list-style-type: none"> ● The plan provides you with coverage when using a dental HMO (DHMO) provider, with no deductibles or out-of-pocket maximums. ● The plan pays for covered preventive and diagnostic services received from a Cigna DHMO provider. ● Covered services must be obtained from an approved Cigna DHMO provider or by referral from that provider. Before receiving treatment, check that your provider is in the DHMO network. ● To find an in-network dentist, visit cigna.com/dental or call 800.244.6224. |

Dental Plan Highlights

| | Delta Dental Plan Premier or PPO Provider | Cigna Dental Plan* Network Providers Only |
|---|--|--|
| Annual Deductible | \$50 per person, up to \$150 per family (applies to basic, major, dental implant, and orthodontic services combined) | None |
| Diagnostic and Preventive Services (includes oral exams, routine cleanings twice a year, fluoride treatments, X-rays) | Plan pays 100% , no deductible | \$0 copay |
| Basic Services (includes tooth extraction, oral surgery, routine fillings, endodontics, and periodontal treatments) | Plan pays 80% after deductible | You pay a set copay for each procedure listed in the K1109 fee schedule, then the plan pays 100%. |
| Major Services (includes crowns, dentures, partials, implants, and bridges) | Plan pays 50% after deductible | You pay a set copay for each procedure listed in the K1109 fee schedule, then the plan pays 100%. |
| Dental Implants (endosteal implants) | Plan pays 50% after deductible | No coverage |
| Orthodontic Services (includes orthodontic diagnosis and treatment for both adults and children) | Plan pays 50% after deductible, up to \$1,500 per covered person per lifetime | You pay a set copay for each procedure listed in the K1109 fee schedule, then the plan pays 100%. |
| Benefits the Plan Pays (not including orthodontics) | \$1,500 per covered person per calendar year (does not apply to diagnostic and preventive services) | Unlimited |

* Available when there are in-network providers where you live.



VISION PLAN

Ingram offers vision coverage through **VSP Vision Care** to assist you and your eligible dependents with vision needs such as eyeglasses and contact lenses. For more information, call VSP at **800.877.7195**.

Vision Plan Highlights

| | Using VSP Providers, Plan Pays | Using Other Providers, Plan Reimburses |
|---|---|---|
| Vision Exam (each calendar year) | | |
| | 100%, no copay | Up to \$45 |
| Frames* and Eyeglass Lenses (each calendar year) | | |
| Frames | 100% after \$20 copay | Up to \$70 |
| Single Vision | \$175 allowance for wide selection of frames | Up to \$30 |
| Progressive | | Up to \$50 |
| Bifocals | \$225 for featured frames \$95 for frames at Costco, Walmart, and Sam's Club | Up to \$50 |
| Trifocals | | Up to \$65 |
| Contact Lens Care** (each calendar year) | | |
| Lens Exam Fitting and Evaluation | \$60 copay | Up to \$105 |
| Lens Allowance | \$175 | Up to \$105 |

* Most basic frames are covered by the plan; however, there is a limit on the cost of frames. You must pay the cost difference for more expensive frames, minus a 20% discount. Your VSP provider can tell you which styles and options are covered through the Choice Plan.

** In lieu of eyeglass lenses and frames.

VIDA HEALTH

Struggling to manage your weight? Diabetes? Or stress? Do you have goals to exercise more or eat healthier?

Vida Health can help! Vida is a FREE* virtual health program with a focus on mind and body wellness, weight loss, and health condition management. When you join Vida, you will have access to a care team to help you make realistic plans to meet your goals—and to stick with them. You'll be able to schedule virtual sessions or contact members of your care team through chat in Vida's app.

Change is hard. Vida meets you where you are and helps you get to where you want to go.

Learn more about Vida at [vida.com/Ingram](https://www.vida.com/Ingram) or call **855.442.5885**.

* The cost of Vida Health is covered by Ingram.

Download the Vida Health App



NAVIGATE WELLBEING SOLUTIONS

Your Wellness Program

Navigate’s wellness program will help you prioritize your health and wellness—from preventive care to a healthier lifestyle. No matter what your wellbeing goals are, you’ll have the resources at your fingertips to help you do well and be well.

Associates and spouses/domestic partners enrolled in an Ingram Medical Plan must complete the activities below to receive a medical premium incentive in 2027.

- From **January 1, 2026**, to **September 30, 2026**, associates and spouses/domestic partners enrolled in an Ingram Medical Plan will receive a wellness incentive in 2027 based on the activities completed by **December 1, 2026**.
- From **October 1, 2026**, to **December 31, 2026**, hired/rehired or newly enrolled associates or spouse/domestic partners in an Ingram Medical Plan will be **automatically eligible for the Core Rate** in 2027.

| Base (no incentive) | Core (\$120 monthly incentive) |
|-------------------------|---|
| No activities completed | Complete all three of the following: <ul style="list-style-type: none"> • Primary Care Physician (PCP) Form: Preventive exam including biometrics • Health Assessment • Tobacco-free affidavit or tobacco cessation |

| Plus (\$170 monthly incentive) | | |
|--|--|--|
| Complete Core level activities plus three of the following: | | |
| <ul style="list-style-type: none"> • Healthy outcomes for 3 out of 5 biometrics (blood pressure, BMI, glucose, total cholesterol, triglycerides) • OB/GYN screening • Mammogram | <ul style="list-style-type: none"> • PSA (prostate-specific antigen) screening • Prostate exam • Hearing exam • Dental exam • Vision exam | <ul style="list-style-type: none"> • Skin exam • Fecal occult blood test • Colonoscopy • Flu shot • Covid booster • Shingles vaccination |



Visit myingramwellness.com for details and to get started.



BE PREPARED

INCOME PROTECTION BENEFITS

To protect you and your family against financial loss, Ingram provides Life Insurance and Accidental Death and Dismemberment (AD&D) Insurance. The Income Protection program includes: Basic Coverage provided at no cost to you, and Supplemental Coverage that you can purchase for yourself and your eligible dependents.

| Plan | Coverage Details |
|---|--|
| Company-Paid Benefits (provided at no cost to you) | |
| Basic Life Insurance* | 2× your annual salary Maximum: \$500,000 |
| Basic AD&D Insurance | 2× your annual salary Maximum: \$500,000 |
| Associate-Paid Benefits (you can purchase) | |
| For You | |
| Supplemental Life Insurance* | 1 to 5× your annual salary Maximum: \$750,000 |
| Supplemental AD&D Insurance | 1 to 10× your annual salary Maximum: \$1,000,000 |
| For Your Spouse | |
| Spouse Life** | Increments of \$10,000 Maximum: 50% of your Life Insurance coverage or \$100,000 (whichever is less) |
| Spouse AD&D | Increments of \$1,000 Maximum: 100% of your AD&D Insurance or \$250,000 (whichever is less) |
| For Your Child(ren) | |
| Child Life*** | \$10,000 |

* Coverage amount is reduced by 50% at age 70.

** Amounts over \$30,000 require Evidence of Insurability, and coverage ends when the associate turns 74.

*** Child(ren) must be between 14 days old and 26 years old to qualify.

VOLUNTARY BENEFITS

Critical Illness and Accident Insurance

Voluntary benefits administered by Voya provide an added layer of financial protection for you and your family. This benefit will help cover any extra out-of-pocket expenses if you suffer an unexpected, serious illness or qualifying accident.

For more information, go to IngramBenefits.com > **Income Protection** > **Voluntary Benefits**.

Wellness Benefit Payment

This payment is available each year when you and your covered dependents complete a health screening test.

| | Critical Illness Insurance | Accident Insurance |
|------------------------|----------------------------|--------------------|
| Associate/Spouse/Child | \$50 | \$75 |

For a full list of eligible health screening tests, go to IngramBenefits.com > **Income Protection** > **Voluntary Benefits**.

DISABILITY COVERAGE

Disability coverage, offered at no cost to you, provides income protection if you are unable to work due to sickness, injury, or recent childbirth. To be eligible, you must be a regular, full-time associate with at least six months of continuous service. (Deckhands and Leadmen are not eligible for disability benefits.)

Short-Term Disability (STD)

STD coverage only applies to a non-work-related injury or sickness that causes physical or mental impairment to such a degree of severity that you are continuously unable to perform the duties of your regular job.

Coverage will begin after being disabled and out of work for seven consecutive days to satisfy the Elimination Period.

STD Payment Schedule

| Full-Time Service at Disability | % of Base Pay |
|---------------------------------|---------------|
| 0 to 6 Months | 0% |
| 6 Months to 2½ Years | 50% |
| 2½ Years to 5 Years | 60% |
| 5 Years to 10 Years | 75% |
| 10+ Years | 90% |

Benefits will end when your disability ends or after 150 days when you become eligible for Long-Term Disability—whichever comes first.

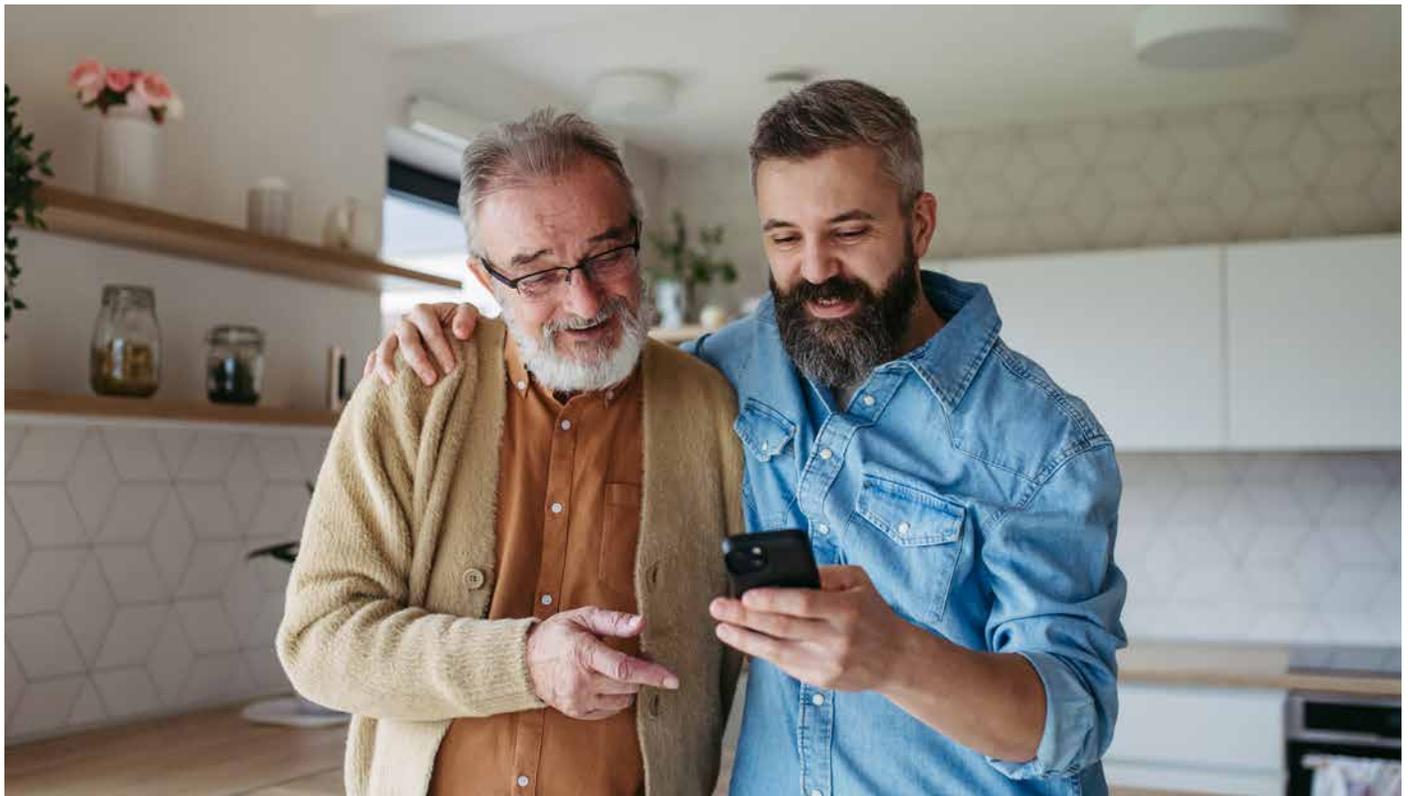
Long-Term Disability (LTD)

To be eligible, you must remain disabled and unable to work for more than 150 days.

LTD coverage provides you 60% of your salary up to a \$25,000 maximum monthly benefit. Monthly benefits will be reduced by other coverages. Be sure to notify Prudential if other sources of disability income take effect.

Benefits continue until you are no longer disabled, or until you reach your Normal Retirement Age as determined by the Social Security Act. The duration of paid benefits may vary if you are disabled after age 60 and if you have certain health conditions. Certain exclusions and limits for pre-existing conditions apply.

Visit [IngramBenefits.com](https://www.ingrambenefits.com) > **Income Protection** for more details on Income Protection benefits including eligibility, Evidence of Insurability requirements, and coverage amounts.





INGRAM 401(k) RETIREMENT PLAN

Opening and contributing to a 401(k) Plan is one of the easiest ways to save and invest for life after your career. Visit [IngramBenefits.com](https://www.ingrambenefits.com) > **Financial Wellness** > **Ingram 401(k) Retirement Plan** for more details on retirement savings, including details on the company contribution, vesting, and more.

How it Works

- Approximately 30 days after your date of hire, you will be automatically enrolled at a 5% contribution rate. This amount will be deducted from each paycheck.
- For new hires, your contribution percentage will automatically increase 1% per year, up to 15%.
- You may change your contribution percentage (up to 50% of your eligible compensation) or opt out at any time.
- You have two contribution options:
 - Pre-tax: Contributions are made before taxes are withheld, reducing the amount of federal income tax you pay.
 - Roth 401(k): An after-tax option in which the earnings on your investments grow tax-free, provided certain requirements are met.
- Contributions are deposited into a personal retirement account. You decide how the funds are invested.
- **Company match:** There is no waiting period to receive the company match. You will receive the entire match—100% of the first 5% of eligible compensation you contribute to your 401(k)—from day one.
- **Vesting:** Your contributions and earnings are always 100% vested. After two years of service, you will become 100% vested in the company-matching contributions, meaning you own 100% of the funds in your 401(k).
- Go online to myplan.johnhancock.com to change deferral and/or investment elections, beneficiaries, and more.

Register Your Retirement Account

Registering your retirement account is an important step to safeguard the money you've worked hard to save. To register, go to myplan.johnhancock.com > **Register now**.

Download John Hancock's Retirement App



Beneficiary Information

Keep your beneficiary updated. Your beneficiary designation shows how you want your savings distributed in the event that something happens to you. Keep in mind, beneficiary elections for life insurance are separate designations that don't carry over to your Ingram 401(k) Retirement Plan.



FINANCIAL WELLNESS

Financial Wellness Through Prudential

This digital platform helps you explore how well you are spending, planning, and protecting your money and assets. You have access to a robust and comprehensive online resource that can help you on your path to financial well-being. Customize your experience:

1. Go to www.prudential.com/ingram and create a profile.
2. Select the **Interests** tab and choose content that fits your needs.
3. Take the self-assessment to know where you stand financially.

Banking Benefits

Through our relationship with Bank of America, you can take advantage of the Bank of America Preferred Rewards program and receive Plus tier benefits.

To participate you will need to:

1. Have an existing or new eligible personal Bank of America checking account.
2. Set up your Ingram payroll direct deposit into an eligible Bank of America checking or savings account.
3. Once your direct deposit is confirmed, enroll in Preferred Rewards to start receiving Plus tier benefits.

This program offers:

- **Preferred Rewards Plus tier**—After you enroll, you'll enjoy a wide range of benefits and rewards based on the ways you save, spend, and borrow with Bank of America.
- **Financial education**—Offering a wide range of resources that can help you learn about finances and make it easier to pursue your financial goals.
- **Digital tools**—Mobile and digital banking can help you bank securely from almost anywhere, plus get easy access to personalized help.

MetLife Personal Finance

MetLife Personal Finance is a free app you can use to set goals and build better money habits. You can assess your spending habits and then, with the help of the app, make managing your finances more enjoyable. MetLife Personal Finance is with you every step of the way, helping you build momentum and make you feel more confident. Some ways MetLife Personal Finance supports your goals is by helping you:

- Build a budget
- Assess finances
- Reduce monthly bills
- Cancel unwanted subscriptions

Download the Free Personal Finance App





BE BALANCED

EMOTIONAL WELLBEING SOLUTIONS (EWS)

Your Employee Assistance Program

Emotional Wellbeing Solutions through Optum, part of UHC, provides you and your family with a full range of services and support for everyday life. This confidential counseling service is available 24/7 and can help with: relationship problems, conflicts, parenting, family issues, stress, anxiety, depression, and eldercare support, as well as legal and financial concerns.

You can have up to eight face-to-face counseling sessions per issue, per year, at no cost to you.

How to Access Services

- Visit liveandworkwell.com (access code **Ingram**).
- Call **866.374.6061**.

Calm Health by UHC

Calm is your go-to app whenever you need to recenter and destress, and it's available at no cost to you. Calm offers personalized content and programs focused on better sleep, less stress, and more mindfulness—all from your pocket, anytime, anywhere.

To access Calm, sign in to www.myuhc.com > **Coverage & Benefits** > **Mental Health** > **Explore all your mental health benefits** > **Calm Health**.

Be Balanced Benefit Extras

Legal Plan

Ingram's Legal Plan provides affordable options for a range of legal services through **MetLife**.

How MetLife Can Help

- **An Experienced Attorney Network:** Access the largest attorney network available; use an out-of-network attorney and be reimbursed for part of the costs.
- **Comprehensive Coverage:** With over 100 legal matters covered under the plan, you can see attorneys as many times as you need to throughout the year.
- **Caregiving Support:** Unlimited access to highly trained experts who can help manage the care of you and your loved ones.
- **Access to Digital Tools:** A simple online process to complete wills, living wills, and durable power of attorney documents.
- **Attorney Hours:** Four hours of legal consultation at no cost to you, for matters such as child custody, DUIs, divorce, and more.

Go to IngramBenefits.com > **Benefit Extras** for more information on these money-saving benefits!

YOUR BENEFITS INFORMATION

We want you to be informed and have easy-to-find benefits information when you need it. Use the resources below if you have questions or want to explore the many options available to you and your family.

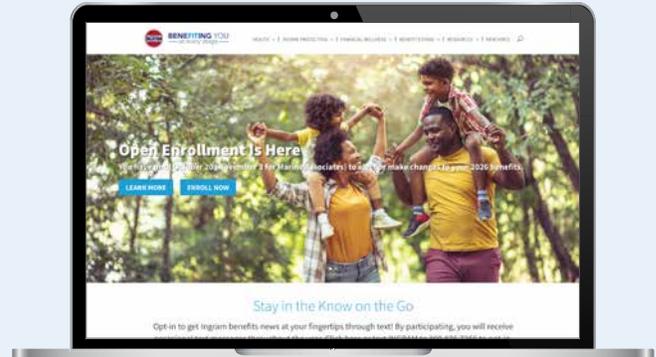
Benefits Information at Your Fingertips

Easy Access to Your Benefits

Visit **IngramBenefits.com**

From your computer, phone, or tablet, you have 24/7 access to benefits plan details, legal notices, well-being tools, benefits vendor contacts, and more! Check back often for benefits news and updates.

Opt-in for Benefits-Related Text Messages



Ingram Benefits Department



800.876.7266

Fax: 615.298.8219

medical@ingram.com

401(k) Questions

866.415.4015



View benefits elections and make changes.

MyIngramBenefits.com

Enroll or Make Changes



Use the **MyChoice App** when you need your medical plan ID card, want to enroll new dependents, want to know about certain coverages, need to chat with a Member Services Advocate, and more.



CONTACT INFORMATION

| Plan | Carrier | Contact Information |
|--|--------------------------------------|--|
| Carrier/Administrator Resources | | |
| Medical | UnitedHealthcare | 866.204.3120 myuhc.com |
| Signature Choice + HSA Value + HSA | | 866.683.6440 benefits.surest.com |
| Surest | | |
| Prescription | | CVS/Caremark 800.503.3241 caremark.com |
| Benefits Enrollment | Benefitsolver | 877.399.5349 MyIngramBenefits.com |
| HSA, FSA, and Commuter Benefits | MyChoice | 855.883.8541 MyIngramBenefits.com |
| Navigate Wellness Program | Navigate | 888.885.5394 MyIngramWellness.com |
| Dental | Delta Dental | 800.223.3104 deltadentaltn.com |
| | Cigna Dental | 800.244.6224 cigna.com/dental |
| Vision | Vision Service Plan (VSP) | 800.877.7195 vsp.com |
| Virtual Health Program | Vida Health | 855.442.5885 vida.com/Ingram |
| Life, AD&D, and Disability | Prudential | 800.524.0542 (Life) 877.367.7781 (Disability) |
| Emotional Wellbeing Solutions (EWS)—EAP | Optum | 866.374.6061 liveandworkwell.com Company access code: Ingram |
| Group Legal Plan | MetLife | 800.821.6400 clientservice@legalplans.com |
| Critical Illness and Accident Insurance | Voya | 877.236.7564 presents.voya.com/EBRC/IngramIndustries |
| Ingram 401(k) Retirement Plan | Manulife Retirement— John Hancock | 800.294.3575 myplan.johnhancock.com |





This guide provides you with highlights of your benefits plans. It is not a complete, detailed description of your benefits plans. For more details about the plans, see your Summary Plan Descriptions. If there is a difference between this guide or the Summary Plan Descriptions and the actual plan documents that govern the plans, the plan documents will be followed. The company reserves the right to amend or terminate the plans in whole or in part at any time.

Legal Notices and plan documents can be found at [IngramBenefits.com](https://www.ingrambenefits.com). You may print notices directly from the site or request a copy from the Ingram Benefits Department.



BENEFITING YOU
— at every stage —