

# Benefits Enrollment Guide **FOR 2025**















Oct 4 - 18 Open Enrollment

Oct 28 Confirmations Available



# 2025 Benefits

# It's Your Chance to Choose 🕥

# **Passive Enrollment**

If you are happy with your benefits, do nothing. They will roll over to 2025, except for FSAs. You must enroll in your FSAs during Open Enrollment. They do not roll over year to year.

## **Medical Plans**

We are happy to announce that there will be no changes to the deductibles, co-pays, or maximum out-of-pocket expenses for the BCBS plans. However, due to rising medical costs, there will be a premium increase to each plan. See inside for the rates.

## **Vision Plans**

Starting January 1, 2025, there will be some changes to the benefits and costs of Vision with VSP. The good news is that both the Core Plan and the Premium Plan will increase the allowance for frames . The Core Plan will increase the allowance from \$150 to \$160, and the Premium Plan will increase the allowance from \$180 to \$200. This means you will have more money to spend on your frames , and you will save more on the remaining balance. There will be a slight increase to the premiums. See inside for the new rates.

## Life Insurance

For the first time in many years, optional teammate and spouse life insurance rates will increase for 2025. Life rates will be calculated during open enrollment in eServe.

# **Health Savings Account (HSA)**

If you enroll in the High Deductible Health Plan through BCBS you are eligible for an HSA with Bank of America. This enrollment starts after Open Enrollment closes. To ensure you receive the company contribution, make sure you enroll by end of November 2024! More information can be found on Teammate Center.

MEDICAL BENEFITS OVER	X V I E V V	eammates may not change	
BLUE CROSS BLUE SHIELD TEXAS	HIGH DEDUCTIBLE HEALTH PLAN <sup>3</sup> WITH HEALTH SAVINGS ACCOUNT		
Network Used	PREFERRED PROVIDER ORGANIZATION (PPO)		
COVERAGE OPTIONS	PRE-TAX BI-WEEKLY RATES		
Teammate Only	\$23	5.06	
Teammate & Spouse	\$87.94		
Teammate & Child(ren)	\$54.79		
Teammate & Family	\$106.70		
PLAN BENEFITS	IN-NETWORK	OUT-OF-NETWORK	
Calendar Year Deductible <sup>1</sup> Individual <sup>2</sup> Family <sup>3</sup>	$\$2,000\\ \$4,000^3$ Family deductible applies if coverage is other than Teammate Only.	\$4,000 \$8,000 <sup>3</sup> Family deductible applies if coverage is other than Teammate Only.	
Out-of-Pocket Maximum¹ Individual Family	\$3,000 \$6,000	\$6,000 \$12,000	
Preventive Care	100% covered <sup>4</sup>	Limited Coverage⁵	
Physician Office Visit Primary <sup>6</sup> Specialist	20% after deductible 20% after deductible	40% after deductible 40% after deductible	
Inpatient Hospital (precertification required)	20% after deductible	40% after deductible	
Outpatient Facility Services	20% after deductible	40% after deductible	
Emergency Room Services <sup>7</sup>	20% after deductible	If "emergency," you pay 20% after deductible. If not "emergency," you pay 40% after deductible.	
Urgent Care Center Services	20% after deductible	If "emergency," you pay 20% after deductible; if not "emergency," you pay 40% after deductible.	
Prescription Drugs — Retail (34-day supply) Generic Preferred Brand Non-Preferred Brand Lifestyle (e.g. hair loss, smoking cessation, etc.)	After deductible, you pay : \$5 copay 40% (\$100 max) 40% (\$100 max) 50% copay	After deductible, you pay: 100% of the cost and will need to file a paper claim for reimbursement.	
Prescription Drugs — Mail Order (90-day supply) Generic Preferred Brand Non-Preferred Brand Lifestyle (e.g. hair loss, smoking cessation, etc.)	After deductible, you pay: \$10 copay 40% up to \$200 40% up to \$200 50% copay	Not Covered	

¹ Plan deductibles are included in the out-of-pocket maximums.² Individual deductible is for Teammate Only coverage. ³ Family deductible applies if coverage is other than Teammate Only. ⁴ Dependir for preventive care are only for routine mammograms, prostate specific antigen (PSA) tests, pap smears and colorectal screenings (note: screenings and routine exams are not the same as diagnos Any life-threatening or disabling health problem is a true emergency.

# plans during the calendar year, even with a qualifying event. EXCEPTION: Medicare enrollment during plan

<u></u> IN-NETWOR	CONLY PLAN	CORE	EPLAN	
BLUE HIGH PERFORMA	NCE NETWORK (HPN)	PREFERRED PROVIDER ORGANIZATION (PPO)		
PRE-TAX BI-W	/EEKLY RATES	PRE-TAX BI-WEEKLY RATES		
\$44	1.05	\$59.12		
\$168	3.70	\$236.46		
\$98.31		\$131.21		
\$200.48		\$275.40		
IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	
\$1,250 \$2,500	Not Covered	\$1,250 \$2,500	\$2,500 \$5,000	
\$4,000 \$8,000	Not Covered	\$4,000 \$8,000	\$8,000 \$16,000	
100% covered <sup>4</sup>	Not Covered	100% covered <sup>4</sup>	Limited coverage⁵	
\$25 copay \$75 copay	Not Covered	\$30 copay \$80 copay	40% after deductible 40% after deductible	
20% after deductible	Not Covered	20% after deductible	40% after deductible	
20% after deductible	Not Covered	20% after deductible	40% after deductible	
If "emergency" \$300 to \$900 copay, waived if admitted. If not "emergency," you pay 20% after deductible.	If "emergency" \$300 to \$900 copay, waived if admitted.  If not "emergency",  not covered.	If "emergency" \$300 to \$900 copay, waived if admitted. If not "emergency," you pay 20% after deductible.	If "emergency" \$300 to \$900 copay, waived if admitted. If not "emergency," you pay 40% after deductible.	
\$70 copay	Not Covered	\$75 copay	\$75 if not "emergency" or "urgent," you pay 40% after deductible.	
\$5 copay 40% (\$100 max) 40% (\$100 max) 50% copay	Not Covered	\$5 copay 40% (\$100 max) 40% (\$100 max) 50% copay	You pay 100% of the cost and will need to file a paper claim for reimbursement.	
\$10 copay 40% up to \$200 40% up to \$200 50% copay	Not Covered	\$10 copay 40% up to \$200 40% up to \$200 50% copay	Not Covered	

year allows for limited plan change.

#### **NO DEDUCTIBLE PLAN**

# PREFERRED PROVIDER ORGANIZATION (PPO) PRE-TAX BI-WEEKLY RATES \$99.48 \$350.38 \$209.07

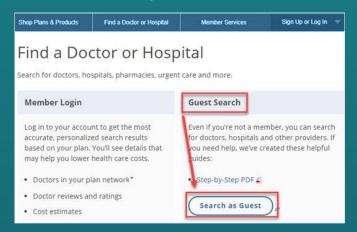
\$436.89

IN-NETWORK	OUT-OF-NETWORK		
\$0 \$0	\$2,000 \$4,000		
\$4,000 \$8,000	\$8,000 \$16,000		
100% covered <sup>4</sup>	Limited Coverage⁵		
\$35 copay \$85 copay	30% after deductible 30% after deductible		
\$1,500 copay per admission	30% after deductible		
\$500 copay	30% after deductible		
If "emergency" \$500 to \$900 copay, waived if admitted.	If "emergency" \$500 to \$900 copay, waived if admitted. If not "emergency," you pay 30% after deductible.		
\$80 copay	30% after deductible		
\$5 copay 40% (\$100 max) 40% (\$100 max) 50% copay	You pay 100% of the cost and will need to file a paper claim for reimbursement.		
\$10 copay 40% up to \$200 40% up to \$200 50% copay	Not Covered		

# **△ In-Network Only Plan**

#### BLUE HIGH PERFORMANCE NETWORK SM

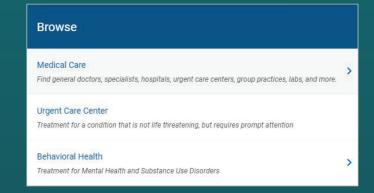
- Uses the BCBS High Performance Network (HPN).
  This is a different network than the other plans use.
- Even though this is a BCBS plan, your current BCBS provider may not participate in this HPN.
- NO coverage outside of the HPN.
- This may not work for dependents living outside of the HPN service area.
- Begin by going to bcbstx.com/find-a-doctor-or-hospital and click Search as Guest
- Teammates must search as a Guest (not as a Member Login) to view doctors or hospitals in the INO Plan



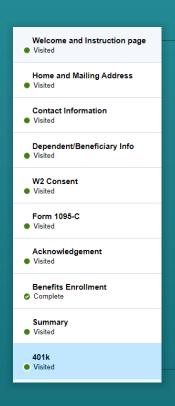
 Select the Network, then enter City, State or Zip Code AND Browse by Category (or enter Name)



If "Browse by Category" is selected, click Category AND select Specialty.







# **Getting Started**

# Instructions for logging in

- Go to mclaneco.com, click on Login, then Login Here under Teammate Portal.
- Begin by going to Mclaneco.com, click My McLane, then click eServe Login. Once logged in, click the Open Enrollment tile.
- Visit all categories on left side of screen from Welcome and Instruction page to 401(k). Tasks turn green as you visit each section. Process is finished when Benefits Enrollment task indicates Complete.
- Review your Confirmation Statement which will be made available on eServe October 28, 2024. If you have any changes to your confirmation statement they must be turned into your HR Department by November 1, 2024.

### **BI-WEEKLY RATES**

Medical rates are listed inside this brochure at the top of the Medical Benefits Overview chart.

Benefi	t Option	Teammate Only	Teammate & Spouse	Teammate & Child(ren)	Teammate & Family
DENTAL MetLife	Dental Plan I	\$4.92	\$12.57	\$12.99	\$18.45
	Dental Plan II	\$7.15	\$16.76	\$34.34	\$40.30
VISION Vision Service	Vision Core Plan	\$2.90	\$4.65	\$4.74	\$7.65
Plan (VSP)	Vision Premium	\$3.93	\$6.28	\$6.42	\$10.35
ACCIDENT Lincoln Financial	Accident Insurance	\$1.86	\$3.06	\$2.96	\$4.11
HOSPITAL Lincoln Financial	Hospital Confine- ment Insurance	\$2.70	\$7.02	\$5.46	\$10.45
CRITICAL ILLNESS Lincoln Financial	Critical Illness Insurance	Rates vary based on coverage, age, and who is covered. See chart in Benefits Guide or during online enrollment for your cost.			
LEGAL MetLife	Legal Plan	\$8.35. One deduction covers all family members.			
TEAMMATE BASIC LIFE	Basic Life 1x Annual Base Pay	Fully paid by McLane Not Available  See chart in Benefits Guide or during online enrollment for your cost.			
Lincoln Financial	Optional Life			t for your cost.	
TEAMMATE AD&D	Basic AD&D (Doubles Basic Life)	Fully paid by McLane Not Available \$0.012 per \$1,000 of coverage			
(Accidental Death & Dismemberment)	Optional Teammate				
Lincoln Financial Optional Family		\$0.017 per \$1,0	\$0.017 per \$1,000 of coverage		
TEAMMATE LONG-TERM	Teammate LTD (Rates are bi-weekly	Plan 1 (2 yrs) Plan 2 (5 yrs) Plan 3 (to SS retirement a		retirement age)	
DISABILITY (LTD)	rates per \$100 of coverage)	\$0.198	\$0.368	\$0.	732

For full list of rates, refer to full benefits guide on eServe. Rates will also be shown during the online enrollment process.

For more information, contact your Benefits Team at benefits 411@mclaneco.com or call 888-403-6089.





# MENTAL HEALTH RESOURCES

# Resources for Those in Crisis

If you, a family member or a coworker is in crisis, use one of these resources:

**National Suicide Prevention Lifeline** 

∿ 988 or (800) 273-8255, press 1

Text or chat: 988

**Veterans Crisis Line** 

**\( (800) 273-8255** 

**☞** Text HELP to 838255

Trevor Project (LGBTQ+)

**\( (866) 488-7386** 

**₱** Text START to 678678

# **Employee Assistance Program (EAP)**

Our EAP offers free, confidential support, information and tools to all full-time and part-time teammates and their families 24/7.

**PHONE**: (800)-327-2151



**APP:** Download the GuidanceNow app from the App Store or Google Play **ONLINE:** www.guidanceresources.com (Web ID: MCLANE).



# Learn to Live (BCBS Members)

For BCBS plan members, Learn to Live offers free online programs for stress, anxiety and worry, depression, social anxiety, insomnia and substance use.

**ONLINE:** www.bcbstx.com (choose Wellness and find Digital Mental Health)



**APP:** Download the **Learn to Live** app from the App Store or Google Play

# **MDLIVE (BCBS Members)**

BCBS plan members can connect with licensed psychiatrists and psychologists using your smartphone, tablet or computer.

**№ PHONE: 888-680-8646 ● TEXT: BCBSTX** to **635-483** 



**APP:** Download the MDLIVE app from the

App Store or Google Play

ONLINE: www.MDLIVE.com/bcbstx

# **Kaiser HMO Members**

For McLane teammates in CA and GA enrolled in an HMO, Kaiser offers a variety of programs at no cost to you.

- Headspace: Daily meditation and mindfulness content for stress, sleep and more
- Ginger: One on one support for anxiety, stress, grief, and more
- Classpass: Workout access to 40,000 gyms and studios
- Calm App: Practicing mindfulness with Calm can help you build resilience and support your overall emotional health and wellness
- MyStrength: Make small changes that improve sleep, mood and more, or simply support an overall sense of wellbeing



# McLane Benefits Team

PHONE: (888) 403-6089

EMAIL: benefits411@mclaneco.com

# **IMPORTANT CONTACTS**

CONTACT	WEBSITE	PHONE
BLUE CROSS BLUE SHIELD  No Deductible Plan—(Group #152506)  Core Plan—(Group #90271)  In-Network Only Plan—(Group #322919)  High Deductible Health Plan (HDHP)— (Group #90281)	bcbstx.com/mclane BlueCard Doctor & Hospital Finder	(866) 363-7936
24/7 Nurseline	N/A	(800) 581-0368
MDLIVE	MDLIVE.com/bcbstx	(888) 680-8646
Oncology Support	N/A	(800) 327-8497
Hinge Health	hingehealth.com/mclane	(855) 902-2777
SurgeryPlus	mclane.surgeryplus.com	(855) 713-1569
Prescription Drug—ExpressScripts, Inc. (Group #MCLANRX)	Express-Scripts.com	(855) 315-6433
Health Savings Account (HSA)—Bank of America	myhealth.bankofamerica.com	(866) 791-0250
Dental Plans I & II—MetLife (Group #303258)	mybenefits.metlife.com/ benefitslogin	(800) 942-0854
Vision—VSP Core & Premium (Group #30050523)	vsp.com	(800)877-7195
Flexible Spending Account (FSA) Optum Financial	secure.optumfinancial.com	(844) 579-7619
FMLASource	FMLASource.com	(866) 380-0680
Legal Plan - MetLife (Access Code 9903814)	info.legalplans.com	(800) 821-6400
Disability and Life Insurance Lincoln Financial Group	mylincoInportal.com	Disability (877) 321-1139 Life/AD&D (888) 787-2129
LINCOLN FINANCIAL GROUP Accident Insurance Hospital Indemnity Insurance Critical Illness Insurance	www.lfg.com	(800) 423-2765
Global Emergency Travel Services Lincoln Financial Travel Connect	mysearchlightportal.com Enter Group ID: LFGTravel123	(866) 525-1955 WITHIN THE U.S. & CANADA (603) 328-1955 (call collect) OUTSIDE THE U.S. & CANADA
Identity Theft Services Will Preparation Program Lincoln Financial Group LifeKeys Services	guidanceresources.com (Click register and type code: LifeKeys)	(855) 891-3684
Employee Assistance Program (EAP)—ComPsych	guidanceresources.com	(800) 327-2151
Medicare Choice Group	visit.medicarechoicegroup .com/mclane	(855) 754-1452
401(k) Plan—Merrill (Group #301436)	benefits.ml.com	(800) 228-4015
PerkSpot Discount Program	mclaneco.perkspot.com	E-mail Customer Service at: cs@perkspot.com