



Benefits Enrollment Guide

FOR 2025



Oct 4 - 18 Open Enrollment

Oct 28 Confirmations Available



To enroll in 2025 benefits, visit
eServe or scan the QR code.

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 OVERVIEW

Teammates may not change

BLUE CROSS BLUE SHIELD TEXAS	HIGH DEDUCTIBLE HEALTH PLAN ³ WITH HEALTH SAVINGS ACCOUNT	
Network Used	PREFERRED PROVIDER ORGANIZATION (PPO)	
COVERAGE OPTIONS	PRE-TAX BI-WEEKLY RATES	
Teammate Only	\$23.06	
Teammate & Spouse	\$87.94	
Teammate & Child(ren)	\$54.79	
Teammate & Family	\$106.70	
PLAN BENEFITS	IN-NETWORK	OUT-OF-NETWORK
Calendar Year Deductible ¹ Individual ² Family ³	\$2,000 \$4,000 ³ <small>Family deductible applies if coverage is other than Teammate Only.</small>	\$4,000 \$8,000 ³ <small>Family deductible applies if coverage is other than Teammate Only.</small>
Out-of-Pocket Maximum ¹ Individual Family	\$3,000 \$6,000	\$6,000 \$12,000
Preventive Care	100% covered ⁴	Limited Coverage ⁵
Physician Office Visit Primary ⁶ 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 ⁷	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 Depending on 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 diagnosis). 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

⚠️ IN-NETWORK ONLY PLAN		CORE PLAN	
BLUE HIGH PERFORMANCE NETWORK (HPN)		PREFERRED PROVIDER ORGANIZATION (PPO)	
PRE-TAX BI-WEEKLY RATES		PRE-TAX BI-WEEKLY RATES	
\$44.05		\$59.12	
\$168.70		\$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 ⁴	Not Covered	100% covered ⁴	Limited coverage ⁵
\$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

on how your doctor codes the bill for your preventive care visit, you may be responsible for some of the charges (e.g. office visit copay or lab work). ⁵ Out-of-network payments for certain procedures. ⁶ Primary care physicians (PCP) include internists, OB/GYN, pediatricians or family practitioners. All other types of providers are Specialty Care Physicians (SCP). ⁷

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% covered⁴

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](https://www.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.

To enroll in 2025 benefits,
visit eServe or scan the
QR code.



Welcome and Instruction page
● Visited
Home and Mailing Address
● Visited
Contact Information
● Visited
Dependent/Beneficiary Info
● Visited
W2 Consent
● Visited
Form 1095-C
● Visited
Acknowledgement
● Visited
Benefits Enrollment
✓ Complete
Summary
● Visited
401k
● Visited

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.

Benefit 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 Plan (VSP)	Vision Core Plan	\$2.90	\$4.65	\$4.74	\$7.65
	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 Confinement 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 Lincoln Financial	Basic Life 1x Annual Base Pay	Fully paid by McLane	Not Available		
	Optional Life	See chart in Benefits Guide or during online enrollment for your cost.			
TEAMMATE AD&D (Accidental Death & Dismemberment) Lincoln Financial	Basic AD&D (Doubles Basic Life)	Fully paid by McLane	Not Available		
	Optional Teammate	\$0.012 per \$1,000 of coverage			
	Optional Family	\$0.017 per \$1,000 of coverage			
TEAMMATE LONG-TERM DISABILITY (LTD)	Teammate LTD (Rates are bi-weekly rates per \$100 of coverage)	Plan 1 (2 yrs)	Plan 2 (5 yrs)	Plan 3 (to SS retirement age)	
		\$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 benefits411@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



ONLINE: www.kp.org

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	mylincolnportal.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