



New Hire Benefits Enrollment Guide

FOR 2025





This booklet highlights the main features of many of the benefit plans sponsored by McLane Company, Inc. Full details of these benefits are contained in the legal documents (such as plan documents and policy contracts) governing the plans. Coverage is subject to change during the plan year to comply with federal law. If there is any discrepancy or conflict between the legal documents and the information presented here, the legal documents will govern. In all cases, the legal documents are the exclusive source for determining rights and benefits under the plans. Participation in the plans does not constitute an employment contract. McLane reserves the right to modify, amend, or terminate any benefit plan or practice described in this Enrollment Book. Nothing in this book guarantees that any new plan provisions will continue in effect for any period of time. This book serves as a summary of material modifications as required by the Employee Retirement Income Security Act of 1974, as amended. Vendor discount programs may change at any time.

IMPORTANT: If you have Medicare, or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see pages 60-61 for more details.

Table of Contents

ENROLLING

Enrolling in Your Benefits for 2025	5
Who Can Enroll	5
Dependent Verification	6
Making Changes to Your Benefits	7

RATES

How Much Your Benefits Cost Per Paycheck	9
--	---

MEDICAL/PHARMACY

Medical	14
Health Savings Accounts	25
Pharmacy	29

DENTAL/VISION

Dental	31
Vision	34

LIFE/DISABILITY

Life and Accidental Death & Dismemberment	35
Disability	36

FSA

Flexible Spending Accounts	40
--------------------------------------	----

LEGAL PLAN

Legal Plan	43
----------------------	----

401(k)

401(k) Plan	45
-----------------------	----

VOLUNTARY BENEFITS

Accidental Injury	49
Hospital Indemnity	51
Critical Illness	52

ID CARDS

Generic Benefit ID Cards	56
------------------------------------	----

NOTICES

Required Notices	57
----------------------------	----

CONTACTS

Contact Information	63
-------------------------------	----



BlueCross BlueShield of Texas



Nurses available anytime you need them

24/7 NURSELINE

Health concerns don't always follow a 9-to-5 schedule.

Fortunately, registered nurses are on call to answer your health questions and give general health tips 24 hours a day, seven days a week.

Our nurses can answer your health questions and try to help you decide whether you should go to the emergency room or urgent care center or make an appointment with your doctor. You can also call the 24/7 Nurseline whenever you or your covered family members need answers to health questions about:

- Asthma
- Back pain
- Diabetes
- Dizziness or severe headaches
- High fever
- A baby's nonstop crying
- Cuts or burns
- Sore throat
- And much more

Plus, when you call, you can access an audio library of more than 1,200 health topics — from allergies to women's health — with more than 600 topics available in Spanish.

Note: For medical emergencies, call 911 or your local emergency services first. This program is not a substitute for a doctor's care. Talk to your doctor about any health questions or concerns.



Call 800-581-0368 to get the information you need, just when you need it.

Part-time Teammates
may only enroll in
401(k) Plan benefits.

Who Can Enroll

Who You Can Enroll For McLane Benefits

- Yourself
- Your legal spouse
- Your children
 - Natural children
 - Stepchildren
 - Legally adopted children
 - Foster children*
 - Children for whom you have court-appointed legal guardianship

How Long Children May Stay on the Benefits Plans

- Children may stay on your medical, dental, vision, and child life insurance plans until age 26.
- Physically or mentally disabled children may stay on your benefits plans regardless of age, as long as you provide proof of disability. Disabled children must be declared disabled prior to their 26th birthday.

Enrolling Grandchildren

You may enroll your grandchildren if you are their court-appointed permanent legal guardian. Proof will be required.

**Foster children are not eligible for Child Life and/or Accidental Death & Dismemberment insurance.*

Each Teammate Must Enroll Separately

You may NOT cover your spouse or child as a dependent, even if your child is under the age of 26, if she/he is eligible for benefits as a teammate.



Dependent Verification

Proof of Family Member Status

You must provide written proof of your marriage and/or legal relationship to your dependents when you add family members to the McLane benefits plans. For example, you may be asked to provide one or more of the following:

- Marriage certificate
- Prior year tax return
- Recent bank statement
- Recent utility bill
- Birth certificate - children under age 26
- Court orders
- Social Security numbers

How Do I Certify My Dependents?

To maintain compliance with our plan documents, and to help manage the cost of benefits for our teammates and our company, McLane requires that all dependents enrolled in a McLane benefit plan be verified as having a legal relationship with our teammate. This applies to all dependents, whether those of a new hire, a rehire, or a new dependent joining a McLane plan as a result of birth or marriage. Your local Human Resource department has a list of documents that are acceptable to verify your dependent's eligibility.

- For each dependent that you have, find the eligibility requirements and also a list of document options on the Acceptable Documents list. Eligibility requirements can be found in the Summary Plan Description(s), or the information can be obtained from your Human Resource department.
- Complete the required forms, including Social Security numbers and dates of birth, for all dependents (required).
- Once your dependents have been verified, enroll your dependents in your benefits selections.

Making Changes to Your Benefits

You can make certain changes to your benefits during Open Enrollment or when you experience a Qualifying Event.

Open Enrollment

- Open Enrollment typically occurs in the fall each year.
- You may change most of your benefits during this time.
- Changes made during Open Enrollment take effect on the following January 1st.

Qualifying Events

A Qualifying Event is an IRS-approved life event that allows you to make consistent changes to some of your benefits during the plan year.

Examples include :

- Marriage
- Divorce
- Birth, adoption, or placement of a child for adoption
- Court-appointed legal guardianship of a child
- Death
- Gain or loss of state or federal medical coverage
- Your spouse gains or loses benefits through his or her work
- Your child no longer qualifies (he or she turns 26 years of age)
- Medicare enrollment (limited plan changes allowed)

Limit on Making Changes

When one of these life events occurs, you have **60 days** to notify your local Human Resource department and make allowed changes. Otherwise, you will not be allowed to make a benefit change until the next annual Open Enrollment.

If you have a Qualifying Event and need to make changes to your benefits , follow the steps below.

Don't forget the newborns!

Newborn children are NOT automatically added to your coverage. You must contact your local Human Resource department to add them to your current benefits within 60 days of their birth. You must complete a Qualifying Event (QE) form and provide a birth certificate showing you as the mother or father.

MUST BE COMPLETED IN LESS THAN 60 DAYS

1. Experience a Qualifying Event.
2. Complete a Qualifying Event change form and beneficiary designation form (if needed), and any other additional forms needed to support the qualifying event.
3. Attach supporting documentation.
4. Return the form(s) and documentation to your local Human Resource department.

This list shows examples of supporting documentation. Please note that McLane reserves the right to request adequate documents to confirm and audit proof of your family status.

SUPPORTING DOCUMENTATION FOR QUALIFYING EVENTS	
Marriage	<ul style="list-style-type: none">Government-issued marriage certificate <p><i>And one of the following items:</i></p> <ul style="list-style-type: none">Prior year tax return or;Recent bank statement or;Recent utility bill
Divorce	<ul style="list-style-type: none">Certified Copy of Divorce Decree
Birth or Adoption	<ul style="list-style-type: none">Government-issued birth certificate listing the teammate as the mother or fatherAdoption placement agreement and petition for adoptionLegal adoption certificate
Death of Dependent	<ul style="list-style-type: none">Certified copy of the death certificate
Spouse/Dependent Loss of Coverage Gains Coverage	<ul style="list-style-type: none">Documentation supporting the loss of coverage or gaining coverageCOBRA paperworkConfirmation formInsurance card with effective date
	<p><i>IF APPLICABLE</i></p> <ul style="list-style-type: none">Government-issued marriage certificate <p><i>And one of the following items:</i></p> <ul style="list-style-type: none">Prior year tax return or;Recent bank statement or;Recent utility bills
Loss/Gain of Medicare/Medicaid Entitlement (including CHIP)	<ul style="list-style-type: none">Letter from Medicare/Medicaid

Note: If none of these are available please contact the benefits department.



Teammates may not change plans during the calendar year, even with a qualifying event. *Exception: Medicare enrollment during plan year allows for limited plan changes.*

How Much Your Benefits Cost Per Paycheck

BI-WEEKLY RATES - BENEFITS COST PER PAYCHECK

BENEFIT OPTION		TEAMMATE ONLY	TEAMMATE & SPOUSE	TEAMMATE & CHILD(REN)	TEAMMATE & FAMILY
MEDICAL CARE BCBS TX PHARMACY Express Scripts	High Deductible Health Plan	\$23.06	\$87.94	\$54.79	\$106.70
	In-Network Only Plan	\$44.05	\$168.70	\$98.31	\$200.48
	Core Plan	\$59.12	\$236.46	\$131.21	\$275.40
	No Deductible Plan	\$99.48	\$350.38	\$209.07	\$436.89
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 Indemnity 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 on pages 12-13 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 on page 11 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	

**Note: you may not cover your spouse or any children as a dependent
If he or she is a McLane teammate.**

Optional Life Insurance Costs

This chart shows the rates used for your bi-weekly teammate, spouse, and child coverage costs.

TEAMMATE & SPOUSE LIFE

AGE	BI-WEEKLY RATE PER \$1,000
< 25	\$0.023
25-29	\$0.028
30-34	\$0.037
35-39	\$0.042
40-44	\$0.056
45-49	\$0.090
50-54	\$0.130
55-59	\$0.198
60-64	\$0.305
65-69	\$0.586
70+	\$0.951

CHILD LIFE

BENEFIT	FLAT BI-WEEKLY RATE
\$5,000	\$0.339
\$10,000	\$0.678
\$20,000	\$1.355
One rate covers all of the eligible children you have listed when you enroll.	

Calculating Teammate and Spouse Optional Life Insurance Costs

Follow this example to calculate your bi-weekly optional life insurance costs for yourself and your spouse. To find your cost for spouse coverage, use your spouse's age in Step 3.

	EXAMPLE	TEAMMATE	SPOUSE
1. Write down your coverage amount (multiples of \$1,000):	\$60,000		
2. Divide by 1,000:	\$60		
3. Multiply by rate from chart (example - age 46):	\$0.090		
4. Your bi-weekly cost:	\$5.40		

Critical Illness Rates

TEAMMATE | BI-WEEKLY PREMIUMS | \$10,000

ATTAINED AGE	TEAMMATE	TEAMMATE & SPOUSE	TEAMMATE & CHILD(REN)	TEAMMATE & FAMILY
0 - 24	\$0.89	\$1.47	\$1.20	\$1.79
25 - 29	\$0.99	\$1.69	\$1.31	\$2.01
30 - 34	\$1.28	\$2.30	\$1.60	\$2.62
35 - 39	\$1.90	\$3.41	\$2.21	\$3.73
40 - 44	\$2.57	\$4.54	\$2.89	\$4.86
45 - 49	\$4.00	\$6.79	\$4.32	\$7.11
50 - 54	\$6.21	\$9.96	\$6.53	\$10.28
55 - 59	\$9.02	\$14.03	\$9.34	\$14.35
60 - 64	\$11.44	\$17.72	\$11.76	\$18.04
65 - 69	\$13.66	\$21.32	\$13.98	\$21.64
70+	\$18.55	\$29.28	\$18.87	\$29.60

TEAMMATE | BI-WEEKLY PREMIUMS | \$20,000

ATTAINED AGE	TEAMMATE	TEAMMATE & SPOUSE	TEAMMATE & CHILD(REN)	TEAMMATE & FAMILY
0 - 24	\$1.77	\$2.94	\$2.41	\$3.58
25 - 29	\$1.98	\$3.38	\$2.61	\$4.01
30 - 34	\$2.57	\$4.61	\$3.20	\$5.24
35 - 39	\$3.79	\$6.82	\$4.43	\$7.45
40 - 44	\$5.14	\$9.08	\$5.78	\$9.72
45 - 49	\$8.00	\$13.59	\$8.64	\$14.22
50 - 54	\$12.42	\$19.92	\$13.05	\$20.55
55 - 59	\$18.05	\$28.06	\$18.68	\$28.70
60 - 64	\$22.88	\$35.44	\$23.52	\$36.07
65 - 69	\$27.32	\$42.65	\$27.96	\$43.28
70+	\$37.11	\$58.57	\$37.74	\$59.20

For more details, take the shortcut to pages 53-54.

Critical Illness Rates

TEAMMATE | BI-WEEKLY PREMIUMS | \$30,000

ATTAINED AGE	TEAMMATE	TEAMMATE & SPOUSE	TEAMMATE & CHILD(REN)	TEAMMATE & FAMILY
0 - 24	\$2.66	\$4.42	\$3.61	\$5.37
25 - 29	\$2.96	\$5.07	\$3.92	\$6.02
30 - 34	\$3.85	\$6.91	\$4.80	\$7.86
35 - 39	\$5.69	\$10.23	\$6.64	\$11.18
40 - 44	\$7.71	\$13.62	\$8.66	\$14.58
45 - 49	\$12.00	\$20.38	\$12.96	\$21.33
50 - 54	\$18.62	\$29.87	\$19.58	\$30.83
55 - 59	\$27.07	\$42.09	\$28.02	\$43.04
60 - 64	\$34.32	\$53.16	\$35.28	\$54.11
65 - 69	\$40.98	\$63.97	\$41.94	\$64.92
70+	\$55.66	\$87.85	\$56.61	\$88.81

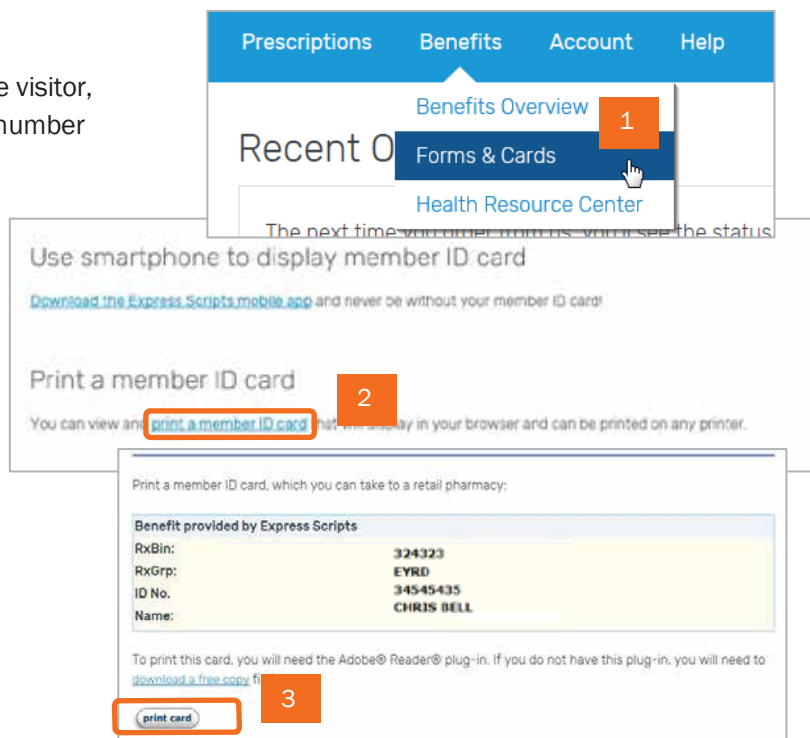
Print and Virtual Member ID Cards

You can print your member ID card from express-scripts.com or view your virtual member ID card on your smartphone using the **Express Scripts® mobile app**

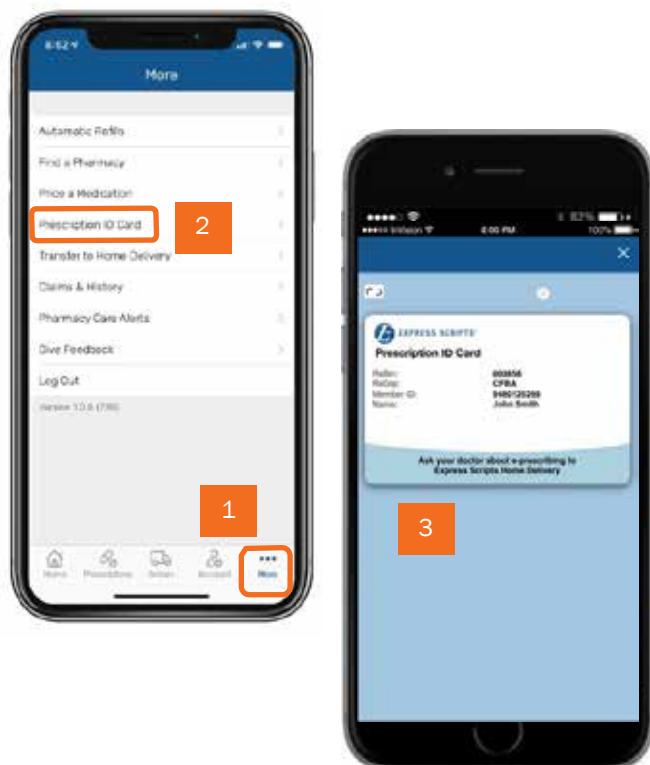
Print your member ID card

Log in to express-scripts.com. If you are a first-time visitor, take a moment to register using your member ID number or Social Security number (SSN).

1. From the home page, select **Forms & Cards** from the menu under **Benefits**
2. Scroll to 'Print a member ID card' and click 'print a member ID card'
3. An image of your **member ID card** will appear. Click 'print card' and follow your printer's prompts, if needed.



View your virtual member ID card



Log in to the **Express Scripts mobile app**.¹ If you have never registered via the app or express-scripts.com, take a moment to register using your member ID number or Social Security number (SSN). Touch and facial recognition ID login are available on some devices.

1. Tap the **menu** on your device.
2. Tap **Prescription ID card** and
3. Your virtual card will appear.

¹ The app is compatible with most iPhone®, iPad®, and Android® mobile devices. Search for "Express Scripts" in your app store and download the app for free.

Medical Plans

McLane sponsors four medical plans administered by BlueCross BlueShield (BCBS) of Texas :



- **High-Deductible Health Plan**
- **In-Network Only Plan**
- **Core Plan**
- **No-Deductible Plan**

The High Deductible, Core and No-Deductible plans include access to BCBS’s nationwide Preferred Provider Organization (PPO) network of doctors and hospitals. The In-Network Only plan specifically uses the Blue High Performance Network.

All four plans cover the same medical services, including most preventive care, office visits, prescription drugs, and inpatient care. Each plan covers preventive care at 100%.

WITH IN-NETWORK PROVIDERS, YOU:	WITH OUT-OF-NETWORK PROVIDERS, YOU:
Pay less for services	Pay more for services
Get a higher level of benefits	Get a lower level of benefits
Don't have to file claim forms	Must file claim forms

No out-of-network coverage for the In-Network Only plan.

Important Definitions

- Coinsurance:** Once you meet your deductible, you and McLane share covered expenses. Your share is called coinsurance.
- Copay/Copayment:** A fixed dollar amount you pay for certain services such as office visits.
- Deductible:** The amount you pay each calendar year before the plan begins to pay for covered services.
- Guaranteed Issue :** No health questionnaire is needed to enroll in the benefit.
- Network:** Are identified Physicians, Behavioral Health Practitioners, Professional Other Providers, Hospitals, and other facilities that have entered into agreements with BCBSTX (and in some instances with other participating Blue Cross and/or Blue Shield Plans).
- Network Provider:** A Hospital, Physician, Behavioral Health Practitioner, or Other Provider who has entered into an agreement with BCBSTX (and in some instances with other participating Blue Cross and/or Blue Shield Plans).
- In-Network Benefits:** Benefits available under the Plan for services and supplies that are provided by a contracted Network Provider. Services performed by Network Providers are discounted and are covered at a higher plan reimbursement rate.
- Out-of-Network Provider:** A Hospital, Physician, Behavioral Health Practitioner, or Other Provider who has not entered into an agreement with BCBSTX (or other participating Blue Cross and/or Blue Shield Plans).
- Out-of-Network Benefits:** The benefits available under the Plan for services and supplies that are provided by an Out-of-Network Provider. Services performed by Out-of-Network Providers are not discounted and are covered at a lower plan reimbursement rate.
- Out-of-Pocket Maximum (OOP):** The maximum dollar amount of deductible, coinsurance, and medical copays you pay out of your own pocket in a plan year (January 1 to December 31).
- Preferred Provider Organization (PPO Plan):** A plan option that lets you choose care from any provider you wish, but charges you less when you use providers from the “preferred” list for covered services.
- PCP:** Primary Care Physician
- SCP:** Specialty Care Physician

Important Information about McLane's Medical Plans

High-Deductible Health Plan (HDHP)

- You pay 100% of the full discounted or negotiated cost of all services, including doctor's visits and prescriptions, until you meet your deductible.
- In-network preventive care is covered at 100%.
- The annual deductible is met by the entire family's expenses being added together
- For prescription drugs, once you have met the annual deductible, you will then pay only a copay for your prescriptions until you reach your out-of-pocket maximum.
- In order to enroll in HDHP, you must open a Health Savings Account either with Bank of America (company-provided account) or through your personal bank. Fees may apply for this type of account.
- A Health Savings Account (HSA) works in conjunction with the HDHP to help you cover out-of-pocket expenses. See pages 26-27 for more information.
- The deductible counts toward the out-of-pocket maximum, after which the plan pays 100% of eligible expenses for the balance of the calendar year.

In-Network Only Plan

- Only uses BCBS Blue High Performance Network
- For in-network doctor's office visits where no procedures are performed, you pay a copay and the plan covers the rest.
- In-network preventive care is covered at 100%.
- Most procedures (lab, radiology, etc.) require that you pay 20% coinsurance after deductible.
- Narrower network than the Core, No Deductible, and High Deductible Health Plans.
- No out-of-network coverage - unless life-threatening emergency.
- Might not be the right option for teammates with dependents living outside of major metro areas.
- Great option for those that want to pay less out of their paycheck, less out of pocket when they go to the doctor, and can stay in the narrower network.

Core Plan

- For in-network doctor's office visits where no procedures are performed, you pay a copay and the plan covers the rest.
- In-network preventive care is covered at 100%.
- Most procedures (lab, radiology, etc.) require that you pay 20% coinsurance after deductible.

No-Deductible Plan

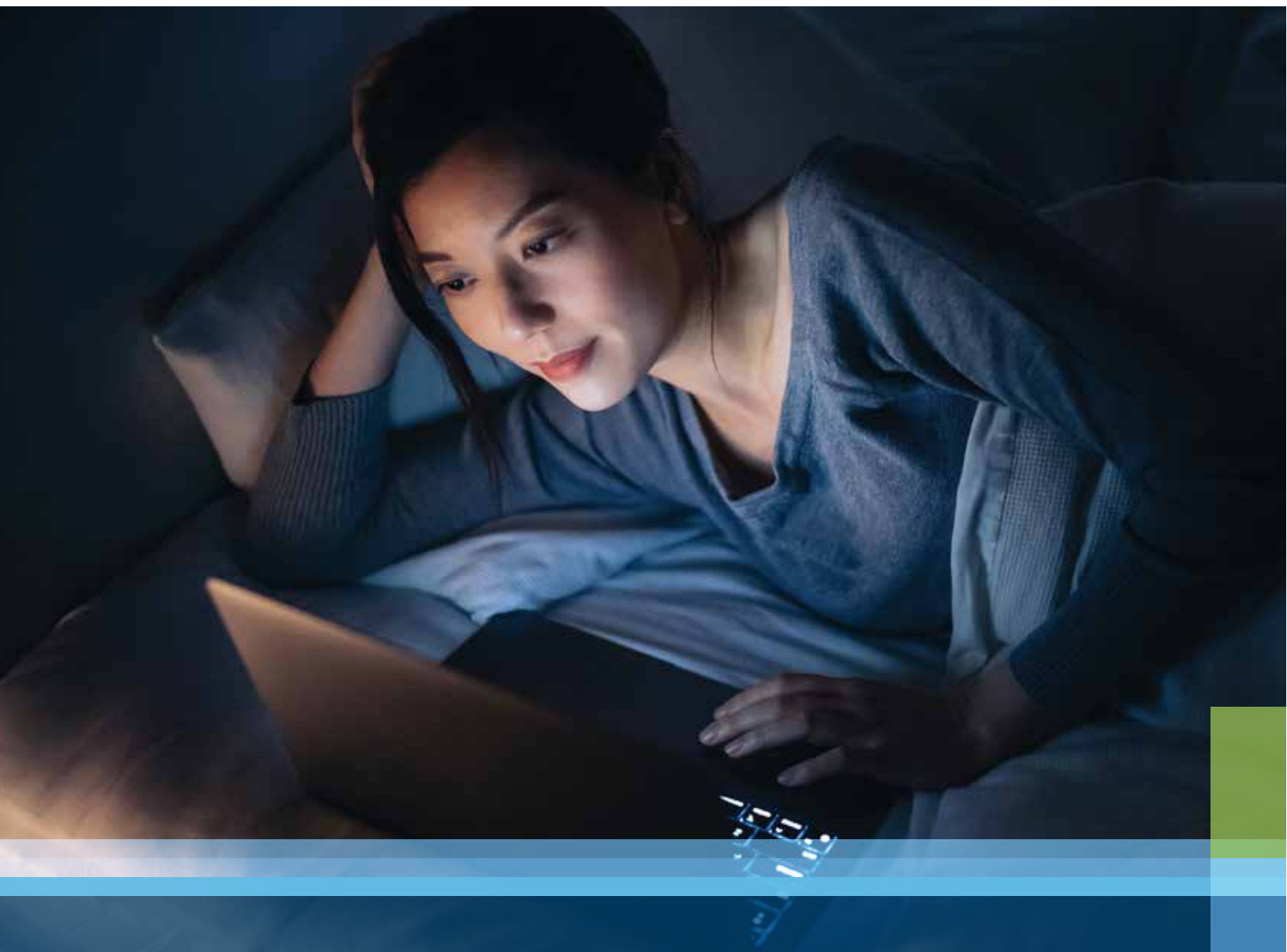
- Zero deductible!
- For most in-network office visits and services, you pay a copay.
- In-network preventive care is covered at 100%.
- Each benefit has a specified copay instead of deductible and coinsurance.

MEDICAL PLAN COMPARISON CHART

KEY POINTS	HDHP	IN-NETWORK ONLY PLAN	CORE PLAN	NO DEDUCTIBLE PLAN
Has office visit copays	NO, full contracted amount	YES	YES	YES
Has prescription drug copays up to out-of-pocket maximum	YES, after deductible	YES	YES	YES
Deductible counts toward out-of-pocket maximum	YES	YES	YES	No Deductible
Copays count toward deductible	N/A	NO	NO	No Deductible
Copays count toward out-of-pocket maximum	N/A	YES	YES	YES
Eligible for Health Savings Account (HSA) with contribution from McLane	YES	NO	NO	NO
Network Used	Preferred Provider Organization (PPO)	Blue High Performance Network	Preferred Provider Organization (PPO)	Preferred Provider Organization (PPO)



BlueCross BlueShield of Texas



Virtual Visits: **Get Cost-Effective, 24/7 Care**

With Virtual Visits from MDLIVE[®], the doctor is always in. This Blue Cross and Blue Shield of Texas (BCBSTX) benefit gives you access to 24/7 non-emergency care from a board-certified doctor or therapist by phone, online video or mobile app from almost anywhere.

Skip expensive ER bills and waiting to see a doctor. You can speak with a Virtual Visits doctor within minutes.

Services are available in both English and Spanish with translation services available in other languages.

Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation,
a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

Powered by
MDLIVE

Why Virtual Visits?

- 24/7 access to an independently contracted, board-certified doctor or therapist
- Access via phone, online video or mobile app from almost anywhere
- Average wait time of less than 20 minutes
- Doctors can send e-prescriptions to your local pharmacy

The Virtual Visits benefit is a convenient alternative for treatment of more than 80 health conditions, including:

- Allergies
- Cold/Flu
- Fever
- Headaches
- Nausea
- Sinus infections

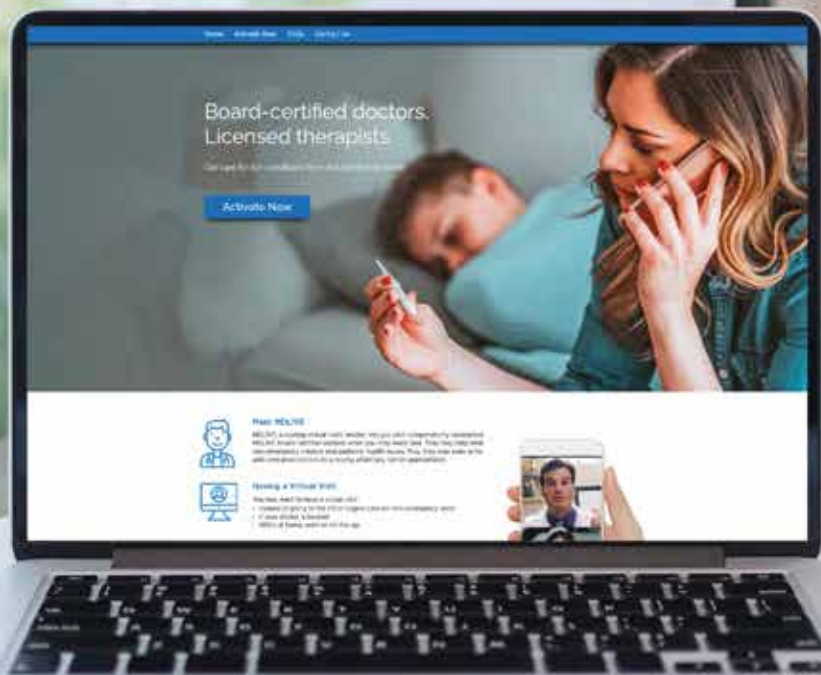
Virtual Visits sessions with licensed behavioral health therapists are available by appointment. Get virtual care for:

- Depression
- Eating disorders
- ADHD
- Substance use disorders
- Trauma and PTSD
- Autism spectrum disorder

First, call your doctor's office; they may also offer telehealth consultations by phone or online video. If you have any questions about this or any other BCBSTX benefit, please call the number on the back of your ID card.

Activate your Virtual Visits account today:

- Call 888-680-8646
- Go to MDLIVE.com/bcbstx
- Text BCBSTX to 635-483
- Download the app



Virtual Visits may be limited by plan. For providers licensed in New Mexico and the District of Columbia, Urgent Care service is limited to interactive online video; Behavioral Health service requires video for the initial visit but may use video or audio for follow-up visits, based on the provider's clinical judgment. Behavioral Health is not available on all plans.

MDLIVE is a separate company that operates and administers Virtual Visits for Blue Cross and Blue Shield of Texas. MDLIVE is solely responsible for its operations and for those of its contracted providers. MDLIVE® and the MDLIVE logo are registered trademarks of MDLIVE, Inc., and may not be used without permission.

Blue Cross®, Blue Shield® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

Create an account for fast, hassle-free health care. Anytime. Anywhere.

MDLIVE offers reliable 24/7 health care by phone or video for hundreds of medical and mental health needs.

HOW TO CREATE AN ACCOUNT THROUGH THE MDLIVE WEBSITE



- 1 Visit **mdlive.com/bcbstx** and click "Activate Now."



- 2 Enter your BCBSTX member ID number and date of birth. If you're a dependent, enter the **primary policy holder's ID information** and **your date of birth**. Click "Continue."



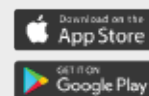
- 3 Create your username and password and then complete your profile. **Please enter your name exactly as shown on your member ID card**. Click "Submit."



- 4 Your secure MDLIVE account is now created. We'll send you an email; just click "Sign In To Your Account" to load your MDLIVE dashboard.

HOW TO CREATE AN ACCOUNT THROUGH THE MDLIVE APP

- 1 Get the MDLIVE app in the App Store or Google Play Store.



- 2 Click "Create Account." Enter your email address and create a password. Then complete your profile information on the next page. Click "Submit."



- 3 Enter the required information as shown on your BCBSTX member ID card and verify your coverage. If you're a dependent, enter the **primary policy holder's information**.

- 4 Your secure MDLIVE account is now created. We'll send you an email; just click "Sign In To Your Account" to load your MDLIVE dashboard.



Meet Sophie, your MDLIVE personal assistant. Sophie can guide you in creating your account. Text BCBSTX to 635483 to get started.

Create your account today.
mdlive.com/bcbstx | (888) 680-8646


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**

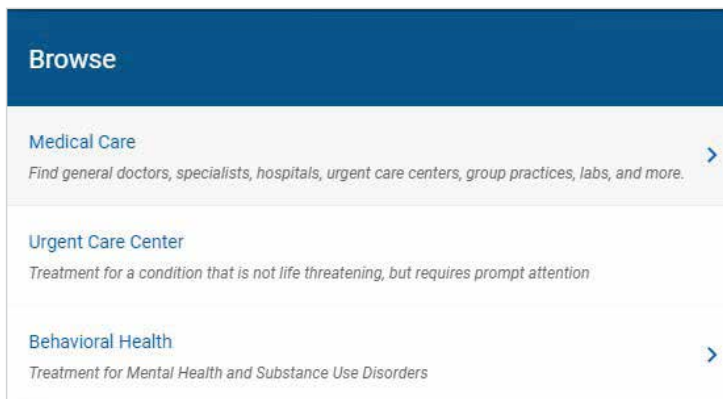
► Teammates must search as a Guest (not as a Member Login) to view doctors or hospitals in the INO Plan



► 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.



MEDICAL BENEFITS OVERVIEW

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 <small>Family deductible applies if coverage is other than Teammate Only.</small>	\$4,000 \$8,000 <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 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 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 diagnostic 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 Any life-threatening or disabling health problem is a true emergency.

MEDICAL BENEFITS OVERVIEW

 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

MEDICAL BENEFITS OVERVIEW

NO DEDUCTIBLE PLAN	
PREFERRED PROVIDER ORGANIZATION (PPO)	
PRE-TAX BI-WEEKLY RATES	
\$99.48	
\$350.38	
\$209.70	
\$436.89	
IN-NETWORK	OUT-OF-NETWORK
\$0 \$0	\$2,000 \$4,000
\$4,000 \$8,000	\$8,000 \$16,000
100% covered ⁴	Limited Coverage ⁵
\$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

Emergency Room Copays

1 - 3 Visits:
In-Network Only and
Core - \$300
No Deductible - \$500

4 - 5 Visits:
In-Network Only, Core, and
No Deductible - \$600

6+ Visits:
In-Network Only, Core, and
No Deductible - \$900



Teammates may not change plans during the calendar year, even with a qualifying event.

EXCEPTION: Medicare enrollment during plan year allows for limited plan change.

The pharmacy OOP maximum for all plans is integrated with the medical OOP maximum.



Enhanced Oncology Support

Guiding Employees Through a Difficult Journey

Our enhanced oncology support program identifies and supports members in navigating the complexities of cancer care by helping them understand their treatment plans and facilitating informed decision-making.

Our designated oncology team takes the lead to help members through this difficult time. We are here to:

- Anticipate needs
- Help members understand treatment plans
- Facilitate informed decision-making
- Provide education to increase treatment adherence
- Guide members to help manage symptoms, minimize complications and decrease avoidable emergency room visits and hospitalizations
- Manage medication costs

We are there for them when they need us the most, from the initial diagnosis to recovery.

Engagement includes oncology clinician support for patients in need.

Case Management offers condition support, resource connections and palliative care guidance; as well as collaboration with their physician.

Co-management provides any needed oncology post-care support with a medical director, behavioral health specialist, social worker and pharmacy team member.

Benefit Support includes benefit education, benefit navigation and provider referrals.

Discharge Planning helps with readmission risk assessment and transition of care.

Our program offers support working towards the best possible outcome and quality of life. Talk with your Account Representative to learn more about the enhanced oncology support program.



Oncology clinician support is available by calling 800-327-8497.

Health Savings Accounts

(for High-Deductible Health Plan only)

A Health Savings Account is a special account used only with a High Deductible Health Plan to pay for eligible health care expenses. It also allows you to save for future health and retiree health expenses on a tax-free basis. You own and control the money in your HSA. Decisions on how to spend the money are made by you.

For a list of qualified expenses, visit: www.irs.gov/pub/irs-pdf/p502.pdf.

Use Your HSA for Yourself, Your Spouse, or Qualified Dependents

You can take tax-free distributions for qualified medical expenses for yourself, your spouse, and any qualified dependents. And, if you die, your HSA balance can be transferred to your spouse without any taxes due. An HSA is a tax benefit, so you need to maintain accurate records of any payments you make. The IRS requires that you keep receipts for qualified medical expenses. You don't have to send them with your tax return, but if you are ever audited, you will need to produce them. A teammate with Medicare (any part), Tricare, or a spouse with a Flexible Spending Account cannot have an HSA. Be sure to consult your tax advisor to avoid IRS penalties.

What's the Benefit to Me?

- The company will deposit up to \$250 into your Health Savings Account for those in the plan as of January 1 each year.
- You may choose to make tax-free contributions to your account out of each paycheck.
- You can change your contribution amount any time during the year.
- The contribution limits for 2025 are \$4,300 (individual) and \$8,550 (family).
- The High Deductible Health Plan is the least expensive medical option. You can use the savings to put additional money into your Health Savings Account.
- You have more control over your healthcare spending.
- Extra money in your HSA can be rolled over to the next year and saved for major expenses or save it to use in retirement.
- Every dollar in your HSA belongs to you. If you leave McLane, the money goes with you!
- Any investment earnings in your HSA grows tax-free, including dividends, interest and capital growth.

If you are age 55 or older, you can put an extra \$1,000 "catch-up" money into your HSA account per year.

Opening a Health Savings Account (HSA)

- **Bank of America:** McLane has established a relationship with Bank of America, giving you an easy set-up option.
 - > You will automatically be enrolled in a Bank of America HSA .
 - > McLane will deposit its Company contribution and your contribution into this account as directed. Company contribution paid once annually to those enrolled on January 1.
 - > You will receive a debit card you can use to pay for eligible expenses.
 - > You can also pay for eligible expenses with your own money and then repay yourself from your HSA.

How Money is Put into Your Health Savings Account

- **By you:**
 - > Go to your local Human Resource department for the form needed to set up your per-paycheck HSA contribution.
 - > You can change your contribution amount at any time. McLane does not manage your contribution limits.
- **By McLane:**
 - > The company will deposit up to \$250 into teammate accounts for those enrolled as of January 1st.

HOW DO THE HDHP AND THE HSA WORK TOGETHER?	
STEP 1	Enroll in the HDHP with HSA.
STEP 2	Open an HSA account through Bank of America.
STEP 3	Contribute tax-free funds to your HSA.
STEP 4	Use your HSA funds to cover your eligible health expenses.
STEP 5	At the end of the year, the remaining balance will carry over to the next year.

IMPORTANT: If you do not open an HSA account by the required deadline, you will forfeit the company contribution and will be moved to the Core medical plan and charged the associated premiums.



BlueCross BlueShield of Texas

Retrain Your Brain



See how much better life can feel with digital mental health programs from Learn to Live.¹

More than half of people will struggle with a mental health concern at some point in their lives.² But you can learn new skills to break old patterns that may be holding you back. Digital mental health programs from Learn to Live can help you get your mental health on track so you can feel better and enjoy life more.

Find out where you may need support

An online assessment helps pinpoint the right programs for you, such as:

- Stress, anxiety and worry
- Depression
- Insomnia
- Social anxiety
- Substance use
- Panic
- Resiliency



Get a mental health tune-up — online



Learn to adjust unhelpful thoughts and control your moods

Explore quick and easy lessons whenever it fits your schedule. A little homework between sessions helps you keep up your progress. Activities are based on therapy techniques with a track record of helping people get better.



An expert coach can guide you

If you need one-on-one support to reach your goals, connect with a coach by phone, text or email. They'll lift you up, cheer you on and help you master your new skills.



Your personal details are private

Just like with face-to-face therapy, your personal results, program progress and messages with your coach will not be shared with your employer.



Check out the programs included at no added cost through your Blue Cross and Blue Shield of Texas (BCBSTX) plan:

1. Log in at **bcbstx.com**.
2. Click **Wellness**.
3. Choose **Digital Mental Health**.

Or tap **Digital Mental Health** in the BCBSTX App.

Register a Minor

BCBSTX members 13 to 17 years old can also use the programs. Once you've logged in to Learn to Live using the steps above, go the **Resources** tab. Then find the **Register a Minor** link to send your teen a registration email.

1. Learn to Live provides educational behavioral health programs; members considering further medical treatment should consult with a physician.

2. <https://www.cdc.gov/mentalhealth/learn/index.htm>

Learn to Live, Inc. is an independent company that provides online behavioral health programs and tools for members with coverage through Blue Cross and Blue Shield of Texas. BCBSTX makes no endorsement, representations or warranties regarding third-party vendors and the products and services offered by them.

Pharmacy



Who You Can Enroll For McLane Benefits

McLane's prescription drug program is administered by Express Scripts, Inc. (ESI). The amount you pay for your prescriptions depends on the medical plan you choose.

What Types of Drugs Available?

- **Generic drugs** are the least expensive drugs and are similar in effectiveness to many "brand name" drugs. Always ask your doctor to prescribe generics, if possible.
- **Brand-Name Preferred drugs** can be used when a generic is not available or when your doctor says there is a specific medical reason not to use a generic. For the most current list of these medications, go to [Express-Scripts.com](https://www.express-scripts.com)
- **Brand-Name Non-Preferred drugs** are not included on Express Scripts' Preferred drug list. These are often new and expensive drugs, and you will pay a higher copay or coinsurance for these drugs.
- **Specialty drugs** are for people with chronic diseases. Contact Express Scripts at [Express-Scripts.com](https://www.express-scripts.com) or (855) 315-6433 for information about specialty pharmacy services. The member will be transferred to Accredo (specialty Rx). Some specialty drugs are not available at retail pharmacies.
- **Lifestyle drugs** are drugs that are generally prescribed to improve the quality of someone's life. Examples are medications for those with hair loss, erectile dysfunction, or acne.

Retail Pharmacy

- Retail pharmacies generally fill prescriptions for 30 or fewer days.
- McLane and Express Scripts are making it easier to save time and money by switching from a 30-day supply of your daily medication to a 90-day supply. Get your medications delivered right to your door with home delivery from Express Scripts Pharmacy® or at your local Walgreens.
- You'll make fewer trips to the pharmacy, make fewer payments and be less likely to miss a dose, since you won't be refilling as often.
- You might even see additional savings from paying for one 90-day supply rather than paying for three 30-day supplies.¹
- If your doctor prescribes you a daily medication or if you're already taking one, ask for a 90-day prescription—or visit [express-scripts.com/3month](https://www.express-scripts.com/3month) today.
- To use your prescription drug benefits, show your Express Scripts ID card at any in-network pharmacy.
- If you go to an out-of-network pharmacy, you will pay the full retail price of the prescription, and you will have to send in a claim form to be reimbursed.

Mail Service Program

- If you take maintenance medications for chronic conditions (such as diabetes, asthma, allergy, high blood pressure, high cholesterol, etc.), the mail service program can save you time and money.
- The mail service program is for 90-day prescriptions only.
- A three-month supply of medication – for the cost of a two-month supply – is mailed to you.
- Diabetic supplies such as test strips and syringes can be delivered to your doorstep by the mail service program. Go to [Express-Scripts.com](https://www.express-scripts.com) and look for "diabetic supplies."

¹If the cost of a medication at a retail pharmacy is lower than your plan's retail copayment or coinsurance, you will not pay more than the retail pharmacy's cash price, regardless of the number of times you purchase the prescription. In some cases, this price may be less than either your standard retail or mail copayment or coinsurance.

Medications Not Covered

The prescription drug program does **NOT** cover medications that are available over the counter without a prescription :

- Non-sedating antihistamines like Zyrtec and Claritin.
- Brand-name Proton Pump Inhibitors (ulcer and acid reflux drugs) like Prevacid and Prilosec.
- Most of these drugs have over-the-counter or generic alternatives.

Compounded Drugs

There is a “prior authorization” requirement for compound drugs estimated to cost more than \$300. This means that prior to filling your prescription, the pharmacy will need to contact the prescribing healthcare provider to confirm that the intended use of the medication is allowed under the plan.

Pre-Authorization for Specialty Drugs

Some step-therapy drugs require pre-authorization. Contact Express Scripts for details.

Express Scripts is providing SaveonSP for members taking specialty medications

The program helps the member coordinate manufacturer coupons for high-priced specialty drugs. If a coupon is found and applied, the member responsibility for the drug can be as low as zero (free)! The cost of the drug will not be applied to the member’s out-of-pocket accumulator. This program can assist members taking medications for conditions such as:

- Multiple Sclerosis
- Rheumatoid Arthritis
- Oncology
- Hepatitis C
- Many more!

Rx Money-Saving Tips:

- Always ask for generic drugs to keep your copays as low as possible.
- Use the Express Scripts mail service program to get a three-month supply of medication for the cost of a two-month supply.





Dental

McLane has two dental plan choices through MetLife. In both plans :

- You can see any dentist you wish, but you will save money when you see a dentist who is in the MetLife network.
- MetLife does not distribute ID cards. Just tell your provider that you are a MetLife member.

COVERAGE OPTIONS

SERVICE	DENTAL PLAN I	DENTAL PLAN II
Annual Deductible Individual Family	\$50 \$150	\$100 \$300
Preventive Services (Exams, X-Rays)	Plan pays 100% No deductible	Plan pays 100% No deductible
Basic Services (Fillings, Extractions)	Plan pays 80% after deductible	Plan pays 80% after deductible
Major Services Crowns, Dentures, etc. Implants	Plan pays 50% after deductible Not covered	Plan pays 50% after deductible Plan pays 50% after deductible
Orthodontia Services (for children and adults)	Not covered	Plan pays 50% after deductible
Orthodontia Maximum	N/A	\$2,000 lifetime
Annual Benefit Maximum	\$1,500 per person	\$2,000 per person

COVERED SERVICES

PREVENTIVE SERVICES: Plan Pays 100%, No Deductible	BASIC SERVICES: Plan Pays 80% After Deductible	MAJOR SERVICES: Plan Pays 50% After Deductible
<ul style="list-style-type: none"> ▪ Oral examination, teeth cleaning, bitewing X-rays (two per plan year) ▪ One complete set of X-rays in any 60 months ▪ One panoramic X-ray series in any 60 months ▪ Topical fluoride (two applications per plan year) ▪ Space maintainers 	<ul style="list-style-type: none"> ▪ Treatment for relief of dental pain ▪ Periodontic treatment ▪ Sealants for children under age 14 ▪ Fillings, extractions, root canals ▪ General anesthetics required for oral surgery ▪ Repairs to crowns, fixed bridges, dentures ▪ Adding teeth to fixed bridgework or dentures to replace newly missing natural teeth 	<ul style="list-style-type: none"> ▪ Gold fillings or crown restorations ▪ Dental implants (Plan II only) ▪ Crown restorations ▪ Partial or full dentures ▪ Fixed bridgework ▪ Orthodontia (Plan II only)



Understanding Your Oral Health

Your smile is worth a thousand words
and keeping it healthy is worth even more.

Why is preventive dental care important?

- Brushing, flossing, eating a healthy diet, and seeing your dentist regularly helps to avoid dental disease.
- Routine exams and cleanings can prevent the additional cost associated with fillings, root canals, extractions, etc.

Best practices for routine dental care from the American Dental Association¹

- Brush your teeth twice a day with an ADA accepted fluoride toothpaste.
- Replace your toothbrush every three or four months.
- Clean between teeth daily with floss or an interdental cleaner.
- Eat a balanced diet, and limit soft drinks and between-meal snacks.

Did you know?

- Tobacco use causes an increased level of calculus (hardened plaque) to form on teeth, which can lead to tooth decay and gum disease.²
- Studies suggest that a diet low in fruits and vegetables may be linked to an increased risk of cancers of the oral cavity.³
- Pregnancy can increase the risk of oral health problems like cavities and gum disease. Seeing your dentist during pregnancy for a routine checkup is important for your dental health.⁴

**For more information and tools,
visit MetLife's Oral Health Library at
oralfitnesslibrary.com**

1. American Dental Association. "Brushing Your Teeth", <http://www.mouthhealthy.org/en/az-topics/b/brushing-your-teeth>.

2. Gum disease risk factors. American Academy of Periodontology website. <http://www.perio.org/consumer/risk-factors>.

3. American Cancer Society, "Risk Factors for Oral Cavity and Oropharyngeal Cancers", <https://www.cancer.org/cancer/oral-cavity-and-oropharyngeal-cancer/causes-risks-prevention/risk-factors.htm>.

4. Centers for Disease Control and Prevention, "Pregnancy and Oral Health", <https://www.cdc.gov/oralhealth/publications/features/pregnancy-and-oral-health.html>. Accessed May 2022.

Like most group benefit programs, group benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, limitations, waiting periods, reductions and terms keeping them in force. Ask your MetLife group representative for details.

This information is intended for your general knowledge only and is not a substitute for obtaining medical or dental advice for specific medical or dental conditions or other advice from your dentists or doctors. By making this information available to you, Metropolitan Life Insurance Company and its affiliates (collectively, "MetLife") is not engaged in rendering any such advice. Insofar as the information provided is from third parties, it has no association whatsoever with MetLife, unless expressly stated.



Make Eye Health a Priority with VSP!

Your health comes first with VSP and McLane Company, Inc. Take a look at your VSP vision care coverage.



VSP members save an annual average of

\$471*

More Ways to Save

Extra **\$20** to spend on
Featured Frame Brands†

bebe Calvin Klein COLE HAAN
@DRAGON FLEXON LONGCHAMP
and more

Up to **40%** savings on
lens enhancements‡

See all brands and offers
at vsp.com/offers.

Enroll through your employer today.

Questions?

vsp.com or 800.877.7195



Scan QR code
or visit **vsp.com**
to learn more.

Routine eye exams have saved lives.

Did you know an eye exam is the only non-invasive way to view blood vessels in your body? Your VSP® network eye doctor can detect signs of over 270 health conditions during an eye exam.**

Savings you'll love.

See and look your best without breaking the bank. VSP members get exclusive savings on popular frame brands and contact lenses, and they get additional discounts on things like LASIK, and more.

The choice is yours!

VSP gives you thousands of in-network choices, including private practice doctors, regional and national optical retail chains, or online at **eyeconic.com®**. You'll get the most out of your benefits at a VSP Premier Edge™ location.

vsp
PREMIER
edge

Preferred private practice and retail in-network choices

private
practice
doctors

Visionworks

Getting started is easy!

Let your plan do the most it can. When you create an account on **vsp.com**, you can view your in-network coverage details, find a VSP network doctor that is right for you, and discover extra savings to maximize your benefits.

*Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change. †Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details. **Based on state and national averages for eye exams and most commonly purchased brands. This represents the average savings for a VSP member with a full-service plan at an in-network provider. Your actual savings will depend on the eyewear you choose, the plan available to you, the eye doctor you visit, your copays, your premium, and whether it is deducted from your paycheck pre-tax. Source: VSP book-of-business paid claims data for Aug-Jan of each prior year. **Full Picture of Eye Health, American Optometric Association, 2020. +Coverage with a retail chain may be different or not apply.

VSP guarantees member satisfaction from VSP providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business. TruHearing is not available directly from VSP in the states of California and Washington. VSP Premier Edge™ is not available for some members in the state of Texas.

To learn about your privacy rights and how your protected health information may be used, see the VSP Notice of Privacy Practices on vsp.com. Visionworks and Eyeconic are VSP-affiliated companies.

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All other brands or marks are the property of their respective owners. 125909 VCCM

Classification: Restricted

Your VSP Vision Benefits Summary

Prioritize your health and your budget with a VSP plan through McLane Company, Inc. Get coverage for essentials, or upgrade to enhance your coverage options.

Provider Network:

VSP Choice

Effective Date:

01/01/2025



BENEFIT	DESCRIPTION	COPAY	BENEFIT	DESCRIPTION	COPAY
STANDARD PLAN Coverage with a VSP Doctor			PREMIUM PLAN Coverage with a VSP Doctor		
WELLVISION EXAM*	<ul style="list-style-type: none">Focuses on your eyes and overall wellnessRoutine retinal screeningEvery calendar year	\$10 Up to \$39	WELLVISION EXAM*	<ul style="list-style-type: none">Focuses on your eyes and overall wellnessRoutine retinal screeningEvery calendar year	\$10 Up to \$39
ESSENTIAL MEDICAL EYE CARE	<ul style="list-style-type: none">Retinal imaging for members with diabetes covered-in-fullAdditional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more.Coordination with your medical coverage may apply. Ask your VSP network doctor for details.Available as needed	\$20 per exam	ESSENTIAL MEDICAL EYE CARE	<ul style="list-style-type: none">Retinal imaging for members with diabetes covered-in-fullAdditional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more.Coordination with your medical coverage may apply. Ask your VSP network doctor for details.Available as needed	\$20 per exam
PRESCRIPTION GLASSES		\$15	PRESCRIPTION GLASSES		\$15
FRAME*	<ul style="list-style-type: none">\$180 Featured Frame Brands allowance\$160 frame allowance20% savings on the amount over your allowance\$90 Walmart/Sam's Club/Costco frame allowanceEvery other calendar year	Included in Prescription Glasses	FRAME*	<ul style="list-style-type: none">\$220 Featured Frame Brands allowance\$200 frame allowance20% savings on the amount over your allowance\$110 Walmart/Sam's Club/Costco frame allowanceEvery other calendar year	Included in Prescription Glasses
LENSES	<ul style="list-style-type: none">Single vision, lined bifocal, and lined trifocal lensesImpact-resistant lenses for dependent childrenEvery calendar year	Included in Prescription Glasses	LENSES	<ul style="list-style-type: none">Single vision, lined bifocal, and lined trifocal lensesImpact-resistant lenses for dependent childrenEvery calendar year	Included in Prescription Glasses
LENS ENHANCEMENTS*	<ul style="list-style-type: none">UV protectionStandard progressive lensesPremium progressive lensesCustom progressive lensesAverage savings of 30% on other lens enhancementsEvery calendar year	\$0 \$0 \$95 – \$105 \$150 – \$175	LENS ENHANCEMENTS*	<ul style="list-style-type: none">UV protectionAnti-glare coatingStandard progressive lensesPremium progressive lensesCustom progressive lensesAverage savings of 30% on other lens enhancementsEvery calendar year	\$0 \$20 \$0 \$95 – \$105 \$150 – \$175
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none">\$150 allowance for contacts; copay does not applyContact lens exam (fitting and evaluation)Every calendar year	Up to \$60	CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none">\$160 allowance for contacts; copay does not applyContact lens exam (fitting and evaluation)Every calendar year	Up to \$60
VSP LIGHTCARE™*	<ul style="list-style-type: none">\$150 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contactsEvery other calendar year	\$15	VSP LIGHTCARE™*	<ul style="list-style-type: none">\$200 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contactsEvery calendar year	\$15
KIDSCARE (DEPENDENT CHILDREN ONLY)	<ul style="list-style-type: none">Two exam that focus on your eye and overall wellnessSame frame allowance and lense coverage as primary benefitAdditional pair of lenses or contact lenses up to plan allowance when needed (minimum prescription change required)Every calendar year				\$10 per exam \$15 for prescription lenses
ADDITIONAL SAVINGS	Glasses and Sunglasses <ul style="list-style-type: none">Discover all current eyewear offers and savings at vsp.com/offers.20% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, including lens enhancements, from a VSP provider within 12 months of your last WellVision Exam.				
	Laser Vision Correction <ul style="list-style-type: none">Average of 15% off the regular price; discounts available at contracted facilities.				
	Exclusive Member Extras <ul style="list-style-type: none">Contact lens rebates, lens satisfaction guarantees, and more offers at vsp.com/offers.Save up to 60% on digital hearing aids with TruHearing. Visit vsp.com/offers/special-offers/hearing-aids for details.Everyday savings on health, wellness, and more with VSP Simple Values.				

GET MORE AT PREFERRED IN-NETWORK LOCATIONS

With so many in-network choices, VSP makes it easy to maximize your benefits. Choose from our large doctor network including private practice and retail locations. Plus, you can shop eyewear online at Eyeconic®. Log in to vsp.com to find an in-network doctor.

Life and AD&D



Basic Life and Accidental Death & Dismemberment

McLane provides Basic Life and Accidental Death and Dismemberment(AD&D) insurance through Lincoln Financial Group for all eligible full-time teammates.

BENEFIT	COVERAGE
Basic Teammate Life	1 x annual base pay (\$30,000 minimum) Rounded to next highest \$1000
Basic Teammate AD&D	1 x annual base pay (\$30,000 minimum) Rounded to next highest \$1000

Beneficiary Designation

- A beneficiary is the person you want to receive the money from your Basic Life and AD&D insurance in the event of your death.
- You must name a beneficiary for your Basic Life and Optional Life and AD&D insurance by completing the Beneficiary Designation Form. Contact your local Human Resource department for a form.
- You may change your beneficiary at any time during the year.
- You are automatically the beneficiary for spouse life and child life insurance.

Optional Life and Accidental Death & Dismemberment

You may also buy optional insurance for yourself and your eligible family members.

TEAMMATE LIFE	TEAMMATE AD&D	FAMILY AD&D	SPOUSE LIFE	CHILD LIFE
\$1,000 increments up to \$500,000 Coverage will decrease by 35% at age 75.	\$1,000 increments up to \$500,000 Coverage will decrease by 35% at age 75.	TEAMMATE: \$1,000 increments up to \$500,000 SPOUSE (no children): 60% of teammate election up to \$300,00 CHILDREN (no spouse): 20% per child of teammate election up to \$50,000 FAMILY (spouse and children): Spouse receives 50% of teammate election up to \$300,000; Each child receives 15% of teammate election up to \$50,000	\$10,000, \$15,000, \$25,000, \$50,000, \$75,000, or \$100,000 (coverage cannot be more than teammate's total basic and optional life insurance)	\$5,000, \$10,000, or \$20,000

Proof of Good Health

- When you are first offered this coverage, you can elect optional teammate life coverage amount not to exceed \$500,000, and optional spouse life not to exceed \$50,000 without providing evidence of insurability.
- If you add more than \$100,000 to your coverage due to a Qualifying Event, or during Open Enrollment or your spouse adds more than \$25,000, you must provide proof of good health, or evidence of insurability, by completing an Evidence of Insurability (EOI) form.
- Lincoln Financial Group must approve the EOI form before coverage can begin.

Disability



Short-Term and Long-Term Disability benefits (STD/LTD) provide income protection if you become disabled due to a non-work-related illness or injury.

- STD and LTD benefits are provided through Lincoln Financial Group.
- Full-time non-exempt and driver teammates are eligible for STD coverage after completing one year of continuous work.
- McLane pays the STD premium for you.
- Full-time non-exempt and driver teammates can purchase LTD coverage and you pay the cost of this coverage.
- If you elect LTD coverage, you are eligible on the first day of the pay period following 60 days of continuous work with McLane.
- There are 3 LTD plans from which to choose:
 - › Plan 1: pays for up to 2 years from disability
 - › Plan 2: pays for up to 5 years
 - › Plan 3: pays up to Social Security normal retirement age
- Maternity is covered for a specified number of weeks depending on type of delivery.

Basic Earnings

means your pay rate at the time you become disabled, not including bonuses, overtime, or any other incentive payments you receive.



Parental Leave

After one year of continuous employment, you are eligible for parental leave. These benefits are payable to the birth parent for 6-8 weeks and to the non-birth parent for 1 week. Benefit subject to eligibility and documentation requirements.

How STD and LTD Work

- You can get STD benefits for up to 26 weeks per incident (first week is a waiting period where benefits are not payable).
- If you receive disability pay from other sources (Social Security, state disability, legal judgements, etc.), these amounts are subtracted from the McLane benefit before it is paid to you.
- State disability plans pay benefits first, for example, California, New York, New Jersey, Oregon and Washington. In some cases, the McLane plan may pay benefits that are not covered by those plans.
- If you elect or increase LTD at Open Enrollment, you must provide proof of good health, or evidence of insurability, by completing an Evidence of Insurability (EOI) form.

HOW STD AND LTD WORK	
Week 1 (STD)	7-day waiting period; no STD benefits are payable. Available time off, sick, or floating holiday time will be used to fill the waiting period.
Weeks 2-26 (STD)	60% of your basic weekly earnings, up to \$1,000 per week.
Weeks 27+ (LTD if applicable)	60% of your basic monthly earnings, up to \$5,000 per month.



Need a hand?

Your Employee Assistance Program offers confidential emotional support, as well as legal, financial and work-life guidance, whenever and wherever you need it.

**Life's challenging.
We can help.**



Call: 800-327-2151
TRS: Dial 711



Online: guidanceresources.com
App: GuidanceNowSM
Web ID: MCLANE



• Are you stressed?

Prolonged stress can have adverse effects on your health and general well-being.

Conditions linked to stress include:

- Migraines and headaches
- Sleep and appetite disturbances
- Cardiovascular disorders
- Diabetes
- Asthma

Behavioral symptoms include:

- Social withdrawal
- Anxiety
- Forgetfulness
- Lack of concentration
- Substance abuse

8 Tips for Beating Stress

Laugh and learn

Instead of getting irritated, laugh at life's annoyances and learn from your mistakes.



Identify the causes

Is it traffic? Problems at work? Bad news on the TV? What stresses you out?

Keep a schedule

Allow ample time for travel and schedule free time for yourself.



Focus on the positive

Be proud of your accomplishments and celebrate your successes.

Get enough sleep and exercise

Exercise not only improves health and mood, it aids in better sleep.

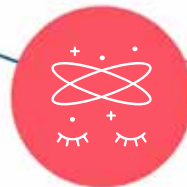


Do things you enjoy

Make and take time to do activities that bring you pleasure.

Meditate

By sitting in a quiet environment and closing your eyes you can achieve relaxation.



Nurture relationships

More interpersonal contact with the right people can help relieve stress.



24/7 Live Assistance:
Call: 800-327-2151
TRS: Dial 711



Online: guidanceresources.com
App: GuidanceNowSM
Web ID: MCLANE



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

Flexible Spending Accounts

Flexible Spending Accounts (FSAs) let you and your dependents pay for some healthcare and dependent care expenses with tax-free money. These accounts are administered by Optum Financial.

There are three types of FSAs:

- **Healthcare** : This FSA helps you pay for eligible expenses like medical deductibles, coinsurance, copays, prescription drugs, and some over-the-counter items. You may also pay for eligible dental and vision expenses.
- **Limited Purpose** : This FSA is for teammates enrolled in the HDHP with the Health Savings Account (HSA). This FSA is similar to the Healthcare FSA and helps you pay for eligible dental and vision care expenses only since medical expenses are eligible through the HSA.
- **Dependent Care** : This FSA helps you pay for eligible daycare expenses, such as care for children under age 13 or for an elderly parent who depends on you for support. See Plan Document for limitations.

The limit for healthcare and limited purpose FSAs is \$3,050. The limit for dependent care FSAs is \$2,500 if each parent has their own Dependent Care account or \$5,000 per household.

The IRS does not allow you to participate in both the Healthcare FSA and the Health Savings Account (HSA) at the same time. Instead, HSA participants can enroll in the Limited Purpose FSA to help pay for eligible dental and vision expenses only.

Your FSA Debit Card

Healthcare FSAs and Limited Purpose FSA will be issued a debit card you can use to pay for eligible items.

Dependent Care FSA will not be issued a debit card. Dependent Care is reimbursed to the teammate once eligible receipts are submitted.

- You can use the debit card at any doctor's office or store that can track eligible FSA expenses.
- You will get a debit card in the mail the first time you enroll in an FSA.
- Keep all your receipts. You will need them as proof of your eligible purchases.
- If you can't use your debit card, you can pay for eligible expenses up front and file a claim for reimbursement online.

KEEP ALL RECEIPTS even when using your debit card. You may need to send them in for review. If you do not turn in your receipts, you will have to pay back the debited amounts or your card will be turned off. You must keep proof of your medical expenses per IRS regulations. You must be able to prove that the pre-tax money spent was to cover qualified medical expenses.



FSA DETAILS

ACCOUNT	HEALTHCARE	LIMITED PURPOSE (For teammates on the HDHP)	DEPENDENT CARE
Use it to pay for:	<ul style="list-style-type: none"> Medical or dental deductibles and/or coinsurance Office visit copays Coinsurance for medical or dental care Prescription drugs Some over-the-counter items Diabetic supplies Eyeglasses and contacts Some orthodontia costs 	<ul style="list-style-type: none"> Dental deductible Vision office visit copays Coinsurance for dental care Eyeglasses and contacts Some orthodontia costs 	<ul style="list-style-type: none"> Day care expenses for children under age 13 or children of any age who are physically or mentally unable to care for themselves Day care expenses for an elderly parent who depends on you for support Day care expenses that allow you or your spouse to look for work full-time Day care expenses that allow your spouse to go to school full-time
You can contribute:	\$150 to \$3,050 per year	\$150 to \$3,050 per year	\$150 to \$5,000 per year, or \$2,500 if you are married and file separate taxes
Use it between:	January 1, 2025 and March 15, 2026	January 1, 2025 and March 15, 2026	January 1, 2025 and March 15, 2026
Turn in your claims by:	March 31, 2026	March 31, 2026	March 31, 2026
If you don't use all the money, it is:	Forfeited to the plan	Forfeited to the plan	Forfeited to the plan

NOTE: YOU MUST USE ALL THE MONEY IN YOUR FSA BY THE DESIGNATED DEADLINE. ANY LEFTOVER FUNDS ARE LOST. THIS IS CALLED THE "USE IT OR LOSE IT" RULE.

Flexible spending account (FSA): Keep your savings rolling through the year



An Optum Financial FSA is the smart way to save and pay for eligible health care expenses. Here's how it works.

Save up to 30%* on health care

When you contribute to an FSA, you're setting aside money before it's taxed, meaning you save up to 30% by using pre-tax funds to pay for everyday health care.

Access your funds immediately

The money you choose to put into your FSA is available to you on the first day of your plan year. You don't have to wait until your FSA balance grows to pay for eligible expenses.



Access your account anywhere, anytime

Sign in to your account at optumfinancial.com or use our mobile app to:

- Check your balance
- View your claims
- Monitor payments
- Receive messages
- Submit receipts

You may be able to use your FSA to pay for:



Dental treatments



Eyeglasses and contact lenses



Diagnostic tests and devices



Hearing aids and batteries



Doctor visits



Certain over-the-counter drugs and medications



Eye exams



Prescriptions

What can I buy? From bandages and braces to chiropractic care and contacts, FSAs cover lots of everyday health care items and services.

See all you can buy at optumfinancial.com/qualifiedexpenses.

Legal help made easy

MetLife Legal Plans provides you, your spouse/domestic partner and dependents with access to a network of experienced attorneys. Having an attorney on your side can help reduce worry, stress, and financial burden when legal matters arise.

1 Easy to find an attorney

Visit members.legalplans.com to learn more about your plan. Search for an attorney based on your ZIP code and filters such as attorney experience, specialty, or minority, veteran, or LGBTQ-owned. Or call the Client Service Center to speak with an experienced representative that can match you with the right attorney.

2 Easy to make an appointment

Call the attorney directly after searching on our website. Meet with an attorney in person or over the phone. Or call the Client Service Center at **800-821-6400** and we will schedule your appointment directly with the attorney.

3 Easy from start to finish

That's it! There are no limits on the number of times you can use the benefit. And no copays, deductibles or claim forms when you use a network attorney for a covered matter.

Experience and convenience you can count on.

You'll have all the help you're looking for from our dedicated service team, network of attorneys and variety of online resources.



Award-winning service

- Regularly recognized for excellence in customer service¹
- Experienced, Ohio-based service team available from 8:00 a.m. to 8:00 p.m., ET



Top-quality attorney network

- Nationwide network of attorneys with a range of specialties
- Average of 25 years of experience and vetted regularly



24/7 access at your fingertips

- Create an account on our website to access coverage information and our attorney locator
- Access to over 1,700 self-help documents and resources online
- Access to digital estate planning to create wills, living wills, and powers of attorney all online



Ease of use²

- All billing is handled between MetLife and the attorney
- No claim forms, hidden fees or deductibles

1. Two-time winner of the Silver Stevie in the American Business Awards, 2016 and 2017; Bronze winner in 2018, 2019 and 2020.

2. When using a network attorney for a covered legal matter.

Group legal plans are administered by MetLife Legal Plans, Inc., Cleveland, Ohio. In California, this entity operates under the name MetLife Legal Insurance Services. In certain states, group legal plans are provided through insurance coverage underwritten by Metropolitan General Insurance Company, Warwick, RI. For costs and complete details of the coverage, call or write the company. Some services not available in all states.

If your “good boy” has an appetite for upholstery.

he deserves to be insured.



As part of your employer benefits, you can access MetLife Pet Insurance¹ and have the option to cover multiple pets with our family plans.

MetLife is the only provider offering family plans² so you can cover pets with one policy. This option is an easy way to help you cover all your furry family members.

Flexibility

- Enroll up to three pets under one policy
- Customizable plan options
- Policies can be a mix of cats and dogs
- Optional wellness coverage (preventive care)³ for all pets

Coverage

- One annual limit that can be shared across all pets in the family plan
- One annual deductible per policy
- No per-pet coverage limits
- Up to 100% back on covered vet bills⁴

Get a quote or enroll today.

Visit <https://www.metlife.com/getpetquote>

Call 1-800-GET-MET8

Scan the QR code



1. Pet Insurance offered by MetLife Pet Insurance Solutions LLC is underwritten by Independence American Insurance Company (“IAIC”), a Delaware insurance company, headquartered at 485 Madison Avenue, NY, NY 10022, and Metropolitan General Insurance Company (“MetGen”), a Rhode Island insurance company, headquartered at 700 Quaker Lane, Warwick, RI 02886, in those states where MetGen’s policies are available. Application is subject to underwriting review and approval. Like most insurance policies, insurance policies issued by IAIC and MetGen contain certain deductibles, co-insurance, exclusions, exceptions, reductions, limitations, and terms for keeping them in force. For costs, complete details of coverage and exclusions, and a listing of approved states, please contact MetLife Pet Insurance Solutions LLC. MetLife Pet Insurance Solutions LLC is the policy administrator authorized by IAIC and MetGen to offer and administer pet insurance policies. MetLife Pet Insurance Solutions LLC was previously known as PetFirst Healthcare, LLC and in some states continues to operate under that name pending approval of its application for a name change. The entity may operate under an alternate, assumed, and/or fictitious name in certain jurisdictions as approved, including MetLife Pet Insurance Services LLC (New York and Minnesota), MetLife Pet Insurance Solutions Agency LLC (Illinois), and such other alternate, assumed, or fictitious names approved by certain jurisdictions.

2. Based on a January 2022 review of publicly available summary information about competitors’ offerings. Competitors did not furnish copies of their policies for review. If you have questions about a particular competitor’s policy or coverage, please contact them or their representative directly.

3. Can be purchased at an additional cost.

4. Reimbursement options include: 70%, 80%, 90% and 100%. In addition, there is also a 50% option for MetGen underwritten policies only and a 65% option for IAIC underwritten policies only.

401(k) Plan

McLane offers you the ability to save for retirement with the 401(k) plan. You can choose between a traditional 401(k) and a Roth 401(k).

- You will automatically be enrolled after 90 days of employment.
- You will automatically have a 3% pre-tax contribution and be invested in the Moderate GoalManager model, unless you choose different amounts and investments.
- You can save anywhere from 1% to 50% of your eligible pay normally up to the IRS limit of \$23,000.
- McLane may contribute money to your account after one year of continuous service. The amount depends on the company's profits for the year.
- You choose how to invest your money with funds managed by professionals.
- You get personal account statements from Merrill Lynch four times per year.
- You can start, stop, or change your contributions at any time.

Traditional 401(k) Payroll Contributions

Contributions are made before taxes are taken out of your paycheck. You don't pay taxes until it's time to take the money out of your account.

ROTH 401(k) Payroll Contributions

Contributions are made after taxes are taken out of your paycheck. You won't have to pay taxes when it's time to take the money out of your account.

Learn More

- Visit Merrill Lynch online at www.benefits.ml.com for resources to support your financial goals.
- Keep your 401k Beneficiary Designations current on the ML mobile app go.ml.com/BOLmobileApp
- Contact your local Human Resource department for more information.

If you are age 50 or older, you can put extra "catch-up" money, up to \$7,500, into your account.



Contributions from McLane

McLane may match a percentage of your pay based on the company's performance from the prior year.

If there is a company contribution, it will be :

YEARS OF SERVICE	MAXIMUM PERCENTAGE OF COMPENSATION MATCHED
1 year but less than 7 years	3.0% of pay
7 years but less than 15 years	3.5% of pay
15 or more years	4.0% of pay

Vesting

- “Vesting” means ownership. The more years of service you have, the more of McLane’s contributions you “own.”
- The money you contribute to your 401(k) belongs to you.
- The money McLane contributes to your 401(k) becomes yours over time.

PLAN YEARS OF SERVICE	VESTED PERCENTAGE
0-1 years	0%
2 years	40%
3 years	60%
4 years	80%
5+ years	100%

Plan Loans

- You can borrow money from your 401(k) plan.
- The maximum amount you can borrow is the lesser of : (1) \$50,000 minus your highest loan balance from the Plan during the preceding 12 months or (2) 50% of your vested account balance.
- You may only have one loan from your 401(k) plan at a time.
- You must pay back any loans within five years through payroll deductions.
- For more loan information, please call Merrill Lynch at (800) 228-4015.

McLane typically matches a portion of your contributions to the 401(k). However, if you don’t contribute to the plan, you don’t receive this free retirement money. See your local Human Resource department on how to enroll and take advantage of this important retirement benefit.



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Are Not FDIC Insured	Are Not Bank Guaranteed	May Lose Value
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It's time to review your beneficiary

Naming your beneficiary means that your account balance goes to the person(s) you want.

It's important to decide who would receive the money in your 401(k) account in the event of your death. Haven't chosen your beneficiary yet? Please take a few minutes to do so. Already named your beneficiary? Double-check that the information is up to date.

How does your marital status affect your beneficiary?



If you're single or widowed...

Your plan may designate a default beneficiary if no election is made (such as your estate or surviving dependents). Be sure to make an active beneficiary choice so your account balance goes to the person you want.



If you're married...

Your spouse is automatically your beneficiary. If you want to name someone else, you'll need to complete a separate form, have your spouse's consent notarized and return the notarized form to Merrill.



If you're divorced...

Make sure your beneficiary information is still current. To change your beneficiary before your divorce is finalized, you will need to have your spouse's consent notarized and return the form to Merrill.



Take action today

It's easy to add, update or change your beneficiary on Benefits OnLine®.

benefits.ml.com

Merrill, its affiliates, and financial advisors do not provide legal, tax, or accounting advice. You should consult your legal and/or tax advisors before making any financial decisions.

Merrill provides products and services to various employers, their employees and other individuals. In connection with providing these products and services, and at the request of the employer, Merrill makes available websites on the internet, mobile device applications, and written brochures in order to provide you with information regarding your plan. Under no circumstances should these websites, applications, and brochures, or any information included in these websites, applications, and brochures, be considered an offer to sell or a solicitation to buy any securities, products, or services from Merrill or any other person or entity.

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Investment products:

Are Not FDIC Insured	Are Not Bank Guaranteed	May Lose Value
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The Benefits OnLine[®] Mobile App

Take your 401(k) plan with you

- Check your account balance
- Manage your investments
- Request or manage a loan
- Check your transaction status in the Activity Center
- Request a withdrawal
- Choose "online delivery" for statements and other documents
- View your Bank of America banking accounts

Note that not all features may be available for your plan.



Download the app today*

Download the Benefits OnLine Mobile app now at go.ml.com/BOLmobileApp

*The app may not be available for your device in all countries. Carrier fees may apply.

Merrill provides products and services to various employers, their employees and other individuals. In connection with providing these products and services, and at the request of the employer, Merrill makes available websites on the internet, mobile device applications, and written brochures in order to provide you with information regarding your plan. Under no circumstances should these websites, applications, and brochures, or any information included in these websites, applications, and brochures, be considered an offer to sell or a solicitation to buy any securities, products, or services from Merrill or any other person or entity.

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Accidental Injury Insurance

Teammate Paid. See page 10 for costs.

While you can't predict life's unexpected events, you can plan for them by choosing benefits that can help protect your financial future.

Is There Such a Thing as Too Much Protection?

Only you can answer that question—but maybe you could use some help figuring it out. Regular expenses, big and small, can add up. Think about your ability to pay for those expenses if you or your family member were seriously injured in a covered accident.

The Additional Financial Protection You May Need

Use the payment for what matters most. We know that everyone has different needs and different ways of coping with the unplanned. This benefit can help you pay for out-of-pocket medical and non-medical costs such as:

- Medical copays and deductibles
- Travel to see a specialist
- Child care
- Help around the house
- Alternative treatment

Typical Injuries and Standard Plan Coverages

See schedule of benefits for full list of covered injuries and benefits.

Covered injuries can include:

- Broken bones
- Burns
- Torn ligaments
- Concussions
- Eye injuries
- Ruptured discs
- Cuts requiring stitches

Benefits can also be payable for:

- Initial treatment
- Emergency room visits
- Hospitalizations
- Follow-up care

Portable. You can take this coverage with you if you leave McLane—benefits and rates won't change when you take the coverage with you.



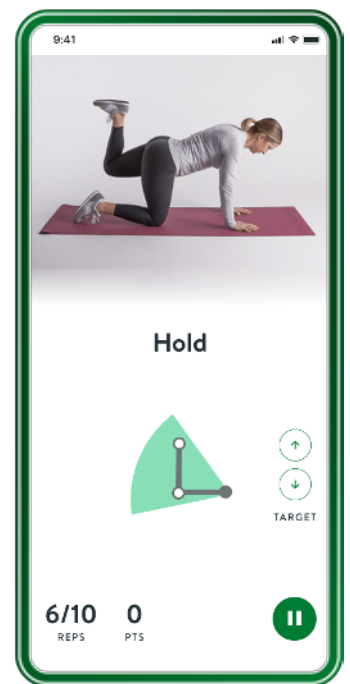
Conquer back and joint pain without drugs or surgery

We provide all the tools you need to get moving again from the comfort of your home. You'll get exercise therapy tailored to your needs, technology for instant feedback in the app, personal coach and physical therapist. Best of all, **it's free** — 100% covered by McLane for you and eligible family members.

Sign up today for help with any of the following:

- Conquer pain or limited movement
- Recover from a past injury
- Reduce stiffness in achy joints

Join for your **back, knee, hip, neck, or shoulder**. On average, participants cut their pain as much as 68%*!



Scan the QR code to learn more or apply at
hinge.health/mclane
or call (855) 902-2777

Employees and dependents 18+ enrolled in a BlueCross BlueShield of Texas (BCBSTX) medical plan through McLane are eligible.

*Participants with chronic knee and back pain after 12 weeks. Bailey, et al. Digital Care for Chronic Musculoskeletal Pain: 10,000 Participant Longitudinal Cohort Study. JMIR. (2020).

Hospital Indemnity Insurance

Teammate Paid. See page 10 for costs.

A hospital stay can happen at any time, and it can be costly. Lincoln's Hospital Indemnity Insurance can give you and your loved ones additional financial protection. We can help cover these unexpected events so you can focus on getting better.

How Lincoln's Hospital Indemnity Benefit can help

How would you pay for a hospital stay? Even with medical coverage, out-of-pocket costs can add up. But with Lincoln's Hospital Indemnity Benefit, you receive a check if admitted to a hospital due to a covered accident or sickness. You can also receive a daily benefit per covered person for a hospital indemnity. You can use the money to pay for expenses related to child care, travel or other out-of-pocket expenses. There are no copays, deductibles, coinsurance, or network requirements. And benefits aren't reduced because you receive a payment from any other coverage you have, such as medical or Accident insurance.

Why sign up for Lincoln's Hospital Indemnity Insurance?

Coverage. Covers accidents and sicknesses that happen on or off the job.

Additional Financial Protection. Protection for you and your family when you need it most.

Cost-effective. You can sign up for this coverage at economical group rates, which means you pay less for your coverage.

Convenient. We make it easy. Your insurance premiums are deducted from your paycheck.

Portable. You can take this coverage with you if you leave McLane—benefits and rates won't change when you take the coverage with you.

Critical Illness Insurance

Teammate Paid. See pages 12-13 for costs.

Being diagnosed with a critical illness can happen to anyone at any time. Even with medical coverage, out-of-pocket expenses can quickly add up. That's why having Lincoln Financial Group Critical Illness insurance is important.

Additional Financial Protection

Lincoln Financial Group's Critical Illness insurance can help provide you and your family with the additional financial protection you may need for expenses associated with an unexpected covered critical illness—so you can focus on getting better. Lincoln Financial Group Critical Illness insurance pays you a lump-sum benefit for diagnosis of a covered critical illness or specified event, like a heart attack or stroke. It can help you pay for expenses such as travel, room and board, transportation, child care, or treatment options not covered by traditional insurance. What you do with the money is up to you. Choose the coverage that works best for you and your family. Your monthly cost will depend on your age and the level of coverage you choose.

Why sign up for Lincoln Financial Group Critical Illness insurance?

- **Additional financial protection.** When you or your family needs it the most to help with out-of-pocket expenses.
- **Cost-effective.** You can sign up for this coverage at economical group rates, which means you may pay less for your coverage.
- **Convenient.** We make it easy. No copay, deductibles, coinsurance, or network requirements to worry about and your insurance premiums are deducted from your paycheck.
- **Portable.** You can take your coverage with you if you leave McLane—benefits won't change if you port your coverage.

We know that everyone has different needs when coping with a critical illness.

With your Lincoln Financial Group Critical Illness insurance, benefits are paid directly to the covered person if they are diagnosed with a covered critical illness like cancer, heart attack, or stroke. This plan can help ease some of your financial worries so that you can stay focused on your health. You choose how to spend or save your benefit. It can be used for expenses, such as:

- Paying for child care or help around the house
- Travel costs to see a specialist
- Medical treatment and doctor visits
- Copays and deductibles
- Prescription drug costs
- Everyday living expenses

Critical Illness Insurance

Teammate Paid. See pages 12-13 for costs.

The spouse benefit will always be 50% of the teammate's elected benefit amount, and the child 25% of the teammate benefit amount. For example, if a teammate elects \$10,000 in coverage, the spouse benefit is \$5,000 and the child benefit is \$2,500. There is no reduction in benefit for the teammate.

BENEFIT	COVERAGE
Teammate Benefit Amount(s)	Voluntary benefits amounts: \$10,000, \$20,000, \$30,000
Spouse/Domestic Partner Benefit Amount(s)	Voluntary benefits amounts: 50% of issued teammate benefit amount
Dependent Child Benefit Amount(s) (Child only eligible if teammate is enrolled; birth to 26; 26+ if disabled)	Voluntary benefits amounts: 25% of issued teammate benefit amount
Health Screening Benefit	Up to \$50 per year per covered person



Health Advocate services
Confidential support 24/7 for
employees and family members
Call: 866-799-2728
Email: answers@HealthAdvocate.com
Visit: HealthAdvocate.com/members

Helping You Navigate the Health Care System

Included with your Lincoln Critical Illness Insurance is access to Health Advocate. Health Advocate makes navigating your health care coverage easier and more understandable. Get unlimited confidential support from an experienced Personal Health Advocate who will answer questions, research treatment options, coordinate benefits, resolve billing and claims issues, and much more. This personal, detailed care will help solve problems and alleviate your concerns about coverage.



Welcome to Your Discount Program!

What is the McLane Discount Program?

Your McLane Discount Program is a one-stop-shop for thousands of exclusive discounts in more than 25 different categories. That means there's something for everyone!

How to Navigate Your Discount Program



Perks Near You

Located in the New & Featured section, Perks Near You allows you to use your location to see all of the discounts near you, wherever you are! Discounts can be filtered by category and distance.



Personalized Savings

Let us know what you're interested in so we can ensure you're seeing the perks you'll most enjoy, front and center on your Discount Program Home Page.



Brands Fit For Every Lifestyle

Looking for something specific? The Brands page, found in the Popular Perks section, is an easy and quick way to search for all of the discounts available to you.



Suggest a Business

Don't see what you're looking for? Head to the Suggest a Business page, found in the upper right-hand corner of your Home Page under Account Options, to suggest your favorite brands and local spots be added to your Discount Program.



Dedicated Support

PerkSpot's customer support team is here to help with any questions. We've included important information regarding our availability should you need assistance!

We're Here to Help



Hours

Monday - Friday
8:00 AM - 6:00 PM CST



Phone Number

866-606-6057



Email

cs@perkspot.com



Help Center*

support.perkspot.com

**Our bilingual Customer Service team can answer any questions in both English and Spanish*

Ready to save? Head to mclaneco.perkspot.com to get started!



Medicare Simplified

Choosing the right Medicare plan is extremely important. Our team of Medicare experts guide you through every step of the Medicare decision process and enrollment.

We find the right Medicare coverage for your specific healthcare needs.



We know everything there is to know about Medicare. Our team of licensed Medicare advisors are your trusted source for Medicare.



We analyze your Medicare cost-equation from multiple carrier health plans to give you the best options possible.



We provide practical decision support during the enrollment process.



How It Works

We simplify the education, transition, and enrollment to Medicare.

1

Schedule 1-on-1 consultation with our trusted Medicare advisors to assess your healthcare needs and circumstances.

2

Get recommendations for the best and most cost-effective healthcare plans that meet your unique needs.

3

Plan your Medicare transition timeline with guidance from our advisors.

4

Enroll in your Medicare plan of choice with confidence.

Medicare expertise, guidance and enrollment support at no cost.



Scan the QR code to schedule an appointment with your Medicare advisor today or use the link below:

<https://medicarechoicetagroup.com/mclane/>

855-754-1452

We do not offer every plan available in your area. Any information we provide is limited to those plans we do offer in your area. Please contact Medicare.gov or 1-800-MEDICARE to get information on all of your options.

Generic Benefit ID Cards

Medical Card



BCBSTX Temporary ID Card

BCBS Member ID Card information is available on the Blue Access for Members website, www.bcbstx.com/member.

With the Blue Cross and Blue Shield of Texas (BCBSTX) app, members can get their ID card information on their mobile phone.

Download the app on Google Play and the App Store or by texting* BCBSTX to 33633.



Pharmacy Card



Express Scripts Temporary ID Card Notice to Express Scripts Participating Pharmacies

As of January 1, 2016, McLane Company's pharmacy benefit program will be administered by **Express Scripts**. To simplify your prescription, please link the cardholder and all members of their family to **Express Scripts**.

Please follow the action steps listed below to enter the claim.	
Step 1	Enter Bin # 003858
Step 2	Enter Processor Control A4
Step 3	Enter Rx Group #: MCLANRX
Step 4	Enter 9 digit member ID # (Employee SSN)
Step 5	Enter the member's date of birth

NEED ASSISTANCE?
If you have any questions while processing the claim, please call the Express Scripts Pharmacy Help Desk at 1-800-922-1557

Dental Card



Employee Name: _____

Network: **PDP Plus**

Group Name: **McLane Company, Inc.**

Group Number: **303255**

Lincoln Financial Card



Disability and Life Insurance

Disability: (877) 321-1139

Life: (877) 321-1139

Visit: mylincolnportal.com

Vision Card



GROUP: McLane Company, Inc.
DOCTOR NETWORK: VSP CHOICE
COPAYS:
EXAM \$10
MATERIALS \$15

For more about your coverage, visit vsp.com or call **800.877.7195**.

You'll get the most out of your benefits when you choose a VSP® network doctor who participates in the Premier Program. When you choose the Premier Program experience, you'll enjoy exclusive offers and services at one convenient location.



This card isn't required for service and doesn't guarantee benefit eligibility. It's for use by VSP members. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Utah members, your VSP coverage is provided by Vision Service Insurance Plan Company and is regulated by the State of Utah Insurance Division. Washington members, your VSP coverage is provided by VSP Vision Care, Inc.

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All other brands or marks are the property of their respective owners. 104848 VCCM

Required Notices

Separation of Employment

Your Basic Life, Optional Life, AD&D, Flexible Spending Accounts, Accident Insurance, Hospital Insurance, Critical Illness, Short and Long-Term Disability, and Business Travel Accident insurance end on your last day of employment with McLane. All other plans end on the last day of the pay period in which you separate from employment.

Special Enrollment Rights

If you or your family members do not enroll in McLane's benefits when you first become eligible because you have other coverage, you may be eligible for a special 60-day enrollment period later if you or your family members :

- Are no longer eligible for that other coverage
- Are no longer eligible for Medicaid or Children's Health Insurance Program (CHIP) coverage
- Gain eligibility for a premium assistance subsidy under Medicaid or CHIP (CHIP information available on MyMcLane or from your local Human Resource department)

Mastectomy Coverage

All McLane-sponsored medical plans cover surgery after a mastectomy to :

- Reconstruct the breast on which the mastectomy was performed and
- Reconstruct the other breast to produce a symmetrical appearance

This coverage is required by law. Prostheses and physical complications in all stages of the mastectomy, including lymphedemas, are also covered.

Maternity Stays

For hospital stays due to childbirth, in accordance with federal law, McLane plans do not restrict benefits for any hospital stay following childbirth for the mother or newborn child.

The plans cannot require a provider to prescribe a length of stay any shorter than 48 hours for a vaginal delivery (or 96 hours following a cesarean delivery). However, federal law does not prevent the mother's or newborn's attending caregiver, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours after a routine vaginal delivery or 96 hours after a cesarean delivery.

HIPAA Privacy Notice

This notice is posted at

<https://www.mclaneco.com/content/mymclane/en/our-company/company-wide/resources/hipaa.html>

Guided Access to Excellent Surgical Care

What is SurgeryPlus?

SurgeryPlus provides you with access to excellent and affordable care for many planned surgical procedures. It's already included in your medical benefits at no additional cost to you.



Did you know...

- For the Core Plan, No Deductible Plan and HPN Plan, there will be no cost for your surgery.
- For HDHP plans, the cost of your surgery will be significantly reduced.

The SurgeryPlus Difference



Excellent Care

Access to our network of thousands of highly qualified surgeons



Impactful Savings

Your surgery will be at little or no cost to you when you use your SurgeryPlus benefit



Guided Support

Your personal Care Advocate will support you every step of the way through your care

Here's what's covered

In partnership with McLane Company, we cover the most expensive costs associated with surgery, so you'll pay little to no cost for your procedure when you use your SurgeryPlus benefit. Your coverage includes:

- Consults and appointments with your SurgeryPlus surgeon
- Anesthesia
- Procedure and facility (hospital) fees
- Dedicated support and guidance

Commonly Covered Procedures

- Spine
- Orthopedic
- Ear, Nose & Throat
- Cardiac
- Gynecology
- General Surgery
- Gastrointestinal
- Spine and Ortho Injections



You deserve excellent and affordable surgical care.
Call us to learn more at 855.713.1569

Email: McLane@SurgeryPlus.com

Website: McLane.SurgeryPlus.com



Important Notice about Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with McLane and about your options under Medicare's prescription drug coverage. This information can help you decide whether you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage in any of McLane's medical plans and Medicare's prescription drug coverage :

- Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
- McLane has determined that the prescription drug coverage offered by any of McLane's plans is, on average, for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered creditable coverage. Because your existing coverage is creditable coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When can you join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th. However, if you lose your current creditable prescription drug coverage through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage if You Decide to Join a Medicare Drug Plan?

If you do decide to join a Medicare drug plan and drop your current McLane coverage, be aware that you and your dependents will not be able to get this coverage back.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with McLane and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later. If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go 19 months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

FOR MORE INFORMATION ABOUT THIS NOTICE OR YOUR CURRENT PRESCRIPTION DRUG COVERAGE:

Contact the Human Resource department at the phone number shown below for further information.

NOTE: You will get this notice each year. You will also get it before the next period you can join a Medicare drug plan and if this coverage through McLane changes. You also may request a copy of this notice at any time.

FOR MORE INFORMATION ABOUT YOUR OPTIONS UNDER MEDICARE PRESCRIPTION DRUG COVERAGE:

More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You’ll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

FOR MORE INFORMATION ABOUT THE MEDICARE PRESCRIPTION DRUG COVERAGE :

- Visit [medicare.gov](https://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help.
- Call (800) MEDICARE (800) 633-4227. TTY users should call (877) 486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [socialsecurity.gov](https://www.socialsecurity.gov) or call them at (800) 772-1213. TTY users should call (800) 325-0778.

Remember : Keep this creditable coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether you have maintained creditable coverage and, therefore, whether you are required to pay a higher premium (a penalty).

Date : October 2023

Name of Entity/Sender : McLane Company, Inc.

Contact – Position/Office : Benefits Manager

Address : 4747 McLane Parkway, Temple, TX 76504

Phone : (254) 771-7500

GENERAL NOTICE OF YOUR RIGHTS GROUP HEALTH CONTINUATION COVERAGE UNDER COBRA

****THIS LETTER IS FOR YOUR INFORMATION ONLY. PLEASE RETAIN FOR FUTURE REFERENCE.
THERE HAS NOT BEEN A CHANGE IN YOUR STATUS WITH YOUR COMPANY.****

This letter contains important information about your employee benefits plan(s). Please read the entire letter.

On April 7, 1986, a federal law called COBRA was enacted (Public Law 99-272, Title X), requiring that most employers sponsoring group health plans offer employees and their families (qualified beneficiary/ies) the opportunity for a temporary extension of health coverage at group rates in certain instances where coverage under the plan would otherwise end. This notice is intended to inform you, in a summary fashion, of your rights as a qualified beneficiary and obligations under COBRA. Both you and your spouse, if applicable, should take the time to read this notice carefully. This notice does not fully describe COBRA or other rights under the McLane Company, Inc. group health plan ("Group Health Plan"). For additional information you should review the Group Health Plan's "Summary Plan Description" or contact the McLane Company, Inc. Plan Administrator at (254) 771-6173. Also, you may visit the Department of Labor website (www.dol.gov) for more information on COBRA. When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

Qualifying Events

If you are an employee of McLane Company, Inc. covered by the Group Health Plan, you have a right to choose COBRA if you lose your group health coverage because of a reduction in your hours of employment or the termination of your employment (for reasons other than gross misconduct on your part).

If you are the spouse of an employee covered by the Group Health Plan, you have the right to choose COBRA for yourself if you lose group health coverage under the Group Health Plan for any of the following reasons:

1. The death of your spouse;
2. A termination of your spouse's employment (for reasons other than gross misconduct) or reduction in your spouse's hours of employment with McLane Company, Inc.;
3. Divorce or legal separation from your spouse; or
4. Your spouse becomes entitled to Medicare.

In the case of a dependent child of an employee covered by the Group Health Plan, he or she has the right to choose COBRA if the Group Health Plan is lost for any of the following reasons:

1. The death of the employee;
2. A termination of the employee's employment (for reasons other than gross misconduct) or reduction in the employee's hours of employment with McLane Company, Inc.;
3. The employee's divorce or legal separation;
4. The employee became entitled to Medicare prior to his/her qualifying event; or
5. The dependent child ceases to be a dependent child under the Group Health Plan.

Sometimes, filing a bankruptcy under Title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to McLane Company, Inc. and that bankruptcy results in the loss of coverage of any retired employee under the Group Health Plan, the retired employee will become a qualified beneficiary with respect to the bankruptcy. The retired employee's spouse, surviving spouse, and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the Group Health Plan.

You may have other options available to you when you lose group health coverage

For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

Coverage Provided

Under COBRA, the employee or a family member has the responsibility to inform the McLane Company, Inc. Plan Administrator of a divorce, legal separation, or a child losing dependent status under the Group Health Plan within 60 days of the date of the event. McLane Company, Inc. has the responsibility to notify the administrator of the employee's death, termination, and reduction in hours of employment or Medicare entitlement. When the administrator is notified that one of these events has happened, the administrator will in turn notify you that you have the right to choose COBRA. Under COBRA, you have at least 60 days from the later of the date you would lose coverage because of one of the qualifying events described above or the date of notification of your rights under COBRA, whichever is later, to inform the McLane Company, Inc. Plan Administrator that you want to continue coverage under COBRA.

If you elect COBRA, McLane Company, Inc. is required to give you and your covered dependents, if any, coverage that is identical to the coverage provided under the plan to similarly situated employees or family members. Under COBRA, you may have to pay all or part of the premium for your continuation coverage. If you do not choose COBRA on a timely basis, your group health insurance coverage will end.

Period of Coverage

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

REQUIRED NOTICES

COBRA requires that you be afforded the opportunity to maintain coverage for 36 months unless you lost group health coverage because of a termination of employment or reduction in hours. In that case, the required COBRA period is 18 months. Also, if you or your spouse gives birth to or adopts a child while on COBRA, you will be allowed to change your coverage status to include the child. The 18-month period may be extended to 29 months if an individual is determined by the Social Security Administration (SSA) to be disabled (for Social Security purposes) as of the termination or reduction in hours of employment or within 60 days thereafter. To benefit from this extension, a qualified beneficiary must notify the McLane Company, Inc. Plan Administrator of that determination within 60 days of the SSA notification date and prior to the 18-month COBRA eligibility end date. The affected individual must also notify the McLane Company, Inc. Plan Administrator within 30 days of any final determination that the individual is no longer disabled. If the original event causing the loss of coverage was a termination (other than for gross misconduct) or a reduction in hours, another extension of the 18-month continuation period may occur, if during the 18 months of COBRA coverage, a qualified beneficiary experiences certain secondary qualifying events:

1. Divorce or legal separation
2. Death
3. Medicare entitlement
4. Dependent child ceasing to be a dependent

If a second qualifying event does take place, COBRA provides that the qualified beneficiary may be eligible to extend COBRA up to 36 months from the date of the original qualifying event. If a second qualifying event occurs, it is the qualified beneficiary's responsibility to inform the McLane Company, Inc. Plan Administrator within 60 days of the event. In no event, however, will COBRA last beyond three years from the date of the event that originally made the qualified beneficiary eligible for COBRA.

Alternate Recipients Under QMCSOs

A child of the covered employee who is receiving benefits under the Plan pursuant to a qualified medical child support order (QMCSO) received by McLane Company, Inc. during the covered employee's period of employment with McLane Company, Inc. is entitled to the same rights to elect COBRA as an eligible dependent child of the covered employee.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the initial enrollment period for Medicare Part A or B, you have an 8-month special enrollment period [1] to sign up, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare Part B and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and then enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA will pay second. Certain COBRA continuation coverage plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit <https://www.medicare.gov/medicare-and-you>.

[1] <https://www.medicare.gov/sign-up-change-plans/how-do-i-get-parts-a-b/part-a-part-b-sign-up-periods>.

These rules are different for people with End Stage Renal Disease (ESRD).

Plan Contact Information

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.HealthCare.gov.

To ensure that all covered individuals receive information properly and timely, it is important that you notify McLane Company, Inc. (4747 McLane Parkway, Temple, TX 76504 Phone 254-771-7500) of any change in dependent status or any address change of any family member as soon as possible. Failure on your part to notify McLane Company, Inc. of any changes may result in delayed notification or loss of continuation of coverage options.

If you have any questions about COBRA, please contact our Customer Care Center at (855) 687-2022.

ATENCIÓN: Los Servicios de asistencia lingüística están su disposición, sin cargo alguno. Llame al 855-687-2022.

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
Lantern	my.lanterncare.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
Pet Insurance - MetLife	metlife.com/getpetquote	(800) 438-6388
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
Guidance Resources - (EAP) - ComPsych	guidanceresources.com	(800) 327-2151
Medicare Choice Group	visit.medicarechoicigroup .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