



New Hire Benefits Enrollment Guide

FOR 2025



Welcome to McLane.

We are happy you are here.

Selecting benefits is one of the most important decisions we can make for ourselves and our families.

Who You Can Enroll for McLane Benefits

- Yourself
- Your legal spouse
- Natural Children
- Stepchildren
- Legally adopted children
- Children for whom you have court-appointed permanent legal guardianship
- Foster children (Not eligible for Child Life and/or AD&D insurance)

How long Children May Stay on the Benefit Plans

- Children may stay on your medical, dental, and vision until the end of the month in which they turn 26. You may also cover children, up to age 26, on child life insurance.
- 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.

Each Teammate Must Enroll Separately

You may NOT cover your spouse or child as 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 benefit plans. For example, you may be asked to provide one or more of the following:

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

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.

Your local Human Resource department has an Acceptable Documents List showing what is needed to verify your dependent's eligibility. You will need to upload all the required documentation for each dependent into Workday under New Hire Benefit Enrollment task. Verification is not immediate so please don't wait until the last day.

BI-WEEKLY RATES

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

Benefit Option		Teammate Only	Teammate & Spouse	Teammate & Child(ren)	Teammate & Family
DENTAL MetLife	Dental Plan I	\$4.92	\$12.57	\$12.99	\$18.45
	Dental Plan II	\$7.15	\$16.76	\$34.34	\$40.30
VISION Vision Service Plan (VSP)	Vision Core Plan	\$2.90	\$4.65	\$4.74	\$7.65
	Vision Premium	\$3.93	\$6.28	\$6.42	\$10.35
ACCIDENT Lincoln Financial	Accident Insurance	\$1.86	\$3.06	\$2.96	\$4.11
HOSPITAL Lincoln Financial	Hospital 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 in Benefits Guide or during online enrollment for your cost.			
LEGAL MetLife	Legal Plan	\$8.35. One deduction covers all family members.			
TEAMMATE BASIC LIFE Lincoln Financial	Basic Life 1x Annual Base Pay	Fully paid by McLane	Not Available		
	Optional Life	See chart in Benefits Guide or during online enrollment for your cost.			
TEAMMATE AD&D (Accidental Death & Dismemberment) Lincoln Financial	Basic AD&D (Doubles Basic Life)	Fully paid by McLane	Not Available		
	Optional Teammate	\$0.012 per \$1,000 of coverage			
	Optional Family	\$0.017 per \$1,000 of coverage			
TEAMMATE LONG-TERM DISABILITY (LTD)	Teammate LTD (Rates are bi-weekly rates per \$100 of coverage)	Plan 1 (2 yrs)	Plan 2 (5 yrs)	Plan 3 (to SS retirement age)	
		\$0.198	\$0.368	\$0.732	

A full list of rates is available on My McLane / Teammate Center. Rates will also be shown during the online enrollment.

For more information, contact your Benefits Team at benefits411@mcclaneco.com or call 888-403-6089.

MEDICAL BENEFITS OVERVIEW

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.

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.

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 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

Teammates may not change plans during the calendar year, even with a qualifying event.
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NO DEDUCTIBLE PLAN	
PREFERRED PROVIDER ORGANIZATION (PPO)	
PRE-TAX BI-WEEKLY RATES	
\$99.48	
\$350.38	
\$209.07	
\$436.89	
IN-NETWORK	OUT-OF-NETWORK
\$0 \$0	\$2,000 \$4,000
\$4,000 \$8,000	\$8,000 \$16,000
100% covered 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

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**

Shop Plans & Products

Find a Doctor or Hospital

Member Services

Sign Up or Log In

Find a Doctor or Hospital

Search for doctors, hospitals, pharmacies, urgent care and more.

Member Login

Log in to your account to get the most accurate, personalized search results based on your plan. You'll see details that may help you lower health care costs.

Doctors in your plan network*

Doctor reviews and ratings

Cost estimates

Guest Search

Even if you're not a member, you can search for doctors, hospitals and other providers. If you need help, we've created these helpful guides:

Step-by-Step PDF

Search as Guest

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

Plans

Blue High Performance NetworkSM

City, state or zip

Dallas, TX — 75201

- ▶ **If “Browse by Category” is selected, click Category AND select Specialty.**

Browse

Medical Care

Find general doctors, specialists, hospitals, urgent care centers, group practices, labs, and more.

Urgent Care Center

Treatment for a condition that is not life threatening, but requires prompt attention

Behavioral Health

Treatment for Mental Health and Substance Use Disorders

MENTAL HEALTH RESOURCES

Resources for Those in Crisis

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

National Suicide Prevention Lifeline

☎ 988 or (800) 273-8255, press 1

💬 Text or chat: 988

Veterans Crisis Line

☎ (800) 273-8255

💬 Text HELP to 838255

Trevor Project (LGBTQ+)

☎ (866) 488-7386

💬 Text START to 678678

Employee Assistance Program (EAP)

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

☎ **PHONE:** (800)-327-2151



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



Learn to Live (BCBS Members)

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

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



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

MDLIVE (BCBS Members)

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

☎ **PHONE:** 888-680-8646

💬 **TEXT:** BCBSTX to 635-483



APP: Download the MDLIVE app from the App Store or Google Play
ONLINE: www.MDLIVE.com/bcbstx

Kaiser HMO Members

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

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



ONLINE: www.kp.org

IMPORTANT CONTACTS

CONTACT	WEBSITE	PHONE
BLUE CROSS BLUE SHIELD No Deductible Plan—(Group #152506) Core Plan—(Group #90271) In-Network Only Plan—(Group #322919) High Deductible Health Plan (HDHP)— (Group #90281)	bcbstx.com/mclane BlueCard Doctor & Hospital Finder	(866) 363-7936
24/7 Nurseline	N/A	(800) 581-0368
MDLIVE	MDLIVE.com/bcbstx	(888) 680-8646
Oncology Support	N/A	(800) 327-8497
Hinge Health	hingehealth.com/mclane	(855) 902-2777
SurgeryPlus (Lantern Surgical Care)	mclane.surgeryplus.com	(855) 713-1569
Prescription Drug—ExpressScripts, Inc. (Group #MCLANRX)	Express-Scripts.com	(855) 315-6433
Health Savings Account (HSA)—Bank of America	myhealth.bankofamerica.com	(866) 791-0250
Dental Plans I & II—MetLife (Group #303258)	mybenefits.metlife.com/ benefitslogin	(800) 942-0854
Vision—VSP Core & Premium (Group #30050523)	vsp.com	(800) 877-7195
Flexible Spending Account (FSA) Optum Financial	secure.optumfinancial.com	(844) 579-7619
FMLASource	FMLASource.com	(866) 380-0680
Legal Plan - MetLife (Access Code 9903814)	info.legalplans.com	(800) 821-6400
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 (ComPsych)- EAP	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