



# New Hire Benefits Overview

for 2026



# Welcome to McLane.

# We are happy you are here.

As a benefits-eligible teammate, you can enroll in McLane's comprehensive benefits program that provides quality, affordable coverage options for you and your family.

Take time to read this overview and explore [MyMcLaneCoBenefits.com](https://my.mclaneco.com/benefits), our benefits site, which has details on all of our benefits, FAQs, and instructions for how to enroll in Workday once you're ready to make your choices. But remember, as a new hire, you have 30 days from your hire date to enroll in your benefits.

## Who You Can Enroll for McLane Benefits

- You
- Your legal spouse
- Your children up to age 26\*, including:
  - » Natural children
  - » Stepchildren
  - » Legally adopted children
  - » Foster children\*\*
  - » Children for whom you have court-appointed legal guardianship

**Check Out  
MyMcLaneCoBenefits.com!**

Find benefits tools and resources to help you make informed plan choices, including guides, videos, FAQs, and details on how to enroll.

\* Physically or mentally disabled children may stay on your benefit plans regardless of age, as long as you provide proof of disability. The disabled child must be declared disabled prior to their 26th birthday.

\*\* Foster children are not eligible for Child Life and/or Accidental Death and 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 they are eligible for benefits as a McLane teammate.

## Dependent Verification

To follow plan rules and help manage benefit costs, McLane requires that all dependents enrolled in a McLane benefit plan have a verified legal relationship with the teammate. You must provide proof of this relationship whenever you enroll or add a dependent to coverage. For example, you may be asked to provide one or more of the following:

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

For more details on how to verify your dependents in Workday and to view a list of the required documents, go to [MyMcLaneCoBenefits.com](https://my.mclaneco.com/benefits). Your local HR Team also has a list of documents that are acceptable for verifying your dependents' eligibility.

As a new hire, you must submit required dependent verification in Workday **within 30 days** of your date of hire.

# How to Enroll

As a new hire, you have 30 days from your hire date to enroll in your benefits.

To access enrollment instructions, go to [MyMcLaneCoBenefits.com](https://MyMcLaneCoBenefits.com) > Menu > Enrollment & Eligibility or scan the QR code.



## BI-WEEKLY RATES

Medical rates can be found in the Medical Benefits Overview table in this brochure or in Workday when you enroll. For all other benefits, refer to the table below. You can also find them in the Benefits Guide on [MyMcLaneCoBenefits.com](https://MyMcLaneCoBenefits.com) or in Workday when you enroll.

Benefit Option	Teammate Only	Teammate & Spouse	Teammate & Child(ren)	Teammate & Family
Dental Plan I	\$4.92	\$12.57	\$12.99	\$18.45
Dental Plan II	\$7.15	\$16.76	\$34.34	\$40.30
Vision Core Plan	\$2.90	\$4.65	\$4.74	\$7.65
Vision Premium Plan	\$3.93	\$6.28	\$6.42	\$10.35
Accident Insurance	\$1.86	\$3.06	\$2.96	\$4.11
Hospital Confinement Insurance	\$2.70	\$7.02	\$5.46	\$10.45
Critical Illness Insurance	Rates vary based on coverage, age, and who is covered. Costs can be found in the Benefits Guide on <a href="#">MyMcLaneCoBenefits.com</a> or in Workday when you enroll.			
Legal Plan	\$8.35. One deduction covers all family members.			
Basic Life Insurance	Fully paid by McLane	Not Available		
Optional Life Insurance	Costs can be found in the Benefits Guide on <a href="#">MyMcLaneCoBenefits.com</a> or in Workday when you enroll.			
Basic AD&D	Fully paid by McLane	Not Available		
Optional Teammate AD&D	\$0.012 per \$1,000 of coverage	Not Available		
Optional Family AD&D	Not Available	\$0.017 per \$1,000 of coverage		
Long-Term Disability	Teammate Only Plan 1 (2 years): \$0.198 Plan 2 (5 years): \$0.368 Plan 3 (to SS retirement age): \$0.732			

# MEDICAL BENEFITS OVERVIEW

Teammates may not change me

BLUECROSS BLUESHIELD OF TEXAS	HIGH DEDUCTIBLE HEALTH PLAN <sup>3</sup> WITH HEALTH SAVINGS ACCOUNT	
Network Used	PREFERRED PROVIDER ORGANIZATION (PPO)	
COVERAGE OPTIONS	PRE-TAX BI-WEEKLY RATES	
Teammate Only	\$26.06	
Teammate & Spouse	\$99.37	
Teammate & Child(ren)	\$61.92	
Teammate & Family	\$120.57	
PLAN BENEFITS	IN-NETWORK	OUT-OF-NETWORK
Calendar Year Deductible <sup>1</sup> Individual <sup>2</sup> Family <sup>3</sup>	\$2,000 \$4,000 <sup>3</sup> <small>Family deductible applies if coverage is other than Teammate Only.</small>	\$4,000 \$8,000 <sup>3</sup> <small>Family deductible applies if coverage is other than Teammate Only.</small>
Out-of-Pocket Maximum <sup>1</sup> Individual Family	\$3,000 \$6,000	\$6,000 \$12,000
Preventive Care	100% covered <sup>4</sup>	Limited Coverage <sup>5</sup>
Physician Office Visit Primary <sup>6</sup> Specialist	20% after deductible 20% after deductible	40% after deductible 40% after deductible
Inpatient Hospital (precertification required)	20% after deductible	40% after deductible
Outpatient Facility Services	20% after deductible	40% after deductible
Emergency Room Services <sup>7</sup>	20% after deductible	If “emergency,” you pay 20% after deductible. If not “emergency,” you pay 40% after deductible.
Urgent Care Center Services	20% after deductible	If “emergency,” you pay 20% after deductible. If not “emergency,” you pay 40% after deductible.
Prescription Drugs – Retail (34-day supply) Generic Preferred Brand Non-Preferred Brand Lifestyle (e.g. hair loss, smoking cessation, etc.)	After deductible, you pay: \$5 copay 40% (\$100 max) 40% (\$100 max) 50% copay	After deductible, you pay 100% of the cost and will need to file a paper claim for reimbursement.
Prescription Drugs – Mail Order (90-day supply) Generic Preferred Brand Non-Preferred Brand Lifestyle (e.g. hair loss, smoking cessation, etc.)	After deductible, you pay: \$10 copay 40% up to \$200 40% up to \$200 50% copay	Not Covered

<sup>1</sup> Plan deductibles are included in the out-of-pocket maximums. <sup>2</sup> Individual deductible is for Teammate Only coverage. <sup>3</sup> Family deductible applies if coverage is other than Teammate Only. <sup>4</sup> De  
<sup>5</sup> 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 e  
providers are Specialty Care Physicians (SCP). <sup>7</sup> Any life-threatening or disabling health problem is a true emergency.



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

 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	
\$49.77		\$66.81	
\$190.63		\$267.20	
\$111.09		\$148.27	
\$226.55		\$311.20	
IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
\$1,250 \$2,500	Not Covered	\$1,250 \$2,500	\$2,500 \$5,000
\$4,000 \$8,000	Not Covered	\$4,000 \$8,000	\$8,000 \$16,000
100% covered <sup>4</sup>	Not Covered	100% covered <sup>4</sup>	Limited coverage <sup>5</sup>
\$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

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). Exams are not the same as diagnostic procedures). \*Primary care physicians (PCP) include internists, OB/GYN, pediatricians, or family practitioners. All other types of

or limited plan changes.

NO DEDUCTIBLE PLAN	
PREFERRED PROVIDER ORGANIZATION (PPO)	
PRE-TAX BI-WEEKLY RATES	
\$112.42	
\$395.93	
\$236.25	
\$493.69	
IN-NETWORK	OUT-OF-NETWORK
\$0 \$0	\$2,000 \$4,000
\$4,000 \$8,000	\$8,000 \$16,000
100% covered <sup>4</sup>	Limited Coverage <sup>5</sup>
\$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

## Find In-Network Providers

The HDHP, Core, and No Deductible plans include access to BCBS's nationwide Blue Choice PPO network of doctors and hospitals. The In-Network Only plan specifically uses the Blue High Performance Network.

### Find a PPO Network Provider

The HDHP, Core, and No Deductible plans use the Blue Choice PPO network. To find a provider:

1. Go to **BCBSTX.com/McLane**.
2. Scroll down and click **Search for doctors and hospitals**.
3. Under *Provider Finder*, click **Do a quick search now**.
4. Click **Change Selection**.
  - a. If you need to change your location, select **I want to change both my location and plan** and click **Continue**.
  - b. If you do NOT need to change your location, select **I want to change my plan**.
5. Click **Continue**.
6. Update your location, if needed, and then update the plan by choosing **Employer**.
7. Select a state from the dropdown and click **Select State**.
8. Click **PPO**.
9. Click **Blue Choice PPO** and then click **Search Selected Plan for Doctors**.
10. Use the search bar to search for a provider's name or specialty.



### Find a Blue High Performance Network Provider

The In-Network Only plan uses the Blue High Performance Network. To find a provider:

1. Go to **BCBSTX.com/McLane**.
2. Scroll down and click **Search for doctors and hospitals**.
3. Under *Provider Finder*, click **Do a quick search now**.
4. If needed, update your location by clicking **Change Selection**, but make sure to keep the **Blue High Performance Network [HPN]** plan chosen.
5. Use the search bar to search for a provider's name or specialty.

# IMPORTANT CONTACTS

Have questions? Need more information? Go to [MyMcLaneCoBenefits.com](https://www.myclaneco.com/benefits), email the Benefits Team at [benefits411@mcclaneco.com](mailto:benefits411@mcclaneco.com), or call 888-403-6089.

Benefit	Carrier	Website	Phone	Other Info	
Medical	BlueCross BlueShield of TX (BCBSTX)	BCBSTX.com/mclane	(866) 363-7936	<b>HDHP</b> Group # 90281 <b>In-Network Only Plan</b> Group # 322919 <b>Core Plan</b> Group # 90271 <b>No Deductible Plan</b> Group # 152506	
24/7 Nurseline	BCBSTX	N/A	(800) 581-0368		
Telehealth	MDLIVE	MDLIVE.com/bcbstx	(888) 680-8646		
Enhanced Oncology Support	BCBSTX	N/A	(800) 327-8497		
Virtual Physical Therapy	Hinge Health	hingehealth.com/mclane	(855) 902-2777		
Surgical Services	Lantern	my.lanternhealth.com	(855) 713-1569		
Prescription Drug	Express Scripts	express-scripts.com	(855) 315-6433	Group # MCLANRX	
Health Savings Account	Bank of America	myhealth.bankofamerica.com	(866) 791-0250		
Dental	MetLife	mybenefits.metlife.com/ benefitslogin	(800) 942-0854	Group # 303258	
Vision	VSP	vsp.com	(800) 877-7195	Group # 30050523	
Flexible Spending Account	Optum Financial	secure.optumfinancial.com	(844) 579-7619		
Employee Assistance Program	ComPsych (Guidance Resources)	guidanceresources.com	(800) 327-2151		
Family and Medical Leave	AbsenceResources	AbsenceResources.com	(866) 380-0680		
Life and AD&D Insurance	Lincoln Financial Group	mylincolnportal.com	(888) 787-2129		
Disability			(877) 321-1139		
Accident Insurance		lfg.com	(800) 423-2765		
Hospital Indemnity Insurance					
401(k)	Merrill	benefits.ml.com	(800) 228-4015	Group # 301436	
Identity Theft Services	Lincoln Financial Group LifeKeys Services	guidanceresources.com (Click <i>Register</i> and use code: <i>LifeKeys</i> )	(855) 891-3684		
Will Preparation Program					
Medicare Advisors	Medicare Choice Group	visit.medicarechoicegroup.com/ mclane	(855) 754-1452		
Pet Insurance	MetLife	metlife.com/getpetquote	(800) 438-6388		
Legal Plan	MetLife	info.legalplans.com	(800) 821-6400	Access code: 9903814	
Global Emergency Travel Services	Lincoln Financial Travel Connect	mysearchlightportal.com	(866) 525-1955 Within the U.S. & Canada (603) 328-1955 Outside the U.S. & Canada	Group ID: LFGTravel123	
Discount Program	PerkSpot	mclaneco.perkspot.com			

# 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:** [guidanceresources.com](https://guidanceresources.com) (Web ID: MCLANE).



## Learn to Live (BCBSTX 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:** [bcbstx.com](https://bcbstx.com) (choose Wellness and find Digital Mental Health)



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

## MDLIVE (BCBSTX 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:** [MDLIVE.com/bcbstx](https://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
- **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:** [kp.org](https://kp.org)