

**McLane Company, Inc.**  
**McLane Company Welfare Plan**  
**Summary of Material Modifications**

This Summary of Material Modifications (“SMM”) summarizes recent changes made to the McLane Company Welfare Plan (the “Plan”). This SMM also supplements or modifies the information presented to you in the Summary Plan Description (“SPD”) with respect to the Plan. **Please keep this document with your copy of the SPD for future reference.**

**SUMMARY OF CHANGES**

**In-Network Medical and Prescription Drug Out-of-Pocket Maximums**

Effective as of January 1, 2022, the medical and prescription drug in-network out-of-pocket maximums for the Blue Cross and Blue Shield of Texas No Deductible PPO Plan and Core PPO Plan offerings have been combined and modified as follows:

- Instead of two separate out-of-pocket maximums for medical and prescription drug benefits, the out-of-pocket maximums for medical and prescription drug benefits will now be counted together towards one out-of-pocket maximum.
- The new, combined out-of-pocket maximum for medical and prescription drug benefits will be \$4,000 for individuals and \$8,000 for families.

**In-Network Primary Care Physician and Specialty Physician Copays**

Effective as of January 1, 2022, the copays for in-network primary care physicians and in-network specialty physicians under the Blue Cross and Blue Shield of Texas No Deductible PPO Plan and Core PPO Plan offerings have increased as follows:

	Primary Care	Specialty
Core PPO Plan	\$30	\$80
No Deductible Plan	\$35	\$85

**In-Network Prescription Drug Coinsurance and Copay Structure**

Effective as of January 1, 2022, the Express Scripts Tier 2, 3, and 4 in-network cost-sharing requirements on all Blue Cross and Blue Shield of Texas medical plan offerings will be modified by removing the coinsurance minimum and maximum copay structure and switching to a straight coinsurance structure with a maximum. Under the new structure, the following will apply:

Tier 2	Tier 3	Tier 4
40% up to \$100	40% up to \$100	50% up to \$300

### **Prescription Drug 90-Day Maintenance Medications**

Effective January 1, 2022, all 90-day maintenance medications must be filled either through a Walgreens location or Express Scripts home delivery in order to be covered.

### **Coverage for In-Network Diagnostic and Preventative Mammograms and Colonoscopies**

Effective as of January 1, 2022, in-network diagnostic and preventative mammograms and colonoscopies are covered at 100% under all Blue Cross and Blue Shield of Texas medical plan offerings, except for the Blue Cross and Blue Shield of Texas High Deductible Health Plan offering.

### **New In-Network Only Medical Plan Offering**

Effective January 1, 2022, a new Blue Cross and Blue Shield of Texas medical plan offering is now available called the “In-Network Only” Plan. This new medical benefit offering uses the High Performance Network and is only available in certain areas. Below please find the details relating the new Blue Cross and Blue Shield of Texas In-Network Only Plan:

<i>In-Network Only (INO) Option</i>		
<i>Benefit Highlights</i>	<i><u>In-Network You Pay:</u></i>	<i><u>Out-of-Network You Pay:</u></i>
Annual Deductible  (excludes Copays)	\$1,250 Individual  \$2,500 Family	Not Covered
Annual Out-of-Pocket Maximum	\$4,000 Individual  \$8,000 Family	Not Covered
Primary Office Visit (including Virtual Visits)	\$25 Copay per visit*	Not Covered
Specialist Office Visit (including Virtual Visits)	\$75 Copay per visit*	Not Covered
Urgent Care Facility	\$70 Copay per visit	Not Covered
Hospital Emergency Room Number of Visits: (per person)		
First, Second, and Third Visit	\$300 Copay per visit	\$300 Copay per visit
Fourth and Fifth Visit	\$600 Copay per visit	\$600 Copay per visit
Sixth Visit and After	\$900 Copay per visit If you are admitted, the Copay is waived; If non-	\$900 Copay per visit If you are admitted, the Copay is waived; If non-

	emergency, 20% after Copay	emergency, 40% after Copay
Ambulance (Ground or Air)	20% after Deductible	20% after Deductible
Inpatient Hospital Services including:  Semi-private Room and Board  Physician services  Diagnostic / therapeutic lab and x-ray  Drugs and medication  Operating and recovery room  Radiation therapy and chemotherapy  Anesthesia and inhalation therapy	20% after Deductible  <i>Except as otherwise provided for maternity care as explained in Section 8.2 below, Precertification/ Preauthorization required</i>	Not Covered
Outpatient Facility Services including:  Operating room, recovery room, procedure room and treatment room, Physician services, Diagnostic/ therapeutic lab and x-rays, and anesthesia and inhalation therapy	20% after Deductible  Certain services must be preauthorized	Not Covered
Allergy Injections	\$25/\$75 Copay per visit	Not Covered
Routine Preventive Care, including:  Immunizations, Associated x-ray and lab	No Charge, Deductible waived	Not Covered
Routine Preventive mammogram, colonoscopy, Pap Test, and Colorectal Screening	No Charge, Deductible waived	Not Covered
Women's Preventive Health Coverage:  - FDA approved contraceptive and	100% covered Deductible Waived	Not Covered

screening methods - Breastfeeding support/supplies/counseling - Screening for domestic violence - Tubal Ligations		
Sigmoidoscopy	20% after Deductible	Not Covered
Prostate- specific antigen (PSA)	20% after Deductible (covered at 100% if billed as preventative)	Not Covered
Temporomandibular Joint Dysfunction (TMJ) non-surgical office visit only; excludes appliances and orthodontic treatment	20% after deductible	Not Covered
Laboratory and Radiology Services, including but not limited to: MRIs, MRAs, CAT scans, PET scans, bone scan, myelogram, ultrasound, and cardiac stress test	20% after Deductible	Not Covered
Other Health Care Facilities (Skilled Nursing Facility and Sub-Acute Facilities)	20% after Deductible <i>Preauthorization required for inpatient treatment</i>	Not Covered
	60 days maximum per Plan Year combined <sup>#</sup>	
Home Health Care Services	20% after Deductible <i>Preauthorization required</i>	Not Covered
	80 visits maximum per Plan Year combined <sup>#</sup>	
Hospice	20% after Deductible <i>Preauthorization required</i>	Not Covered
Short-Term Rehabilitative Therapy including:  physical, speech & occupational therapy	\$75 Copay per office visit*  Outpatient 20% after deductible	Not Covered
	60 visits/days maximum per Plan Year for all therapies combined <sup>#</sup>	

Chiropractic Care	20% after Deductible	Not Covered
	18 visits per calendar year maximum	
Organ Transplants	20% after Deductible	Not Covered
<p>Organ Transplant Travel 20% after Deductible</p> <p>\$10,000 travel lifetime maximum. Eligible charges include: 1) Transportation to and from the transplant site; 2) lodging while at, or traveling to and from, the transplant site; and 3) food while at, or traveling to and from the transplant site. Travel expenses for companion(s) to accompany patient is also included. Eligible companion(s) include: a spouse, family member, legal guardian, or any person not related to the patient but actively involved as the patient's caregiver. Travel related benefits for organ transplants must be in compliance with IRS guidelines.</p> <p>Eligible charges are covered at the in-network level, after deductible.</p>		
Durable Medical Equipment	20% after Deductible	Not Covered
External Prostheses	20% after Deductible	Not Covered
Family Planning Office Visit	\$25/\$75 Copay per visit*	Not Covered
Maternity Care Physician's Services	<p>\$25/\$75 initial visit Copay* and 20% coinsurance after deductible for delivery</p> <p><i>Except as otherwise provided for maternity care as explained in Section 8.2 of the SPD, Inpatient Preauthorization required</i></p>	Not Covered
Surgical Sterilization Procedures for Vasectomy  (excludes reversals)	<p>20% after Deductible;</p> <p><i>Inpatient Preauthorization required; Office surgery included in office visit Copay</i></p>	Not Covered
Infertility diagnosis services  (excludes in-vitro fertilization, artificial insemination, GIFT, ZIFT, etc.)	<p>\$25/\$75 Copay per office visit*, 20% after Deductible for treatment/surgery<sup>1</sup></p> <p><i>Inpatient Preauthorization required</i></p>	Not Covered
Abortion (non-elective only)	20% after Deductible	Not Covered
Mental Health Inpatient	<p>20% after Deductible</p> <p><i>Inpatient Preauthorization required</i></p>	Not Covered

Combined benefits are the total of in-network and out-of-network benefits paid. Deductible and applicable Coinsurance applies when x-ray and lab are processed by a separate provider.

### **Coverage for COVID-19 At-Home Over-the-Counter Tests**

Effective for claims incurred on or after January 15, 2022 and through the duration of the COVID-19 public health emergency period (the “COVID-19 National Emergency”), the Plan will fully cover as many as eight (8) at-home over-the-counter COVID-19 diagnostic tests authorized by the U.S. Food and Drug Administration (or “OTC COVID-19 Tests”), per covered individual, per calendar month, without an order or individualized clinical assessment by an attending health care provider.

#### **Background**

On January 10, 2022, the federal government issued guidance to clarify that individuals who purchase OTC COVID-19 Tests during the COVID-19 National Emergency will be able to seek reimbursement from their group health plans and health insurance issuers. This guidance generally requires group health plans and health insurance issuers to provide coverage without cost-sharing requirements, prior authorization, or other medical management with respect to OTC COVID-19 Tests without an order or individualized clinical assessment by a health care provider *purchased on or after January 15, 2022* and through the COVID-19 National Emergency.

#### **Frequently Asked Questions About the COVID-19 OTC Coverage**

Q-1: What changes on January 15, 2022?

A-1: Effective January 15, 2022, the Plan will cover the full cost of as many as 8 OTC COVID-19 Tests, per covered individual, per calendar month that *are not* ordered by an attending health care provider. For example, if you learn that you may have been exposed to COVID-19 on January 15, and purchase an OTC COVID-19 Test on January 16 without consulting a health care provider, the Plan will reimburse you for the full cost of the OTC COVID-19 Test. Thereafter, you may purchase as many as 7 OTC COVID-19 Tests in the month of January, and the Plan will reimburse you for the full cost of each of those OTC COVID-19 Tests.

Q-2: If I obtain an OTC COVID-19 Test from a retail pharmacy in the Express Scripts network, will I have to pay anything at the point of sale?

A-2: If you obtain an OTC COVID-19 Test from a retail pharmacy in the Express Scripts network, you may not have to pay anything at the point of sale. You should you're your Express Scripts ID card to a retail pharmacy in your network, bring the OTC COVID-19 Test to the pharmacy counter, and check out with your Express Scripts ID Card.

Q-3: Can I obtain free OTC COVID-19 Tests through home delivery?

A-3: Yes. You can order free OTC COVID-19 Tests through the Express Scripts Pharmacy.

Q-4: What about OTC COVID-19 Tests purchased outside the Express Scripts network?

A-4: At this time, the Plan also covers 100% of the cost of OTC COVID-19 Tests that you obtain through out-of-network retailers. However, the Plan will limit its reimbursement for OTC COVID-19 Tests you obtain through out-of-network retailers to the lower of \$12 or the cost of the tests. To be reimbursed by the Plan, you must visit the Express Scripts COVID-19 Resources Center and submit a manual claim for reimbursement. Please visit <https://www.express-scripts.com/covid-19/resource-center> to submit your manual claim.

- Q-5: How do I get reimbursed for the OTC COVID-19 Tests I purchased on or after January 15, 2022?
- A-5: If you *purchased* an OTC COVID-19 Test, the Plan will reimburse you for 100% of the cost. To be reimbursed by the Plan, you must visit the Express Scripts COVID-19 Resources Center and submit a manual claim for reimbursement. Please visit <https://www.express-scripts.com/covid-19/resource-center> to submit your manual claim.
- Q-6: For purposes of the 8 test per calendar month per covered individual limit, how does the Plan calculate OTC COVID-19 Test kits with more than one test in those kits?
- A-6: Each OTC COVID-19 Test in a test kit counts towards the 8 test per calendar month per covered individual limit. For example, the purchase of two test kits that include 2 OTC COVID-19 Test each count as 4 tests towards the 8 test per month limit.
- Q-7: How does the 8 test per calendar month per covered individual limit work with respect to families?
- A-7: The Plan covers 8 individual OTC COVID-19 Tests per covered individual. That means a family of four covered individuals (e.g., a participant, spouse and 2 other eligible dependents) may get a total of 32 OTC COVID-19 Tests per calendar month for free.
- Q-8: Does the Plan's coverage of OTC COVID-19 Tests have any restrictions?
- A-8: Yes. To be covered by the Plan, OTC COVID-19 Tests must be for your or your eligible dependents' personal use and must not be acquired solely for employment related reasons.

### **High Deductible Health Plan Eligibility**

Effective as of January 1, 2022, the special eligibility requirement for the Blue Cross and Blue Shield of Texas High Deductible Health Plan offering which restricted eligibility to those Teammates covered under a different Blue Cross and Blue Shield of Texas medical plan offering prior to enrollment no longer applies. In other words, Teammates may enroll in the Blue Cross and Blue Shield of Texas High Deductible Health Plan offering each year at annual enrollment regardless of whether they were previously enrolled in a different Blue Cross and Blue Shield medical plan offering.

The special eligibility requirement under which Teammates may only enroll in or drop coverage under the Blue Cross and Blue Shield of Texas High Deductible Health Plan offering with an election that begins coverage at the beginning of a Plan Year (with certain exceptions) will remain in effect through December 31, 2022. However, effective as of January 1, 2023, enrollment under the Blue Cross and Blue Shield of Texas High Deductible Health Plan is not limited to elections that begin coverage at the beginning of a Plan Year. Teammates that become eligible for and enroll in the Blue Cross and Blue Shield of Texas High Deductible Health Plan after January 1, 2023 will not be eligible to receive Company contributions to their HSA until January 1, 2024, assuming all other eligibility and enrollment requirements have been satisfied.

### **SurgeryPlus**

Effective as of January 1, 2023, SurgeryPlus will be available to Teammates and covered dependents enrolled in any of the Blue Cross and Blue Shield of Texas medical plan offerings under the Plan and that have attained age 18 or older. By enrolling in one of these plans, the Participant consents and gives proper authorization to participate in the SurgeryPlus program. They may receive communications directly from these vendor partners.

## **Hinge Health**

Effective as of January 1, 2023, Hinge Health will be available to Teammates and covered dependents enrolled in any of the Blue Cross and Blue Shield of Texas medical plan offerings under the Plan, and that have attained age 18 or older. Hinge Health is a virtually-based physical therapy benefit. By enrolling in one of these plans, the Participant consents and gives proper authorization to participate in the Hinge Health program. They may receive communications directly from these vendor partners.

### **CONTACT INFORMATION**

If you have any questions about this SMM or the Plan, please contact the Plan Administrator at:

McLane Company, Inc.  
Attn: BENEFITS MANAGER  
4747 McLane Parkway  
Temple, Texas 76504  
254-771-7500

*This SMM constitutes a part of the SPD for the Plan. Keep this SMM with your important Plan documents. This SMM is based on legal documents (such as plan documents and insurance contracts) currently in effect. As such, your rights are governed by the terms of these legal documents. Please refer to the relevant legal documents for complete information on your rights and obligations under the Plan. You may obtain a copy of any of the official legal documents from the Plan Administrator. While every effort has been made to give you correct and complete information about your benefits, in the event of any conflict or inconsistency between the SMM and the relevant legal documents, the terms of the legal documents will control.*

*McLane Company, Inc. intends to continue the Plan benefits as described in this SMM and the SPD, but reserves the right, at its discretion, to change or even terminate all or any part of the Plan benefits offered at any time and in any manner to the extent permitted by law. As a result, this SMM is not a contract, nor is it a guarantee of your benefits.*