

Medical Plans

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

- High-Deductible Health Plan
- In-Network Only Plan (select areas only)
- 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 High Performance Network. Please check to make sure network is available in your area.

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

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 Practitioner, 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.
- A Health Savings Account (HSA) works in conjunction with the HDHP to help you cover out-of-pocket expenses.
- 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 High Performance Network.
- Might not be the right option for those with dependents living outside of major metro areas.
- 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.
- The family deductible can be met by an individual or by combining all family members' expenses that apply to the deductible.
- Narrower network than the Core, No Deductible, and High Deductible Health Plans.
- No out-of-network coverage - unless life-threatening emergency.
- Great option for those that want to pay 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	NO	NO	NO	NO
Network Used	Preferred Provider Organization (PPO)	High Performance Network	Preferred Provider Organization (PPO)	Preferred Provider Organization (PPO)

MEDICAL BENEFITS OVERVIEW

BLUE CROSS BLUE SHIELD TEXAS	HIGH DEDUCTIBLE HEALTH PLAN WITH HEALTH SAVINGS ACCOUNT		⚠️ IN-NETWORK ONLY PLAN	
PLAN BENEFITS	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Calendar Year Deductible¹ 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>	\$1,250 \$2,500	Not Covered
Out-of-Pocket Maximum¹ Individual Family	\$3,000 \$6,000	\$6,000 \$12,000	\$4,000 \$8,000	Not Covered
Preventive Care	100% covered ⁴	Limited Coverage ⁵	100% covered ⁴	Not Covered
Physician Office Visit Primary ⁶ Specialist	20% after deductible 20% after deductible	40% after deductible 40% after deductible	\$25 copay \$75 copay	Not Covered
Inpatient Hospital (precertification required)	20% after deductible	40% after deductible	20% after deductible	Not Covered
Outpatient Facility Services	20% after deductible	40% after deductible	20% after deductible	Not Covered
Emergency Room Services⁷	20% after deductible	If “emergency,” you pay 20% after deductible. If not “emergency,” you pay 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.
Urgent Care Center Services	20% after deductible	If “emergency,” you pay 20% after deductible. If not “emergency,” you pay 40% after deductible.	\$70 copay	Not Covered
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.	\$5 copay 40% (\$100 max) 40% (\$100 max) 50% copay	Not Covered
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	\$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

BLUE CROSS BLUE SHIELD TEXAS	CORE PLAN		NO DEDUCTIBLE PLAN	
PLAN BENEFITS	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Calendar Year Deductible¹ Individual ² Family ³	\$1,250 \$2,500	\$2,500 \$5,000	\$0 \$0	\$2,000 \$4,000
Out-of-Pocket Maximum¹ Individual Family	\$4,000 \$8,000	\$8,000 \$16,000	\$4,000 \$8,000	\$8,000 \$16,000
Preventive Care	100% covered ⁴	Limited coverage ⁵	100% covered ⁴	Limited Coverage ⁵
Physician Office Visit Primary ⁶ Specialist	\$30 copay \$80 copay	40% after deductible 40% after deductible	\$35 copay \$85 copay	30% after deductible 30% after deductible
Inpatient Hospital (precertification required)	20% after deductible	40% after deductible	\$1,500 copay per admission	30% after deductible
Outpatient Facility Services	20% after deductible	40% after deductible	\$500 copay	30% after deductible
Emergency Room Services⁷	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.	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.
Urgent Care Center Services	\$75 copay	\$75 if not “emergency” or “urgent,” you pay 40% after deductible.	\$80 copay	30% after deductible
Prescription Drugs — Retail (34-day supply) Generic Preferred Brand Non-Preferred Brand Lifestyle (e.g. hair loss, smoking cessation, etc.)	\$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.	\$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.
Prescription Drugs — Mail Order (90-day supply) Generic Preferred Brand Non-Preferred Brand Lifestyle (e.g. hair loss, smoking cessation, etc.)	\$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

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.

Pharmacy



Prescription Drugs

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 Are 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.

¹ If 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.

- 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 and look for “diabetic supplies.”

To participate, call Express Scripts or go to Express-Scripts.com. They will contact your doctor to start the process.

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.

Compound 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)

Your VSP Vision Benefits Summary

McLane Company, Inc and VSP provide you with a choice of affordable vision plans. Choose the eye care essentials, or upgrade to give your eyes extra love.

PROVIDER NETWORK:

VSP Choice



BENEFIT	DESCRIPTION	COPAY
Base Plan Coverage with a VSP Provider		
WELLVISION EXAM	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Every calendar year 	\$10
ESSENTIAL MEDICAL EYE CARE	<ul style="list-style-type: none"> Retinal screening for members with diabetes Additional 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 doctor for details. Available as needed 	\$0 per screening \$20 per exam
PRESCRIPTION GLASSES		
FRAME*	<ul style="list-style-type: none"> \$170 featured frame brands allowance \$150 frame allowance \$80 Walmart*/Sam's Club*/Costco* frame allowance 20% savings on the amount over your allowance KidsCare: Every calendar year for dependent children Every other calendar year 	Included in Prescription Glasses
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children KidsCare: One additional pair of lenses if needed. Minimum prescription change required. Every calendar year 	Included in Prescription Glasses
LENS ENHANCEMENTS	<ul style="list-style-type: none"> UV protection Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 30% on other lens enhancements Every calendar year 	\$0 \$0 \$95 - \$105 \$150 - \$175
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> \$160 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every calendar year 	Up to \$60
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 contacts 	\$15

BENEFIT	DESCRIPTION	COPAY
Buy-Up Plan Coverage with a VSP Provider		
WELLVISION EXAM	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Every calendar year 	\$10
ESSENTIAL MEDICAL EYE CARE	<ul style="list-style-type: none"> Retinal screening for members with diabetes Additional 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 doctor for details. Available as needed 	\$0 per screening \$20 per exam
PRESCRIPTION GLASSES		
FRAME*	<ul style="list-style-type: none"> \$200 featured frame brands allowance \$200 frame allowance \$100 Walmart*/Sam's Club*/Costco* frame allowance 20% savings on the amount over your allowance KidsCare: Every calendar year for dependent children Every other calendar year 	Included in Prescription Glasses
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children KidsCare: One additional pair of lenses if needed. Minimum prescription change required. Every calendar year 	Included in Prescription Glasses
LENS ENHANCEMENTS	<ul style="list-style-type: none"> Anti-glare coating UV protection Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 30% on other lens enhancements Every calendar year 	\$20 \$0 \$0 \$95 - \$105 \$150 - \$175
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> \$160 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every calendar year 	Up to \$60
LIGHTCARE™	<ul style="list-style-type: none"> \$180 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts 	\$15

EXTRA SAVINGS	Glasses and Sunglasses	
	<ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details. 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam. 	
	Routine Retinal Screening	
	<ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam 	
	Laser Vision Correction	
	<ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities 	

*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.

+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.

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Classification: Restricted

Required Notices

What Types of Drugs Are Available?

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.

HIPPA Privacy Notice

This notice is posted at

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

Important Notice about Your Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current drug coverage with McLane and about your options under Medicare's 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 drug coverage in your area. Information about where you can get help to make decisions about your 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 drug coverage:

- Medicare drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers 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 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 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 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 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 drug coverage. In addition, you may have to wait until the following October to join.

For more information about this notice or your current 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 drug coverage:

More detailed information about Medicare plans that offer 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 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 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 2024

Name of Entity/Sender: McLane Company, Inc.

Contact - Position/Office: Benefits Manager

Address: 4747 McLane Parkway, Temple, TX 76504

Phone: (254) 771-7500

IMPORTANT CONTACTS

CONTACT	WEBSITE	PHONE
BLUE CROSS BLUE SHIELD No Deductible Plan—BCBS (Group #152506) Core Plan—BCBS (Group #90271) In-Network Only Plan—BCBS (Group #322919) High Deductible Health Plan (HDHP)—BCBS (Group #90281)	bcbstx.com/mclane BlueCard Doctor & Hospital Finder	(866) 363-7936
Prescription Drug—ExpressScripts, Inc. (Group #MCLANRX)	Express-Scripts.com	(855) 315-6433
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