

SUMMARY OF MATERIAL MODIFICATIONS

April 2021

This notice explains certain changes that are being made to the (i) medical, EAP, dental, vision, and health flexible spending account benefits (the health flexible spending account is known as the “General Purpose Health FSA”) offered under the McLane Company, Inc. Welfare Plan (the “Welfare Plan”), (ii) McLane Company, Inc. Limited Purpose Medical Expense Reimbursement Plan (the “Limited Purpose Health FSA”), and (iii) McLane Company, Inc. Dependent Day Care Assistance Plan (the “Dependent Care FSA”), effective as set forth below:

General Purpose Health FSA, Limited Purpose Health FSA and Dependent Care FSA

If you have unused amounts remaining in your General Purpose Health FSA, Limited Purpose Health FSA or Dependent Care FSA for the 2020 plan year, you may submit claims incurred through December 31, 2021 from these unused amounts for payment or reimbursement of health expenses from the General Purpose Health FSA or Limited Purpose Health FSA, as applicable, or for payment or reimbursement of dependent care expenses from the Dependent Care FSA. Health expenses may be reimbursed only from the General Purpose Health FSA or Limited Purpose Health FSA and dependent care expenses may be reimbursed only from the Dependent Care FSA.

If you (i) have unused amounts for the 2020 plan year remaining in your General Purpose Health FSA or Limited Purpose Health FSA, as applicable, or Dependent Care FSA as of March 15, 2021, and (ii) request an election change on or before March 15, 2021, you may make a one-time election change on a prospective basis to revoke an existing election, make a new election, or decrease or increase an existing election for these benefits. Your election change cannot be revoked or decreased below the amount you have already been reimbursed, and you may not make a new election to add or increase coverage in excess of the dollar limits applicable to the spending account.

If you switch to an HSA for future years, there are special rules that apply if you have any money left in your General Purpose Health FSA account due to a grace period. Feel free to call the benefits hotline at (888)403-6089 or the Director of Benefits at the number listed below.

Dependent Care FSA

If you have unused amounts remaining in your Dependent Care FSA for the 2020 plan year, and one or more of your dependents attained age 13 during 2020, you may use those unused amounts to reimburse dependent day care expenses incurred in the 2021 plan year for such dependent until the dependent attains age 14.

Medical, EAP, Dental, Vision, and Health Flexible Spending Account Benefits

The following new provision is added to the Summary Plan Description describing the High Deductible Health Plan option, the Core PPO Plan option, and the No Deductible PPO Plan option (the “PPO SPD”) , the Summary Plan Description for the Employee Assistance Program (the “EAP SPD”), the Summary Plan Description for the MetLife Dental Care Plan (the “Dental SPD”), the Summary Plan Description for the Vision Service Plan (VSP) Option (the “Vision SPD”), and the Summary Plan Description for the Health Care Expense Reimbursement Plan, Limited Purpose Reimbursement Plan and the Dependent Day Care Assistance Plan (the “FSA SPD”), to the extent applicable:

“COVID-19 Outbreak National Emergency

As described in the Proclamation on Declaring a National Emergency Concerning the Novel Coronavirus Disease (COVID-19) Outbreak and the Robert T. Stafford Disaster Relief and Emergency Assistance Act, a nationwide national emergency began March 1, 2020 (the “National Emergency”). As a result, group health plan options under the Plan will pause, on an individual by individual basis, the periods and dates described below and will not commence or recommence such periods and dates until the earlier of (i) sixty (60) days after the announced end of the National Emergency or, (ii) one year from the date that the individual was first eligible for relief.

- (a) The 30-day period (or 60-day period, if applicable) to request special enrollment,
- (b) The 60-day election period for COBRA continuation,
- (c) The date for making COBRA premium payments,
- (d) The date for individuals to notify the plan of a qualifying event or determination of disability,
- (e) The date within which individuals may file a benefit claim under the plan's claims procedure,
- (f) The date within which claimants may file an appeal of an adverse benefit determination under the plan's claims procedure,
- (g) The date within which claimants may file a request for an external review after receipt of an adverse benefit determination or final internal adverse benefit determination, and
- (h) The date within which a claimant may file information to perfect a request for external review upon a finding that the request was not complete.”

If you have any questions about these changes, you may contact the Director of Benefits at (254) 771-7500.

This SMM merely summarizes the changes made to the Plan and does not guarantee continued employment or payment of benefits. You should keep a copy of this SMM with your copy of the PPO SPD, EAP SPD, Dental SPD, Vision SPD, and FSA SPD, and this SMM should be read together with these documents. The Company reserves the right to amend or terminate the Plan at any time.