



The Lincoln National Life Insurance Company
A Stock Company Home Office Location: Fort Wayne, Indiana
Group Insurance Service Office: 8801 Indian Hills Drive, Omaha, NE 68114-4066
(800) 423-2765 Online: www.LincolnFinancial.com

Group Policyholder: McLane Company, Inc.
Group Policy No: HI-0000273051
Group Policy Delivered In: Texas

In Consideration of the Group Policyholder's application for this Policy and payment of all premiums when due, The Lincoln National Life Insurance Company agrees to make the payments provided in this Policy to the persons entitled to them.

The provisions and conditions set forth on the following pages are a part of this Policy, as fully as if recited over the signatures below. This Policy replaces any other policy for the benefits described inside.

The Lincoln National Life Insurance Company has executed this Policy at its Group Insurance Service Office in Omaha, Nebraska.

A handwritten signature in cursive script, appearing to read "H. S. Smith".

SECRETARY

A handwritten signature in cursive script, appearing to read "Ellen Cooper".

PRESIDENT

THIS IS A LEGAL CONTRACT BETWEEN THE POLICYHOLDER AND US.

READ YOUR POLICY CAREFULLY.

Insurance benefits may be subject to certain requirements, reductions, limitations, and exclusions.

THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. THIS IS NOT QUALIFYING HEALTH COVERAGE ("MINIMUM ESSENTIAL COVERAGE") THAT SATISFIES THE HEALTH COVERAGE REQUIREMENT OF THE AFFORDABLE CARE ACT. IF A PERSON DOES NOT HAVE MINIMUM ESSENTIAL COVERAGE, AN ADDITIONAL PAYMENT MAY BE OWED WITH THEIR TAXES.

Notice: This is not a policy of Workers' Compensation Insurance. The Employer does not become a subscriber to the Workers' Compensation system by purchasing this policy, and if the Employer is a non-subscriber, the Employer loses those benefits which would otherwise accrue under the Workers' Compensation laws. The Employer must comply with the Workers' Compensation law as it pertains to non-subscribers and the required notifications that must be filed and posted.

This Policy is subject to an increase in the Premium at time of renewal. Refer to the Policy's Premium and Premium Rates provision for additional information on Premium increases.

GROUP HOSPITAL INDEMNITY INSURANCE POLICY

The Certificate(s), and any amendments which may be attached to it, contain(s) the main provisions of the Policy.

Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates.

Have a complaint or need help? ¿Tiene una queja o necesita ayuda?

If you have a problem with a claim or your premium, call your insurance company or HMO first. If you can't work out the issue, the Texas Department of Insurance may be able to help.

Even if you file a complaint with the Texas Department of Insurance, you should also file a complaint or appeal through your insurance company or HMO. If you don't you may lose your right to appeal.

The Lincoln National Life Insurance Company

To get information or file a complaint with your insurance company or HMO:

Call: Client Services at (800) 423-2765

Email: gpcomplaints@lfg.com

Mail: Group Insurance Service Office
8801 Indian Hills Drive
Omaha, NE 68114-4066

Texas Department of Insurance

To get help with an insurance question or file a complaint with the state:

Call with a question: 1-800-252-3439

File a complaint: www.tdi.texas.gov

Email: ConsumerProtection@tdi.texas.gov

Mail: MC 111-1A, P.O. Box 149091
Austin, TX 78714-9091

Si tiene un problema con una reclamación o con su prima de seguro, llame primero a su compañía de seguros o HMO. Si no puede resolver el problema, es posible que el Departamento de Seguros de Texas (Texas Department of Insurance, por su nombre en inglés) pueda ayudar.

Aun si usted presenta una queja ante el Departamento de Seguros de Texas, también debe presentar una queja a través del proceso de quejas o de apelaciones de su compañía de seguros o HMO. Si no lo hace, podría perder su derecho para apelar.

The Lincoln National Life Insurance Company

Para obtener información o para presentar una queja ante su compañía de seguros o HMO:

Llame a:

Client Services al (800) 423-2765

Correo electrónico: gpcomplaints@lfg.com

Dirección postal:

Group Insurance Service Office
8801 Indian Hills Drive
Omaha, NE 68114-4066

El Departamento de Seguros de Texas

Para obtener ayuda con una pregunta relacionada con los seguros o para presentar una queja ante estado:

Llame con sus preguntas al: 1-800-252-3439

Presente una queja en: www.tdi.texas.gov

Correo electrónico:

ConsumerProtection@tdi.texas.gov

Dirección postal: MC 111-1A, P.O. Box 149091, Austin, TX 78714-9091

TABLE OF CONTENTS

Schedule of Benefits.....	4
Policy Schedule of Benefits.....	4
Premium Rate Schedule.....	6
Premiums and Premium Rates.....	7
Payment of Premiums.....	7
Grace Period.....	7
Premium Rate Change.....	7
Premium Amount.....	7
Policy Termination.....	8
Termination by Us.....	8
Termination by Group Policyholder.....	8
Automatic Termination.....	8
Effect on Incurred Claims.....	8
General Provisions.....	9
Entire Contract.....	9
Authority to Make or Amend Contract.....	9
Incontestability.....	9
Group Policyholder's Agency.....	9
Currency.....	9
Workers' Compensation or State Disability Insurance.....	9
Acts of the Policyholder.....	9
Nonparticipation.....	9
Information to be Furnished.....	10
New Employees.....	10
Certificates.....	10
Conformity with State Statutes.....	10
Provisions Applicable to Participating Organizations.....	11
Effective Date of Participation.....	11
Termination of Participation.....	11
Definitions.....	12
Notice.....	13

McLane Company, Inc.
HI-0000273051

SCHEDULE OF BENEFITS

Benefit details are shown in the Certificate. The information provided in the Policy Schedule of Benefits pertains to the Group Policyholder.

Group Policy Effective Date: January 1, 2023

Reissued Policy Effective Date: January 1, 2025

Participating Organizations:

McLane Southern, Inc. (Effective Date under Policy January 1, 2023)
McLane Western, Inc. (Effective Date under Policy January 1, 2023)
McLane Midwest, Inc. (Effective Date under Policy January 1, 2023)
McLane Mid-Atlantic, Inc. (Effective Date under Policy January 1, 2023)
McLane Minnesota, Inc. (Effective Date under Policy January 1, 2023)
McLane Ohio, Inc. (Effective Date under Policy January 1, 2023)
McLane New Jersey, Inc. (Effective Date under Policy January 1, 2023)
McLane Eastern, Inc. (Effective Date under Policy January 1, 2023)
Transco, Inc. (Effective Date under Policy January 1, 2023)
MFS Fleet, Inc. (Effective Date under Policy January 1, 2023)
Empire Distributors of North Carolina, Inc. (Effective Date under Policy January 1, 2023)
Empire Distributors, Inc. (Effective Date under Policy January 1, 2023)
Consumer Value Products, Inc. (Effective Date under Policy January 1, 2023)
Kahn Ventures, Inc. (Effective Date under Policy January 1, 2023)
Empire Distributors of Tennessee, Inc. (Effective Date under Policy January 1, 2023)
Empire Distributors of Colorado, Inc. (Effective Date under Policy January 1, 2023)
Kinexo, Inc. (Effective Date under Policy January 1, 2023)
McLane Express, Inc. (Effective Date under Policy January 1, 2023)
McLane Foodservice, Inc. (Effective Date under Policy January 1, 2023)
Claims Services, Inc. (Effective Date under Policy January 1, 2023)
McLane Foodservice Distribution, Inc. (Effective Date under Policy January 1, 2023)
Intrepid JSB, Inc. (Effective Date under Policy January 1, 2023)
McLane Beverage Distribution, Inc. (Effective Date under Policy January 1, 2023)
McLane Beverage Holding, Inc. (Effective Date under Policy January 1, 2023)
M & C Products, Inc. (Effective Date under Policy January 1, 2023)
McLane Suneast, Inc. (Effective Date under Policy January 1, 2023)

Eligible Class: Class 1 - All Full-Time Salaried and Hourly Employees

First Premium Due: Group Policy Effective Date

Subsequent Premiums Due: 1st Day of Insurance Month

Insurance Month Period: A period beginning on the first Day of any calendar month and ending on the last Day of the same calendar month.

Policy Anniversary: January 1st

Premium/Billing Mode: Monthly

Grace Period: 60 Days

Rate Change Notice: 60 Days

McLane Company, Inc.
HI-0000273051

SCHEDULE OF BENEFITS
(Continued)

Minimum Number of Insureds: 10

Minimum Participation for Policy:

Employee Paid Plans - At least 15% of those eligible for insurance must be insured.

Policy Termination Notice: 60 Days

McLane Company, Inc.
HI-0000273051

PREMIUM RATE SCHEDULE

Monthly Hospital Indemnity Rates

Hospital Indemnity Coverage Rates

Class: 1 - All Full-Time Salaried and Hourly Employees

Plan 1

Employee Only	\$5.85 per employee
Employee with Spouse	\$15.21 per family unit
Employee with Dependent Child(ren)	\$11.83 per family unit
Employee with Spouse and Dependent Child(ren)	\$22.64 per family unit

PREMIUMS AND PREMIUM RATES

PAYMENT OF PREMIUMS. The Group Policyholder is responsible for paying all Premiums as they become due. Payment of any Premium will not keep insurance in effect beyond the due date of the next Premium, except as stated in the Grace Period.

GRACE PERIOD. A Grace Period will be allowed for the payment of each Premium after the first. The Grace Period is shown on the Schedule of Benefits. The Policy will remain in effect during the Grace Period, unless the Group Policyholder gives Us advance written notice of termination. The Group Policyholder will remain liable for payment of the pro rata Premium for the time the Policy remained in force during the Grace Period.

PREMIUM RATE CHANGE. We may change any Premium rate:

- (1) the Date the Policy's terms are changed;
- (2) the Date Our liability is changed due to a change in federal, state, or local law, regulation, or administration of such law or regulation;
- (3) the Date Our liability is changed because the Group Policyholder (or any covered division, subsidiary or affiliated company) relocates, dissolves or merges, or is added to or removed from the Policy;
- (4) the Date any insurance for one or more classes ceases to be provided under the Policy;
- (5) the Date the number of Insureds changes by 15% or more from the enrollment on the Date the Policy took effect, or the most recent rate guarantee Date expired, if later; or
- (6) on any Premium due Date, subject to the Grace Period, after the Policy's first anniversary, or any later rate guarantee Date agreed upon by Us.

We will give the Group Policyholder advance written notice of any increase in Premium rates. The rate change notice period is shown on the Schedule of Benefits. The notice period will apply unless We and the Group Policyholder agree otherwise.

PREMIUM AMOUNT. The amount of Premium due on each due Date will be the sum of the products obtained by multiplying each rate shown in the Premium Rate Schedule by the amount of insurance to which the rate applies and then adding the monthly billing fee, if any.

Premium adjustments will not be pro-rated daily. Instead, Premium will be adjusted as follows:

- (1) when an Insured's insurance or an increase takes effect, Premium will be charged from the monthly due Date coinciding with or next following that change;
- (2) when all or part of an Insured's insurance terminates, the applicable Premium will cease on the monthly due Date coinciding with or next following that termination; and
- (3) when Premiums are paid other than monthly, increases or decreases will result in adjustment from the Premium due Date coinciding with or next following that change.

The above manner of charging Premium is for accounting purposes only. It will not extend insurance beyond a Date it would have otherwise terminated. Each Premium payment will include any adjustments in past Premiums which are needed due to changes that have not yet been taken into account. If a Premium adjustment involves a return of unearned Premium, the refund will be limited to the prior 12-month period.

POLICY TERMINATION

TERMINATION BY US. We may terminate the Policy on the due date of any Premium if:

- (1) the total number of Insureds is less than the minimum number of Insureds shown in the Schedule of Benefits;
- (2) part of the Premium is paid by Insureds and the minimum participation is less than what is shown in the Schedule of Benefits;
- (3) the Group Policyholder, without good cause, fails to:
 - (a) promptly furnish any information We reasonably require; or
 - (b) perform its duties pertaining to the Policy in good faith;
- (4) We terminate all policies that provide hospital indemnity insurance in the same state in which the Policy was issued; or
- (5) federal, state, or local law otherwise requires the Policy to be terminated.

To terminate the Policy, We must give the Group Policyholder advance written notice of Our intent to do so. The Policy termination notice period is shown in the Schedule of Benefits.

TERMINATION BY GROUP POLICYHOLDER. The Group Policyholder may terminate the Policy at any time by giving Us advance written notice. Insurance will then terminate:

- (1) on the Date We receive the notice; or
- (2) any later Date We and the Group Policyholder have agreed upon.

The Group Policyholder remains responsible for the payment of Premiums to the Date of termination.

AUTOMATIC TERMINATION. If any Premium remains unpaid at the end of the Grace Period, the Policy will automatically terminate, without any action on Our part, effective on the last Day of the Grace Period. The Group Policyholder remains responsible for the payment of Premiums to the last Day of the Grace Period.

EFFECT ON INCURRED CLAIMS. Termination of the Policy will not affect benefits otherwise payable for a claim incurred while the Policy is in force.

GENERAL PROVISIONS
For
Group Policyholder

ENTIRE CONTRACT. The entire contract with the Group Policyholder includes:

- (1) the Policy and any amendments to it;
- (2) the Group Policyholder's application, if any;
- (3) any Participating Organization's Application or Participation Agreement; and
- (4) the Certificate for each class of Insured and any amendments to it.

AUTHORITY TO MAKE OR AMEND CONTRACT. Only a designated Company officer has the authority to:

- (1) determine the insurability of a group or any individual within a group;
- (2) make a contract in Our name;
- (3) amend or waive any provision of the Policy; or
- (4) extend the time for payment of any Premium.

No change in the Policy will be valid, unless it is:

- (1) agreed upon by an underwriting officer;
- (2) attached to the Policy by rider, endorsement, or amendment; and
- (3) signed by a designated Company officer.

INCONTESTABILITY. Except for the non-payment of Premiums, We may not contest the validity of the Policy after it has been in force for two years from the Group Policy Effective Date. This clause does not preclude, at any time, the assertion of defenses based upon:

- (1) the Policy's eligibility requirements, exclusions and limitations; and
- (2) other Policy provisions unrelated to the validity of insurance.

In the absence of fraud,

- (1) all statements made by the Group Policyholder are representations and not warranties; and
- (2) a statement made by any individual covered by the Policy may not be used in contesting the validity of the insurance after the insurance has been in force for two years and unless the statement is contained in a written document signed by the individual making the statement.

GROUP POLICYHOLDER'S AGENCY. For all purposes of the Policy, the Group Policyholder acts on its own behalf or as the Insured's agent. Under no circumstances will the Group Policyholder be deemed Our agent.

CURRENCY. In administering the Policy all Premium and benefit amounts must be paid in U.S. dollars.

WORKERS' COMPENSATION OR STATE DISABILITY INSURANCE. The Policy does not replace or provide benefits required by:

- (1) Workers' Compensation laws; or
- (2) any state temporary disability insurance plan laws.

ACTS OF THE POLICYHOLDER. In administering the Policy, the Group Policyholder must:

- (1) treat Employees the same in like situations; and
- (2) allow Us, without inquiry, to rely on its acts.

NONPARTICIPATION. The Policy is a non-participating policy. It will not share in Our divisible surplus.

GENERAL PROVISIONS
For
Group Policyholder
(Continued)

INFORMATION TO BE FURNISHED. The Group Policyholder may be required to furnish any information needed to administer the Policy, including:

- (1) information about persons:
 - (a) who become eligible for insurance;
 - (b) whose amounts of insurance change;
 - (c) whose eligibility or insurance ends; or
 - (d) needed for underwriting purposes;
- (2) occupational information and other facts that may be needed to manage a claim; and
- (3) any other information that We may reasonably require.

We may inspect the Group Policyholder's records that relate to the Policy, at any reasonable time.

Clerical error by the Group Policyholder:

- (1) will not void or terminate insurance that otherwise would be in effect;
- (2) will not result in insurance that otherwise would not be in effect; and
- (3) will not continue insurance that otherwise would be terminated.

Once an error is discovered, an appropriate adjustment in Premium will be made. If a Premium adjustment involves the return of unearned Premium, the amount of the return will be limited to the 12-month period that precedes the Date We receive proof such an adjustment should be made.

NEW EMPLOYEES. Employees who become eligible after the Policy takes effect may be enrolled, in accord with the terms of the Certificate. (See the Eligibility and Effective Dates section of the Certificate.)

CERTIFICATES. The Group Policyholder will be provided with certificates of insurance for delivery to each Insured. The Group Policyholder is responsible for distributing a Certificate to each Insured. The Certificate for each eligible class is incorporated into and made a part of the Policy. The Certificate provisions will apply as fully as if they were included in the Policy.

CONFORMITY WITH STATE STATUTES. If any provision of the Policy or Certificate conflicts with any applicable law, the provision will be administered to conform to the minimum requirements of the law.

PROVISIONS APPLICABLE TO PARTICIPATING ORGANIZATIONS

A Participating Organization has no rights under the Policy except as provided in this section. The Participating Organization is responsible for all Premiums payable with respect to any of its Employees who are Insureds under the Policy.

EFFECTIVE DATE OF PARTICIPATION. As it applies to any Participating Organization, the Effective Date of the Policy will be the later of:

- (1) the Date the Policy is issued;
- (2) the first Day of the Insurance Month following Our approval of the organization's participation; or
- (3) a Date agreed upon by Us, the Participating Organization, and the Group Policyholder.

TERMINATION OF PARTICIPATION. A Participating Organization's participation under the Policy ends on the earliest of the following Dates:

- (1) the Date the organization no longer meets the definition of a Participating Organization;
- (2) the Date the Participating Organization has fewer than 10 Insureds;
- (3) the Date the Participating Organization suspends active business operations, is placed in bankruptcy or receivership, dissolves, merges or relocates;
- (4) the Date the Participating Organization, without good cause, fails to:
 - (a) promptly furnish Us any information it may reasonably require; or
 - (b) perform its duties pertaining to the Policy in good faith;
- (5) the last Day of the Insurance Month for which Premium is paid, subject to the Grace Period;
- (6) the Date the Participating Organization is excluded from insurance by amendment or termination of the Policy;
- (7) the last Day of the Insurance Month in which We receive the Participating Organization's written request to cease participation;
- (8) the Date We terminate the insurance under the Policy for all Participating Organizations in the same state; or
- (9) the Date the Policy terminates.

On the Day participation ends, insurance under the Policy insurance will terminate for all Insureds of the Participating Organization and their Insured Dependents, unless eligible under the Portability provision of the Certificate. After participation ends, the organization may not become a Participating Organization again until We re-approve it as such.

The Participating Organization remains responsible for the payment of Premiums to the Date of termination with respect to any of its Insureds or Insured Dependents.

DEFINITIONS
For
Group Policyholder

CERTIFICATE means the Group Hospital Indemnity Certificate, which contains the main provisions of the Policy. The Certificate includes any amendments which may be attached to it.

COMPANY means The Lincoln National Life Insurance Company, an Indiana corporation. Its Group Insurance Service Office address is 8801 Indian Hills Drive, Omaha, Nebraska 68114-4066.

DAY OR DATE means the period of time that begins at 12:01 a.m. and ends at 12:00 midnight when used with regard to eligibility dates and effective dates. When used with regard to termination dates, it means 12:00 midnight. Day or Date is based on the time at the Group Policyholder's place of business.

GROUP POLICYHOLDER means the person, partnership, corporation, trust, or other organization, as shown on the Title Page of the Policy.

HOSPITAL INDEMNITY INSURANCE means the insurance provided by the Policy for Employees.

INSURANCE MONTH means that period of time shown on the Schedule of Benefits:

- (1) beginning at 12:01 a.m.; and
- (2) ending at 12:00 midnight;

at the Group Policyholder's primary place of business.

INSURED means the Person for whom Policy insurance is in effect.

PARTICIPATING ORGANIZATION means an organization that We have approved for participation in the insurance provided by the Policy.

PAYROLL PERIOD means that period of time established by the Group Policyholder for payment of employee wages.

PERSON means an Employee of the Group Policyholder:

- (1) who is a member of a class that is eligible for insurance under the Policy; and
- (2) who has enrolled for insurance.

POLICY means the Group Hospital Indemnity Insurance policy issued by Us to the Group Policyholder. The Certificate(s), and any amendments which may be attached to it, contains the main provisions of the Policy.

PREMIUM means the amount charged for the insurance provided by the Policy.

WE, OUR, or US refer to The Lincoln National Life Insurance Company, an Indiana corporation. Its Group Insurance Service Office address is 8801 Indian Hills Drive, Omaha, Nebraska 68114-4066.

How you're protected if your life or health insurance company fails

The Texas Life and Health Insurance Guaranty Association protects you by paying your covered claims if your life or health insurance company is insolvent (can't pay its debts). **This notice summarizes your protections.**

The Association will pay your claims, with some exceptions required by law, if your company is licensed in Texas and a court has declared it insolvent. You must live in Texas when your company fails. If you don't live in Texas, you may still have some protections.

For each insolvent company, the Association will pay a person's claims only up to these dollar limits set by law:

Accident, accident and health, or health insurance (including HMOs):

- Up to \$500,000 for health benefit plans, with some exceptions.
- Up to \$300,000 for disability income benefits.
- Up to \$300,000 for long-term care insurance benefits.
- Up to \$200,000 for all other types of health insurance.

Life insurance:

- Up to \$100,000 in net cash surrender or withdrawal value.
- Up to \$300,000 in death benefits.

Individual annuities: Up to \$250,000 in the present value of benefits, including cash surrender and net cash withdrawal values.

Other policy types: Limits for group policies, retirement plans and structured settlement annuities are in Chapter 463 of the Texas Insurance Code.

Individual aggregate limit: Up to \$300,000 per person, regardless of the number of policies or contracts. A limit of \$500,000 may apply for people with health benefit plans.

Parts of some policies might not be protected: For example, there is no protection for parts of a policy or contract that the insurance company doesn't guarantee, such as some additions to the value of variable life or annuity policies.

To learn more about the Association and your protections, contact:

Texas Life and Health Insurance Guaranty Association

1717 West 6th Street Suite 230
Austin, TX 78703-4776
1-800-982-6362 or www.txlifega.org

For questions about insurance, contact:

Texas Department of Insurance

P.O. Box 12030
Austin, TX 78711
1-800-252-3439 or www.tdi.texas.gov

Note: You're receiving this notice because Texas law requires your insurance company to send you a summary of your protections under the Texas Life and Health Insurance Guaranty Association Act (Insurance Code, Chapter 463). **There may be other exceptions that aren't included in this notice.** When choosing an insurance company, you should not rely on the Association's coverage. Texas law prohibits companies and agents from using the Association as an inducement to buy insurance or HMO coverage.

Chapter 463 controls if there are differences between the law and this summary.