

**ENROLL
NOW ON
eSERVE**



Benefits Enrollment

FOR YOUR 2021 BENEFITS

DRIVER

McLANECO.COM



Hi, I'm Bernie. This is my wife, Bernice, and our son, BB. Join us as we take you down the road of Benefit Enrollment!



This booklet highlights the main features of many of the benefit plans sponsored by McLane Company, Inc. Full details of these benefits are contained in the legal documents (such as plan documents and policy contracts) governing the plans. Coverage is subject to change during the plan year to comply with federal law. If there is any discrepancy or conflict between the legal documents and the information presented here, the legal documents will govern. In all cases, the legal documents are the exclusive source for determining rights and benefits under the plans. Participation in the plans does not constitute an employment contract. McLane reserves the right to modify, amend or terminate any benefit plan or practice described in this Enrollment Guide. Nothing in this guide guarantees that any new plan provisions will continue in effect for any period of time. This guide serves as a summary of material modifications as required by the Employee Retirement Income Security Act of 1974, as amended. Vendor discount programs may change at any time.

IMPORTANT: If you have Medicare, or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see pages 44-45 for more details.

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2021

BENEFIT CHANGES

AT-A-GLANCE



The limit for healthcare and limited purpose **FSA's increased to \$2,750**. All FSA amounts must be re-elected. They do not carry over from year to year.

There will be a **vendor change** for: life and AD&D, disability, accidental injury, critical illness and hospital confinement insurance. This is resulting in a **decrease in voluntary life premiums**.*

New legal plan benefit from MetLife. Provides access to legal expertise for both expected and unexpected events.

Free 24/7 Nurseline available in 2021 for those enrolled in a BCBS plan.

Medical premium increases and **vision premium decreases**. See chart on page 10.

**The only qualifier on the voluntary life is that the rates can increase if you are entering a new age bracket.*

On the road to better benefits!



Enrolling and Reviewing Your Benefits for 2021



How to Enroll

1. Begin by going to **mclaneco.com** and clicking **Log in to eServe**.
2. Once logged in, click the **Benefits & Enroll/Confirm Forms** tile.
3. Locate the navigation bar on the left side of your screen, and choose Benefits Enrollment.
4. Click Start
5. Click Review on each benefit to elect or waive coverage.

Visit eServe from any computer or mobile device to get started!



Confirmation Statements

To review your Confirmation Statement follow the steps below:

1. Begin by going to **mclaneco.com** and click **Log in to eServe**.
2. Once logged in, click the **Benefit Details** option.
3. Locate the navigation bar on the left side of your screen, and choose **Enrollment Confirmation Forms**.
4. Inside the box labeled “Confirmation Forms,” select the Event Date **01/01/2021** from the drop-down box.
5. Finally, click the button **Launch Confirmation Forms**.

A screenshot of a web interface titled "Confirmation Forms". It contains the text "Press the button below to see your Confirmation Form." and "Select a date from the drop down to view a prior Confirmation Form." Below this is a dropdown menu labeled "Event Date" with "01/01/2019" selected. A blue mouse cursor arrow points to the dropdown. At the bottom is a yellow button labeled "Launch Confirmation Form".

Be sure to check your 2021 confirmation form very carefully! If you need assistance retrieving your form, please reach out to your local Human Resource department. If there are changes that need to be made to your confirmation form, those changes must be turned in to your local Human Resource department. This will be your last chance to make changes or corrections for 2021. You have 5 days from the date the form is posted to make corrections to your 2021 benefits.

Who Can Enroll

Who You Can Enroll for McLane Benefits

- Yourself
- Your legal spouse
- Your children
 - › Natural children
 - › Stepchildren
 - › Legally adopted children
 - › Foster children*
 - › Children for whom you have court-appointed permanent legal guardianship

Drivers: You are eligible for most of your benefits to begin on your first day of employment at McLane, but you must **enroll online within your first 30 days of employment**. Your payroll deductions will begin on the first payroll period following your 30th day of employment.

Brake Check!

Part-time teammates may only enroll in 401(k) Plan benefits.



How Long Children May Stay on the Benefit Plans

- Children may stay on your medical, dental, vision and child life insurance plans until age 26.
- Physically or mentally disabled children may stay on your benefits plans until any age, as long as you provide proof of disability. Disabled children must be declared disabled prior to their 26th birthday.

Enrolling Grandchildren

You may enroll your grandchildren if you are their court-appointed permanent legal guardian.

**Foster children are not eligible for Child Life and/or Accidental Death & Dismemberment insurance.*

HONK HONK!

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 she/he is eligible for benefits as a teammate.



Dependent Verification

Proof of Family Member Status

You must provide written proof of your marriage and/or legal relationship to your dependents when you add family members to the McLane benefit plans. For example, you may be asked to provide one or more of the following:

- Marriage certificate
- Certification of spouse's health insurance
- Prior year tax return
- Recent bank statement
- Recent utility bill
- Birth certificate - children under age 26
- Court orders
- Social Security numbers

How Do I Certify My Dependents?

To maintain compliance with our plan documents, and to help manage the cost of benefits for our teammates and our company, McLane requires that all dependents enrolled in a McLane benefit plan be verified as having a legal relationship with our teammate. This applies to all dependents, whether those of a new hire, a rehire, or a new dependent joining a McLane plan as a result of birth or marriage. Your local Human Resource department has a list of documents that are acceptable to verify your dependent's eligibility.

- For each dependent that you have, find the eligibility requirements and also a list of document options on the Acceptable Documents list. Eligibility requirements can be found in the Summary Plan Description(s), or the information can be obtained from your Human Resource department.
- Complete the required forms, including social security numbers and dates of birth, for all dependents (required).
- Your Human Resource department will add your dependents to PeopleSoft.
- Once your dependents have been verified, enroll your dependents in your benefit selections.

We'll need to know who your pit crew members are, so be prepared to show proof of your dependents and beneficiaries.



Making Changes to Your Benefits

You can make certain changes to your benefits during Open Enrollment or when you experience a Qualifying Event.

Open Enrollment

- Open Enrollment typically occurs in the fall each year.
- You may change most of your benefits during this time.
- Changes made during Open Enrollment take effect on the following January 1st.

Qualifying Events

A Qualifying Event is an IRS-approved life event that allows you to make consistent changes to some of your benefits during the plan year. Examples include:

- Marriage
- Divorce
- Birth, adoption or placement of a child for adoption
- Court-appointed legal guardianship of a child
- Death
- Gain or loss of state or federal medical coverage
- Your spouse gains or loses benefits through his or her work
- Your child no longer qualifies (he or she turns 26 years of age)
- Medicare enrollment (limited plan changes allowed)

Limit on Making Changes

When one of these life events occurs, you have **60 days** to notify your local Human Resource department and make allowed changes. Otherwise, you will not be allowed to make a benefit change until the next annual Open Enrollment.

If you have a Qualifying Event and need to make changes to your benefits, follow the steps below.

Don't forget us little guys!

Newborn children are NOT automatically added to your coverage. You must contact your local Human Resource department to add them to your current benefits within 60 days of their birth. You must complete a Qualifying Event (QE) form and provide a birth certificate showing you as the mother or father.



MUST BE COMPLETED IN LESS THAN 60 DAYS

1. Experience a Qualifying Event.
2. Complete a Qualifying Event change form and beneficiary designation form (if needed), and any other additional forms needed to support the qualifying event.
3. Attach supporting documentation.
4. Return the form(s) and documentation to your local Human Resource department.

This list shows examples of supporting documentation. Please note that McLane reserves the right to request adequate documents to confirm and audit proof of your family status.

SUPPORTING DOCUMENTATION FOR QUALIFYING EVENTS

Marriage	<ul style="list-style-type: none"> Government-issued marriage certificate and McLane certification of spouse's health insurance <p>And one of the following items</p> <ul style="list-style-type: none"> Prior year tax return or; Recent bank statement or; Recent utility bill
Divorce	<ul style="list-style-type: none"> Certified Copy of Divorce Decree
Birth or Adoption	<ul style="list-style-type: none"> Government-issued birth certificate listing the teammate as the mother or father Adoption placement agreement and petition for adoption Legal adoption certificate
Death of Dependent	<ul style="list-style-type: none"> Certified copy of the death certificate
Spouse/Dependent	<ul style="list-style-type: none"> Documentation supporting the loss of coverage or gaining coverage COBRA paperwork Confirmation form Insurance card with effective date
Loss of Coverage	IF APPLICABLE
Gains Coverage	<ul style="list-style-type: none"> Government-issued marriage certificate and McLane spousal certification <p>And one of the following items</p> <ul style="list-style-type: none"> Prior year tax return or; Recent bank statement or; Recent utility bills
Loss/Gain of Medicare/Medicaid Entitlement (including CHIP)	<ul style="list-style-type: none"> Letter from Medicare/Medicaid

Note: If none of these are available please contact the Benefits department.



Prepare for the long-haul. Teammates may not change plans during the calendar year, even with a qualifying event.
Exception: Medicare enrollment during plan year allows for limited plan changes.



How Much Your Benefits Cost Per Paycheck

There are 26 paychecks in a year.

BENEFITS COST PER PAYCHECK

BI-WEEKLY RATES

Benefit Option		Teammate Only	Teammate & Spouse	Teammate & Child(ren)	Teammate & Family
MEDICAL CARE BCBS TX PHARMACY Express Scripts	High Deductible Health Plan	\$17.12	\$65.27*	\$40.66	\$79.18*
	Core Plan	\$43.87	\$175.48*	\$97.37	\$204.37*
	No Deductible Plan	\$73.83	\$260.01*	\$155.15	\$324.21*
DENTAL MetLife	Dental Plan I	\$4.92	\$12.57	\$12.99	\$18.45
	Dental Plan II	\$7.15	\$16.76	\$34.34	\$40.30
VISION Vision Service Plan (VSP)	Vision Core Plan	\$2.87	\$4.59	\$4.68	\$7.55
	Vision Premium	\$3.85	\$6.15	\$6.28	\$10.14
ACCIDENT Lincoln Financial	Accident Insurance	\$1.86	\$3.06	\$2.96	\$4.11
HOSPITAL Lincoln Financial	Hospital Confinement Insurance	\$2.70	\$7.02	\$5.46	\$10.45
CRITICAL ILLNESS Lincoln Financial	Critical Illness Insurance	Rates vary based on coverage, age, and who is covered. See chart on pages 12 & 13 for your cost.			
LEGAL MetLife	Legal Plan	\$8.35. One deduction covers all family members.			
TEAMMATE BASIC LIFE Lincoln Financial	Basic Life 1x Annual Base Pay	Fully paid by McLane	Not Available		
	Optional Life	See chart on page 11 for your cost.			
TEAMMATE AD&D (Accidental Death & Dismemberment) Lincoln Financial	Basic AD&D (Doubles Basic Life)	Fully paid by McLane	Not Available		
	Optional Teammate	\$0.012 per \$1,000 of coverage			
	Optional Family	\$0.017 per \$1,000 of coverage			
TEAMMATE LONG-TERM DISABILITY (LTD)	Teammate LTD (Rates are bi-weekly rates per \$100 of coverage)	Plan 1 (2 yrs)	Plan 2 (5 yrs)	Plan 3 (to SS retirement age)	
		\$0.198	\$0.368	\$0.732	

*Spousal Surcharge for Medical Coverage

If your spouse is eligible for their employer-sponsored health coverage, and you enroll them in the McLane medical plan, in addition to the amount above, you must pay \$125 bi-weekly (Spousal Surcharge). This charge will not apply if your spouse:

- Employed but is **not eligible** for ACA mandated group medical coverage
- Has Medicare or Medicaid coverage
- Is not employed

PIT STOP.
You may not cover your spouse or any children as a dependent if he or she is a McLane teammate.

Optional Life Insurance Costs

This chart shows the rates used for your per-paycheck teammate, spouse and child coverage costs.

TEAMMATE & SPOUSE LIFE		CHILD LIFE	
AGE	BI-WEEKLY RATE PER \$1,000	BENEFIT	FLAT BI-WEEKLY RATE
< 25	\$0.019	\$5,000	\$0.339
25-29	\$0.019	\$10,000	\$0.678
30-34	\$0.022	\$20,000	\$1.355
35-39	\$0.034	One rate covers all of the eligible children you have listed when you enroll.	
40-44	\$0.053		
45-49	\$0.085		
50-54	\$0.123		
55-59	\$0.194		
60-64	\$0.250		
65-69	\$0.402		
70+	\$0.693		

Calculating Teammate and Spouse Optional Life Insurance Costs

Follow this example to calculate your bi-weekly optional life insurance costs for yourself and your spouse. To find your cost for spouse coverage, use your spouse's age in Step 3.

	EXAMPLE	TEAMMATE	SPOUSE
1. Write down your coverage amount (multiples of \$1,000):	\$60,000		
2. Divide by 1,000:	\$60		
3. Multiply by rate from chart (example - age 46):	\$0.085		
4. Your bi-weekly cost:	\$5.10		

CRITICAL ILLNESS RATES

Teammate | Bi-Weekly Premiums | \$10,000

Attained Age	Teammate	Teammate & Spouse	Teammate & Child(ren)	Teammate & Family
0 - 24	\$0.89	\$1.47	\$1.20	\$1.79
25 - 29	\$0.99	\$1.69	\$1.31	\$2.01
30 - 34	\$1.28	\$2.30	\$1.60	\$2.62
35 - 39	\$1.90	\$3.41	\$2.21	\$3.73
40 - 44	\$2.57	\$4.54	\$2.89	\$4.86
45 - 49	\$4.00	\$6.79	\$4.32	\$7.11
50 - 54	\$6.21	\$9.96	\$6.53	\$10.28
55 - 59	\$9.02	\$14.03	\$9.34	\$14.35
60 - 64	\$11.44	\$17.72	\$11.76	\$18.04
65 - 69	\$13.66	\$21.32	\$13.98	\$21.64
70+	\$18.55	\$29.28	\$18.87	\$29.60

Teammate | Bi-Weekly Premiums | \$20,000

Attained Age	Teammate	Teammate & Spouse	Teammate & Child(ren)	Teammate & Family
0 - 24	\$1.77	\$2.94	\$2.41	\$3.58
25 - 29	\$1.98	\$3.38	\$2.61	\$4.01
30 - 34	\$2.57	\$4.61	\$3.20	\$5.24
35 - 39	\$3.79	\$6.82	\$4.43	\$7.45
40 - 44	\$5.14	\$9.08	\$5.78	\$9.72
45 - 49	\$8.00	\$13.59	\$8.64	\$14.22
50 - 54	\$12.42	\$19.92	\$13.05	\$20.55
55 - 59	\$18.05	\$28.06	\$18.68	\$28.70
60 - 64	\$22.88	\$35.44	\$23.52	\$36.07
65 - 69	\$27.32	\$42.65	\$27.96	\$43.28
70+	\$37.11	\$58.57	\$37.74	\$59.20

For more details, take the shortcut to pages 40-41.



Teammate | Bi-Weekly Premiums | \$30,000

Attained Age	Teammate	Teammate & Spouse	Teammate & Child(ren)	Teammate & Family
0 - 24	\$2.66	\$4.42	\$3.61	\$5.37
25 - 29	\$2.96	\$5.07	\$3.92	\$6.02
30 - 34	\$3.85	\$6.91	\$4.80	\$7.86
35 - 39	\$5.69	\$10.23	\$6.64	\$11.18
40 - 44	\$7.71	\$13.62	\$8.66	\$14.58
45 - 49	\$12.00	\$20.38	\$12.96	\$21.33
50 - 54	\$18.62	\$29.87	\$19.58	\$30.83
55 - 59	\$27.07	\$42.09	\$28.02	\$43.04
60 - 64	\$34.32	\$53.16	\$35.28	\$54.11
65 - 69	\$40.98	\$63.97	\$41.94	\$64.92
70+	\$55.66	\$87.85	\$56.61	\$88.81



BlueCross BlueShield of Texas

Communication Your Way.

You said you wanted fast, easy and secure access to your Blue Cross and Blue Shield of Texas account. We replied, "Yes!"

Go digital with Blue Cross and Blue Shield of Texas and share how you want us to communicate with you.

Prefer texting? Sign up for claims and benefit information, health tips and prescription reminders. Or, you can text us to find a physician or urgent care center.

If email is your thing, let us know so we can send claim processing alerts and health tips to your favorite email inbox.

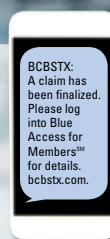
Love to surf the web on a laptop, PC or phone? That's cool, too. You'll avoid waiting for snail mail to see updates to your explanation of benefits (EOB) information. While you're online, you can sort, organize and download up to 18 months of your claims history.

It's up to you. Let us know and we'll provide communication your way.

Go Digital Your Way

Update your preferences and contact information.

- Go to bcbstx.com/preferences
- Text **CONTACTTX** to **33633** for a link*
- Open the BCBSTX app and go to settings



*Message and data rates may apply. Terms and conditions and privacy policy are available at bcbstx.com/mobile/text-messaging.
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Medical Plans

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

- **High-Deductible Health Plan***
- **Core Plan**
- **No-Deductible Plan**

All three plans include access to BCBS's nationwide Preferred Provider Organization (PPO) network of doctors and hospitals.

All three 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.
- **In-Network:** Health care providers and facilities that have agreed to provide services at a discounted rate. These providers are part of a Preferred Provider Organization (PPO) network. Using PPO providers saves you AND the McLane health plan money on claims.
- **Out-of-Network (OON):** Providers and facilities that have not agreed to provide services at a discount and are not in the PPO network.
- **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.

*Prior McLane medical plan enrollment required. The HDHP is not available to new hires.

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.
- In order to enroll in HDHP, you must open a Health Savings Account either with Bank of America (company-provided account) or through your personal bank. Fees may apply for this type of account.
- A Health Savings Account (HSA) works in conjunction with the HDHP to help you cover out-of-pocket expenses. See pages 20-21 for more information.
- 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.

Similar to the maximum Out-of-Pocket (OOP) in your medical plan, the pharmacy OOP maximum for prescriptions for the Core and No-Deductible plans is \$3,000 for individuals and \$6,000 for families. The pharmacy OOP maximum for the HDHP is integrated with the medical OOP maximum.

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.
- The family deductible can be met by an individual or by combining all family members' expenses that apply to the 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	Core Plan	No Deductible Plan
Has office visit copays	NO, full contracted amount	YES	YES
Has prescription drug copays up to out-of-pocket maximum	YES, after deductible	YES	YES
Deductible counts toward out-of-pocket maximum	YES	YES	No Deductible
Copays count toward deductible	N/A	NO	No Deductible
Copays count toward out-of-pocket maximum	N/A	YES	YES
Eligible for Health Savings Account (HSA) with contribution from McLane	YES	NO	NO
The prescription plan has its own out-of-pocket maximum. All of your prescription copays count toward the \$3,000 individual and \$6,000 family prescription maximum. Once you've reached that limit, your prescriptions will be 100% paid by the Core Plan or the No Deductible Plan.	NO, integrated with medical OOP	YES	YES

HIGH DEDUCTIBLE HEALTH PLAN WITH HSA*

2021 PLAN HIGHLIGHTS	You pay in-network	You pay out-of-network
Calendar Year Deductible¹ Individual ² Family ³	\$2,000 \$4,000	\$4,000 \$8,000
Out-of-Pocket Maximum¹ Individual Family	\$3,000 \$6,000	\$6,000 \$12,000
Preventive Care	100% covered ⁴	Limited Coverage ⁵
Physician Office Visit Primary ⁶ 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	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
Ambulance or Care Flight	20% after deductible	20% after deductible
Lab & Radiology Services	20% after deductible	40% after deductible
Mental Health — Inpatient	20% after deductible	40% after deductible
Mental Health — Outpatient	20% after deductible	40% after deductible
Substance Abuse — Inpatient	20% after deductible	40% after deductible
Substance Abuse — Outpatient	20% after deductible	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 30% (\$30 min, \$60 max) 40% (\$60 min, \$120 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 \$60 copay \$90 copay 50% copay	Not covered
McLane Health Savings Account Contribution	\$250 maximum per teammate annually	

Emergency Room Co-pays:


1 - 3 Visits: Core - \$300; No Deductible - \$500
4 - 5 Visits: Core and No Deductible - \$600
6+ Visits: Core and No Deductible - \$900

REMINDER: Pharmacy Out-of-Pocket Maximum

Similar to the maximum OOP in your medical plan, the pharmacy OOP maximum for prescriptions for the Core and No Deductible plans is \$3,000 for single and \$6,000 for family.

The pharmacy OOP maximum for the HDHP is integrated with the medical OOP maximum.

*Prior McLane medical plan enrollment required. The HDHP is not available to new hires.

CORE PLAN

NO DEDUCTIBLE PLAN

You pay in-network	You pay out-of-network	You pay in-network	You pay out-of-network
\$1,250 \$2,500	\$2,500 \$5,000	\$0 \$0	\$2,000 \$4,000
\$3,000 \$6,000	\$6,000 \$12,000	\$3,000 \$6,000	\$6,000 \$12,000
100% covered ⁴	Limited coverage ⁵	100% covered ⁴	Limited Coverage ⁵
\$25 copay \$75 copay	40% after deductible 40% after deductible	\$30 copay \$80 copay	30% after deductible 30% after deductible
20% after deductible	40% after deductible	\$1,500 copay per admission	30% after deductible
20% after deductible	40% after deductible	\$500 copay	30% after deductible
\$300 to \$900 copay if “emergency,” waived if admitted. If not “emergency,” you pay 20% after copay.	\$300 to \$900 copay if “emergency,” waived if admitted. If not “emergency,” you pay 40% after deductible.	\$500 to \$900 copay if “emergency,” waived if admitted	\$500 to \$900 copay if “emergency,” waived if admitted. If not “emergency,” you pay 30% after deductible.
\$75 copay	\$75 if not “emergency” or “urgent,” you pay 40% after deductible	\$80 copay	30% after deductible
20% after deductible	20% after deductible	\$250 copay	\$250 copay
20% after deductible	40% after deductible	\$250 copay	30% after deductible
20% after deductible	40% after deductible	\$1,500 copay per admission	30% after deductible
\$25 copay	40% after deductible	\$30 copay per visit PCP \$80 copay per visit SCP	30% after deductible
20% after deductible	40% after deductible	\$1,500 copay per admission	30% after deductible
\$25 copay	40% after deductible	\$30 copay per visit PCP \$80 copay per visit SCP	30% after deductible
\$5 copay 30% (\$30 min, \$60 max) 40% (\$60 min, \$120 max) 50% copay	You pay 100% of the cost and will need to file a paper claim for reimbursement.	\$5 copay 30% (\$30 min, \$60 max) 40% (\$60 min, \$120 max) 50% copay	You pay 100% of the cost and will need to file a paper claim for reimbursement
\$10 copay \$60 copay \$90 copay 50% copay	Not covered	\$10 copay \$60 copay \$90 copay 50% copay	Not covered
No HSA contribution		No HSA contribution	

Teammates may not change plans during the calendar year, even with a qualifying event.
EXCEPTION: Medicare enrollment during plan year allows for limited plan change.

¹ Plan deductibles are included in the out-of-pocket maximums. ² Individual deductible is for Teammate Only coverage.

³ Family deductible is for Teammate + spouse, Teammate + child and Teammate + family coverage.

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).



BlueCross BlueShield of Texas

The BCBSTX App!



Stay connected with Blue Cross and Blue Shield of Texas (BCBSTX) and access important health benefit information wherever you are.

- Find an in-network doctor, hospital or urgent care facility
- Access your claims, coverage and deductible information
- View and email your member ID card
- Log in securely with your fingerprint
- Access Health Care Accounts and Health Savings Accounts
- Download and share your Explanation of Benefits*
- Get Push Notifications and access to Message Center*

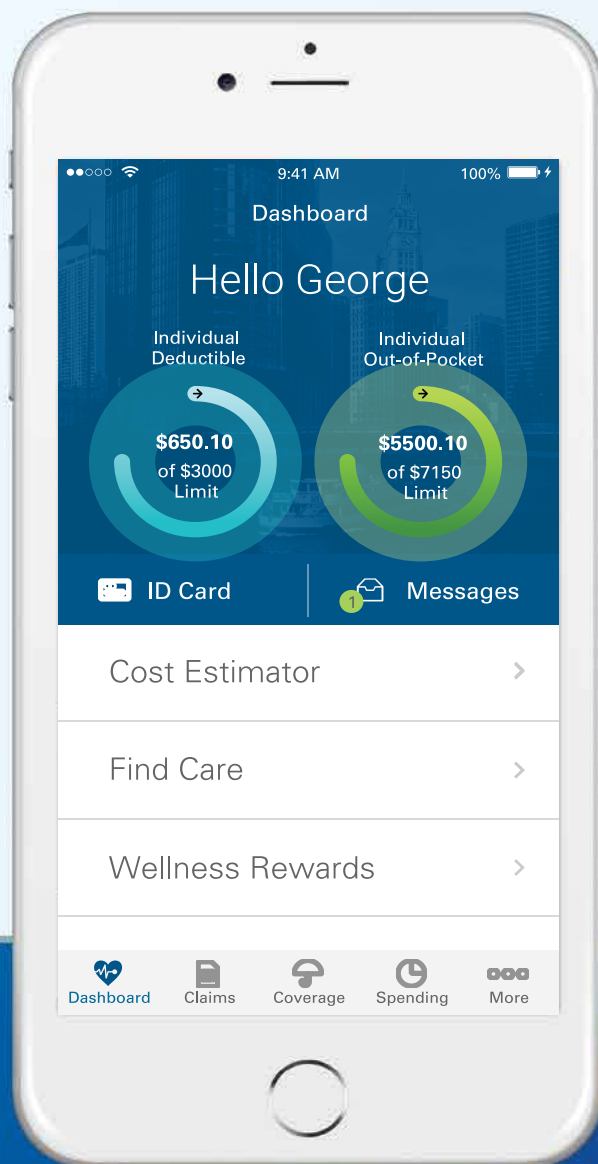
Text** **BCBSTXAPP** to **33633** to get the app.

* Currently only available on iPhone®. iPhone is a registered trademark of Apple Inc.

** Message and data rates may apply. Terms and conditions and privacy policy at bcbstx.com/mobile/text-messaging.



Available in Spanish



bcbstx.com/mobile



Save Every Day of the Week with the McLane Discount Program

You can save on everything from contact lenses to pet food! Are you taking advantage your McLane Discount Program to save on all these everyday expenses?



Look Your Best for Less

Find huge savings on apparel, jewelry and more through your discount program.



Grocery Shopping

Find cheap gift cards to your favorite grocery store or peruse gourmet chef selections. Plus, never run out of coffee.



Pet Supplies and Insurance

Your pet deserves the best. Your broad range of pet-related discounts ensures you can always give them just that.

DOZENS OF EXCLUSIVE EVERYDAY DISCOUNTS LIKE:



1800contacts®



Check it Out Today!

mclaneco.perkspot.com



Health Savings Accounts

(for High-Deductible Health Plan only)

A Health Savings Account is a special account used only with a High Deductible Health Plan to pay for eligible health care expenses. It also allows you to save for future health and retiree health expenses on a tax-free basis. You own and control the money in your HSA. Decisions on how to spend the money are made by you.

For a list of qualified expenses, visit: www.irs.gov/pub/irs-pdf/p502.pdf.

Use Your HSA for Yourself, Your Spouse or Qualified Dependents

You can take tax-free distributions for qualified medical expenses for yourself, your spouse and any qualified dependents. And, if you die, your HSA balance can be transferred to your spouse without any taxes due. An HSA is a tax benefit, so you need to maintain accurate records of any payments you make. The IRS requires that you keep receipts for qualified medical expenses. You don't have to send them with your tax return, but if you are ever audited, you will need to produce them. A teammate with Medicare (any part), Tricare or a spouse with a Flexible Spending Account cannot have an HSA. Be sure to consult your tax advisor to avoid IRS penalties.

WHAT'S THE BENEFIT TO ME?

- McLane contributes \$250 to your Health Savings Account in January.
- You may choose to make tax-free contributions to your account out of each paycheck.
- You can change your contribution amount any time during the year.
- The contribution limits for 2021 are \$3,600 (individual) and \$7,200 (family).
- Lower premiums are taken from each paycheck. You can use the savings to put additional money into your Health Savings Account.
- You have more control over your healthcare spending.
- Extra money in your HSA can be rolled over to the next year and saved for major expenses or save it to use in retirement.
- Every dollar in your HSA belongs to you. If you leave McLane, the money goes with you!
- Any investment earnings in your HSA grows tax-free, including dividends, interest and capital growth

If you are age 55 or older, you can put an extra \$1,000 "catch-up" money into your HSA account per year.





Opening a Health Savings Account (HSA)

- **Bank of America:** McLane has established a relationship with Bank of America, giving you an easy set-up option.
 - › Choose this option when you enroll on eServe.
 - › You will automatically be enrolled in a Bank of America HSA unless you elect to choose a personal bank.
 - › McLane will deposit its Company contribution and your contribution into this account as directed.
 - › You will receive a debit card you can use to pay for eligible expenses.
 - › You can also pay for eligible expenses with your own money and then repay yourself from your HSA.
- **A financial institution of your choice:** You may also choose to open an eligible account with any bank or credit union that offers an HSA option.
 - › Select this option when you enroll on eServe.
 - › Provide your account information to McLane.

You are responsible for paying all fees associated with your HSA. Compare Bank of America's monthly rate of \$0.95 to your bank or credit union. The choice is always yours.

How Money Is Put into Your Health Savings Account

- **By you:**
 - › Go to eServe or your local Human Resource department to set up your per-paycheck HSA contribution.
 - › You can change your contribution amount at any time. McLane does not manage your contribution limits.
- **By McLane:**
 - › The company will deposit up to \$250 into your account in January.

HOW DO THE HDHP AND THE HSA WORK TOGETHER?	
STEP 1	Enroll in the HDHP with HSA.
STEP 2	Open an HSA account through Bank of America or with your personal bank or credit union.
STEP 3	Contribute tax-free funds to your HSA.
STEP 4	Use your HSA funds to cover your eligible health expenses.
STEP 5	At the end of the year, the remaining balance will carry over to the next year.

IMPORTANT: If you do not open an HSA account by the required deadline, you will forfeit the company contribution and will be moved to the Core medical plan and charged the associated premiums.

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, weight loss or acne.

Retail Pharmacy

- Retail pharmacies generally fill prescriptions for 30 or fewer days. Some will fill a prescription for 90 days, but you will pay the full price of three copays.
- 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.
- You can get a 90-day prescription at some retail pharmacies. Go to [Express-Scripts.com](https://www.express-scripts.com) for more information.



Rx Money-Saving Tips:

- Always ask for generic drugs to keep your copays as low as possible.
- Use mail order for maintenance drugs and get three months' supply for two copays.





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 money.
- The mail service program is for 90-day prescriptions only.
- 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](https://www.express-scripts.com) and look for “diabetic supplies.”

To participate, call Express Scripts or go to [Express-Scripts.com](https://www.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.

Compounded 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!



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 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 Periodontic treatment Dental implants (Plan II only) Replacement crowns and gold fillings Partial or full dentures Fixed bridgework Orthodontia (Plan II only)

Dental information available through the MetLife Mobile App

Viewing your dental plan just got easier with the MetLife Mobile App.¹



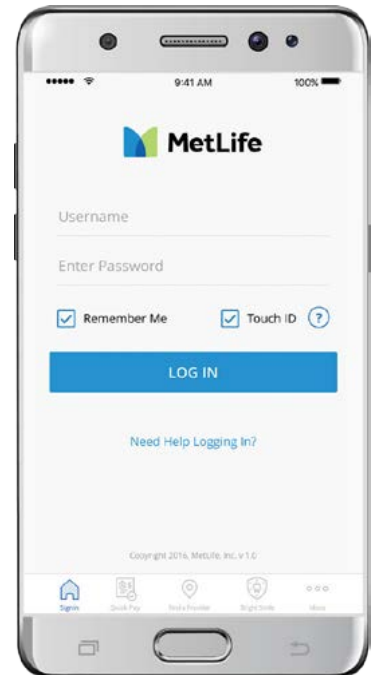
You can:

- Find a dentist
- Get estimates for most procedures
- View your plan summary
- View your claims
- Track your brushing and flossing
- View your ID card

It's easy! Search "MetLife" at iTunes App Store or Google Play to download the MetLife US Mobile App, or scan the QR codes. Search our network of thousands of dentists and specialists to find a provider near you.

Or log-in to MyBenefits to access your plan information.¹

It's available 24 hours a day, seven days a week.



1. To use the MetLife mobile app, employees can choose to register at metlife.com/mybenefits from a computer or directly through the app. Certain features of MetLife US Mobile App are not available for some MetLife Dental Plans.

Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, waiting periods, reductions, limitations and terms for keeping them in force. Please contact MetLife or your plan administrator for complete details.

Vision



McLane and Vision Service Plan (VSP) provide you with a choice of affordable vision plans - choose the plan that's right for you.

- You can use any provider you wish, but you save money when you see a provider who is in the VSP network.
- VSP does not distribute ID cards. Just tell your provider that you are a VSP member.

CORE	BENEFIT DESCRIPTION	COPAY	PREMIUM	BENEFIT DESCRIPTION	COPAY
Well Vision Exam	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Every calendar year, Two every calendar year for dependent children 	\$10	Well Vision Exam	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Every calendar year, Two every calendar year for dependent children 	\$10
Prescription Glasses		\$15	Prescription Glasses		\$15
Frame	<ul style="list-style-type: none"> \$150 allowance for a wide selection of frames \$170 allowance for featured frame brands 20% savings on the amount over your allowance \$80 Costco frame allowance Every other calendar year, Every calendar year for dependent children 	Included in Prescription Glasses	Frame	<ul style="list-style-type: none"> \$180 allowance for a wide selection of frames \$200 allowance for featured frame brands 20% savings on the amount over your allowance Costco/Walmart/Sam's Club Retail Frame Allowance \$100 Every other calendar year, Every calendar year for dependent children 	Included in Prescription Glasses
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal and lined trifocal lenses Polycarbonate lenses for dependent children Every calendar year 	Included in Prescription Glasses	Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal and lined trifocal lenses Polycarbonate lenses for dependent children Every calendar year 	Included in Prescription Glasses
Lens Enhancements	<ul style="list-style-type: none"> Every calendar year Standard progressive lenses Premium progressive lenses Custom progressive lenses UV Protection Average savings of 20-25% on other lens enhancements 	\$55 \$95-\$105 \$150-\$175 Covered in full	Lens Enhancements	<ul style="list-style-type: none"> Every calendar year Standard progressive lenses Premium progressive lenses Custom progressive lenses Anti reflective lenses Average savings of 20-25% on other lens enhancements UV protection 	\$55 \$95-\$105 \$150-\$175 Covered after \$20 Covered in full
Contacts (instead of glasses)	<ul style="list-style-type: none"> \$150 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every calendar year 	Up to \$60	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
Diabetic Eyecare Plus Program	<ul style="list-style-type: none"> Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details. As needed 	\$20	Diabetic Eyecare Plus Program	<ul style="list-style-type: none"> Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details. As needed 	\$20
Suncare	<ul style="list-style-type: none"> \$150 allowance for ready-made non-prescription sunglasses instead of prescription glasses or contacts Every other calendar year 	\$15	Suncare	<ul style="list-style-type: none"> \$180 allowance for ready-made non-prescription sunglasses instead of prescription glasses or contacts Every other calendar year 	\$15

*Above benefits are your coverage with a VSP in-network provider. Visit vsp.com for your coverage with out-of-network providers.

EXTRA SAVINGS	
Glasses and Sunglasses	<ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/specialoffers for details. 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.
Retinal Screening	No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam.
Laser Vision Correction	Use your HSA to pay.

SAVINGS NEVER LOOKED SO GOOD

Get access to over \$3,000 in savings with Exclusive Member Extras from VSP® and industry-leading brands.

DISCOVER YOUR SAVINGS

- Extra \$20 on featured frame brands^{1,3}
- Instant savings and satisfaction guarantees on popular lenses and enhancements^{2,3}
- Savings on LASIK
- Mail-in rebates and free trials on popular contact lens brands
- Discounts on medical care, prescription drugs, lab work, as well as entertainment and theme park passes⁴
- Savings on digital hearing aids and replacement batteries⁵



ENJOY BIG SAVINGS

from VSP and industry-leading brands.

BONUS OFFERS

Maximize your savings with Bonus Offers only available at Premier Program locations.

LENSES AND FRAMES

EXTRA
\$20
TO SPEND



CONTACTS

LASIK



FINANCING AND HEARING AIDS

HEALTH AND ENTERTAINMENT



View Bonus Offers at vsp.com/offers

Offers subject to change without notice. Some members may not be eligible for all offers. Visit vsp.com/offers for terms and conditions on specific offers.

1. Brands and promotions are subject to change. 2. Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. 3. Available to VSP members with applicable plan benefits. 4. Some members may not be eligible for this program; visit vsp.com/simplevalues for terms and conditions. 5. VSP is providing information to its members, but does not offer or provide any discount hearing program. The relationship between VSP and TruHearing is that of independent contractors. VSP makes no endorsement, representations or warranties regarding any products or services offered by TruHearing, a third-party vendor. The vendor is solely responsible for the products or services offered by them. If you have any questions regarding the services offered here, you should contact the vendor directly. TruHearing offers individuals the opportunity to purchase hearing aids at discounted prices, including individuals covered by self-funded health plans not subject to state insurance or health plan regulations. TruHearing is not insurance and not subject to state insurance regulations. TruHearing provides discounts to certain healthcare groups for hearing aid sales and services; TruHearing provides fitting, programming, and three adjustment visits at no cost; the member is obligated to pay for testing, and all post-fitting hearing care services, but will receive a discount from those healthcare providers who have contracted with TruHearing. Not available directly from VSP in the states of Washington and California.

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Life and AD&D

Basic Life and Accidental Death & Dismemberment

McLane provides Basic Life and Accidental Death and Dismemberment (AD&D) insurance through Lincoln Financial Group for all eligible full-time teammates.

BENEFIT	COVERAGE
Basic Teammate Life	1 x annual base pay (\$30,000 minimum) Rounded to next highest \$1000
Basic Teammate AD&D	1 x annual base pay (\$30,000 minimum) Rounded to next highest \$1000

BENEFICIARY DESIGNATION

- A beneficiary is the person you want to receive the money from your Basic Life and AD&D insurance in the event of your death.
- You must name a beneficiary for your Basic Life, Optional Life and AD&D, and Business Traveler Assistance insurance by completing the Beneficiary Designation Form. Contact your local Human Resource department for a form.
- You may change your beneficiary at any time during the year.
- You are automatically the beneficiary for spouse life and child life insurance.

OPTIONAL LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT

You may also buy optional insurance for yourself and your eligible family members.

TEAMMATE LIFE	TEAMMATE AD&D	FAMILY AD&D	SPOUSE LIFE	CHILD LIFE*
\$1,000 increments up to \$500,000 Coverage will decrease by 35% at age 75.	\$1,000 increments up to \$500,000 Coverage will decrease by 35% at age 75.	TEAMMATE: \$1,000 increments up to \$500,000 SPOUSE (no children): 60% of teammate election CHILDREN (no spouse): 20% per child of teammate election FAMILY (spouse and children): Spouse receives 50% of teammate election; Each child receives 15% of teammate election	\$10,000, \$15,000, \$25,000, \$50,000, \$75,000, or \$100,000 (coverage cannot be more than teammate's total basic and optional life insurance)	\$5,000, \$10,000, or \$20,000

**Child Life is only for unmarried dependents up to age 26. If the teammate no longer has unmarried dependents under age 26, they must contact the HR department to complete qualifying event paperwork to have the benefit removed. No refunds will be issued.*

PROOF OF GOOD HEALTH

- If you add more than \$100,000 to your coverage due to a Qualifying Event, or your spouse adds more than \$25,000, you must provide proof of good health, or evidence of insurability, by completing an Evidence of Insurability (EOI) form.
- Lincoln Financial Group must approve the EOI form before coverage can begin.

Disability

Short-Term and Long-Term Disability benefits (STD/LTD) provide income protection if you become disabled due to a non-work-related illness or injury.

- STD and LTD benefits are provided through Lincoln Financial Group.
- Full-time hourly teammates are eligible for STD coverage after you complete one year of continuous work.
- McLane pays the STD premium for you.
- Full-time hourly teammates can purchase LTD coverage and you pay the cost of this coverage.
- If you elect LTD coverage, you are eligible on the first day of the pay period following 60 days of continuous work with McLane.
- There are 3 LTD plans from which to choose:
 - › Plan 1: Up to 2-year duration
 - › Plan 2: Up to 5-year duration
 - › Plan 3: Up to Social Security normal retirement age
- Maternity is covered for a specified number of weeks depending on type of delivery.

Basic Earnings

means your pay rate at the time you become disabled, not including bonuses, overtime or any other incentive payments you receive.



How STD and LTD Work

- You can get STD benefits for up to 26 weeks per incident (first week is a waiting period where benefits are not payable).
- If you receive disability pay from other sources (Social Security, state disability, legal judgements, etc.), these amounts are subtracted from the McLane benefit before it is paid to you.
- State disability plans pay benefits first, for example, California, New York and New Jersey. In some cases, the McLane plan may pay benefits that are not covered by those plans.
- If you elect or increase LTD at Open Enrollment, you must provide proof of good health, or evidence of insurability, by completing an Evidence of Insurability (EOI) form.

HOW STD AND LTD WORK

HOW STD AND LTD WORK	
Week 1 (STD)	7-day waiting period; no STD benefits are payable. Available time off, sick, or floating holiday time will be used to fill the waiting period.
Weeks 2-26 (STD)	60% of your basic weekly earnings, up to \$950 per week.
Weeks 27+ (LTD if applicable)	60% of your basic monthly earnings, up to \$5,000 per month.

Legal help made easy

MetLife Legal Plans provides you with access to experienced attorneys and reduces effort on your end. It's a smart, simple, affordable way to get the legal help you need.



Experience and convenience you can count on.

You'll have all the help you're looking for from our experienced service team, network of attorneys and variety of online resources.



Award-winning service

- Regularly recognized for excellence in customer service¹
- Experienced service team available from 8 am to 8 pm ET



Top-quality attorney network

- Average of 25 years of experience and vetted regularly
- Nationwide network with a range of specialties



Convenient online help

- Create an account on our website to access coverage information and our attorney locator
- 24/7 access to our attorney locator and case numbers
- Access to digital estate planning to create wills, living wills and powers of attorney all online



Ease of use²

- All billing is handled between MetLife and the attorney
- No claims forms, hidden fees or deductibles

¹Two-time winner of the Silver Stevie in the American Business Awards, 2016 and 2017; Bronze winner in 2018, 2019 and 2020.

²When using a network attorney for a covered legal matter

Group legal plans are provided by MetLife Legal Plans, Inc., Cleveland, OH. In certain states, group legal plans are provided through insurance coverage underwritten by Metropolitan Property and Casualty Insurance Company and Affiliates, Warwick, RI. Payroll deduction required for group legal plans. For costs and complete details of the coverage, call or write the company.

Some services not available in all states. No service, including consultations, will be provided for: 1) employment-related matters, including company or statutory benefits; 2) matters involving the employer, MetLife and affiliates and plan attorneys; 3) matters in which there is a conflict of interest between the employee and spouse or dependents in which case services are excluded for the spouse and dependents; 4) appeals and class actions; 5) farm and business matters, including rental issues when the participant is the landlord; 6) patent, trademark and copyright matters; 7) costs and fines; 8) frivolous or unethical matters; 9) matters for which an attorney-client relationship exists prior to the participant becoming eligible for plan benefits. For all other personal legal matters, an advice and consultation benefit is provided. Additional representation is also included for certain matters.



How can the Employee Assistance Program help?

All of us face change, stress, or life-altering problems now and then. Your EAP is designed to provide confidential short-term counseling services to help you and your family members handle concerns constructively, before they become issues that affect your work or home life.

You may call the EAP for any number of reasons:

- When you are working on integrating new information from a training session into your daily life
- When you need help finding child or elder care
- When you need tax guidance
- When you're moving to a new location and would like to learn more about the local laws and customs
- When you're working on expanding your social network
- When you'd like to speak with a local legal expert about your mortgage or rental agreement
- When you need to speak with an attorney about family law or debt obligations
- When you're seeking guidance from a financial counselor to plan for retirement or to manage your budget



Contact Your GuidanceResources® Program

Call: 800.327.2151

TTY: 800.697.0353

Online: [guidanceresources.com](https://www.guidanceresources.com)

App: GuidanceNowSM

Web ID: MCLANE

Flexible Spending Accounts



Flexible Spending Accounts (FSAs) let you and your dependents pay for some healthcare and dependent care expenses with tax-free money.

There are three types of FSAs:

- **Healthcare:** This FSA helps you pay for eligible expenses like medical deductibles, coinsurance, copays, prescription drugs and some over-the-counter items. You may also pay for eligible dental and vision expenses.
- **Limited Purpose:** This FSA is for teammates enrolled in the HDHP with the Health Savings Account (HSA). This FSA is similar to the Healthcare FSA and helps you pay for eligible dental and vision care expenses only since medical expenses are eligible through the HSA.
- **Dependent Care:** This FSA helps you pay for eligible daycare expenses, such as care for children under age 13 or for an elderly parent who depends on you for support. See Plan Document for limitations.

The limit for healthcare and limited purpose FSAs is \$2,750. The limit for dependent care FSAs is \$2,500 if each parent has their own Dependent Care account or \$5,000 per household.

The IRS does not allow you to participate in both the Healthcare FSA and the Health Savings Account (HSA) at the same time. Instead, HSA participants can enroll in the Limited Purpose FSA to help pay for eligible dental and vision expenses only.

Your FSA Debit Card

FSA and Limited Purpose FSA will be issued a debit card you can use to pay for eligible items.

Dependent Care FSA will not be issued a debit card. Dependent Care is reimbursed to the teammate once eligible receipts are submitted.

- You can use the debit card at any doctor's office or store that can track eligible FSA expenses.
- You will get a debit card in the mail the first time you enroll in an FSA.
- Keep all your receipts. You will need them as proof of your eligible purchases.
- If you can't use your debit card, you can pay for eligible expenses up front and file a claim for reimbursement online.

KEEP ALL RECEIPTS even when using your debit card. You may need to send them in for review. If you do not turn in your receipts, you will have to pay back the debited amounts or your card will be turned off. You must keep proof of your medical expenses per IRS regulations. You must be able to prove that the pre-tax money spent was to cover qualified medical expenses.



Check your cargo.

You must use all the money in your FSA by the designated deadline. Any leftover funds are lost. This is called the “use it or lose it” rule.



FSA Details

Account	Healthcare	Limited Purpose (for teammates with an HSA)	Dependent Care
Use it to pay for:	<ul style="list-style-type: none"> Medical or dental deductibles and/or coinsurance Office visit copays Coinsurance for medical or dental care Prescription drugs Some over-the-counter items Diabetic supplies Eyeglasses and contacts Some orthodontia costs 	<ul style="list-style-type: none"> Dental deductible Vision office visit copays Coinsurance for dental care Eyeglasses and contacts Some orthodontia costs 	<ul style="list-style-type: none"> Day care expenses for children under age 13 or children of any age who are physically or mentally unable to care for themselves Day care expenses for an elderly parent who depends on you for support Day care expenses that allow you or your spouse to look for work full-time Day care expenses that allow your spouse to go to school full-time
You can contribute:	\$150 to \$2,750 per year	\$150 to \$2,750 per year	\$150 to \$5,000 per year, or \$2,500 if you are married and file separate taxes
Use it between:	January 1, 2021 and March 15, 2022	January 1, 2021 and March 15, 2022	January 1, 2021 and March 15, 2022
Turn in your claims by:	March 31, 2022	March 31, 2022	March 31, 2022
If you don't use all the money, it is:	Forfeited to the plan	Forfeited to the plan	Forfeited to the plan



401(k) Plan

McLane offers you the ability to save for retirement with the 401(k) plan. You can choose between a traditional 401(k) and a Roth 401(k).

- You will automatically be enrolled after 90 days of employment.
- You will automatically have a 3% pre-tax contribution and be invested in the Moderate GoalManager model, unless you choose different amounts and investments.
- You can save anywhere from 1% to 50% of your eligible pay normally up to the IRS limit of \$19,500.
- McLane may contribute money to your account after one year of service. The amount depends on the company's profits for the year.
- You choose how to invest your money with funds managed by professionals.
- You get personal account statements from Merrill Lynch four times per year.
- You can start or stop contributions any time.

Traditional 401(k) Payroll Contributions

Contributions are made **before** taxes are taken out of your paycheck. You don't pay taxes until it's time to take the money out of your account.

ROTH 401(k) Payroll Contributions

Contributions are made **after** taxes are taken out of your paycheck. You won't have to pay taxes when it's time to take the money out of your account.

Check your mirrors.

If you are age 50 or older, you can put extra "catch-up" money, up to \$6,500, into your account. You must meet the IRS savings limit before you can make these contributions.



Learn More

- Visit Merrill Lynch online at www.benefits.ml.com
- Call the Merrill Lynch Participant Service Center at (800) 228-4015.
- Contact your local Human Resource department for more information.

Contributions from McLane

McLane may match a percentage of your pay based on the company's performance from the prior year.

If there is a company contribution, it will be:

YEARS OF SERVICE	MAXIMUM PERCENTAGE OF COMPENSATION MATCHED
1 year but less than 7 years	3.0% of pay
7 years but less than 15 years	3.5% of pay
15 or more years	4.0% of pay

Vesting

- “Vesting” means ownership. The more years of service you have, the more of McLane’s contributions you “own.”
- The money you contribute to your 401(k) belongs to you.
- The money McLane contributes to your 401(k) becomes yours over time.

PLAN YEARS OF SERVICE	VESTED PERCENTAGE
0-1 years	0%
2 years	40%
3 years	60%
4 years	80%
5+ years	100%

Plan Loans

- You can borrow money from your 401(k) plan.
- The maximum amount you can borrow is the lesser of: (1) \$50,000 minus your highest loan balance from the Plan during the preceding 12 months or (2) 50% of your vested account balance.
- You may only have one loan from your 401(k) plan at a time.
- You must pay back any loans within five years through payroll deductions.
- For more loan information, please call Merrill Lynch at (800) 228-4015.



Honk if this makes you happy!

McLane typically matches a portion of your contributions to the 401(k). However, if you don't contribute to the plan, you don't receive this free retirement money. See your local Human Resource department on how to enroll and take advantage of this important retirement benefit.



Merrill Lynch Wealth Management makes available products and services offered by Merrill Lynch, Pierce, Fenner & Smith Incorporated (MLPF&S) and other subsidiaries of Bank of America Corporation (BAC). MLPF&S is a registered broker-dealer, member SIPC and a wholly owned subsidiary of BAC. Investment products:

Are not FDIC Insured	Are Not Bank Guaranteed	May Lose Value
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Take control of your financial life



With the Financial Wellness Tracker on Benefits OnLine®, you can take steps to help improve your financial health.



You'll get *personalized* suggestions for managing your finances and improving your financial behavior to help you pursue your financial goals.

How does Financial Wellness Tracker work?

You'll start by answering a brief series of questions about your financial situation and how you manage your money. Based on your responses, you'll receive:

- **A financial wellness score** (based on a 100-point scale), which measures your current financial health, and
- **A suggested action plan** — with steps you can consider taking — to help you manage your finances and make progress toward your goals.

As you complete the suggested action items or your financial situation changes, we encourage you to re-take the assessment at any time for a new score and new suggested actions.

Your financial health is a key component of your overall well-being, and Merrill is committed to helping guide you on your financial journey.



How do I get started?

1. To get the most from this experience, review the Financial Wellness Checklist at go.ml.com/FWchecklist to ensure you have the information needed to complete the assessment.
2. Visit Benefits OnLine at benefits.ml.com and select the Financial Wellness tab to take the assessment. It only takes about 10 minutes.

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Investment products:

Are Not FDIC Insured	Are Not Bank Guaranteed	May Lose Value
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Online Support to Help You Stay Financially Fit

Resources available at **benefits.ml.com** anytime to help you plan now for your future!

ADVICE ACCESS

- This service is available at no additional cost to you
- You owe it to yourself to learn more as you plan and invest for your financial future

To find this feature on Benefits OnLine® log in and click:

Advice Access on the home page to get started.

ELECT TO INCREASE YOUR CONTRIBUTIONS AUTOMATICALLY

- Potentially grow your retirement plan savings faster by automatically increasing your contributions
- Simply choose how much and how often to increase your contributions
- You may change or cancel this election at any time

To find this feature on Benefits OnLine® log in and click:

401(k) > Current Elections > Contribution Rates > Setup automatic increase.

COMPANY MATCH

- To help you maximize your retirement savings, McLane matches a portion of the contributions you make to your retirement plan account
- Don't leave money on the table - try to contribute at least enough to receive the full company match

To find this feature on Benefits OnLine® log in and click:

401(k) > Current Elections > Contribution Rates > Change Contribution Rates

DESIGNATE YOUR BENEFICIARY

- Designating who would receive your 401(k) assets in the event of your death is an important responsibility
- It only takes a few minutes to establish or update your beneficiary on Benefits OnLine®

To find this feature on Benefits OnLine® log in and click:

401(k) > Current Elections > Beneficiary Designations/ Updates



Accidental Injury Insurance

Teammate Paid. See page 10 for costs.

While you can't predict life's unexpected events, you can plan for them by choosing benefits that can help protect your financial future.

Is there such a thing as too much protection?

Only you can answer that question - but maybe you could use some help figuring it out. Regular expenses, big and small, can add up. Think about your ability to pay for those expenses if you or your family member were seriously injured in a covered accident.

The additional financial protection you may need

Use the payment for what matters most. We know that everyone has different needs and different ways of coping with the unplanned. This benefit can help you pay for out-of-pocket medical and non-medical costs such as:

- Medical copays and deductibles
- Travel to see a specialist
- Child care
- Help around the house
- Alternative treatment

Typical injuries and standard plan coverages

See schedule of benefits for full list of covered injuries and benefits.

Covered injuries can include:

- Broken bones
- Burns
- Torn ligaments
- Concussions
- Eye injuries
- Ruptured discs
- Cuts requiring stitches

Benefits can also be payable for:

- Initial treatment
- Emergency room visits
- Hospitalizations
- Follow-up care

Portable. You can take this coverage with you if you leave McLane - benefits and rates won't change when you take the coverage with you.

Victory lap!

Accident, Hospital and Critical Illness coverages are portable up to maximum of 12 months or age 70



Hospital Confinement Benefit

Teammate Paid. See page 10 for costs.

A hospital stay can happen at any time, and it can be costly. Lincoln's Hospital Confinement Benefit can give you and your loved ones additional financial protection. We can help cover these unexpected events so you can focus on getting better.

How Lincoln's Hospital Confinement Benefit can help

How would you pay for a hospital stay? Even with medical coverage, out-of-pocket costs can add up. But with Lincoln's Hospital Confinement Benefit, you receive a check if admitted to a hospital due to a covered sickness prior to age 70. You can also receive a daily benefit per covered person for hospital confinement. You can use the money to pay for expenses related to child care, travel or other out-of-pocket expenses. There are no copays, deductibles, coinsurance or network requirements. And benefits aren't reduced because you receive a payment from any other coverage you have, such as medical or Accident insurance.

Why sign up for Lincoln's Hospital Confinement Benefit?

Additional Financial Protection. Protection for you and your family when you need it most

Cost-effective. You can sign up for this coverage at economical group rates, which means you pay less for your coverage.

Convenient. We make it easy. Your insurance premiums are deducted from your paycheck.

Portable. You can take this coverage with you if you leave McLane – benefits and rates won't change when you take the coverage with you.

Newly included with this benefit!

Your Hospital Confinement Benefit now includes a valuable base accident benefit. This enhancement has all the same covered injuries as the Accidental Injury plan has, but pays a lower reimbursement amount than the Accidental Injury plan.

Consider this:

Each year, one in 8 Americans is treated for an accident. Accidents can happen at any time.

Every 2 seconds at home.

Every 7 seconds at work.

Every 7 seconds on the road.





Critical Illness Insurance

Teammate Paid. See pages 12-13 for costs.

Being diagnosed with a critical illness can happen to anyone at any time. Even with medical coverage, out-of-pocket expenses can quickly add up. That's why having Lincoln Financial Group Critical Illness insurance is important.

Additional Financial Protection

Lincoln Financial Group's Critical Illness insurance can help provide you and your family with the additional financial protection you may need for expenses associated with an unexpected covered critical illness - so you can focus on getting better. Lincoln Financial Group Critical Illness insurance pays you a lump-sum benefit for diagnosis of a covered critical illness or specified event, like a heart attack or stroke. It can help you pay for expenses such as travel, room and board, transportation, child care or treatment options not covered by traditional insurance. What you do with the money is up to you.

Choose the coverage that works best for you and your family. Your monthly cost will depend on your age and the level of coverage you choose.

Why sign up for Lincoln Financial Group Critical Illness insurance?

- **Additional financial protection.** When you or your family needs it the most to help with out-of-pocket expenses.
- **Cost-effective.** You can sign up for this coverage at economical group rates, which means you may pay less for your coverage.
- **Convenient.** We make it easy. No copay, deductibles, coinsurance or network requirements to worry about and your insurance premiums are deducted from your paycheck.
- **Portable.** You can take your coverage with you if you leave McLane - benefits won't change if you port your coverage.

We know that everyone has different needs when coping with a critical illness.

With your Lincoln Financial Group Critical Illness insurance, benefits are paid directly to the covered person if they are diagnosed with a covered critical illness like cancer, heart attack, or stroke. This plan can help ease some of your financial worries so that you can stay focused on your health. You choose how to spend or save your benefit. It can be used for expenses, such as:

- Paying for child care or help around the house
- Travel costs to see a specialist
- Medical treatment and doctor visits
- Copays and deductibles
- Prescription drug costs
- Everyday living expenses

The spouse benefit will always be 50% of the teammate's elected benefit amount, and the child 25% of the teammate benefit amount. For example, if a teammate elects \$10,000 in coverage, the spouse benefit is \$5,000 and the child benefit is \$2,500.

There is no reduction in benefit for the teammate.

BENEFIT	COVERAGE
Teammate Benefit Amount(s)	Voluntary benefits amounts (options for teammate selection): \$10,000, \$20,000, \$30,000
Spouse/Domestic Partner Benefit Amount(s) (Spouse to age 70 is eligible for coverage if teammate is enrolled)	Voluntary benefits amounts (options for spouse selection): 50% of issued teammate benefit amount.
Dependent Child Benefit Amount(s) (Child only eligible if teammate is enrolled; birth to 26; 26+ if disabled)	Voluntary benefits amounts (options for child selection): 25% of issued teammate benefit amount
Health Screening Benefit	Up to \$50 per year per covered person



Health Advocate services

Confidential support 24/7 for employees and family members

Call: 866-799-2728

Email: answers@HealthAdvocate.com

Visit: HealthAdvocate.com/members

Helping You Navigate the Health Care System

Included with your Lincoln Critical Illness Insurance is access to Health Advocate. Health Advocate makes navigating your health care coverage easier and more understandable. Get unlimited confidential support from an experienced Personal Health Advocate who will answer questions, research treatment options, coordinate benefits, resolve billing and claims issues, and much more. This personal, detailed care will help solve problems and alleviate your concerns about coverage.

Generic Benefit ID Cards

Medical Card



BCBSTX Temporary ID Card

BCBS Member ID Card information is available on the Blue Access for Members website, www.bcbstx.com/member.

With the Blue Cross and Blue Shield of Texas (BCBSTX) app, members can get their ID card information on their mobile phone.

Download the app on Google Play and the App Store or by texting* BCBSTX to 33633.



Pharmacy Card



Express Scripts Temporary ID Card Notice to Express Scripts Participating Pharmacies

As of January 1, 2016, McLane Company's pharmacy benefit program will be administered by **Express Scripts**. To simplify your prescription, please link the cardholder and all members of their family to **Express Scripts**.

Please follow the action steps listed below to enter the claim.

Step 1	Enter Bin # 003858
Step 2	Enter Processor Control A4
Step 3	Enter Rx Group #: MCLANRX
Step 4	Enter 9 digit member ID # (Employee SSN)
Step 5	Enter the member's date of birth

NEED ASSISTANCE?

If you have any questions while processing the claim, please call the Express Scripts Pharmacy Help Desk at 1-800-922-1557

Dental Card



Employee Name: _____

Network: **PDP Plus**

Group Name: **McLane Company, Inc.**

Group Number: **303255**

Lincoln Financial Card



Disability and Life Insurance

Disability: (877) 321-1139

Life: (877) 321-1139

Visit: mylincolnportal.com

Vision Card

Group McLane Company, Inc.

Doctor Network VSP Choice

Copays

Exam \$10

Materials \$15

Visit vsp.com or call 800.877.7195 for more plan details or to find a VSP doctor near you.



Your eyes are amazing.
We'll treat them amazingly well.



Let us help you:

- find the right doctor for you,
- keep your eyes healthy with a WellVision Exam®,
- love how you look in great eyewear,
- save money!

This card is not required for service and does not guarantee benefit eligibility. It is for use by VSP members. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail.

VSP and WellVision Exam are registered trademarks of Vision Service Plan.

Required Notices

Separation of Employment

Your Basic Life, Optional Life, AD&D, Flexible Spending Accounts, Accident Insurance, Hospital Insurance, Critical Illness, Short and Long-Term Disability and Business Travel Accident insurance end on your last day of employment with McLane. All other plans end on the last day of the pay period in which you separate from employment.

Special Enrollment Rights

If you or your family members do not enroll in McLane's benefits when you first become eligible because you have other coverage, you may be eligible for a special 60-day enrollment period later if you or your family members:

- Are no longer eligible for that other coverage
- Are no longer eligible for Medicaid or Children's Health Insurance Program (CHIP) coverage
- Gain eligibility for a premium assistance subsidy under Medicaid or CHIP (CHIP information available on MyMcLane or from your local Human Resource department)

Mastectomy Coverage

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.

HIPAA 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 PRESCRIPTION DRUG COVERAGE AND MEDICARE

Core or No Deductible Plans

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

There are two important things you need to know about your current coverage in the Core and No Deductible plans and Medicare's prescription drug coverage:

Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription 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 prescription drug coverage offered by McLane's Core and No Deductible plans is, on average for all plan participants, expected to pay out as much as standard Medicare prescription 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.

High Deductible Health Plan (HDHP)

McLane has determined that the prescription drug coverage offered by McLane's High Deductible Health Plan (HDHP) is, on average for all plan participants, NOT expected to pay out as much as standard Medicare prescription drug coverage pays. Therefore, your coverage is considered non-creditable coverage. This is important because, most likely, you will get more help with your drug costs if you join a Medicare drug plan than if you only have prescription drug coverage through McLane. This also is important because it may mean that you may pay a higher premium (a penalty) if you do not join a Medicare drug plan when you first become eligible.

If you enroll in the High Deductible Health Plan, and you're eligible for Medicare (or will be eligible for Medicare in the next few years), it's important to know that this plan does not provide "creditable coverage" for prescriptions should you enroll in the Medicare Part D prescription drug plan going forward. To avoid late enrollment fees for Medicare and to take advantage of better prescription drug benefits, you may want to consider enrolling in Part D when you first become eligible.

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 prescription 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 prescription 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 prescription drug coverage. In addition, you may have to wait until the following October to join.

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

More detailed information about Medicare plans that offer prescription 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 prescription 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 prescription 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 2020

Name of Entity/Sender: McLane Company, Inc.

Contact — Position/Office: Benefits Manager

Address: 4747 McLane Parkway, Temple, TX 76504

Phone: (254) 771-7500

GENERAL NOTICE OF YOUR RIGHTS GROUP HEALTH CONTINUATION COVERAGE UNDER COBRA

****THIS LETTER IS FOR YOUR INFORMATION ONLY. PLEASE RETAIN FOR FUTURE REFERENCE.
THERE HAS NOT BEEN A CHANGE IN YOUR STATUS WITH YOUR COMPANY.****

This letter contains important information about your employee benefits plan(s). Please read the entire letter.

On April 7, 1986, a federal law called COBRA was enacted (Public Law 99-272, Title X), requiring that most employers sponsoring group health plans offer employees and their families (qualified beneficiary/ies) the opportunity for a temporary extension of health coverage at group rates in certain instances where coverage under the plan would otherwise end. This notice is intended to inform you, in a summary fashion, of your rights as a qualified beneficiary and obligations under COBRA. Both you and your spouse, if applicable, should take the time to read this notice carefully. This notice does not fully describe COBRA or other rights under the McLane Company, Inc. group health plan ("Group Health Plan"). For additional information you should review the Group Health Plan's "Summary Plan Description" or contact the McLane Company, Inc. Plan Administrator at (254) 771- 6173. Also, you may visit the Department of Labor website (www.dol.gov) for more information on COBRA. When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

Qualifying Events

If you are an employee of McLane Company, Inc. covered by the Group Health Plan, you have a right to choose COBRA if you lose your group health coverage because of a reduction in your hours of employment or the termination of your employment (for reasons other than gross misconduct on your part).

If you are the spouse of an employee covered by the Group Health Plan, you have the right to choose COBRA for yourself if you lose group health coverage under the Group Health Plan for any of the following reasons:

1. The death of your spouse;
2. A termination of your spouse's employment (for reasons other than gross misconduct) or reduction in your spouse's hours of employment with McLane Company, Inc.;
3. Divorce or legal separation from your spouse; or
4. Your spouse becomes entitled to Medicare.

In the case of a dependent child of an employee covered by the Group Health Plan, he or she has the right to choose COBRA if the Group Health Plan is lost for any of the following reasons:

1. The death of the employee;
2. A termination of the employee's employment (for reasons other than gross misconduct) or reduction in the employee's hours of employment with McLane Company, Inc.;
3. The employee's divorce or legal separation;
4. The employee became entitled to Medicare prior to his/her qualifying event; or
5. The dependent child ceases to be a dependent child under the Group Health Plan.

Sometimes, filing a bankruptcy under Title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to McLane Company, Inc. and that bankruptcy results in the loss of coverage of any retired employee under the Group Health Plan, the retired employee will become a qualified beneficiary with respect to the bankruptcy. The retired employee's spouse, surviving spouse, and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the Group Health Plan.

You may have other options available to you when you lose group health coverage

For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

Coverage Provided

Under COBRA, the employee or a family member has the responsibility to inform the McLane Company, Inc. Plan Administrator of a divorce, legal separation, or a child losing dependent status under the Group Health Plan within 60 days of the date of the event. McLane Company, Inc. has the responsibility to notify the administrator of the employee's death, termination, and reduction in hours of employment or Medicare entitlement. When the administrator is notified that one of these events has happened, the administrator will in turn notify you that you have the right to choose COBRA. Under COBRA, you have at least 60 days from the later of the date you would lose coverage because of one of the qualifying events described above or the date of notification of your rights under COBRA, whichever is later, to inform the McLane Company, Inc. Plan Administrator that you want to continue coverage under COBRA.

If you elect COBRA, McLane Company, Inc. is required to give you and your covered dependents, if any, coverage that is identical to the coverage provided under the plan to similarly situated employees or family members. Under COBRA, you may have to pay all or part of the premium for your continuation coverage. If you do not choose COBRA on a timely basis, your group health insurance coverage will end.

Period of Coverage

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

COBRA requires that you be afforded the opportunity to maintain coverage for 36 months unless you lost group health coverage because of a termination of employment or reduction in hours. In that case, the required COBRA period is 18 months. Also, if you or your spouse gives birth to or adopts a child while on COBRA, you will be allowed to change your coverage status to include the child. The 18-month period may be extended to 29 months if an individual is determined by the Social Security Administration (SSA) to be disabled (for Social Security purposes) as of the termination or reduction in hours of employment or within 60 days thereafter. To benefit from this extension, a qualified beneficiary must notify the McLane Company, Inc. Plan Administrator of that determination within 60 days of the SSA notification date and prior to the 18-month COBRA eligibility end date. The affected individual must also notify the McLane Company, Inc. Plan Administrator within 30 days of any final determination that the individual is no longer disabled. If the original event causing the loss of coverage was a termination (other than for gross misconduct) or a reduction in hours, another extension of the 18-month continuation period may occur, if during the 18 months of COBRA coverage, a qualified beneficiary experiences certain secondary qualifying events:

1. Divorce or legal separation
2. Death
3. Medicare entitlement
4. Dependent child ceasing to be a dependent

If a second qualifying event does take place, COBRA provides that the qualified beneficiary may be eligible to extend COBRA up to 36 months from the date of the original qualifying event. If a second qualifying event occurs, it is the qualified beneficiary's responsibility to inform the McLane Company, Inc. Plan Administrator within 60 days of the event. In no event, however, will COBRA last beyond three years from the date of the event that originally made the qualified beneficiary eligible for COBRA.

Alternate Recipients Under QMCSOs

A child of the covered employee who is receiving benefits under the Plan pursuant to a qualified medical child support order (QMCSO) received by McLane Company, Inc. during the covered employee's period of employment with McLane Company, Inc. is entitled to the same rights to elect COBRA as an eligible dependent child of the covered employee.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the initial enrollment period for Medicare Part A or B, you have an 8-month special enrollment period [1] to sign up, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare Part B and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and then enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA will pay second. Certain COBRA continuation coverage plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit <https://www.medicare.gov/medicare-and-you>.

[1] <https://www.medicare.gov/sign-up-change-plans/how-do-i-get-parts-a-b/part-a-part-b-sign-up-periods>.

These rules are different for people with End Stage Renal Disease (ESRD).

Plan Contact Information

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.HealthCare.gov.

To ensure that all covered individuals receive information properly and timely, it is important that you notify McLane Company, Inc. (4747 McLane Parkway, Temple, TX 76504 Phone 254-771-7500) of any change in dependent status or any address change of any family member as soon as possible. Failure on your part to notify McLane Company, Inc. of any changes may result in delayed notification or loss of continuation of coverage options.

If you have any questions about COBRA, please contact our Customer Care Center at (855) 687-2021.

ATENCIÓN: Los Servicios de asistencia lingüística están su disposición, sin cargo alguno. Llame al 855-687-2021.

IMPORTANT CONTACTS

CONTACT	WEBSITE	PHONE
BLUE CROSS BLUE SHIELD No Deductible Plan—BCBS (Group #152506) Core Plan—BCBS (Group #90271) High Deductible Health Plan (HDHP)—BCBS (Group #90281)	bcbstx.com/mclane BlueCard Doctor & Hospital Finder	(866) 363-7936
24/7 Nurseline from BCBS	N/A	(800) 581-0368
Prescription Drug—ExpressScripts, Inc. (Group #MCLANRX)	Express-Scripts.com	(855) 315-6433
Health Savings Account (HSA)— Bank of America	myhealth.bankofamerica.com	(866) 791-0250
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
Flexible Spending Account (FSA) Connect Your Care	connectyourcare.com	(844) 579-7619
Legal Plan - MetLife (Access Code 9903814)	info.legalplans.com	(800) 821-6400
Business Travel Accident Insurance—Hartford	thehartford.com/accidentlines	(888) 563-1124
Disability and Life Insurance Lincoln Financial Group	mylincolnportal.com	Disability (877) 321-1139 Life/AD&D (888) 787-2129
LINCOLN FINANCIAL GROUP Accident Insurance Hospital Confinement Insurance Critical Illness Insurance	www.lfg.com	(877) 321-1139
Global Emergency Travel Services Lincoln Financial Travel Connect	https://mysearchlightportal.com Enter Group ID: LFGTravel123	(866) 525-1955 WITHIN THE U.S. & CANADA (603) 328-1955 (call collect) OUTSIDE THE U.S. & CANADA
Identity Theft Services Lincoln Financial Group LifeKeys Services	guidanceresources.com (Click register and type code: LifeKeys)	(855) 891-3684
Will Preparation Program Lincoln Financial Group LifeKeys Services	guidanceresources.com (Click register and type code: LifeKeys)	(855) 891-3684
Employee Assistance Program (EAP)—ComPsych	guidanceresources.com	(800) 327-2151
401(k) Plan—Merrill Lynch (Group #301436)	benefits.ml.com	(800) 228-4015
PerkSpot Discount Program	mclaneco.perkspot.com	E-mail Customer Service at: cs@perkspot.com
OTHER CONTACTS		
Benefits Team—McLane	mymclane.com (click Teammate Center, choose Benefits)	(888) 403-6089
eServe—Electronic Self Service	mclaneco.com (click My McLane)	Contact your local Human Resource department for assistance