

MCLANE

NOTICE OF PRIVACY PRACTICES

This Notice is effective February 16, 2026

***THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU
MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS
THIS INFORMATION.***

PLEASE REVIEW IT CAREFULLY.

The McLane Company, Inc. Welfare Plan (your medical plan) and the McLane Company, Inc. Dental Welfare Plan (collectively the “Plans”) are required by the federal law known as the Health Insurance Portability and Accountability Act (“HIPAA”) and its associated privacy regulations (referred to as the “HIPAA Privacy Rule”) to take reasonable steps to ensure the privacy of personally identifiable health information the Plans may obtain or access.

This notice describes the privacy practices of the Plans. The notice does not describe the privacy practices of your health care provider. This notice is a joint notice for the Plans listed below because these Plans are joined together as an “organized health care arrangement” (or an “OHCA”). The Plans agree to abide by the terms of this notice with respect to your personally identifiable health information that is created or used by either of the Plans as part of its membership in the OHCA. You may contact your Human Resources Manager or the McLane Privacy Officer if you want more detailed information. The Privacy Officer is located in the Home Office and can be reached as follows:

Privacy Officer
McLane Company, Inc.
4747 McLane Parkway
Temple TX 76504
254-771-7586
privacy_officer@mclaneco.com

I. Definitions of Important Terms

A Designated Record Set means documents relating to an individual's health plan enrollment, eligibility, claims processing and appeals, claims payment, case or medical management maintained by or for the Plans, or used, in whole or part, by or for the Plans to make decisions about individuals. Information used for quality control or peer review analyses are not used to make decisions about individuals, not in the Designated Record Set.

A Business Associate provides certain services to the Plans, such as claim payment, accounting or legal services, or for purposes of generally administering the Plans.

The Minimum Necessary Standard requires the health plan and health plan sponsor to limit the amount of PHI used or disclosed to the minimum amount necessary to meet the need for the disclosure and only to the people reading the information. A doctor, for example, won't send an individual's entire medical record to request payment for services. Instead, the doctor will send the minimum information necessary (such as name, diagnosis, and service provided) to have payment processed for a particular service or procedure.

A Personal Representative is someone who is authorized to act or make decisions on behalf of another person. For example, a parent is typically a personal representative of a minor child. Outside of the parent/child situation, a personal representative must generally provide written authorization in the form of a power of attorney for health care purposes. Courts can also name or authorize someone to act as a personal representative of another person.

Protected Health Information or "PHI" is personally identifiable health information. PHI can be electronic, paper, or verbal.

II. How Can My PHI be Used or Disclosed?

This notice will tell you about the ways in which the Plans may use and disclose your PHI. The Plans are required by law to (i) make sure that your PHI is kept private; (ii) give you this notice of our legal duties and privacy practices with respect to your PHI; and (iii) follow the terms of this notice as currently in effect.

Except as otherwise described in this notice or otherwise permitted under the HIPAA Privacy Rule, uses and disclosures of PHI will be made only with your written authorization subject to your right to revoke such authorization. If you provide the Plans authorization to use or disclose PHI about you, you may revoke that permission, in writing, at any time by sending a notice of revocation to the Privacy Officer at the address provided on the first page. If you revoke your permission, the Plans will no longer use or disclose PHI about you for the reasons covered by your written authorization. The Plans will not be able to reverse any disclosures made prior to your revocation. Note further that PHI that is disclosed in accordance with the HIPAA Privacy Rule may be redisclosed and no longer protected by HIPAA or state law.

Whenever PHI is used or disclosed, only the minimum information necessary will be provided. (You may see or hear this referred to as the "minimum necessary standard.") Requests for PHI disclosure may come from you, a family member, a health care provider, claim processing company, a law enforcement agency or a government agency. Although every request must be addressed individually, some general rules apply to disclosure requests.

A. Required Uses and Disclosures

Upon your request, the Plans are required to give you access to certain PHI in order to inspect and copy it. Under certain circumstances, however, the Plans may deny your request.

The use and disclosure of your PHI may be required by the Secretary of the Department of Health and Human Services to investigate or determine the Plans' compliance with the privacy regulations.

B. Uses and Disclosures to Carry Out Treatment, Payment, and Health Care Operations

The HIPAA Privacy Rule permits the Plans and their respective Business Associates to use and disclose PHI without your consent, authorization, or opportunity to agree or object, to carry out Treatment, Payment and Health Care Operations.

- **Treatment** is the provision, coordination or management of health care and related services. For example, a Business Associate of the Plans may disclose to a treating orthodontist the name of your treating dentist so that the orthodontist may ask for your dental X-rays from the treating dentist.
- **Payment** includes but is not limited to actions to make coverage determinations and payment (including billing, claims management, subrogation, plan reimbursement, reviews for medical necessity and appropriateness of care and utilization review and preauthorizations). For example, a Business Associate of the Plans may tell a doctor whether you are eligible for coverage or what percentage of the bill will be paid by the Plans.
- **Health Care Operations** include but are not limited to quality assessment and improvement, reviewing competence or qualifications of health care professionals, underwriting, premium rating and other insurance activities relating to creating or renewing insurance contracts. For example, the Plans may use information about your claims to refer you to a disease management program, project future benefit costs, or audit the accuracy of their claims processing functions.

In addition, the Plans may use or disclose enrollment information to McLane as well as "summary health information" for obtaining premium bids or modifying, amending or terminating the group health plan, which summarizes the claims history, claims expenses or type of claims experienced by individuals for whom an employee of McLane has enrolled in health benefits under a group health plan, and from which identifying information has been maintained in accordance with HIPAA. The Plans may also disclose PHI to McLane for treatment, payment or health care operations and plan administration purposes as permitted under HIPAA, which includes disclosing such information to Business Associates of the Plans. Note also that the Plans may not use or disclose genetic information for underwriting purposes.

Note: Special rules may apply with respect to the use and disclosure of genetic and HIV testing information, such as protections under the Confidentiality of Substance Use Disorder (SUD) Patient Records regulations at 42 CFR part 2. For example, neither a Part 2 record nor testimony relaying the content of such record, may be used or disclosed in a civil, criminal, administrative, or legislative proceeding against the individual absent written consent from the individual or a court order, consistent with the requirements of 42 CFR part 2. See additional

information below, and you may contact the Privacy Officer for more information about these rules.

C. Other Uses and Disclosures for which Consent, Authorization, or Opportunity to Object are not Required

Use and disclosure of your PHI is allowed without your consent, authorization, or opportunity to object under the following circumstances:

- When required by law.
- When permitted for purposes of public health activities, including if you have been exposed to a communicable disease or are at risk of spreading a disease or condition, if authorized by law.
- When authorized by law to report information about certain abuse, neglect or domestic violence to public authorities.
- For public health oversight activities authorized by law.
- For certain judicial or administrative proceedings.
- For certain law enforcement purposes.
- To a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death or other duties as authorized by law; and funeral directors, consistent with applicable law.
- The Plans may use or disclose PHI for research, subject to conditions.
- For the purpose of facilitating organ, eye or tissue donation or transplantation.
- When consistent with applicable law to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.
- To the extent necessary to comply with workers' compensation or other similar programs established by law.

D. Uses and Disclosures that Require Your Written Authorization

Other uses and disclosures of your PHI not covered by this notice will be made only with your written authorization. If you authorize us to use or disclose your PHI, you may revoke that authorization, in writing, at any time. If you revoke your authorization, the Plans will no longer use or disclose your PHI for the purpose(s) covered by your written authorization. You should understand that the Plans are unable to recover any disclosures the Plans have already made under your authorization and that information already disclosed may no longer be subject to privacy protections under this notice or applicable law.

Your written authorization is generally required before the Plans will use or disclose psychotherapy notes about you from your psychotherapist, as well as most disclosures of PHI for which the Plans receive remuneration or for marketing purposes. Psychotherapy notes are separately filed notes about your conversations with your mental health professional during a counseling session. They do not include summary information about your mental health treatment. Note, however, the Plans may use and disclose such notes when needed by the Plans to defend against litigation filed by you.

To the extent the Plans use and disclose your PHI for certain marketing purposes, it will obtain your specific authorization to the extent required by law. Additionally, any disclosures that constitute the sale of your PHI will also require your specific authorization.

E. Uses and Disclosures that Require that You be Given an Opportunity to Agree or Disagree Prior to the Use or Release

Disclosure of your PHI to family members, other relatives, and your close personal friends is allowed if:

- The information is directly relevant to the family or friend's involvement with your care or payment for that care; and
- You have either agreed to the disclosure or have been given an opportunity to object and have not objected.

F. Confidentiality of Alcohol and Drug Abuse Records

The confidentiality of certain alcohol and drug abuse patient records pursuant to treatment in programs covered by 42 CFR part 2 is protected by Federal law and regulations. Generally, the Plans may not disclose information in such records to a person outside the Plans or that an individual is receiving treatment under such programs, or disclose any information identifying you as an alcohol or drug abuser based on such records unless:

- You consent in writing;
- Depending on your age and mental capacity and the location of your services, we may be permitted to make certain disclosures of your information to your guardian, for payment purposes, and your guardian may be permitted to consent to disclosures of your information;
- The disclosure is allowed by a court order or in response to a subpoena that complies with the requirements of the regulations;
- The disclosure is made to medical personnel in a medical emergency during which you are unable to provide prior informed consent;
- The disclosure is made to medical personnel of the Food and Drug Administration ("FDA") who assert a reason to believe that your health may be threatened by an error in the manufacture, labeling, or sale of a product under FDA jurisdiction, and that the information will be used for the exclusive purpose of notifying individuals of potential dangers; or
- The disclosure is made to qualified personnel for research, audit, or program evaluation purposes, subject to certain additional safeguards that may be applicable.

A violation of the federal law and regulations governing the confidentiality of substance use disorder records may be a crime. Suspected violations may be reported to the Substance Abuse and Mental Health Services Administration Center for Substance Abuse Treatment at 5600 Fishers Lane Rockville, MD 20857 or (240) 276-1660 or to the US Attorney for the district in which the violation occurred.

III. Do I have any Privacy Rights?

Yes. Under the HIPAA Privacy Rule, you have specific rights pertaining to the uses and disclosures of your PHI, including:

- The right to request restrictions on uses and disclosures of your PHI; however, the Plans are not required to agree to your request. If the Plans agree to your request, they will

comply with your request unless the PHI is needed to provide you with emergency treatment. To request restrictions, you or your personal representative must make your request in writing to the Privacy Officer. The Plans may terminate the restriction if: (i) you agree to it in writing; (ii) you agree to it orally and the Plans document the agreement; or (iii) the Plans inform you that the Plans are terminating the agreement as long as such termination is only effective for PHI created or received after the termination.

- The right to inspect and obtain a copy of your PHI contained in your Designated Record Set for as long as the Plans maintain your PHI. To inspect and copy medical information that is retained by the Plans, you or your personal representative must make a request in writing to the Privacy Officer. The requested information will be provided within 30 days. A single 30-day extension is allowed if the Plans or their Business Associates are unable to comply with the deadline. The Plans may charge a reasonable, cost-based fee to cover the cost of providing copies. The Plans may deny your request to inspect and copy in certain, limited circumstances. If the request is denied, you will be provided a written denial setting forth the basis for the denial, a description of how you may exercise your review rights, and a description of how you may complain to the Secretary of the U.S. Department of Health and Human Services.
- The right to amend your PHI or a record about you in a Designated Record Set for as long as the PHI is maintained in the Designated Record Set. To request an amendment, you or your personal representative must make a request in writing to the Privacy Officer. The request must also include a reason to support the amendment. The Plans have 60 days after the request is made to act on the request. A single 30-day extension is allowed. If the request is denied in whole or in part, you will be provided with a written denial setting forth the basis of the denial. You or your personal representative may then submit a written statement disagreeing with the denial and have that statement included with any future disclosures of your PHI.
- The right to receive an accounting of disclosures by the Plans of your PHI during the six years prior to the date of your request. To request an accounting, you or your personal representative must make a request in writing to the Privacy Officer. However, such accounting need not include PHI disclosures made: (i) to carry out treatment, payment, or health care operations; (ii) to individuals about their own PHI; (iii) prior to the compliance date; or (iv) based on your written authorization. If the accounting cannot be provided within 60 days, an additional 30 days is allowed if you are given a written statement of the reasons for the delay and the date by which the accounting will be provided. If you request more than one accounting within a 12-month period, the Plans may charge a reasonable, cost-based fee for each subsequent accounting.
- The right to receive a paper copy of this notice upon request. You may ask the Plans to give you a paper copy of this privacy notice at any time by requesting a copy from the Privacy Officer.
- The right to designate in writing where information responsive to your PHI request be sent or delivered (home, office, post office box, etc.). You have the right to request that the Plans communicate with you about medical matters in a certain way or at a certain location. To request confidential communications, you must make your request in writing to the Privacy Officer. The Plans will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted. If you do not tell us how or where you wish to be contacted, the Plans do not have to follow your request.

- The right to be notified in the event of a breach of your PHI. If a breach of your PHI occurs, and if that information is unsecured (not encrypted), a notification will be sent to you.

As stated, all of these requests for access to PHI must be in writing and must be sent to the Privacy Officer. You can contact the Privacy Officer at the Home Office in Temple, Texas. It is important for you to remember that none of these rights are absolute. A request to restrict disclosures, for example, may be denied in some circumstances. There are also procedures that must be followed in order to exercise these rights. You may contact your Human Resources Manager or the Privacy Officer to get more information. The Human Resources Manager and Privacy Officer can also give you any forms you may need to complete.

IV. The Plans' Duties and Right to Make Changes to this Notice

The Plans are required by law to maintain the privacy of PHI and to provide participants and beneficiaries with notice of the Plans' legal duties and privacy practices. This notice is effective beginning February 16, 2026, and the Plans are required to comply with the terms of the notice currently in effect. However, the Plans reserve the right to change the terms of this notice. The Plans reserve the right to make the revised or changed notice effective for PHI the Plans already have about you as well as any information the Plans receive in the future. This notice will include the effective date on the first page. If the changes to this notice materially alter the provisions of the notice, the Plans intend to communicate the updated notice within 60 days of the change. A copy of the notice will be communicated on My McLane and [McLane Teammate Benefits](#).

V. What if I have a Complaint?

If you think your privacy rights have been violated, you may file a complaint with the Privacy Officer:

Privacy Officer
McLane Company, Inc.
4747 McLane Parkway
Temple TX 76504
254-771-7586
privacy_officer@mclaneco.com

You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services at:

Hubert H. Humphrey Building
200 Independence Avenue S.W.
Washington, D.C. 20201.

VI. Additional Information

The HIPAA Privacy Rule is set out at 45 Code of Federal Regulations Parts 160 and 164. These regulations and additional information about the HIPAA Privacy Rule are available at <http://www.hhs.gov/ocr/hipaa/>.

Note: McLane will not retaliate against you for filing a complaint, nor will McLane tolerate retaliation by another teammate of McLane. If you feel you are being treated differently because you filed a complaint, contact your Human Resources Manager, a supervisor, or the Home Office immediately.