Benefits Enrollment 2027

McLANE®

Open Enrollment
October 5–19, 2026

You **must** enroll by October 19 to have benefits in 2027!

2027 Open Enrollment: Your Benefits, Your Choice

ENROLLMENT IS ACTIVE – ACTION REQUIRED!

This year's enrollment for 2027 benefits is an **active Open Enrollment**. This means you **MUST** log in to Workday and make your benefit elections between **Monday, October 5** and **Monday, October 19** to have McLane benefits in 2027. **Your current coverage will not roll over for the upcoming year.**

BEFORE OPEN ENROLLMENT BEGINS

- **Confirm you can log in to Workday** before enrollment opens.
- If you plan to cover any new dependents, **gather the required dependent verification documents** before you enroll.
- **Review your current benefit elections** and think about your coverage needs for 2027.
- Teammates are now required to **designate one or more beneficiaries** for life insurance to help ensure beneficiary information is accurate and up to date.

WHAT'S CHANGING FOR 2027?

- **Medical premiums** will increase for 2027. There are no other changes to the plans.
- **Life, Disability, and Voluntary Benefits:** McLane is moving Life, Disability, and voluntary Accident, Hospital Indemnity, and Critical Illness Insurance plans from Lincoln Financial to Aflac. Learn more about these changes on the Aflac panel.

WHAT'S NEW FOR 2027?

- **New Caregiver Support Resource:** If you're helping care for a loved one, Cariloop can help. Available at no cost to all teammates and their families, Cariloop connects you with dedicated care coaches, expert guidance, digital tools, and helpful resources to make caregiving a little easier.
- **New Life Insurance with Long-Term Care Benefit:** A new life insurance option with a built-in Long-Term Care benefit will be available through The Standard Insurance Company. You can enroll without EOI—enrollment will be completed directly through The Standard instead of Workday. Contact them during Open Enrollment at **(866) 688-7820** to take advantage of this offer.

LOOKING FOR MORE DETAILS?

Visit **MyMcLaneCoBenefits.com**, where you can view benefit guides, videos, and other resources.

MEDICAL BENEFITS OVERVIEW

BLUE CROSS BLUE SHIELD OF TEXAS	HIGH DEDUCTIBLE HEALTH PLAN[3] WITH HEALTH SAVINGS ACCOUNT	
Network	BLUE CHOICE PPO	
COVERAGE OPTIONS	PRE-TAX BIWEEKLY RATES	
Teammate Only	$27.89	
Teammate & Spouse	$106.33	
Teammate & Child(ren)	$66.25	
Teammate & Family	$129.01	
PLAN BENEFITS	**IN-NETWORK**	**OUT-OF-NETWORK**
Calendar Year Deductible[1] Individual[2] Family[3]	$2,000 $4,000[3] Family deductible applies if coverage is other than Teammate Only.	$4,000 $8,000[3] Family deductible applies if coverage is other than Teammate Only.
Out-of-Pocket Maximum[1] 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[7]	20% after deductible	If true emergency, you pay 20% after deductible. If not true emergency, you pay 40% after deductible.
Urgent Care Center Services	20% after deductible	If true emergency, you pay 20% after deductible. If not true emergency, you pay 40% after deductible.
Prescription Drugs – Retail **(34-day supply)** Generic Preferred Brand Non-Preferred Brand Lifestyle (e.g., hair loss, smoking cessation)	After deductible, you pay: $5 copay 40% ($100 max) 40% ($100 max) 50% copay	After deductible, you pay 100% of the cost and will need to file a paper claim for reimbursement.
Prescription Drugs – Mail Order **(90-day supply)** Generic Preferred Brand Non-Preferred Brand Lifestyle (e.g., hair loss, smoking cessation)	After deductible, you pay: $10 copay 40% up to $200 40% up to $200 50% copay	Not covered

1. Plan deductibles are included in the out-of-pocket maximums; out-of-pocket medical and prescription drug expenses both count toward this same out-of-pocket maximum. 2. The individual deductibl
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 a

⚠ IN-NETWORK ONLY PLAN		CORE PLAN	
BLUE HIGH PERFORMANCE NETWORK (HPN)		BLUE CHOICE PPO	
PRE-TAX BIWEEKLY RATES		PRE-TAX BIWEEKLY RATES	
$53.26		$71.48	
$203.97		$285.91	
$118.86		$158.65	
$242.40		$332.99	
IN-NETWORK	**OUT-OF-NETWORK**	**IN-NETWORK**	**OUT-OF-NETWORK**
$1,250 $2,500	Not covered	$1,250 $2,500	$2,500 $5,000
$4,000 $8,000	Not covered	$4,000 $8,000	$8,000 $16,000
100% covered[4]	Not covered	100% covered[4]	Limited coverage[5]
$25 copay $75 copay	Not covered	$30 copay $80 copay	40% after deductible 40% after deductible
20% after deductible	Not covered	20% after deductible	40% after deductible
20% after deductible	Not covered	20% after deductible	40% after deductible
If true emergency, $300 to $900 copay. Copay waived if admitted. If not true emergency, you pay 20% after deductible.	If true emergency, $300 to $900 copay. Copay waived if admitted. If not true emergency, not covered.	If true emergency, $300 to $900 copay. Copay waived if admitted. If not true emergency, you pay 20% after deductible.	If true emergency, $300 to $900 copay. Copay waived if admitted. If not true emergency, you pay 40% after deductible.
$70 copay	Not covered	$75 copay	$75 if not true emergency or truly urgent. Then, you pay 40% after deductible.
$5 copay 40% ($100 max) 40% ($100 max) 50% copay	Not covered	$5 copay 40% ($100 max) 40% ($100 max) 50% copay	You pay 100% of the cost and will need to file a paper claim for reimbursement.
$10 copay 40% up to $200 40% up to $200 50% copay	Not covered	$10 copay 40% up to $200 40% up to $200 50% copay	Not covered

e is for Teammate Only coverage. 3. The family deductible applies to Teammate & Spouse, Teammate & Child(ren), and Teammate & Family coverages. 4. Depending on how your doctor codes the bill for your preventive car
re not the same as diagnostic procedures. 6. Primary care physicians (PCPs) include internists, OB/GYNs, pediatricians, or family practitioners. All other types of providers are specialty care physicians (SCPs). 7. Any life-th

NO DEDUCTIBLE PLAN	
BLUE CHOICE PPO	
PRE-TAX BIWEEKLY RATES	
$120.29	
$423.65	
$252.79	
$528.25	
IN-NETWORK	**OUT-OF-NETWORK**
$0 $0	$2,000 $4,000
$4,000 $8,000	$8,000 $16,000
100% covered [4]	Limited coverage [5]
$35 copay $85 copay	30% after deductible 30% after deductible
$1,500 copay per admission	30% after deductible
$500 copay	30% after deductible
If true emergency, $500 to $900 copay. Copay waived if admitted.	If true emergency, $500 to $900 copay. Copay waived if admitted. If not true emergency, you pay 30% after deductible.
$80 copay	30% after deductible
$5 copay 40% ($100 max) 40% ($100 max) 50% copay	You pay 100% of the cost and will need to file a paper claim for reimbursement.
$10 copay 40% up to $200 40% up to $200 50% copay	Not covered

re visit, you may be responsible for some of the charges (e.g., office visit copay or lab work).
hreatening or disabling health problem is a true emergency.

FIND IN-NETWORK PROVIDERS

The HDHP, Core, and No Deductible plans use the Blue Choice PPO network, which includes doctors and hospitals across the country. The In-Network Only plan uses the Blue High-Performance Network.

Find a Blue Choice PPO Network Provider

Use these steps to find a provider if you are enrolled in the HDHP, Core, or No Deductible plans:

1. Go to **BCBSTX.com**.
2. Scroll down to *EXPLORE OUR NETWORK* and click **Find Care**.
3. Scroll down to *Two Ways to Search* and click **Search as a Guest**.
4. Enter your city, state, or ZIP code and click **Continue**.
5. Choose **Employer Plans**.
6. Select your state from the drop-down and click **Select State**.
7. Click **PPO**.
8. Click **Blue Choice PPO℠ [BCA]**, then click **Search Selected Plan for Doctors**.
9. Use the search bar to search by a provider's name or specialty.

Find a Blue High Performance Network Provider

Use these steps if you are enrolled in the In-Network Only plan:

1. Go to **BCBSTX.com**.
2. Scroll down to *EXPLORE OUR NETWORK* and click **Find Care**.
3. Scroll down to *Two Ways to Search* and click **Search as a Guest**.
4. Enter your city, state, or ZIP code and click **Continue**.
5. Choose **Employer Plans**.
6. Select your state from the drop-down and click **Select State**.
7. Click **PPO**.
8. Click **Blue High-Performance Network [HPN]**, then click **Search Selected Plan for Doctors**.
9. Use the search bar to search by a provider's name or specialty.

Note: After you complete this process once, the site will save your information. To update it later, select **Change Selection**, choose one of the three options, and click **Continue**. You will then be asked to answer the initial questions again.

How to Enroll

To elect your 2027 benefits, go to Workday and log in. Then:

1. Go to your Inbox and open the *Open Enrollment Change* task.
2. Select *Let's Get Started*.
3. Choose or update your plans and select *Confirm* and *Continue*.
   - » Add dependents, if needed, and upload required documentation for verification.
4. Enter your beneficiary information for life insurance as required.
5. Complete any required follow-up sections and select *Save*.
6. Review your summary, select *Review and Sign*, accept the notices, and click *Submit*.
7. Review the Confirmation page to make sure all dependents and benefit elections are correct. If you need to make any updates to your elections, you may do so in Workday from October 5 to 19.

You **must** make your elections by **October 19** to have benefits in 2027!

Remember, Open Enrollment is **October 5–19**. There are no grace periods or changes allowed to your benefit elections after October 19, unless you have a qualifying life event.

BIWEEKLY RATES

Medical rates can be found in this brochure or in Workday when you enroll. For all other benefits, refer to the table below. You can also find them in the Benefits Guide on **MyMcLaneCoBenefits.com** or in Workday when you enroll.

Benefit	Teammate Only	Teammate & Spouse	Teammate & Child(ren)	Teammate & Family
Dental Plan I	$4.92	$12.57	$12.99	$18.45
Dental Plan II	$7.15	$16.76	$34.34	$40.30
Vision Core Plan	$2.90	$4.65	$4.74	$7.65
Vision Premium Plan	$3.93	$6.28	$6.42	$10.35
Accident Insurance	$1.77	$2.91	$2.81	$3.95
Critical Illness Insurance	Rates vary based on coverage, age, and who is covered. Costs can be found in the Benefits Guide on **MyMcLaneCoBenefits.com** or in Workday when you enroll.			
Hospital Indemnity Insurance	$2.44	$6.31	$4.89	$8.76
Legal Plan	$8.35. One deduction covers all family members.			
Basic Life Insurance	Fully paid by McLane	Not available		
Optional Life Insurance	Costs can be found in the Benefits Guide on **MyMcLaneCoBenefits.com** or in Workday when you enroll.			
Basic AD&D	Fully paid by McLane	Not available		
Optional Teammate AD&D	$0.012 per $1,000 of coverage	Not available		
Optional Family AD&D	Not available	$0.017 per $1,000 of coverage		
Long-Term Disability (Biweekly rates are shown per $100 of coverage.)	Teammate Only Plan 1 (2 years): $0.198 Plan 2 (5 years): $0.368 Plan 3 (to SS retirement age): $0.732			

New for 2027:
Better Protection with Aflac

Beginning January 1, 2027, McLane is moving our Life, Disability, Accident, Critical Illness, and Hospital Indemnity insurance plans to Aflac (previously administered by Lincoln Financial).

LIFE INSURANCE: ONE-TIME ENROLLMENT OPPORTUNITY

During this Open Enrollment only, you can enroll in or increase your life insurance, up to the limits shown below, without answering health questions (also known as Evidence of Insurability or EOI).

You may elect:

- *Teammate Life Insurance:* up to $500,000
- *Spouse Life Insurance:* up to $50,000

Keep in mind: You can't elect more life insurance for your spouse than you elect for yourself, so choose your coverage amounts carefully.

If you've been thinking about adding life insurance, this is the easiest time to do it!

VOLUNTARY BENEFITS: WHAT'S CHANGING?

Accident Insurance *Cash benefit after a covered accident*	Critical Illness *Cash benefit after a serious illness*	Hospital Indemnity *Cash benefit during a hospital stay*
▪ Enhanced accident benefits. ▪ Lower premiums. ▪ Includes a $30 annual wellness benefit.	▪ Available benefit amounts: » $10,000 » $20,000 » $30,000 ▪ Eligible children are automatically covered when you enroll. ▪ Spouses, when enrolled, and eligible children now receive 100% of your elected benefit amount (previously 50%). ▪ Includes a $75 annual wellness benefit.	▪ Enhanced hospital indemnity benefits. ▪ Daily hospital benefit increases from $100 to $150 per day. ▪ Lower premiums. ▪ Includes a $50 annual wellness benefit.

Learn more about these changes and all of McLane's benefits on MyMcLaneCoBenefits.com.

IMPORTANT CONTACTS

Have questions? Need more information? Go to **MyMcLaneCoBenefits.com**, email the Benefits Team at **benefits411@mclaneco.com**, or call **(888) 403-6089**.

	Carrier	Website	Phone	Other Info
Medical	BlueCross BlueShield of TX (BCBSTX)	BCBSTX.com/mclane	(866) 363-7936	HDHP Group # 90281 In-Network Only Plan Group # 322919 Core Plan Group # 90271 No Deductible Plan Group # 152506
24/7 Nurseline	BCBSTX	N/A	(800) 581-0368	
Telehealth	MDLIVE	MDLIVE.com/bcbstx	(888) 680-8646	
Enhanced Oncology Support	BCBSTX	N/A	(800) 327-8497	
Virtual Physical Therapy	Hinge Health	hingehealth.com/mclane	(855) 902-2777	
Surgical Services	Lantern	my.lanternc are.com	(855) 713-1569	
Prescription Drug	Express Scripts	express-scripts.com	(855) 315-6433	Group # MCLANRX
Health Savings Account	Bank of America	myhealth.bankofamerica.com	(866) 791-0250	
Dental	MetLife	mybenefits.metlife.com/ benefitslogin	(800) 942-0854	Group # 303258
Vision	VSP	vsp.com	(800) 877-7195	Group # 30050523
Flexible Spending Account	Optum Financial	secure.optumfinancial.com	(844) 579-7619	
Employee Assistance Program	ComPsych (Guidance Resources)	guidanceresources.com	(800) 327-2151	
Family and Medical Leave	AbsenceResources	absenceresources.com	(866) 380-0680	
Life and AD&D Insurance	Aflac	MyGroupLifeDisability.Aflac.com	(888) 745-9572	
Disability				
Accident, Critical Illness, and Hospital Indemnity Plans				
401(k)	Merrill	benefits.ml.com	(800) 228-4015	Group # 301436
Caregiver Support	Cariloop	cariloop.com/register	(972) 325-5836	
Medicare Advisors	Medicare Choice Group	visit.medicarechoicegroup.com/ mclane	(855) 754-1452	
Pet Insurance	MetLife	metlife.com/getpetquote	(800) 438-6388	
Legal Plan	MetLife	info.legalplans.com	(800) 821-6400	Access code: 9903814
Discount Program	PerkSpot	mclaneco.perkspot.com	(866) 606-6057	