



Open Enrollment Guide **for 2026**

OPEN ENROLLMENT IS OCTOBER 13-24, 2025

Explore Your 2026 Benefits

SHAPE YOUR PATH—SECURE YOUR
BENEFITS, SECURE YOUR PEACE OF MIND!

Check Out [MyMcLaneCoBenefits.com](https://myMcLaneCoBenefits.com)!

Earlier this year, we launched our new benefits site with great information like benefit guides, videos, and other great tools and resources to help you make informed choices. You and your dependents can access the site anytime, from anywhere, including on your mobile device.



Passive Enrollment

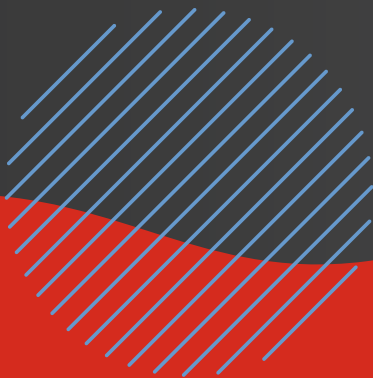
If you do not need to make any changes to your benefits, no action is required on your part during Open Enrollment. Your current coverage will automatically carry over to 2026, except for the HSA and FSAs. If you enroll in the High Deductible Health Plan, you'll need to specify how much you want to contribute to your HSA, though you can adjust this amount at any time during the year. Keep in mind, FSA participation does not roll over automatically, so you must re-enroll each year to continue contributing.

Medical Plans

Medical costs over the past year have increased at higher than normal rates, both nationwide and in our McLane medical plans. In 2026, there will be premium increases across all plans, but there will be no other changes to coverage.

Flexible Spending Accounts (FSAs)

The IRS has increased contribution limits for both the Health Care FSA and the Dependent Care FSA in 2026. Remember, if you want to participate in one of these accounts for the upcoming year, you must re-enroll during Open Enrollment.



MEDICAL BENEFITS OVERVIEW

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

BLUECROSS BLUESHIELD OF TEXAS	HIGH DEDUCTIBLE HEALTH PLAN ³ WITH HEALTH SAVINGS ACCOUNT		⚠️ IN-NETWORK ONLY PLAN		CORE PLAN		NO DEDUCTIBLE PLAN	
Network Used	PREFERRED PROVIDER ORGANIZATION (PPO)		BLUE HIGH PERFORMANCE NETWORK (HPN)		PREFERRED PROVIDER ORGANIZATION (PPO)		PREFERRED PROVIDER ORGANIZATION (PPO)	
COVERAGE OPTIONS	PRE-TAX BI-WEEKLY RATES		PRE-TAX BI-WEEKLY RATES		PRE-TAX BI-WEEKLY RATES		PRE-TAX BI-WEEKLY RATES	
Teammate Only	\$26.06		\$49.77		\$66.81		\$112.42	
Teammate & Spouse	\$99.37		\$190.63		\$267.20		\$395.93	
Teammate & Child(ren)	\$61.92		\$111.09		\$148.27		\$236.25	
Teammate & Family	\$120.57		\$226.55		\$311.20		\$493.69	
PLAN BENEFITS	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	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.	\$1,250 \$2,500	Not Covered	\$1,250 \$2,500	\$2,500 \$5,000	\$0 \$0	\$2,000 \$4,000
Out-of-Pocket Maximum ¹ Individual Family	\$3,000 \$6,000	\$6,000 \$12,000	\$4,000 \$8,000	Not Covered	\$4,000 \$8,000	\$8,000 \$16,000	\$4,000 \$8,000	\$8,000 \$16,000
Preventive Care	100% covered ⁴	Limited Coverage ⁵	100% covered ⁴	Not Covered	100% covered ⁴	Limited coverage ⁵	100% covered ⁴	Limited Coverage ⁵
Physician Office Visit Primary ⁶ Specialist	20% after deductible 20% after deductible	40% after deductible 40% after deductible	\$25 copay \$75 copay	Not Covered	\$30 copay \$80 copay	40% after deductible 40% after deductible	\$35 copay \$85 copay	30% after deductible 30% after deductible
Inpatient Hospital (precertification required)	20% after deductible	40% after deductible	20% after deductible	Not Covered	20% after deductible	40% after deductible	\$1,500 copay per admission	30% after deductible
Outpatient Facility Services	20% after deductible	40% after deductible	20% after deductible	Not Covered	20% after deductible	40% after deductible	\$500 copay	30% after deductible
Emergency Room Services ⁷	20% after deductible	If “emergency,” you pay 20% after deductible. If not “emergency,” you pay 40% after deductible.	If “emergency” \$300 to \$900 copay, waived if admitted. If not “emergency,” you pay 20% after deductible.	If “emergency” \$300 to \$900 copay, waived if admitted. If not “emergency,” not covered.	If “emergency” \$300 to \$900 copay, waived if admitted. If not “emergency,” you pay 20% after deductible.	If “emergency” \$300 to \$900 copay, waived if admitted. If not “emergency,” you pay 40% after deductible.	If “emergency” \$500 to \$900 copay, waived if admitted.	If “emergency” \$500 to \$900 copay, waived if admitted. If not “emergency,” you pay 30% after deductible.
Urgent Care Center Services	20% after deductible	If “emergency,” you pay 20% after deductible. If not “emergency,” you pay 40% after deductible.	\$70 copay	Not Covered	\$75 copay	\$75 if not “emergency” or “urgent,” you pay 40% after deductible.	\$80 copay	30% 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 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.	\$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.	\$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.
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 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	\$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

¹ Plan deductibles are included in the out-of-pocket maximums. ² Individual deductible is for Teammate Only coverage. ³ Family deductible applies if coverage is other than Teammate Only. 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). ⁷ Any life-threatening or disabling health problem is a true emergency.

Find In-Network Providers

The HDHP, Core, and No Deductible plans include access to BCBS’s nationwide Blue Choice PPO network of doctors and hospitals. The In-Network Only plan specifically uses the Blue High Performance Network.

Find a PPO Network Provider

The HDHP, Core, and No Deductible plans use the Blue Choice PPO network. To find a provider:

- Go to **BCBSTX.com/McLane**.
- Scroll down and click **Search for doctors and hospitals**.
- Under *Provider Finder*, click **Do a quick search now**.
- Click **Change Selection**.
 - If you need to change your location, select **I want to change both my location and plan** and click **Continue**.
 - If you do NOT need to change your location, select **I want to change my plan**.
- Click **Continue**.
- Update your location, if needed, and then update the plan by choosing **Employer**.
- Select a state from the dropdown and click **Select State**.
- Click **PPO**.
- Click **Blue Choice PPO** and then click **Search Selected Plan for Doctors**.
- Use the search bar to search for a provider’s name or specialty.

Find a Blue High Performance Network Provider

The In-Network Only plan uses the Blue High Performance Network. To find a provider:

- Go to **BCBSTX.com/McLane**.
- Scroll down and click **Search for doctors and hospitals**.
- Under *Provider Finder*, click **Do a quick search now**.
- If needed, update your location by clicking **Change Selection**, but make sure to keep the **Blue High Performance Network [HPN]** plan chosen.
- Use the search bar to search for a provider’s name or specialty.

How to Enroll

To elect or change your 2026 benefits, go to Workday and log in. Then:

1. Click the *Inbox* icon.
2. Click the *Open Enrollment Change* task.
3. Click *Let's Get Started*.
4. Click *Manage* to update your elections. Click *Enroll* if you are not currently enrolled in a plan.
5. Once you have finished making your elections, click *Save* and then *Review and Sign*.
6. To complete your enrollment, select the *I Accept* checkbox to confirm your electronic signature, and then click *Submit*. A confirmation page will display. Click *Done* to complete the task or *Print* to generate a PDF version for your records.

Remember, Open Enrollment is **October 13–24**. There are no grace periods or changes allowed to your benefit elections after October 24, unless you have a qualifying life event.

BI-WEEKLY RATES

Medical rates can be found in the Medical Benefits Overview table 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](https://my.mclaneco.com/benefits) or in Workday when you enroll.

Benefit Option	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	\$1.86	\$3.06	\$2.96	\$4.11
Hospital Confinement Insurance	\$2.70	\$7.02	\$5.46	\$10.45
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.			
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	Teammate Only Plan 1 (2 years): \$0.198 Plan 2 (5 years): \$0.368 Plan 3 (to SS retirement age): \$0.732			

MENTAL HEALTH RESOURCES

Resources for Those in Crisis

If you, a family member or a coworker is in crisis, use one of these resources:

National Suicide Prevention Lifeline

☎ 988 or (800) 273-8255, press 1

💬 Text or chat: 988

Veterans Crisis Line

☎ (800) 273-8255

💬 Text HELP to 838255

Trevor Project (LGBTQ+)

☎ (866) 488-7386

💬 Text START to 678678

Employee Assistance Program (EAP)

Our EAP offers free, confidential support, information, and tools to all full-time and part-time teammates and their families 24/7.

☎ **PHONE:** (800)-327-2151



APP: Download the GuidanceNow app from the App Store or Google Play

ONLINE: www.guidanceresources.com (Web ID: MCLANE).



Learn to Live (BCBS Members)

For BCBS plan members, Learn to Live offers free online programs for stress, anxiety and worry, depression, social anxiety, insomnia, and substance use.

ONLINE: www.bcbstx.com (choose Wellness and find Digital Mental Health)



APP: Download the **Learn to Live** app from the App Store or Google Play

MDLIVE (BCBS Members)

BCBS plan members can connect with licensed psychiatrists and psychologists using your smartphone, tablet, or computer.

☎ **PHONE:** 888-680-8646

💬 **TEXT:** BCBSTX to 635-483



APP: Download the MDLIVE app from the App Store or Google Play

ONLINE: MDLIVE.com/bcbstx

Kaiser HMO Members

For McLane teammates in CA and GA enrolled in an HMO, Kaiser offers a variety of programs at no cost to you.

- **Headspace:** Daily meditation and mindfulness content for stress, sleep and more
- **Classpass:** Workout access to 40,000 gyms and studios
- **Calm App:** Practicing mindfulness with Calm can help you build resilience and support your overall emotional health and wellness
- **MyStrength:** Make small changes that improve sleep, mood and more, or simply support an overall sense of wellbeing



ONLINE: www.kp.org