2026

Benefits Guide

McLANE®

This Benefits Guide 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 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.

Accommodations

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all teammates. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact us at (888-403-6089) or Benefits411@mclaneco.com and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

Welcome to Your McLane Benefits!

As a benefits-eligible teammate, you can enroll in McLane's comprehensive benefits program that provides quality, affordable coverage options, with plans that help you save money both now and for your future.

We hope you'll take time to review this guide and explore MyMcLaneCoBenefits.com, our benefits information site, which has educational videos, FAQs, and other tools and resources to help you learn more about our plans.

Once you're ready to enroll, you will make your elections in Workday. More information about how to enroll is included on page 4.

NEW TO MCLANE?

If you've just joined the company, you will need to enroll for benefits within **30 days** of your hire date; otherwise, you will have to wait until the next open enrollment period, unless you experience a qualifying event (i.e., marriage, divorce, birth, or adoption).

What's Inside

Eligibility and Enrollment

Who is Eligible for Benefits?

As a full-time teammate, you are eligible for the McLane benefits described in this guide. Your benefits effective date is based on your position and employment status. Refer to the overview handouts you received when you joined the company or go to the *Enrollment & Eligibility* page on MyMcLaneCoBenefits.com.

You can also enroll the following eligible dependents:

- Legal spouse
- Your children up to age 26,* including:
  - Natural children
  - Stepchildren
  - Legally adopted children
  - Foster children**
  - Children for whom you have court-appointed legal guardianship

The first time you enroll dependents for coverage under the McLane benefit plans, you must provide verification of your legal relationship to those you're covering. To learn more about dependent verification, see the next page or go to MyMcLaneCoBenefits.com.

PART-TIME TEAMMATE ELIGIBILITY

Part-time teammates are eligible for all of the following:

- 401(k) Profit-Sharing Plan
- Employee Assistance Program
- Pet Insurance
- Medicare Choice Group
- Teammate Discount Program

** Physically or mentally disabled children may stay on your benefit plans regardless of age, as long as you provide proof of disability. The disabled child must be declared disabled prior to their 26th birthday.*

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

EACH TEAMMATE MUST ENROLL SEPARATELY

You may NOT cover your spouse or child as a dependent if they are eligible for benefits as a teammate—even if your child is under the age of 26.

Dependent Verification

To follow plan rules and help manage benefit costs, McLane requires that all dependents enrolled in a McLane benefit plan have a verified legal relationship with the teammate. You must provide proof of this relationship whenever you add a dependent to your coverage. For example, you may be asked to provide one or more of the following:

- Marriage certificate
- Prior year joint tax return
- Recent bank statement
- Recent utility bill
- Birth certificate (for children under age 26)
- Court order
- Social Security number

For more details on how to verify your dependents in Workday and to view the list of required documents, go to MyMcLaneCoBenefits.com. Your local HR Team also has a list of documents that are acceptable for verifying your dependents' eligibility.

DEADLINES FOR SUBMITTING DOCUMENTATION

- **As a new hire**, you must submit required dependent verification documentation in Workday within **30 days** of your date of hire.
- **If you're adding a dependent to your coverage due to a qualifying event**, you must make changes to coverage and upload your documents in Workday within **60 days** of the qualifying event.

Once you've gathered and uploaded the required documents in Workday, the Benefits Team will verify your dependent's eligibility and, if they're eligible, you will be able to elect coverage for them.

Making Changes to Your Benefits

During Open Enrollment

Open Enrollment for benefits typically occurs in the fall of each year. It's the one time of year that you have the chance to review and make changes to your benefits. The only exception is when you have a qualifying event, which is described in the next section. Any benefit changes you make during Open Enrollment take effect on the following January 1. Learn more about Open Enrollment on MyMcLaneCoBenefits.com.

If You Experience a Qualifying Event

Once you've enrolled in McLane's benefits, your next opportunity to make changes will be the following Open Enrollment period, unless you experience a qualifying event during the year.

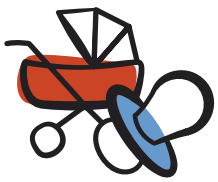
Note: When you experience a qualifying event, you may add or drop dependents from your coverage, but you cannot change plans during the calendar year unless you become eligible for Medicare, which allows for limited plan changes.

These IRS-approved qualifying events allow you to make 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 their work
- Your child no longer qualifies (they turn 26 years of age)
- Medicare enrollment (limited plan changes allowed)

If you experience a qualifying event, you must make changes to your benefits in Workday AND upload any required dependent verification documents within **60 days** of the event.

Learn how to make changes to benefits when you have a qualifying event on MyMcLaneCoBenefits.com.



DON'T FORGET TO ADD NEWBORNS TO COVERAGE

Newborn children are NOT automatically added to your coverage. You must add them as a new dependent in Workday and upload the child's birth certificate that shows you as a parent within **60 days** of your child's birth.

Required Documentation for Qualifying Events

The table below shows examples of supporting documentation you will be asked to submit when you have a qualifying event. Please note that McLane reserves the right to request adequate documents to confirm and audit proof of your family status.

REQUIRED DOCUMENTATION FOR QUALIFYING EVENTS	
Marriage	▪ Government-issued marriage certificate *AND **one** of the following items:* ▪ Prior year joint tax return, ▪ Recent joint bank statement, *OR* ▪ Recent joint utility bill
Divorce	▪ Certified copy of divorce decree
Birth or Adoption	▪ 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	▪ Certified copy of death certificate
Spouse/Dependent Loss/Gain of Coverage	▪ Documentation supporting the loss or gain of coverage ▪ COBRA paperwork ▪ Confirmation form ▪ Insurance card with effective date
	IF APPLICABLE: ▪ Government-issued marriage certificate *AND **one** of the following items:* ▪ Prior year joint tax return, ▪ Recent bank statement, *OR* ▪ Recent utility bill
Loss/Gain of Medicare/Medicaid Entitlement (including the Children's Health Insurance Program)	Letter from Medicare/Medicaid

Note: If you have difficulty obtaining any of these required documents, please contact your local HR Team.

Medical

About the Medical Plans

McLane offers four medical plans administered by BlueCross BlueShield of Texas (BCBSTX):

- High-Deductible Health Plan (HDHP)
- In-Network Only Plan
- Core Plan
- No-Deductible Plan

Kaiser Health Maintenance Organizations (HMOs) are also available in some parts of California and Georgia.

The BCBSTX HDHP, Core, and No-Deductible options include access to BCBSTX's nationwide Preferred Provider Organization (PPO) network of doctors and hospitals and provide benefits for in-network and out-of-network care. The In-Network Only Plan specifically uses the Blue High Performance Network and pays benefits only if you use those network providers.

All four BCBSTX 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:
Pay less for services
Get a higher level of benefits
Don't have to file claim forms

WITH OUT-OF-NETWORK* PROVIDERS, YOU:
Pay more for services
Get a lower level of benefits
Must file claim forms

**There is NO out-of-network coverage for the In-Network Only plan.*

LOOKING FOR A GLOSSARY OF IMPORTANT DEFINITIONS?

Access a glossary of health coverage and medical terms related to your McLane Benefits on MyMcLaneCoBenefits.com.

How the Medical Plans Work

Three of McLane's medical plan options are BlueChoice PPOs with in-network and out-of-network benefits, while the fourth option is the In-Network Only Plan.

BLUE CHOICE PPO NETWORK PLANS

HDHP

- You pay 100% of the full discounted or negotiated cost of all services, including doctor visits and prescriptions, until you meet your deductible.
- In-network preventive care is covered at 100%.
- If you enroll for family coverage, each individual family member's expenses are added together to meet the annual deductible.
- 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.
- With the HDHP, you have the option to open a Health Savings Account (HSA) to help pay for out-of-pocket expenses. You can choose the company-provided HSA through Bank of America or open one with your personal bank. (Fees may apply, depending on the account.) See page 14 for more details.
- The deductible counts toward the out-of-pocket maximum. Once you reach the out-of-pocket maximum, the plan pays 100% of eligible expenses for the balance of the calendar year.

Core Plan

- For in-network doctor's office visits during which 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 you to pay 20% coinsurance after deductible.

No-Deductible Plan

- There are no deductibles in this plan.
- 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.

BLUE HIGH PERFORMANCE NETWORK PLAN

In-Network Only Plan

- This plan's providers are part of the BCBSTX Blue High Performance Network, which is a narrower network than those with the HDHP, Core, and No Deductible options.
- For in-network doctor's office visits during which 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.
- There are no out-of-network benefits for this plan. This means if you or a covered dependent goes to an out-of-network provider for care, you will pay 100% for the cost of care unless you have a life-threatening emergency. If you cover dependents living outside of a major metropolitan area, this plan's smaller network will likely limit coverage.

Find a Network Doctor

FIND A BLUE CHOICE PPO NETWORK PROVIDER

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

1. Go to BCBSTX.com/mclane.
2. Scroll down and click **Search for doctors and hospitals**.
3. Under *Provider Finder*, click **Do a quick search now**.
4. 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**.
5. Click **Continue**.
6. Update your location, if needed, and then update the plan by choosing **Employer**.
7. Select a state from the drop-down and click **Select State**.
8. Click **PPO**.
9. Click **Blue Choice PPO** and then click **Search Selected Plan for Doctors**.
10. 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:

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

VIEW YOUR MEDICAL ID CARD FROM YOUR PHONE

When you enroll in a BCBSTX medical plan, you will receive an insurance card in the mail or you can view your ID card on your phone. Download the BCBSTX app by texting **BCBSTXAPP** to **33633** from your phone or by downloading the app from the App Store or Google Play Store.

How the Medical Plans Stack Up: Understanding the Differences

The table below outlines the similarities and differences in McLane's medical plans. More details on how the plans cover services and your out-of-pocket costs are included in the next section.

KEY POINTS	HDHP	IN-NETWORK ONLY PLAN	CORE PLAN	NO-DEDUCTIBLE PLAN
Has office visit copays	No, you pay the full contracted amount	Yes	Yes	Yes
Has prescription drug copays up to out-of-pocket maximum	Yes, after deductible	Yes	Yes	Yes
Deductible counts toward out-of-pocket maximum	Yes	Yes	Yes	No Deductible
Copays count toward deductible	N/A	No	No	No Deductible
Copays count toward out-of-pocket maximum	N/A	Yes	Yes	Yes
Eligible for HSA with contribution from McLane	Yes	No	No	No
Network used	PPO	Blue High Performance Network	PPO	PPO

IN-NETWORK EMERGENCY ROOM COPAYS

The In-Network Only, Core, and No-Deductible medical plan options have different copays for in-network ER visits. Copay amounts increase with more frequent visits, as shown in the table. Learn more about coverage for ER Services in the table on pages 10 - 11.

	1-3 IN-NETWORK ER VISITS	4-5 IN-NETWORK ER VISITS	6+ IN-NETWORK ER VISITS
In-Network Only	$300 copay	$600 copay	$900 copay
Core	$300 copay	$600 copay	$900 copay
No-Deductible	$500 copay	$600 copay	$900 copay

Medical Benefits Overview

	HDHP [3] WITH HSA		IN-NETWORK ONLY PLAN	
Network Used	**Blue Choice PPO**		**Blue High Performance**	
Coverage Options	**Pre-Tax Biweekly Rates**			
Teammate Only	$26.06		$49.77	
Teammate & Spouse	$99.37		$190.63	
Teammate & Child(ren)	$61.92		$111.09	
Teammate & Family	$120.57		$226.55	
Plan Benefits	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**
Calendar Year Deductible[1] Individual[2] Family[3]	$2,000 $4,000 Family deductible applies if coverage is other than Teammate Only.	$4,000 $8,000 Family deductible applies if coverage is other than Teammate Only.	$1,250 $2,500	Not covered
Out-of-Pocket Maximum[1] Individual Family	$3,000 $6,000	$6,000 $12,000	$4,000 $8,000	
Preventive Care	100% covered[4]	Limited Coverage[5]	100% covered[4]	
Physician Office Visit Primary[6] Specialist	20% after deductible 20% after deductible	40% after deductible 40% after deductible	$25 copay $75 copay	
Inpatient Hospital (precertification required)	20% after deductible	40% after deductible	20% after deductible	
Outpatient Facility Services	20% after deductible	40% after deductible	20% after deductible	
Emergency Room (ER) 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
Urgent Care Center Services	20% after deductible		$70 copay	Not covered
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 need to file a paper claim for reimbursement	$5 copay 40% ($100 max) 40% ($100 max) 50% copay	
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	

[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 deductible 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 care visit, you may be responsible for some of the charges (e.g., office visit copay or lab work).

CORE PLAN		NO-DEDUCTIBLE PLAN	
Blue Choice PPO		Blue Choice PPO	
Pre-Tax Biweekly Rates			
$66.81		$112.42	
$267.20		$395.93	
$148.27		$236.25	
$311.20		$493.69	
In-Network	Out-of-Network	In-Network	Out-of-Network
$1,250 $2,500	$2,500 $5,000	$0 $0	$2,000 $4,000
$4,000 $8,000	$8,000 $16,000	$4,000 $8,000	$8,000 $16,000
100% covered[4]	Limited Coverage[5]	100% covered[4]	Limited coverage[5]
$30 copay $80 copay	40% after deductible 40% after deductible	$35 copay $85 copay	30% after deductible 30% after deductible
20% after deductible	40% after deductible	$1,500 copay per admission $500 copay	30% 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, 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
$75 copay	$75 if not emergency or urgent, you pay 40% after deductible	$80 copay	30% after deductible
PRESCRIPTION DRUGS			
$5 copay 40% ($100 max) 40% ($100 max) 50% copay	You pay 100% of the cost and 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 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

[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 (PCPs) include internists, OB/GYNs, pediatricians, or family practitioners. All other types of providers are specialty care physicians (SCPs).
[7] Any life-threatening or disabling health problem is a true emergency.

Prescription Drugs

When you enroll in a McLane-sponsored BCBSTX medical plan, coverage for prescription drugs is automatically included. Prescription drug coverage is administered through Express Scripts.

The amounts you pay for your prescriptions depends on the medical plan you elect. Paycheck costs are on page 31 and on MyMcLaneCoBenefits.com.

PRESCRIPTION ID CARDS

When you enroll in one of McLane's BCBSTX medical plans, you will receive a prescription drug ID card from Express Scripts. To fill your prescriptions, show your Express Scripts ID card at any in-network pharmacy. You can also access a digital ID card through your Express Scripts online account or app.

Go In-Network to Fill Retail Prescriptions

You'll get the best price on prescriptions when you fill them at in-network pharmacies. If you go to an out-of-network pharmacy, you'll pay the full retail price of the prescription, and you'll have to submit a claim form to be reimbursed.

To find an in-network pharmacy near you, log in to Express-Scripts.com and use the *Find a Pharmacy* tool under *Prescriptions* in the main menu.

HAVE YOU BEEN PRESCRIBED A SPECIALTY DRUG?

Contact Express Scripts through Express-Scripts.com or by calling **855-315-6433** for information about specialty pharmacy services. When you call, you will be connected with Accredo, which administers specialty drug prescriptions.

Covered Medications

To understand your cost for medications, it's important to understand the different types of drugs the plan covers.

- **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, because you will save money.
- **Brand-name preferred drugs** can be used when a generic is not available or when your doctor states a specific medical reason not to use a generic. For the most current list of these medications, go to 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. Some specialty drugs are not available at retail pharmacies.
- **Lifestyle drugs** are generally prescribed to improve the quality of someone's life. Examples are medications for those with hair loss, erectile dysfunction, or acne. Some lifestyle drugs may not be covered under your prescription drug plan.

Note: Some "step therapy" drugs require pre-authorization before the plan will cover them. You may be asked to try a more affordable form of a medication, such as a generic, before a brand-name preferred or brand-name non-preferred drug.

Through its SaveOnSP program, Express Scripts coordinates and automatically applies manufacturer coupons for high-priced specialty drugs, which can save you or a family member money—and may even result in lowering the cost of some medications to $0.

Retail Pharmacy

Retail pharmacies generally fill prescriptions for up to 30 days. Switching to a 90-day supply of your daily medication can save you time and money, and you may be less likely to miss a dose since you won't have to refill it as often. Your medications can be delivered right to your door with home delivery from Express Scripts or filled at your local Walgreens.

You might even see additional savings by paying for one 90-day supply rather than paying for three 30-day supplies.[1] If your doctor prescribes a daily medication or if you're already taking one, ask for a 90-day prescription—or visit Express-scripts.com/3month today.

[1] If the cost of a medication at a retail pharmacy is lower than your plan's retail copayment or coinsurance, you will not pay more than the retail pharmacy's cash price, regardless of the number of times you purchase the prescription. In some cases, this price may be less than either your standard retail or mail copayment or coinsurance.

IS YOUR MEDICATION AVAILABLE OVER THE COUNTER?

If a medication is available over the counter, it is **not** covered by the prescription drug program—even if you have a prescription. Examples include non-sedating antihistamines (such as Zyrtec and Claritin) and brand-name ulcer or acid reflux drugs (such as Prevacid and Prilosec). You can use an HSA or Flexible Spending Account (FSA) to reimburse yourself for these expenses.

A NOTE ABOUT COMPOUNDED DRUGS

Prior authorization is required for compounded drugs estimated to cost more than $300. This means that prior to filling your prescription, the pharmacy will need to contact the prescribing provider to confirm that the intended use of the medication is allowed under the plan.

MAIL SERVICE PROGRAM

If you take maintenance medications for chronic conditions (such as diabetes, asthma, allergy, high blood pressure [hypertension], high cholesterol), the mail service program can save you time and money.

- The program is available only for 90-day prescription fills.
- A three-month supply of medication costs you the same as a two-month supply—and it's mailed directly to you, saving you time and money.
- Diabetic supplies, such as test strips and syringes, can also be delivered to your home by the mail service program. Go to Express-Scripts.com and search the site for "diabetic supplies."

HSAs (for HDHP)

When you enroll in the HDHP, you are eligible to open an HSA—a special account used only with an HDHP that allows you to contribute pre-tax dollars to pay for eligible healthcare expenses, both now and in retirement.

The HSA is yours to own and manage, and if you ever leave McLane, you take the account with you. You choose how to use the funds in your account to pay for eligible healthcare expenses. For a list of qualified expenses, visit irs.gov/publications/p502.

A teammate with Medicare (any part) or Tricare or a spouse with an FSA cannot have an HSA. Be sure to consult your tax advisor to avoid IRS penalties.

HSA Tax Savings

The HSA offers several tax advantages:

- **Pre-tax contributions.** Any money you contribute lowers your federal taxable income.
- **Tax-free growth**. The money in your account earns interest, and the investment earnings are free, too. This includes dividends, interest, and any capital growth.
- **Tax-free withdrawals and transfers.** The HSA money you use to pay for eligible expenses is withdrawn tax-free for eligible medical expenses for you, your spouse, and any qualified dependents. If you die, your balance can be transferred to your spouse with no associated tax.

McLane's Contributions

To help you lower your out-of-pocket costs and save more, McLane will contribute up to $250 to the HSA for teammates who are enrolled in the HDHP as of January 1 each year. Then you can make pre-tax contributions from your paycheck to build your savings.

There is no "use it or lose it" rule with your HSA. The company's contribution and any amount you contribute are always yours to keep or use toward healthcare expenses.

Your Contributions

The IRS limits the amount of pre-tax dollars you can contribute to the account each year. This limit **includes** the amounts McLane contributes to your HSA, so be sure to plan your contributions carefully.

The 2026 contribution limits are **$4,400** for individual coverage and **$8,750** for family coverage. **Note:** If you're 55 or older, you can contribute an additional $1,000 each year to your HSA.

KEEP YOUR RECEIPTS!

Since an HSA is a tax benefit, you're responsible for maintaining accurate records of any payments you make. The IRS requires that you keep receipts for qualified medical expenses in the event that you are audited.

HSA Setup and Use

Setting up and using your HSA is easy:

1. If you enroll in the HDHP as a new hire or during Open Enrollment, make sure you also enroll in the HSA. If you do, McLane will open an HSA account for you through Bank of America.
2. Contribute tax-free through regular payroll deductions. McLane will add up to $250 if you are enrolled as of January 1.
3. Pay for eligible expenses directly with your HSA debit card or pay out of pocket and reimburse yourself from the account. At the end of the year, any remaining balance is yours to keep and can be used in the future.

FSAs

FSAs allow you to set aside tax-free dollars that can be used to pay for eligible healthcare and dependent care expenses. These accounts are administered by Optum Financial.

- **Health Care FSA (HCFSA)**: The HCFSA helps you pay for eligible expenses such as medical deductibles, coinsurance, copays, prescription drugs, and some over-the-counter items. You may also pay for eligible dental and vision expenses. The money you put into your HCFSA is available to you on the first day of your plan year. You don't have to wait until your HCFSA balance grows to pay for eligible expenses.
- **Limited Purpose FSA (LPFSA):** The LPFSA is for teammates enrolled in the HDHP with the HSA. This FSA is similar to the HCFSA. It helps you pay for eligible dental and vision care expenses only, since medical expenses are eligible through the HSA.
- **Dependent Care FSA (DCFSA):** The DCFSA 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 Documents for limitations.

Note: The IRS does not allow you to participate in both the HCFSA and the HSA at the same time. Instead of the HCFSA, you can enroll in the LPFSA to help pay for eligible dental and vision expenses only.

DON'T FORGET TO SAVE RECEIPTS!

It's important to keep ALL your receipts for eligible expenses—even if you use your debit card to pay—because you may be required to submit them for review. IRS rules state that you must have proof of payment that pre-tax money was used to pay for qualified medical expenses. **If you do not submit your receipts, you will have to pay back the debited amounts or your card will be turned off**.

Your FSA Debit Card

If you contribute to an HCFSA or LPFSA, you will be mailed a debit card to pay for eligible items using funds from your account.

- You can use the debit card at any doctor's office or at any store that can track eligible FSA expenses.
- Keep 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 out of pocket and file a claim for reimbursement online.

There is no debit card for the DCFSA. You pay for eligible expenses out of pocket and file a claim for reimbursement, up to the amount you have available in your account.

ACCESS YOUR ACCOUNT ANYWHERE, ANYTIME.

Sign in to your account at **optumfinancial.com** or download the Optum Financial mobile app to:

- Check your FSA balances
- View your claims
- Monitor payments
- Receive messages
- Submit receipts

FSAs: At a Glance

	HCFSA*	LPFSA* (FOR TEAMMATES ENROLLED IN THE HDHP)	DCFSA
Use it to pay for:	▪ 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	▪ Dental deductible ▪ Vision office visit copays ▪ Coinsurance for dental care ▪ Eyeglasses and contacts ▪ Some orthodontia costs	Day care expenses: ▪ For children under age 13 or children of any age who are physically or mentally unable to care for themselves ▪ For an elderly parent who depends on you for support ▪ That allow you or your spouse to look for full-time work ▪ That allow your spouse to go to school full-time
You can contribute:	$150 to $3,300 per year	$150 to $3,300 per year	$150 to $7,500 per year or $3,750 if you are married and file separate tax returns
Use it between:	January 1, 2026, and March 15, 2027		January 1, 2026, and December 31, 2026
Submit your claims for expenses incurred the prior year by:	March 31, 2027		
If you don't use all the money, it is:	Forfeited to the plan		

* For a full list of eligible healthcare expenses, visit optumfinancial.com/qualifiedexpenses.

Important: "Use It or Lose It" Rule

You must use all of the funds in your account by the deadlines stated above; otherwise, you lose them. You have until March 31 of each year to submit claims for eligible expenses you incurred for the prior plan year.

Virtual Health Visits (MDLIVE)

If you enroll in a BCBSTX medical plan, you'll have access to virtual health services through MDLIVE.

When you have non-urgent medical and mental health needs, MDLIVE offers 24/7 virtual healthcare visits by phone, text, or online or through the MDLIVE app. Virtual services allow you to resolve minor medical issues quickly and easily without leaving home. MDLIVE doctors and specialists can help you resolve common health issues, diagnose illnesses, provide referrals, or write prescriptions if needed. Making a virtual appointment also may help you avoid urgent care and emergency room visits, which can be costly and time-consuming.

LEARN MORE ABOUT MENTAL HEALTH VISITS THROUGH MDLIVE ON PAGE 18.

When you make an appointment with an MDLIVE provider, you and your covered dependents can receive treatment for non-emergency, acute, general medical needs, including:

- Flu and colds
- Sinus problems
- Pink eye
- Seasonal allergies
- Rashes, sunburns, and skin irritations
- Bug bites
- Food poisoning

CREATE AN ACCOUNT

Getting connected is quick and easy. It's best to create your account ahead of time so that when you need care, you or your family member will be ready to use MDLIVE without any setup or waiting.

On the MDLIVE Website

1. Visit mdlive.com/bcbstx and click *Activate Now*.
2. Enter your BCBSTX member ID number and date of birth. If you're a dependent, enter the primary policy holder's ID information and your date of birth. Click *Continue*.
3. Create your username and password and then complete your profile. Enter your name exactly as shown on your member ID card. Click *Submit*.

Your secure MDLIVE account is now created. We'll send you an email; just click *Sign In To Your Account* to load your MDLIVE dashboard.

Through the MDLIVE App

1. Download the MDLIVE app in the App Store or Google Play Store.
2. Open the app and click *Create Account*. Enter your email address and create a password. Then complete your profile information on the next page and click *Submit*.
3. Enter the required information as shown on your BCBSTX member ID card and verify your coverage. If you're a dependent, enter the primary policy holder's information.

Your secure MDLIVE account is now created. We'll send you an email; just click *Sign In To Your Account* to load your MDLIVE dashboard.

GET STARTED

Contact MDLIVE to get help with creating an account or scheduling appointments:

- Text **BCBSTX** to 635483.
- Visit mdlive.com/bcbstx.
- Call **888-680-8646**.

Mental Health

When life gets challenging or you just need help balancing work and family life, McLane offers several support resources.

FOR ALL TEAMMATES

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 hours a day, 7 days a week. McLane offers free, short-term counseling services when you need help with issues such as:

- Managing stress, anxiety, or depression
- Dealing with grief and loss
- Caring for a child or parent
- Managing legal or financial issues
- Addressing substance abuse for yourself or a dependent

Visit guidanceresources.com (Web ID: **MCLANE**), call **800-327-2151**, or download the GuidanceNow app from the App Store or Google Play Store.

Crisis Support and Resources

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

National Suicide and Crisis Lifeline	Veterans Crisis Line	Trevor Lifeline (LGBTQ+)
988 or **800-273-8255** Text or chat: 988	**800-273-8255**, press 1 Text **HELP** to 838255	**866-488-7386** Text **START** to 678678

FOR BCBSTX MEDICAL PLAN MEMBERS

Learn to Live

BCBSTX offers Learn to Live online mental health resources to help you address mental health issues so you can feel your best and enjoy life—at no additional cost. Learn to Live offers confidential online programs for stress, anxiety and worry, depression, social anxiety, insomnia, and substance use. The program offers several tools and services, including:

- Online assessments to identify the support you need
- Regular learning modules to help you stay on track
- One-on-one coaching support to help you reach your goals

GET STARTED

Take advantage of all that Learn to Live offers:

- Go to bcbstx.com and choose *Wellness* and then *Digital Mental Health*.
- Download the Learn to Live app from the App Store or Google Play Store.

MDLIVE

If you're enrolled in an BCBSTX medical plan, you can connect with licensed psychiatrists and psychologists using your smartphone, tablet, or computer through MDLIVE's virtual mental health visits. All visits are confidential, and the cost is a $20 copay per visit.

CREATE AN ACCOUNT AND SCHEDULE AN APPOINTMENT

Go to page 17 for step-by-step instructions on how to create an account and schedule online appointments with MDLIVE virtual health providers. For assistance:

- Text **BCBSTX** to 635483.
- Visit mdlive.com/bcbstx.
- Call **888-680-8646**.

FOR TEAMMATES ENROLLED IN A KAISER HMO

If you're enrolled in a Kaiser HMO (available in California or Georgia), you have access to the following support 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:** For practicing mindfulness to help you build resilience and support your overall emotional health and wellness
- **MyStrength:** For making small changes that improve sleep and mood or that simply support an overall sense of wellbeing

To learn more, go to kp.org or download the Kaiser Permanente app from the App Store or Google Play Store.

Additional Medical Support Programs

FOR BCBSTX MEDICAL PLAN MEMBERS

BCBSTX offers the following support resources and programs at no additional cost to its medical plan members. For more information about each of these programs, go to MyMcLaneCoBenefits.com. You can also use the contact information below or go to page 34.

24/7 Nurseline

The BCBSTX 24/7 Nurseline provides access to registered nurses who can answer your health questions, offer health tips, and help you decide where to seek care. Nurses are on call 24 hours a day, 7 days a week. To reach the Nurseline, call **800-581-0368**.

Diabetes and Hypertension Management

If you've been diagnosed with diabetes or high blood pressure, Teladoc Health (also called Livongo) can help you take steps to better manage your condition and provide any needed monitoring supplies. For more information about the services provided for each condition, call Teladoc Health at **800-835-2362**. You can also go to teladochealth.com/Register/MCLANE-HCSC for diabetes management or teladochealth.com/Now/MCLANE-HCSC for hypertension management.

Virtual Physical Therapy

Hinge Health offers virtual physical therapy to help you get relief from joint and back pain without drugs or surgery. This customized program provides technology for instant feedback and access to a personal coach and physical therapist. To learn more or schedule an appointment, call **855-902-2777** or go to hingehealth.com/mclane.

Surgery Support

Lantern provides you with access to affordable care for planned surgical procedures, including coverage for facility fees, anesthesia, and more. Common procedures that are covered by Lantern include spine and orthopedic (including injections), ear, nose, and throat, cardiac, gynecology, and more. The cost of this program is included in your McLane medical benefits. If you use Lantern and you're enrolled in the **Core**, **No-Deductible**, or **In-Network Only Plan**, there will be no cost for your surgery. If you're enrolled in the **HDHP**, the cost of your surgery will be significantly reduced.

For more information, go to LanternCare.com/McLane, call **855-713-1569**, or email mclane@surgeryplus.com.

Oncology Support

If you or a loved one is diagnosed with cancer, you can count on the Enhanced Oncology Support program. The program's specialist support team can help you navigate the complexities of cancer care by helping you understand treatment plans and assisting with healthcare decisions. To contact clinician support services, call **800-327-8497**.

FOR ALL TEAMMATES

For more information about each of these programs, go to MyMcLaneCoBenefits.com. You can use the contact information below or go to page 34.

Medicare Guidance

Choosing the right Medicare plan can be overwhelming, but it's critical to your well-being. The Medicare Choice Group's team of experts guides you through every step of the Medicare decision process and helps with enrollment—at no cost to you. Medicare Choice Group offers:

- One-on-one consultations
- Recommendations for the best and most cost-effective plans
- Help with planning your Medicare transition timeline
- Assistance with enrollment

To get started, go to medicarechoicegroup.com/mclane or call **855-754-1452**.

Dental

McLane has two dental plan choices administered through MetLife: Plan I and Plan II. Both plans cover preventive, basic, and most major services but differ in their annual deductibles and benefit maximums. Plan II also offers orthodontia benefits for children and adults.

You can see any dentist you choose under both plans, but you will save money when you get care from a MetLife network dentist.

How the Plan Covers Expenses

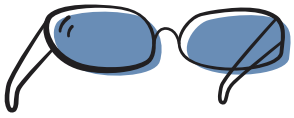
The table below shows how each plan covers typical dental expenses.

SERVICE	DENTAL PLAN I	DENTAL PLAN II
Annual Deductible		
Individual	$50	$100
Family	$150	$300
Annual Benefit Maximum	$1,500 per person	$2,000 per person
Services Covered		
Preventive Services, including: ▪ 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	Plan pays 100% No deductible	
Basic Services, including: ▪ Treatment for relief of dental pain ▪ Periodontic treatment ▪ 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	Plan pays 80% after deductible	
Major Services, including: ▪ Gold fillings or crown restorations ▪ Crown restorations ▪ Partial or full dentures ▪ Fixed bridgework	Plan pays 50% after deductible	
Dental Implants	Not covered	Plan pays 50% after deductible
Orthodontia Services (for children and adults)	Not covered	
Orthodontia Maximum	N/A	$2,000 lifetime

NO DENTAL ID CARD NEEDED

MetLife does not distribute ID cards. When you go to the dentist, just tell your provider that you have MetLife dental coverage.

Vision



To help you stay focused on eye health and pay for vision expenses, McLane offers two vision plan options through VSP: the Core Plan and the Premium Plan. Both plans cover basic expenses for vision care, such as annual eye exams, lenses, and frames, while the Premium Plan has higher allowances for prescription glasses and other material enhancements.

Find a VSP Network Provider

VSP offers thousands of in-network options—private practice doctors, regional and national optical retail chains, and online shopping at eyeconic.com. You'll get the most out of your benefits at a VSP Premier Edge location, which includes the Visionworks eye care chain and private vision providers.

To find a VSP provider near you, go to vsp.com/eye-doctor and use the *Find a Doctor tool*.

No Vision ID Card Needed

VSP does not issue ID cards. When you schedule an eye appointment, simply tell your provider that you are a VSP member.

Get a View into Benefits, Online or On the App

To access your VSP benefits, claims, and discounts, set up an account at vsp.com or download the VSP *Vision Care on the Go* app today from the App Store or Google Play Store. If you still have questions, call VSP at **800-877-7195**.

BENEFIT	STANDARD PLAN	PREMIUM PLAN
WellVision Exam *Every calendar year* Routine exam for eyes and overall wellness	From $10 to $39 if routine retinal screening is included	
Essential Medical Eye Care *Available as needed* Exams and services to treat pink eye or sudden changes in vision or to monitor ongoing conditions	$20/exam (Retinal imaging for members with diabetes is covered in full.) *Coordination with your medical coverage may apply.*	

BENEFIT	STANDARD PLAN	PREMIUM PLAN
PRESCRIPTION GLASSES	**$15 COPAY**	
Frame *Every other calendar year*	▪ $180 Featured Frame Brands allowance ▪ $160 frame allowance ▪ 20% savings on the amount over your allowance ▪ $90 Walmart/Sam's Club/Costco allowance	▪ $220 Featured Frame Brands allowance ▪ $200 frame allowance ▪ 20% savings on the amount over your allowance ▪ $110 Walmart/Sam's Club/Costco allowance
Lenses *Every calendar year* ▪ Single vision, lined bifocal, and lined trifocal lenses ▪ Impact-resistant lenses for dependent children	Included	
Lens Enhancements *Every calendar year*	▪ UV protection: $0 ▪ Standard progressive lenses: $0 ▪ Premium progressive lenses: $95–$105 ▪ Custom progressive lenses: $150–$175	▪ UV protection: $0 ▪ Anti-glare coating: $20 ▪ Standard progressive lenses: $0 ▪ Premium progressive lenses: $95–$105 ▪ Custom progressive lenses: $150–$175
Contacts instead of glasses *Every calendar year* ▪ Contact lenses ▪ Contact lens exam (fitting and evaluation)	$150 allowance	$160 allowance
VSP LightCare *Every other calendar year* Ready-made non-prescription sunglasses or blue light filtering glasses instead of prescription glasses or contacts	You pay a $15 copay and get a $150 allowance.	You pay a $15 copay and get a $200 allowance.
KidCare (dependent children only) *Every calendar year* ▪ Two exams ▪ Same frame allowance and lens coverage as primary benefit ▪ Additional pair of lenses or contact lenses up to plan allowance when needed (minimum prescription change required)	$10 per exam $15 for prescription lenses	
Laser Vision Correction	Average of 15% off the regular price; discounts available at contracted facilities	
Hearing Aid	Save up to 60% on digital hearing aids with TruHearing. Visit vsp.com/offers/special-offers/hearing-aids for details.	

Supplemental Benefits

McLane offers several supplemental medical benefits to protect you against unexpected out-of-pocket costs due to an accident or illness or a hospital stay.

You pay the full cost of these supplemental plans, which are all administered by Lincoln Financial. Costs for each plan are shown on page 31.

POLICIES THAT TRAVEL

You can take your Accidental Injury, Hospital Indemnity, and Critical Illness policies with you if you leave McLane, and benefits and rates won't change when you do so.

Accidental Injury Insurance

While you can't predict life's unexpected events, you can plan for them by choosing benefits that can help you cover out-of-pocket medical expenses. Accidental Injury Insurance pays you a lump sum by check if you or a covered dependent is injured in an accident and needs medical treatment.

COVERED INJURIES

The benefit paid by the plan depends on the injury and the type of medical care you or your dependent needs following the accident. Examples of covered injuries include:

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

BENEFITS CAN ALSO BE PAYABLE FOR:

- Emergency care (ER, ambulance, etc.)
- Hospitalizations
- Surgical procedures
- Follow-up care

HOW YOU CAN USE BENEFITS

You can use the payment for what matters most, whether it's to help you pay for out-of-pocket medical expenses (i.e., copays and deductibles) or for non-medical costs such as childcare, help around the house, or travel expenses.

WAIT ... THERE'S MORE!

You can find more information about McLane's supplemental benefits on MyMcLaneCoBenefits.com.

Hospital Indemnity Insurance

A hospital stay can happen at any time, and it can be costly. With the Hospital Indemnity Insurance benefit, you receive a check if you are admitted to a hospital due to a covered illness or accident to help assist with related out-of-pocket costs.

You can use the money to pay for expenses related to out-of-pocket medical costs for other plans (deductibles, coinsurance, etc.), childcare, travel, or everyday living expenses. There are no copays, deductibles, coinsurance, or network requirements for receiving these benefits—and they aren't reduced by payments you receive from other plans, such as medical or accident insurance.

Critical Illness Insurance

Life has a way of throwing curveballs, and being diagnosed with a critical illness can happen to anyone. Having a little added protection during these times can go a long way.

With Critical Illness coverage, a lump sum is paid by check directly to the covered person if they are diagnosed with a covered critical illness, such as cancer, a heart attack, or a stroke. The payment can be used to cover expenses such as travel, room and board, transportation, childcare, or treatment options not covered by traditional insurance. You choose how to spend or save your benefit.

HOW COVERAGE WORKS

Your monthly cost for Critical Illness Insurance will depend on your age and the level of coverage you choose. The spouse benefit will always be 50% of your elected coverage amount, and your child's benefit will be 25% of your elected coverage amount. For example, if you elect $10,000 in coverage, your spouse's benefit is $5,000 and your child's benefit is $2,500. There is no reduction in benefit for your coverage.

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

Life and Disability

Basic Life and Accidental Death & Dismemberment (AD&D)

McLane automatically provides Basic Life and AD&D insurance through Lincoln Financial Group for all eligible full-time teammates. There is no cost to you.

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

DON'T FORGET TO NAME A BENEFICIARY

Your beneficiary is the person you want to receive the money from your Basic Life and AD&D insurance benefit in the event of your death. You must name a beneficiary for your Basic and Optional Life and AD&D insurance. Review and update your beneficiary(ies) anytime in Workday.

Optional Life and AD&D

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 up to $300,00 CHILDREN (no spouse): 20% per child of teammate election up to $50,000 FAMILY (spouse and children): Spouse receives 50% of teammate election up to $300,000; each child receives 15% of teammate election up to $50,000.	$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

Providing Proof of Good Health

Proof of good health, also called evidence of insurability (EOI), requires you to submit a form to an insurance carrier as a testament that your current health is good. If you elect a coverage amount that requires EOI, learn more in the EOI User Guide on MyMcLaneCoBenefits.com. The carrier must approve your EOI form before coverage can begin.

- **Proof of good health is not required** when you first enroll and choose:
  - up to **$500,000** in optional life insurance for yourself, and/or
  - up to **$50,000** for your spouse.
- **Proof of good health is required** (by completing an EOI form) if, during Open Enrollment or due to a qualifying event, you:
  - increase your own coverage by more than **$100,000**, or
  - increase your spouse's coverage by more than **$25,000**

Disability

Short-Term and Long-Term Disability benefits provide income protection if you become disabled due to a non-work-related illness or injury. Both are provided through Lincoln Financial Group.

SHORT-TERM DISABILITY (STD)

STD benefits are available to full-time non-exempt and driver teammates after **one year of continuous employment**. STD benefits replace 60% of your base wage (up to $1,000 per week) for up to 25 weeks so you can keep a paycheck coming in the event you are unable to work due to an approved medical condition, including childbirth (duration of benefits varies by type of birth).

STD benefits are provided by McLane at no cost to you.

PARENTAL LEAVE

McLane provides parental leave for teammates who give birth or adopt a child. Benefits are payable for six to eight weeks to the birth parent and one week to the non-birth parent. Parental leave is subject to eligibility requirements and the completion of required documentation.

LONG-TERM DISABILITY (LTD)

If you are a full-time non-exempt teammate or driver, you can purchase LTD coverage in the event that you are certified as disabled and cannot work. McLane does not contribute to LTD coverage. If you elect coverage, you pay the full cost.

You are eligible for benefits on the first day of the pay period following 60 days of continuous work with McLane. The LTD plan pays a benefit of 60% of your basic annual earnings, up to a maximum amount of $5,000 per month. The duration of your benefits depends on the plan you elect:

- **Plan 1** pays benefits for up to two years from disability.
- **Plan 2** pays benefits for up to five years from disability.
- **Plan 3** pays benefits up to your Social Security normal retirement age.

"Base pay" or "base wage" is defined as your pay rate at the time you become disabled, not including bonuses, overtime, or any other incentive payments you receive.

HOW BENEFITS WORK

The table below shows how your STD and LTD benefits work, including waiting periods and benefit limits. Here are a few other plan considerations:

- You can get STD benefits for up to 26 weeks per incident. (The first week is a waiting period when benefits are not payable.)
- If you receive disability pay from other sources (e.g., Social Security, state disability, legal judgements), these amounts are subtracted from the McLane benefit before it is paid to you.
- If you live in a state that has disability benefits, you will receive these benefits first—before McLane pays you any benefits. States that have disability benefits for residents are California, New York, New Jersey, Oregon, and Washington. In some cases, the McLane plan may pay benefits that are not covered by those plans.
- If you elect or increase LTD coverage at Open Enrollment, you must provide proof of good health by completing an EOI form.

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

401(k) Profit-Sharing Plan

McLane offers you the ability to save for retirement through the 401(k) Profit-Sharing Plan, which is administered by Merrill. You can choose to contribute to either a traditional 401(k) or Roth 401(k).

Here's overview of how the 401(k) Profit-Sharing Plan works:

- You will automatically be enrolled in the plan after **90 days** of employment.
- Unless you choose different amounts and investments, you will be automatically enrolled in a pre-tax contribution rate of 3% and your savings will be invested in the Moderate Goal Manager model.
- You can save from 1% to 50% of your eligible pay, up to the annual IRS limit (for 2026, the limit is $24,500). Note: If you're age 50 or older, you can also make catch-up contributions.
- After one year of continuous service, McLane may contribute money to your account. The amount depends on the company's profits for the year.
- When you enroll, you choose between a traditional 401(k) and Roth 401(k), elect how much you want to save, and decide where to invest your savings. Merrill offers a variety of investment options.
- You can start, stop, or change your contributions at any time.

ACCESS YOUR 401(k) ACCOUNT ON THE GO!

Download the Benefits OnLine mobile app to:

- Check your account balance
- Manage your investments
- Check status of transactions
- Request a withdrawal
- Update beneficiary information
- View your Bank of America bank accounts

Your Contributions

TRADITIONAL VS. ROTH 401(K) CONTRIBUTIONS

Traditional contributions are made before taxes are deducted from your paycheck. You don't pay taxes until it's time to take the money out of your account, which means any earnings on your account also grow tax-free.

Roth contributions are made after taxes are deducted from your paycheck. You won't have to pay taxes until you take the money out of your account, and any earnings on your account grow tax-free.

CATCH-UP CONTRIBUTIONS

If you are age 50 or older, you can make extra catch-up contributions to your account. The limit for 2026 is $8,000 for individuals up to age 60. If you're age 60, 61, 62, or 63, you can contribute up to $11,250.

Contributions from McLane

McLane may match a percentage of your pay based on the company's performance in the prior year. Here's the maximum the company will match on your contributions based on years of service:

YOUR YEARS OF SERVICE	MAXIMUM PERCENTAGE OF COMPENSATION THE COMPANY MATCHES
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

To be vested in contributions to your account means you own the money McLane contributes. The more years of service you have, the more of McLane's contributions you own.

- The money you save in your 401(k) belongs to you. You are 100% vested in these funds when you contribute them.
- The money McLane contributes to your 401(k) becomes vested over time.

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

NAMING A BENEFICIARY

A beneficiary is the person(s) you want to receive the money from your 401(k) Profit-Sharing Plan account in the event of your death. Naming a beneficiary ensures that your savings goes to the person you want it to—and in a timely fashion—so it's important to have this information on file. You can name a beneficiary when you first start contributing to the plan and then review your designation from time to time. Designate or update your beneficiary(ies) anytime on benefits.ml.com or on the Benefits OnLine mobile app.

Important Note: Investment products offered through McLane's 401(k) Profit-Sharing Plan...

- are NOT FDIC insured.
- are NOT bank guaranteed.
- may lose value.

Legal Plan

MetLife Legal Plans provides you, your spouse or domestic partner, and dependents with easy access to a network of experienced attorneys. Having an attorney on your side can help reduce worry, stress, and financial burden when legal matters arise. Legal insurance coverage connects you to a national network of attorneys who are matched to your specific legal needs, including:

- Estate planning and will preparations
- Home and consumer matters
- Family issues
- Auto and traffic matters
- And more

For more information about covered legal services, go to members.legalplans.com.

How the Plan Works

Once you've enrolled for coverage, it's easy to get legal assistance.

1. FIND AN ATTORNEY.	2. MAKE AN APPOINTMENT.	3. THAT'S IT!
Visit members.legalplans.com to search for an attorney in your ZIP code, based on the experience or specialty you need. **OR** Call the Client Service Center at **800-821-6400** to speak with an experienced representative who can match you with the right attorney.	Call the attorney and schedule a time to meet in person or over the phone. **OR** Call **800-821-6400** to reach the Client Service Center who will schedule your appointment directly with the attorney.	There is no limit on the number of times you can use the legal plan benefits—and no copays, deductibles, or claim forms when you use a network attorney for a covered matter.

24/7 Access at Your Fingertips

Once you're enrolled in the legal plan, go to members.legalplans.com and create an account, which allows you to access:

- Plan benefits
- MetLife's attorney locator tool
- More than 1,700 online self-help legal documents and resources
- Digital estate planning tools to create wills, living wills, and powers of attorney—all online!

More Information

For more information and to access other tools and resources, go to MyMcLaneCoBenefits.com.

Pet Insurance

McLane offers Pet Insurance through MetLife to help you cover expenses for your four-legged family members. The plan provides reimbursement of eligible treatment and services for your cat and/or dog when unexpected accidents or illnesses occur.

COVERAGE

You choose the plan that works for you and your pets. You can cover up to three pets under one policy, and there is one annual limit for all of your pets in the family plan and one deductible per policy. Here are some additional plan features:

- You can use any veterinarian for services.
- The plan offers reimbursement options ranging from 70% to 90%.
- You can elect optional coverage for preventive care.

GET A FREE QUOTE

You pay the full cost for Pet Insurance, but the amount you pay varies on the benefits you elect. To request a quote, visit metlife.com/getpetquote or call **800-GET-MET8 (800-438-6388)**.

PerkSpot Discount Program

The PerkSpot Discount Program is a one-stop shop for thousands of exclusive discounts in more than 25 categories, including retail shopping, travel, tickets to events and theme parks, and more. To start searching for discounts, go to mclaneco.perkspot.com.

Finding Your Way Around the Discounts

- **Perks Near You:** Located in the *New & Featured* section, *Perks Near You* allows you to use your location to see all the discounts near you, wherever you are. Discounts can be filtered by category and distance.
- **Personalized Savings:** Let us know what you're interested in so we can ensure that you're seeing the perks you'll most enjoy on your home page.
- **Brands Fit for Every Lifestyle:** Looking for something specific? The *Brands* page, found in the *Popular Perks* section, is an easy and quick way to search for all the discounts available to you.
- **Suggest a Business:** Don't see what you're looking for? Head to the *Suggest a Business* page, which is under *Account Options* in the upper right corner of your home page, to suggest adding your favorite brands and local spots.
- **Dedicated Support:** PerkSpot's customer support team is available to help you with any questions.

QUESTIONS?

Contact a member of PerkSpot's customer support team Monday through Friday, from 8 a.m. to 6 p.m. CT. Go to mclaneco.perkspot.com, call **866-606-6057**, or email cs@perkspot.com.

Paycheck Costs

How Much Your Benefits Cost per Biweekly Paycheck

BENEFIT/PLAN		TEAMMATE ONLY	TEAMMATE & SPOUSE*	TEAMMATE & CHILDREN	TEAMMATE & FAMILY
Medical BCBSTX **Pharmacy** Express Scripts	HDHP	$26.06	$99.37	$61.92	$120.57
	In-Network Only Plan	$49.77	$190.63	$111.09	$226.55
	Core Plan	$66.81	$267.20	$148.27	$311.20
	No-Deductible Plan	$112.42	$395.93	$236.25	$493.69
Dental MetLife	Plan I	$4.92	$12.57	$12.99	$18.45
	Plan II	$7.15	$16.76	$34.34	$40.30
Vision VSP	Core	$2.90	$4.65	$4.74	$7.65
	Premium	$3.93	$6.28	$6.42	$10.35
Accident Lincoln Financial		$1.86	$3.06	$2.96	$4.11
Hospital Indemnity Lincoln Financial		$2.70	$7.02	$5.46	$10.45
Critical Illness Lincoln Financial		Rates vary based on coverage, age, and who is covered. See table on page 33 for your cost.			
Legal Plan MetLife		$8.35 (One deduction covers all family members.)			
Teammate Basic Life Lincoln Financial	Basic Life	Fully paid by McLane	Not Available		
	Optional life	See chart on page 32 for your cost.			
Teammate AD&D Lincoln Financial	Basic AD&D	Fully paid by McLane	Not Available		
	Optional Teammate AD&D	$0.012 per $1,000 of coverage			
	Optional Family AD&D	$0.017 per $1,000 of coverage			
Teammate Long-Term Disability	Teammate LTD (Biweekly rates per $100 of coverage)	Teammate Only **Plan 1 (2 years)**: $0.198 **Plan 2 (5 years)**: $0.368 **Plan 3 (to Social Security retirement age)**: $0.732			

*You may not cover your spouse or children as dependents if they are McLane teammates.

Optional Life Insurance Costs

TEAMMATE & SPOUSE LIFE INSURANCE

AGE	BIWEEKLY RATE PER $1,000
< 25	$0.023
25–29	$0.028
30–34	$0.037
35–39	$0.042
40–44	$0.056
45–49	$0.090
50–54	$0.130
55–59	$0.198
60–64	$0.305
65–69	$0.586
70+	$0.951

CHILD LIFE INSURANCE

BENEFIT	FLAT BIWEEKLY RATE
$5,000	$0.339
$10,000	$0.678
$20,000	$1.355
One rate covers all of the eligible children you list when you enroll.	

CALCULATING TEAMMATE AND SPOUSE OPTIONAL LIFE INSURANCE COSTS

Follow this example to calculate your biweekly 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 table (example: age 46).	$0.090		
4. Your biweekly cost.	$5.40		

Critical Illness Insurance Costs

BIWEEKLY PAYCHECK COSTS FOR $10,000 OF CRITICAL ILLNESS COVERAGE

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

BIWEEKLY PAYCHECK COSTS FOR $20,000 OF CRITICAL ILLNESS COVERAGE

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

BIWEEKLY PAYCHECK COSTS FOR $30,000 OF CRITICAL ILLNESS COVERAGE

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

Notes

McLANE®

2026 BENEFITS GUIDE

OCTOBER 2025