

McDonald's Licensees & Ronald McDonald House Charities
Health and Welfare Plan
2024 – Rate Area 6



How to Use the Monthly Rate Tables

► **Medical** — there are four (4) different medical plans that are referred to as Health Plan 1, Health Plan 2, Health Plan 3 and Health Plan 4. As a reminder, you do NOT have to make all four (4) medical plan options available. Rates are based on the employee's age and the coverage level elected - Individual, Employee + Spouse, Employee + Child(ren) or Family coverage. **To be eligible for medical coverage, employees must work an average of 30 hours a week.**

- As a reminder, domestic partners and their dependent children are eligible dependents under the McDonald's Licensees and RMHC Health and Welfare Plan. **Dependent Eligibility Verification is required.**

► **Dental Benefits – Comprehensive and Preventive** — rates are based on individual, employee + spouse, employee + child(ren) or family coverage.

► **Vision Benefits** — rates are based on individual, employee + spouse, employee + child(ren) or family coverage.

► **Employee Basic Term Life Insurance** — The amount of coverage varies by job classification. Coverage includes Accidental Death & Dismemberment / Travel Accident for the employee (See Certificate Booklet for coverage levels).

► **Employee Supplemental Term Life Insurance** — Coverage includes Accidental Death & Dismemberment / Travel Accident for the employee (See Certificate Booklet for coverage levels). Rates are based on each \$1,000 of coverage. Employee can choose 1, 2, 3, 4, 5, 6, 7, 8, 9 or 10 times their annual salary with the maximum benefit of \$1,000,000.

► **Dependent / Spouse / Domestic Partner Basic Term Life Insurance** — The amount of coverage varies by type of dependent (Spouse / Domestic Partner / Child) and age.

► **Spouse / Domestic Partner / Dependent Supplemental Term Life Insurance** — if Employee Supplemental Term Life is chosen, a supplemental benefit is also available at an additional cost for the spouse / domestic partner and child(ren). Spouse / Domestic Partner coverage is available in the amount of \$10,000, \$15,000, \$25,000, \$50,000, \$75,000 or \$100,000 limited to 100% of the employee's Supplemental Term Life amount. Coverage for children is \$10,000 each eligible child.

► **Short Term Disability** — rates are reflected as a factor of weekly benefit amount.

► **Long Term Disability** — rates are reflected as a factor of employee's monthly earnings.

► **Reimbursement Assistance Program (RAP)** – rates are based on individual, employee + spouse, employee + child(ren) or family coverage.

► **Accident Insurance** – rates are based on individual, employee + spouse, employee + child(ren) or family coverage.

► **Critical Illness** – rates are based on the coverage amount selected and the age of the employee and spouse (dependent children premiums are based only on the benefit amount). Total premium due would be the sum total of each of these components (as applicable).

► **Hospital Indemnity** – rates are based on individual, employee + spouse, employee + child(ren) or family coverage.

► **Legal Services** – rates are based on individual coverage.

► **Identify Theft Protection** – rates are based on individual or family coverage.

Medical, Supplemental Term Life, Short Term Disability, Long Term Disability, and Critical Illness are age-rated benefits. For all but Critical Illness premium will be billed based upon the new age bracket the first month following the birthday. Example: An employee turns 40 on January 17th. Premium will be based upon age bracket 40-44 beginning February 1st. Critical Illness premium will be based up on the new age bracket as of the first day of the next plan year (unless there is a change to coverage prior to the date).

Licensees: The location of your restaurant(s) determines the rate area for your organization. If you acquire, sell or close a restaurant, your rate area may change which may result in a rate area increase or decrease for your entire organization effective January 1 of the upcoming Plan year.

RMHC: The location of the Ronald McDonald House, Chapter and/or Camp determines the rate area for your organization.

Co/Op Employees: The average location of each employee determines the rate area for your organization. If an employee moves, the rate area may change, which may result in a rate area increase or decrease for your entire organization effective January 1 of the upcoming Plan year.

**McDonald's Licensees & Ronald McDonald House Charities
Health and Welfare Plan
2024 – Rate Area 6**



Medical (To be eligible for medical coverage, employees must work an average of 30 hours a week)

| PLAN | Health Plan 1 | | | | Health Plan 2 | | | |
|---------|---------------|-------------|-----------------|----------|---------------|-------------|-----------------|----------|
| | Individual | EE + Spouse | EE + Child(ren) | Family | Individual | EE + Spouse | EE + Child(ren) | Family |
| < 30 | 270.16 | 684.32 | 551.88 | 785.42 | 344.83 | 873.46 | 704.41 | 1,002.51 |
| 30 - 34 | 336.10 | 853.22 | 688.10 | 1,041.91 | 428.98 | 1,089.03 | 878.27 | 1,329.87 |
| 35 - 39 | 330.67 | 778.64 | 627.94 | 1,181.91 | 422.07 | 993.83 | 801.48 | 1,508.58 |
| 40 - 44 | 365.58 | 835.60 | 673.85 | 1,254.24 | 466.60 | 1,066.54 | 860.10 | 1,600.90 |
| 45 - 49 | 441.56 | 952.92 | 768.48 | 1,308.68 | 563.61 | 1,216.28 | 980.86 | 1,670.33 |
| 50 - 54 | 561.74 | 1,195.06 | 963.76 | 1,459.17 | 716.99 | 1,525.33 | 1,230.11 | 1,862.45 |
| 55 - 59 | 685.40 | 1,407.94 | 1,135.44 | 1,616.30 | 874.86 | 1,797.05 | 1,449.24 | 2,063.02 |
| 60 - 64 | 873.42 | 1,759.96 | 1,419.34 | 1,891.27 | 1,114.82 | 2,246.39 | 1,811.61 | 2,413.98 |
| 65 - 69 | 1,033.43 | 2,029.33 | 1,636.57 | 2,130.72 | 1,319.04 | 2,590.17 | 2,088.88 | 2,719.61 |
| 70 - 74 | 1,239.39 | 2,467.84 | 1,990.23 | 2,551.11 | 1,581.92 | 3,149.90 | 2,540.27 | 3,256.17 |
| 75 + | 1,404.27 | 2,794.93 | 2,253.99 | 2,886.31 | 1,792.38 | 3,567.38 | 2,876.93 | 3,684.01 |

Medical (To be eligible for medical coverage, employees must work an average of 30 hours a week)

| PLAN | Health Plan 3 | | | | Health Plan 4 | | | |
|---------|---------------|-------------|-----------------|----------|---------------|-------------|-----------------|----------|
| | Individual | EE + Spouse | EE + Child(ren) | Family | Individual | EE + Spouse | EE + Child(ren) | Family |
| < 30 | 393.44 | 996.56 | 803.70 | 1,143.81 | 489.06 | 1,238.74 | 999.00 | 1,421.77 |
| 30 - 34 | 489.47 | 1,242.53 | 1,002.05 | 1,517.31 | 608.42 | 1,544.48 | 1,245.56 | 1,886.05 |
| 35 - 39 | 481.57 | 1,133.88 | 914.44 | 1,721.17 | 598.59 | 1,409.47 | 1,136.67 | 2,139.47 |
| 40 - 44 | 532.37 | 1,216.87 | 981.33 | 1,826.55 | 661.76 | 1,512.60 | 1,219.81 | 2,270.42 |
| 45 - 49 | 643.03 | 1,387.71 | 1,119.11 | 1,905.78 | 799.30 | 1,724.93 | 1,391.08 | 2,368.93 |
| 50 - 54 | 818.05 | 1,740.32 | 1,403.49 | 2,124.97 | 1,016.84 | 2,163.25 | 1,744.55 | 2,641.37 |
| 55 - 59 | 998.16 | 2,050.36 | 1,653.54 | 2,353.80 | 1,240.72 | 2,548.63 | 2,055.36 | 2,925.79 |
| 60 - 64 | 1,271.95 | 2,563.01 | 2,066.94 | 2,754.23 | 1,581.06 | 3,185.85 | 2,569.26 | 3,423.55 |
| 65 - 69 | 1,504.96 | 2,955.26 | 2,383.29 | 3,102.92 | 1,870.70 | 3,673.44 | 2,962.47 | 3,856.98 |
| 70 - 74 | 1,804.89 | 3,593.88 | 2,898.33 | 3,715.11 | 2,243.51 | 4,467.25 | 3,602.64 | 4,617.95 |
| 75 + | 2,045.04 | 4,070.17 | 3,282.43 | 4,203.27 | 2,542.01 | 5,059.31 | 4,080.11 | 5,224.74 |

All numbers shown are in dollars. All premiums shown are monthly.

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Dental – Comprehensive (All ages)

| Individual | Employee + Spouse | Employee + Child(ren) | Family |
|------------|-------------------|-----------------------|--------|
| 35.27 | 74.06 | 81.11 | 158.72 |

Dental – Preventive (All ages)

| Individual | Employee + Spouse | Employee + Child(ren) | Family |
|------------|-------------------|-----------------------|--------|
| 26.16 | 54.93 | 60.16 | 117.73 |

Vision (All ages)

| Individual | Employee + Spouse | Employee + Child(ren) | Family |
|------------|-------------------|-----------------------|--------|
| 5.51 | 11.01 | 11.01 | 15.93 |

Employee Basic Term Life

| Job Classifications | Volume* | Premium |
|--|---------|---------|
| Operator, Co-Op Director, RMHC Senior Management Position (ED / CEO) | 50,000 | 6.25 |
| All Other Job Classifications | 15,000 | 1.88 |

*Employee Basic Term Life / AD&D and Travel Accident Benefits are reduced 40% at the age of 70.

Employee Supplemental Term Life

Spouse / Domestic Partner Supplemental Term Life (Must also enroll in Employee Supplemental Term Life)

| Age | Supplemental Term Life, AD&D and Travel Accident | Spouse Term Life** | **Spouse Term Life is based on age of employee and amount of spouse coverage. Spouse coverage available in the amount of |
|-----------|--|--------------------|---|
| | Cost / \$1,000 | Cost / \$1,000 | |
| Under 25 | 0.060 | 0.062 | |
| 25 – 29 | 0.065 | 0.062 | |
| 30 – 34 | 0.085 | 0.085 | |
| 35 – 39 | 0.095 | 0.101 | 10,000 |
| 40 – 44 | 0.110 | 0.147 | 15,000 |
| 45 – 49 | 0.160 | 0.248 | |
| 50 – 54 | 0.240 | 0.402 | 25,000 |
| 55 – 59 | 0.420 | 0.619 | |
| 60 – 64 | 0.650 | 0.960 | 50,000 |
| 65 – 69 | 1.260 | 1.718 | |
| 70 – 74 | 2.000 | 3.065 | 75,000 |
| 75 – 80 | 2.070 | 5.341 | |
| 80 & Over | 2.070 | 5.341 | 100,000 |

Dependent / Spouse / Domestic Partner Basic Term Life

| Type | Spouse | Child less than 6 months | Child more than 6 months but less than 2 years | Child more than 2 years but less than 3 years | Child more than 3 years but less than 26 years |
|--------------------|--------|--------------------------|--|---|--|
| Volume | 1,000 | 100 | 200 | 400 | 500 |
| Monthly Premium*** | 0.24 | | | | |

***Monthly premium provides coverage for all eligible dependents, regardless of the number of children covered.

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Dependent Child(ren) Supplemental Term Life (Must also enroll in Employee Supplemental Term Life)

| Type | Child(ren) Only |
|---|-----------------|
| Volume | 10,000 |
| Monthly Premium | 1.50 |
| Premium provides coverage per eligible child dependent, regardless of the number of children covered. | |

Reimbursement Assistance Program (RAP) - High (All ages)

| Individual | Employee + Spouse | Employee + Child(ren) | Family |
|------------|-------------------|-----------------------|--------|
| 66.00 | 125.42 | 109.55 | 166.96 |

Reimbursement Assistance Program (RAP) - Low (All ages)

| Individual | Employee + Spouse | Employee + Child(ren) | Family |
|------------|-------------------|-----------------------|--------|
| 49.88 | 94.78 | 82.82 | 126.20 |

Short Term Disability (Monthly rate reflected as factor of weekly benefit amount)

| Age | Factor of Basic Weekly Earnings | | Example STD 500*** Maximum earnings - \$1,000.00 per week Maximum Weekly Benefit - \$500.00 | Example STD 1000**** Maximum earnings - \$1,500.00 per week Maximum Weekly Benefit - \$1,000.00 |
|-----------|---------------------------------|--------------|--|--|
| | STD 500*** | STD 1000**** | | |
| Under 25 | 0.212 | 0.233 | Employee age - 34 Weekly Earnings - \$725.00 Divide weekly earnings by 10 Multiply by 50% (benefit amount) Multiply by rate: $\$72.50 \times .50 \times 0.220 = \7.98 | Employee age - 43 Weekly Earnings - \$835.00 Divide weekly earnings by 10 Multiply by 66.67% (benefit amount) Multiply by rate: $\$83.50 \times .6667 \times 0.402 = \22.38 |
| 25 - 29 | 0.216 | 0.228 | | |
| 30 - 34 | 0.220 | 0.235 | | |
| 35 - 39 | 0.306 | 0.325 | | |
| 40 - 44 | 0.383 | 0.402 | | |
| 45 - 49 | 0.490 | 0.505 | | |
| 50 - 54 | 0.569 | 0.600 | | |
| 55 - 59 | 0.673 | 0.685 | | |
| 60 - 64 | 0.835 | 0.855 | | |
| 65 & Over | 1.365 | 1.452 | | |
| | | | Note: Actual billing may vary due to rounding. | Note: Actual billing may vary due to rounding. |

Long Term Disability (Monthly rate reflected as factor of basic monthly earnings)

| Age | Factor of Earnings | Example |
|-----------|--------------------|---|
| Under 35 | 0.095 | Employee age 43 earning \$900 per month. Divide monthly earnings by 100. Multiply by rate: 0.169 $\$9 \times 0.169 = \1.52 Note: Actual billing may vary due to rounding. Maximum Earnings – \$8,333.33 per month Maximum Monthly Benefit – \$5,000.00 |
| 35 - 39 | 0.100 | |
| 40 - 44 | 0.169 | |
| 45 - 49 | 0.289 | |
| 50 - 54 | 0.528 | |
| 55 - 59 | 0.966 | |
| 60 - 64 | 1.017 | |
| 65 & Over | 1.684 | |

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Accident Insurance – High (All ages)

| Individual | Employee + Spouse | Employee + Child(ren) | Family |
|------------|-------------------|-----------------------|--------|
| 4.42 | 8.85 | 9.51 | 13.94 |

Accident Insurance – Low (All ages)

| Individual | Employee + Spouse | Employee + Child(ren) | Family |
|------------|-------------------|-----------------------|--------|
| 2.53 | 5.06 | 5.44 | 7.97 |

Critical Illness (Individual rate based upon employee age / spouse rate based upon spouse age)

| Age | Individual 10,000 | Spouse 5,000 | Individual 20,000 | Spouse 10,000 |
|---|---|-----------------|---|------------------|
| Under 25 | 2.30 | 1.15 | 4.60 | 2.30 |
| 25 – 29 | 2.70 | 1.35 | 5.40 | 2.70 |
| 30 – 34 | 3.30 | 1.65 | 6.60 | 3.30 |
| 35 – 39 | 4.30 | 2.15 | 8.60 | 4.30 |
| 40 – 44 | 6.70 | 3.35 | 13.40 | 6.70 |
| 45 – 49 | 9.00 | 4.50 | 18.00 | 9.00 |
| 50 – 54 | 11.30 | 5.65 | 22.60 | 11.30 |
| 55 – 59 | 14.00 | 7.00 | 28.00 | 14.00 |
| 60 – 64 | 17.10 | 8.55 | 34.20 | 17.10 |
| 65 – 69 | 21.80 | 10.90 | 43.60 | 21.80 |
| 70 + | 32.30 | 16.15 | 64.60 | 32.30 |
| | Critical Illness - Child 5,000***** .50 | | Critical Illness - Child 10,000***** 1.00 | |
| *****Premium provides coverage per eligible dependent child, regardless of the number of children covered | | | | |

Hospital Indemnity – High (All ages)

| Individual | Employee + Spouse | Employee + Child(ren) | Family |
|------------|-------------------|-----------------------|--------|
| 13.46 | 27.88 | 26.76 | 41.18 |

Hospital Indemnity – Low (All ages)

| Individual | Employee + Spouse | Employee + Child(ren) | Family |
|------------|-------------------|-----------------------|--------|
| 5.88 | 13.18 | 11.69 | 18.99 |

Legal Services (All ages)

| Individual |
|------------|
| 15.45 |

ID Theft (All ages)

| Individual | Individual + |
|------------|--------------|
| 7.00 | 12.50 |

Please contact the Mercer Operator Support Line at (866) 881-6646 with any questions. This is a rate brochure, not a description of the benefits available under the McDonald's Licensees Health & Welfare Plan or the Ronald McDonald House Charities Health & Welfare Plan.

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