McDonald's Licensees | Ronald McDonald House Charities®
Health & Welfare Plan
Healthy People Healthy Business

# 2014 Benefits Enrollment Guide

Annual enrollment runs through December 13, 2013

The National Operators Insurance Team (NOIT) and Global Advisory Council (GAC) is proud to offer the McDonald's Licensees and Ronald McDonald House Charities® (RMHC) Health & Welfare Plan ("the Plan") in 2014. This year, we are evolving the Plan so it provides options to help our owner/operators and Executive Directors comply with the health care reform law while easing the administrative burden wherever possible.

As we move into 2014, the Plan is pleased to continue offering superior value and outstanding benefit choices designed specifically for owner/operators and Executive Directors. Ultimately, the Plan provides every owner/operator and Executive Director with access to a best-in-class health and welfare benefits program that they can offer to their employees.

With wellness exams covered at 100% (before any deductible) and valuable wellness incentives for taking an interest in their health, the Plan can help your employees to get and stay healthy. Since healthy employees are productive employees, your business will be healthier as well. That's what the Plan is all about: healthy people, healthy business.

# What's New for 2014

There are a number of important changes you need to know about for 2014.

## Medical Plan Updates

- **In 2014, the Plan will offer seven (7) medical plan design options, still through Blue Cross and Blue Shield of Illinois.**

  We have updated our medical options so they align with the new "metallic" options that will be available through the Health Insurance Marketplaces (also known as "Exchanges") in every state. Like today, each option has a different premium rate, deductible and out-of-pocket maximum.

  It's important to understand that since these are new medical options, there will be changes for your employees next year. The amount of the deductible and/or out-of-pocket maximum may change. In addition, the coinsurance percentage that the plan pays and/or the way the employee shares in the cost of a doctor's office visit or prescription drugs is different in some of the new options.

  Four of the new options (the Silver and Bronze plans) qualify as "high deductible health plans" that allow participants to set up their own Health Savings Account (HSA).

- **To help manage the cost of health care for you and your employees, the Plan is changing the benefit design for Emergency Room (ER) visits.** After a participant's third visit to the ER in a year, he or she will receive a reduced benefit level for each subsequent ER visit — meaning the participant will pay a greater share of the cost for ER visits number four and beyond.

## Changes to the Plan's Adoption Agreement

To comply with health care reform, and to create more flexibility for you in developing a benefits package for your various employee groups, there are some updates to the Adoption Agreement for 2014.

- There will no longer be a minimum age requirement on the Adoption Agreement.
- You now have the flexibility to exclude all dependent coverage tiers (Employee + Spouse, Employee + Child(ren) and Family). **Please note that, if you select to offer medical coverage for Employee Only, coverage will be terminated for existing dependents covered under the Plan effective January 1, 2014.**

## Annual Enrollment has begun.

Current participants will continue to use their existing ID cards. Newly enrolled participants will receive their ID cards before or shortly after January 1, 2014, based upon the timeframe in which enrollment forms are received. Return your forms as quickly as possible to ensure timely ID card delivery.

## If You Participate in the Plan Today…

you will automatically be defaulted to offering a new medical option (or options) if you do not take action to update your Adoption Agreement by November 22, 2013.

Here is a look at how the medical options will default:

| Current Plan | | Default Plan/ New Metallic Plan |
|---|---|---|
| MHC250 / RMHC250 | → | Platinum |
| MHC500 / RMHC500 | → | Gold Plus |
| MHC1000 / RMHC1000 | → | Gold |
| MHC2000 / RMHC2000 | → | Silver Plus |
| MHC5000 / RMHC5000 | → | Bronze Plus |
| MHC10000 / RMHC10000 | → | Bronze |

## Not Participating in the Plan? Join Today!

Simply call Dawn Pasaye at Mercer, the Plan's Enrollment Administrator, at (708) 552-5349 to request enrollment forms and the Adoption Agreement.

## Health Care Reform: How it Affects Our 2014 Plans

As you know, in July the government postponed the "employer mandate" part of the health care reform law for one year — from 2014 to 2015. This is the requirement for most companies to provide medical coverage to their full-time workers or pay a penalty.

The delay in the law provides employers across the U.S. with additional time to determine their health care strategy for 2015 and beyond. You can use this time to evaluate the medical options available and make the best decisions for your people and your organization.

The "individual mandate," which requires most Americans to have medical insurance beginning January 1, 2014, or potentially pay a tax penalty, has not been delayed. This means your employees have a requirement to have medical insurance beginning in 2014. **Every medical option in the McDonald's Licensees and RMHC Health & Welfare Plan satisfies the requirements of the individual mandate.**

The McDonald's Licensees and RMHC Health & Welfare Plan continues to be available in 2014, with new medical plan options that you can offer to your employees, including crew if you choose.

Take the time to learn about the benefits available through the Plan for 2014. Annual Enrollment is your opportunity to offer the Plan to your employees, or to make changes to the benefits you make available if you already participate.

## Continuing to Focus on Wellness

**McDonald's is committed to helping our customers lead balanced, active lifestyles, and NOIT is committed to the health and wellness of our Plan participants.**

In 2014, we continue to offer a **$50 wellness incentive** for any adult medical plan participant (employee or spouse) who completes the online Health Assessment available at **www.bcbsil.com/licensees**. We will also continue the **$100 wellness incentive** for any adult medical plan participant (employee or spouse) who completes an annual physical or well woman exam.

If you or your employees have questions about health care reform, you can visit the government's website at **www.healthcare.gov.** In addition, the website **www.mcdhealthinfo.com** is available as a resource for your employees, to help them understand their medical insurance options for 2014.

The Health Care Reform page on AccessMCD continues to be updated with information to support you as an employer.

# Healthy People

## You have the flexibility to design a benefits package that meets you and your employees' needs.

The McDonald's Licensees and RMHC Health & Welfare Plan allows you to design a customized package of benefits at a competitive price while providing the advantages and negotiating power of a large group plan.

**The Basic Benefits Package Includes...**

- Medical coverage
  - Seven (7) different medical plan options
  - Prescription drug program (retail and mail service)
  - Mental health and chemical dependency benefits
  - LifeCompass, our Employee Assistance Program
- Basic life insurance

**Additional Options You Can Elect...**

- Dental coverage
- Vision care coverage
- Supplemental term life and accident insurance
- Short- and long-term disability
- Supplemental short-term disability
- Long-term care insurance

The optional coverages and basic life insurance can all be offered with or without medical coverage in any combination. Consider making all coverages and medical options available to all job classes on your Adoption Agreement.

# Healthy Business

## You have access to services and programs that make your job easier by allowing you to focus on running a successful business.

As a member of the Plan, you have access to:

- A team of benefits professionals at Mercer that offer enrollment **administration and support** by:
  - Ensuring Plan compliance with COBRA and HIPAA regulations
  - Handling enrollment, changes to enrollment and termination paperwork
  - Ensuring quality service and high customer satisfaction
- The **Automated Premium Payment (APP)** program allows you to make automatic premium payments through electronic deductions from your checking account.
- **Online resources** provide easy access to information and forms.

# Access Plan Vendors on the Web

All of our vendors' websites offer a wealth of information and tools to help participants. These sites can be accessed from any computer with Internet access.

| Plan | Carrier | Web site |
|---|---|---|
| **Medical** | Blue Cross and Blue Shield of Illinois | www.bcbsil.com/licensees |
| **Dental** | Delta Dental | www.deltadentalil.com |
| **Prescription Drugs** | Fidelity Security Life Insurance Company/Express Scripts (formerly Medco) | www.express-scripts.com/mcdonalds |
| **Mental Health/Chemical Dependency and LifeCompass EAP** | Blue Cross and Blue Shield of Illinois | www.bcbsil.com/licensees or www.MagellanHealth.com/member |
| **Vision** | EyeMed | www.eyemedvisioncare.com |
| **Disability** | Prudential | www.prudential.com/gi |
| **Life Insurance** | Minnesota Life | www.lifebenefits.com |
| **Long-Term Care** | CNA | www.ltcbenefits.com<br>Password: MCDLicensees |

# Update Your Adoption Agreement Online

If you participate in the Plan, you can view and update your Adoption Agreement online. When you log in to your secure, personalized website, you can:

- View your current 2013 Adoption Agreement
- Update your Adoption Agreement for 2014 – and return to the site any time during the enrollment period to make additional updates as necessary
- Download and view your 2014 rate sheet, enrollment materials and other important forms
- Access the enhanced Participant Communication Tool that allows you to quickly create benefit summary documents for distribution to your employees who participate in the Plan
- Identify and contact the Mercer account coordinator serving your location

**Important:** Please visit the website to update your Adoption Agreement for 2014 by November 22, 2013.

**To log in to the site:**

- Visit the McDonald's Licensees and RMHC Health & Welfare Plan website at **www.mcdlicenseebenefits.com**
- Click on the link to access the log-in page
- Enter your Login ID (your Company Number located on your monthly invoices) and the personal password that you created. If you do not remember your password, click on "Forgot Password" to reset it.
- *For first-time users,* follow the instructions under "First-time Users Register Here" to set your personal password and log in. You will need to know your Company Number located on your monthly invoices and the access codes provided to you via email. If you cannot locate your access codes, you can call your account coordinator at Mercer at (866) 881-6646 for help.

We've enhanced the Participant Communication Tool available on your personalized Adoption Agreement website. The tool now defaults so your communications only display the benefits you make available on your Adoption Agreement.

# How to Enroll

Annual Enrollment has begun.

**If you participate in the Plan currently:**

- **Update your Adoption Agreement online by November 22.** This page tells you how to access your personalized website.

  Now is the time to make updates to the 2014 benefits being offered to your employees. Please complete the Adoption Agreement accordingly and be sure to indicate all job classifications that you would like to make eligible for the Plan. Consider selecting all job classes on your Adoption Agreement to allow for future flexibility, unless you have a reason not to do so.
- For changes to coverage for individual employees or to add new employees, complete and return the Enrollment/ Change Forms **by December 13.**

If you have any general questions, please contact Mercer at **(866) 881-6646**.

**If you did not participate in the Plan in 2013 and want information on participating in 2014:**

- Contact Dawn Pasaye at Mercer at (708) 552-5349 for information about adopting the Plan.
- Complete and return a letter of intent and Adoption Agreement **by December 13.**


# Administration Support

The Plan offers you comprehensive administrative support. You'll receive:

- **Administrative support** to ensure you stay in compliance with COBRA and HIPAA guidelines. Just submit a Termination Form to our Enrollment Administrator, Mercer, within five days of an employee termination or loss of eligibility and they'll handle all the paperwork for you. They'll also send out COBRA notifications and HIPAA certificates of creditable coverage.
  - **You do not need to prepare W-2 forms** for employees who receive short-term disability during the year. This process is handled by Prudential, the short-term disability vendor.
- **Dedicated claims support services** to handle your claims. This full service customer support unit works exclusively with Plan claims so processing is quick and efficient. They also assign extra resources to more difficult cases, assuring quality service and high customer satisfaction.
- **An Automated Premium Payment (APP) program** to make automatic premium payments through electronic deductions from your checking account, ensuring you avoid late payments and penalties. Sign up for the APP program by contacting Mercer today at (866) 881-6646.

## Important Information for Owner/Operators in Michigan, Pennsylvania, Rhode Island or Wyoming

**Ensure You Have Coverage for Worker's Compensation**

In most states, Owner/Operators and their employees are eligible to enroll in worker's compensation coverage that can be purchased through either a state-funded plan or a local insurance carrier. If you are an Owner/Operator with stores in Michigan, Pennsylvania, Rhode Island or Wyoming, you may provide worker's compensation coverage to your employees. However, due to the regulations in these states, Owner/Operators are not eligible to be covered by worker's compensation whether it is purchased through a state-funded plan or local insurance carrier.

To help ensure Owner/Operators in these states have coverage for workplace illnesses or injuries, the Plan provides a 24-hour coverage benefit. If you enroll in 24-hour coverage, medical claims resulting from on-the-job incidents in your stores are covered by Blue Cross and Blue Shield of Illinois. If you are interested in enrolling in 24-hour coverage, please contact Mercer at (866) 881-6646.

# Medical Benefits

## PPO Plan Options

Medical coverage is provided by the Blue Cross and Blue Shield of Illinois Preferred Provider Organization (PPO). A PPO is a network of doctors, hospitals and other health care providers that offers quality services to you at negotiated rates. You also have the flexibility to see doctors out of the network — although at a potentially higher cost to you.

Pricing for out-of-network claims aligns with **Medicare's** pricing or allowance (not "usual and customary" charges).

It's important to find out if your doctor (or any other medical provider you may use) is in the network. To do so, call Blue Cross and Blue Shield of Illinois at **(800) 730-8445** or visit **www.bcbsil.com/licensees**. Use the Provider Finder to find network providers, see credentials and reviews, cost of treatment and more — giving you more information about provider quality and the cost of care.

When enrolling in the PPO, you have four coverage levels to choose from:

- Employee Only
- Employee + Spouse (or Domestic Partner)
- Employee + Child(ren)
- Family

If you enroll in the Plan, you can also enroll your eligible dependents. Eligible dependents include:

- Your spouse, or your opposite- or same-sex partner (as long as you and your partner meet specific criteria; call Mercer at (866) 881-6646 to learn more).
- Your children under age 26 including natural children, stepchildren, legally adopted children, children placed with you for adoption and children you are legally required to support. You can cover adult children up to age 26 even if they are not your dependent for income tax purposes, are not in school, are working, have coverage available through their employer, and/or are married.

## How the PPO Works

Each year, after you meet your deductible amount, the Plan pays a percentage of your eligible medical expenses until the annual out-of-pocket maximum is met. After that, the Plan pays 100% of your eligible expenses for the remainder of the calendar year.

The Plan will pay 100% of the cost for certain services, including wellness benefits, **before** you meet the annual deductible (see the medical plan table at right).

# Choosing Your Medical Plan Option

| Plan Provision | Platinum Plan | | Gold Plus Plan | |
|---|---|---|---|---|
| | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Annual Deductible | | | | |
| Employee Only | $250 | $500 | $500 | $1,000 |
| Employee + Spouse or Child(ren) | $500 | $1,000 | $1,000 | $2,000 |
| Family* | $750 | $1,500 | $1,500 | $3,000 |
| Annual Medical Out-of-Pocket Maximum** | | | | |
| Employee Only | $2,500 | $5,000 | $2,500 | $5,000 |
| Employee + Spouse or Child(ren) | $5,000 | $10,000 | $5,000 | $10,000 |
| Family | $5,000 | $10,000 | $5,000 | $10,000 |
| Coinsurance Percentage | 80% | 60% | 80% | 60% |
| Office Visit | 100% after $10 copay | 60% after deductible | 100% after $10 copay | 60% after deductible |
| Inpatient Admission | $100 copay plus 80% after deductible | $100 copay plus 60% after deductible | $100 copay plus 80% after deductible | $100 copay plus 60% after deductible |
| Outpatient Surgery | 80% after deductible | 60% after deductible | 80% after deductible | 60% after deductible |
| Wellness Care | 100%, no deductible | 60% after deductible | 100%, no deductible | 60% after deductible |
| Emergency Room – Emergent Visit | Visits 1-3: 100% after $100 copay*** Visits 4+: 100% after $200 copay*** | | Visits 1-3: 100% after $100 copay*** Visits 4+: 100% after $200 copay*** | |
| Emergency Room – Non-emergent Visit | Visits 1-3: 80% after deductible Visits 4+: 70% after deductible | | Visits 1-3: 80% after deductible Visits 4+: 70% after deductible | |
| Lifetime Maximum | Unlimited | | Unlimited | |

** If an employee covers two or more dependents, the deductible is met when the aggregate of individual deductible amounts meets the family amount.*

*** The out-of-pocket maximum excludes the deductible amount.*

**** The copay will be waived if the ER visit results in an inpatient hospital stay.*

**Important note:** Not all options are available in all states. In-network benefits will be provided to participants residing in non-PPO states.

You can choose from seven (7) different medical plan design options. Each option has a different annual deductible and out-of-pocket maximum. The table below summarizes the seven options and includes a partial list of covered services.

| Plan Provision | Gold Plan | | Silver Plus Plan | | Silver Plan | | Bronze Plus Plan | | Bronze Plan | |
|---|---|---|---|---|---|---|---|---|---|---|
| | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Annual Deductible | | | | | | | | | | |
| Employee Only | $1,000 | $2,000 | $1,250 | $2,500 | $1,500 | $3,000 | $1,750 | $3,500 | $2,500 | $5,000 |
| Employee + Spouse or Child(ren) | $2,000 | $4,000 | $2,500 | $5,000 | $3,000 | $6,000 | $3,500 | $7,000 | $5,000 | $10,000 |
| Family* | $3,000 | $6,000 | $2,500 | $5,000 | $3,000 | $6,000 | $3,500 | $7,000 | $5,000 | $10,000 |
| Annual Medical Out-of-Pocket Maximum** | | | | | | | | | | |
| Employee Only | $2,500 | $5,000 | $2,500 | $5,000 | $3,000 | $6,000 | $3,500 | $7,000 | $3,500 | $7,000 |
| Employee + Spouse or Child(ren) | $5,000 | $10,000 | $5,000 | $10,000 | $6,000 | $12,000 | $7,000 | $14,000 | $7,000 | $14,000 |
| Family | $5,000 | $10,000 | $5,000 | $10,000 | $6,000 | $12,000 | $7,000 | $14,000 | $7,000 | $14,000 |
| Coinsurance Percentage | 80% | 60% | 80% | 60% | 70% | 50% | 60% | 50% | 60% | 50% |
| Office Visit | 100% after $10 copay | 60% after deductible | 80% after deductible | 60% after deductible | 70% after deductible | 50% after deductible | 60% after deductible | 50% after deductible | 60% after deductible | 50% after deductible |
| Inpatient Admission | $500 copay plus 80% after deductible | $500 copay plus 60% after deductible | 80% after deductible | 60% after deductible | 70% after deductible | 50% after deductible | 60% after deductible | 50% after deductible | 60% after deductible | 50% after deductible |
| Outpatient Surgery | 80% after deductible | 60% after deductible | 80% after deductible | 60% after deductible | 70% after deductible | 50% after deductible | 60% after deductible | 50% after deductible | 60% after deductible | 50% after deductible |
| Wellness Care | 100%, no deductible | 60% after deductible | 100%, no deductible | 60% after deductible | 100%, no deductible | 50% after deductible | 100%, no deductible | 50% after deductible | 100%, no deductible | 50% after deductible |
| Emergency Room – Emergent Visit | Visits 1-3: 100% after $100 copay*** Visits 4+: 100% after $200 copay*** | | Visits 1-3: 80% after deductible Visits 4+: 70% after deductible | | Visits 1-3: 70% after deductible Visits 4+: 60% after deductible | | Visits 1-3: 60% after deductible Visits 4+: 50% after deductible | | Visits 1-3: 60% after deductible Visits 4+: 50% after deductible | |
| Emergency Room – Non-emergent Visit | Visits 1-3: 80% after deductible Visits 4+: 70% after deductible | | Visits 1-3: 70% after deductible Visits 4+: 60% after deductible | | Visits 1-3: 60% after deductible Visits 4+: 50% after deductible | | Visits 1-3: 50% after deductible Visits 4+: 50% after deductible | | Visits 1-3: 50% after deductible Visits 4+: 50% after deductible | |
| Lifetime Maximum | Unlimited | | Unlimited | | Unlimited | | Unlimited | | Unlimited | |

** If an employee covers two or more dependents, the deductible is met when the aggregate of individual deductible amounts meets the family amount.*

*** The out-of-pocket maximum excludes the deductible amount.*

**** The copay will be waived if the ER visit results in an inpatient hospital stay.*

**Important note:** Not all options are available in all states. In-network benefits will be provided to participants residing in non-PPO states.

**The Silver Plus, Silver, Bronze Plus and Bronze plans are high deductible health plans that are compatible with a Health Savings Account (HSA).**

# Change to 2014 Emergency Room Benefit

Managing the increasing cost of health care is a challenge — for you and your employees. One way we can all work together to manage costs is to get medical care from the right place at the right time. With this in mind, the Plan is introducing a new benefit design for Emergency Room (ER) visits beginning in 2014. Here's how it will work:

- **After a participant's third visit to the ER in a year, he or she will receive a reduced benefit level for each subsequent ER visit — meaning the participant will pay a greater share of the cost for ER visits number four and beyond.**
- **In the Platinum, Gold Plus and Gold plans:**
  - The participant will pay a copay if he or she visits the ER for an emergent medical situation. The amount of the copay will increase beginning with the fourth ER visit in a year. The copay will be waived if the ER visit results in an inpatient hospital stay.
  - The participant will pay coinsurance (or a percentage of the total cost for the medical services) after the deductible if he or she visits the ER for a non-emergent medical situation. The coinsurance percentage that the participant pays will increase beginning with the fourth ER visit in a year.
- **In the Silver Plus, Silver, Bronze Plus and Bronze plans:**
  - The participant will pay coinsurance (or a percentage of the total cost for the medical services) after the deductible if he or she visits the ER. The coinsurance percentage that the participant pays will increase beginning with the fourth ER visit in a year. In addition, the coinsurance percentage that the participant pays will be greater if he or she visits the ER for a non-emergent medical situation.

See the chart on pages 6 – 7 for an overview of how this benefit works.

This change encourages Plan participants to visit their doctor's office, a convenience care clinic or an urgent care center instead of the ER when their medical situation is not a true emergency.

**Remember, you and your employees who participate in a medical plan can call the BCBSIL 24/7 Nurseline at any time. Simply call (800) 299-0274.**

## FREE! Maternity Program for Expectant Mothers

Blue Cross and Blue Shield of Illinois offers a **FREE** maternity program called Special Beginnings that provides expectant mothers with invaluable prenatal care — a major factor in preventing premature births and low birthweight babies. A long stay in the neonatal intensive care unit is both stressful and expensive. All mothers-to-be should take advantage of the preventive care provided through Blue Cross and Blue Shield's Special Beginnings program.

When you enroll, Special Beginnings gives you:

- An online resource featuring a pregnancy calendar, due date calculator, videos, articles and more
- Educational materials specific to your needs
- An email newsletter

All expectant mothers are encouraged to enroll in Special Beginnings during the first three months of pregnancy. To enroll, call Blue Cross and Blue Shield of Illinois at (800) 730-8445.

# The Prescription Drug Card Program

**When you enroll in any of the Plan's medical options, you are automatically enrolled in the prescription drug card program.** In all medical plan options, prescription drug benefits are provided through Express Scripts.

The Plan offers two ways for you to save on your prescription drug needs:

- **Retail Pharmacy** — Walk into virtually any retail pharmacy nationwide and have up to a 30-day supply of your prescription filled at a discount. When you use a participating pharmacy, there are no claim forms to file.
- **Mail Order Pharmacy Service** — When you need a prescription filled for long-term maintenance medications, such as oral contraceptives or diabetes and blood pressure drugs, you can get up to a 90-day supply through the convenience of home delivery. The mail order pharmacy service often saves you money because your cost may be less for a 90-day supply than through a retail pharmacy.

## TAKE NOTE:

### Prescription Drug Coverage in the Silver Plus, Silver, Bronze Plus and Bronze Plans

In the Silver Plus, Silver, Bronze Plus and Bronze plans, any prescription drug costs apply to the medical plan's deductible, coinsurance and out-of-pocket maximum. **This means participants will need to pay 100% of the cost of any prescription drugs until they meet the medical plan annual deductible.** After the deductible is met, the participant will pay his or her share of the cost of the drug, based on the applicable coinsurance percentage. The cost of prescription drugs will apply toward the medical plan's out-of-pocket maximum amount for the year.

## New Web Resource

An enhanced Express Scripts website is now available for you and your employess at **www.express-scripts.com/mcdonalds**

**On the site you can:**

- **Easily find lower-cost medication options**
- **Make the transition from a retail pharmacy to Home Delivery**
- **Manage all of your medications in one place and check for potentially harmful drug interactions**
- **And more!**

### How Prescription Drug Coverage Works

See the table on page 11 for a summary of how prescription drug benefits work.

The drugs on the preferred brand-name list change from time to time. For a complete and up-to-date listing of preferred prescription drugs, visit the Express Scripts website at **www.express-scripts.com/mcdonalds** or call them at **(877) 783-2268**.

Several prescription drug programs are also in place:

- An **extended payment** program allows participants using the mail order pharmacy to pay their copayment or coinsurance amount over a period of three months — rather than all at once. For more details, call Express Scripts at (877) 783-2268.
- A **retail refill allowance** program requires participants to use the mail order pharmacy service to fill their maintenance prescriptions. Participants can purchase an initial prescription and two refills at a retail pharmacy. Additional refills should be filled through mail order; if you continue to use a retail pharmacy, you will be charged an additional $20 copayment.
- **Prior authorization programs** require Express Scripts' approval before the Plan will pay for certain medications.
- **Preferred drug step therapy** requires that a participant try a generic or lower-cost brand-name alternative when available and clinically appropriate.
- **Clinical quantity limit** programs apply to certain drug classes, limiting the quantity of certain drugs that can be dispensed per prescription per month. This program helps to maintain safety and reduce unnecessary dosing and waste.
- A **personalized medicine** program provides participants prescribed drugs such as warfarin (a blood thinner) the free, voluntary opportunity to participate in a simple cheek swab lab test to help their doctors better understand their specific body chemistry and ensure appropriate dosing and effectiveness.

## Prescription Drug Card Program Benefits for the Platinum, Gold Plus and Gold Medical Plans

| Levels of Coverage | Retail Pharmacy Copayment/Coinsurance (up to a 30-day supply)* | Mail Order/Home Delivery Pharmacy Service Copayment/Coinsurance (up to a 90-day supply) |
|---|---|---|
| **Generic**<br>Once a pharmaceutical company's patent on a brand-name medication has expired, a generic equivalent drug often becomes available. Generic drugs must contain the same active ingredients as their brand-name equivalents, and they must also produce the same effect on the body. However, generics generally cost 30% – 60% less than the brand-name counterpart. | You pay $10 | You pay $25 |
| **Preferred Brand-Name**<br>Preferred brand-name drugs are those identified as excellent values — clinically and financially. These drugs are on a list that changes from time to time. To find out which brand-name drugs are preferred, visit the Express Scripts website at www.express-scripts.com or call (877) 783-2268. | If the cost of the prescription is:<br>$24.99 or less (based on the usual and customary fee at the pharmacy) — you pay the full cost<br>$25–$83.33 — you pay $25<br>$83.34 or more — you pay 30% of the total cost (with a minimum copayment of $25 and a maximum copayment of $150) | If the cost of the prescription is:<br>$59.99 or less (based on the usual and customary fee) — you pay the full cost<br>$60–$200 — you pay $60<br>$200.01 or more — you pay 30% of the total cost (with a minimum copayment of $60 and a maximum copayment of $375) |
| **Non-Preferred Brand-Name**<br>Some brand-name drugs cost more than others, even if they have the same therapeutic effects as less-expensive medications. These more expensive drugs are not on the preferred brand-name list. | If the cost of the prescription is:<br>$49.99 or less (based on the usual and customary fee at the pharmacy) — you pay the full cost<br>$50–$100 — you pay $50<br>$100.01 or more — you pay 50% of the total cost (with a minimum copayment of $50 and a maximum copayment of $500) | If the cost of the prescription is:<br>$124.99 or less (based on the usual and customary fee) — you pay the full cost<br>$125–$250 — you pay $125<br>$250.01 or more — you pay 50% of the total cost (with a minimum copayment of $125 and a maximum copayment of $1,000) |
| **All Brand-Name Proton Pump Inhibitors (e.g., Protonix, Aciphex, Prilosec, Nexium)**<br>You pay more for these drugs because Over the Counter (OTC) medication alternatives are available. The use of OTC medication is another cost-saving alternative you may want to ask your doctor about. Often these products cost less than your copayment would be for a prescription product. | If the cost of the prescription is:<br>$49.99 or less (based on the usual and customary fee at the pharmacy) — you pay the full cost<br>$50–$100 — you pay $50<br>$100.01 or more — you pay 50% of the total cost (with a minimum copayment of $50 and a maximum copayment of $500) | If the cost of the prescription is:<br>$124.99 or less (based on the usual and customary fee) — you pay the full cost<br>$125–$250 — you pay $125<br>$250.01 or more — you pay 50% of the total cost (with a minimum copayment of $125 and a maximum copayment of $1,000) |
| **Prescription Drug Out-of-Pocket Maximum** | The most you'll pay for prescription drugs in 2014 is:<br>• Platinum plan: $3,300 for Employee Only coverage, or $6,600 for all other coverage levels<br>• Gold Plus plan: $2,750 for Employee Only coverage, or $5,500 for all other coverage levels<br>• Gold plan: $2,250 for Employee Only coverage, or $4,500 for all other coverage levels | |

* Please note that the program requires participants to use the mail order pharmacy service to fill their maintenance prescriptions. After purchasing an initial prescription and two refills at a retail pharmacy, any additional retail refills will be charged an additional $20 copayment. Please note that the additional $20 copayment does not apply toward the prescription drug out-of-pocket maximum.

### Important notes:

- If you choose to have your prescription refilled with a brand-name drug when a generic drug is available, you will be responsible for paying the brand-name coinsurance, plus the cost difference between the generic and brand-name drug. The cost difference will not be included in your out-of-pocket maximum.
- The Food and Drug Administration (FDA) has reclassified some prescription drugs as over-the-counter. Those drugs are not covered under the prescription drug card program. Other drugs have been reclassified and will require authorization before they will be covered under the program. Be sure to check the Express Scripts website at **www.express-scripts.com/mcdonalds** or call them at (877) 783-2268 to see if your prescription is covered under the program.

## Prescription Drug Card Program Benefits for the Silver Plus, Silver, Bronze Plus and Bronze Medical Plans

| Plan Name | Retail Pharmacy Copayment/Coinsurance (up to a 30-day supply) | Mail Order Prescription Drug Coverage (90-day supply, mailed to home) | Prescription Drug Out-of-Pocket Maximum |
|---|---|---|---|
| **Silver Plus Plan** | 80% after deductible (combined with medical) | | **The cost of prescription drugs will apply toward the medical plan's out-of-pocket maximum for the year** |
| **Silver Plan** | 70% after deductible (combined with medical) | | |
| **Bronze Plus Plan** | 60% after deductible (combined with medical) | | |
| **Bronze Plan** | 60% after deductible (combined with medical) | | |

# Mental Health and Chemical Dependency Benefits

**When you enroll in the medical plan, you automatically receive mental health and chemical dependency benefits, provided through Blue Cross and Blue Shield of Illinois.**

## How Mental Health and Chemical Dependency Coverage Works

Blue Cross and Blue Shield of Illinois offers access to a broad network of clinicians and facilities. These include psychiatrists, psychologists and certified chemical dependency counselors.

To help you use inpatient and outpatient benefits, you can contact Blue Cross and Blue Shield of Illinois by calling **(888) 372-2175**. A customer advocate will work with you to locate a network provider, review pre-authorization* requirements when applicable, connect you with a clinician for health condition questions, and /or assist you with accessing online tools and resources.

## Workplace Support Services

In addition to providing counseling and referrals for employees, LifeCompass includes telephone consultation services for Owner/Operators and management who want assistance with workplace issues such as difficult employee or team situations, performance or behavior problems and conflict management. Call LifeCompass at **(800) 327-6260** and ask to speak with Workplace Support Services to receive one-on-one consultation and coaching.

## Critical Incident Stress Management (CISM) Services

LifeCompass provides CISM services following any traumatic event such as robberies, deaths in or outside the workplace, layoffs, terrorism, natural disasters and more. All these events, and others, can have a profound emotional impact, even on those not directly affected. These services help participants cope with the unique pressures of a traumatic event and minimize the long-term effect on the individual and workplace. The LifeCompass EAP provides consultation 24 hours a day, 365 days a year to help stabilize the situation and create a plan for intervention, which often involves sending a specially trained counselor to the site to provide services. To request help or learn more, simply call LifeCompass at **(800) 327-6260**. A CISM coordinator will discuss the types of services available and make recommendations for the most appropriate service for your situation.

## Training

LifeCompass provides extensive employee wellness and management training services that can be delivered onsite or via a live webinar (based on participation). Sessions are commonly one to two hours in duration. There are a wide range of topics available that are related to emotional wellbeing, healthy living, home and family, leadership and working well. To request training or learn more, simply call LifeCompass at **(800) 327-6260** or log on to **www.MagellanHealth.com/member**.

* Pre-authorization is required for hospital, partial hospital and chemical dependency residential treatment center admissions and for some outpatient services including intensive outpatient program, psychological/neuropsychological testing and electroconvulsive therapy.

**Summary of Mental Health and Chemical Dependency Benefits for the Platinum, Gold Plus and Gold Medical Plans**

| | In-Network Benefits | Out-of-Network Benefits |
|---|---|---|
| **Outpatient Treatment** | Mental Health: $10 copayment<br>Chemical Dependency: $10 copayment | Mental Health: 60% of expenses covered up to usual and customary fee<br>Chemical Dependency: 60% of expenses covered up to usual and customary fee |
| **Inpatient Treatment** | $100 copayment per admission in Platinum and Gold Plus plans; $500 copayment per admission in Gold plan<br>80% of expenses covered | $100 copayment per admission in Platinum and Gold Plus plans; $500 copayment per admission in Gold plan<br>60% of expenses covered up to usual and customary fee |

**In the Silver Plus, Silver, Bronze Plus and Bronze plans,** mental health and chemical dependency benefits are provided at the same coinsurance percentages as an office visit or inpatient admission:

- Silver Plus: The plan pays 80% after deductible for in-network, 60% after deductible for out-of-network
- Silver: The plan pays 70% after deductible for in-network, 50% after deductible for out-of-network
- Bronze Plus and Bronze: The plan pays 60% after deductible for in-network, 50% after deductible for out-of-network

All inpatient and some outpatient services noted above require pre-authorization. This process includes a review of clinical information from your provider(s) to determine whether the requested service or treatment meets the definition of medically necessary care. Services deemed not medically necessary will not be reimbursed.

Additional mental health benefits are available to Plan participants with a "serious mental illness" (SMI). For more information, please contact Blue Cross and Blue Shield of Illinois at (888) 372-2175.

**Please note:** Mental health and chemical dependency treatment share deductibles and out-of-pocket maximums with the medical plan.

# LifeCompass

When you enroll in a medical plan, you are automatically enrolled in LifeCompass, a **confidential** service meant to help you balance your work and life. It offers counseling and referrals for:

- Child and elder care resources
- Marital or family problems
- Depression
- Employment concerns
- Legal issues
- Financial planning
- And more!

With LifeCompass, help is just a phone call away. Staffed by professional counselors with master's degrees or higher, **you can call 24-hours a day, 365 days a year** and never receive a recorded message. **All calls are 100% confidential.**

When you need assistance with any of life's challenges, you can call **LifeCompass at (800) 327-6260** for professional consultation, resources, and up to three visits with a network professional **free of charge.**

# Dental Benefits

When building your benefits package, you can choose to include dental benefits, which is offered through Delta Dental.

Not only does the dental plan offer preventive and restorative care benefits, it also includes orthodontia benefits for your eligible dependent children. The dental plan also provides benefits for oral surgery and other dental cutting procedures. The table below summarizes the dental plan benefits for preventive care, primary care, major care and orthodontia.

As a dental plan participant with Delta Dental, you have access to many in-network dentists. Nearly 75% of dental providers nationally are in the Delta Dental PPO or Delta Dental Premier networks.

Participants in the dental plan can go to any licensed dentist. Benefits are the same whether you use a network or non-network provider. Delta Dental has negotiated lower fees with dentists in the Delta Dental PPO and Delta Dental Premier networks. With lower fees, your out-of-pocket costs should be less. Plus, you don't have to worry about balance-billing for charges above maximum allowed fee limits. If you go to an out-of-network dentist, your benefit level is the same, but your out-of-pocket expenses may be greater. Please see the table below and information at right for more details.

To locate a Delta Dental PPO or Delta Dental Premier provider, visit the Delta Dental website at **www.deltadentalil.com** or call customer service at **(800) 323-1743**.

## How Delta Dental's Networks Help You Save

The following example illustrates how using Delta Dental's networks — either Delta Dental PPO or Delta Dental Premier — helps participants save money on procedures such as getting a crown. Crowns are covered under major care — 50% of maximum allowed fees are paid by the dental plan after a $100 deductible.

Jim is enrolled in the dental plan through Delta Dental in 2014, and he needs a crown. (Let's assume Jim has already met his $100 deductible for primary care and major care.) Jim lives in Chicago where the dentist's fee for a crown is $1,100 without Delta Dental's negotiated network discounts.

If Jim uses a provider in the Delta Dental PPO network, the plan has negotiated an allowed fee of $606 (significantly lower than the dentist's $1,100 fee), of which Jim pays 50%, or $303. The dental plan pays the remaining $303.

If Jim doesn't use a provider in the Delta Dental PPO, but uses a provider in the larger Delta Dental Premier network, the plan has negotiated a fee of $902 (still $198 lower than the dentist's $1,100 fee), of which Jim pays 50%, or $451. The dental plan pays the remaining $451. With other dental carriers, there is no secondary discounted network like the Delta Dental Premier network, so Jim would have paid the out-of-network cost, which is $649 in this example (50% of the $902 maximum allowed fee plus the $198 difference between the maximum allowed fee and the dentist's billed charge).

Using a dental provider in the Delta Dental PPO or Delta Dental Premier networks can help save participants, and the Plan, money. Find a provider in your area by visiting **www.deltadentalil.com**. If your dentist isn't included in the Delta Dental PPO network, be sure to check the Delta Dental Premier network, where discounts are still available.

**Summary of Dental Plan Benefits**

| Service | Deductible | Plan Pays | Maximum Benefit |
|---|---|---|---|
| **Preventive Care**<br>Oral exams, cleanings, X-rays, fluoride, space maintainers for dependent children to age 14, sealants for dependent children up to age 16 | None | 100% of maximum allowed fees | $2,000 annual maximum for covered services (excluding orthodontia) |
| **Primary Care**<br>Fillings, oral surgery, periodontics, endodontics | $100 per person per calendar year (covers both Primary and Major services) | 80% of maximum allowed fees | |
| **Major Care**<br>Crowns, bridgework, inlays, gold fillings, full or partial dentures, implants | | 50% of maximum allowed fees | |
| **Orthodontics**<br>For eligible dependent children under age 26 | None | 50% of maximum allowed fees | $2,000 per person lifetime maximum |

# Vision Care Plan

Benefits for the vision care plan are provided through EyeMed, the nation's largest provider of optometric services and eyewear products. EyeMed's network includes private doctors as well as major chains such as LensCrafters, Pearle Vision, Target, Sears and more.

The vision care plan provides coverage for eye exams and materials. For more information or to locate a participating EyeMed provider, call **(866) 723-0514** or visit their website at **www.eyemedvisioncare.com**. Choose "Select" from the network options.

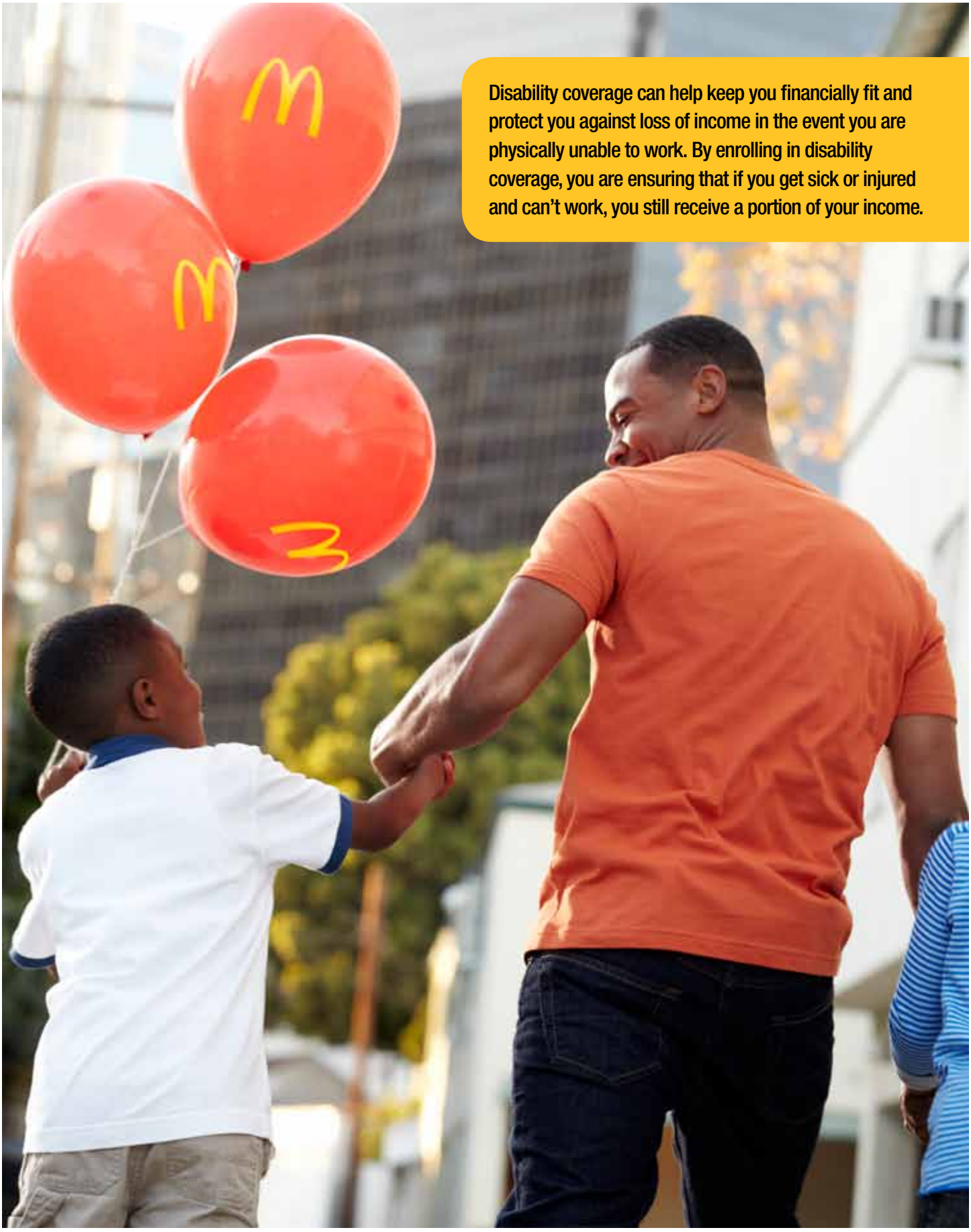
| Summary of Vision Plan Benefits | | |
|---|---|---|
| | Copayments and Benefits | |
| **Services and Materials** | **Network** | **Out-of-Network Maximum Benefit** |
| Eye exam for eyeglasses once per calendar year | Covered in full | Up to $60 |
| Standard uncoated plastic lenses once per calendar year for: | | |
| Single vision | Covered in full | Up to $30 |
| Bifocal vision | Covered in full | Up to $50 |
| Trifocal vision | Covered in full | Up to $65 |
| Progressive | $65 copayment | Up to $50 |
| Lens options | Scratch resistant coating is covered in full | Up to $5 |
| | Discount schedule applies for standard progressive, polycarbonate, anti-reflective coating, ultraviolet coating and tints | Not covered |
| Frames once per calendar year | $120 maximum benefit | Up to $55 |
| Standard contact lens fitting and follow up | Member pays up to $40 | Not covered |
| Contact lenses once per calendar year in lieu of spectacle lenses (materials only, conventional/disposable) | $120 maximum benefit | Up to $75 |
| Contact lenses once per calendar year when medically necessary (materials only) | Paid in full | Up to $130 |
| Additional pairs (unlimited) of eyeglasses/contact lenses | 40% discount off complete pair eyeglass purchases | Not covered |

Please note that benefits are provided up to maximum dollar limits, and that allowances are one-time use. Any unused dollars are not available for future use (amounts do not carry over for use later in the plan year or in future years).

## Laser Vision Correction

The vision plan offers discounts for LASIK vision correction from the U.S. Laser network. You can receive substantial savings when using network LASIK providers in hundreds of locations nationwide.
For additional information on laser vision correction, call the LASIK information line at **(877) 5LASER6.**


ISABEL



Disability coverage can help keep you financially fit and protect you against loss of income in the event you are physically unable to work. By enrolling in disability coverage, you are ensuring that if you get sick or injured and can't work, you still receive a portion of your income.

# Disability Benefits

Disability coverage is available to help protect you and your employees against loss of income in the event of an extended illness or injury. Coverages are issued by the Prudential Insurance Company of America.

## Short-Term Disability Benefits

This coverage pays a benefit beginning on the 15th day of a sickness or injury. The weekly benefit is 66 2/3% of basic earnings up to a maximum weekly benefit of $400. Benefits are payable for 26 weeks or until your disability ends, whichever occurs first. (**Note**: Short-term disability benefits through the Plan are not available in all locations.)

## Supplemental Short-Term Disability Benefits

You can increase the basic short-term disability benefits to provide a greater maximum weekly benefit. This coverage works in the same way as the basic short-term disability benefit, but covers 66 2/3% of basic earnings up to a maximum weekly benefit of $600 rather than $400.

If you or an employee are required to provide EOI, Prudential will send a form to be completed.

## Long-Term Disability Benefits

This coverage pays benefits after 180 days of consecutive disability. The monthly benefit is 60% of your basic monthly income up to a maximum monthly benefit of $5,000. Benefits generally continue until your normal retirement age as defined under the Social Security Act. If you are age 61 or older when your disability begins, different benefit durations apply.

If you or an employee are required to provide EOI, Prudential will send a form to be completed.

This policy provides disability income insurance only. It does **not** provide basic hospital, basic medical or major medical insurance as defined by the New York State Insurance Department.

# Long-Term Care Insurance

Long-term care insurance provides benefits to you and your eligible family members for care at home or in a long-term care facility, such as a nursing home or Hospice, if you are unable to care for yourself. Coverage is available through CNA for employees working at least 17.5 hours a week and eligible family members. Eligible family members include:

- Spouse
- Parents
- Parents-in-law
- Grandparents
- Grandparents-in-law

Newly hired employees can enroll for coverage once they become benefits eligible. **Once eligible, new hires have 31 days to enroll for coverage with guaranteed acceptance.** After 31 days have passed, employees may apply for coverage at any time, but will need to submit a short form application and must meet CNA's health requirements to obtain coverage. Eligible retirees can also purchase coverage.

Three long-term care coverage options are offered through CNA. For complete coverage information, visit the McDonald's group long-term care website at **www.ltcbenefits.com (password: MCDLicensees)** or call CNA at **(866) 308-0264**.

# Life and Accident Insurance Benefits

**When you enroll in the medical plan, you are automatically enrolled for basic term life insurance, accidental death and dismemberment (AD&D) insurance and business travel accident insurance.** If you choose not to enroll in the medical plan, you can still elect to enroll for basic life and accident insurance benefits. Supplemental term life insurance is also available at group rates.

## Basic Life and AD&D Insurance Benefits

Basic life insurance pays benefits to a beneficiary in the unfortunate event of your death. If you elect Employee + Spouse, Employee + Child(ren) or Family coverage in the medical plan, dependent life insurance is automatically included. Your spouse is covered for $1,000 and each of your eligible children is covered for $100 to $500, depending on their ages.

AD&D insurance pays an additional benefit to a beneficiary if you die in an accident. It also pays benefits to you should you suffer a severe injury, such as the loss of a limb or an eye.

Travel accident insurance pays a benefit to a beneficiary if you die while traveling on company business. This is in addition to any other life insurance benefits.

Dependents are not eligible for AD&D or travel accident insurance.

## For Owner/Operator Organizations

| Summary of Basic Term Life and AD&D Insurance Benefits | |
|---|---|
| **Job Classification** | **Amount of Basic Term Life and AD&D Insurance** |
| Owner/Operator, Co-Op Director | $50,000 |
| Director of Operations, Supervisor, General Manager/Restaurant Manager, Co-Op Manager, Ronald McDonaldland Character with signed contact with Co-Op/Agency | $25,000 |
| First Assistant/Department Manager, Second Assistant/Department Manager, Manager Trainee/Department Manager, Office Manager, Office Staff/Manager (includes LSM), Office Clerical, Primary Maintenance, All other fulltime paid Co-Op Employees, Assistant Ronald McDonaldland Character | $10,000 |
| Swing/Training Manager, Crew | $ 5,000 |

## For RMHC Houses

| Summary of Basic Term Life and AD&D Insurance Benefits | |
|---|---|
| **Job Classification** | **Amount of Basic Term Life and AD&D Insurance** |
| Senior Management Position (Executive Director, CEO) | $50,000 |
| House Manager, Directors (Financial, Marketing, Development) | $25,000 |
| House Administrative/Clerical Support, Security/Housekeeping, All Other House Positions | $10,000 |

### Travel Assistance Services

Global Rescue provides 24-hour travel assistance, emergency medical and security transport services, and pre-travel resources to any participant who is covered with basic life insurance. The participant's spouse and dependent children can access these services as well.

Global Rescue's services are available when traveling for business or pleasure at least 100 miles away from home.

For more information, contact Global Rescue at **(855) 516-5433** (toll-free from the U.S. or Canada) or +1-617-426-6603 (international). Or visit **LifeBenefits.com/travel**.

## Supplemental Term Life Insurance Benefits

If you participate in the basic term life and AD&D insurance plan, you can choose to increase your coverage by purchasing supplemental term life benefits as well. **You have a guaranteed coverage opportunity during Annual Enrollment.**

- Elect one to 10 times salary (not to exceed $1,000,000 when combined with basic life amount)
- Includes a matching amount of AD&D insurance
- Election of one times salary or increase by one times salary is guaranteed without evidence of insurability during Annual Enrollment (provided you have not previously been declined this coverage and your supplemental coverage does not exceed $500,000)
- Those new to the plan can elect up to $500,000 of coverage without providing evidence of insurability
- You must be enrolled in basic life coverage to elect supplemental life

## Dependent Supplemental Term Life Insurance Benefits

Supplemental term life insurance also is available for your eligible dependents. Please note that a dependent must be enrolled in the basic dependent life insurance coverage to be eligible for supplemental coverage, and coverage cannot exceed the employee's total life insurance coverage amount.

| | Amount of Coverage |
|---|---|
| Spouse (may not exceed 100% of your total basic and supplemental term amount) | $ 10,000<br>$ 15,000<br>$ 25,000<br>$ 50,000<br>$ 75,000<br>$100,000 |
| Child (each) | $ 10,000 |

Supplemental term life insurance is guaranteed issue for all child coverage and for all spouse coverage up to $25,000 if elected within 31 days of initial eligibility.

## When Is Evidence of Insurability Required?

The insurance carrier requires evidence of insurability (which is proof of good health) whenever you increase your supplemental term life benefit by more than one level. (If you elect coverage that exceeds one times your annual salary or $500,000, you must provide evidence of insurability.) For example, let's assume a manager with basic annual earnings of $50,000 currently pays for one times earnings ($50,000).

The manager wants to increase his or her coverage during this year's Annual Enrollment. He or she can elect an additional level of coverage ($100,000 total) without providing evidence of insurability. However, if the manager wants to increase coverage by more than one level, he or she would need to submit evidence of insurability.

If you are required to provide evidence of insurability, Minnesota Life will send an Evidence of Insurability form for you to complete.

**Example of Supplemental Term Life Insurance for a Manager with $50,000 Basic Annual Earnings**

| | Coverage Options | Manager's Total Coverage | Proof of Good Health Required? |
|---|---|---|---|
| **Current Coverage** | 1 x earnings | $50,000 (1 x) | — |
| **Elects additional 1 x earnings** | 2 x earnings | $100,000 (2 x) | No |
| **Elects additional 2 x earnings** | 3 x earnings | $150,000 (3 x) | Yes |
| **Elects additional 3 x earnings** | 4 x earnings | $200,000 (4 x) | Yes |
| **Elects additional 4 x earnings** | 5 x earnings | $250,000 (5 x) | Yes |
| **Elects additional 5 x earnings** | 6 x earnings | $300,000 (6 x) | Yes |
| **Elects additional 6 x earnings** | 7 x earnings | $350,000 (7 x) | Yes |
| **Elects additional 7 x earnings** | 8 x earnings | $400,000 (8 x) | Yes |
| **Elects additional 8 x earnings** | 9 x earnings | $450,000 (9 x) | Yes |
| **Elects additional 9 x earnings** | 10 x earnings | $500,000 (10 x) | Yes |

**Important Information** *This brochure summarizes the benefits that may be available through the McDonald's Licensees Health & Welfare Plan. If any conflict arises between the description of benefits contained in this brochure and the official Plan document or the group insurance certificates for each benefit, the descriptions in the official Plan documents and insurance certificates will prevail.*