

McDonald's Licensees & Ronald McDonald House Charities
Health and Welfare Plan
2025 – Rate Area 4



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. Medical and Supplemental Term Life 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. Short Term Disability, Long Term Disability and Critical Illness premium will be based upon 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.

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

PLAN	Health Plan 1				Health Plan 2			
AGE	Individual	EE + Spouse	EE + Child(ren)	Family	Individual	EE + Spouse	EE + Child(ren)	Family
< 30	249.82	632.79	510.33	726.28	318.87	807.69	651.38	927.03
30 - 34	310.80	788.98	636.29	963.45	396.68	1,007.03	812.13	1,229.74
35 - 39	305.78	720.02	580.65	1,092.92	390.30	919.01	741.14	1,394.99
40 - 44	338.05	772.68	623.12	1,159.80	431.48	986.24	795.34	1,480.36
45 - 49	408.32	881.17	710.61	1,210.14	521.17	1,124.70	907.01	1,544.57
50 - 54	519.44	1,105.08	891.18	1,349.31	663.01	1,410.48	1,137.49	1,722.22
55 - 59	633.80	1,301.94	1,049.94	1,494.60	808.98	1,661.75	1,340.12	1,907.69
60 - 64	807.67	1,627.45	1,312.48	1,748.87	1,030.89	2,077.25	1,675.20	2,232.23
65 - 69	955.62	1,876.53	1,513.33	1,970.29	1,219.72	2,395.15	1,931.59	2,514.84
70 - 74	1,146.07	2,282.03	1,840.37	2,359.02	1,462.82	2,912.73	2,349.00	3,011.00
75 +	1,298.54	2,584.49	2,084.28	2,668.98	1,657.43	3,298.77	2,660.32	3,406.63

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

PLAN	Health Plan 3				Health Plan 4			
AGE	Individual	EE + Spouse	EE + Child(ren)	Family	Individual	EE + Spouse	EE + Child(ren)	Family
< 30	363.82	921.52	743.19	1,057.68	452.24	1,145.47	923.79	1,314.73
30 - 34	452.61	1,148.98	926.60	1,403.07	562.61	1,428.19	1,151.78	1,744.04
35 - 39	445.31	1,048.51	845.59	1,591.58	553.53	1,303.33	1,051.08	1,978.39
40 - 44	492.29	1,125.25	907.44	1,689.01	611.93	1,398.71	1,127.96	2,099.48
45 - 49	594.61	1,283.23	1,034.85	1,762.29	739.11	1,595.05	1,286.34	2,190.57
50 - 54	756.45	1,609.29	1,297.81	1,964.97	940.28	2,000.38	1,613.20	2,442.48
55 - 59	923.01	1,895.98	1,529.03	2,176.57	1,147.29	2,356.73	1,900.61	2,705.50
60 - 64	1,176.18	2,370.03	1,911.31	2,546.85	1,462.02	2,945.97	2,375.81	3,165.77
65 - 69	1,391.65	2,732.75	2,203.84	2,869.29	1,729.84	3,396.85	2,739.41	3,566.58
70 - 74	1,669.00	3,323.28	2,680.10	3,435.39	2,074.58	4,130.90	3,331.39	4,270.25
75 +	1,891.05	3,763.70	3,035.28	3,886.78	2,350.61	4,678.38	3,772.91	4,831.35

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
33.23	69.74	76.41	149.48

Dental – Preventive (All ages)

Individual	Employee + Spouse	Employee + Child(ren)	Family
24.65	51.73	56.67	110.88

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.		

Spouse / Domestic Partner / Dependent Basic Term Life

Spouse / Domestic Partner / Dependent 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.					

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

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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	Example STD 1000
	STD 500	STD 1000	Maximum earnings - \$1,000.00 per week Maximum Weekly Benefit - \$500.00	Maximum earnings - \$1,500.00 per week Maximum Weekly Benefit - \$1,000.00
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	Note: Actual billing may vary due to rounding.	Note: Actual billing may vary due to rounding.
65 & Over	1.365	1.452		

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 Aptia 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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