

We know how important employee benefits are for you and your family and are pleased to offer **Benefits 4 Today**, a menu of employee benefits specifically designed for hourly restaurant employees.



How can Benefits 4 Today Help Me?

Supports you and your family: The medical benefits can help offset the cost of the care you need to recover from an illness or accident. Short-term disability benefits can provide some income for you and your family while you are out of work. You can also provide your family a benefit in the event of your death with term life.

As supplemental coverage: Benefits 4 Today can help you off-set your medical costs if you are enrolled in another medical plan through your employer or through the new Exchanges.

Protects the health of you and your family: A yearly medical, dental or vision checkup can help you stay healthy by catching minor problems before they become more serious or by preventing them from occurring in the first place.

Saves you money: Using doctors, hospitals and other providers in the network can save you an average of 30% on the cost of your care.

This plan does not qualify as essential coverage or minimum essential coverage as defined under the Affordable Care Act (ACA). This limited health benefits plan does not provide comprehensive medical coverage. It is a basic or limited benefits policy and is not intended to cover all medical expenses.

Who Can I Cover Under My Insurance?

You can cover eligible family members in the medical, vision, dental and/or term life plans. Your eligible family members (dependents) are:

- Your spouse
- Your domestic partner*
- Your children under age 26,** even if they are married, not students and/or not dependent on you for support

* If you work in Connecticut, Massachusetts, Missouri or Rhode Island due to federal tax rules the portion of your premium that covers your Domestic Partner must be made on an after-tax basis and you will have imputed income on the amount that your employer pays toward your premium.

** Under age 30 for certain military veterans who are Illinois residents. Call the Benefits 4 Today Support Center at 1-888-645-6410 for details.

Who is eligible to enroll in Benefits 4 Today?

If you are an hourly paid employee, you are eligible to enroll in the program. You must enroll in the program within **45 days** of your eligibility date or during one of the open enrollment periods. If you don't enroll within **45 days** you will have to wait until the next open enrollment or until you have a qualifying life event. A qualifying life event is defined as a change in your status due to one of the following:

- Marriage*
- Loss or gain of insurance coverage by your spouse*
- Birth or adoption of a child(ren)*
- Divorce*
- Loss of Medicaid coverage**
- Eligibility for premium assistance under a Medicaid or SCHIP plan**

*You have 30 days from the date of the qualifying life event to enroll.

**You have 60 days from the date of the qualifying life event to enroll.

This page includes valuable tips for getting the most from your benefits — from going to the right place to get medical care to buying prescription drugs.

TIPS FOR GETTING THE MOST FROM YOUR MEDICAL COVERAGE

Use a provider or facility that's in your network.

A network is a group of doctors, hospitals and other health care providers that offers quality services to you at discounted rates. Using the network could save you as much as 30% on the cost of your care. Look below for information on finding a provider or facility in your network.

Save the Emergency Room for Emergencies.

If you have a life threatening emergency — the Emergency Room is where you want to go. If it's not an emergency, consider going to a doctor's office, urgent care center or a convenience care location (like Minute Clinic, Redi Clinic, The Little Clinic, Take Care or Fast Care Clinic). You'll receive quality care and the plan will pay \$100 for the Basic Plan, \$105 the Mid 5 Plan and \$110 for the Mid 10 Plan. If you use the Emergency Room for a non-emergency, the plan will pay \$150 and you will be responsible for the remaining charges

Use your wellness benefit.

Getting an annual physical or other health screenings can help you identify a condition — like diabetes or high cholesterol — early, before it becomes serious.

Prescription Drug Coverage

For generic and brand prescriptions, the plan pays you a fixed dollar amount per prescription up to the monthly maximum, for drugs dispensed by a pharmacist. Prescription drug coverage is not provided for drugs administered during a physician office visit or hospital stay. If you choose a contracted pharmacy, you will also receive a discount off the retail price of the drug and the pharmacy will deduct your benefit from the cost of the drug at the time of purchase. If the plan benefit is greater than the cost of the drug, your pharmacy provider will file a claim for the difference which will be paid directly to you. The prescription drug benefits are not subject to the outpatient maximum.



Terms to Know

Doctor Visit — Services provided in a doctor's office for an injury or illness.

Inpatient Expenses — Services that result from a hospital stay of at least one day of room and board charges. These expenses count toward your plan year maximum benefit.

Network — A group of providers who offer discounted prices as part of a contract with the insurance company.

Outpatient Expenses — Services you receive without being admitted to a hospital, like a doctor's office visit. These expenses count toward your outpatient plan year maximum benefit in the Mid 5 and Mid 10 Plans.

Plan Year Maximum Benefit — The most you can receive in benefits from this plan during the plan year.

Steps to an Easy Enrollment

1. Use the chart below to choose the benefits you want. Circle the coverage you want for each benefit. You can choose different coverage levels for each benefit you sign up for. And, remember, you don't have to select medical to sign up for other benefits.

Medical Benefits			
Basic Plan			
Level of Coverage	Weekly Cost	Bi-Weekly Cost	Semi-Monthly Cost
Employee Only	\$13.99	\$27.98	\$30.31
Employee + 1	\$29.43	\$58.86	\$63.77
Family	\$44.83	\$89.66	\$97.13
Mid 5 Plan			
Level of Coverage	Weekly Cost	Bi-Weekly Cost	Semi-Monthly Cost
Employee Only	\$24.30	\$48.60	\$52.65
Employee + 1	\$52.06	\$104.12	\$112.80
Family	\$79.81	\$159.62	\$172.92
Mid 10 Plan			
Level of Coverage	Weekly Cost	Bi-Weekly Cost	Semi-Monthly Cost
Employee Only	\$32.30	\$64.60	\$69.97
Employee + 1	\$72.48	\$144.96	\$157.02
Family	\$112.64	\$225.28	\$244.04
Dental Benefits			
Employee Only	\$4.78	\$9.56	\$10.36
Employee + 1	\$9.56	\$19.12	\$20.71
Family	\$15.77	\$31.54	\$34.17
Term Life Benefit			
Employee Only	\$1.75	\$3.50	\$3.79
Employee + 1	\$2.15	\$4.30	\$4.66
Family	\$2.15	\$4.30	\$4.66
Short Term Disability Benefit*			
Under Age 65	\$4.68	\$9.36	\$10.14
Over Age 65	\$9.36	\$18.72	\$20.28
Vision Benefit			
Employee Only	\$1.74	\$3.48	\$3.77
Employee + 1	\$3.00	\$6.00	\$6.50
Family	\$4.20	\$8.40	\$9.10

2. Company ID Number: This is a 6 digit number beginning with 30 (for example 309999), that tells us who you work for. Your Company ID is located on the Open Enrollment Poster that is in your crew room. Please write your Company ID here:

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Social Security Number: You will need your Social Security Number to enroll for benefits. Enter your Social Security Number with no dashes, for example 999887777. Please write your SSN here:

Password: Your initial password is "NEW". When signing up for the first time, you will be prompted to change your password to a new password that only you will know. Please make sure to save your password in a safe place.

Personal Information: You will need to enter your Social Security Number, name, home address, home phone number, work phone number, email address, sex, marital status, birthday and language preference.

Job Information: You will need to choose your National Store Number and your Job Class and enter your hire date. Your Job Class is located on the Job Class Flyer that is in your crew room. All job classes will be verified by your Owner Operator, so please be careful when you make your selection. If you make the wrong selection it will delay the processing of your enrollment.

Dependents: if you are enrolling any family members, list their information below.

Full Name	Relationship	SSN	Date of Birth
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			

Beneficiary: If you enroll in Term Life coverage, list the person who will receive the benefit in the event of your death below:

Full Name: _____

Relationship: _____

3. You can enroll for benefits one of two ways – over the internet or by telephone. Please see page 7 of this guide for instructions on how to enroll using either the internet or telephone!

You have made your benefit choices....now what?

Sign up for Benefits Online

1. Log on to **www.essentialclient.com**.
2. Enter your Company ID, Social Security Number, and initial password NEW.
3. Enter your Personal and Job Information as described on page 6.
4. Follow the prompts on the screens to make your choices. When you are done, you will be given a Tracking ID Number – please write down this number here in case you need to ask a question later.

My Tracking ID Number: _____



Sign up for Benefits by Phone



1. Call **1-866-484-0851** (toll-free) to make your enrollment elections.
2. Please have the Steps to an Easy Enrollment on page 6 from this Enrollment Guide in front of you when you call.
3. You will record your enrollment choices, and at the end of the call, you will be given a Confirmation Number . Please write this number down here in case you need to ask questions about your enrollment transaction later.

My Confirmation Number: _____

Watch for More Information

Within two weeks of when you sign up, you will receive a packet at your restaurant, with information including:

- Your Benefits ID Card* with your name on it — you'll need this card when you go to the doctor or other providers
- A letter confirming that you have coverage under the insurance plans you chose
- A Summary Plan Description, which provides more detailed information about the benefit plans
- Some other helpful information about the program If you need care after your benefits become effective, but before you receive your insurance ID card, contact the Benefits 4 Today Support Center toll free at 1-888-645-6410. Representatives (including bi-lingual representatives) are available Monday through Friday, from 8:30 a.m. to 8:00 p.m. ET.

* If you enroll in medical or dental, you will receive an ID card with a confirmation letter and an SPD. Enrollees in term life and short-term disability will receive a confirmation of coverage letter and an SPD. For vision coverage, enrollees will receive a separate ID card and information through EyeMed. If you do not receive these documents after three weeks, please contact EyeMed at 1-866-723-0513.

If You Need to Cancel Your Insurance During the Year

If your payroll deductions are taken after-tax, you can cancel your benefits at any time. If your payroll deductions are taken before-tax, you will only be able to cancel or change coverage during an enrollment period or when you have a qualifying life event, such as marriage, birth of a child or divorce.

When Your Coverage Ends

Your insurance coverage will continue unless you:

- Cancel your benefits, as described above
- Miss six weeks of payroll deductions in a row and you don't pay these missed premiums directly to the McDonald's Insurance Program Support Center
- If you cancel coverage or miss six weeks of deductions, you must wait for the next enrollment period or experience a qualifying life event to re-enroll

Wait for Your Insurance to Begin

If you are enrolling during the Fall Open Enrollment period: Your benefits will begin during the first pay period that includes January 1, 2014. You will not have coverage before this date unless you are already currently enrolled for the current plan year.

If you are a new hire or enrolling outside the Open Enrollment period: Your benefits begin the first day of the payroll cycle for which you have a payroll deduction

Exclusions and Limitations



The following limitations and exclusions apply to all fixed indemnity medical plan participants. These limitations and exclusions may vary by state.

Medical Benefits

No benefits will be paid for loss caused by or resulting from:

- Intentionally self-inflicted injuries, suicide or any attempt while sane or insane;
- Declared or undeclared war;
- Serving on full-time active duty in the armed forces;
- The covered person's commission of a felony;
- Work-related injury or sickness, whether or not benefits are payable under workers' compensation or similar law;

No benefits will be paid for:

- Eye examinations for glasses; any kind of eye glasses, or vision prescriptions;
- Hearing examinations or hearing aids;
- Dental care or treatment other than care of sound, natural teeth and gums required on account of injury to the covered person resulting from an accident that happens while such person is covered under the policy, and rendered within 6 months of the accident;
- Services rendered in connection with cosmetic surgery, except cosmetic surgery that the covered person needs for breast reconstruction following a mastectomy or as a result of an accident that happens while such person is covered under the policy. Cosmetic surgery for an accidental injury must be performed within 90 days of the accident causing the injury and while such person's coverage is in force;
- Services provided by a member of the covered person's immediate family.

Dental Benefits

The plan will pay only for procedures specified on the Schedule of Covered Procedures in the Group Policy. The exclusions and limitations may vary by state. Many procedures covered under the plan have waiting periods and limitations on how often the plan will pay for them within a certain time frame.

Short-Term Disability Benefits

No benefit is payable with respect to any Total Disability caused by or resulting from:

- attempted suicide or intentionally self-inflicted injury, while sane or insane;
- voluntary taking of poison, voluntary inhalation of gas, voluntary taking of a drug or chemical;
- declared or undeclared war or act of war;
- commission of or attempt to commit a felony, or participation in a riot;
- engaging in an illegal occupation;
- release of nuclear energy;
- operating, riding in, or descending from any aircraft (including a hang glider); this does not apply to the Insured while a passenger on a licensed, commercial, nonmilitary aircraft;
- injury or sickness for which the insured has or had a right to payment under any workers' compensation or similar law.

Term-Life and Accidental Death Benefits

No Life Insurance benefits will be payable under the Policy for death caused by suicide or self-destruction, or any attempt at it, whether sane or insane, within 24 months after the person's coverage under the Policy became effective.

For Accidental Death no benefits will be payable for any loss caused by the following:

- attempted suicide or intentionally self-inflicted injury;
- bodily or mental infirmity;
- disease of any kind or medical or surgical treatment for that infirmity or disease (This does not include bacterial infections resulting from an accidental cut or wound or accidental ingestion of poisonous food substance);
- voluntary taking of poison or inhalation of gas;
- voluntary taking of a drug or chemical unless physician prescribed;
- declared or undeclared war or act of war;
- commission of a felony or participation in a riot or illegal occupation;
- release of nuclear energy (may vary by state);
- operating, riding in, or descending from any non-commercial aircraft (including a hang glider); nor
- work-related injury or sickness.

Vision Benefit

No benefits will be paid for:

- any materials, procedures, or services caused by or resulting from declared or undeclared war, or serving on full-time active duty in the Armed Forces;
- any materials, procedures, or services provided under Worker's Compensation or similar law;
- medical or surgical treatment of the eyes or supporting structures;
- non-prescription lenses, frames to hold such lenses, or non-prescription contact lenses, or industrial or athletic frames or lenses;
- orthoptic or vision training, subnormal vision aids, and any associated supplemental testing;
- any materials, procedures, or services provided by an immediate family member;
- charges for any materials, procedures, and services to the extent that benefits are payable under any other valid and collectible insurance policy or service contract, whether or not a claim is made for such benefits.

Exclusions and Limitations

Pre-Existing Information

There are no pre-existing condition limitations.

CREDITABLE COVERAGE

This health plan does not qualify as essential coverage under the Affordable Care Act (ACA). This health plan does not qualify as creditable coverage under the Health Insurance Portability Accountability Act (HIPAA). If the employee resides in the state of Massachusetts, this health plan does not meet minimum creditable coverage standards and will not satisfy the individual mandates that the employee has health insurance.

MASSACHUSETTS REQUIREMENT TO PURCHASE HEALTH INSURANCE:

As of January 1, 2009, the Massachusetts Health Care Reform Law requires that Massachusetts residents, eighteen (18) years of age and older, must have health coverage that meets the Minimum Creditable Coverage standards set by the Commonwealth Health Insurance Connector, unless waived from the health insurance requirement based on affordability or individual hardship. For more information call the Connector at 1-877-MA-ENROLL or visit the Connector website at www.mahealthconnector.org.

This health plan, alone, does not meet Minimum Creditable coverage standards that are effective January 1, 2009 as part of the Massachusetts Health Care Reform law because the health plan imposes an overall annual maximum benefit or a per illness annual maximum benefit for covered core services. If you purchase this health plan only, your employees will not satisfy the statutory requirement that you have health insurance meeting these standards.

THIS DISCLOSURE IS FOR MINIMUM CREDITABLE COVERAGE STANDARDS THAT ARE EFFECTIVE JANUARY 1, 2009. BECAUSE THESE STANDARDS MAY CHANGE, REVIEW YOUR HEALTH PLAN MATERIAL EACH YEAR TO DETERMINE WHETHER YOUR PLAN MEETS THE LATEST STANDARDS.

If you have questions about this notice, you may contact the Division of Insurance by calling 617-521-7794 or visiting its website at www.mass.gov/doi.

For employees who live in Connecticut: This limited health benefits plan does not provide comprehensive medical coverage. It is a basic or limited benefits policy and is not intended to cover all medical expenses. This plan is not designed to cover the costs of serious or chronic illness. It contains specific dollar limits that will be paid for medical services which may not be exceeded. If the cost of services exceeds those limits, the beneficiary and not the insurer is responsible for payment of the excess amounts. The specific dollar limits for the Basic, Mid 5 and Mid 10 Plans are as follows: \$2,000, \$5,000, \$10,000.

