benefits FOR ME
McDONALD'S INSURANCE PROGRAM
for Franchisees

Look inside for some important updates to our medical benefits

SIGN UP FOR BENEFITS TODAY

Benefits Enrollment Guide for 2011

MEDICAL • VISION • DENTAL • LIFE • DISABILITY

What are my benefit choices?

How much will it cost?

How do I sign up?

What happens after I sign up?

Form BE-M-3-B1-1S
Jan – Dec 2011

What are my choices?

THE McDONALD'S INSURANCE PROGRAM (MIP) FOR FRANCHISEES INCLUDES MEDICAL, VISION, DENTAL, TERM LIFE, SHORT-TERM DISABILITY…

Pick one or more of the benefit plans you see in this guide, whatever is right for you.

Why have insurance? Because it...

New for 2011:

In the past, if you signed up a dependent(s) for any benefit, you had to sign them up for all benefits you chose for yourself. Beginning with this enrollment, you can choose different coverage levels for each benefit you sign up for. See page 9 for the different coverage levels.

Can help pay for care when you need it: If you are sick or injured, or have a cavity, medical and dental insurance can help you pay for treatment from a doctor or dentist, which saves you money.

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.

Supports you and your family: If you can't work due to an off-the-job accident or illness, medical benefits can provide you access to the care you need to recover and 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.

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

Helpful Terms to Know

Throughout this guide, important words will be shown in ***bold italic text*** when they first appear. Definitions and descriptions of these words can be found in the Terms to Know box on page 7.

Who is eligible?

If you are an **hourly paid employee of a McDonald's Franchisee's restaurant, you are eligible to sign up for one or more of the benefits described in this guide.** For employees new to McDonald's, you have 45 days from your eligibility date* to choose your benefits. If you don't enroll within 45 days, you will have to wait until the next enrollment period or until you have a qualifying life event. You can drop coverage at any time.

*Your eligibility date begins once you have completed any applicable waiting periods, as required by your employer.

Keep in mind, you don't have to sign up for medical to sign up for the other benefits. You can choose only the benefits that best meet your needs.

What is 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 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.

MEDICAL BENEFITS

Do you take any medication that requires a prescription? Do you need to see a doctor about a health concern? Want to know if you're actually healthy?

Insurance helps pay for the medical care you need when you're sick, injured or have an ongoing medical condition. And if you're not sick, insurance can help you stay healthy by offering preventive care benefits.

What You Get

Each plan offers a different level of coverage — so the higher the maximum benefit, the more the plan will pay when you need medical care.

Basic Plan	Mid 5 Plan	Mid 10 Plan
$2,000 maximum benefit	$5,000 maximum benefit (up to $1,500 for outpatient services)	$10,000 maximum benefit (up to $2,000 for outpatient services)

Less coverage ● ——— ● More coverage

Here's how medical insurance works:

1 **You pay the co-pay** for a doctor's office visit, convenient and urgent care clinic visits and prescriptions. Once you pay the ***co-pay***, the insurance will pay the rest of the expenses up to the plan year maximum benefit.

OR

You pay the ***deductible*** for the plan year before the medical plan begins to pay for many services. Each dependent you sign up will have his or her own deductible. Deductible amounts will start over at the beginning of each plan year.

2 **Once your deductible is met,** the insurance begins to pay a portion of the total costs (***co-insurance***) for those services that required a deductible up to the ***plan year maximum benefit***.

3 **When the plan year maximum benefit is reached,** you'll still receive network discounts, but you'll be responsible for the cost of your care. Every time you get some kind of medical care, the insurance company keeps track of the actual cost of that service. For example, if you go to the doctor, you may only pay $20, but the real cost could be $150. So the difference between these amounts ($130) is the benefit you received from the plan; it's the amount the insurance company pays.

These costs add up to a plan year maximum benefit (the most the plan will pay for services during the plan year). Once you reach your plan year maximum benefit, your insurance will not pay any additional charges for the remainder of that plan year. However, you will still receive ***network*** discounts even after you've reached your plan year maximum benefit. Each covered dependent will have his or her own maximum to reach.

The Mid 5 and Mid 10 Plans have an outpatient plan year maximum where your ***outpatient expenses***, like a doctor's office visit or filling a prescription, count toward your outpatient plan year maximum benefit.

New for 2011 for all medical plans

Preventive Care without a Co-pay

The plan will cover, without a co-pay, preventive care for you and your covered family members beginning January 1, 2011, up to the maximum, based on your Plan. Covered preventive care is based on federal recommendations according to age, gender and health risk. Preventive care includes screenings, checkups and patient counseling to prevent illness, disease or other health problems.

Coverage of Adult Children up to Age 26

Individuals whose coverage ended, or who were denied coverage (or were not eligible for coverage), because the availability of dependent coverage of children ended before attainment of age 26, or marriage or loss of student status, are eligible to enroll in the Basic, Mid 5 or Mid 10 Plans.

Individuals may request enrollment for such children during the Open Enrollment Period. Coverage will be effective January 1, 2011. For more information contact PAI at 1-888-645-6410.

No Pre-existing Condition Exclusion for Individuals up to Age 19

Also effective January 1, 2011, the pre-existing condition exclusion for individuals under age 19 will no longer apply. If you did not previously enroll yourself or a family member under age 19 because of benefit exclusions for a pre-existing condition and would like to enroll yourself or your family member, you may do so during the Open Enrollment period.

Basic, Mid 5 and Mid 10 Plans

These three plans differ in the plan year maximum benefit and the plan year deductible to help you make the best choice.

	Basic	Mid 5	Mid 10
Plan Year Maximum Benefit	$2,000 per covered person	$5,000 per covered person (up to $1,500 for outpatient services)	$10,000 per covered person (up to $2,000 for outpatient services)
Plan Year Deductible (you pay this once each plan year)	$150 per covered person	Inpatient: $150 per covered person Outpatient: $150 per covered person	Inpatient: $150 per covered person Outpatient: $150 per covered person

	You Pay	Plan Pays (up to the plan year maximum benefit)
Primary Care Office Visits (doctor charges, labs and diagnostics are included in your co-pay)	$20 co-pay	100% of the remaining balance
Specialist Office Visits (doctor charges are included in your co-pay)	$20 co-pay	100% of the remaining balance
Convenience Care Clinic Visits (Minute Clinic, Redi Clinic, The Little Clinic, Take Care Health and Fast Care Clinic)	$10 co-pay	100% of the remaining balance
Preventive Care	$0	100%
Diagnostic and Surgical Services (including labs and diagnostics done in a Specialty Provider's Office)	30% after deductible	70%
Emergency Room (for Emergencies)	30% after deductible	70%
Emergency Room (for Non-Emergencies)	$250 deductible per visit and 50% of charges	50%
Inpatient Hospital Services	30% after deductible	70%
Prescription Drugs	Generic drugs: $5 co-pay Brand-name drugs: $50 co-pay	100% of the remaining balance

Some important things to know about your deductibles and maximums:

Basic Plan: Your plan year deductible applies to all inpatient and some outpatient services. Where a co-pay applies, you do not need to meet a deductible. For all other services, you need to meet the $150 deductible first and then the plan pays a percentage of remaining allowable charges up to the plan year maximum benefit.

Mid 5 and Mid 10 Plans: You have separate $150 deductibles for inpatient and outpatient services. Certain outpatient services like doctor visits require a co-pay but no deductible. For all other outpatient services, and for all inpatient hospital services, you must first pay the plan year deductible, and then the plan will pay 70%, up to the plan year maximum benefit.

Important Notice about the Basic, Mid 5 and Mid 10 Plans

This group health plan believes these plans (Basic, Mid 5 and Mid 10 Plans) are "grandfathered health plans" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan or policy may not include certain consumer protections of the Affordable Care Act that apply to other plans. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator at 1-888-645-6410. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

☐ **If this box is checked, this plan is NOT a grandfathered health plan under the Affordable Care Act and the above Notice does not apply.**

VISION BENEFITS

Do you need new glasses? Want to switch to contact lenses? Do you or a family member need to get your eyes checked?

The EyeMed vision plan helps you get an eye exam for just a small fee — especially if you go to an in-network provider. If you or a covered family member needs new glasses, your vision insurance will pay a portion of the cost so you can buy them at a more affordable price.

What You Get	In-Network		Out-of-Network	
	You Pay	Plan Pays	You Pay	Plan Pays
Eye Exam Including Dilation (once every 12 months)	$10 co-pay	100%	100% of cost, less $35 discount	$35
Standard Contact Lens Fit and Follow-up (once every 12 months)	$55 or the actual cost of lens fit and follow-up, whichever is less	$0	100% of cost	$0
Frames (once every 24 months)	80% of the cost after $110 allowance from the plan	$110 plus 20% of the remaining cost	100% of cost, less $55 discount	$55
Standard Plastic Lenses (once every 12 months)*				
Single Vision	$25 co-pay	100%	100% of cost, less $25 discount	$25
Bifocal Vision	$25 co-pay	100%	100% of cost, less $40 discount	$40
Trifocal Vision	$25 co-pay	100%	100% of cost, less $55 discount	$55
Contact Lenses (materials only)*				
Conventional Lenses	85% of the cost after $110 allowance from the plan	$110 plus 15% of the remaining cost	100% of cost, less $88 discount	$88
Disposable Lenses	100% of the cost after $110 allowance from the plan	$110	100% of cost, less $88 discount	$88
Medically Necessary	$0	100%	100% of cost, less $200 discount	$200

*This benefit applies to either contact lenses or a pair of glasses.

To find an in-network eye doctor near you contact EyeMed at 1-866-723-0513 or visit www.eyemedvisioncare.com.

DENTAL BENEFITS

Do you need to have a dental procedure? How do you know your teeth are healthy? Have you had your teeth cleaned lately?

The dental plan lets you or a covered family member see any licensed dentist of your choice and pays a portion of the cost for exams, cleanings, X-rays and dental procedures (like crowns and bridges).

What You Get

Plan Year Maximum	$750 per covered person	
Plan Year Deductible	$50 per covered person (you pay this once during the plan year)	
	You Pay	**Plan Pays**
Class A (Preventive Care) — exams, cleanings and X-rays	20% (no waiting period)	80% (after deductible and up to plan year maximum)
Class B (Minor Procedures) — fillings, oral surgery, repair of crowns, repair of bridges and repair of dentures	40% (after three-month waiting period)	60% (after deductible and up to plan year maximum)
Class C (Major Procedures) — crowns, bridges and dentures	50% (after six-month waiting period)	50% (after deductible and up to plan year maximum)

TERM LIFE BENEFITS

Do you want your family to be taken care of in the event of your death?

With the life and accidental death benefit, you can provide your family with a benefit of up to $40,000.

What You Get

With the term life benefit, you are covered for any cause of death.* You can sign up for yourself or yourself and your eligible dependents.

Coverage for You	Coverage for Your Dependents
Your beneficiary would receive: ● **$40,000** if you die in an accident covered by the plan ● **$20,000** if your death is not because of a covered accident	You would receive: ● **$2,500** if your spouse dies ● **$2,500** if your child age 6 months to 24 years dies ● **$500** if your child under 6 months dies

* See Exclusions and Limitations on pages 12 and 13.

SHORT-TERM DISABILITY BENEFITS*

Do you want to be able to provide for your family when you can't work?

If you become sick or injured in an off-the-job accident, this benefit provides some income while you are disabled.

What You Get

You can receive 50% of your base pay — up to $150 a week — for 26 weeks when you are disabled.

You must meet certain requirements for disability in order to receive benefits. Here's a look at what's covered and what's not covered.

You can get disability benefits:	You will not be eligible for disability benefits:
● When you have been unable to work for 14 days in a row ● If you are hospitalized, beginning the first day you are admitted to the hospital ● For pre-existing conditions if you are enrolled in this benefit for at least 12 consecutive months ● If you become pregnant after enrolling in this benefit	● For a disability related to a pre-existing condition (an illness that you were treated for within six months prior to your enrollment date) ● If you were being treated for pregnancy at the time you enrolled in this benefit Please see pages 12 and 13 for a list of all Exclusions and Limitations.

* Short-term disability is not available in CA, NJ, NY and RI.

Terms to Know

Co-pay – The amount you pay for each doctor office visit or for each prescription filled at a pharmacy.

Co-insurance – The percent you pay for medical services after you have paid the deductible.

Deductible – The amount you pay each plan year before the plan pays for medical services when a co-pay doesn't apply.

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 or filling a prescription. These expenses count toward your outpatient plan year maximum benefit in the Mid 5 and Mid 10 Plans.

Plan Year – The 12-month period from January 1, 2011 – December 30, 2011, and each following 12-month period in which you are signed up for the plan.

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

How much will it cost?

Each plan has a different price tag. The charts in this section show the total costs of the benefit(s) you pick.

Medical

	Weekly Cost			Bi-Weekly Cost			Semi-Monthly Cost		
	Employee only	Employee +1	Family	Employee only	Employee +1	Family	Employee only	Employee +1	Family
Basic	$15.95	$33.80	$51.50	$31.90	$67.60	$103.00	$34.56	$73.23	$111.58
Mid 5	$27.91	$59.80	$91.70	$55.82	$119.60	$183.40	$60.47	$129.57	$198.68
Mid 10	$37.44	$83.60	$129.70	$74.88	$167.20	$259.40	$81.10	$181.12	$281.00

Vision

Weekly Cost			Bi-Weekly Cost			Semi-Monthly Cost		
$1.99	$3.45	$4.80	$3.98	$6.90	$9.60	$4.31	$7.48	$10.40

Dental

Weekly Cost			Bi-Weekly Cost			Semi-Monthly Cost		
$5.59	$10.99	$18.10	$11.18	$21.98	$36.20	$12.11	$23.81	$39.22

Term Life

Weekly Cost			Bi-Weekly Cost			Semi-Monthly Cost		
$2.02	$2.47	$2.47	$4.04	$4.94	$4.94	$4.38	$5.35	$5.35

Short-Term Disability

Weekly Cost		Bi-Weekly Cost		Semi-Monthly Cost	
Under Age 65	Age 65 and older	Under Age 65	Age 65 and older	Under Age 65	Age 65 and older
$5.38	$10.76	$10.76	$21.52	$11.66	$23.31

Your costs will be deducted from your paycheck.

How do I sign up?

When you know what plans you want, follow the easy steps described here to sign up for your benefits.

Now it's time to make your choices.

New for 2011: 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.

Using the price tag charts on page 8 as a guide, write down the cost of your benefit choices here:

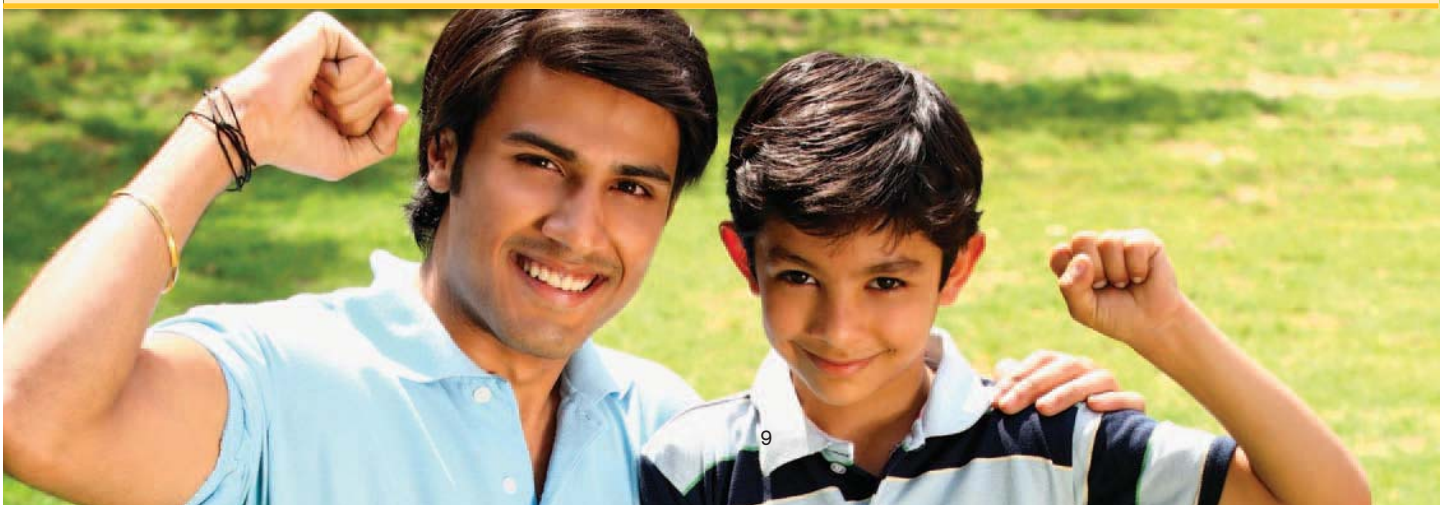
Benefit Plan I Want	Coverage Level (Who I Want to Sign Up)			Cost
Medical Basic ☐ Mid 5 ☐ Mid 10 ☐	Employee only ☐	Employee +1 ☐	Family ☐	$☐☐☐.☐☐
Vision ☐	Employee only ☐	Employee +1 ☐	Family ☐	$ ☐☐.☐☐
Dental ☐	Employee only ☐	Employee +1 ☐	Family ☐	$ ☐☐.☐☐
Term Life ☐	Employee only ☐	Employee +1 ☐	Family ☐	$ ☐.☐☐
Short-Term Disability ☐	Under Age 65 ☐		Age 65 and older ☐	$ ☐☐.☐☐
			My Total Cost:	$☐☐☐.☐☐

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

*Under age 30 for certain military veterans who are Illinois residents. Call the McDonald's Insurance Program Support Center at 1-888-645-6410 for details.



When you sign up, you will need some important information about yourself, your dependents and your store. Use this chart to write down these names and numbers.

Remember to be careful with this personal information. Please appropriately discard this sensitive material after you sign up.

Your Information

National Store Number — look for this on the Open Enrollment Poster in the crew room ☐☐☐☐☐

Company ID Number — look for this on the Open Enrollment Poster in the crew room 30☐☐☐☐

Social Security Number — leave out dashes ☐☐☐-☐☐-☐☐☐☐

Password* — your initial password is "NEW"

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

*When signing up for the first time, you will be prompted to change your password to a new password that only you know. Please make sure to save your password in a safe place.

**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)

Full name_____ **Relationship**_____

Social Security Number ☐☐☐-☐☐-☐☐☐☐ **Date of Birth** ☐☐/☐☐/☐☐☐☐

Full name_____ **Relationship**_____

Social Security Number ☐☐☐-☐☐-☐☐☐☐ **Date of Birth** ☐☐/☐☐/☐☐☐☐

Full name_____ **Relationship**_____

Social Security Number ☐☐☐-☐☐-☐☐☐☐ **Date of Birth** ☐☐/☐☐/☐☐☐☐

Beneficiary (for Term Life only, this is the person who will get benefits if you die)

Full name_____ **Relationship**_____

Sign Up for Benefits Online

1. Log on to **www.essentialcare.com/mcdonalds** and enter your National Store Number. You can find this number on the Open Enrollment Poster that is in your crew room.
2. Click on the link to **essentialclient.com.**
3. Enter your Company ID, Social Security Number and initial password of **"NEW".**
4. Enter your Personal and Job information listed above.
5. 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 questions later.

My Tracking ID Number _____

OR

Sign Up for Benefits By Phone

1. Fill out the form above and have this information with you before you call.
2. Call 1-866-484-0851.
3. Write down the Confirmation Number given to you at the end of the call.

My Confirmation Number_____

What happens after I sign up?

You have made your benefit choices…now what?

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 McDonald's Insurance Program 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, 2011. You will not have coverage before this date unless you are already enrolled in MIP for Franchisees 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.

Your Contact List

Find out where to go with questions about...

	Resource	Telephone	Website
For general questions about MIP for Franchisees			
	McDonald's Insurance Program Support Center	1-888-645-6410 Monday through Friday 8:30 a.m. to 8:00 p.m. ET	www.essentialcare.com/mcdonalds
To find a doctor			
All states with the exception of those listed below	Beech Street Network	1-866-907-3619	www.beechstreet.com
New Hampshire	PHCS Network	1-866-680-7427	www.phcs.com
Delaware, Maine, Minnesota, Mississippi, Maryland, South Dakota, West Virginia	MultiPlan Network	1-888-342-7427	www.multiplan.com
To speak to a nurse about a medical concern			
	Nurse Advisor Line — free service available 24 hours a day	1-866-645-0309	
To find an eye doctor			
	EyeMed Vision Care	1-866-723-0513	www.eyemedvisioncare.com

Exclusions and Limitations

Medical Benefits

Coverage is not provided for services, supplies or equipment for which a charge is not customarily made in the absence of insurance. No coverage is provided for:

1. Intentionally self-inflicted injuries, suicide or any attempted threat while sane or insane;
2. Loss due to declared or undeclared war or any act thereof;
3. Loss due to a covered person's commission of a felony;
4. Work-related injury or sickness, whether or not benefits are payable under Workers' Compensation or similar law;
5. Eye examinations for glasses; any kind of eye glasses; or prescriptions therefore;
6. Ear examinations, or hearing aids;
7. Dental care or treatment other than the care of sound, natural teeth and gums required on account of injury resulting from an accident while the insured is covered under the Plan, and rendered within six (6) months of the accident;
8. Cosmetic surgery, except cosmetic surgery that a covered person needs for breast reconstruction following a mastectomy or as a result of an accident that happens while covered under the Plan. Cosmetic surgery for an accidental injury must be performed within ninety (90) days of the accident causing the injury and while the person's coverage is in force;
9. Expenses used to meet any deductible, or in excess of the percentages payable, or in excess of those expenses considered usual and customary;
10. Services provided by a member of the covered person's immediate family or services provided by the Employer.

Pre-Existing Condition Exclusion Information

Pre-existing condition exclusions do not apply to individuals under age 19. If you did not previously enroll yourself or a family member under age 19 because of benefit exclusions for a pre-existing condition and would like to enroll that individual, you should add that individual during Open Enrollment. Coverage will be effective January 1, 2011. For other covered individuals, expenses for treatment of pre-existing conditions will not be covered under the McDonald's Insurance Program for Franchisees medical plans. The pre-existing condition exclusion applies only to conditions for which medical advice, diagnosis, care or treatment was recommended or received within the six (6) month period immediately preceding your enrollment date and shall not apply to any expenses incurred after twelve (12) months of continuous coverage under the policy. The pre-existing condition exclusion period will not apply to pregnancy (regardless of whether the woman had previous coverage), provided she has not incurred a subsequent break in coverage of sixty-three (63) consecutive days or more. The Plan's pre-existing condition exclusion period may be reduced by an equal period of any prior aggregate continuous health coverage (creditable coverage) as long as there is no break in coverage of sixty-three (63) consecutive days or more. Individuals have a right to demonstrate prior health coverage to reduce the Plan's pre-existing condition exclusion period by providing certificates of creditable coverage. You will need to contact your previous health coverage to obtain the appropriate letter of creditable coverage.

Vision Benefits

No coverage is provided for:

1. Orthoptic or vision training, subnormal vision aids, and any associated supplemental testing;
2. Medical and/or surgical treatment of the eye, eyes, or supporting structures;
3. Service provided as a result of any Worker's Compensation law;
4. Benefit is not available on certain frame brands in which the manufacturer imposes a no discount policy;
5. Corrective eyewear required by an employer as a condition of employment, and safety eyewear unless specifically covered under the plan;
6. Non-Prescription lenses and non-prescription sunglasses (except for a 20% discount);
7. Services or materials provided by any other group benefit providing for vision care;
8. Two pair of glasses in lieu of bifocals.

Dental Benefits

The exclusions and limitations may vary by state. See your Summary Plan Description, which you will receive after you enroll in benefits, for a complete listing of limitations and exclusions. 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.

Term Life and Accidental Death Benefits

Term Life benefits are not payable for any loss during the first two years of coverage if death is caused by or results from suicide.

There is no Accidental Death coverage for loss caused by or resulting from:

1. Declared war or act of war;
2. Self-inflicted injury or suicide, while sane or insane; and
3. Loss due to covered person's commission of a felony.

Short-Term Disability Benefits

No benefits are payable under this coverage in the following instances:

1. Attempted suicide or intentionally self-inflicted injury, while sane or insane;
2. The intentional taking of poison; intentional inhalation of gas; intentional taking of a drug or chemical. This does not apply to the extent administered by a licensed physician. The physician must not be you or your spouse, your or your spouse's child, sibling or parent; or a person who resides in your home;
3. Declared or undeclared war or act of war;
4. Your commission of or attempt to commit a felony, or any loss sustained while incarcerated for the felony;
5. Your participation in a riot;
6. If you engage in an illegal occupation;
7. Operating or riding in any aircraft. This does not apply while you are a passenger on a licensed, commercial, nonmilitary aircraft; and
8. Work-related injury or sickness.

Pre-Existing Information

If the disability is related to a condition for which you received medical treatment, diagnosis, care or advice within 6 months prior to your enrollment date, you will not be eligible for benefits until after you are on the plan for 12 consecutive months.

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.

For employees who live in Massachusetts:

The Basic, Mid 5 and Mid 10 plans, alone, **do not meet Minimum Creditable Coverage standards** that are in effect January 1, 2009, as part of the Massachusetts Health Care Reform Law because the health plan imposes an overall annual maximum benefit for covered core services. If you purchase this health plan only, you will not satisfy the statutory requirement that you have health insurance meeting these standards. Contact your employer to determine if it offers other health plan options that meet Minimum Creditable Coverage standards.

If you want to learn about other health plan options available to individuals, you may contact the Division of Insurance by calling (617) 521-7794 or visiting its website at www.mass.gov/doi, or the Connector by calling 1-877-MA-ENROLL or visiting its website at www.mahealthconnector.org. 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.**

The McDonald's Insurance Program for Franchisees Basic, Mid 5 and Mid 10 Medical/Rx, Dental, Term Life, Accidental Death, Short-Term Disability and Vision plans are underwritten by BCS Insurance Company and BCS Life Insurance Company/Oakbrook Terrace, Illinois under Policy Form Numbers 24.220.14, 26.212, 62.200.14 and 26.213(IL). McDonald's Insurance Program is administered by PAI, Columbia, South Carolina.

This brochure is for illustrative purposes only. It is not a contract of insurance. It is intended to provide a general overview of the insurance coverages. Please remember only the insurance policy can give actual terms of coverage. All benefits payable are subject to the definitions, limits, maximums, deductibles, benefit periods and limitations and exclusions of the policy. Your employer reserves the right to amend or terminate its policies, plans and programs, including the contents of this booklet, at any time without prior notice.