

# 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...

### Once you have signed up

See page 11 for details on when coverage begins, when you can expect your welcome kit, and when your coverage may end.

Effective July 1, 2012, medical discounts are provided through the First Health Network. See page 12 for contact information.

**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 an average of 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.**

# 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
<b>Basic</b>	\$17.50	\$37.08	\$56.49	\$35.00	\$74.16	\$112.98	\$37.92	\$80.34	\$122.40
<b>Mid 5</b>	\$30.62	\$65.60	\$100.59	\$61.24	\$131.20	\$201.18	\$66.34	\$142.13	\$217.95
<b>Mid 10</b>	\$43.59	\$94.23	\$144.80	\$87.18	\$188.46	\$289.60	\$94.45	\$204.16	\$313.73

## Vision

Weekly Cost			Bi-Weekly Cost			Semi-Monthly Cost		
\$1.74	\$3.02	\$4.22	\$3.49	\$6.05	\$8.43	\$3.78	\$6.55	\$9.14

## Dental

Weekly Cost			Bi-Weekly Cost			Semi-Monthly Cost		
\$4.90	\$9.65	\$15.89	\$9.81	\$19.30	\$31.78	\$10.63	\$20.91	\$34.43

## Term Life

Weekly Cost			Bi-Weekly Cost			Semi-Monthly Cost		
\$1.78	\$2.17	\$2.17	\$3.55	\$4.33	\$4.33	\$3.85	\$4.70	\$4.70

## 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
\$4.72	\$9.44	\$9.44	\$18.88	\$10.23	\$20.46

\*Your cost for coverage may be less than what is shown in this chart. Please review the Premium Deduction Poster posted in your crew room or check with your Restaurant Manager to find out the actual cost that will be deducted from your paycheck.

**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.

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 (Per Pay Period)
<b>Medical</b>		
Basic <input type="checkbox"/>	Employee only <input type="checkbox"/> Employee +1 <input type="checkbox"/> Family <input type="checkbox"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Mid 5 <input type="checkbox"/>		
Mid 10 <input type="checkbox"/>		
Vision <input type="checkbox"/>	Employee only <input type="checkbox"/> Employee +1 <input type="checkbox"/> Family <input type="checkbox"/>	\$ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Dental <input type="checkbox"/>	Employee only <input type="checkbox"/> Employee +1 <input type="checkbox"/> Family <input type="checkbox"/>	\$ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Term Life <input type="checkbox"/>	Employee only <input type="checkbox"/> Employee +1 <input type="checkbox"/> Family <input type="checkbox"/>	\$ <input type="text"/> . <input type="text"/> <input type="text"/>
Short-Term Disability <input type="checkbox"/>	Under Age 65 <input type="checkbox"/> Age 65 and older <input type="checkbox"/>	\$ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
<b>Total Cost*:</b>		\$ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>

\*Your total cost for coverage may be less than what is shown on this page. Please review the Premium Deduction Poster posted in your crew room or check with your Restaurant Manager to find out the actual cost that will be deducted from your paycheck for each benefit plan you elect.

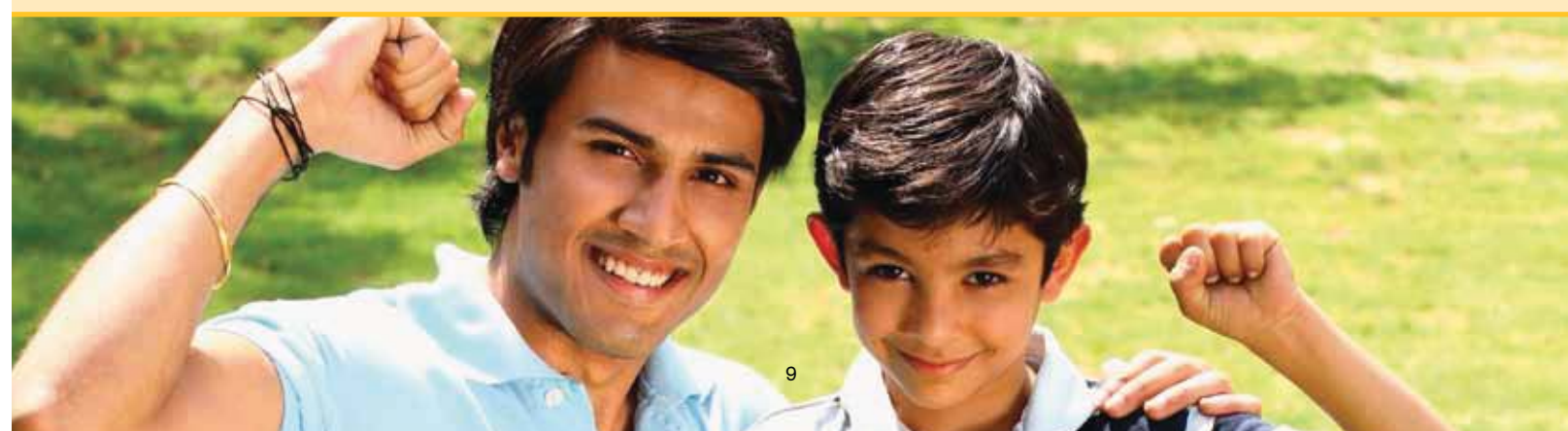
## Who Can I Cover Under My Insurance?

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 McDonald's pays toward your premium.

\*\*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

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**Social Security Number** — leave out dashes

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**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](http://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](http://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, 2013. 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.

### 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, 2013 – December 31, 2013, 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.

## 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;

### 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.

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. 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 also 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.

### 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](http://www.mass.gov/doi), or the Connector by calling 1-877-MA-ENROLL or visiting its website at [www.mahealthconnector.org](http://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](http://www.mass.gov/doi).**

**The McDonald's Insurance Program for Franchisees Basic, Mid 5 and Mid 10 Medical/Rx, Dental and Vision plans are underwritten by BCS Insurance Company, Oakbrook Terrace, Illinois, under Policy Form Numbers 24.220.14, 26.212 and 26.213(IL); the Term Life, Accidental Death and Short-Term Disability plans are underwritten by 4 Ever Life Insurance Company, Oakbrook Terrace, Illinois, under Policy Form Number 62.200.14.** 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.