

**McDonald's Licensees & Ronald McDonald House Charities  
Health and Welfare Plan  
2023 – Rate Area 5**



**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.

- **Medical plan election automatically includes Basic Term Life/AD&D/Travel Accident with individual coverage for an additional premium.**
- **As a reminder, domestic partners and their dependent children are eligible dependents under the McDonald's Licensees and RMHC Health and Welfare Plan.**

> **Dental Benefits** — 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** — can be elected by itself. 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** — can be added to Employee Basic 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 (Employee Basic and Employee Supplemental Term Life Combined).

> **Dependent / Spouse / Domestic Partner Basic Term Life Insurance** — can be added to Employee Basic Term Life Insurance. The amount of coverage varies by type of dependent (Spouse / Domestic Partner / Child) and age.

- **Medical plan election other than individual coverage automatically includes Basic Dependent Term Life for an additional premium.**

> **Spouse / Domestic Partner / Dependent Supplemental Term Life Insurance** — If Employee Basic / Supplemental Term Life and Dependent / Spouse / Domestic Partner Basic Life Insurance are 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 Basic & 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) – High** — rates are based on individual, employee + spouse, employee + child(ren) or family coverage.

> **Reimbursement Assistance Program (RAP) – Low** — rates are based on individual, employee + spouse, employee + child(ren) or family coverage.

Medical, Supplemental Term Life, Short Term Disability and Long Term Disability are age-rated benefits. 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.

**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.

**Please contact the Mercer 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.

**McDonald's Licensees & Ronald McDonald House Charities  
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**Medical** - Medical plan election automatically includes Basic Term Life/AD&D/Travel Accident for an additional premium (see page 3 for premiums)

PLAN	Health Plan 1				Health Plan 2			
	Individual	EE + Spouse	EE + Child(ren)	Family	Individual	EE + Spouse	EE + Child(ren)	Family
< 30	292.36	729.41	588.25	808.88	343.32	856.53	690.77	949.85
30 - 34	363.71	909.45	733.44	1,073.02	427.09	1,067.94	861.26	1,260.01
35 - 39	357.85	829.95	669.31	1,217.21	420.21	974.58	785.95	1,429.31
40 - 44	395.62	890.67	718.27	1,291.70	464.56	1,045.88	843.44	1,516.80
45 - 49	477.82	1,015.72	819.12	1,347.74	561.10	1,192.72	961.87	1,582.62
50 - 54	607.89	1,273.81	1,027.28	1,502.76	713.81	1,495.80	1,206.29	1,764.63
55 - 59	741.72	1,500.74	1,210.28	1,664.57	870.97	1,762.27	1,421.19	1,954.65
60 - 64	945.17	1,875.96	1,512.88	1,947.76	1,109.87	2,202.87	1,776.52	2,287.19
65 - 69	1,118.32	2,163.08	1,744.42	2,194.35	1,313.20	2,540.03	2,048.42	2,576.75
70 - 74	1,341.19	2,630.49	2,121.39	2,627.28	1,574.91	3,088.91	2,491.08	3,085.14
75 +	1,519.63	2,979.14	2,402.55	2,972.50	1,784.44	3,498.30	2,821.21	3,490.51

**Medical** - Medical plan election automatically includes Basic Term Life/AD&D/Travel Accident for an additional premium (see page 3 for premiums)

PLAN	Health Plan 3				Health Plan 4			
	Individual	EE + Spouse	EE + Child(ren)	Family	Individual	EE + Spouse	EE + Child(ren)	Family
< 30	391.71	977.26	788.12	1,083.73	463.71	1,156.90	933.00	1,282.94
30 - 34	487.29	1,218.48	982.65	1,437.60	576.87	1,442.45	1,163.28	1,701.88
35 - 39	479.43	1,111.94	896.73	1,630.78	567.56	1,316.35	1,061.58	1,930.56
40 - 44	530.03	1,193.30	962.33	1,730.60	627.46	1,412.67	1,139.22	2,048.73
45 - 49	640.18	1,360.84	1,097.44	1,805.69	757.86	1,611.00	1,299.18	2,137.62
50 - 54	814.42	1,706.62	1,376.31	2,013.36	964.14	2,020.34	1,629.32	2,383.45
55 - 59	993.74	2,010.65	1,621.51	2,230.16	1,176.40	2,380.26	1,919.58	2,640.12
60 - 64	1,266.31	2,513.36	2,026.92	2,609.56	1,499.09	2,975.38	2,399.51	3,089.26
65 - 69	1,498.30	2,898.04	2,337.14	2,939.95	1,773.71	3,430.76	2,766.77	3,480.37
70 - 74	1,796.88	3,524.27	2,842.19	3,519.97	2,127.20	4,172.14	3,364.66	4,167.04
75 +	2,035.97	3,991.37	3,218.87	3,982.48	2,410.22	4,725.09	3,810.58	4,714.57

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**Employee Basic Term Life – Automatically added to all Medical plans for an additional premium.**

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
<b>**Employee Basic Term Life / AD&amp;D and Travel Accident Benefits are reduced 40% at the age of 70.</b>		

**Dependent / Spouse / Domestic Partner Basic Term Life (Automatically added to all non-single Medical plans for an additional premium)**

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				
<b>***Monthly premium provides coverage for all eligible dependents, regardless of the number of children covered.</b>					

**Dental (All ages)**

Individual	Employee + Spouse	Employee + Child(ren)	Family
31.23	65.57	71.81	140.53

**Vision (All ages)**

Individual	Employee + Spouse	Employee + Child(ren)	Family
5.51	11.01	11.01	15.93

**Employee Supplemental Term Life (Must also enroll in Basic Term Life)**

**Spouse / Domestic Partner Supplemental Term Life (Must also enroll in Employee Basic Term Life, Employee Supplemental Term Life and Dependent / Spouse / Domestic Partner Basic Term Life)**

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

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**Dependent Child(ren) Supplemental Term Life only (Must also enroll in Employee Basic Term Life, Dependent / Spouse / Domestic Partner Basic Term Life and Employee Supplemental Term Life)**

Type	Child(ren) Only	With Supplemental Spouse Term Life
Volume	10,000	10,000
Monthly Premium	1.50	0.00

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** Maximum earnings - \$1,000.00 per week Maximum Weekly Benefit - \$500.00	Example STD 1000*** Maximum earnings - \$1,500.00 per week Maximum Weekly Benefit - \$1,000.00
	STD 500**		STD 1000***			
	MALE	FEMALE	MALE	FEMALE		
Under 35	0.226	0.327	0.243	0.351	Female employee age 34 Weekly Earnings - \$725.00 Divide weekly earnings by 10 Multiply by 50% (benefit amount) Multiply by rate: $\$72.50 \times .50 \times 0.327 = \$11.85$	Male employee age 43 Weekly Earnings - \$835.00 Divide weekly earnings by 10 Multiply by 66.67% (benefit amount) Multiply by rate: $\$83.50 \times .6667 \times 0.416 = \$23.16$
35 – 39	0.303	0.457	0.325	0.490		
40 – 44	0.388	0.558	0.416	0.598		
45 – 49	0.469	0.711	0.503	0.762		
50 – 54	0.573	0.840	0.615	0.901		
55 – 59	0.691	0.986	0.741	1.057		
60 – 64	0.760	1.285	0.810	1.378		
65 & Over	1.495	2.065	1.603	2.214	<b>Note:</b> Actual billing may vary due to rounding.	<b>Note:</b> Actual billing may vary due to rounding.

**Long Term Disability (Monthly rate reflected as factor of basic monthly earnings)**

Age	Factor of Earnings	Example
Under 35	0.100	Employee age 43 earning \$900 per month. Divide monthly earnings by 100. Multiply by rate: 0.178 $\$9 \times 0.178 = \$1.60$ <b>Note: Actual billing may vary due to rounding.</b>  Maximum Earnings – \$8,333.33 per month Maximum Monthly Benefit – \$5,000.00
35 – 39	0.105	
40 – 44	0.178	
45 – 49	0.304	
50 – 54	0.556	
55 – 59	1.017	
60 – 64	1.070	
65 & Over	1.773	