



McDonald's Licensees and  
Ronald McDonald House Charities®  
Health & Welfare Plan  
*Together we benefit*

A background image showing a group of hands stacked together in a circle, symbolizing teamwork and support. The hands are of various skin tones and are wearing white lab coats or scrubs.

# Health and safety for you and your people

**2024 Enrollment Benefits Guide for  
Owner/Operators and Executive Directors**

For McDonald's Licensees and Ronald McDonald House Charities®

*Together we benefit*

# What's New for 2024

In today's challenging environment, competitive benefits that offer security and flexibility are more important than ever. Attracting and retaining your people is important, and we make it easy for you to offer compelling, cost-effective benefits to your entire staff, regardless of medical eligibility.

Additionally, our medical benefits feature health advocates through Blue Cross and Blue Shield of Illinois, telemedicine options, an Employee Assistance Program (EAP) to support mental and emotional health, and more. Review this guide for an overview of all the benefits and programs available to you and your employees provided by the Plan.

## Premium adjustment for 2024

For 2024, on average medical premiums will increase 3.2%. However, individual participants may experience higher or lower increases depending on plan design, family status and geography.

While the initial renewal increase was more than 7%, the Plan is investing in Operators and your people by picking up more than half of the 2024 increase. This is one way the Plan is here for

**Easy navigation!** Jump to the section you want to review by clicking on these tabs throughout!

Click on the  for more information on each topic.

you—and something that only the Plan can offer due to our unique structure.

## Dental Options

To better meet the varied needs of our participants, we are introducing two dental plan options for 2024. Participants will now have a choice between the Preventive Plan and the Comprehensive Plan. Learn more on pages 22-23.

## Sword Health Virtual Physical Therapy

Sword Health is a virtual physical therapy program that utilizes live physical therapists and artificial intelligence technology to help prevent and treat back, joint and muscle pain at no extra cost to medical plan participants. Learn more on the Plan's website [mcdrmhcbenefits.com](https://mcdrmhcbenefits.com); select Wellbeing Support > Sword Health.

## Disability Insurance Carrier

The Plans' disability insurance will be offered through The Hartford beginning in 2024, replacing Lincoln Financial Group.

## It's easy to offer Supplemental Benefits and new Voluntary Benefits to your part-time employees.

You can make employees who work at least five hours per week eligible for Supplemental Benefits and Voluntary Benefits on the first of the month following their hire date. Supplemental Benefits include dental, vision, life, short- and long-term disability, and the Reimbursement Assistance Program (RAP). Voluntary Benefits include accident, critical illness, hospital indemnity insurance as well as legal services and identity theft protection. Keep reading to learn more!

## Voluntary Benefits

For 2024, the Plan is introducing new voluntary benefits to help protect and meet the needs of our participants. As an Operator, you can select which programs you want to offer to your employees:

- Accident, Critical Illness & Hospital Indemnity – these are separate programs, but if you offer one, you must offer all three
- Legal Services
- Identity Theft Protection

Below is a high-level summary of each offering. Visit [mcdrmhcbenefits.com](https://mcdrmhcbenefits.com) to learn more about these new voluntary benefit offerings, including detailed plan designs and resources.

Voluntary Benefit	Summary
<b>Accident, Critical Illness, and Hospital Indemnity Insurance</b>	<p>Accident, Critical Illness, and Hospital Indemnity Insurance, offered through Voya, can help supplement your medical benefits and disability insurance, as extra financial protection. It does not replace medical coverage. The money received can help to cover your out-of-pocket health care expenses such as your health plan deductible and coinsurance, but you can use it for anything you choose (rent, groceries, etc.)</p> <ul style="list-style-type: none"> <li>• Accident Insurance pays a benefit if you or a covered dependent is injured in an accident. The carrier sends the money directly to you, not to a doctor or health care provider. How much money you receive depends on the type of injury and the care you receive.</li> <li>• Critical Illness Insurance pays a lump sum amount directly to you in the event you have a future major illness diagnosis. That includes cancer, a heart attack, a stroke, a major organ transplant and more.</li> <li>• Hospital Indemnity Insurance pays for a portion of the costs of a hospital admission that are not otherwise covered by medical insurance. If you or a covered family member are admitted to the hospital or ICU for a covered sickness or injury, or to give birth to a child, Voya sends money directly to you.</li> </ul>
<b>Legal Services</b>	<p>There are many times in life when you may need the services of a qualified attorney, including when you're purchasing a home, drafting a will, dealing with debt issues or getting a divorce. With MetLife legal coverage, participants have access to more than 15,000 credentialed network attorneys who can help.</p>
<b>Identity Theft Protection</b>	<p>Allstate Identity Protection can help you protect and restore your identity if you or a family member becomes a victim of identity theft. Key features include:</p> <ul style="list-style-type: none"> <li>• Monthly Identity Health Status reports and recommendations: An identity overview, up to date credit reports and real-time monitoring with alerts to help you stay ahead of potential threats.</li> <li>• 24/7 customer care: Specialists are on-call to restore your credit, identity, accounts, finances and sense of security.</li> <li>• \$1 million expense coverage: Reimbursement for many of your out-of-pocket costs.</li> <li>• Stolen funds reimbursement and advances: Reimbursement for certain stolen funds, including money taken from 401(k)s and HSA funds. Advances for fraudulent tax refunds.</li> </ul>



# Medical

Your 2024 medical options

Medical

Prescriptions

Mental Health

RAP

Dental

Vision

Disability

Life & Accident

Contacts

# Medical Insurance

The Plan will continue to offer four medical plan options: Health Plan 1, Health Plan 2, Health Plan 3, and Health Plan 4. Each medical plan provides access to the same great BCBSIL network of doctors and providers. And remember, each plan covers the same benefits and care... the main difference is whether you pay less each month in premiums or when you need care.

Eligible employees who were enrolled in medical coverage for 2023 but don't actively enroll or decline coverage for 2024 will be defaulted into the same medical plan and the same coverage level for 2024, as long as you continue to offer that medical plan.

- ✦ **Using In-Network Providers**
- ✦ **Who You Can Cover**
- ✦ **How the Medical Plans Work**
- ✦ **What Coverage Levels Are Available**
- ✦ **Blue Distinction Centers for Bariatric Surgery and Transplants**
- ✦ **Physical/Speech/Occupational Therapy Visit Maximum**

If an employee is enrolling a new dependent, they'll need to verify that the dependent is eligible. Here's the process they should follow:

1. Review the Plan's definition of an eligible dependent: ✦
2. Review the Acceptable Supporting Documentation requirements [here](#).
3. Submit your documentation to Mercer for review. If you don't submit documentation, coverage for the spouse or dependent will not be activated.


## Health Advocates are here to help

You and your enrolled employees have access to state-of-the-art support and services through Blue Cross and Blue Shield of Illinois Health Advocates. Highly trained and specialized Health Advocates can help with all sorts of issues, including: managing healthcare referrals, sorting through information from care providers, reviewing your healthcare bills, and more!

# Choosing Your 2024 Medical Plan Option

You can choose from four different medical plan design options. The table below summarizes the **in-network benefits** for the four plans in 2024. Please note that the out-of-pocket maximums shown include the deductible amounts for the medical plans.

Plan Provision	Health Plan 1	Health Plan 2	Health Plan 3	Health Plan 4
<b>Annual Deductible</b>				
<i>Employee Only</i>	\$6,000	\$4,000	\$2,000	\$600
<i>Employee + Spouse / Child(ren) or Family</i>	\$12,000 <sup>1</sup>	\$8,000	\$4,000	\$1,200
<b>Annual Medical Total Combined Out-of-Pocket Maximum (includes deductible amount)</b>				
<i>Employee Only</i>	\$6,500			
<i>Employee + Spouse / Child(ren) or Family</i>	\$13,000 <sup>2</sup>	\$13,000		
Coinsurance Percentage	70%	80%		
Office Visit	70% after deductible	100% after \$30 copay		
MDLIVE Virtual Visits	\$44 until deductible is met, then 70% coinsurance	\$10 copay		
Inpatient Admission	70% after deductible	\$500 copay plus 80% after deductible		
Outpatient Surgery	70% after deductible	80% after deductible		
Wellness Care	100%, no deductible			
Emergency Room – Emergent Visit	70% after deductible	80% after deductible		
Emergency Room – Non-emergent Visit	60% after deductible	70% after deductible		
Lifetime Maximum	Unlimited			

Health Plan 1 is a high deductible health plan and is the only medical plan that is compatible with a Health Savings Account (HSA). 

**You have the option to offer a HSA through Bank of America with a 40% discount versus retail.**

## Out-of-network benefits

All four plans include benefits for out-of-network care, although you will pay much less if you use in-network providers. Go to [mcdrmhcbenefits.com](http://mcdrmhcbenefits.com) to see out-of-network coverage.

# Video Doctor Visits

## MDLIVE Virtual Doctor Visits Save Time and Money

Available to participants in the comprehensive medical options (Health Plan 1-4), MDLIVE is an affordable way to see a board-certified doctor 24/7 from the safety and comfort of home. A visit typically costs less than a visit to Urgent Care or the ER! Along with avoiding the risk of exposure to germs in the doctor's office, MDLIVE virtual doctor's visits have many other benefits:

- Care you can count on: MDLIVE physicians diagnose and treat more than 80 of the most common conditions, along with providing temporary prescription refills.
- 24/7 availability: MDLIVE doctors are available nights, weekends, and even holidays in all 50 states.
  - Less time waiting: Talk with a doctor in less than 15 minutes, when and where it's convenient for you.
  - Top quality physicians: MDLIVE board-certified doctors have an average of 15 years of experience and are specially trained in telemedicine.
- Care for the entire family: pediatricians are available for eligible dependents.

MDLIVE also includes access to behavioral health services. Talk to a board-certified psychiatrist or licensed therapist seven days a week.

Activate your MDLIVE account today so you and your family can get care when you need to. It just takes a few minutes to set up:

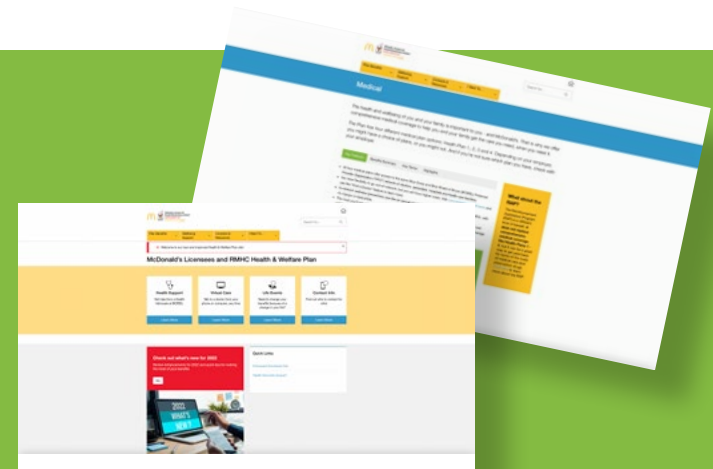
**Online:** [www.mdlive.com/BCBSIL](http://www.mdlive.com/BCBSIL)

**Phone:** (888) 676-4204

**Text:** BCBSIL to 635483

## Benefits information is at your employees' fingertips!

Employees can go to [mcdrmhcbenefits.com](http://mcdrmhcbenefits.com) for details about their benefits, enrollment, and much more!



# National Telehealth Program

## Have you checked out our new National Telehealth Program yet?

Separate from the telemedicine option available through the Plan's comprehensive medical coverage, the National Telehealth Program offers 24/7 virtual urgent care, behavioral health visits and prescription drug discounts available to restaurant employees and their families. Doctor On Demand by Included Health is our partner for this program.

It's easy to enroll! If you've already adopted the Health & Welfare Plan, access the Adoption Agreement site to enroll. If you haven't adopted the Plan yet, you'll need to adopt it now to offer the telehealth program, but you don't need to offer the Plan's medical or other offerings to access telehealth.

The National Telehealth Program is available to all US Owner/Operator organizations. Access to the telehealth benefit extends to all employees in your restaurants and is managed by DataPass. After you've elected to enroll, you will be required to authorize access to your eligibility information through DataPass. Your authorization will trigger monthly eligibility updates to Doctor On Demand so your eligible employees are managed seamlessly.

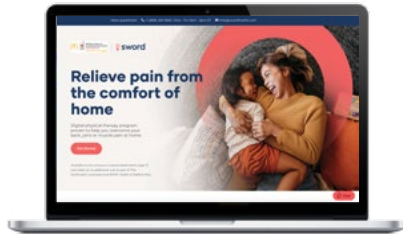
You can elect to enroll at any point throughout the year!  
Enrollment in the National Telehealth Program is processed separately and after adoption of the Health & Welfare Plan.

Visit [telehealth.mcdlicensebenefits.com](https://telehealth.mcdlicensebenefits.com) to learn more.

# More Health Support Programs

## No-cost programs designed to serve you and your eligible employees

You and your employees enrolled in the Plan's comprehensive medical options (Health Plan 1-4) for 2024 have access to programs specifically designed to help you be your healthiest. From diabetes management to weight loss and more, these programs help you take control of your health. And best of all, they're FREE OF COST to eligible medical plan participants.



- **Sword Health** is a virtual physical therapy program that utilizes live physical therapists and AI technology to help prevent and treat back, joint and muscle pain – at no extra cost to medical plan participants (including dependents age 13 and older). Sword Health will ship a tablet and motion sensors to guide you and provide real-time feedback during your exercises, while your therapist is there to support you virtually and chat at any time. Learn more and [get started here](#).



- **Wondr Health** gives participants age 18 and older an opportunity to lose weight — at no cost to you — with a ten-week program delivered online to your smartphone or computer. It doesn't include starving, counting calories or spending hours prepping "approved" foods. Instead, we'll teach you how to eat your favorite foods while losing weight, looking and feeling better and reducing your risk for major health conditions, like diabetes or heart disease. [Apply here](#).



- **Livongo** for diabetes is designed to support you in your diabetes management. It includes a free blood glucose meter, test strips, a lancing device, lancets, personal coaching, and more. If eligible, [sign up here](#).



- **Omada** helps you lose weight and build healthy habits through gradual lifestyle change. This convenient online program is personalized to your goals and available at no cost, if you're eligible. Learn to eat healthier, move more, sleep better, and manage stress — one small step at a time. To learn more, call Blue Cross and Blue Shield of Illinois at **(800) 730-8445**.



# Prescription Drugs

Understanding the prescription drug coverage included with each of the medical options

Medical

Prescriptions

Mental  
Health

RAP

Dental

Vision

Disability

Life &  
Accident

Contacts

# Prescription Drug Program

**When you enroll in any of the Plan's medical options, you are automatically enrolled in the prescription drug card program, provided through Express Scripts and underwritten by Fidelity Security Life Insurance Company®.**

The Plan offers two ways for you to meet your prescription drug needs:

## Retail Pharmacy

Walk into virtually any retail pharmacy nationwide and have up to a 30-day supply of your prescription filled at a discount. When you use a participating pharmacy, you don't need to file a claim form.

### Walgreens Smart90 Program

The Walgreens Smart90 program gives you a way to get a 90-day supply of prescription drugs at a retail pharmacy.

## Mail Order Pharmacy Service

When you need a prescription filled for long-term maintenance medications, such as oral contraceptives or diabetes and blood pressure drugs, you can get up to a 90-day supply through the convenience of home delivery. The mail order pharmacy service can save you money because your average cost may be less for a 90-day supply than it is for a 30-day supply at a retail pharmacy.

Keeping prescription drug costs down helps everyone enrolled in benefits through the Plan. There are a few things you should know about how we can all limit prescription drug costs:

 [Prior Authorization Programs](#)

 [Preferred Drug Step Therapy](#)

 [Clinical Quantity Limit](#)

 [Other Important Prescription Drug Program Information](#)

## IMPORTANT NOTE: Prescription Drug Coverage and Health Plan 1

In Health Plan 1, any prescription drug costs apply to the medical plan's deductible, coinsurance, and out-of-pocket maximum. **This means you pay 100% of the cost of any prescription drugs until you meet the medical plan annual deductible.**




### 2024 Prescription Drug Card Program Benefits for Health Plan 1

Retail Pharmacy Copayment/Coinsurance (up to a 30-day supply)	Mail Order Prescription Drug Coverage (90-day supply, mailed to home)	Prescription Drug Out-of-Pocket Maximum
70% after deductible (combined with medical)	70% after deductible (combined with medical)	<b>The cost of prescription drugs will apply toward the medical plan's out-of-pocket maximum for the year</b>

You can check estimated costs of prescription drugs through the Express Scripts website at [express.scripts.com/mcdonalds](https://express.scripts.com/mcdonalds). Employees do not need to be enrolled in or know a group / ID number to view prescription estimates.



## 2024 Prescription Drug Card Program Benefits for Health Plan 2, Health Plan 3, and Health Plan 4

Levels of Coverage	Retail Pharmacy Copayment/Coinsurance (up to a 30-day supply)*	Mail Order/Home Delivery Pharmacy Service Copayment/Coinsurance (up to a 90-day supply)
<b>Generic</b>		
 <b>Generic</b>	You pay \$10	You pay \$25
<b>Preferred Brand-Name</b>		
 <b>Preferred Brand-Name</b>	40% of the medication's total cost (Minimum \$50/Maximum \$300)	40% of the medication's total cost (Minimum \$125/Maximum \$750)
<b>Non-Preferred Brand-Name</b>		
 <b>Non-Preferred Brand-Name</b>	50% of the medication's total cost (Minimum \$100/Maximum \$500)	50% of the medication's total cost (Minimum \$250/Maximum \$1250)
<b>Prescription Drug Out-of-Pocket Maximum</b>	<b>The cost of prescription drugs will apply toward the medical plan's out-of-pocket maximum for the year.</b>	

\*Please note that the program requires participants to fill a 90-day supply of maintenance medications at either the mail order pharmacy or a Walgreens pharmacy after purchasing an initial prescription and one refill at a retail pharmacy. If you do not move to a 90-day supply, you will be required to pay the full 100% cost of the drug, which will not apply toward the prescription drug out-of-pocket maximum.



# Mental Health & Substance Use Disorder

Support and resources are available

# Mental Health and Substance Use Disorders

When you enroll in the medical plan, you automatically receive mental health and substance use disorder benefits, provided through Blue Cross and Blue Shield of Illinois.

## Get three FREE counseling sessions through the Employee Assistance Program

The EAP is a **confidential** service meant to help you balance your work and life. Through the EAP, you can get three free sessions of counseling and a variety of other valuable services.

Counseling is available in person or through virtual therapy. Virtual therapy includes counseling via text, live chat, by phone or video conference.

 **Contact the EAP**






## How Mental Health and Substance Use Disorder Coverage Works

Blue Cross and Blue Shield of Illinois offers access to a broad network of clinicians and facilities. These include psychiatrists, psychologists, licensed clinical professional counselors, licensed marriage and family therapists, licensed clinical social workers, and certified substance use disorder counselors.

For more information on in-network mental health or substance abuse providers, reach out to your Blue Cross and Blue Shield of Illinois Health Advocate at **(800) 730-8445**.

## EAP Services

Life has many ups and downs — and sometimes you need help to cope with challenges. To get the help you need and learn more about the benefits provided through the EAP program, call the EAP at **(800) 327-6260**, which is available 24/7/365. You can also check out the member website at [magellanascend.com](http://magellanascend.com).

-  **Critical Incident Stress Management (CISM) Services**
-  **Workplace Support Services for Operators and Managers**
-  **Legal, Financial & Identity Theft Services**
-  **Work-Life Services**
-  **Pre-authorization for Mental Health and Substance Use Disorder Coverage**

**In Health Plan 1**, mental health and substance use disorder benefits are provided at the same coinsurance percentages as any other office visit or inpatient admission: Health Plan 1 pays 70% after the deductible for in-network services and 50% after the deductible for out-of-network.

### Summary of Mental Health and Substance Use Disorder Benefits for Health Plan 2, Health Plan 3, and Health Plan 4

	<b>In-Network Benefits</b>	<b>Out-of-Network Benefits</b>
<b>Outpatient Treatment</b>	Mental Health: Applies to medical plan deductible; 80% coinsurance after deductible is met Substance Use Disorder: \$30 copayment	Mental Health*: 50% of expenses covered up to Medicare's pricing or allowance Substance Use Disorder*: 50% of expenses covered up to Medicare's pricing or allowance
<b>Inpatient Treatment**</b>	\$500 copayment per admission with 80% of expenses covered	\$500 copayment per admission with 50% of expenses covered up to Medicare's pricing or allowance

\* Subject to the plan out-of-network deductible before coinsurance is applicable.

\*\* All inpatient treatment is subject to the plan deductible after the copay.

## Important Notes About Mental Health and Substance Use Disorder Coverage



# The Reimbursement Assistance Program (RAP)

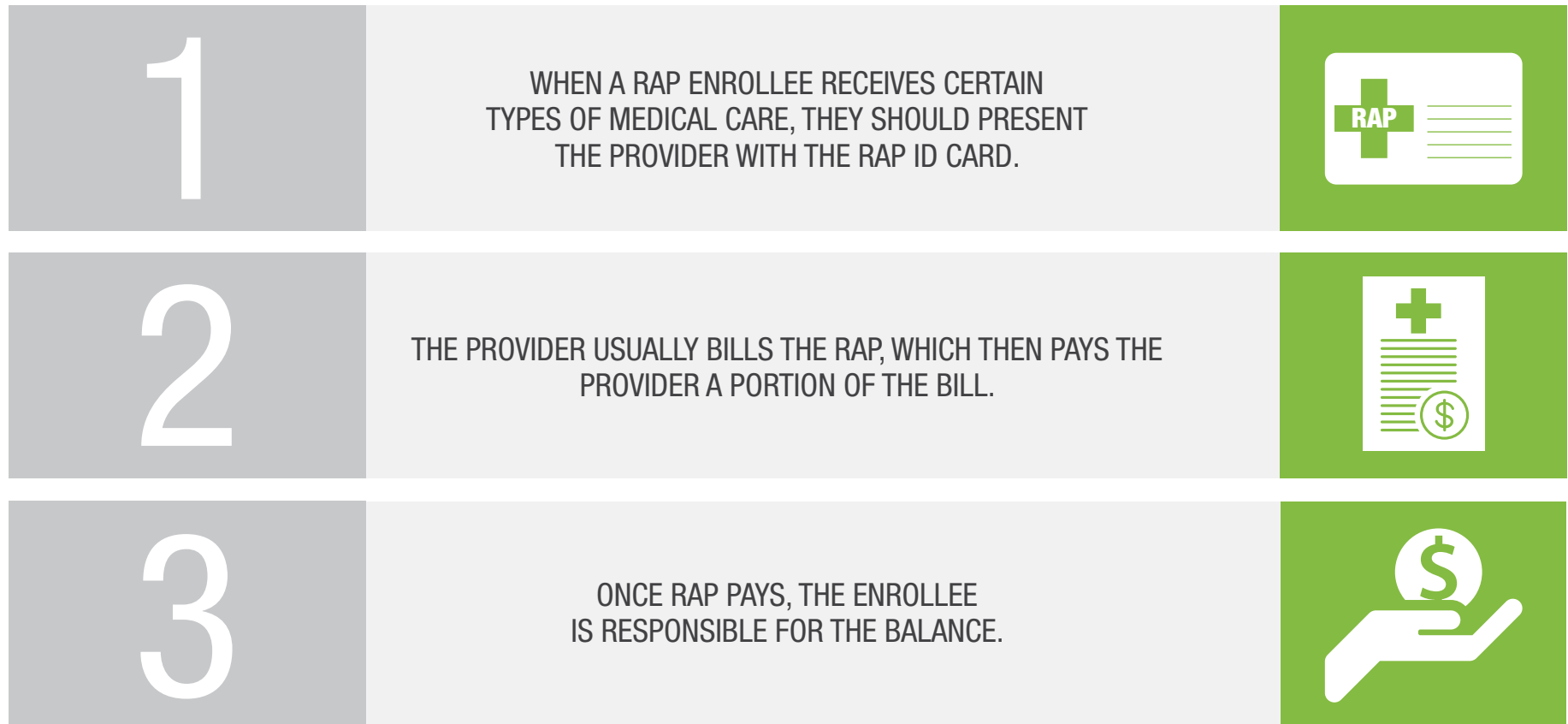
A lower-cost benefit to help with medical and prescription drug expenses



# Reimbursement Assistance Program (RAP)

The RAP is designed to help offset the cost of some basic types of medical care. The RAP is **not** comprehensive medical insurance and does not qualify as or offer the same benefits as comprehensive protection.

## Here's How It Works:



**Payments for covered medical care costs are flat dollar amounts that do not change based on the total cost of the care.** For 2024, many of these dollar amounts are enhanced -- at no additional premium cost. Prescription drugs are covered with a flat copay, up to annual maximums; the copay depends on whether it is a generic or a name-brand drug. See page 20 for the schedule of RAP benefits for 2024.

If an employee is eligible for medical insurance, they can choose to enroll in both the RAP and a medical plan, if the RAP is offered.

# Reimbursement Assistance Program (RAP)

You have a choice about whether to offer the RAP for 2024, as with other Supplemental Benefits like dental and vision. You'll make your election when you complete your Adoption Agreement for 2024 benefits. If you choose to offer the RAP for 2024, your eligible employees will have a choice of a High Plan (offering higher reimbursement/costs) and a Low Plan (offering lower reimbursement/costs). The reimbursement amounts are enhanced for 2024; see page 20 for the plan designs.

## Important Things to Know About the RAP:

- 1.** The RAP is underwritten by BCS Insurance Company (BCS), Oak Brook Terrace, IL, and is administered by Plan Administrators, Inc. (PAI), Columbia, SC — the same companies that underwrote and administered the McDonald's Insurance Program (MIP). BCS is the insurer and PAI will process claims and administer payments.
- 2.** The RAP is not comprehensive medical coverage, and employees enrolled in the RAP may still want to sign up for medical insurance through your organization (if eligible) or elsewhere.

**Please note:** The RAP does not satisfy the employer mandate requirements of the Affordable Care Act. The RAP does not provide Minimum Essential Coverage nor does it meet the Minimum Value Standard.



## Reimbursement Assistance Program (RAP)

The fixed amount the RAP pays toward your medical bill		
Type of Care	High Plan	Low Plan
<b>Outpatient Medical Benefit</b>		
<b>Outpatient Medical Benefit Maximum</b> (all outpatient benefits are subject to outpatient maximum)	\$1,650	\$1,100
<b>Physician Office Visit</b> (per day)		\$100
<b>Diagnostic (Lab)</b> (per day)		\$100
<b>Diagnostic (X-ray)</b> (per day)		\$250
<b>Ambulance Services</b> (per day)		\$350
<b>Emergency Room Benefit – Sickness</b> (per day)		\$125
<b>Emergency Room Benefit – Accident</b> (per day) (covers treatment for off-the-job accidents only)		\$500
<b>Surgery</b> (per day)		\$600
<b>Anesthesiology</b> (per day)		\$120
<b>Inpatient Hospital Benefit</b>		
<b>Surgery</b> (per day)	\$1,500	\$1,000
<b>Anesthesiology</b> (per day)	\$300	\$200
<b>First Hospital Admission</b> (1 per year)	\$300	\$300
<b>Standard Care</b> (per day, up to a 30-day calendar maximum per year)	\$600	\$350
<b>Intensive Care</b> (per day, up to a 15-day calendar maximum per year, and paid in addition to standard care benefit)	\$600	\$350
<b>Skilled Nursing</b> (per day, up to a 60-day calendar maximum per year, and payable for stays in a nursing facility after a hospital stay)		\$100
<b>Wellness Care</b>		
<b>Wellness Care</b> (1 per year)		\$100
<b>Prescription Drugs:</b> unlike with medical care, you pay a flat copay for each prescription under the RAP		
<b>Annual Maximum</b> (the maximum benefit the RAP will pay over a calendar year)		\$600
<b>Generic Copay</b> (the most you pay out of pocket for each generic prescription)		You pay up to \$10
<b>Brand Copay</b> (the most you pay out of pocket for each name-brand prescription)		You pay up to \$50

# Dental

Your dental insurance options



# Dental Insurance

When building your benefits package, you can choose to include dental benefits, which are offered through Delta Dental of Illinois. To better meet the varied needs of our participants, we are moving from one dental plan option to two options for 2024. Participants will have a choice between the Preventive Plan and the Comprehensive Plan. Both of the dental plan designs are displayed below.

The Preventive Plan offers a lower premium cost, a higher deductible, and does not cover orthodontia. The Comprehensive Plan has a higher premium cost, a lower deductible, and does include orthodontia coverage. This offers employees more flexibility to meet their dental insurance needs.

Preventive Dental Plan Benefits			
Service	Deductible	Plan Pays	Maximum Benefit
🌟 Preventive Care	None	100% of maximum allowed fees	N/A
🌟 Primary Care	\$100 per person per calendar year (covers both Primary and Major services)	80% of maximum allowed fees	\$1,000 annual maximum for covered services per person
🌟 Major Care		40% of maximum allowed fees; not covered out of network	
Orthodontics	Not covered	N/A	N/A

Comprehensive Dental Plan Benefits			
Service	Deductible	Plan Pays	Maximum Benefit
🌟 Preventive Care	None	100% of maximum allowed fees	N/A
🌟 Primary Care	\$50 per person per calendar year (covers both Primary and Major services)	90% of maximum allowed fees	\$2,000 annual maximum for covered services per person (excluding orthodontia)
🌟 Major Care		50% of maximum allowed fees; not covered out of network	
🌟 Orthodontics*	None	50% of maximum allowed fees	\$2,000 per eligible participant lifetime maximum

\*For children (to age 26) and adults.

Participants in either of the dental plans can go to a licensed dentist, and benefits are the same whether you use a network or non-network dentist. If you go to a non-network dentist, your benefit level is the same, but your out-of-pocket expenses will be higher.

### ToGo™ Annual Maximum Carryover Feature

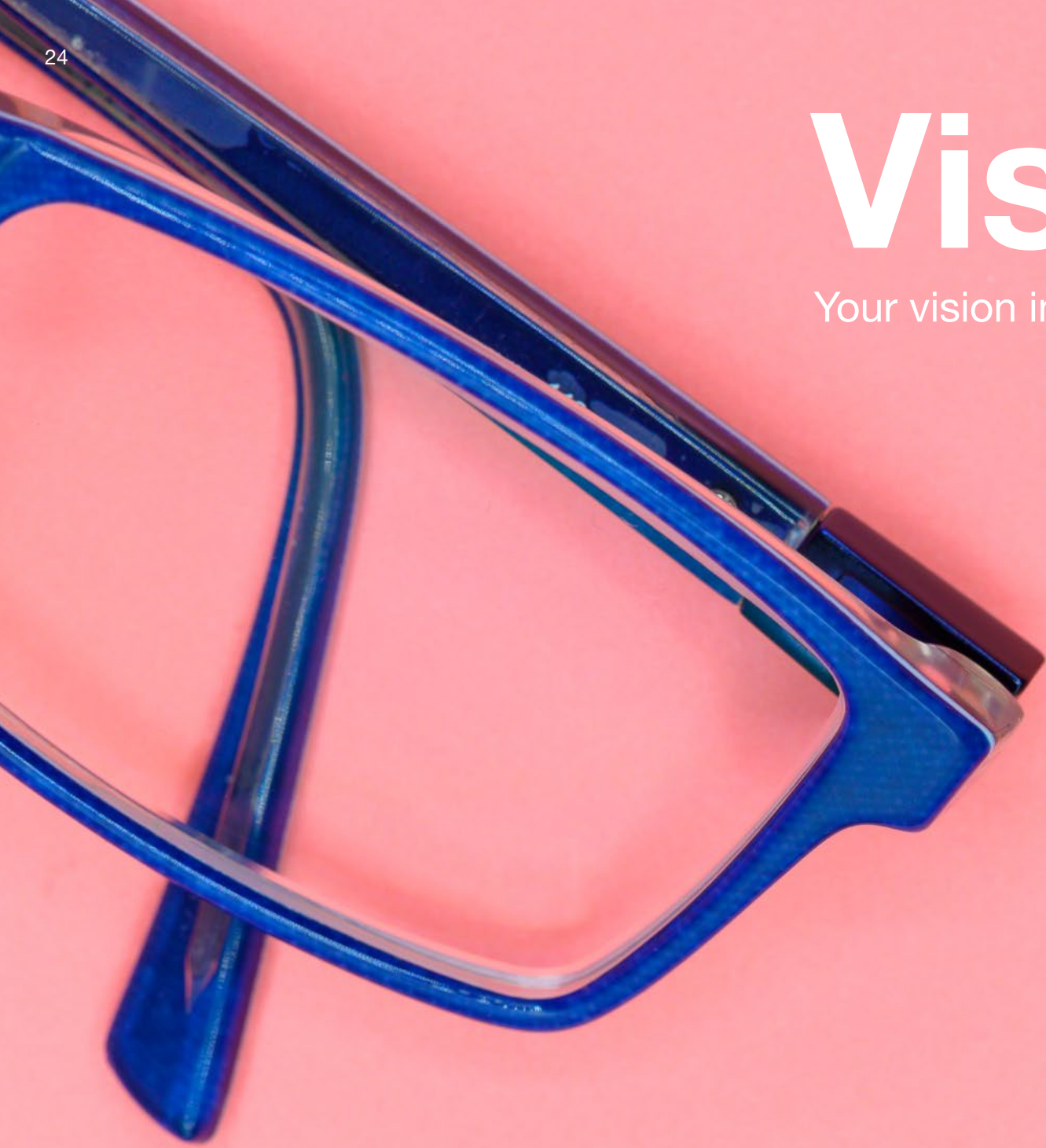
You can carry forward any unused portion of the annual maximum to the following year, allowing you to have a greater annual maximum for use the following year. The carryover amount cannot exceed the annual maximum amount year-to-year, and you must have at least one dental claim during the benefit plan year and be enrolled for the entire benefit year (January 1 - December 31) in order to qualify.

### How Delta Dental's Networks Help You Save



To locate a Delta Dental PPO® or Delta Dental Premier® dentist, visit the Delta Dental of Illinois website at [deltadentalil.com](https://deltadentalil.com) or call customer service at **(800) 323-1743**.

You can register for the member portal at [deltadentalil.com](https://deltadentalil.com) to access your benefits and claim information.



# Vision

Your vision insurance options

- Medical
- Prescriptions
- Mental Health
- RAP
- Dental
- Vision
- Disability
- Life & Accident
- Contacts

# Vision Insurance

Benefits for the vision care plan are provided through EyeMed. EyeMed's network includes private doctors as well as major chains including LensCrafters, most Pearle Vision locations, Target, and more.

Summary of Vision Plan Benefits		
Services and Materials	In-Network	Out-of-Network Maximum Benefit
Eye exam for eyeglasses once per calendar year	Covered in full	Up to \$60
Standard uncoated plastic lenses once per calendar year for: <ul style="list-style-type: none"> <li>• Single vision</li> <li>• Bifocal vision</li> <li>• Trifocal vision</li> </ul> Standard Progressive Premium Progressive	Covered in full Covered in full Covered in full \$55 copayment Click here for premium progressive in-network options ✨	Up to \$30 Up to \$50 Up to \$65 Up to \$50 Up to \$50
Lens options	Click here for in-network options ✨	Click here for out-of-network options ✨
Frames once per calendar year	\$175 maximum benefit	Up to \$55
Standard contact lens fitting and follow-up	Member pays up to \$40	Not covered
Contact lenses once per calendar year in lieu of spectacle lenses (materials only, conventional/disposable)	\$175 maximum benefit	Up to \$75
Contact lenses once per calendar year when medically necessary (materials only)	Paid in full	Up to \$130
Additional pairs (unlimited) of eyeglasses/contact lenses	40% discount off complete pair eyeglass purchases	Not covered

Please note that benefits are provided up to maximum dollar limits, and that allowances are one-time use. Any unused dollars are not available for future use (amounts do not carry over for use later in the Plan year or in future years).

For more information or to find a participating EyeMed provider, call **(866) 723-0514**, visit their website at [eyemed.com](http://eyemed.com), or download the EyeMed app from the [App Store](#) or [Google Play](#). Choose "Select" from the network options.

 **Laser Vision Correction**



# Disability

Short-term and long-term  
disability insurance options

# Disability Insurance

Disability coverage is available to help protect you and your employees against loss of income in the event of an extended illness or injury. Coverages are now issued by The Hartford (replacing Lincoln Financial Group). Please review the Summary Plan Description available at [mcdrmhcbenefits.com](http://mcdrmhcbenefits.com) for more details.

## Short-Term Disability Benefits

This coverage pays a benefit beginning on the 15th day of a qualified sickness or injury. Should you remain disabled, benefits can be paid for up to 24 weeks. All claims are subject to a pre-existing condition clause and approval by The Hartford.

There are two voluntary Short-Term Disability (STD) options that you can offer to your employees. These are:

- STD Option 500: Pays 50% of basic earnings, up to \$500 per week (with a maximum covered salary of \$52,000)
- STD Option 1000: Pays 66-2/3% of basic earnings, up to \$1,000 per week (with a maximum covered salary of \$78,000)

## More About Short-Term Disability Benefits

**If you're new to disability coverage, you do not need to provide Evidence of Insurability (EOI).**

However, any participants who are new to disability coverage for 2024 are subject to the pre-existing condition limitation. The Hartford defines a pre-existing condition as a condition resulting from an Injury or Sickness for which the Covered Person is diagnosed or received Treatment within three months prior to the Covered Person's effective date of coverage. Once you are covered for 12 months under the plan, the pre-existing condition limitation ends.



# Life & Accident

Other insurance options available to you

Medical

Prescriptions

Mental Health

RAP

Dental

Vision

Disability

Life & Accident

Contacts

# Life and Accident Insurance

When you enroll in the medical plan, you are automatically enrolled for basic term life insurance, accidental death and dismemberment (AD&D) insurance, and business travel accident insurance. As of January 1, 2024, an employee cannot enroll in basic term life without enrolling in medical coverage. However, an employee can now enroll in supplemental term life (available at group rates) without basic term life.

## Basic Life and AD&D Insurance Benefits

Basic life insurance pays benefits to a beneficiary in the unfortunate event of your death.

Summary of Basic Term Life and AD&D Insurance Benefits	
Job Classification	Amount of Basic Term Life and AD&D Insurance*
Owner/Operator, Co-Op Director, RMHC House Senior Management Position (Executive Director, CEO)	\$50,000
All Other Eligible Positions	\$15,000

\*Coverage decreases to 60% at age 70.

 [More About Basic Life and AD&D Insurance Benefits](#)

You have access to a number of complimentary services available through the life insurance benefits:

 [Redpoint Travel Assistance Services](#)

 [LifeWorks Legal, Financial, and Grief Resources](#)

## Supplemental Term Life Insurance Benefits

You can choose to increase your coverage by purchasing supplemental term life benefits -- also available to employees who are not enrolled in medical coverage and basic term life. **During this Annual Enrollment, you have a guaranteed coverage opportunity if you have not previously been denied when submitting EOI. You may elect supplemental life coverage for the first time in the amount of one times your annual earnings, or increase your existing supplemental life coverage by one times your annual earnings (provided your supplemental coverage does not exceed \$500,000).**

### More About Supplemental Term Life Insurance Benefits

### When Is Evidence of Insurability Required?



## Dependent Supplemental Term Life Insurance Benefits

Supplemental term life insurance also is available for your eligible dependents. Please note that spouse/domestic partner coverage cannot exceed your total life insurance coverage amount.

	Amount of Coverage
Spouse/Domestic Partner	\$10,000
(may not exceed 100% of your total basic and supplemental term amount)	\$15,000
	\$25,000
	\$50,000
	\$75,000
	\$100,000
Child (each)	\$10,000

Supplemental term life insurance is guaranteed issue for all spouse/domestic partner coverage up to \$25,000 if elected within 31 days of initial eligibility. Supplemental term life insurance is always guaranteed issue for all child coverage (\$10,000).

## Access Plan Vendors on the Web

All of our vendors' websites offer a wealth of information and tools to help participants.

Benefit	Carrier	Website
Medical	Blue Cross and Blue Shield of Illinois	<a href="https://bcbsil.com/licensees">bcbsil.com/licensees</a>
Dental	Delta Dental of Illinois	<a href="https://deltadentalil.com">deltadentalil.com</a>
Prescription Drugs	Express Scripts	<a href="https://express-scripts.com/mcdonalds">express-scripts.com/mcdonalds</a>
Health Savings Accounts	Bank of America	<a href="https://healthbenefits.bankofamerica.com">healthbenefits.bankofamerica.com</a>
Employee Assistance Program	Magellan Health	<a href="https://magellanascend.com">magellanascend.com</a>
Mental Health and Substance Use Disorder	Blue Cross and Blue Shield of Illinois	<a href="https://bcbsil.com/licensees">bcbsil.com/licensees</a>
Vision	EyeMed	<a href="https://eyemed.com">eyemed.com</a>
Reimbursement Assistance Program (RAP)	Plan Administrators, Incorporated (PAI)	N/A
Disability	The Hartford	<a href="https://thehartford.com">thehartford.com</a>
Life Insurance	Securian Financial	<a href="https://lifebenefits.com">lifebenefits.com</a>
Virtual Visits	MDLIVE	<a href="https://mdlive.com/bcbsil">mdlive.com/bcbsil</a>

### Important Information

*This brochure summarizes the benefits that may be available through the McDonald's Licensees and Ronald McDonald House Charities Health & Welfare Plan. If any conflict arises between the description of benefits contained in this brochure and the official Plan document or the group insurance certificates for each benefit, the descriptions in the official Plan documents and insurance certificates will prevail.*

#### 4A - Using In-network Providers

You save money when you see doctors or providers who are in the network because they offer negotiated rates. To find out if your doctor (or any other medical provider you may use) is in the network:

- Call BCBSIL at (800) 730-8445
- Visit [bcbsil.com/licensees](https://bcbsil.com/licensees)

Use the online Provider Finder to locate network providers and see credentials, reviews, costs of treatment, and more — giving you more information about provider quality and the cost of care.

#### 4B - Who You Can Cover

If you enroll in the Plan, you can also enroll your eligible dependents. Eligible dependents include:

- Your spouse or your opposite- or same-sex partner as long as you and your partner meet specific criteria; call Mercer at (866) 881-6646 to learn more.
- Your children, or your spouse's or domestic partner's children, under age 26 including natural children, stepchildren, legally adopted children, children placed with you for adoption, and children you are legally required to support. You can cover adult children up to age 26 even if they are not your dependent for income tax purposes, are not in school, are working, have coverage available through their employer, and/or are married. You can also cover an unmarried child of any age who is handicapped or totally disabled prior to age 26.

#### 4C - How the Medical Plans Work

Each year, after you meet your deductible amount, the Plan pays a percentage of your eligible medical expenses until the annual out-of-pocket maximum is met. After that, the Plan pays 100% of your eligible expenses for the rest of the calendar year.

You can see any doctor you'd like, but your cost is less when you see doctors in the network with BCBSIL. Note: Pricing for out-of-network claims aligns with **Medicare's** pricing or allowance (not “usual and customary” charges).

The Plan will pay 100% of the cost for certain in-network services, including wellness benefits, before you meet the annual deductible

#### 4D - What Coverage Levels Are Available

- Employee Only
- Employee + Spouse (or Domestic Partner)
- Employee + Child(ren)
- Family

#### 4E - Physical/Speech/Occupational Therapy Visit Maximum

The combined maximum for physical, speech and occupational therapy visits is 60 visits per year.

#### **4F - Blue Distinction Centers for Bariatric Surgery and Transplants**

The use of a Blue Distinction Center (BDC) or Blue Distinction Center Plus (BDC+) is required to receive Plan benefits for bariatric surgery and transplants.

#### **4G - A Dependent Is**

A dependent is:

- Your spouse—a person to whom you are legally married in a traditional marriage ceremony; it does not include a common-law spouse except where required by applicable law.
- Your domestic partner—your opposite- or same-sex partner with whom you have entered into a Domestic Partnership.
- Your (or your spouse's/domestic partner's) children under age 26 who reside in the United States and are primarily dependent on you for support and maintenance. The term “children” includes an employee's own child, stepchild, legally adopted child, or a child for whom legal guardianship has been appointed to the eligible employee residing in the United States.
- Your (or your spouse's or domestic partner's) unmarried child regardless of age if he or she is dependent upon you or another care provider for support and maintenance because of a disabling condition occurring prior to reaching the limiting age.
- A child in your custody under an interim court order prior to adoption or placement of adoption vesting temporary care or other court order providing guardianship or custody.

## 5A - Information About Health Plan 1

<sup>1</sup> If an employee covers two or more dependents, the deductible is met when the aggregate of individual deductible amounts meets the family amount.

<sup>2</sup> The combined annual deductible and annual out-of-pocket maximum cannot exceed \$7,350 for any one family member.

**Please note:** Pricing for out-of-network claims aligns with Medicare's pricing or allowance (not "usual and customary" charges).

## 5B - HSA

### Health Savings Accounts and Health Plan 1

A Health Savings Account (HSA) is a tax-advantaged account designed to help you save for eligible healthcare expenses. If you have an HSA, you can make tax-deductible contributions to the account. The money in your HSA can grow tax-free with interest or investment gains. And, you can withdraw funds from the HSA tax-free when you use the money on eligible healthcare expenses.

An HSA is your personal bank account, so the money is always yours and rolls over year to year, so it can be a great way to save for medical needs now or in the future. But, you can only contribute to an HSA in 2024 if you're enrolled in Health Plan 1.

You have the option to offer an HSA benefit — if you offer Health Plan 1 — at a discounted rate through the Plan's partnership with Bank of America. You'll save 40% on traditional retail account maintenance fees, and you'll get high-quality customer service. And, Bank of America offers a strong set of investment options. For more information, click [here](#).

### 9A - Walgreens Smart90 Program

You can conveniently fill those prescriptions at a retail pharmacy in the Walgreens Smart90 network or you can continue to use home delivery through Express Scripts.

By choosing to get up to a 90-day supply, you'll make fewer trips to the pharmacy and you'll only need to make one payment every three months. Also, there's typically cost savings for getting one 90-day supply vs. three 30-day supplies at retail.

You can review your 90-day options by logging in to [express-scripts.com/mcdonalds](https://express-scripts.com/mcdonalds) or calling Express Scripts at **(877) 783-2268** to learn more.

After purchasing an initial prescription and one refill at a retail pharmacy, you must fill a 90-day supply of maintenance medications at either the mail order pharmacy or a Walgreens pharmacy in order to receive plan benefits. If you do not move to a 90-day supply, you will be required to pay the full 100% cost of the drug, which will not apply toward the prescription drug out of pocket maximum.

### 9B - Prior Authorization Programs

Prior authorization programs require Express Scripts' approval before the Plan will pay for certain medications. This helps keep prescription drug costs lower, so that the Plan can offer the best possible rates.

### 9C - Preferred Drug Step Therapy

To reduce prescription drug costs, preferred drug step therapy requires that you try a generic or lower-cost brand-name alternative if it's available and clinically appropriate.

### 9D - Clinical Quantity Limit

Clinical quantity limits apply to certain drug classes, limiting the amount of certain drugs that can be dispensed per prescription, per month. This helps to maintain safety and reduce unnecessary dosing and waste.

## 9G - Other Important Prescription Drug Program Information

### Important things to understand:

- The drugs on the preferred brand-name list change from time to time. For a complete and up-to-date listing of preferred prescription drugs, visit the Express Scripts website at [express-scripts.com/mcdonalds](https://express-scripts.com/mcdonalds) or call them at **(877) 783-2268**.
- If you choose to have your prescription refilled with a brand-name drug when a generic drug is available, you will pay the brand-name coinsurance, plus the cost difference between the generic and brand-name drug. The cost difference will not be included in your out-of-pocket maximum.
- The Food and Drug Administration (FDA) has reclassified some prescription drugs as over-the-counter. Those drugs are not covered under the prescription drug card program. Be sure to check the Express Scripts website at [express-scripts.com/mcdonalds](https://express-scripts.com/mcdonalds) or call them at **(877) 783-2268** to see if your prescription is covered.
- Manufacturer coupons can be used at a retail pharmacy or for specialty medications at Accredo, the preferred specialty pharmacy of Express Scripts. Only the amount you actually pay out of pocket for a prescription will count toward your deductible.

### 11A - Generic

Once a pharmaceutical company's patent on a brand-name medication has expired, a generic version of the drug often becomes available. Generic drugs must contain the same active ingredients as their brand-name equivalents, and they must also produce the same effect on the body. However, generics generally cost 30%–60% less than the brand-name counterpart.

### 11B - Preferred Brand-Name

Preferred brand-name drugs are those identified as excellent values — clinically and financially. These drugs are on a list that changes from time to time. To find out which brand-name drugs are preferred, visit the Express Scripts website at [express-scripts.com/mcdonalds](https://express-scripts.com/mcdonalds) or call (877) 783-2268.

### 11C - Non-Preferred Brand-Name

Some brand-name drugs cost more than others, even if they have the same effects as less-expensive medications. These more-expensive drugs are not on the preferred brand-name list.

### **13A - Contact the EAP**

With the EAP, help is just a phone call away. Staffed by professional counselors with a master's degree or higher, you can call 24 hours a day, 365 days a year and never receive a recorded message. All calls are 100% confidential.

When you need assistance with any of life's challenges, you can call the EAP at **(800) 327-6260** for a professional consultation and resources, and receive up to three visits with a network professional free of charge.

### **13B - Critical Incident Stress Management (CISM) Services**

CISM services are available for any traumatic event such as robberies, deaths in or outside the workplace, layoffs, terrorism, natural disasters, and more. These services help participants cope with the unique pressures of a traumatic event and minimize the long-term effect on the individual and workplace. The EAP provides consultation 24 hours a day, 365 days a year to help stabilize the situation and create a plan for intervention, which often involves sending a specially trained counselor to the site to provide services.

### **13C - Workplace Support Services for Operators and Managers**

The Employee Assistance Program (EAP) includes telephone consultation services for Owner/Operators and management who want assistance with workplace issues like difficult employee or team situations, performance or behavior problems, and conflict management.

### **13D - Legal, Financial & Identity Theft Services**

You have access to one free financial consultation and one free legal telephone or in-person consultation with local attorneys and financial experts; 25%–35% off the hourly fee for legal services beyond the initial legal consultation. You can also find assistance with issues such as: consumer debt, lease vs. purchase, tax issues, college funding, retirement, wills, divorce and custody, civil and criminal matters, identity theft prevention and resources, and more. And, there are extensive web tools including hundreds of articles, and guides, online financial calculators, legal and financial forms, interactive legal forms, and more.

**13E - Work-Life Services**

Specialized consultants provide advice, education, pre-screenings, and qualified referrals for all of life's major events. Information and referrals are tailored to meet your specific requests and needs. Assistance is provided for: pregnancy and adoption, child care and parenting, special needs, adult and elder care, educational needs and choices, summer and after-care programs, retirement, daily living services (such as home services, pet care, cleaning, travel), and more.

**13F - Pre-authorization for Mental Health and Substance Use Disorder Coverage**

Pre-authorization is required for hospital, partial hospital, and substance use disorder residential treatment center admissions, and for some outpatient services including intensive outpatient program, psychological/neuropsychological testing (in some cases, your provider will be notified if required), repetitive transcranial magnetic stimulation, applied behavior analysis, and electroconvulsive therapy.

#### **14A - Important Notes About Mental Health and Substance Use Disorder Coverage**

All inpatient and some outpatient services noted require pre-authorization. This process includes a review of clinical information from your provider(s) to determine whether the requested service or treatment meets the definition of medically necessary care. Services deemed not medically necessary will not be reimbursed.

**Please note:** Mental health and substance use disorder treatments share deductibles and out-of-pocket maximums with the medical plan.

**20A - Preventive Care**

Oral exams, cleanings, X-rays, fluoride once per year for dependent children up to age 19, space maintainers for dependent children to age 14, sealants for dependent children up to age 16

**20B - Primary Care**

Fillings, oral surgery, periodontics, endodontics

**20C - Major Care**

Crowns, bridgework, inlays, gold fillings, full or partial dentures, implants

**20D - Orthodontics**

For eligible dependent children (up to age 26) and adults

## 20F - How Delta Dental's Networks Help You Save

You pay less for dental care when you stay in the network. But what does that really mean for someone like you? Think about the example of Jim, a dental plan participant who needs a crown. Remember, crowns are covered under major care, so 50% of allowed fees are paid by the dental plan after a \$100 deductible.

Jim is enrolled in the dental plan through Delta Dental of Illinois in 2024, and he needs a crown. (Let's assume Jim has already met his \$100 deductible for primary care and major care.) Jim lives in Chicago, where the dentist's fee for a crown is \$1,800 without Delta Dental of Illinois' negotiated network discounts.

If Jim uses a dentist in the Delta Dental PPO® network, the plan has negotiated an allowed fee of \$750 (that's much lower than the dentist's \$1,800 fee). Jim pays 50% of that, or \$375. The dental plan pays the other \$375.

If Jim doesn't use a dentist in the Delta Dental PPO network, but uses a dentist in the larger Delta Dental Premier® network, the plan has negotiated a fee of \$1,500 (that's still \$300 lower than the dentist's \$1,800 fee), of which Jim pays 50%, or \$750. The dental plan pays the other \$750. With other dental carriers, there is no secondary discounted network like the Delta Dental Premier network, so Jim would have paid the out-of-network cost, which is \$900 in this example (50% of the \$1,500 maximum allowed fee plus the \$300 difference between the maximum allowed fee and the dentist's billed charge).

Using a dentist in the Delta Dental PPO or Delta Dental Premier networks can help save you money and make your dental plan go further (less money toward your annual maximum). Find a network dentist in your area by visiting [deltadentalil.com](https://deltadentalil.com). If your dentist isn't included in the Delta Dental PPO network, be sure to check the Delta Dental Premier network where discounts are still available.

*This example is for illustrative purposes only and assumes the deductible has been met and the annual maximum has not been reached. For specific fees and costs for a certain procedure, you can request a pre-estimate from your dentist.*

## 22A - Premium Progressives

Premium progressives are covered as follows:

- Tier 1: \$85 copay
- Tier 2: \$95 copay
- Tier 3: \$110 copay
- Tier 4: \$175 copay

For more information on these tiers, call EyeMed at **(866) 723-0514**.

## 22B - In-network Lens Options

In-network lens options

- UV treatment: \$15
- Tint (solid and gradient): \$15
- Standard plastic scratch coating: \$0 copay
- Standard polycarbonate (adults): \$40
- Standard polycarbonate (kids under 19): \$40
- Standard anti-reflective coating: \$45 copay
- Polarized: 20% off retail
- Photocromatic / Transitions plastic: \$75
- Premium Anti-reflective Tier 1: \$57 copay
- Premium Anti-reflective Tier 2: \$68 copay
- Premium Anti-reflective Tier 3: \$85 copay
- Other add-ons: 20% off retail price

## 22C - Out-of-network Lens Options

Out-of-network lens options

- Standard plastic scratch coating: \$5 reimbursement
- Standard anti-reflective coating: \$5 reimbursement
- Premium anti-reflective: \$5 reimbursement

## 22D - Laser Vision Correction

The vision plan offers discounts for LASIK vision correction from the U.S. Laser network. You can receive substantial savings when using network LASIK providers in hundreds of locations nationwide. For more information on laser vision correction, call the LASIK information line at **(877) 5LASER6 [552-7376]**.

#### **24A - More About Short-Term Disability Benefits**

Employees earning less than the maximum amounts will not be eligible for the weekly maximum, and annual premiums would be reduced accordingly. For more information about the Short-Term Disability pre-existing conditions clause, see the certificate booklet available on [mcdrmhcbenefits.com](http://mcdrmhcbenefits.com).

(Note: Employees who work in Hawaii, California, New Jersey, Rhode Island, or Puerto Rico are not eligible for the Short-Term Disability Plan.)

### 26A - More About Basic Life and AD&D Insurance Benefits

- If you elect Employee + Spouse (or Domestic Partner), Employee + Child(ren), or Family coverage in the medical plan, dependent life insurance is automatically included. Your spouse/domestic partner is covered for \$1,000 and each of your eligible children is covered for \$100 to \$500, depending on their ages.
- AD&D insurance pays an additional benefit to a beneficiary if your death is the result of a covered accident. It also pays benefits to you should you suffer a severe injury, such as the loss of a limb or an eye.
- Travel accident insurance pays a benefit to a beneficiary if you die while traveling on company business. This is in addition to any other life insurance benefits.
- Dependents are not eligible for AD&D or travel accident insurance.

### 26B - Redpoint Travel Assistance Services

RedpointWTP LLC (Redpoint) provides travel assistance services to all active U.S. employees covered under our group life insurance policies, as well as their spouses/domestic partners and dependents. The services are available 24/7/365 for emergency assistance and transport when traveling 50 or more miles away from home.

### 26C - LifeWorks Legal, Financial, and Grief Resources

LifeWorks provides U.S. active employees covered under our group life insurance policies, as well as their spouses/domestic partners and dependents, access to counseling professionals and related resources and referrals in each of the three areas. To use these resources, contact Ceridian at **(877) 849-6034** or visit [LifeWorks.com](https://www.lifeworks.com) (user name: lfg, password: resources).

## 27A - More About Supplemental Term Life Insurance Benefits

- Elect 1x–10x times salary (up to a maximum of \$1,000,000)
- Includes a matching amount of AD&D insurance
- **Your election or increase of one times salary is guaranteed without evidence of insurability during Annual Enrollment** (provided you have not previously been declined this coverage and your supplemental coverage does not exceed \$500,000)
- If you are newly eligible to the plan, you can elect up to \$500,000 of coverage without providing evidence of insurability
- If you experience certain qualified life events during the year, you may be able to enroll for the first time or to increase your existing supplemental life coverage by one times salary without evidence of insurability

## 27B - When Is Evidence of Insurability Required?

The supplemental life insurance carrier, Securian, requires evidence of insurability (which is proof of your good health) whenever you increase your supplemental term life benefit by more than one level during Annual Enrollment. (If you elect coverage of more than one times annual earnings for the first time, increase coverage more than one time your annual earnings, or your new total supplemental coverage amount exceeds \$500,000, you must provide evidence of insurability.)

For example, let's assume a manager with basic annual earnings of \$50,000 currently pays for one times earnings (\$50,000). The manager wants to increase his or her coverage during this year's Annual Enrollment. He or she can elect up to one additional level of coverage (\$150,000 total) without providing evidence of insurability. However, if the manager wants to increase coverage by more than one level, he or she would need to submit evidence of insurability.

If you are required to provide evidence of insurability, you will have the opportunity to register and complete evidence of Insurability online at the time of enrollment. If not completed online, Securian will send an Evidence of Insurability (EOI) form for you to complete.

### Example of Supplemental Term Life Insurance for a Manager with \$50,000 Basic Annual Earnings

	Coverage Options	Manager's Total Coverage	Proof of Good Health (EOI) Required?
Current Coverage	1 x earnings	\$50,000 (1x)	—
Elects additional 1 x earnings	2 x earnings	\$100,000 (2x)	No
Elects additional 2 x earnings	3 x earnings	\$150,000 (3x)	Yes
Elects additional 3 x earnings	4 x earnings	\$200,000 (4x)	Yes
Elects additional 4 x earnings	5 x earnings	\$250,000 (5x)	Yes
Elects additional 5 x earnings	6 x earnings	\$300,000 (6x)	Yes
Elects additional 6 x earnings	7 x earnings	\$350,000 (7x)	Yes
Elects additional 7 x earnings	8 x earnings	\$400,000 (8x)	Yes
Elects additional 8 x earnings	9 x earnings	\$450,000 (9x)	Yes
Elects additional 9 x earnings	10 x earnings	\$500,000 (10x)	Yes