

What's New for 2025

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, virtual care 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.

2025 Premiums

For 2025, medical premiums will increase 3.9%. While the initial renewal increase was over 10%, the Plan is investing in Operators and your people by picking up more than half of the 2025 increase. This is one way the Plan is here for you—and something that only the Plan can offer due to our unique structure. There are no changes to the premium in 2025 for any of the other coverages.

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

Click on the o for more information on each topic.

Coming Soon: Member Rewards

Enrollees in a Blue Cross Blue Shield of Illinois medical plan will have access to a new Member Rewards program, which will allow users to shop for health care services like they'd shop for any major purchase and receive rewards for using eligible, quality providers for procedures or services.

Enhanced RAP

The Reimbursement Assistance Program (RAP) will offer enhanced coverage for many covered medical and prescription services, all while maintaining stable costs. This means employees can benefit from increased support without any additional financial burden.

It's easy to offer competitive 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. 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!



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 2024 but don't actively enroll or decline coverage for 2025 will be defaulted into the same medical plan and the same coverage level for 2025, 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 <u>here</u>.
- 3. Submit your documentation to Aptia for review. If you don't submit documentation, medical 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!

Medical plan enrollees have access to MDLIVE, an affordable way to see a board-certified doctor, psychiatrist, or licensed therapist 24/7 from the safety and comfort of home.

Activate your MDLIVE account today:

Online: mdlive.com/BCBSIL

Phone: (888) 676-4204 **Text:** BCBSIL to 635483

Choosing Your 2025 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 2025. 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		Health Plan 4
Annual Deductible				
Employee Only	\$6,000	\$4,000	\$2,000	\$600
Employee + Spouse / Child(ren) or Family	\$12,000	\$8,000	\$4,000	\$1,200
Annual Medical Total Combined Out-of-Poo	cket Maximum (includes c	deductible amount)		
Employee Only		\$6,	500	
Employee + Spouse / Child(ren) or Family	\$13,000		\$13,000	
Coinsurance Percentage	70%	80%		
Office Visit	70% after deductible	100% after \$30 copay		
MDLIVE Virtual Visits	70% after deductible	\$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** to see out-of-network coverage.

Voluntary Benefits

The Plan offers five voluntary benefit options to help protect and meet the needs of our participants. Your organization 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 <u>mcdrmhcbenefits.com</u> to learn more about the voluntary benefit offerings, including detailed plan designs and resources.

Voluntary Benefit	Summary
Accident, Critical Illness, and Hospital Indemnity Insurance	 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.) 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. 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. 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.
Legal Services	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.
Identity Theft Protection	 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: 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. 24/7 customer care: Specialists are on-call to restore your credit, identity, accounts, finances and sense of security. \$1 million expense coverage: Reimbursement for many of your our-of-pocket costs. 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.





Jnderstanding the prescription drug coverage ncluded with each of the medical options

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

Clinical Quantity Limit

Preferred Drug Step Therapy

Other Important Prescription Drug Program Information

2025 Prescription Drug Card Program Benefits for 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.

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)	The cost of prescription drugs will apply toward the medical plan's out-of-pocket maximum for the year

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



2025 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)	
Generic			
Generic ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	You pay \$10	You pay \$25	
Preferred Brand-Name			
Preferred Brand-Name	40% of the medication's total cost (Minimum \$50/Maximum \$300)	40% of the medication's total cost (Minimum \$125/Maximum \$750)	
Non-Preferred Brand-Name			
Non-Preferred Brand-Name	50% of the medication's total cost (Minimum \$100/Maximum \$500)	50% of the medication's total cost (Minimum \$250/Maximum \$1250)	
Prescription Drug Out-of-Pocket Maximum	The cost of prescription drugs will apply toward the medical plan's out-of-pocket maximum for the year.		

*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 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

counseling sessions each calendar year 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 member.magellanhealthcare.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		
	In-Network Benefits	Out-of-Network Benefits
Outpatient Treatment	Mental Health: Applies to medical plan deductible; 80% coinsurance after deductible is met	Mental Health*: 50% of expenses covered up to Medicare's pricing or allowance
	Substance Use Disorder: \$30 copayment	Substance Use Disorder*: 50% of expenses covered up to Medicare's pricing or allowance
Inpatient Treatment**	\$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.

Important Notes About Mental Health and Substance Use Disorder Coverage



^{**} All inpatient treatment is subject to the plan deductible after the copay.

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. 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.

Payments for covered medical care costs are flat dollar amounts that do not change based on the total cost of the care. 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 16 for the schedule of RAP benefits for 2025.

Important Things to Know About the RAP:

- 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.
- You'll choose whether to offer the RAP when you complete your Adoption Agreement for 2025 benefits. If you choose to offer the RAP for 2025, your eligible employees will have a choice of a High Plan (offering higher reimbursement/costs) and a Low Plan (offering lower reimbursement/costs). See page-16 for the plan designs.

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	
Outpatient Medical Benefit			
Outpatient Medical Benefit Maximum (all outpatient benefits are subject to outpatient maximum)	\$1,650	\$1,100	
Physician Office Visit (per day)	\$10	00	
Diagnostic (Lab) (per day)	\$10	00	
Diagnostic (X-ray) (per day)	\$25	50	
Ambulance Services (per day)	\$39	50	
Emergency Room Benefit - Sickness (per day)	\$12	25	
Emergency Room Benefit - Accident (per day) (covers treatment for off-the-job accidents only)	\$50	00	
Surgery (per day)	\$600		
Anesthesiology (per day)	\$120		
Inpatient Hospital Benefit			
Surgery (per day)	\$1,500	\$1,000	
Anesthesiology (per day)	\$300	\$200	
First Hospital Admission (1 per year)	\$300	\$300	
Standard Care (per day, up to a 30-day calendar maximum per year)	\$600	\$350	
Intensive Care (per day, up to a 15-day calendar maximum per year, and paid in addition to standard care benefit)	\$600	\$350	
Skilled Nursing (per day, up to a 60-day calendar maximum per year, and payable for stays in a nursing facility after a hospital stay)	\$100		
Wellness Care			
Wellness Care (1 per year)	\$100		
Prescription Drugs: unlike with medical care, you pay a flat copay for each prescription under the R	RAP		
Annual Maximum (the maximum benefit the RAP will pay over a calendar year)	\$600		
Generic Copay (the most you pay out of pocket for each generic prescription)	You pay up to \$10		
Brand Copay (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. Participants will have a choice between the Preventive Plan and the Comprehensive Plan. Both of the dental plan designs are displayed below.

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	80% of maximum allowed fees	Φ4 000 f
Major Care	(covers both Primary and Major services)	40% of maximum allowed fees; not covered out of network	\$1,000 annual maximum for covered services per person
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	90% of maximum allowed fees	\$2,000 annual maximum for
Major Care	(covers both Primary and Major services)	50% of maximum allowed fees; not covered out of network	covered services per person (excluding orthodontia)
Orthodontics *	None	50% of maximum allowed fees	\$2,000 per eligible participant lifetime maximum

^{*}For employees, spouse/domestic partners, and children (to age 26).

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. You can register for the member portal at <u>deltadentalil.com</u> or or call customer service at (800) 323-1743 to access your benefits and claim information.





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.

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: • Single vision • Bifocal vision • Trifocal vision 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

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







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 issued by The Hartford. Please review the Summary Plan Description available at 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)



Long-Term Disability Benefits

This coverage pays benefits after 180 days of consecutive disability. The monthly benefit is 60% of your basic monthly income, up to a maximum monthly benefit of \$5,000. If you remain disabled, benefits generally continue until your normal retirement age as defined under the Social Security Act. If you are age 60 or older when your disability begins, different benefit durations apply.

Contacts



Other insurance options available to you

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. Employees cannot enroll in basic term life without enrolling in medical coverage, but can 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	



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

^{*}Coverage decreases to 60% at age 70.

Supplemental Term Life Insurance Benefits

You can choose to increase your coverage by purchasing supplemental term life benefits, which are also available to employees who are not enrolled in medical coverage and basic term life.

- 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 Employee supplemental life insurance coverage amount.

	Amount of Coverage
Spouse/Domestic Partner (may not exceed 100% of your total basic and supplemental term amount)	\$10,000
	\$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	bcbsil.com/licensees
Dental	Delta Dental of Illinois	<u>deltadentalil.com</u>
Accident, Critical Illness, and Hospital Indemnity Insurance	Voya	go.voya.com/mcdonalds
Legal Services	MetLife	info.legalplans.com
Identity Theft Protection	Allstate	myAIP.com
Prescription Drugs	Express Scripts	express-scripts.com/mcdonalds
Health Savings Accounts	Bank of America	healthbenefits.bankofamerica.com
Employee Assistance Program	Magellan Health	member.magellanhealthcare.com
Mental Health and Substance Use Disorder	Blue Cross and Blue Shield of Illinois	bcbsil.com/licensees
Vision	EyeMed	eyemed.com
Reimbursement Assistance Program (RAP)	Plan Administrators, Incorporated (PAI)	N/A
Disability	The Hartford	thehartford.com
Life Insurance	Securian Financial	<u>lifebenefits.com</u>
Virtual Visits	MDLIVE	mdlive.com/bcbsil

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

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 Aptia 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

- ¹ If an employee covers two or more dependents, the deductible is met when the aggregate of individual deductible amounts meets the family amount.
- ² 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 2025 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 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 <u>express-scripts.com/mcdonalds</u> or call them at (877) 783-2268.
- If you choose to have your prescription refilled with a brandname 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 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 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, prescreenings, 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 aftercare 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 employees, spouse/domestic partners, and children (to age 26)

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 2025, 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 <u>deltadentalil.com</u>. 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.

(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 <u>LifeWorks.com</u> (user name: Ifg, 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 for employee supplemental coverages
- 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