McDonald's Licensees & Ronald McDonald House Charities
Health and Welfare Plan
2026 – Rate Area 8

How to Use the Monthly Rate Tables

➤ **Reimbursement Assistance Program (RAP)** – Rates are based on the coverage level elected.

➤ **Dental Benefits – Comprehensive and Preventive** — Rates are based on the coverage level elected.

➤ **Vision Benefits** — Rates are based on the coverage level elected.

➤ **Employee Supplemental Term Life Insurance** — Coverage includes Accidental Death & Dismemberment / Travel Accident for the employee (See Certificate Booklet for coverage levels). Rates shown are per $1,000 of coverage. Employee can choose from 1 to 10 times their annual salary with the maximum benefit of $1,000,000.

➤ **Spouse / Domestic Partner / Dependent Supplemental Term Life Insurance** —If Employee Supplemental Term Life is elected, a supplemental benefit is also available at an additional cost covering the spouse / domestic partner and/or child(ren). Spouse / Domestic Partner coverage is available in the amounts of $10,000, $15,000, $25,000, $50,000, $75,000 or $100,000 and is limited to 100% of the employee's Supplemental Term Life amount. Coverage for children is $10,000 for each eligible child.

➤ **Short Term Disability** — Rates are reflected as a factor of weekly benefit amount.

➤ **Long Term Disability** — Rates are reflected as a factor of employee's monthly earnings.

➤ **Accident Insurance –** Rates are based on the coverage level elected.

➤ **Critical Illness –** Rates are based on the coverage level elected and the age of the employee and spouse (dependent children premiums are based only on the benefit amount). Total premium due is the total of each of these components (as applicable).

➤ **Hospital Indemnity –** Rates are based on the coverage level elected.

➤ **Legal Services –** Rates reflect individual coverage.

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➤ **Identify Theft Protection –** Rates reflect individual or family coverage.

Medical, Supplemental Term Life, Short Term Disability, Long Term Disability, and Critical Illness are age-rated benefits. Medical and Supplemental Term Life premium will be based upon the new age bracket the first month following the birthday. Example: An employee turns 40 on January 17th. Premium will be based upon age bracket 40-44 beginning February 1st. Short Term Disability, Long Term Disability and Critical Illness premium will be based upon the new age bracket as of the first day of the next plan year (unless there is a change to coverage prior to the date).

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Reimbursement Assistance Program (RAP) - High (All ages)

Individual	Employee + Spouse	Employee + Child(ren)	Family
66.00	125.42	109.55	166.96

Reimbursement Assistance Program (RAP) - Low (All ages)

Individual	Employee + Spouse	Employee + Child(ren)	Family
49.88	94.78	82.82	126.20

Dental – Comprehensive (All ages)

Individual	Employee + Spouse	Employee + Child(ren)	Family
37.59	78.98	86.47	169.19

Dental – Preventive (All ages)

Individual	Employee + Spouse	Employee + Child(ren)	Family
27.88	58.58	64.14	125.49

Vision (All ages)

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

Employee Supplemental Term Life
Spouse / Domestic Partner Supplemental Term Life (Must also enroll in Employee Supplemental Term Life)

Age	Supplemental Term Life, AD&D and Travel Accident	Spouse Term Life
	Cost / $1,000	Cost / $1,000
Under 25	0.060	0.062
25 – 29	0.065	0.062
30 – 34	0.085	0.085
35 – 39	0.095	0.101
40 – 44	0.110	0.147
45 – 49	0.160	0.248
50 – 54	0.240	0.402
55 – 59	0.420	0.619
60 – 64	0.650	0.960
65 – 69	1.260	1.718
70 – 74	2.000	3.065
75 – 80	2.070	5.341
80 & Over	2.070	5.341

Spouse Term Life premium is based upon age of employee and amount of spouse coverage.

Spouse coverage available in the amount of

10,000

15,000

25,000

50,000

75,000

100,000

Dependent Child(ren) Supplemental Term Life (Must also enroll in Employee Supplemental Term Life)

Type	Child(ren) Only
Volume	10,000
Monthly Premium	1.50
Premium provides coverage per eligible dependent child, regardless of the number of children covered.	

All numbers shown are in dollars. All premiums shown are monthly.

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Short Term Disability **(Monthly rate reflected as factor of weekly benefit amount)**

Age	Factor of Basic Weekly Earnings		Example STD 500 Maximum earnings - $1,000.00 per week Maximum Weekly Benefit - $500.00	Example STD 1000 Maximum earnings - $1,500.00 per week Maximum Weekly Benefit - $1,000.00
	STD 500	STD 1000		
Under 25	0.212	0.233		
25 - 29	0.216	0.228	Employee age - 34 Weekly Earnings - $725.00 Divide weekly earnings by 10 Multiply by 50% (benefit amount) Multiply by rate: $72.50 x .50 x 0.220 = $7.98 **Note:** **Actual billing may vary due to rounding.**	Employee age - 43 Weekly Earnings - $835.00 Divide weekly earnings by 10 Multiply by 66.67% (benefit amount) Multiply by rate: $83.50 x .6667 x 0.402 = $22.38 **Note:** **Actual billing may vary due to rounding.**
30 - 34	0.220	0.235		
35 – 39	0.306	0.325		
40 – 44	0.383	0.402		
45 – 49	0.490	0.505		
50 – 54	0.569	0.600		
55 – 59	0.673	0.685		
60 – 64	0.835	0.855		
65 & Over	1.365	1.452		

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

Age	Factor of Earnings	Example
Under 35	0.095	Employee age 43 earning $900 per month. Divide monthly earnings by 100. Multiply by rate: 0.169 $9 x 0.169 = $1.52 **Note: Actual billing may vary due to rounding.** Maximum Earnings – $8,333.33 per month Maximum Monthly Benefit – $5,000.00
35 – 39	0.100	
40 – 44	0.169	
45 – 49	0.289	
50 – 54	0.528	
55 – 59	0.966	
60 – 64	1.017	
65 & Over	1.684	

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Accident Insurance – High (All ages)

Individual	Employee + Spouse	Employee + Child(ren)	Family
4.42	8.85	9.51	13.94

Accident Insurance – Low (All ages)

Individual	Employee + Spouse	Employee + Child(ren)	Family
2.53	5.06	5.44	7.97

Critical Illness (Individual rate based upon employee age / spouse rate based upon spouse age)

Age	Individual 10,000	Spouse 5,000	Individual 20,000	Spouse 10,000
Under 25	2.30	1.15	4.60	2.30
25 – 29	2.70	1.35	5.40	2.70
30 – 34	3.30	1.65	6.60	3.30
35 – 39	4.30	2.15	8.60	4.30
40 – 44	6.70	3.35	13.40	6.70
45 – 49	9.00	4.50	18.00	9.00
50 – 54	11.30	5.65	22.60	11.30
55 – 59	14.00	7.00	28.00	14.00
60 – 64	17.10	8.55	34.20	17.10
65 – 69	21.80	10.90	43.60	21.80
70 +	32.30	16.15	64.60	32.30
	Critical Illness - Child 5,000* 0.50		**Critical Illness - Child 10,000*** 1.00	
*Premium provides coverage per eligible dependent child, regardless of the number of children covered				

Hospital Indemnity – High (All ages)

Individual	Employee + Spouse	Employee + Child(ren)	Family
13.46	27.88	26.76	41.18

Hospital Indemnity – Low (All ages)

Individual	Employee + Spouse	Employee + Child(ren)	Family
5.88	13.18	11.69	18.99

Legal Services (All ages)

Individual
15.45

ID Theft (All ages)

Individual	Individual +
7.00	12.50

Please contact the Aptia Operator Support Line at (866) 881-6646 with any questions. This is a rate brochure, not a description of the benefits available under the McDonald's Licensees Health & Welfare Plan or the Ronald McDonald House Charities Health & Welfare Plan.

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