

A Guide to Your Year-Round Benefits

# 2024 BENEFITS GUIDE

January 1, 2024 - December 31, 2024



# Welcome

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Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, your family, and your way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive. For access to all legal notices, please visit **Meritage - Employee Benefits** ([seemybenefitsonline.com](https://seemybenefitsonline.com))

## Eligibility

Health and welfare plans are available to all employees in eligible classes. Please see eligibility details on page 3. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- ▶ Your legally married spouse.
- ▶ Your children who are your biological children, stepchildren, adopted children, or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

## When Coverage Begins

- ▶ **New Hires:** You must complete the enrollment process within 30 days of your date of hire. If you enroll on time, coverage is effective on the first of the month following 60 days of employment.
- ▶ If you fail to enroll on time, you will **NOT** have benefits coverage (except for company-paid benefits).
- ▶ **When Coverage ends:** Coverage ends date of termination. Coverage ends day dependents turn 26.
- ▶ **Open Enrollment:** Changes made during Open Enrollment are effective January 1, 2024 - December 31, 2024.  
For Open Enrollment instructions click [here](#).

## Choose Carefully!

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualified life event during the year. Following are examples of the most common qualified life events:

- ▶ Marriage or divorce
- ▶ Birth or adoption of a child
- ▶ Child reaching the maximum age limit
- ▶ Death of a spouse or child
- ▶ You lose coverage under your spouse's plan
- ▶ You gain access to state coverage under Medicaid or CHIP

## Making Changes

**To make changes to your benefit elections, you must contact Human Resources within 30 days of the qualified life event (including newborns).** Be prepared to show documentation of the event such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

For Supporting Documentation needed in these events, please click [here](#).

For instructions on how to make a change in Workday click [here](#).

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**Required Information**—When you enroll, you will be required to enter a Social Security number (SSN) for all covered dependents. The Affordable Care Act (ACA), otherwise known as health care reform, requires the company to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential. Blue Cross will complete annual audits to confirm SSNs on file for dependents and will term individuals who are missing a SSN. If you have a situation where a SSN is not available, please reach out to Benefits.

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# Inside

Medical

Dental

Vision

Flexible Spending  
Accounts (FSAs)

Life and AD&D  
Insurance

Disability Insurance

Employee Assistance  
Program (EAP)

Valuable Extras  
401(k)

IRA

Voluntary Benefits

Contact Information

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# Enrollment

Go to <https://www.myworkday.com/mhgi/d/home.html>. There, you will find detailed information about the plans available to you and instructions for enrolling. You may complete your benefits online via Workday or by contacting SMBO for enrollment assistance.

# Eligibility

Health and welfare plans are available to all employees in eligible classes. Please refer to the table below to determine which plans are available to you.

Benefit Eligibility													
	Medical Plans												
	PPO 1500	PPO 2000	HSA	BASIC	DENTAL	VISION	STD	LTD	LIFE	FLEX	IRA	UNUM	401(k)
<b>GROUP 1</b>													
<b>Restaurant Service Center (Full Time)</b>													
<b>Area Director, Area Manager, District Manager, General Manager, Maintenance</b>	X	X	X	X	X	X	X	X	X	X	X	X	X
<b>Casual Dining—Multi-Unit Manager, General Manager, Manager</b>													
<b>GROUP 2</b>													
<b>Assistant Manager</b>	X	X	X	X	X	X				X	X	X	X
<b>Assistant General Manager</b>													
<b>GROUP 3</b>													
<b>Shift Manager</b>													
<b>Crew (1 year employment AND average of 30+ hours/week)</b>													
<b>Taco John's Team Member</b>	X	X	X	X	X	X				X	X	X	X
<b>Casual Dining—Supervisor and Team Member (1 year employment AND average of 30+ hours/week)</b>													
<b>GROUP 4</b>													
<b>Part Time Employees (less than 30 hours/week)</b>											X		X

# Medical

We are proud to offer you a choice among four different medical plans that provide comprehensive medical and prescription drug coverage. The plans also offer many resources and tools to help you maintain a healthy lifestyle. Following is a brief description of each plan.

<https://www.bcbsm.com/individuals/find-care/>

## Blue Cross Blue Shield PPO

These plans give you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the Blue Cross Blue Shield network. The calendar-year deductible must be met before certain services are covered.

## Blue Cross Blue Shield HSA<sup>3</sup>

Like the PPO plans, a High-Deductible Health Plan (HDHP) gives you the freedom to seek care from the provider of your choice. You will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the Blue Cross Blue Shield network. In addition, the HDHP offers a Health Savings Account (HSA) that allows you to save pre-tax dollars<sup>1</sup> to pay for any qualified health care expenses as defined by the IRS, including most out-of-pocket medical, prescription drug, dental and vision expenses. For a complete list of qualified health care expenses, visit [www.irs.gov/pub/irs-pdf/p502.pdf](http://www.irs.gov/pub/irs-pdf/p502.pdf).

Here's how the plan works:

- ▶ **Annual Deductible:** You must meet the entire annual deductible before the plan starts to pay for non-preventive medical and prescription drug expenses. **NOTE:** *If you enroll one or more family members, each covered family member is only required to meet the INDIVIDUAL deductible (up to the family limit) before the plan starts to pay expenses for that individual.*
- ▶ **Coinsurance:** Once you've met the plan's annual deductible, you are responsible for a percentage of your medical expenses, which is called coinsurance. For example, the plan may pay 80 percent and you may pay 20 percent.
- ▶ **Out-of-Pocket Maximum:** Once your deductible and coinsurance add up to the plan's annual out-of-pocket maximum, the plan will pay 100 percent of all eligible covered services for the rest of the calendar year. **NOTE:** *If you enroll one or more family members, each covered family member is only required to meet the INDIVIDUAL out-of-pocket maximum (up to the family limit) before the plan starts to pay covered services at 100 percent for that individual.*

For information on the BCBSM app, please scan the QR code below



- ▶ **Health Savings Account (HSA):** You may contribute to your HSA through pre-tax payroll deductions to help offset your annual deductible and pay for qualified health care expenses. Don't miss out on free money! The goal of having an HSA is to grow your savings to be able to pay for health expenses you may incur before reaching your deductible. To help you with that goal, the company will match every dollar you contribute, up to the following maximums if you are enrolled in the HSA plan. **To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TRICARE programs. See the plan documents for full details.**

Employer HSA Annual Contribution	2024		
	Per weekly pay period	Per bi-weekly pay period	By year end
Employee	\$5.77	\$11.54	\$300
Employee + 1	\$9.62	\$19.23	\$500
Family	\$14.42	\$28.85	\$750

**Important:** Your contributions, in addition to the company's contributions in the HSA plan, may not exceed the annual IRS limits listed below.

HSA Contribution Limit	2024
Employee Only	\$4,150
Family (employee + 1 or more)	\$8,300
Catch-up (age 55+)	\$1,000

Your HSA is yours for life. The money is yours to spend or save, regardless of whether you change health plans<sup>2</sup>, retire, or leave the company. There is no "use it or lose it" rule. Your account grows tax free over time as you continue to roll over unused dollars from year to year. You decide how, or if, you want to spend your HSA funds. You can use them to pay for you and your dependents' doctor's visits, prescriptions, braces, glasses—even laser vision correction surgery. Your HSA is offered through Mercantile Bank. Please scan the QR code below for more information.

<sup>1</sup> Tax free under federal tax law; state taxation rules may apply

<sup>2</sup> You must be enrolled in a qualified health plan to contribute to an HSA

<sup>3</sup> Basic Plan is not eligible for match



## Prescription Medication Listings

For the \$1,500 plan, \$2,000 plan, and the HSA Plan please use the below link for the custom drug list.

[2024 Drug Lists for Group Members | Help Center | BCBSM](#)

For the Basic Plan please use the below link for the custom select drug list.

[2024 Drug Lists for Group Members | Help Center | BCBSM](#)

# Medical

Below is a high-level overview of the coverage available. For complete coverage details, please look [here](#).

Key Medical Benefits	PPO 1500		PPO 2000	
	In-Network	Out-of-Network <sup>1</sup>	In-Network	Out-of-Network <sup>1</sup>
<b>Deductible (per calendar year)</b>				
Individual / Family	\$1,500 / \$3,000	\$3,000 / \$6,000	\$2,000 / \$4,000	\$4,000 / \$8,000
Co-Insurance Amount	20%	50%	20%	40%
<b>Coinsurance Maximum (per calendar year)</b>				
Individual / Family	N/A / N/A	N/A / N/A	\$2,500 / \$5,000	\$5,000 / \$10,000
<b>Out-of-Pocket Maximum (per calendar year)</b>				
Individual / Family	\$5,000 / \$10,000	\$10,000 / \$20,000	\$6,850 / \$13,700	\$13,700 / \$27,400
<b>Covered Services</b>				
Office Visits (physician/specialist)	\$30 / \$30 copay	50% after deductible	\$30 / \$30 copay	40% after deductible
Routine Preventive Care	No charge	Not covered	No charge	Not covered
Outpatient Diagnostic (lab/X-ray)	20% after deductible	50% after deductible	20% after deductible	40% after deductible
Complex Imaging	20% after deductible	50% after deductible	20% after deductible	40% after deductible
Chiropractic	\$30 copay (Combined maximum of 24 visits per year)	50% after deductible (Combined maximum of 24 visits per year)	\$30 copay (Combined maximum of 12 visits per year)	40% after deductible (Combined maximum of 12 visits per year)
Ambulance	20% after deductible	20% after in-network deductible	20% after deductible	20% after in-network deductible
Emergency Room	\$150 copay per visit	\$150 copay per visit	\$150 copay per visit	\$150 copay per visit
Urgent Care Facility	\$30 copay	50% after deductible	\$30 copay	40% after deductible
Inpatient Hospital Stay	20% after deductible	50% after deductible	20% after deductible	40% after deductible
Outpatient Surgery	20% after deductible	50% after deductible	20% after deductible	40% after deductible
<b>Prescription Drugs (Generic / Brand / Non-Formulary / Specialty)</b>				
Retail Pharmacy (30-day supply)	\$15 / \$30 / \$60 / \$60	In-Network copay + 25% of approved amount	\$10 / \$40 / \$80 / 15% up to \$150 / 25% up to \$300	In-Network copay + 25% of approved amount
Mail Order (90-day supply)	2x copay	Not covered	2x copay	Not covered

Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TRICARE programs. See the plan documents for full details.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

# Medical

Below is a high-level overview of the coverage available. For complete coverage details, please look [here](#).

Key Medical Benefits	HSA Plan		Basic Plan	
	In-Network	Out-of-Network <sup>1</sup>	In-Network	Out-of-Network <sup>1</sup>
<b>Deductible</b> (per calendar year)				
Individual / Family	\$3,200 / \$6,400	\$6,400 / \$12,800	\$6,350 / \$12,700	\$12,700 / \$25,400
Co-Insurance Amount	20%	40%	N/A	20%
<b>Coinsurance Maximum</b> (per calendar year)				
Individual / Family	N/A / N/A	N/A / N/A	N/A / N/A	N/A / N/A
<b>Out-of-Pocket Maximum</b> (per calendar year)				
Individual / Family	\$6,900 / \$13,800	\$13,800 / \$27,600	\$6,350 / \$12,700	\$15,000 / \$30,000
<b>Company Contribution to Your Health Savings Account (HSA)</b> (per calendar year; prorated for new hires/newly eligible)				
Single/ Two-person/ Family	\$300 single/ \$500 two-person/ \$750 family		N/A / N/A	
<b>Covered Services</b>				
Office Visits (physician/specialist)	20% after deductible	40% after deductible	No charge after deductible	20% after deductible
Routine Preventive Care	No charge	Not covered	No charge	Not covered
Outpatient Diagnostic (lab/X-ray)	20% after deductible	40% after deductible	No charge after deductible	20% after deductible
Complex Imaging	20% after deductible	40% after deductible	No charge after deductible	20% after deductible
Chiropractic	20% after deductible (Combined maximum of 12 visits per year)	40% after deductible (Combined maximum of 12 visits per year)	No charge after deductible (Combined maximum of 12 visits per year)	20% after deductible (Combined maximum of 12 visits per year)
Ambulance	20% after deductible	20% after in-network deductible	No charge after deductible	No charge after in-network deductible
Emergency Room	20% after deductible	20% after in-network deductible	No charge after deductible	No charge after in-network deductible
Urgent Care Facility	20% after deductible	40% after deductible	No charge after deductible	20% after deductible
Inpatient Hospital Stay	20% after deductible	40% after deductible	No charge after deductible	20% after deductible
Outpatient Surgery	20% after deductible	40% after deductible	No charge after deductible	20% after deductible
<b>Prescription Drugs</b> (Generic / Brand / Non-Formulary / Specialty)				
Retail Pharmacy (30-day supply)	\$10 / \$40 / \$80 / \$80 after deductible	In-network copay + 20% of approved amount after deductible	No charge after deductible	20% after deductible + 20% of approved amount
Mail Order (90-day supply)	3x copay minus \$10	Not covered	No charge after deductible	Not covered

Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TRICARE programs. See the plan documents for full details.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

# Dental

## Delta Dental DPPO

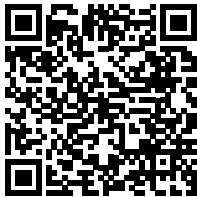
This plan offers you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a dentist who participates in the Delta Dental network.

Following is a high-level overview of the coverage available.

Key Dental Benefits	DPPO	
	In-Network	Out-of-Network <sup>1</sup>
<b>Deductible</b> (per calendar year)		
Individual / Family	\$50 / \$100	\$50 / \$100
<b>Benefit Maximum</b> (per calendar year; preventive, basic, and major services combined)		
Per Individual	\$1,000	\$1,000
<b>Covered Services</b>		
<b>Preventive Services</b>	No charge	No charge
<b>Basic Services</b>	25%	25%
<b>Major Services</b>	50%	50%
<b>Orthodontia</b>	Not covered	Not covered

Coinsurance percentages shown in the above chart represent what the member is responsible for paying.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.



To find a dentist in the network, please scan QR code

# Vision

## VSP Vision

The VSP vision plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the VSP network.

Following is a high-level overview of the coverage available.

Key Vision Benefits	In-Network	Out-of-Network Reimbursement
<b>Exam</b> (once every 12 months)	\$10	\$10 copay, up to \$45 reimbursement
<b>Materials Copay</b>	\$25	\$25 copay, up to \$70 reimbursement
<b>Lenses</b> (once every 12 months)		
Single Vision	\$25	\$25 copay, up to \$30 reimbursement
Bifocal		\$25 copay, up to \$50 reimbursement
Trifocal		\$25 copay, up to \$65 reimbursement
<b>Frames</b> (once every 24 months)	\$25, \$130 allowance	\$25 copay, up to \$70 reimbursement
<b>Contact Lenses</b> (once every 12 months; in lieu of glasses)	\$130 allowance for exam and materials	Up to \$105 reimbursement



To find a provider in the network, please scan the QR code

# Flexible Spending Accounts (FSAs)

We provide you with an opportunity to participate in up to two different Flexible Spending Accounts (FSAs) administered through Flex Administrators. FSAs allow you to set aside a portion of your income, before taxes, to pay for qualified health care and/or dependent care expenses. Because that portion of your income is not taxed, you pay less in federal income, Social Security, and Medicare taxes.

## Health Care FSA

For 2024, you may contribute up to \$3,050 to cover qualified health care expenses incurred by you, your spouse, and your children up to age 26. Some qualified expenses include:

- ▶ Coinsurance
- ▶ Copayments
- ▶ Deductibles
- ▶ Prescriptions
- ▶ Dental treatment
- ▶ Orthodontia
- ▶ Eye exams/eyeglasses
- ▶ Lasik eye surgery

For a complete list of eligible expenses, visit [www.irs.gov/pub/irs-pdf/p502.pdf](http://www.irs.gov/pub/irs-pdf/p502.pdf).

## Dependent Care FSA

For 2024, you may contribute up to \$5,000 (per family) to cover eligible dependent care expenses (\$2,500 if you and your spouse file separate tax returns). Some eligible expenses include:

- ▶ Care of a dependent child under the age of 13 by babysitters, nursery schools, pre-school, or daycare centers
- ▶ Care of a household member who is physically or mentally incapable of caring for him/herself and qualifies as your federal tax dependent

For a complete list of eligible expenses, visit [www.irs.gov/pub/irs-pdf/p503.pdf](http://www.irs.gov/pub/irs-pdf/p503.pdf).



For more information regarding the Flexible Spending Account, please scan QR code

# FSA Rules

## YOU MUST ENROLL EACH YEAR TO PARTICIPATE.

Because FSAs can give you a significant tax advantage, they must be administered according to specific IRS rules:

**Health Care FSA:** Unused funds of up to \$610 from one year can carry over to the following year. Carryover funds will not count against or offset the amount that you can contribute annually. Unused funds over \$610 will **NOT** be returned to you or carried over to the following year.

**Dependent Care FSA:** Unused funds will **NOT** be returned to you or carried over to the following year.

Be sure to submit prior year claims first as the funds will pay as claims are submitted.

*Maximum contribution amount is established by the IRS and your employer each year. See plan document for details. <https://inspire.mhgi.net/index.php?page=benefits>*





# Disability Insurance

Disability insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness.

## Short-Term Disability

Provided at **NO COST** to you through the company's Benefits Department.

<b>Benefit Percentage</b>	60%
<b>Weekly Benefit Maximum</b>	Class 1: \$10,000 per month Class 2: \$4,000 per month
<b>When Benefits Begin</b>	1st day accident or hospitalization 8th day sickness
<b>Maximum Benefit Duration</b>	Up to 180 days
<b>Waiting Period</b>	Class 1: First of the month following 60 days Class 2: 12 months of active service

## Long-Term Disability

Provided at **NO COST** to you through UNUM.

<b>Benefit Percentage</b>	60%
<b>Monthly Benefit Maximum</b>	Class 1: \$10,000 Class 2: \$4,000
<b>When Benefits Begin</b>	181st day
<b>Maximum Benefit Duration</b>	Social Security Normal Retirement Age
<b>Waiting Period</b>	Class 1: First of the month following 60 days Class 2: 12 months of active service

### Class 1

**RSC Employees:** Full time salaried Officers, Presidents, Directors, and Department Managers of the company or the equivalent as defined by the employer's personnel policy. All active, full time office administrative staff of the company.

**Wendy's Employees:** All active, full time salaried Area Directors, District Managers and Maintenance Supervisors of the company's subsidiary owned Wendy's companies.

**Casual Dining Employees:** Directors, Executive Chef, District Manager, Area Managers of OCM Development LLC.

**Taco John's Employees:** All active, full time salaried Area Directors and District Managers of the company's subsidiary owned Taco John's companies.

### Class 2

**Wendy's Employees:** All active, full time General Managers, Maintenance Technicians, and field Administrative Support positions of the company's subsidiary owned Wendy's companies.

**Casual Dining Employees:** All active, full time, General Managers, other Managers, Restaurant Chefs, and field Administrative Support positions of OCM Development LLC.

**Taco John's Employees:** All active, full time General Managers, Maintenance Technicians, and field Administrative Support positions of the company's subsidiary owned Taco John's companies.

# Life and AD&D Insurance

**Life insurance** provides your named beneficiary(ies) with a benefit in the event of your death.

**Accidental Death and Dismemberment (AD&D) insurance** provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot or eye). In the event that your death occurs due to a covered accident, both the life and the AD&D benefit would be payable.

## Basic Life/AD&D (Company-paid)

This benefit is provided at **NO COST** to you through UNUM.

<b>Benefit Amount</b>	1x annual salary up to \$250,000
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\*Waiting period for Class 1 is first of the month following 60 days. Waiting period for Class 2 is 12 months of active service.

Benefit amounts will be reduced starting at age 65. Please speak with the company's Benefits Administrator for further details.

# Employee Assistance Program

Life is full of challenges, and sometimes balancing it is difficult. We are proud to provide a confidential program dedicated to supporting the emotional health and well-being of our employees and their families. The Employee Assistance Program (EAP) is provided at **NO COST** to you through UNUM. For more EAP information click [here](#).

**The EAP can help with the following issues, among others:**

- ▶ Mental health
- ▶ Relationships or marital conflicts
- ▶ Child and eldercare
- ▶ Substance abuse
- ▶ Grief and loss
- ▶ Legal or financial issues

## EAP Benefits

- ▶ Assistance for you and your household members
- ▶ Up to 3 in-person sessions with a counselor per issue, per year, per individual
- ▶ Unlimited toll-free phone access and online resources

# 401(k)

## Principal Financial

401(k)	
<b>Eligibility</b>	Available to all employees at the time of hire that are 21 years old or older
<b>Enrollment</b>	<p>Enrollment is available year-round</p> <ul style="list-style-type: none"> <li>Enroll through Principal.com at <a href="http://www.principal.com/welcome">www.principal.com/welcome</a> or contact 1-800-547-7754</li> <li>Plan effective date is January 1, 2020</li> </ul>
<b>Company Match</b>	<p>The company will match employee contributions 50% of the first 6% of the employee wages if the employee:</p> <ul style="list-style-type: none"> <li>Has at least one year of service for the company</li> <li>Worked at least 1,000 hours in the previous year.</li> </ul>
<b>Vesting</b>	<p>Company contributions vest (become fully yours) based on a vesting schedule which increases by 20% for each full year of service beyond the first.</p> <p>For Example: The company contributions for an employee who has completed 3 years of service are 40% vested (2 years beyond the first x 20%) but for an employee who has completed 6 years of service they are 100% vested (5 years beyond the first x20%)</p> <p>Your contributions are always 100% yours</p>
<b>Contribution Limits</b>	<p>\$23,000 annually 50 or older: \$30,500 annually (Amounts projected, pending IRS ruling. Future contribution limits may be adjusted by government regulation for cost-of-living increases)</p>

# IRA

## American Funds

Click [here](#) to for an IRA Overview.

IRA	
<b>Eligibility</b>	Available to all employees at the time of hire
<b>Enrollment</b>	<p>Enrollment is available year-round</p> <ul style="list-style-type: none"> <li>Enroll by contacting Meritage Benefits at <a href="mailto:benefitsadmin@mhgi.net">benefitsadmin@mhgi.net</a> or calling (616) 988-8754</li> </ul>
<b>Company Match</b>	Meritage does not match IRA contributions
<b>Vesting</b>	Your contributions are always 100% yours
<b>Contribution Limits</b>	<p>Contribution Limits: \$7,000 annually 50 or older: \$8,000 annually (Amounts projected, pending IRS ruling. Future contribution limits may be adjusted by government regulation for cost-of-living increases)</p> <p>Please note, you cannot contribute more than the IRS contribution limit(s) across your accounts in any given year</p>



# Voluntary Benefits

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Our benefit plans are here to help you and your family live well—and stay well. But did you know that you can strengthen your coverage even further? It's true! Our voluntary benefits through Unum are designed to complement your health care coverage and allow you to customize our benefits to you and your family's needs. The best part? Benefits from these plans are paid directly to you! Coverage is also available for your spouse and dependents. Employees must be enrolled for dependents to be covered.

You can enroll in these plans during Open Enrollment—they're completely voluntary, which means you are responsible for paying for coverage at affordable group rates.

## Accident Insurance

Accident insurance can soften the financial impact of an accidental injury by paying a benefit to you to help cover the unexpected out-of-pocket costs related to treating your injuries.

## Critical Illness

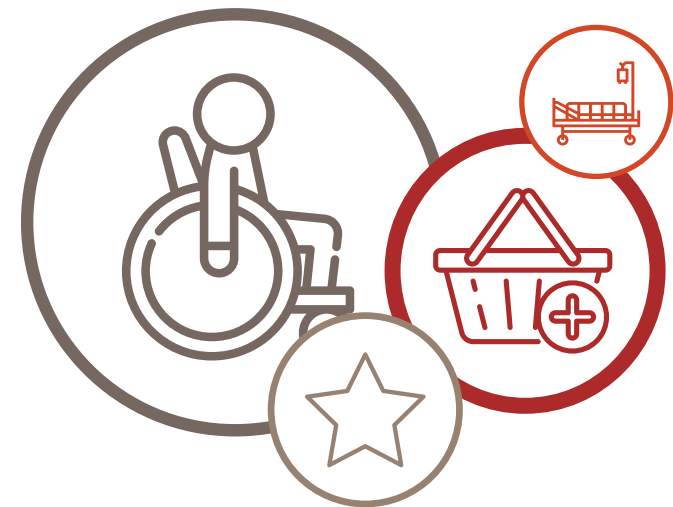
Did you know that the average total out-of-pocket cost related to treating a critical illness is over \$7,000<sup>1</sup>? With critical illness insurance, you'll receive a lump-sum benefit if you are diagnosed with a covered condition that you can use however you would like, including to help pay for: treatment (e.g. experimental), prescriptions, travel, increased living expenses, and more.

## Hospital Indemnity Insurance

The average cost of a hospital stay is \$10,000<sup>2</sup>—and the average length of a stay is 4.8 days<sup>3</sup>. Hospital indemnity insurance can help reduce costs by paying you or a covered dependent a benefit to help cover your deductible, coinsurance and other out-of-pocket costs due to a covered sickness or injury related hospitalization.



For more information on UNUM's voluntary benefits please scan QR code



1. MetLife Accident and Critical Illness Impact Study, October 2013
2. Costs for Hospital Stays in the United States, 2011. HCUP Statistical Brief #168. December 2013. Agency for Healthcare Research and Quality, Rockville, MD.
3. National Hospital Discharge Survey: 2010

# Perks

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## Employee Meal Discount Card

- 50% discount at any company restaurant for Teammates and up to one guest.
- The discount does not include alcoholic beverages.
- Meal discount card may only be used by the designated Teammate of the company.
- Discount will not be used in combination with any other discounts or promotional offers.
- Present the discount card prior to placing your food order.
- A 20% gratuity must be calculated and paid based on the pre-discounted price at any Casual Dining restaurant.



**ELIGIBLE TEAMMATES:** All Restaurant Service Center Teammates, Wendy's General Managers and above, Casual Dining Managers and above, and Taco John's General Managers and above.

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## Additional Discounts & Benefits

We are excited to offer our Teammates a number of additional discounts and benefits, some of which are highlighted below. To see all current offerings, visit the *Benefits at Meritage* page of Inspire or contact [benefitsadmin@mhgi.net](mailto:benefitsadmin@mhgi.net) for more information.



[View the Benefits at Meritage page on Inspire to learn more](#)

# Cost of Benefits

Your contributions toward the cost of benefits are automatically deducted from your paycheck before taxes. The amount will depend upon the plan you select and if you choose to cover eligible family members. **Please refer to the following link for contributions:** <https://inspire.mhgi.net/index.php?page=benefits>

# Contact Information

Coverage	Carrier	Phone #	Website/Email
Medical	Blue Cross Blue Shield of Michigan	(877) 469-2583	<a href="http://www.bcbsm.com">www.bcbsm.com</a>
Health Savings Account (HSA)	Mercantile Bank	(866) 242-6420	<a href="http://www.mercbank.com">www.mercbank.com</a>
Dental	Delta Dental of Michigan	(800) 524-0149	<a href="http://www.deltadentalmi.com">www.deltadentalmi.com</a>
Vision	Vision Service Plan (VSP)	(800) 877-7195	<a href="http://www.vsp.com">www.vsp.com</a>
Flexible Spending Accounts (FSAs)	Flex Administrators	(800) 968-3539	<a href="http://www.flexadministrators.com">www.flexadministrators.com</a>
STD	Benefits Department	(616) 988-8754	<a href="mailto:benefitsadmin@mhgi.net">benefitsadmin@mhgi.net</a>
LTD	UNUM	(866) 679-3054	<a href="http://www.unum.com">www.unum.com</a>
Life/AD&D	UNUM	(866) 679-3054	<a href="http://www.unum.com">www.unum.com</a>
Employee Assistance Program (EAP)	Health Advocate	(877) 240-6863	<a href="http://www.unum.com/support/employees/life-balance">www.unum.com/support/employees/life-balance</a>
401k	Principal Financial	(800) 547-7754 Representative (616) 942-1251 ext. 3201	<a href="http://www.principal.com">www.principal.com</a>
IRA	American Funds	(800) 421-4225	<a href="http://www.capitalgroup.com">www.capitalgroup.com</a>
Voluntary Benefits	Unum	(866) 679-3054	<a href="http://www.unum.com">www.unum.com</a>



## Benefits Website

Our benefits website <https://www.myworkday.com/mhgi/d/home.html> can be accessed anytime you want additional information on our benefits programs.

## Questions?

If you have additional questions, you may also contact:

SMBO at (888) 670-2551

Benefits Department at  
(616) 988-8754

[benefitsadmin@mhgi.net](mailto:benefitsadmin@mhgi.net)

**DISCLAIMER:** The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern.  
**Annual Notices:** ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The company will distribute all required notices annually.

