Class Code A - Executives SFL NHP&UHC
Class State: FL
Waiting Period: 90 Days
Life and LTD offered to all eligible employees
Domestic Partner coverage for all eligible employees.
Benefits Representative: Not Assigned

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LTD Life	Plan Type	VSP- Choice Vision Plan (ASCX1) ER Pays 0% S 6.24 \$ 0.00 \$ 6.24 Life and Disability Plans (Your contribution is 100% of the premium)	Plan Offering(s)	AET-FOC Den-Southeast 1 (AXVO1) Vision Plans	Plan Offering(s)	Dental Plans	UHC-CP PLE 1000/100%-SFL-FL (AXMJ1) ER Pays 100%	NHP-HMO OA EVI 2000/50%-FL (AWXHI) ER Pays 100% NHP-HMO OA EVI 2000/50%-FL (AXGGI) ER Pays 100%		Plan Offering(s)	Medical Plans
LTD1 50% \$1,000/mo-180 (1LT01) Basic \$10,000 (ARVA1)	Plan Offering(s)	ER Pays 0% Your contribution	Contribution Formula(s)	ER Pays 0%	Contribution Formula(s)		ER Pays 100%	ER Pays 100% ER Pays 100%	2000	Contribution Formula(s)	
T01)		s 6.24 is 100%	Employee Only Plan Rt ER	\$ 22.48	Employee Only Plan Rt ER		\$ 532.00	\$ 238.00		Employee Only	
		\$ 0.00 of the n	e Only ER	\$ 0.00	e Only ER	e.	\$ 532.00	\$ 238.00	Line	e Only	
		\$ 6.24	EE	\$ 22.48	EE		\$ 0.00	s 0,00		n n	
6A 6A		\$ 12.48	Employed Plan Rt	\$ 45.98	Employee Plan Rt		\$1,138.00	\$ 814.00	1 July 18t	Employed	
2.53 1.60	Premium	\$ 0.00	Employee + Spouse Plan Rt ER	\$ 0.00	Employee + Spouse Plan Rt ER		\$1,138.00	\$ 814,00	Į	Employee + Spouse	
	-	\$ 12,48	EE	\$ 45.98	EE		\$ 0.00	\$ 0.00	Ī	n n	
		\$ 13.36	Employee Plan Rt	\$ 49,06	Employee Plan Rt		\$1,061.00	\$ 683.00	Y July TVL	Employee	
		\$ 0.00	Employee + Child(ren) Plan Rt ER	\$ 0.00	Employee + Child(ren) Plan Rt ER		\$1,061.00	\$ 683.00 \$ 495.00	17	Employee + Child(ren)	
		\$ 13.36	n) EE	\$ 49.06	in) EE		\$ 0.00	00.0	- 1	n) EE	
		\$ 21.35	Employe Plan Rt	\$ 74.61	Employe Plan Rt		\$1,650.00	\$1,040,00	I Iall No	Employe	
		\$ 0.00	Employee + Family Plan Rt ER	\$ 0.00	Employee + Family Plan Rt ER		\$1,650.00	\$1,040.00 \$ 754.00	15	Employee + Family	
		\$ 21.35	EE	\$ 74.61	EE		\$ 0.00	\$ 0.00	11	T .	
									1111	V27- 10-	



Client Signature ADP TotalSource Signature Date

Class Code B - Directors - SFL UHC&NHP
Class State: FL
Waiting Period: 90 Days
Life and LTD offered to all eligible employees
Domestic Partner coverage for all eligible employees.
Benefits Representative: Not Assigned

LTD Life	Plan Type	Life and Disability Plans (Your contribution is 100% of the premium	VSP- Choice Vision Plan (ASCX1)	Plan Offering(s)	Vision Plans	AET-FOC Den-Southeast 1 (AXVO1)	0(1)	Plan Offering(s)	Dental Plans	UHC-CP PLE 1000/100%-SFL-FL (AXMJI) ER Pays \$ per Tier	NHP-HMO OA EV1 2000/50%-FL (AXGG1) ER Pays 100%	NHP-HMO OA EV3 500/80%-FL (AWXH1) ER Pays \$ per Tier	Offering(s)	Plan	Medical Plans
LTD1 50% \$1,000/mo-180 (1LT01) Basic \$10,000 (ARVA1)	Plan Offering(s)	(Your contribution	ER Pays 0%	Contribution Formula(s)		ER Pays 0%	2 72(0)	Contribution Formula(s)) ER Pays \$ per Tier	1) ER Pays 100%) ER Pays \$ per Tier	Formula(s)	Contribution	
LT01)	(s)	n is 100% c	\$ 6.24	Employee Only Plan Rt ER		\$ 22.48		Employee Only		\$ 532.00	\$ 238.00	\$ 328.00	Plan Rt	Employee Only	
		of the pi	\$ 0.00	Only ER		\$ 0.00	ļ	Only		\$ 238.00	\$ 238,00	\$ 238.00	R	Only	
		remium	\$ 6.24	EE		\$ 22.48	į	n n		\$ 294.00	\$ 0.00	\$ 90.00	EE		
10.10)	\$ 12.48	Employe Plan Rt		\$ 45.98	1 1011 144	Employe		\$1,138.00	\$ 589.00	\$ 814.00	Plan Rt	Employe	
\$ 2.53 \$ 1.60	Premium		\$ 0.00	Employee + Spouse Plan Rt ER		\$ 0.00	ļ	Employee + Spouse		\$ 589,00	\$ 589.00	\$ 589.00	ER	Employee + Spouse	
			\$ 12.48	EE		\$ 45.98	Ę	Į Į		\$ 549.00	\$ 0.00	\$ 225.00	EE		
			\$ 13.36	Employed Plan Rt		\$ 49.06	I July No.	Employe			\$ 495.00		Plan Rt	Employe	
			\$ 0.00	Employee + Child(ren) Plan Rt ER		\$ 0.00	Ş	Employee + Child(ren)		\$ 495.00	\$ 495,00	\$ 495.00	ER	Employee + Child(ren)	
			\$ 13.36	en) EE		\$ 49.06	l	en)		\$ 566.00	\$ 0.00	\$ 188.00	EE	en)	
			\$ 21.35	Employe Plan Rt		\$ 74.61	I Idii M	Employe		\$1,650.00	\$ 754.00	\$1,040,00	Plan Rt	Employe	
			\$ 0.00	Employee + Family Plan Rt ER		\$ 0.00	5	Employee + Family		\$ 754.00	\$ 754.00	\$ 754.00	ER	Employee + Family	
			\$ 21.35	EE		\$ 74.61	ממ			\$ 896.00	\$ 0.00	\$ 286,00	EE		



Not Assigned/362189

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Class Code C - All Other Employees SFL UHC&NH Class State: FL Waiting Period: 90 Days Life and LTD offered to all eligible employees Domestic Partner coverage for all eligible employees. Benefits Representative: Not Assigned

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THE T.LD	Plan Type	Life and Disability Plans (Your contribution is 100% of the premium)	VSP- Choice Vision Plan (ASCX1)	Plan Offering(s)	Vision Plans	AET-FOC Den-Southeast 1 (AXVOI)	Plan Offering(s)	Dental Plans	UHC-CP PLE 1000/100%-SFL-FL (AXMJI) ER Pays \$119.00 all Tiers	NHP-HMO OA EV1 2000/50%-FL (AXGG1) ER Pays 50% of EE Only	NIIP-HMO OA EV3 500/80%-FL (AWXHI) ER Pays \$119,00 all Tiers	Offering(s)	Plan
LTD1 50% \$1,000/mo-180 (1LT01) Basic \$10,000 (ARVA1)	Plan Offering(s)	(Your contribution	ER Pays 0%	Contribution Formula(s)		ER Pays 0%	Contribution Formula(s)		ER Pays \$119.00 all Tiers) ER Pays 50% of EE Only	ER Pays \$119.00 all Tiers	Formula(s)	Contribution
01)		is 100%	\$ 6.24	Employee Only Plan Rt ER		\$ 22.48	Employee Only Plan Rt ER		\$ 532,00	\$ 238,00	\$ 328.00	Plan Rt	Employee Only
		of the p	\$ 0.00	e Only ER		\$ 0.00	e Only ER		\$ 119.00	\$ 119.00	\$ 119.00	Ę,	e Only
		remium	\$ 6.24	EE		\$ 22.48	EE		\$ 413.00	\$ 119,00	\$ 209.00	EE	
(0. (0.		٦	\$ 12,48	Employe Plan Rt		\$ 45.98	Employe Plan Rt		\$1,138.00	\$ 589.00	\$ 814.00	Plan Rt	Employe
s 2.53 s 1.60	Premium		\$ 0.00	Employee + Spouse Plan Rt ER		\$ 0.00	Employee + Spouse Plan Rt ER		\$ 119.00	\$ 119.00	\$ 119.00	핒.	Employee + Spouse
			\$ 12.48	EE		\$ 45.98	EE		\$1,019.00	\$ 470.00	\$ 695.00	EE	
			\$ 13.36	Employee Plan Rt		\$ 49.06	Employee Plan Rt		\$1,061.00	\$ 495.00	\$ 683.00	Plan Rt	Employee
			\$ 0.00	Employee + Child(ren) Plan Rt ER	-3/0	\$ 0.00	Employee + Child(ren) Plan Rt ER		\$ 119.00	\$ 119.00	\$ 119.00	Plan Rt ER	+ Child(re
			\$ 13.36	en) EE		\$ 49.06	en) EE		\$ 942.00	\$ 376.00	\$ 564.00	EE	an)
			\$ 21.35	Employe Plan Rt		\$ 74.61	Employer Plan Rt		\$1,650.00	\$ 754.00	\$1,040.00	Plan Rt	Emplove
			\$ 0.00	Employee + Family Plan Rt ER		\$ 0.00	Employee + Family Plan Rt ER		\$ 119.00	\$ 119.00	\$ 119.00	Plan Rt ER	+ Family
			\$ 21.35	EE		\$ 74.61	EE		\$1,531.00	\$ 635.00	\$ 921.00	EE	



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Class Code D - All Other EE NATL UHC
Class State: FL
Waiting Period: 90 Days
Life and LTD offered to all eligible employees
Domestic Partner coverage for all eligible employees.
Benefits Representative: Not Assigned

LTD Life	Life and Disability Pl Plan Type	VSP- Choice Vision Plan (ASCX1)	Plan Offering(s)	AET-FOC Den-Southeast 1 (AXVO1) Vision Plans	Plan Offering(s)	UHC-CP PLE 1000/100%-SFL-FL (AXMJ1) ER Pays 50% of EE Only Dental Plans	Plan Offering(s)	Medical Plans
LTD1 50% \$1,000/mo-180 (1LT01) Basic \$10,000 (ARVA1)	Life and Disability Plans (Your contribution is 100% of the premium Plan Offering(s)	ER Pays 0%	Contribution Formula(s)	ER Pays 0%	Contribution Formula(s)	XMJ1) ER Pays 50% of EE Only	Contribution Formula(s)	
LT01)	n is 100% of (s)	\$ 6.24 \$	Employee Only Plan Rt ER	\$ 22.48 \$	Employee Only Plan Rt ER	\$ 532,00 \$ 3	Employee Only Plan Rt ER	
	the premiun	\$ 0.00 \$ 6.24	ER EE	\$ 0.00 \$ 22.48	ER EE	\$ 266.00 \$ 266.00	ily ER EE	
\$ \$ 1 2		\$ 12.48 \$	Employee + Spouse Plan Rt ER	\$ 45.98 \$	Employee + Spouse Plan Rt ER	\$1,138.00 \$	Employee + Spouse Plan Rt ER	
2.53 1.60	Premium	\$ 0.00 \$ 12.48	Spouse ER EE	\$ 0.00 \$ 45.98	Spouse ER EE	\$ 266.00 \$ 872.00	Spouse ER EE	
		\$ 13.36		\$ 49.06		0 \$1,061.00 \$ 266.00		
		\$ 0.00 \$ 13	Employee + Child(ren) Plan Rt ER E	\$ 0.00 \$ 49	Employee + Child(ren) Plan Rt ER E	\$ 266.00 \$ 795.00	Employee + Child(ren) Plan Rt ER E	
		\$ 13.36 S 21.35	EE Plan Rt	\$ 49.06 \$ 74.61 \$ 0.00	EE Plan Rt	5.00 \$1,650.00	EE Plan Rt	
		\$ 0.00	Employee + Family Plan Rt ER		Employee + Family Plan Rt ER	\$1,650.00 \$ 266.00 \$1.384.00	Employee + Family Plan Rt ER	
		\$ 21.35	EE	\$ 74.61	EE	\$1,384.00	ΕE	



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ADP TotalSource Signature

Date

Not Assigned/362189

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