

# Benefit Plans and Rates (Effective 09/01/2011) Mad Studios Co

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

## Medical Plans

Plan Offering(s)	Contribution Formula(s)	Employee Only Plan Rt	ER	EE	Employee + Spouse Plan Rt	ER	EE	Employee + Child(ren) Plan Rt	ER	EE	Employee + Family Plan Rt	ER	EE
NHP-HMO OA EV3 500/80%-TL (AWXHI)	ER Pays 100%	\$ 328.00	\$ 328.00	\$ 0.00	\$ 814.00	\$ 814.00	\$ 0.00	\$ 683.00	\$ 683.00	\$ 0.00	\$ 1,040.00	\$ 1,040.00	\$ 0.00
NHP-HMO OA EV1 2000/50%-FL (AXCGI)	ER Pays 100%	\$ 238.00	\$ 238.00	\$ 0.00	\$ 589.00	\$ 589.00	\$ 0.00	\$ 495.00	\$ 495.00	\$ 0.00	\$ 754.00	\$ 754.00	\$ 0.00
UHC-CP PLE 1000/100%-SFL-FL (AXMI1)	ER Pays 100%	\$ 532.00	\$ 532.00	\$ 0.00	\$ 1,138.00	\$ 1,138.00	\$ 0.00	\$ 1,061.00	\$ 1,061.00	\$ 0.00	\$ 1,650.00	\$ 1,650.00	\$ 0.00

## Dental Plans

Plan Offering(s)	Contribution Formula(s)	Employee Only Plan Rt	ER	EE	Employee + Spouse Plan Rt	ER	EE	Employee + Child(ren) Plan Rt	ER	EE	Employee + Family Plan Rt	ER	EE
AET-FOC Den-Southeast I (AXVO1)	ER Pays 0%	\$ 22.48	\$ 0.00	\$ 22.48	\$ 45.98	\$ 0.00	\$ 45.98	\$ 49.06	\$ 0.00	\$ 49.06	\$ 74.61	\$ 0.00	\$ 74.61

## Vision Plans

Plan Offering(s)	Contribution Formula(s)	Employee Only Plan Rt	ER	EE	Employee + Spouse Plan Rt	ER	EE	Employee + Child(ren) Plan Rt	ER	EE	Employee + Family Plan Rt	ER	EE
VSP-Choice Vision Plan (ASCX1)	ER Pays 0%	\$ 6.24	\$ 0.00	\$ 6.24	\$ 12.48	\$ 0.00	\$ 12.48	\$ 13.36	\$ 0.00	\$ 13.36	\$ 21.35	\$ 0.00	\$ 21.35

## Life and Disability Plans (Your contribution is 100% of the premium)

Plan Type	Plan Offering(s)	Premium
L.TD	L.TD) 50% \$1,000/mo-180 (LTD01)	\$ 2.53
Life	Basic \$10,000 (ARVA1)	\$ 1.60



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Not Assigned/362189

Client Signature

Date 8/11/2011

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# Benefit Plans and Rates (Effective 09/01/2011) Mad Studios Co

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

## Medical Plans

Plan Offering(s)	Contribution Formula(s)	Employee Only Plan Rt	ER	EE	Employee + Spouse Plan Rt	ER	EE	Employee + Child(ren) Plan Rt	ER	EE	Employee + Family Plan Rt	ER	EE
NHP-HMO OA EV3 500/80%-FL (AWXH1)	ER Pays \$ per Tier	\$ 328.00	\$ 238.00	\$ 90.00	\$ 814.00	\$ 589.00	\$ 225.00	\$ 683.00	\$ 495.00	\$ 188.00	\$ 1,040.00	\$ 754.00	\$ 286.00
NHP-HMO OA EV1 2000/50%-FL (AXGG1)	ER Pays 100%	\$ 238.00	\$ 238.00	\$ 0.00	\$ 589.00	\$ 589.00	\$ 0.00	\$ 495.00	\$ 495.00	\$ 0.00	\$ 754.00	\$ 754.00	\$ 0.00
UHC-CP PLE 1000/100%-SFL-FL (AXMM1)	ER Pays \$ per Tier	\$ 532.00	\$ 238.00	\$ 294.00	\$ 1,138.00	\$ 589.00	\$ 549.00	\$ 1,061.00	\$ 495.00	\$ 566.00	\$ 1,650.00	\$ 754.00	\$ 896.00

## Dental Plans

Plan Offering(s)	Contribution Formula(s)	Employee Only Plan Rt	ER	EE	Employee + Spouse Plan Rt	ER	EE	Employee + Child(ren) Plan Rt	ER	EE	Employee + Family Plan Rt	ER	EE
AET-FOC Den-Southeast 1 (AXVO1)	ER Pays 0%	\$ 22.48	\$ 0.00	\$ 22.48	\$ 45.98	\$ 0.00	\$ 45.98	\$ 49.06	\$ 0.00	\$ 49.06	\$ 74.61	\$ 0.00	\$ 74.61

## Vision Plans

Plan Offering(s)	Contribution Formula(s)	Employee Only Plan Rt	ER	EE	Employee + Spouse Plan Rt	ER	EE	Employee + Child(ren) Plan Rt	ER	EE	Employee + Family Plan Rt	ER	EE
VSP-Choice Vision Plan (ASCX1)	ER Pays 0%	\$ 6.24	\$ 0.00	\$ 6.24	\$ 12.48	\$ 0.00	\$ 12.48	\$ 13.36	\$ 0.00	\$ 13.36	\$ 21.35	\$ 0.00	\$ 21.35

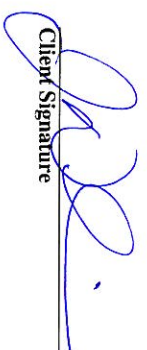
## Life and Disability Plans (Your contribution is 100% of the premium)

Plan Type	Plan Offering(s)	Premium
LTLD	LTLD1 50% \$1,000/mo-180 (1LTD1)	\$ 2.53
Life	Basic \$10,000 (ARVA1)	\$ 1.60



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Date

**Benefit Plans and Rates (Effective 09/01/2011)**  
Mad Studios Co

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

**Medical Plans**

Plan Offering(s)	Contribution Formula(s)	Employee Only Plan Rt	ER	EE	Employee + Spouse Plan Rt	ER	EE	Employee + Child(ren) Plan Rt	ER	EE	Employee + Family Plan Rt	ER	EE
NHP-HMO OA EV3 500/80%-FL (AWXH1)	ER Pays \$119.00 all Tiers	\$ 328.00	\$ 119.00	\$ 209.00	\$ 814.00	\$ 119.00	\$ 695.00	\$ 683.00	\$ 119.00	\$ 564.00	\$1,040.00	\$ 119.00	\$ 921.00
NHP-HMO OA EV1 2000/50%-FL (AXXG1)	ER Pays 50% of EE Only	\$ 238.00	\$ 119.00	\$ 119.00	\$ 589.00	\$ 119.00	\$ 470.00	\$ 495.00	\$ 119.00	\$ 376.00	\$ 754.00	\$ 119.00	\$ 635.00
UHC-CP PLE 1000/100%-SFL-FL (AXMD1)	ER Pays \$119.00 all Tiers	\$ 532.00	\$ 119.00	\$ 413.00	\$1,138.00	\$ 119.00	\$1,019.00	\$1,061.00	\$ 119.00	\$ 942.00	\$1,650.00	\$ 119.00	\$1,531.00

**Dental Plans**

Plan Offering(s)	Contribution Formula(s)	Employee Only Plan Rt	ER	EE	Employee + Spouse Plan Rt	ER	EE	Employee + Child(ren) Plan Rt	ER	EE	Employee + Family Plan Rt	ER	EE
AET-FOC Den-Southeast 1 (AXVO1)	ER Pays 0%	\$ 22.48	\$ 0.00	\$ 22.48	\$ 45.98	\$ 0.00	\$ 45.98	\$ 49.06	\$ 0.00	\$ 49.06	\$ 74.61	\$ 0.00	\$ 74.61

**Vision Plans**

Plan Offering(s)	Contribution Formula(s)	Employee Only Plan Rt	ER	EE	Employee + Spouse Plan Rt	ER	EE	Employee + Child(ren) Plan Rt	ER	EE	Employee + Family Plan Rt	ER	EE
VSP-Choice Vision Plan (ASCX1)	ER Pays 0%	\$ 6.24	\$ 0.00	\$ 6.24	\$ 12.48	\$ 0.00	\$ 12.48	\$ 13.36	\$ 0.00	\$ 13.36	\$ 21.35	\$ 0.00	\$ 21.35

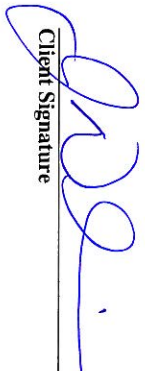
**Life and Disability Plans (Your contribution is 100 % of the premium)**

Plan Type	Plan Offering(s)	Premium
LTTD	LTTD1 50% \$1,000/mo-180 (LTTD1)	\$ 2.53
Life	Basic \$10,000 (ARVA1)	\$ 1.60



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# Benefit Plans and Rates (Effective 09/01/2011) Mad Studios Co

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

## Medical Plans

Plan Offering(s)	Contribution Formula(s)	Employee Only Plan Rt	ER	EE	Employee + Spouse Plan Rt	ER	EE	Employee + Child(ren) Plan Rt	ER	EE	Employee + Family Plan Rt	ER	EE
UHC-CP PLE 1000/100%-SFL-FL (AXMU1)	ER Pays 50% of EE Only	\$ 532.00	\$ 266.00	\$ 266.00	\$1,138.00	\$ 266.00	\$ 872.00	\$1,061.00	\$ 266.00	\$ 795.00	\$1,650.00	\$ 266.00	\$1,384.00

## Dental Plans

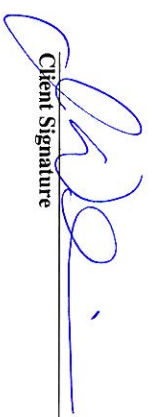

Plan Offering(s)	Contribution Formula(s)	Employee Only Plan Rt	ER	EE	Employee + Spouse Plan Rt	ER	EE	Employee + Child(ren) Plan Rt	ER	EE	Employee + Family Plan Rt	ER	EE
AET-FOC Den-Southeast 1 (AXVO1)	ER Pays 0%	\$ 22.48	\$ 0.00	\$ 22.48	\$ 45.98	\$ 0.00	\$ 45.98	\$ 49.06	\$ 0.00	\$ 49.06	\$ 74.61	\$ 0.00	\$ 74.61

## Vision Plans

Plan Offering(s)	Contribution Formula(s)	Employee Only Plan Rt	ER	EE	Employee + Spouse Plan Rt	ER	EE	Employee + Child(ren) Plan Rt	ER	EE	Employee + Family Plan Rt	ER	EE
VSP-Choice Vision Plan (ASCX1)	ER Pays 0%	\$ 6.24	\$ 0.00	\$ 6.24	\$ 12.48	\$ 0.00	\$ 12.48	\$ 13.36	\$ 0.00	\$ 13.36	\$ 21.35	\$ 0.00	\$ 21.35

## Life and Disability Plans (Your contribution is 100% of the premium)

Plan Type	Plan Offering(s)	Premium
LTTD	LTTD 50% \$1,000/mo-180 (LTT01)	\$ 2.53
Life	Basic \$10,000 (ARVA1)	\$ 1.60

Client Signature   
Date   
ADP TotalSource Signature \_\_\_\_\_ Date \_\_\_\_\_