# Open Enrollment Plan Elections (Effective 06/01/2013 - 05/31/2014) Family Entertainment Group LLC

Class Code A - All Employees

Class State: OH

Waiting Period: 30 days

Life offered only to those who elect medical benefits LTD offered only to those who elect medical benefits

Benefits Representative: Denise King

### **Health Plans**

Medical Plans

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Plan	Contribution	Emp	Employee Only			yee + Spous	se	Employ	yee + Child(	(ren)	Employee + Family		
Offering(s)	Formulas	Plan Rate	ER	EE	Plan Rate	ER	EE	Plan Rate	ER	EE	Plan Rate	ER	EE
UHC-CP 1LW 500/80%-A1-O	H ER Pays \$ 305.00	\$ 421.00	\$ 305.00	\$ 116.00	\$ 901.00	\$ 305.00	\$ 596.00	\$ 839.00	\$ 305.00	\$ 534.00	\$1,305.00	\$ 305.00	\$1,000.00
UHC-CP 2LF 2000/100%-A1-	OH ER Pays \$ 305.00	\$ 374.00	\$ 305.00	\$ 69.00	\$ 799.00	\$ 305.00	\$ 494.00	\$ 746.00	\$ 305.00	\$ 441.00	\$1,158.00	\$ 305.00	\$ 853.00
UHC-CP 2LD 1000/100%-A1-	OH ER Pays \$ 305.00	\$ 434.00	\$ 305.00	\$ 129.00	\$ 930.00	\$ 305.00	\$ 625.00	\$ 866.00	\$ 305.00	\$ 561.00	\$1,346.00	\$ 305.00	\$1,041.00
UHC-CP 2LU 3000/100%-A1-	OH ER Pays \$ 305.00	\$ 342.00	\$ 305.00	\$ 37.00	\$ 733.00	\$ 305.00	\$ 428.00	\$ 683.00	\$ 305.00	\$ 378.00	\$1,062.00	\$ 305.00	\$ 757.00

### **Dental Plans**

Plan	Contribution	Emplo	Employee Only			Employee + Spouse			Employee + Child(ren)			Employee + Family		
Offering(s)	Formulas	Plan Rate	ER	EE	Plan Rate	ER	EE	Plan Rate	ER	EE	Plan Rate	ER	EE	
Guardian-Value Midwest	EE Pays 100%	\$ 28.08	\$ 0.00	\$ 28.08	\$ 56.19	\$ 0.00	\$ 56.19	\$ 58.85	\$ 0.00	\$ 58.85	\$ 90.16	\$ 0.00	\$ 90.16	

#### Vision Plans

Plan	Contribution	Employee (	Only	Employe	Employee + Spouse			ee + Child(re	en)	Employee + Family		
Offering(s)	Formulas	Plan Rate ER	EE	Plan Rate	ER	EE	Plan Rate	ER	EE	Plan Rate	ER	EE
VSP- Choice Vision Plan	EE Pays 100%	\$ 6.24 \$ 0.0	0 \$ 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
Life	Basic \$10,000	\$ 1.20
Long-Term Disability	LTD Basic 50% \$1,000/mo-180	\$ 2.53

Flexible Spending Account (FSA) Plans (Contribution is 100% EE paid, no client contribution)

Plan Description	Maximum EE Contribution (from 06/01/2013 to 05/31/2014)
Medical Reimbursement Account	\$2,500.00
Dependent Care Reimbursement Account	\$5,000.00



<sup>\*</sup> Please note that the renewal rates are set by and based on criteria utilized by the applicable carrier, which may be different based on the carrier.

# Open Enrollment Plan Elections (Effective 06/01/2013 - 05/31/2014) Family Entertainment Group LLC

Class Code B - Owner Class State: OH

Waiting Period: 30 days

Life offered only to those who elect medical benefits LTD offered only to those who elect medical benefits

Benefits Representative: Denise King

### **Health Plans**

Medical Plans

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Plan	Contribution	Emp	Employee Only			Employee + Spouse			/ee + Child(	ren)	Employee + Family		
Offering(s)	Formulas	Plan Rate	ER	EE	Plan Rate	ER	EE	Plan Rate	ER	EE	Plan Rate	ER	EE
UHC-CP 1LW 500/80%-A1-OH	ER Pays 100%	\$ 421.00	\$ 421.00	\$ 0.00	\$ 901.00	\$ 901.00	\$ 0.00	\$ 839.00	\$ 839.00	\$ 0.00	\$1,305.00	\$1,305.00	0.00
UHC-CP 2LF 2000/100%-A1-OH	ER Pays 100%	\$ 374.00	\$ 374.00	\$ 0.00	\$ 799.00	\$ 799.00	\$ 0.00	\$ 746.00	\$ 746.00	\$ 0.00	\$1,158.00	\$1,158.00 \$	0.00
UHC-CP 2LD 1000/100%-A1-OF	I ER Pays 100%	\$ 434.00	\$ 434.00	\$ 0.00	\$ 930.00	\$ 930.00	\$ 0.00	\$ 866.00	\$ 866.00	\$ 0.00	\$1,346.00	\$1,346.00 \$	0.00
UHC-CP 2LU 3000/100%-A1-OF	I ER Pays 100%	\$ 342.00	\$ 342.00	\$ 0.00	\$ 733.00	\$ 733.00	\$ 0.00	\$ 683.00	\$ 683.00	\$ 0.00	\$1,062.00	\$1,062.00	0.00

### **Dental Plans**

Plan	Contribution	Employee Only	Employ	Employee + Spouse			/ee + Child(	ren)	Employee + Family			
Offering(s)	Formulas	Plan Rate ER	EE	Plan Rate	ER	EE	Plan Rate	ER	EE	Plan Rate	ER	EE
Guardian-Value Midwest	ER Pays 100%	\$ 28.08 \$ 28.08	\$ 0.00	\$ 56.19	\$ 56.19	\$ 0.00	\$ 58.85	\$ 58.85	\$ 0.00	\$ 90.16	\$ 90.16	\$ 0.00

#### Vision Plans

Plan	Contribution	Employe	ee Only	Employ	Employee + Spouse			Employee + Child(ren)			Employee + Family		
Offering(s)	Formulas	Plan Rate I	ER EE	Plan Rate	ER	EE	Plan Rate	ER	EE	Plan Rate	ER	EE	
VSP- Choice Vision Plan	ER Pays 100%	\$ 6.24 \$	6.24 \$ 0.00	\$ 12.48	\$ 12.48	\$ 0.00	\$ 13.36	\$ 13.36	\$ 0.00	\$ 21.35	\$ 21.35	\$ 0.00	

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

Plan Type	Plan Offering(s)	Premium
Life	Basic \$10,000	\$ 1.20
Long-Term Disability	LTD Basic 50% \$1,000/mo-180	\$ 2.53

Flexible Spending Account (FSA) Plans (Contribution is 100% EE paid, no client contribution)

Plan Description	Maximum EE Contribution (from 06/01/2013 to 05/31/2014)
Medical Reimbursement Account	\$2,500.00
Dependent Care Reimbursement Account	\$5,000.00



<sup>\*</sup> Please note that the renewal rates are set by and based on criteria utilized by the applicable carrier, which may be different based on the carrier.

# Open Enrollment Plan Elections (Effective 06/01/2013 - 05/31/2014) Family Entertainment Group LLC

Class Code C - Texas Employees

Class State: TX

Waiting Period: 30 days

Life offered only to those who elect medical benefits LTD offered only to those who elect medical benefits

Benefits Representative: Denise King

## **Health Plans**

Medical Plans

Plan	Contribution	Emp	Employee Only			/ee + Spous	se	Employ	/ee + Child(	(ren)	Employee + Family		
Offering(s)	Formulas	Plan Rate	ER	EE	Plan Rate	ER	EE	Plan Rate	ER	EE	Plan Rate	ER	EE
UHC-CP 1LW 500/80%-A1-OH	ER Pays \$ 305.00	\$ 421.00	\$ 305.00	\$ 116.00	\$ 901.00	\$ 305.00	\$ 596.00	\$ 839.00	\$ 305.00	\$ 534.00	\$1,305.00	\$ 305.00	\$1,000.00
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UHC-CP 2LD 1000/100%-A1-OF	ER Pays \$ 305.00	\$ 434.00	\$ 305.00	\$ 129.00	\$ 930.00	\$ 305.00	\$ 625.00	\$ 866.00	\$ 305.00	\$ 561.00	\$1,346.00	\$ 305.00	\$1,041.00
UHC-CP 2LU 3000/100%-A1-OF	ER Pays \$ 305.00	\$ 342.00	\$ 305.00	\$ 37.00	\$ 733.00	\$ 305.00	\$ 428.00	\$ 683.00	\$ 305.00	\$ 378.00	\$1,062.00	\$ 305.00	\$ 757.00

### **Dental Plans**

Plan	Contribution	Employe	Employee Only			Employee + Spouse			Employee + Child(ren)			у
Offering(s)	Formulas	Plan Rate E	ER EE	Plan Rate	ER	EE	Plan Rate	ER	EE	Plan Rate	ER	EE
Guardian-Value Midwest	EE Pays 100%	\$ 28.08 \$	0.00 \$ 28.08	\$ 56.19	\$ 0.00	\$ 56.19	\$ 58.85	\$ 0.00	\$ 58.85	\$ 90.16	\$ 0.00	\$ 90.16

#### Vision Plans

Plan	Contribution	Employee Only		Employee + Spouse		Employee + Child(ren)		Employee + Family	
Offering(s)	Formulas	Plan Rate ER	EE	Plan Rate	ER EE	Plan Rate ER	EE	Plan Rate ER	EE
VSP- Choice Vision Plan	EE Pays 100%	\$ 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
Life	Basic \$10,000	\$ 1.20
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Flexible Spending Account (FSA) Plans (Contribution is 100% EE paid, no client contribution)

Plan Description	Maximum EE Contribution (from 06/01/2013 to 05/31/2014)			
Medical Reimbursement Account	\$2,500.00			
Dependent Care Reimbursement Account	\$5,000.00			



<sup>\*</sup> Please note that the renewal rates are set by and based on criteria utilized by the applicable carrier, which may be different based on the carrier.