



## YOUR 2022 EMPLOYEE CONTRIBUTIONS: SEMI-MONTHLY

HEALTH PLANS				
	Employee Only	Employee + Working Spouse/ Domestic Partner*	Employee + Child/Children	Employee + Family
Your pre-tax semi-monthly cost				
<b>MEDICAL PLANS - Collective Health CDHP</b>				
<b>CDHP</b>	\$0	\$86.67	\$73.67	\$117.00
<b>CDHP: Working Spouse/DP Surcharge</b>	N/A	\$136.67	N/A	\$167.00
<b>CDHP: Tobacco User Surcharge</b>	\$20.00	\$106.67	\$93.67	\$137.00
<b>CDHP: Working Spouse/DP + Tobacco User Surcharges</b>	\$20.00	\$156.67	\$93.67	\$187.00
<b>MEDICAL PLANS - Collective Health PPO 500</b>				
<b>PPO 500</b>	\$97.50	\$237.25	\$201.50	\$347.75
<b>PPO 500: Working Spouse/DP Surcharge</b>	N/A	\$287.25	N/A	\$397.75
<b>PPO 500: Tobacco User Surcharge</b>	\$117.50	\$257.25	\$221.50	\$367.75
<b>PPO 500: Working Spouse/DP + Tobacco User Surcharges</b>	\$117.50	\$307.25	\$221.50	\$417.75
<b>MEDICAL PLANS - Kaiser HMO (CA only)</b>				
<b>Kaiser HMO</b>	\$79.08	\$200.42	\$172.25	\$275.17
<b>Kaiser HMO Working Spouse/DP Surcharge</b>	N/A	\$250.42	N/A	\$325.17
<b>Kaiser HMO Tobacco User Surcharge</b>	\$99.08	\$220.42	\$192.25	\$295.17
<b>Kaiser HMO Working Spouse/DP + Tobacco User Surcharges</b>	\$99.08	\$270.42	\$192.25	\$345.17
<b>DENTAL PLANS - Delta Dental</b>				
<b>Delta Dental HMO</b>	\$4.33	\$8.67	\$7.58	\$11.92
<b>Delta Dental PPO</b>	\$7.58	\$14.08	\$15.17	\$20.58
<b>VISION PLAN - VSP</b>				
<b>VSP Vision Plan</b>	\$2.17	\$4.33	\$4.33	\$8.67

\*Cost to the employee to cover a Domestic Partner will be deducted on an after-tax basis. The cost to Activision Blizzard to cover a Domestic Partner is considered income to the employee and employees will be subjected to imputed income and related income tax expenses.

## SUPPLEMENTAL TERM LIFE INSURANCE

Age As Of 1/1/2022	Employee, Working Spouse/ Domestic Partner	Children
Your after-tax semi-monthly cost		
<b>Under 25</b>	\$0.0260	<b>Children Up to Age 26:</b> \$0.1165 per \$1,000 of coverage
<b>35-39</b>	\$0.0325	
<b>40-44</b>	\$0.0460	
<b>45-49</b>	\$0.0700	
<b>50-54</b>	\$0.1105	
<b>55-59</b>	\$0.1775	
<b>60-64</b>	\$0.2725	
<b>65-69</b>	\$0.4995	
<b>70-74</b>	\$1.0190	
<b>75+</b>	\$2.0580	

For every \$1,000 of coverage you choose, multiply by the rate shown to determine your per pay period costs.

### SUPPLEMENTAL ACCIDENT INSURANCE (AD&D)

Employee Only	Family
Your after-tax semi-monthly cost	
\$0.0065 per \$1,000	\$0.0095 per \$1,000

### METLIFE LEGAL PLANS

Employee Only
Your after-tax semi-monthly cost
\$8.26

### SUPPLEMENTAL DISABILITY INSURANCE

Buy-Up STD	Buy-Up LTD
Your pre-tax semi-monthly cost	
\$0.0360 per \$10 of weekly benefit	\$0.0800 per \$100 of covered benefit

### IDENTITY GUARD

Employee Only	Family
Your after-tax semi-monthly cost	
\$4.47	\$8.47