



## YOUR 2025 EMPLOYEE CONTRIBUTIONS: BI-WEEKLY

HEALTH PLANS	Employee Only	Employee + Spouse / Domestic Partner*	Employee + Child(ren)	Employee + Family
Your pre-tax bi-weekly cost				
<b>MEDICAL PLANS – Collective Health CDHP</b>				
CDHP	\$0.00	\$80.00	\$68.00	\$108.00
CDHP: Working Spouse/DP Surcharge	N/A	\$126.15	N/A	\$154.15
CDHP: Tobacco User Surcharge	\$18.46	\$98.46	\$86.46	\$126.46
CDHP: Working Spouse/DP + Tobacco User Surcharges	N/A	\$144.61	N/A	\$172.61
<b>MEDICAL PLANS – Collective Health PPO 500</b>				
PPO 500	\$112.00	\$268.00	\$228.00	\$391.00
PPO 500: Working Spouse/DP Surcharge	N/A	\$314.15	N/A	\$437.15
PPO 500: Tobacco User Surcharge	\$130.46	\$286.46	\$246.46	\$409.46
PPO 500: Working Spouse/DP + Tobacco User Surcharges	N/A	\$332.61	N/A	\$455.61
<b>MEDICAL PLANS – Kaiser HMO (CA only)</b>				
Kaiser HMO	\$98.00	\$247.00	\$212.00	\$340.00
Kaiser HMO Working Spouse/DP Surcharge	N/A	\$293.15	N/A	\$386.15
Kaiser HMO Tobacco User Surcharge	\$116.46	\$265.46	\$230.46	\$358.46
Kaiser HMO Working Spouse/DP + Tobacco User Surcharges	N/A	\$311.61	N/A	\$404.61
<b>MEDICAL PLANS – Centivo Coordinated Care (So. CA, NY, NJ, PA, CT)</b>				
Centivo Coordinated Care	\$44.00	\$119.00	\$102.00	\$164.00
Centivo Coordinated Care Spouse/ DP Surcharge	N/A	\$165.15	N/A	\$210.15
Centivo Coordinated Care Tobacco User Surcharge	\$62.46	\$137.46	\$120.46	\$182.46
Centivo Coordinated Care Spouse/ DP + Tobacco User Surcharge	N/A	\$183.61	N/A	\$228.61
<b>MEDICAL PLANS – Collective Health In-Network** (not accepting new enrollments)</b>				
In-Network	\$85.00	\$228.00	\$195.00	\$313.00
In-Network Working Spouse/DP Surcharge	N/A	\$274.15	N/A	\$359.15
In-Network Tobacco User Surcharge	\$103.46	\$246.46	\$213.46	\$331.46
In-Network Working Spouse/DP + Tobacco User Surcharge	N/A	\$292.61	N/A	\$377.61
<b>DENTAL PLANS – Delta Dental</b>				
Delta Dental HMO	\$5.00	\$9.00	\$8.00	\$12.00
Delta Dental PPO	\$8.00	\$16.00	\$17.00	\$24.00
<b>VISION PLANS – VSP</b>				
VSP Vision Plan	\$2.00	\$4.00	\$4.00	\$8.00

\*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.

\*\*Not open to new enrollments

(CONTINUED ON BACK)

Regular Full-time 1/2025

## SUPPLEMENTAL TERM LIFE INSURANCE

Age As Of 1/1/2025	Employee, Spouse/ Domestic Partner	Child(ren)
Your after-tax bi-weekly cost		
Under 35	\$0.0240	Children Up to Age 26: \$0.1075 per \$1,000 of coverage
35-39	\$0.0300	
40-44	\$0.0425	
45-49	\$0.0646	
50-54	\$0.1020	
55-59	\$0.1638	
60-64	\$0.2515	
65-69	\$0.4611	
70-74	\$0.9406	
75+	\$1.8997	

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

### SUPPLEMENTAL AD&D INSURANCE

Employee Only	Family
Your after-tax bi-weekly cost	
\$0.0055 per \$1,000	\$0.0083 per \$1,000

### METLIFE LEGAL PLAN

Employee Only
Your after-tax bi-weekly cost
\$7.62

### SUPPLEMENTAL DISABILITY INSURANCE

Buy-Up STD	Buy-Up LTD
Your after-tax bi-weekly cost	
\$0.0309 per \$10 weekly benefit	\$0.0738 per \$100 of covered benefits

### IDENTITY & DIGITAL PROTECTION

Employee Only	Family
Your after-tax bi-weekly cost	
\$4.13	\$7.82

### ACCIDENT INSURANCE

Employee Only	EE + Child(ren)	EE + SP/DP	Family
Your after-tax bi-weekly cost			
\$4.85	\$10.92	\$8.13	\$14.20

Critical Illness Insurance – Employee Only, Employee + Child(ren) After-tax					
Age As of 1/1/2025	Cost per \$10,000	Cost per \$15,000	Cost per \$20,000	Cost per \$25,000	Cost per \$30,000
18-24	\$1.28	\$1.92	\$2.56	\$3.20	\$3.84
25-29	\$1.59	\$2.38	\$3.18	\$3.97	\$4.77
30-34	\$2.09	\$3.13	\$4.18	\$5.22	\$6.26
35-39	\$2.65	\$3.98	\$5.31	\$6.63	\$7.96
40-44	\$3.79	\$5.69	\$7.58	\$9.48	\$11.37
45-49	\$5.83	\$8.74	\$11.66	\$14.57	\$17.49
50-54	\$7.94	\$11.92	\$15.89	\$19.86	\$23.83
55-59	\$11.34	\$17.00	\$22.67	\$28.34	\$34.01
60-64	\$16.31	\$24.46	\$32.62	\$40.77	\$48.93
65-69	\$23.80	\$35.70	\$47.60	\$59.50	\$71.40
70+	\$34.99	\$52.48	\$69.98	\$87.47	\$104.96
Critical Illness Insurance – Employee + Spouse/Domestic Partner, Employee + Family After-tax					
Age As of 1/1/2025	Cost per \$10,000	Cost per \$15,000	Cost per \$20,000	Cost per \$25,000	Cost per \$30,000
18-24	\$2.56	\$3.84	\$5.12	\$6.40	\$7.68
25-29	\$3.18	\$4.76	\$6.36	\$7.94	\$9.54
30-34	\$4.18	\$6.26	\$8.36	\$10.44	\$12.52
35-39	\$5.30	\$7.96	\$10.62	\$13.26	\$15.92
40-44	\$7.58	\$11.38	\$15.16	\$18.96	\$22.74
45-49	\$11.66	\$17.48	\$23.32	\$29.14	\$34.98
50-54	\$15.88	\$23.84	\$31.78	\$39.72	\$47.66
55-59	\$22.68	\$34.00	\$45.34	\$56.68	\$68.02
60-64	\$32.62	\$48.92	\$65.24	\$81.54	\$97.86
65-69	\$47.60	\$71.40	\$95.20	\$119.00	\$142.80
70+	\$69.98	\$104.96	\$139.96	\$174.94	\$209.92