



## YOUR 2026 – 2027 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 – Aetna CDHP</b>                                            |               |                                       |                       |                   |
| CDHP                                                                         | \$0.00        | \$80.00                               | \$68.00               | \$108.00          |
| CDHP: Working Spouse/DP Surcharge                                            | N/A           | \$126.15                              | N/A                   | \$154.15          |
| <b>MEDICAL PLANS – Aetna 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          |
| <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          |
| <b>MEDICAL PLANS – Centivo EPO 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          |
| <b>MEDICAL PLANS – Aetna 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          |
| <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)

## SUPPLEMENTAL TERM LIFE INSURANCE

| Age as of Jan 1 of plan year  | Employee, Spouse/ Domestic Partner | Child(ren)                                                 |
|-------------------------------|------------------------------------|------------------------------------------------------------|
| Your after-tax bi-weekly cost |                                    |                                                            |
| Under 35                      | \$0.0240                           | Children Up to Age 26:<br>\$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 Jan 1 of plan year                                                                 | 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 Jan 1 of plan year                                                                 | 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          |