BENEFITS for EveryWorld

2027 EMPLOYEE CONTRIBUTIONS: BI-WEEKLY

HEALTH PLANS	Employee Only	Employee + Spouse / Domestic Partner*	Employee + Child(ren)	Employee + Family
	Your pre-tax bi-weekly cost			
MEDICAL PLANS – *Aetna CDHP*				
CDHP	$0.00	$80.00	$68.00	$108.00
CDHP: Working Spouse/DP Surcharge	N/A	$126.15	N/A	$154.15
MEDICAL PLANS – *Aetna PPO 500*				
PPO 500	$112.00	$268.00	$228.00	$391.00
PPO 500: Working Spouse/DP Surcharge	N/A	$314.15	N/A	$437.15
MEDICAL PLANS – *Kaiser HMO (CA only)*				
Kaiser HMO	$98.00	$247.00	$212.00	$340.00
Kaiser HMO Working Spouse/DP Surcharge	N/A	$293.15	N/A	$386.15
MEDICAL PLANS – *Centivo EPO Coordinated Care (So. CA , NY, NJ, PA, CT)*				
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
MEDICAL PLANS – *Aetna In-Network** (not accepting new enrollments)*				
In-Network	$85.00	$228.00	$195.00	$313.00
In-Network Working Spouse/DP Surcharge	N/A	$274.15	N/A	$359.15
DENTAL PLANS – *Delta Dental*				
Delta Dental HMO	$5.00	$9.00	$8.00	$12.00
Delta Dental PPO	$8.00	$16.00	$17.00	$24.00
VISION PLANS – *VSP*				
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*

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: $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